



Pandemic Continuity Plan –Finger Lakes Library System (FLLS)

Introduction:

Organizations across the Nation perform essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural. Since the threat to an organization's continuity of operations is great during a pandemic outbreak; it is important for organizations, in particular Finger Lakes Library System to have a Pandemic Continuity of Operations plan in place to ensure it can carry out its essential functions and services. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective Continuity of Operations Plan can assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

Purpose:

This plan provides guidance to Finger Lakes Library System and may serve as the plan for maintaining essential functions and services during a pandemic. This guidance neither replaces nor supersedes any current, approved FLLS continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. Influenza, COVID-19, and other diseases may not, themselves, require a traditional continuity response, such as partial or full shut down of the organization's offices and remote work practices, although this response may be concurrently necessary due to other circumstances.

Concept of Operations:

The Finger Lakes Library System will do its best to continue services to member libraries throughout the pandemic. Some services may be reduced or temporarily discontinued to protect staff from risk of infection and/or harm. FLLS will continue to offer support and information to its members remotely if necessary throughout the pandemic. Appropriate local, state, and federal orders supersede all policies and will be followed by FLLS.

Finger Lakes Library System will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. The Pandemic Continuity Plan will be implemented as needed to support the continued performance of essential functions. This plan is to be read in conjunction with the FLLS infectious Disease and, Communicable Disease, and Emergency Closing Policies, as appropriate. It supplements these policies by addressing considerations and elements specific to pandemic events and emerging infectious diseases.

Once it is deemed safe to do so, Finger Lakes Library System will return operations to normal to the best of its ability and as quickly as possible. Depending on the level of severity of the pandemic, this may come in stages to ensure the safety and health of staff.

Continuity Planning:

All organization personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by the Executive Director and HR Administrator. Guidance and instructions on established infection control measures such as social distancing, personnel protective equipment and telework policies are provided by the Executive Director and HR Administrator to assist in limiting the spread of disease at the System headquarters.

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, posting infection control guidelines); establishing flexible work hours or worksite, (e.g., telecommuting); promoting social distancing between employees and members/visitors to maintain the recommended spatial separation between individuals; and implementing strategies that request and enable employees with influenza, COVID-19, or another disease to stay home at the first sign of symptoms.

Pandemic Planning Assumptions:

A. National Strategy for Pandemic Implementation Assumptions:

- Susceptibility to the pandemic virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemic about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days, for COVID-19 the incubation period is 14 days, and varies for other diseases.
- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

B. Organizational Assumptions:

- Organizations will be provided with guidance and/or direction by Federal, State, local and/or Tribal governments regarding current influenza pandemic status in its area.
- Organizations will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing

protocols, personal protection equipment (PPE), and temporary suspension of some nonessential activities.

- Finger Lakes Library System has a viable organizational continuity capability, and a HQ Continuity of Operations Plan.
- FLLS will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options.
- The Finger Lakes Library System Headquarters building will be accessible, but right of entry may be limited.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, tribal, territorial, and local levels may affect the ability of some staff to report to work.

Pandemic Response:

A. Pandemic Response Team

The Finger Lakes Library System's Executive Director will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on FLLS and to assist with developing strategies to manage the effects of an outbreak. The FLLS PRT is comprised of the following:

1. Executive Director
2. Board of Trustees President
3. Business Manager
4. HR Administrator
5. FLLS Legal Counsel (advisory capacity)

B. Risk Communications

FLLS will develop pandemic risk communications procedures for communicating with all internal and external stakeholders. This includes the use of existing notification rosters with names and telephone numbers for personnel. These rosters are maintained and updated by the Executive Assistant and disbursed Semi-Annually. These rosters include the FLLS Personnel phone tree and the FLLS Member Library Directory. During an event, the Finger Lakes Library System Board of Trustees will receive an update on the Continuity plan at least once a week until FLLS is back to normal working conditions.

