Multi-Sector Municipal Pandemic Plan for

(insert name of municipality)

Planning for Food Security, Health, Communications, and Disaster Management in a Severe Pandemic
The Template Plan

The Template Plan was developed as a planning aid to accompany the toolkit, “Leadership During a Pandemic: What Your Municipality Can Do”. The template plan is comprised of 42 blank planning pages that, when completed, will constitute a multisector municipal level plan for a severe pandemic. The planning pages are organized into the same sectors as the toolkit, and are numbered to reflect the specific tool in the toolkit they are derived from. For example, template page 5.4 is the fourth planning page in a series of pages that all correspond to Tool 5. Most, but not all, tools have planning pages associated with them. In addition, a “General” section has been added to provide general information and create the linkage to existing national and local level disaster response plans.

While the template pages may be printed out and then filled in, it is recommended that planners work on the pages on a computer, and then print them out. This is because many contain tables to be filled in. When working on a computer, the height of the table can be adjusted to the contents, allowing planners to insert as much, or as little, information despite the initial size of the table. Finally, as it is important for a truly operational plan to be continually revised and updated, it is recommended that the template plan be printed out and assembled into a binder with rings. Individual pages may then be easily removed and replaced.

It is recommended that the plans for a severe pandemic be annexed to existing disaster response plans, and integrated with any pre-existing national multi-sector pandemic plans. Local and national adaptation is a guiding principle of these plans. Planners should add or delete pages from the template plan as they wish, and adapt the ones they use to reflect their own resources, needs, and existing plans.
5 Easy Steps to Developing Your Plan

**Step 1: Getting Started**
Convene a multi-sector planning team. Ideally, this should include governmental leaders as well as key decision makers for each technical section. Assign responsibility for each sector to an individual or a group of individuals. Plan a workshop.

**Step 2: Training**
Conduct a workshop using the training materials for the multi-sector planning committee and sector planners.

**Step 3: Sector Planning**
Following the workshop, have each sector read the tools they are responsible for. Each sector then completes the template pages for their tools.

**Step 4: Pulling it All Together**
The multi-sector committee should review all completed template pages and assign responsibility to individual(s) for the “General” section pages. They should also identify pre-existing plans, and determine how the linkage will be made to other local plans, and the national plans.

**Step 5: Dissemination**
Once the plan is complete, all those with preparedness and response duties should be trained in the plan, and preparedness activities should begin. Develop a process to continually update and revise the plan.
## Sample Agenda for a Training
**“Leadership During a Pandemic: What Your Municipality Can Do”**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00- 10:00</td>
<td>Welcome and Introductions</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:45</td>
<td>Threat of a Severe Pandemic Leadership During a Pandemic</td>
<td></td>
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<tr>
<td></td>
<td>Introduction to Planning Template</td>
<td></td>
</tr>
<tr>
<td>10:45- 11:00</td>
<td>Break</td>
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</tr>
<tr>
<td>11:00 - 12:30</td>
<td>Pandemic Health Impact Projection Tool</td>
<td></td>
</tr>
<tr>
<td>12:30-13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:30-15:00</td>
<td>Understanding Food Security in a Pandemic</td>
<td></td>
</tr>
<tr>
<td>15:00-15:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>15:15-16:45</td>
<td>Classification of Food Security Risk Locations</td>
<td></td>
</tr>
<tr>
<td>16:45-17:00</td>
<td>Plenary Wrap Up</td>
<td></td>
</tr>
<tr>
<td><strong>DAY 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00-10:30</td>
<td>Maintenance of Essential Services</td>
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<tr>
<td>10:30-10:45</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:45-12:30</td>
<td>Volunteer Coordination</td>
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<tr>
<td>12:30-13:30</td>
<td>Lunch</td>
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<tr>
<td>13:30-16:30</td>
<td>Coffee available</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Group A: Disaster Management</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Group B: Identifying People most at Risk of Food Security</strong></td>
<td></td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Plenary wrap-up</td>
<td></td>
</tr>
<tr>
<td><strong>DAY 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>Household Food Security Preparedness</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>10:00-13:00</td>
<td><strong>Group A:</strong> Triage: Prioritizing Care to Reduce Deaths Non-Pharmaceutical Interventions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Group B:</strong> Distribution of Emergency Food During a Pandemic Influenza</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00-17:00</td>
<td><strong>Crises and Emergency Risk Communications</strong></td>
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**DAY 4**

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>9:00-9:30</td>
<td>Day 3 Plenary Wrap-up</td>
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<tr>
<td>9:30:10:00</td>
<td>Recovery and Resilience</td>
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<tr>
<td>10:00-11:30</td>
<td>Continuing the Planning</td>
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<td></td>
<td><strong>Coffee available</strong></td>
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<tr>
<td>11:30-12:30</td>
<td>Parish Plan Reports</td>
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<tr>
<td>12:30-13:30</td>
<td>Closing and Certificates</td>
</tr>
<tr>
<td>13:30 – 14:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>Tool</td>
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<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>1. Introduction to the Template Plan</td>
<td></td>
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<tr>
<td>2. Sample Training Agenda</td>
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</tr>
<tr>
<td>3. Table of Contents</td>
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</table>

**General**

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<table>
<thead>
<tr>
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<td>5. Pandemic Planning Assumptions</td>
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<td>6. Integration with the National Plan</td>
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<td>7. Description of the Municipality</td>
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<td>8. Legal Framework</td>
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**Health**

