The purpose of this gap analysis tool is to assist response partners in identifying organizational resources, strengths, barriers and needed improvements related to COVID-19 Pandemic response and recovery.

Each partner is encouraged to complete the assessment prior to the Tabletop Exercise conducted in your community to provide an opportunity to collaborate and share information on resources and readiness.

Name of person completing assessment:

Agency/Organization:

Title: Email:

Date completed:

| **Assessment Questions Common to all Group**s(Check box for your discipline if “yes” to the assessment question)  | Hospitals | Local Public Health | Long Term Care Facilities | EMS / Transport | ME/Coroner | Community Based | Clinic | City / Tribal Administrator | Law Enforcement | Public Works | Elders | Critical Industry | Airline Agent | Faith Based  | Other |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a comprehensive list of supplies, equipment and other critical resources that will be needed to sustain operations? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have policies and procedures in place to access additional supplies? (E.g., vendor agreements, MOUs, sharing of resources? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Has all applicable staff been trained in the appropriate infection control measures to prevent disease? (E.g., personal hygiene, hand sanitizers, PPE)Assistance needed? (Describe) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Has a baseline par (on hand, current supplies) level been assessed and documented? Expected gaps: (describe) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is there a plan to monitor staff for signs and symptoms of COVID-19?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is there a plan to remove staff from work if signs and symptoms are present? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is there a plan to support staff removed from work due to illness (E.g., pay, sick leave) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is there a way to provide working employees with social distance (at least 6 feet apart) so that they can provide essential services?Challenges: (describe) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have a plan to disseminate information to employees, families, the community (including patients)? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have you identified key positions and/or personnel that will be necessary to support operations in a pandemic? Is it documented in policy/procedure? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have you identified services that can be postponed or suspended when there is not enough staff to support operations? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have you identified staff that can be reassigned to provide direct services to clients, patients, community? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have a policy to share information with community partners? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have a method to share information with staff, clients, patients, community members?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have a system or process to identify people with access and functional needs/disabilities/homebound to provide support (e.g., food, toiletries, welfare checks)? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| **Hospitals** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The hospital has an incident specific annex in its Emergency Operations Plan (EOP) that details the response to and recovery from a pandemic. |  |  |  |
| A plan is in place for surveillance and detection of influenza like illness and novel virus outbreaks and the plan is referred to in the pandemic annex of the EOP. |  |  |  |
| The hospital has a Continuity of Operations Plan (COOP) that includes triggers for when the plan should be activated. |  |  |  |
| The hospital has an up-to-date Sustainability Plan for 96 hours, as required by The Joint Commission that includes procedures to update sustainability periods and determine ceasing/reduction of services. |  |  |  |
| The hospital has memorandums of understanding and/or contracts with vendors to resupply critical resources during emergencies, including pandemics.  |  |  |  |
| The clinical laboratory and referral laboratories have a procedure or plan in place to prioritize and process laboratory specimens during a surge event due resulting from outbreak of infectious disease/COVID-19. |  |  |  |
| The hospital has a communication plan to notify, maintain communications with and exchange appropriate information with key internal staff members, including infection control, hospital epidemiology, and engineering/facilities. |  |  |  |
| The hospital has a communication plan to notify, maintain communications with and exchange appropriate information with local public health authorities. |  |  |  |
| The hospital has a communication plan to notify, maintain communications with and exchange appropriate information with external partners, including emergency management, medical examiner / coroner, 911 dispatch, EMS providers and other healthcare partners. |  |  |  |
| The hospital has a plan to provide situation status and risk communication briefings to hospital staff, volunteers, patients, their family members and the community in conjunction with local public health and emergency management agencies. |  |  |  |
| The hospital provides education and training to staff on infection control procedures, personal protective equipment (PPE), exposure prophylaxis and family/dependent care options. |  |  |  |
| The hospital has developed an incident specific annex in its Emergency Operations Plan (EOP) that details the response to and recovery from a pandemic. |  |  |  |
| A plan is in place for surveillance and detection of influenza like illness and novel virus outbreaks and the plan is referred to in the pandemic annex of the EOP. |  |  |  |
| The clinical laboratory and referral laboratories have a procedure or plan in place to prioritize and process laboratory specimens during a surge event due resulting from outbreak of infectious disease. |  |  |  |
