**Epidemic Preparedness, Response**

**and Recovery Plan for:**

**Date:**

**Introduction**

In preparation for a potential epidemic, individuals, government and business entities, and community organizations and agencies should take appropriate measures to minimize the impact of an epidemic. This *Epidemic Preparedness, Response and Recovery Plan* recommends a series of action steps that our organization should take for a potential epidemic in our community.

**Steps for Developing an Epidemic Preparedness, Response and Recovery Plan**

**for Your Community Organization1**

**Step 1** Establish an Epidemic Planning Committee with the responsibility to develop, maintain and put into action a preparedness, response and recovery plan.

**Step 2** Determine the potential impact of an outbreak on your organization’s usual activities and services.

**Step 3** Develop contingency plans for performing critical functions of your organization during an epidemic.

**Step 4** Develop plans to extend timely and factual information about the epidemic to your staff, organizational members and people in the communities.

**Step 5** Develop plans for crisis communications during an epidemic. Develop tools to communicate information about the epidemic’s status and your organization’s actions.

**Step 6** Identify people with special needs (e.g. elderly, disabled, limited English speakers), and include their needs in your preparedness, response and recovery plan.

**Step 7** Coordinate your plans with external organizations and agencies. This includes working with public health agencies, emergency responders, local health care facilities, and other faith-based and community organizations.

**Step 8** Share information about your preparedness, response and recovery plans with staff, organizational members and others.

**1** These eight steps are modified from:

Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist

<https://www.cdc.gov/flu/pandemic-resources/pdf/faithbaseedcommunitychecklist.pdf>

**STEP 1**

**Epidemic Planning Committee for (**Organization Name**):**

Address:

City: State: ZIP:

Telephone Number: Alternate Number:

Fax: Email:

Website:

The following person is delegated the primary responsibility to develop, maintain and implement this preparedness, response and recovery plan and will serve as the organization’s contact person in case of an epidemic.

**Name (Primary Epidemic Manager):**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

If the primary person is unable to serve, the person below will assume this responsibility.

**Name (Secondary Epidemic Manager):**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**Epidemic Planning Committee Members**

Team Member: Title:

 Phone: Email Address:

Team Member: Title:

 Phone: Email Address:

Team Member: Title:

 Phone: Email Address:

Team Member: Title:

 Phone: Email Address:

Team Member: Title:

 Phone: Email Address:

Team Member: Title:

 Phone: Email Address:

**Key External Contacts** (public health officials, emergency management agencies, key government agencies, local health care, disaster relief agencies, social service agencies, others)

**Agency:** Contact Name:

Phone: Email Address:

**Agency:** Contact Name:

Phone: Email Address:

**Agency:** Contact Name:

Phone: Email Address:

**Agency:** Contact Name:

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**Agency:** Contact Name:

Phone: Email Address:

**STEP 2**

**Primary and critical activities and services**

List the primary functions performed by your organization that would be impacted if an epidemic occurred in your community (i.e. worship services, youth education, funerals, weddings, etc.). Once the primary functions are listed, star the ones that are critical functions and must be carried out, even in an epidemic.

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**STEP 3**

**Contingency plans for performance of critical functions during an epidemic**

(Copy this page for each critical function)

**1. Name and description of critical function:**

**2. List of people and backups to perform this function** (can be individual(s) typically responsible for this function under normal circumstances)

**Primary Person:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**Backup Person:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**3. Summarize the likely impact if social distancing over an extended time disrupted this function.**

**4. Identify needs and opportunities to cross-train staff and volunteers to perform this critical function.**

**5. Analyze alternative approaches to maintain this function during the epidemic.**

**STEP 4**

**Plan to extend timely and factual information to staff, members and people in the community**

This person has primary responsibility to develop a public information and dissemination plan.

**Primary Communication Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**Backup Communication Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

The communications plan should:

* Provide up-to-date, reliable epidemic information and other public health advisories from state and local health departments, emergency management agencies and CDC. Make this information available to your organization and others via multiple online and printed outlets.
* Distribute materials with basic information: ways to protect yourself and your family, family preparedness plans, the difference between seasonal flu and pandemic flu, etc. Use resources from CDC, county and state health, emergency management, Extension and other sources.
* Advise staff, members and people in the communities you serve to follow information provided by public health authorities.
* When appropriate, include basic information about the epidemic in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).
* Share information about your preparedness, response and recovery plan with staff, members and people in the communities you serve.
* Identify your organization’s protocol for addressing rumors, misinformation, fear and anxiety.
* Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members and people in the communities you serve.

Document your plans in as much detail as possible.

**STEP 5**

**Plan for crisis communications. Develop tools to communicate information about the epidemic’s status and your organization’s actions.**

This person has primary responsibility to develop a crisis communications plan to maintain continuous communication during an epidemic with employees, volunteers, members, local authorities, other organizations, vendors and others during and after a disaster.

**Primary Crisis Communication Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**Backup Secondary Crisis Communication Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

Document your plans in as much detail as possible to incorporate these needs and opportunities:

* **Employees/Volunteers:** Be prepared to provide employees and volunteers with information on when, if and how to report to work during an epidemic.
	+ Set up a telephone call tree, password-protected page on the organization website, an email alert or a call-in voice recording to communicate with employees.
	+ Be clear on how their jobs or tasks may be affected.
* **Organization Leaders:** Equip organizational leaders with all relevant information needed for the protection of employees, members, volunteers and vendors.
* **Organization Members:** Update your members on how regular services have been or could be changed to accommodate the situation.
	+ Create a list of local media contacts that could help you deliver important messages.
	+ Develop a web page to announce available/changed services or list ways members can help.
* **Public:** It may be important to update the public, with calm assurance, that all resources are being used to protect staff, organizational members and the community. If applicable to your organization, clearly communicate plans that are in place for assistance.
* **Government:** Tell local officials how your organization is prepared to help during an outbreak. Also, communicate with local, state and federal authorities what emergency assistance is needed for you to continue essential daily activities and services.
* **Vendors:** Contact any company with which you conduct regular business about how common activities may have to be changed. Maintain an up-to-date contact list for all vendors.