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<thead>
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<tr>
<td>9. Impact Projections</td>
<td>3.1</td>
<td>6</td>
</tr>
<tr>
<td>10. Non-Pharmaceutical Interventions by Setting</td>
<td>4.1</td>
<td>8</td>
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<tr>
<td>11. Plan for Use of Non-Pharmaceutical Interventions</td>
<td>4.2</td>
<td>10</td>
</tr>
<tr>
<td>12. Pyramids of Care</td>
<td>5.1</td>
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<tr>
<td>13. Defining the Needs for the Levels of Care</td>
<td>5.2</td>
<td>13</td>
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<tr>
<td>14. Health Resources</td>
<td>5.3</td>
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<td>15. Community Care Sites</td>
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<td>16. Planning for the Levels of Care</td>
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**Food Security**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>17. Food Security Risk Classification</td>
<td>8.1</td>
<td>28</td>
</tr>
<tr>
<td>18. Analysis of Groups Most Exposed to Risk</td>
<td>9.1</td>
<td>29</td>
</tr>
<tr>
<td>19. Assistance Plan for Various Livelihood Groups</td>
<td>9.2</td>
<td>34</td>
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<tr>
<td>20. Data Management Plan</td>
<td>9.3</td>
<td>40</td>
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<tr>
<td>21. Household Food Preparedness Plan</td>
<td>10.1</td>
<td>41</td>
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<tr>
<td>22. Stakeholder Analysis- Household Preparedness Outreach</td>
<td>10.2</td>
<td>43</td>
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<tr>
<td>23. Level of Risk Staple Foods</td>
<td>11.1</td>
<td>44</td>
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<tr>
<td>24. Stakeholder Analysis- Capacity to Respond to Food Shortages</td>
<td>11.2</td>
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<td>25. Inventory of Staple Foods</td>
<td>11.3</td>
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<tr>
<td><strong>26. Amount of Food Needed</strong></td>
<td>11.4</td>
<td>48</td>
</tr>
<tr>
<td><strong>27. Emergency Food Storage</strong></td>
<td>11.5</td>
<td>49</td>
</tr>
<tr>
<td><strong>28. Inventory of Emergency Food Storage and Distribution Locations</strong></td>
<td>11.6</td>
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<td><strong>Disaster Management</strong></td>
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<tr>
<td><strong>29. Establishing an EOC</strong></td>
<td>15.1</td>
<td>51</td>
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<tr>
<td><strong>30. EOC Contact List</strong></td>
<td>15.2</td>
<td>52</td>
</tr>
<tr>
<td><strong>31. Municipal Resources by Sector</strong></td>
<td>15.3</td>
<td>55</td>
</tr>
<tr>
<td><strong>32. Risk Reduction Mapping</strong></td>
<td>15.4</td>
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<tr>
<td><strong>33. Daily Response Planning</strong></td>
<td>15.5</td>
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<tr>
<td><strong>34. Daily Response Planning Template</strong></td>
<td>15.6</td>
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<tr>
<td><strong>35. Developing a COOP Plan</strong></td>
<td>16.1</td>
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<tr>
<td><strong>36. Identification of Essential Services</strong></td>
<td>16.2</td>
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</tr>
<tr>
<td><strong>37. Delegation of Authority</strong></td>
<td>16.3</td>
<td>62</td>
</tr>
<tr>
<td><strong>38. Inventory of Community Services</strong></td>
<td>17.1</td>
<td>63</td>
</tr>
<tr>
<td><strong>39. Roles and Responsibilities of Lead Community Volunteers</strong></td>
<td>17.2</td>
<td>64</td>
</tr>
<tr>
<td><strong>40. Management of Dead Bodies</strong></td>
<td>18.1</td>
<td>65</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>41. Pandemic Communications Response Plan</strong></td>
<td>12.1</td>
<td>66</td>
</tr>
<tr>
<td><strong>42. Identifying Specific Target Audiences</strong></td>
<td>12.2</td>
<td>67</td>
</tr>
<tr>
<td><strong>43. Developing Key Messages</strong></td>
<td>12.3</td>
<td>68</td>
</tr>
<tr>
<td><strong>44. Message Map Worksheet for Writing Key Messages</strong></td>
<td>12.4</td>
<td>69</td>
</tr>
<tr>
<td><strong>45. News Conference Checklist</strong></td>
<td>14.1</td>
<td>70</td>
</tr>
</tbody>
</table>
1.1 Plan Maintenance

Version 1
This plan was created on:

Names, Titles and Signatures:

Version 2
This plan was revised on:

Names, Titles and Signatures:

Version 3
This plan was revised on:

Names, Titles and Signatures:
1.2 Pandemic Planning Assumptions

- Attack rate: 30% of a population is expected to get the illness
- Duration: The first wave will last 6-12 weeks
- It is expected that 2-3 waves of approx. 6-12 weeks duration will occur
- In a severe pandemic, municipalities will need to be prepared to respond on their own
- All impact projections are based on the best available evidence, but should be adjusted once a pandemic strain emerges and there is information available about that strain
- Projected numbers are spread across the wave, with a peak occurring mid-wave
- Many of the flu cases will be mild, and will not require health care
- There will be fewer health care providers to take care of many more cases
  - Health care facilities will be overwhelmed with pandemic and other illness
  - Health care personnel will experience high absenteeism rates
  - There will be a need to allocate health care resources to reduce deaths
- Workforce absenteeism will result in local, national, and international supply chain delays or disruptions
- There may be shortages of essential goods, such as food, water, sanitation, gasoline, utilities, and health care
- Deaths in developing and resource poor countries will be higher than in developed countries. The case fatality rates projected for the 5 severity categories are:

<table>
<thead>
<tr>
<th>Category</th>
<th>CDC*</th>
<th>Adjusted**</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>0.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>2</td>
<td>.23%</td>
<td>1.23%</td>
</tr>
<tr>
<td>3</td>
<td>.75%</td>
<td>3.25%</td>
</tr>
<tr>
<td>4</td>
<td>1.5%</td>
<td>7.00%</td>
</tr>
<tr>
<td>5</td>
<td>2.1%</td>
<td>9.10%</td>
</tr>
</tbody>
</table>
1.3 INTEGRATION WITH NATIONAL EMERGENCY PLANS

Most countries have national level pandemic plans in place, while very few have municipal level plans. This toolkit is designed to provide you with the guidance and resources to build a multisector municipal plan. It is very important that municipal plans reflect national level planning and that all municipal response activities are consistent with the national strategic objectives, laws, and policies. If you do not already have a copy of your country’s National Pandemic Response Plan, contact your Ministry of Health or look for it on their website. Information is also available from the Pan American Health Organization at www.paho.org. Your country may also have an Emergency Communication Plan that you should follow.

National, district, and municipal level plans are likely to exist for general disaster response. Municipal level disaster committees and plans are a foundation on which you can build your pandemic response plan, and a disaster committee may well become the multisector municipal leadership team that you need for your pandemic response.
1.4 Description of the Municipality

To develop this section of the plan, gather available information on local characteristics. This information may already exist in other municipal plans or documents. For example, consider the following characteristics of your municipality.

- **Population** (including age groups and demographic distribution): total population and population by risk groups in the event of an outbreak or pandemic
- **Actors or organizational structures present**: list of actors present in the region able to support preparation and response efforts
- **Physical environment**: including climate, soil, mountains, water, housing, crowding
- **Demographics**: occupation, culture, population density
- **Health**: public and private health units, community network, and human resources
- **Basic services**: housing, water and sanitation, and family socioeconomic conditions
- **Education**: availability of schools, level of schooling, and human resources (teaching personnel)
- **Critical infrastructure**: availability of electricity, food security, communication, transportation, and the road network (including institutions, human resources, commodities, equipment)
1.5 LEGAL FRAMEWORK

Any response you lead to ensure the health and safety of your community must be in line with both your country’s and your municipality’s existing laws and regulations, which have been enacted to protect the public’s health and to provide a response to those events that threaten the well-being of the population. Such existing laws, policies, programs, and appropriated funds must be considered as you plan and implement a municipal-level response during a severe influenza pandemic. Having a keen understanding of this legal framework is pivotal to ensuring an efficient response during crises and emergencies. Municipal preparedness includes identifying and addressing any gaps in this legal framework for response.
3.1 Impact Projections

If you only include one set of projections, select Category 5. However, you may include as many pages of projections as you would like.

<table>
<thead>
<tr>
<th>Municipality: (name)</th>
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<tbody>
<tr>
<td>Population:</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Category 1</th>
<th>Category 3</th>
<th>Category 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level One Cases</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Level Two Cases</td>
<td></td>
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<td></td>
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<tr>
<td>Level Three Cases</td>
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<td></td>
</tr>
<tr>
<td>Level Four Cases</td>
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<td></td>
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<tr>
<td>Number of Cases in Peak Week</td>
<td></td>
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<tr>
<td>Deaths During the Pandemic</td>
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<tr>
<td>Deaths in the Peak Week</td>
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</table>
(Paste the “All Graphics” page from the Impact Projection Tool here)
## 4.1 Planning to Use NPIs by Setting

<table>
<thead>
<tr>
<th>Setting: Intervention</th>
<th>Trigger to begin and end</th>
<th>Who implements</th>
<th>Who enforces</th>
<th>Resources needed</th>
<th>Challenges and unintended consequences</th>
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<tr>
<td><strong>Home:</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hand washing and cough hygiene</td>
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<tr>
<td>Isolation of sick people</td>
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<tr>
<td>Quarantine of family members of sick people</td>
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<tr>
<td><strong>School:</strong></td>
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<tr>
<td>Hand washing and cough hygiene</td>
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<tr>
<td>Close schools and childcare facilities</td>
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<tr>
<td>Decrease children’s social contacts outside of school</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td><strong>Workplace:</strong></td>
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<tr>
<td>Hand washing and cough hygiene</td>
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<tr>
<td>Hold conference calls instead of meetings</td>
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<tr>
<td>Modify work schedules, Work from home</td>
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<tr>
<td><strong>Community:</strong></td>
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<tr>
<td>Cancel or postpone large public gatherings</td>
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<tr>
<td>Increase distance between persons</td>
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### 4.2 Plan for Non-Pharmaceutical Interventions in a Severe Pandemic

For each setting, include:
- Who is in charge of issuing the order to implement the interventions (if appropriate)
- Contact information for key decision makers (e.g., school administrator)
- Which NPI’s will be used
- What trigger to start and end the use of the NPI is
- What resources are needed to implement and enforce the measures

<table>
<thead>
<tr>
<th>Plan for Use of Non-Pharmaceutical Interventions</th>
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<tbody>
<tr>
<td><strong>Home</strong></td>
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<tr>
<td><strong>Community</strong></td>
</tr>
<tr>
<td><strong>Schools</strong></td>
</tr>
<tr>
<td><strong>Workplaces</strong></td>
</tr>
</tbody>
</table>
5.1 Pyramids of Care

Paste your pyramids of care here. It is important to generate a pyramid for Category 5. However, you may include as many pyramids as you would like.
5.2 Defining the Needs for the Levels of Care

Instructions for completing the tables are available at the end of the worksheet.