| The hospital has a communication plan to notify, maintain communications with and exchange appropriate information with key internal responders, including infection control, hospital epidemiology, and engineering/facilities. |  |  |  |
| The hospital has a communication plan to notify, maintain communications with and exchange appropriate information with local public health authorities. |  |  |  |
| The hospital has a communication plan to notify, maintain communications with and exchange appropriate information with external partners, including Alaska Emergency Management, Department of Public Health, medical examiner / coroner, EMS providers and other healthcare partners. |  |  |  |
| The hospital has a plan to provide situation status and risk communication briefings to hospital staff, volunteers, patients, their family members and the community in conjunction with local public health and emergency management agencies. |  |  |  |
| The hospital has a plan to restrict visitors / allow no visitation of patients in the facility to protect patients and staff from possible exposures. |  |  |  |
| The hospital provides education and training to staff on infection control procedures, personal protective equipment (PPE), exposure prophylaxis and family/dependent care options. |  |  |  |
| The hospital has worked with healthcare partners to determine how patients would be moved through the system if there is a 20-30% increase in the demand for patient care. |  |  |  |
| The hospital has a plan for establishing alternate care sites on the property and/or in the community. |  |  |  |
| The hospital has identified and met with other agencies and organizations that will be needed to assist in patient movement. |  |  |  |
| The hospital has developed a mass fatality surge plan that includes provisions for infectious patients. |  |  |  |
| The hospital provides information for patients and visitors to ensure that the implications of and basic prevention and control measures for pandemic are understood. |  |  |  |
| Information provided to families, patients and visitors is coordinated with public health and other health care partners. |  |  |  |
| The hospital’s security plan includes managing patient surge during a pandemic, including provision of PPE to security staff. |  |  |  |
| The hospital has a policy and procedure to limit access to the facility to allow for medical screening for potentially infectious patients. |  |  |  |
| The hospital has agreements and /or plans to increase security staff as needed in a pandemic event. |  |  |  |
| The hospital has identified critical supplies and equipment inventories to sustain operations for a minimum of 96 hours during an influenza pandemic. |  |  |  |
| The hospital has identified non-essential services to be curtailed or cancelled to redirect those resources to sustain essential services and operations. |  |  |  |
| The hospital has identified key personnel (essential staff) who are essential for maintaining operations during an influenza pandemic. |  |  |  |
| The hospital has identified staff not currently active in direct patient care who can be reassigned to clinical services. |  |  |  |
| The hospital has developed vendor agreements and memoranda of understanding to procure and sustain critical supplies in a surge event. |  |  |  |
| The hospital has exercised vendor agreements and memoranda of understanding to procure or increase critical supplies in a surge event. |  |  |  |
| The process to request critical supplies from the local health department and/or regional/state sources is documented in the hospital’s EOP. |  |  |  |
| The hospital has a plan for administration of pandemic flu vaccine and/or antiviral medications during an influenza pandemic, when the medications are available. |  |  |  |
| The hospital has a plan to prioritize the vaccination of essential personnel with pandemic vaccine and the allocation of antiviral medications for prophylaxis and treatment. |  |  |  |
| The hospital has policies and procedures to monitor staff and volunteers for influenza like symptoms, removing ill staff from work and return to work. |  |  |  |
| The hospital laboratory policy and procedure defines communication with and reporting to the local health department and the Laboratory Response Network. |  |  |  |
| **Response and Recovery** |
| The hospital EOP defines triggers to activate the surge, pandemic, COOP, Sustainability plans as needed. |  |  |  |
| The hospital EOP defines triggers to activate the fatality surge plan. |  |  |  |
| The hospital has policy and procedure to adjust staff assignments and schedules to sustain operations. (E.g., extending shift times, prioritizing essential care delivery only) |  |  |  |
| The hospital regularly (daily) monitors usage of PPE during pandemic events, allocates and rations PPE to essential personnel, and has procedures to procure additional supplies during the pandemic and maintains safe levels to sustain operations. |  |  |  |
| The hospital has a procedure in place to secure essential items of PPE to reduce loss and ensure critical staff are protected. |  |  |  |
| The hospital shares operational information on census, staffing, capabilities and shortfalls with local, regional and state partners on a regular basis during the event. |  |  |  |
| The hospital response includes ongoing assessment of critical supplies and equipment necessary to sustain operations. |  |  |  |
| The hospital develops an incident action plan to guide the operational response to the influenza pandemic. |  |  |  |
| The hospital tracks all cancelled non-essential procedures, appointments, and services to allow for future rescheduling and return to normal operations. |  |  |  |
| The hospital participates in the local Joint Information System in the development and distribution of coordinated and consistent public information messages and media releases. |  |  |  |
| The hospital has activated or plans to activate the Hospital Command Center to manage surge, resource, and communication issues. |  |  |  |
| The hospital maintains an updated inventory of essential supplies and resources (e.g., PPE, staffing levels, equipment (ventilators)) |  |  |  |
| The hospital and the community have a plan to implement crisis (alternate) standards of care should the pandemic surge result in a lack of critical/life sustaining resources. |  |  |  |