Elements of a Viable Pandemic Continuity Capability:

A. Essential Functions

Given the expected duration and potential multiple waves of pandemic outbreaks, organizations must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations which support essential functions. Finger Lakes Library System has identified essential functions and services needed to sustain its mission and operations during a pandemic. FLLS Essential Functions are placed here.

- Library Management System Support/ILS Support
- Website Support
- Business Office Functions
- Risk Communications (Executive Orders, CDC recommendations, etc.)
- Legal Communications
- eContent and Database Support
- Network & Technology support required to support above functions

B. Continuity Facilities

The traditional use of continuity facilities to maintain essential functions and services are not a viable option for FLLS. Rather, safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Finger Lakes Library System has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic. Plans have also been established for remote work to take place as needed for essential functions.

C. Continuity Communications

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. FLLS has identified communication systems needed to perform essential functions. The Finger Lakes Library System's Emergency Communications Plan is here:

There may be times when emergencies, such as severe weather, fires, power failures, or health crisis disrupt normal business operations which may result in temporarily closing System headquarters. If this occurs we will initiate our phone tree emergency closing notification system to call you with closing notifications using the contact numbers you provided for the phone tree. It is the responsibility of all team members to keep their emergency contact information up to date as well as all other personal contact information.

D. Essential Records Management

Finger Lakes Library System shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. FLLS has identified systems, databases, and files that are needed to ensure essential functions remain operational.

E. Human Resources

Although a pandemic outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. Finger Lakes Library System has established plans to protect the entire employee population and their families, with additional guidance for key personnel, and other essential personnel, should a pandemic influenza outbreak occur.

F. Devolution of Control and Direction

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. FLLS has established plans and procedures for devolution, which identifies how it will transfer operations, if a pandemic renders leadership and essential staff incapable or unavailable.

G. Reconstitution

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in

mind, expedite the return to normal operations. The Finger Lakes Library System has developed reconstitution plans and procedures, using local public health authorities' guidelines, to ensure the building is safe to return to. The organization's reconstitution plan should consider the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process.

Conclusion:

Maintaining Finger Lakes Library System's essential functions and services in the event of a pandemic requires additional considerations beyond traditional continuity planning. Unlike other hazards, a pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional "continuity activation" may not be required during a pandemic outbreak. However, a pandemic outbreak threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the Finger Lakes Library System continuity plan addresses the threat of a pandemic outbreak. Continuity Plans for maintaining essential functions and services in a pandemic should include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel, and other essential personnel must be the focused goal of the organization in order to enable the organization to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

Appendix 1: Websites for Planning and Preparedness

- <http://www.opm.gov/pandemic/index.asp> - links to policies on leave, pay, hiring, alternative work arrangements and other critical human capital issues in relation to pandemic influenza.
- <http://www.pandemicflu.gov> - pandemic influenza related information (e.g., signs and symptoms of influenza, modes of transmission, developing individual and family plans, etc.).
- <http://www.flu.gov/planning-preparedness/federal/index.html#> pandemic influenza related information for Federal Government agencies to use for planning and preparedness. Links to other federal government agencies.
- <https://www.fema.gov/Coronavirus-Rumor-Control> the purpose of this FEMA page is to help the public distinguish between rumors and facts regarding the response to coronavirus (COVID-19) pandemic. Rumors can easily circulate within communities during a crisis.
- <https://www.fema.gov/continuity-resource-toolkit> this Continuity Resource Toolkit is designed to provide partners at all levels of government, as well as the private and nonprofit sectors, with additional tools, templates, and resources.

Appendix 2: World Health Organization Phases

The World Health Organization (WHO) developed an alert system to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic. Organizations are encouraged to monitor the WHO phases and establish continuity “triggers” as deemed appropriate. The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained. However, the pandemic phases have been re-defined (Table 1). In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods.

Table 1: World Health Organization Pandemic Influenza Phases

Phase 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post-Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible New Wave	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
Post-Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

The WHO phases of pandemic alert:

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance

this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.