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<th>Total # Cases for all 8 Weeks</th>
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<td></td>
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<td>Cat. 1</td>
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<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Level 3</td>
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<tr>
<td>Level 4</td>
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</tbody>
</table>
Level 1: Unassisted Home Care

Description of Care:
The level 1 cases are the mildest cases, and most are expected to recover at home without complications. Level 1 includes both self care and care by a family member or other available caregiver. These cases do not require outside assistance.

Number of cases anticipated:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Cat. 2 (.45)</th>
<th>Cat. 5 (.25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire Wave</td>
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<tr>
<td>Week 1</td>
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<td>Week 8</td>
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Resources needed:
- Public education on hand hygiene, social distancing
- Household preparedness, especially for food, water and critical medications
- Availability of water, soap, alcohol gels
- Ability to keep the ill isolated
- Community/extended family assistance with daily living: errands, food preparation, child care, pharmaceuticals and access to care for non-pandemic illness
- Notification process if level of care is increasing
- Other?

Notes:
Level 2: Assisted Home Care

Description of Care:
Level 2 cases are uncomplicated cases that need the assistance of community resources (such as a trained community health worker) for their influenza or for other illnesses (such as TB or malaria). The most urgent needs of people falling into level 2 care probably will be the need for oral hydration (taking liquids by mouth), and the continuation of medications or other treatments for coexisting illnesses. People who require significant assistance with the activities of daily living (such as bathing, doing errands, cleaning, cooking, and securing food) also fit into this level of care.

Number of cases anticipated:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Cat. 2 (.25)</th>
<th>Cat. 5 (.25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire Wave</td>
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<td>Week 1</td>
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<td>Week 8</td>
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Resources needed:
- Level 1 care resources; plus
- Trained community volunteers in both pandemic and non-pandemic illness
- Availability of oral fluids and oral antibiotics
- Protocols for the use of fluids and antibiotics

Notes:
Level 3: Skilled Clinical Care Needed

Description of Care

Level 3 cases require care of moderate intensity by a clinically-trained provider. People who fall into this level may be cared for at home or at an alternate health care site in the community. Examples of skilled care include an examination to see if pneumonia is developing, intravenous hydration, intravenous antibiotics, and respiratory treatments.

Number of cases anticipated:

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Cat. 2 (.28)</th>
<th>Cat. 5 (.36)</th>
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</thead>
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<td>Week 1</td>
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<td>Week 8</td>
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Resources needed:
- Level 1 and 2 care resources; plus
- Skilled health workers
- Availability of intravenous fluids and oral antibiotics
- Oxygen, respiratory treatments, and respiratory medications, if available
- Protocols for the use of intravenous fluids and antibiotics, and respiratory therapy
- Community locations where Level 3 care may be provided.

Notes:
Level 4: Highest Available Level of Care Needed

Description of Care

These are the most severe cases, and they should be treated in a hospital if one is available. However, in areas with limited resources, these cases are not likely to survive even with the highest available level of care, and may be assigned to comfort care rather than provided with skilled health care resources. Policies for level 4 care should be included in the municipal plan for triage.

Number of cases anticipated:

<table>
<thead>
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<td>Week 8</td>
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Resources needed:
- Level 1, 2 and 3 care resources; plus
- Volunteers and skilled personnel trained in comfort care. Ideally, this will also include mental health professionals and religious leaders in addition to health care workers.
- Availability of pain medication
- Protocols are needed for a process to determine whether a level 4 patient should be admitted to a health facility or a community care center. While there may not be room at these locations at the peak of the wave, all patients should be provided with the highest level of care available. At the beginning of the wave, and toward the end of the wave, there may be the capacity to admit these patients to a facility or center, or to provide additional resources at home. Level 4 patients should receive all resources available to provide for a dignified and peaceful death.

Notes:
<table>
<thead>
<tr>
<th>Week 1</th>
<th>Category 2</th>
<th>Category 5</th>
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<tbody>
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<thead>
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<th>Week 7</th>
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<td>Level 4</td>
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<table>
<thead>
<tr>
<th>Week 8</th>
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<td>Level 4</td>
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Explanation for Completing Worksheet 5.2  
Defining the Needs for the Levels of Care

The Pandemic Health Impact Projection Tool (Tool #2) is needed to complete this worksheet.

Table: Total # of Cases for all 8 Weeks.
This table is intended to demonstrate the overall number of cases anticipated for two severity categories. Participants need to enter their population data then select the severity category. Once they have completed the data entry, they should select Graphic 4: All Cases by Level of Care, and fill in the boxes for that severity category. Then, the step needs to be repeated for each of the 5 severity categories.

Please note: The concept of severity category should not be confused with the severity of the level of care. The severity category is related to the lethality of the virus itself, expressed by the case fatality ratio (CFR) as described in the impact projection tool user guide. A category 1 pandemic is a mild one with a CFR around 1.23%, whereas a category 5 pandemic would be expected to have a CFR of around 9%. On the other hand, the four levels of care describe the severity of the clinical symptoms in an individual person. For example, a level one case is a very mild case of influenza, while a person needing level 3 care would be very ill and need medical care.