| **Local Health Departments** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The Local Health Department (LHD) has developed an operational pandemic plan in coordination with health care, public safety and emergency management partners. |  |  |  |
| The LHD actively seeks out and engages stakeholders in the pandemic planning, including:* Hospitals
* Long Term Care Facilities
* Public Safety (Law Enforcement, Fire Service)
* EMS Agency & EMS Providers
* Coroners/ Medical Examiner
* Emergency Management
* 911 Dispatch
* Community Clinics
* Community Based Organizations
 |  |  |  |
| The LHD ensures that all stakeholders and response partners are aware of, oriented to and have participated in exercises of the pandemic influenza plan. |  |  |  |
| The LHD maintains a current directory of health care partners, including licensed independent practitioners, for rapid notification and information sharing. |  |  |  |
| The LHD operational pandemic plan includes the authorities of the public health officer in emergency activations. |  |  |  |
| The role of the LHD in emergency management structure is developed and defined in the emergency operations plan. |  |  |  |
| The LHD has sufficient supplies of appropriate personal protective equipment to maintain operations. |  |  |  |
| LHD employees receive annual and just in time training and education on the use of appropriate PPE. |  |  |  |
| The LHD has developed a mass dispensing plan that includes all health care, public safety and emergency management partners. |  |  |  |
| The LHD has a communication plan to notify, maintain communications with and exchange appropriate information with health care providers, public safety and emergency management partners as needed. |  |  |  |
| The LHD has a communication plan to notify, maintain communications with and exchange appropriate information with regional and state public health partners. |  |  |  |
| The LHD has worked with healthcare providers to determine how patients would be moved through the system if there is a 20-30% increase in the demand for patient care. |  |  |  |
| The local and/or state health department is prepared to open and manage alternate care sites in strategic locations in the community. |  |  |  |
| The LHD has identified and met with agencies and organizations that can assist with patient movement. |  |  |  |
| The LHD has developed plans with local government and with partner agencies to consolidate services and share resources, including staff. |  |  |  |
| The LHD has trained staff on their roles and responsibilities in a pandemic. |  |  |  |
| The LHD has developed plans to rapidly share situational information with employees and their families. |  |  |  |
| The LHD works with health, public safety and emergency management authorities in developing and disseminating coordinated communication and public education messages to stakeholders. |  |  |  |
| The LHD outlines the specific legal authorities and legal powers available to the Health Officer for the response to and control of COVID-19. |  |  |  |
| **Response and Recovery** |
| Key administrative staff within the local health departments recognizes the triggers to activate the emergency operations plan and pandemic influenza plan. |  |  |  |
| The LHD works with Division of Homeland Security and Emergency Management authorities in local, community and regional incident action planning for coordination of services and response actions. |  |  |  |
| The LHD monitors the impact of the pandemic, including case numbers, impact of manpower, and available resources to maintain operations. |  |  |  |
| The LHD evaluates capability and capacity to maintain daily operations and identifies those services that can be suspended or postponed. |  |  |  |
| The LHD monitors the interruption of routine services and identifies methods and procedures to return normal operations. |  |  |  |
| The LHD monitors employees for signs of illness and provides access to employee health services for isolation, quarantine, prophylaxis and/or treatment. |  |  |  |
| The LHD ensures the distribution and use of appropriate personal protective equipment to employees with patient care contact. |  |  |  |
| The LHD assesses inventories of essential supplies and equipment, including PPE, on an ongoing basis in order to maintain critical operations. |  |  |  |
| The LHD provides ongoing communication and situational status information with employees and the public. |  |  |  |