**Sample Telephone Call Tree Procedure**

A telephone call tree is a series of telephone calls from one person to the next used to relay specific information. An established and exercised call-down protocol can be used during emergencies to deliver urgent information among members and staff.

Adapt this sample telephone call tree procedure to meet your needs.

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| **Sample Telephone Call Tree Protocol** |
| Position/Title | Name | Phone Number(s) | Order of Call Down | Person Initiating Call Down | Person Terminating Call Down |
| Primary Epidemic Manager |  |  | 1 | X |  |
| Secondary Epidemic Manager |  |  | 2 |  |  |
| Staff A |  |  | 3 |  |  |
| Staff B |  |  | 4 |  |  |
| Staff C |  |  | 5 |  |  |
| Staff D… |  |  | 6 |  | X |

*The last person on the telephone call tree list calls the first person (in this case, the primary epidemic manager) after receiving his/her call to confirm that the call down has been successfully completed.*

Alternatively, one person can be assigned to call each team member or several people each can call a few others.

**STEP 6**

**Identify people with special needs (e.g. elderly, disabled, limited English speakers), and include their needs in your plans.**

This person is responsible to develop a community outreach program that focuses on the needs of people who may require special assistance from your organization.

**Primary Special Needs Outreach Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**Backup Special Needs Outreach Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

This plan should include:

* A list of people with special needs that the organization is prepared to assist during an epidemic.
* A list of volunteers who are willing to participate in this outreach initiative.
* Procedures and a protocol for volunteers to maintain contact with the special needs population during the outbreak, making sure that these people receive the information and assistance they need.

Document your plans in as much detail as possible.

**Special Needs Assessment Form**

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Middle Initial |
|  |  |  |
| Street Address | City, State | ZIP |
|  |  |  |
| Home Phone | Cell Phone | Email Address |
|  |  |  |
| Do you live alone? 🞏 Yes 🞏 No |
| If you live alone and are homebound, is there someone (such as a friend or relative) who checks in on your regularly? 🞏 Yes 🞏 No |
| Do you have a chronic medical condition? 🞏 Yes 🞏 No |
| Do you take prescription drugs regularly? 🞏 Yes 🞏 No |
| Do you need help getting around? 🞏 Yes 🞏 No |
| Can you cook for yourself? 🞏 Yes 🞏 No |
| Do you have any other special needs? Please specify.  |
| **Emergency Contact Information** |
| First Name | Last Name | Middle Initial |
|  |  |  |
| Street Address | City, State | ZIP |
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| Home Phone | Cell Phone | Email Address |
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| **Secondary Emergency Contact Information** |
| First Name | Last Name | Middle Initial |
|  |  |  |
| Street Address | City, State | ZIP |
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| Home Phone | Cell Phone | Email Address |
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**STEP 7**

**Develop plans to coordinate your preparedness, response and recovery plans with other organizations and agencies. This includes working with public health agencies, emergency responders, local health care facilities, and other faith-based and community organizations.**

This person is responsible to contact other local government and/or service organizations to determine what plans they already have in place. This will help to understand others’ capabilities and coordinate your preparedness, response and recovery plans during the planning process.

For example, your facilities may be needed as a flu vaccination clinic, a food pantry or perhaps even an overflow health care or hospital facility. Additionally, there may be needs and opportunities for expanded community outreach involvement using volunteers to serve the communities in a variety of different roles (i.e., the delivery of food and other essential supplies to quarantined families).

**Organization/Agency Contact Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

**Backup Organization/Agency Contact Manager:**

Position:

Work Phone: Cell Phone:

Home Phone: Email Address:

Before exploring needs and opportunities with other organizations and agencies, assess and define the scope and nature of your organization’s potential involvement in community outreach activities.

**Coordination with Other Organizations and Agencies**

**Organization Name**

Contact Name

Phone Email

We would rely on this organization for this assistance/guidance:

We will partner with this organization in the following manner:

**Organization Name**

Contact Name

Phone Email

We would rely on this organization for this assistance/guidance:

We will partner with this organization in the following manner:

**Organization Name**

Contact Name

Phone Email

We would rely on this organization for this assistance/guidance:

We will partner with this organization in the following manner:

**Organization Name**

Contact Name

Phone Email

We would rely on this organization for this assistance/guidance:

We will partner with this organization in the following manner:

**Organization Name**

Contact Name

Phone Email

We would rely on this organization for this assistance/guidance:

We will partner with this organization in the following manner:

**Organization Name**

Contact Name

Phone Email

We would rely on this organization for this assistance/guidance:

We will partner with this organization in the following manner:

**STEP 8**

**Share information about your epidemic preparedness, response and recovery plan with staff, organizational members, volunteers, people in the communities you serve, and other agencies and organizations. Document with whom you’ve shared.**

**Staff, Members and Volunteers Date and Email**

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**People Regularly Served Date and Email**

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**Other Agencies and Organizations Date and Email**

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Keep printed and electronic copies of your most up-to-date plan and this Record of Changes in a safe place where staff and leaders can access it.

**Record of Changes**

The disaster plan will be reviewed twice a year on \_\_/\_\_ and \_\_/\_\_, making any necessary changes or additions.

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| **Date of****Change** | **Type of Change** | **Change Made by****(Signature)** |
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