Tables: Cases per Week by Level of Care

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Cat. 2 (.45)</th>
<th>Cat. 5 (.25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire Wave</td>
<td></td>
<td></td>
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<tr>
<td>Week 1</td>
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<td>Week 8</td>
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</tbody>
</table>

For each of two pandemic severity categories (Category 2 and Category 5), cases are listed per week by level of care. This table uses the information from the Pandemic Health Impact Projection Tool graphic #6 (Percent of cases in each level of care). Multiply the number of cases for each week by the percent of cases in that level for both severity categories (the % of cases in each level is listed next to the category on the first row of the table).
For example, to compute the number of cases in a Category 2 pandemic for Level 1 care, after entering the population data and selecting Category 2 on the home page, select Graphic #2: Weekly Number of Cases. Fill in the total number of cases for each week and then multiply that number by the percent of cases in that level. Week 1, Level 3 = # of cases in week 1 X .45. For Category 5, go back to the home page, select category 5 then Graphic #2. Multiply the number of cases in week 1 by .25.

Please note: The epidemic curve that is generated is symmetrical. That means that the number of cases in week 1 = the number of cases in week 8, week 2 = week 7, week 3 = week 6, and week 4 = week 5. In addition, the numbers for the peak period (weeks 4 and 5) can be generated by clicking on Graphic 1: Comparison of the Number of Cases by Level of Care for the Total Duration of the Pandemic and for the Peak Week. Therefore, it is only necessary to compute the numbers for weeks 1, 2, and 3.

Tables: Number of Cases per Level of Care for each Week

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Category 2</th>
<th>Category 5</th>
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</thead>
<tbody>
<tr>
<td>Level 1</td>
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<td>Level 2</td>
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<td>Level 3</td>
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<tr>
<td>Level 4</td>
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</tbody>
</table>

Simply fill in the boxes from the data already generated.
5.3 Resource Mapping

Make a complete inventory of all available resources and estimate the gaps in resources needed for each Level of Care. Resources should be calculated for a **one week period**. Planners will need to remember that each wave of the pandemic is expected to last 6-12 weeks, but the demand for resources will follow an epidemic curve. For influenza patients, plan for the number of cases expected during the peak week of the wave. For non-influenza patients, consider the average number of patients in the municipality during an average week. Do your best to allocate them across the pyramid of care.

**Triage should only be used as last resort** when health care resources are overwhelmed and unable to respond to all that need immediate care. Triage is needed when the balance of need outweighs availability. This balance will change on a daily basis in a pandemic. At the start of the wave, there may not be a need for triage. As more people get sick and supplies and human resources decrease, the time will come to implement triage. As cases begin to decline post-peak, there will be a time when triage can be suspended. Therefore, it is important that you develop a process to assess and track the availability of resources prior to, during, and after the peak of the pandemic wave.

<table>
<thead>
<tr>
<th>Patients (Influenza)</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Available</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients (HIV/AIDS)</td>
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<tr>
<td>Patients (Malaria)</td>
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<tr>
<td>Patients (TB)</td>
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<tr>
<td>Patients (Diabetes)</td>
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<tr>
<td>Patients (diarrheal disease)</td>
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<td>Patients (other)</td>
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<td>Patients (other)</td>
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<td>Masks</td>
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<td>Gloves</td>
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<td>Gowns</td>
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<td>Soap</td>
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<td>Alcohol gel</td>
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<td>Water (if not available locally)</td>
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<tr>
<td>Oral fluids, adult</td>
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<td>Oral fluids, pediatric</td>
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<tr>
<td>Antibiotics, adult</td>
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<tr>
<td>Antibiotics, pediatric</td>
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<tr>
<td>IV fluids, adult</td>
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<td>IV fluids, pediatric</td>
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<tr>
<td>IV set-ups, adult</td>
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<tr>
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<tr>
<td>Food for patients at home</td>
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<tr>
<td>Food for patients in Level 3 facilities</td>
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<tr>
<td>Non-pandemic medications (estimate number of courses needed for a single week)</td>
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<tr>
<td>TB</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Malaria</td>
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<td>Insulin</td>
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<td>Others</td>
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<td># of health center beds available</td>
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<tr>
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<td>Level 3</td>
<td>Level 4</td>
<td>Available</td>
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<tr>
<td><strong>Personnel</strong></td>
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</tr>
<tr>
<td>Untrained community volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained community volunteers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Community health workers</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
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</tr>
<tr>
<td>Traditional healers</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
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<tr>
<td>Other (specify)</td>
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<td>Other (specify)</td>
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</tr>
</tbody>
</table>

Add rows as you identify additional resources.

Other resource planning may include

- Non-medical supplies such as gasoline, electricity, communication devices, clerical support, etc.
- Financial resources
- Community resources for alternate care sites and staffing
- Names and contact information for those who will be responsible for implementing the plan (both from the health sector and the municipal government)
## 5.4 Community Care Sites (Level 3 Care)

These locations should be physically safe buildings, with at least a minimum of infrastructure (electricity, ventilation, toilets and washing facilities). Buildings used as shelters may be re-planned as community care sites as sheltering is not recommended in a communicable disease outbreak.