| **Clinics** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The clinic has an incident specific annex in the Emergency Operations Plan (EOP) that details the response to and recovery from pandemic influenza. |  |  |  |
| The clinic EOP defines the triggers to activate the surge plan / pandemic plan. |  |  |  |
| The clinic has policy and procedure to communicate status and critical issues and needs with the local health department and/or Division of Homeland Security and Emergency Management. |  |  |  |
| The clinic has worked with healthcare partners to determine how patients would be moved through the system if there is a 20-30% increase in the demand for clinic services. |  |  |  |
| The clinic has identified and met with other agencies and organizations that will be needed to assist in patient movement. |  |  |  |
| The clinic has a policy and/or procedure to educate patients, staff and visitors on the symptoms of influenza, infection control and personal protective measures, recommendations for home and self-care when symptomatic. |  |  |  |
| The EOP identifies authorities and process to activate the response, the Incident Management Team and the Clinic Command Center. |  |  |  |
| The clinic has a procedure for rapid notification of local public health officials of persons under investigation for or suspected to have COVID-19 and transfer of that patient to higher level of care (if possible). |  |  |  |
| The clinic maintains 24/7 contact numbers for local health authorities and emergency management. |  |  |  |
| Key administrative staff are identified and trained on how to access and communicate with local health authorities and emergency management. |  |  |  |
| The clinic has developed a plan to maintain essential services when patient capacity is increased or staffing is impacted due to illness. |  |  |  |
| The clinic has developed plans and procedures to isolate infectious or symptomatic patients presenting to the clinic. |  |  |  |
| The clinic has developed memorandums of understanding with partner agencies to maintain, augment or expand clinic services when demand is exceeded. |  |  |  |
| The clinic has identified key supplies and equipment to sustain operations for 96 hours when patient capacity is exceeded. |  |  |  |
| The clinic maintains a supply of and procedures for procurement of additional personal protective equipment for clinical and non-clinical staff during a pandemic. |  |  |  |
| The clinic has trained clinical and non-clinical staff in the appropriate use of personal protective equipment in accordance with regulatory standards. |  |  |  |
| The clinic has documented the policy and procedure to request supplies, equipment, personal and other resources from the Alaska Department of Health and/or Alaska Division of Homeland Security and Emergency Management. |  |  |  |
| **Response and Recovery** |
| The clinic has defined triggers to activate its EOP. |  |  |  |
| Key administrative and/or supervisory staff within the clinic have been trained on the triggers for and activation of the EOP. |  |  |  |
| The clinic has procedures to register and track patients including symptoms, diagnosis and disposition; and to track patients referred to other sites for care, including hospitals, and alternate care sites. |  |  |  |
| The clinic can rapidly disseminate information to patients, visitors and staff when the EOP is activated. |  |  |  |
| The clinic can rapidly assess supplies and equipment inventories, including applicable personal protective equipment. |  |  |  |
| The facility tracks all costs related to the response, including supplies and equipment, manpower and lost revenue. |  |  |  |
| The clinic monitors employees for signs of illness and provides access to employee health services for prophylaxis and/or treatment. |  |  |  |
| The clinic provides ongoing communication and situational status information with employees. |  |  |  |
| The clinic tracks all cancelled procedures, appointments and services to allow for future rescheduling and return to normal operations. |  |  |  |

| **Long Term Care Facilities** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The facility has an incident specific annex to the Emergency Operations Plan (EOP) that details the response to and recovery from pandemic influenza. |  |  |  |
| The facility has identified administrative and/or supervisory personnel with authority to activate the EOP and the response for pandemic influenza. |  |  |  |
| The facility actively participates in community wide pandemic influenza planning with public health, emergency response partners and hospitals. |  |  |  |
| The facility’s emergency operations plan includes the process to share situation status and to request and receive critical supplies. |  |  |  |
| The facility has identified administrative staff to interact with the local health department and/or the Division of Homeland Security and Emergency Management during the emergency response. |  |  |  |
| A plan is in place for surveillance and detection of pandemic influenza/novel virus in patients and staff. |  |  |  |
| The facility has worked with healthcare partners to determine how patients would be moved through the system if there is a 20-30% increase in the demand for patient care. |  |  |  |
| The facility has identified and met with other agencies and organizations that will be needed to assist in patient movement. |  |  |  |
| The facility has a communication plan to notify, maintain communications with and exchange appropriate information with local public health authorities. |  |  |  |
| The facility has a communication plan to notify, maintain communications with and exchange appropriate information with response partners, including local health and emergency management authorities. |  |  |  |
| The facility conducts education and training to all staff on infection control procedures, appropriate personal protective equipment (PPE) exposure prophylaxis and family / dependent care options. |  |  |  |
| The facility has developed an infection control plan that addresses the management of patients, visitors and staff in a pandemic event. |  |  |  |
| The facility has identified an isolation plan that includes the cohorting of infectious patients when patient transfer is impacted. |  |  |  |
| The facility has trained staff on their roles and responsibilities in a pandemic. |  |  |  |
| The facility has addressed surge response issues, including methods to continue provision of services when resources, including manpower, are scarce. |  |  |  |
| The facility has developed a plan to provide appropriate PPE to all staff with patient contact. |  |  |  |
| The facility has an program that includes medical screening of employees, and access to vaccination and antiviral medications, when available. |  |  |  |
| The facility has developed plans to rapidly share situational information with patients, visitors and staff. |  |  |  |
| The facility has a plan to limit or restrict visitors from entering the facility to protect patients and staff. |  |  |  |
| The facility works with local health and emergency management authorities in developing and disseminating coordinated communication and public education messages. |  |  |  |
| **Response and Recovery** |
| Key administrative staff recognize the triggers to activate the EOP and pandemic influenza annex. |  |  |  |
| The facility tracks all patients with influenza symptoms and/or COVID-19 diagnosis. |  |  |  |
| The facility has a plan to cohort infected/diagnosed patients in a common area and assign specific staff to their care. |  |  |  |
| The facility implements infection control procedures, including isolation of infectious patients. |  |  |  |
| The facility monitors employees for signs of illness and provides access to employee health services for prophylaxis and/or treatment. |  |  |  |
| The facility ensures the distribution and use of appropriate personal protective equipment to employees with patient care contact. |  |  |  |
| The facility implements changes in shifts and staffing to maintain services in the event of 20%-30% illness in personnel. |  |  |  |
| The facility assesses supplies and equipment, including personal protective equipment, on an ongoing basis, in order to maintain operations. |  |  |  |
| The facility provides ongoing communication and situational status information with employees. |  |  |  |
| The facility tracks all event related expenses, including supplies and equipment, manpower and lost revenue. |  |  |  |

| **EMS Providers / Transport Agencies** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The provider has developed an incident specific annex in the Emergency Operations Plan (EOP) that details the response to and recovery from a pandemic. |  |  |  |
| The process to request critical supplies from the local EMS Agency, local health department and/or Division of Homeland Security and Emergency Management is detailed in the EOP. |  |  |  |
| The provider has identified administrative staff to interact with the local EMS Agency, local health department and/or Division of Homeland Security and Emergency Management during the emergency response. |  |  |  |
| The provider provides education and training to staff on infection control procedures, personal protective equipment, isolation/quarantine, and family /dependent care options. |  |  |  |
| The provider has identified daily inventory, surge and emergency caches or the procurement of supplies and equipment to maintain operations for a minimum of 96 hours during pandemic. |  |  |  |
| The provider has procedures that outline the reporting and communication channels with local public health to receive current guidance on infection control procedures, surveillance, case definitions and other health alerts. |  |  |  |
| The provider has worked with healthcare partners to determine how patients would be moved through the system if there is a 20-30% increase in the demand for patient care. |  |  |  |
| The provider has identified and met with other agencies and organizations that will be needed to assist in patient movement. |  |  |  |
| The provider has developed infection control and vehicle disinfection procedures for the transport of symptomatic or infectious patients. |  |  |  |
| The provider has incorporated the county directives for crisis care into their emergency operations plan and policy manuals. |  |  |  |
| The provider has a plan to prioritize plans or defer non-acute transportation services upon direction from the local EMS Agency. |  |  |  |
| The provider has plans and procedures to increase staffing resources to continue to provide essential services. |  |  |  |
| **Response and Recovery** |
| The Provider/Agency Dispatch has a protocol to screen callers needing assistance for symptoms of COVID-19 and alerting the responding provider to take PPE precautions. |  |  |  |
| The provider tracks all patients with pandemic symptoms and has a procedure to obtain diagnosis from the hospital, when diagnosed. |  |  |  |
| The provider maintains communication with local EMS agency and has a procedure to implement when directed, altered care, redirection to alternate destinations, or alternate transportations methods. |  |  |  |
| The provider monitors employees for signs of illness and provides access to employee health services. |  |  |  |
| The provider maintains a supply of and procedures for procurement of additional personal protective equipment for clinical and non-clinical staff during a pandemic. |  |  |  |
| The provider implements changes in shifts and staffing to maintain services in the event of 20%-30% illness in personnel. |  |  |  |
| The provider has procedures to rapidly disseminate information to staff and patients. |  |  |  |