<table>
<thead>
<tr>
<th>Possible Sites for Community Care Centers (Level 3 Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address and current use of building</td>
</tr>
<tr>
<td><strong>EXAMPLE:</strong> La Paloma Primary School</td>
</tr>
</tbody>
</table>
5.5 Plan for the Levels of Care

For each level of care, include

- Who is responsible for coordinating the care
- How many cases are projected during the peak period
- What community resources are needed (# and type of volunteers, pharmaceuticals and medical supplies, cots, IV poles, bedding, etc.)
- Location where the care will be provided (at home, at a local clinic, hospital, community care site)
- Plan to train volunteers or health workers, if needed

Level 1

Level 2
Plan for the Levels of Care, cont.

Level 3

Level 4
### 8.1 Food Security Risk Classification by Location

<table>
<thead>
<tr>
<th>Target Area</th>
<th>Level of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Priority Risk Factors</td>
</tr>
<tr>
<td></td>
<td>(Indicators with a 3 on the Risk Factor Page of the Excel tool)</td>
</tr>
<tr>
<td></td>
<td>Medium Priority Risk Factors</td>
</tr>
<tr>
<td></td>
<td>(Indicators with a 2 on the Risk Factor Page of the Excel tool)</td>
</tr>
</tbody>
</table>
## 9.1 Analysis of Groups Most Exposed to Risk

<table>
<thead>
<tr>
<th>Livelihood Groups (Occupational, Gender, Ethnicity, etc.)</th>
<th>#1___________</th>
<th>#2___________</th>
<th>#3___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Crises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets owned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does this group earn/or receive money?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does this group get food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much of the food they eat must they purchase?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal variations to money, food, or illness?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What does this group do to cope with scarcity or shock?

<table>
<thead>
<tr>
<th>Livelihood Groups by Level of Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>Better-off</td>
</tr>
</tbody>
</table>

Recent Crises
<table>
<thead>
<tr>
<th>Assets owned</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How does this group earn/or receive money?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does this group get food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much of the food they eat must they purchase?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal variations to money, food, or illness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What does this group do to cope with scarcity or shock?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9.2 Assistance Plan for Various Livelihood Groups (for example, by Occupational group, Gender, or Ethnicity)

<table>
<thead>
<tr>
<th>Livelihood Group</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to Assist Before a Pandemic</td>
<td>Priority # 1</td>
<td>Priority # 1</td>
<td>Priority # 1</td>
</tr>
<tr>
<td></td>
<td>Priority # 2</td>
<td>Priority # 2</td>
<td>Priority # 2</td>
</tr>
</tbody>
</table>
# How to Assist During a Pandemic

<table>
<thead>
<tr>
<th>Priority # 1</th>
<th>Priority # 1</th>
<th>Priority # 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority # 2</th>
<th>Priority # 2</th>
<th>Priority # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What else may be needed?</th>
<th>What else may be needed?</th>
<th>What else may be needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Assist After a Pandemic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Organizations that could help these groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Assistance Plan for Livelihood Groups by Relative Well-being

<table>
<thead>
<tr>
<th>High Risk Factors</th>
<th>Livelihood Group</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Middle</td>
<td>Better–off</td>
<td></td>
</tr>
<tr>
<td>How to Assist Before a Pandemic</td>
<td>Priority # 1</td>
<td>Priority # 1</td>
<td>Priority # 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priority # 2</td>
<td>Priority # 2</td>
<td>Priority # 2</td>
<td></td>
</tr>
<tr>
<td>How to Assist During a Pandemic</td>
<td>Livelihood Group</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------------------------------</td>
<td>------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>Middle</td>
<td>Better–off</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priority # 1</td>
<td>Priority # 1</td>
<td>Priority # 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priority # 2</td>
<td>Priority # 2</td>
<td>Priority # 2</td>
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<tr>
<td></td>
<td>What else may be needed?</td>
<td>What else may be needed?</td>
<td>What else may be needed?</td>
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<td></td>
<td>Priority # 1</td>
<td>Priority # 1</td>
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<td>What else may be needed?</td>
<td>What else may be needed?</td>
<td>What else may be needed?</td>
<td></td>
</tr>
<tr>
<td>Livelihood Group</td>
<td>Poor</td>
<td>Middle</td>
<td>Better–off</td>
<td></td>
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<td>------------------</td>
<td>------</td>
<td>--------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>How to Assist After a Pandemic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that could help these groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 9.3 Data Management Plan for a Food and Livelihood Security Assessment

Page references are for Tool #9 Identification of People Most at Risk of Food Insecurity

<table>
<thead>
<tr>
<th>What data is needed? (examples on pgs. 6-7 and handouts 2-8)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Determine the timeframe – when will the data be collected?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Determine sources of data - how it will be collected? (page 3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How data will be analyzed and who will do it? (page 8 &amp; 9)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who is responsible for each aspect of the data management plan?</th>
</tr>
</thead>
</table>
### 10.1 Household Pandemic Preparedness Plan

<table>
<thead>
<tr>
<th>Family Size:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much food will our household need to survive a pandemic wave?</td>
</tr>
<tr>
<td>How much food do we have on hand right now?</td>
</tr>
<tr>
<td>How much more food do we need to obtain?</td>
</tr>
<tr>
<td>Where and how will food be stored?</td>
</tr>
<tr>
<td>How much water will our household need to survive a pandemic wave? How much water do we have available?</td>
</tr>
<tr>
<td>How much water do we need to obtain so that we have this amount on hand?</td>
</tr>
<tr>
<td>How will we store our water? How will we purify it, if necessary?</td>
</tr>
<tr>
<td>How much money can we begin to save each week, so that we have cash during a pandemic?</td>
</tr>
<tr>
<td>Do we have all necessary non-food items on hand? <em>(Cooking fuel, batteries,)</em></td>
</tr>
</tbody>
</table>
candles and matches, bleach or purification tablets to ensure clean drinking water, medicines and first aid supplies.) What else do we need to obtain?