| **Law Enforcement** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The department / agency has an incident specific annex to its Emergency Operations Plan (EOP) that details the response to and recovery from a pandemic. |  |  |  |
| The department / agency has identified administrative and/or supervisory personnel with authority to activate its EOP and response for pandemic influenza. |  |  |  |
| The department / agency has determined the role of law enforcement in a pandemic event. |  |  |  |
| The department / agency has determined the role of law enforcement in supporting the provision of healthcare during a 20-30% surge in the demand for healthcare services. |  |  |  |
| The department / agency actively participates in community wide pandemic influenza planning with the local health department, emergency response partners and healthcare facilities. |  |  |  |
| The department / agency has a communication plan to notify, maintain communications with and exchange appropriate information with local health authorities. |  |  |  |
| The department / agency has a communication plan to notify, maintain communications with and exchange appropriate information with response partners, including local health department and emergency management authorities. |  |  |  |
| The department / agency conducts education and training to all staff on infection control procedures, appropriate personal protective equipment, exposure prophylaxis and family / dependent care options. |  |  |  |
| The department / agency has trained staff on their roles and responsibilities in a pandemic. |  |  |  |
| The department / agency has developed plans to rapidly share situational information with employees and their families. |  |  |  |
| The department / agency works with local health and emergency management authorities in developing and disseminating coordinated communication and public education messages to stakeholders. |  |  |  |
| The department / agency has identified non-essential services that can be suspended to increase staff and ensure public safety. |  |  |  |
| The department / agency has developed a plan to assess and track all prisoners with complaints or diagnosis of novel virus. |  |  |  |
| **Response and Recovery** |
| Key administrative staff recognize the triggers to activate the EOP and pandemic influenza plan. |  |  |  |
| The department /agency implements infection control procedures, including isolation of infectious patients. |  |  |  |
| The department /agency ensures the distribution and use of appropriate personal protective equipment to employees with patient care contact. |  |  |  |
| The department /agency assesses supplies and equipment, including personal protective equipment, on an ongoing basis, in order to maintain operations. |  |  |  |
| The department /agency provides ongoing communication and situational status information with employees. |  |  |  |
| The department / agency tracks all event related expenses, including supplies and equipment, manpower and lost revenue. |  |  |  |
| The department implements changes in shifts and staffing to maintain services in the event of 20%-30% illness in personnel. |  |  |  |

| **Medical Examiner (ME) / Coroner** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The ME / Coroner’s Office has developed an incident specific annex to its Emergency Operations Plan (EOP) that details the response to and recovery from pandemic influenza. |  |  |  |
| The ME / Coroner’s Office has developed a surge plan to increase capacity during an infectious disease event. |  |  |  |
| The ME / Coroner’s Office has identified administrative and/or supervisory personnel with authority to activate the EOP and response for pandemic influenza. |  |  |  |
| The ME / Coroner’s Office has identified administrative staff to interact with the local / county emergency management. |  |  |  |
| The ME / Coroner’s Office has a communication plan to notify, maintain communications with and exchange appropriate information with response partners, including local public health and emergency management authorities |  |  |  |
| The ME / Coroner’s Office has evaluated the services provided to determine essential services to be maintain and non-essential services to be suspended when demands exceed manpower capacity. |  |  |  |
| The ME / Coroner’s Office provides education and training to all staff on infection control procedures, appropriate personal protective equipment, exposure prophylaxis and family / dependent care options. |  |  |  |
| The ME / Coroner’s Office has developed plans to consolidate services and share resources, including manpower, with partner agencies. |  |  |  |
| The ME / Coroner’s Office has trained staff on their roles and responsibilities in a pandemic influenza. |  |  |  |
| The ME / Coroner’s Office implements changes in shifts and staffing to maintain services in the event of 20%-30% illness in personnel. |  |  |  |
| The ME / Coroner’s Office has developed plans to rapidly share situational information with employees and their families. |  |  |  |
| The ME / Coroner’s Office works with local health department and emergency management authorities in developing and disseminating coordinated communication and public education messages to stakeholders. |  |  |  |
| **Response and Recovery** |
| Key administrative staff within the ME / Coroner’s Office recognize the triggers to activate its EOP and pandemic influenza plan. |  |  |  |
| The ME / Coroner’s Office participates in local / county incident action planning for coordination of services and response actions. |  |  |  |
| The ME / Coroner’s Office monitors employees for signs of illness and provides access to employee health services for prophylaxis and/or treatment. |  |  |  |
| The ME / Coroner’s Office ensures the distribution and use of appropriate personal protective equipment to employees with patient care contact. |  |  |  |
| The ME / Coroner’s Office assesses supplies and equipment, including personal protective equipment, on an ongoing basis, in order to maintain operations. |  |  |  |
| The ME / Coroner’s Office provides ongoing communication and situational status information with employees. |  |  |  |
| The ME / Coroner’s Office tracks all event related expenses, including supplies and equipment, manpower and lost revenue. |  |  |  |

| **Community Organizations / Community-Based Organizations (CBOs)** | Status |
| --- | --- |
| CompleteMaintain | In Progress | Not Started |
| **Mitigation and Preparedness** |
| The CBO has an incident specific annex to its Emergency Operations Plan (EOP) that details the response to and recovery from pandemic influenza. |  |  |  |
| The CBO has identified administrative and/or supervisory personnel with authority to activate the EOP and response plan for pandemic influenza. |  |  |  |
| The CBO had determined the role(s) and services for the organization in the local response to a pandemic influenza event. |  |  |  |
| The CBO has identified administrative staff to interact with the local / county emergency management. |  |  |  |
| The CBO has a communication plan to notify, maintain communications with and exchange appropriate information with local public health authorities and response partners as needed. |  |  |  |
| The CBO has evaluated the services provided to determine essential services to be maintained and non-essential services to be suspended when demands exceed manpower capacity. |  |  |  |
| The CBO provides education and training to all staff on infection control procedures, appropriate personal protective equipment, exposure prophylaxis and family / dependent care options. |  |  |  |
| The CBO has developed memorandums of understanding to share resources, including supplies, equipment and manpower, with partner agencies. |  |  |  |
| The CBO has developed plans to consolidate services and share resources, including staff, with partner agencies. |  |  |  |
| The CBO has trained staff on their roles and responsibilities in a pandemic. |  |  |  |
| The CBO has developed plans to rapidly share situational information with employees and their families. |  |  |  |
| The CBO works with local health department and emergency management authorities in developing and disseminating coordinated communication and public education messages to stakeholders. |  |  |  |
| **Response and Recovery** |
| Key administrative staff within the organization recognize the triggers to activate the EOP and pandemic influenza plan. |  |  |  |
| The CBO participates in local / county incident action planning for coordination of services and response. |  |  |  |
| The CBO monitors employees for signs of illness and provides access to employee health services for prophylaxis and/or treatment. |  |  |  |
| (when applicable) The CBO ensures the distribution and use of appropriate personal protective equipment to employees with patient care contact. |  |  |  |
| The CBO assesses supplies and equipment, including personal protective equipment, on an ongoing basis, in order to maintain operations. |  |  |  |
| The CBO provides ongoing communication and situational status information with employees. |  |  |  |
| The CBO tracks all event related expenses, including supplies and equipment, manpower and lost revenue. |  |  |  |