What do we have (surplus goods) that we might be able to offer our neighbors in trade?

What do we need that we cannot purchase and may need to trade for?

What volunteer services could we offer to our community during a pandemic?

Who do we contact in the municipality if we find that we do not have enough food to last 6-12 weeks?

How will we stay informed about recommended community guidance during a pandemic?
## 10.2 Stakeholder Analysis - Household Preparedness Outreach

<table>
<thead>
<tr>
<th>Organization/Individual/Business</th>
<th>Strengths (knowledge, resources, experience, etc.)</th>
<th>Possible contributions in preparation for a severe pandemic</th>
<th>Possible contributions during a severe pandemic</th>
<th>Person responsible for contacting</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
11.1 Level of Risk – Staple foods

How likely is it that your region will experience food shortages? Use this matrix to analyze your municipality’s risks. What else could help you to determine this? Which foods may be difficult to obtain if transportation systems are disrupted?

<table>
<thead>
<tr>
<th>Staple Food</th>
<th>Purchased or grown by households?</th>
<th>If purchased, Source:</th>
<th>Location of wholesale distributor &amp; distance from municipality</th>
<th>Locations of local distributors</th>
<th>Mode of transport from wholesale to local distributor</th>
<th>Mode of transport from local distributor to retail outlet</th>
<th>If seasonal crop, when is it available? Not Available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheat</td>
<td>X</td>
<td>Import: Argentina</td>
<td>Department of Santa Ana</td>
<td>Regional transport company</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### 11.2 Stakeholder Analysis - Capacity to Respond to Food Shortages

<table>
<thead>
<tr>
<th>Organization/Individual/Business</th>
<th>Strengths (knowledge, resources, experience, etc.)</th>
<th>Possible contributions in preparation for a severe pandemic</th>
<th>Possible contributions during a severe pandemic</th>
<th>Person responsible for contacting</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>
### 11.3 Inventory of Staple Foods

<table>
<thead>
<tr>
<th>Food</th>
<th>Estimated amount on hand – list date</th>
<th>Amount needed to feed population</th>
<th>Amount of gap and how to fill gap?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grains/ Cereals/ Starches</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protein: poultry, meat, fish, eggs, lentils, beans, peas, etc.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruits, vegetables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Staple foods imported

<table>
<thead>
<tr>
<th>Food</th>
<th>Estimated amount on hand – list date</th>
<th>Amount needed to feed population</th>
<th>Amount of gap and how to fill gap?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains/ Cereals/ Starches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein: poultry, meat, fish, eggs, lentils, beans, peas, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits, vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 11.4 Amount of Food Needed to Feed a Population

You may choose to calculate figures for the entire municipality using just one row of the table, or calculate the food needs separately for several communities within the municipality. Once you have determined the number of grams needed for each food item, divide that number by 1000 and record the number of kilograms needed—an easier figure to work with when planning for food supply acquisition.

<table>
<thead>
<tr>
<th>Target Area</th>
<th>Amount of food item needed every month to feed a population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grain</td>
</tr>
<tr>
<td># in population</td>
<td># in population X (400 x 30)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAMPLE DAILY RATION</th>
<th>Nutritional Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingredients</td>
<td></td>
</tr>
<tr>
<td>400g of maize, rice/bulgur</td>
<td>Energy 2,100 calories</td>
</tr>
<tr>
<td>60g of legumes</td>
<td>Protein 58g</td>
</tr>
<tr>
<td>25g of oil (Vit. A fortified)</td>
<td>Fat 43g</td>
</tr>
<tr>
<td>50g of fortified-blended foods</td>
<td></td>
</tr>
<tr>
<td>15g of sugar</td>
<td></td>
</tr>
<tr>
<td>15g of iodized salt</td>
<td></td>
</tr>
</tbody>
</table>

* Note: Fortified foods may be micronutrient rich foods that are grown, such as green leafy vegetables, sweet potatoes, or mango, as well as blended foods that have micronutrients added to ensure that daily nutritional requirements are met. Because it is difficult to store fresh foods for emergency food distribution, most programs distribute fortified foods such as corn-soya blend or high-energy biscuits.
## 11.5 Emergency Food Storage Capacity

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much warehouse storage space will be needed?</td>
<td>(1000 kg of bagged food requires approximately 2 cubic meters of storage space)</td>
</tr>
<tr>
<td>How many warehouses will be needed?</td>
<td>(Determine by population size and geographical distribution)</td>
</tr>
<tr>
<td>How will we provide for security of food warehouses and distribution centers?</td>
<td></td>
</tr>
<tr>
<td>Who could contribute to the management of the central warehouses?</td>
<td>(page 9 of the tool lists necessary responsibilities)</td>
</tr>
<tr>
<td>What types of transportation are available in the municipality that do not depend on fuel?</td>
<td></td>
</tr>
<tr>
<td>Who (individuals, businesses, or organizations) could contribute to providing transportation services from central warehouses to local distribution points?</td>
<td>(Page 9 of the tool lists necessary responsibilities).</td>
</tr>
</tbody>
</table>
### 11.6 Inventory of Emergency Food Storage and Distribution Locations

<table>
<thead>
<tr>
<th>Warehouse Location</th>
<th>Estimated Storage Capacity</th>
<th>Location of possible distribution centers (DC)</th>
<th>Distance between the main warehouses and DC</th>
<th>Condition of the roads and bridges between CW and DC</th>
<th>Any security issues for this location?</th>
</tr>
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15.1 Creating an Emergency Operations Center (EOC)

- Before the pandemic reaches your municipality, organize a meeting with municipal leaders, including elected and appointed officials and private sector leaders.

- In this meeting, choose the most interested, qualified and competent persons to lead each of the sectors mentioned in the table below. In addition to the sector leader, identify at least another person in each sector that could act as alternate and support the primary representative. The name and contact information of these representatives should be included in the following contact list.

- Find a separate physical space for the Emergency Operations Center where people can work closely and easily share information. To the extent possible, the Emergency Operations Center should be located close to the office of the mayor or other appointed municipal leader.

To begin the pandemic preparation and response in your municipality, complete the following tasks. Take into account that these tasks should be completed within several days:

Initial tasks of the EOC:

- Complete the setting up of the physical space of the Emergency Operations Center. This space should be sufficiently large to accommodate all EOC members. Each EOC member will require a desk and chair (or shared desks), as well as telephone access* (cellular phone, fixed telephone lines, two-way radio, etc.) and a paper sign with the name of the sector that is visible for everyone. Copies of all existing plans and contact information of all EOC members should also be provided. Identify 3 places in your municipality where a good center could be set up.

- Create a list of resources and a municipal map. (See Step 2)

- Plan and execute the municipal response plan. (See Step 3)

- Include a plan for the police or other security agents to protect all essential resources and facilities, if necessary.

- Support the activities of the response team.

*PERSONAL COMMUNICATION DEVICES are crucial for effective pandemic management. If possible, all municipal leaders should have their own communication devices and a master contact list (or in the case of radios, access stations). These numbers should be copied and distributed.
Once your municipality’s emergency response team has been assembled, fill out and keep handy a contact list for all team members, such as the example below.

<table>
<thead>
<tr>
<th>TEAM MEMBER</th>
<th>PRIMARY</th>
<th>BACKUP</th>
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</thead>
<tbody>
<tr>
<td><strong>MAYOR (OR MUNICIPAL LEADER)</strong></td>
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<tr>
<td><strong>EMERGENCY RESPONSE CHAIRPERSON</strong></td>
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<td><strong>PUBLIC SAFETY AND SECURITY SECTOR COORDINATOR</strong></td>
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<td><strong>PUBLIC WORKS SECTOR COORDINATOR</strong></td>
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<td><strong>(INCLUDES AUTHORIZED MEDIA SPOKESPERSON)</strong></td>
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### 15.3 Municipal Resources by Sector

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<th>Municipality:</th>
<th>Town:</th>
<th>Date:</th>
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<thead>
<tr>
<th>SECTOR</th>
<th>DESCRIBE AVAILABLE RESOURCES</th>
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<tbody>
<tr>
<td>PUBLIC SECURITY AND SURVEILLANCE</td>
<td>(INCLUDES POLICE, FIREMEN, EMERGENCY MEDICAL SERVICES)</td>
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<td>PUBLIC HEALTH AND MEDICAL SERVICES</td>
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<tr>
<td>PUBLIC WORKS</td>
<td>(INCLUDES WATER, ELECTRICITY, SANITATION, ROAD REPAIR)</td>
</tr>
<tr>
<td>COMMUNICATIONS AND EXTERNAL AFFAIRS</td>
<td>(INCLUDES AUTHORIZED SPOKESPERSON OF THE MEDIA)</td>
</tr>
<tr>
<td>LOGISTICS AND TRANSPORTATION</td>
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<tr>
<td>Category</td>
<td>Description</td>
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<tr>
<td>FOOD (FOOD SECURITY)</td>
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<td>COMMERCIAL</td>
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<td>VOLUNTEERS</td>
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<td>RECOVERY</td>
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<tr>
<td>MUNICIPAL FINANCIAL SECTOR</td>
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<td>OTHERS (SPECIFY):</td>
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</table>
15.4 Risk Reduction Mapping
15.5 Day-to-day Planning

The municipal response plan, together with the list of resources and map, serves as the basis for implementing the daily pandemic response. This response will be directed by the Center and will be carried out during normal work shifts.

Each work shift will begin with an information session by those finishing their shift to the representatives of the Emergency Operations Center beginning their shift. The topics to be addressed in these meetings include:

- Information update on the pandemic and any communication to the public
- Update on all important response activities carried out by sector during the last shift.
- Update of important cases that were not responded to during the last shift
- Update of the resource list and map to show what is still available and where

Immediately after the update meeting, the EOC representatives that arrive should write a daily response plan to include:

- The time period to be covered by the plan
- The objectives to be achieved during the incoming shift
- The delegation of tasks, specifying in detail what sector representatives are responsible for what specific tasks to achieve the day’s objectives
- The weather forecast (it could impact the mobilization of resources and personnel transportation)
- Remind personnel of protective measures (social distancing, personal hygiene)

- Others:"
15.6 Daily Planning - Example

☐ Time period to be covered by the plan

___:___ to ___:___ hours

☐ Objectives to be achieved during incoming shift

1.

2.

3.

4.

☐ Assign tasks, specifying the sector representatives who are responsible for specific tasks to achieve the day’s objectives.

1.

2.

3.

4.

☐ The weather forecast

☐ Remind staff of protective measures (social distancing, personal hygiene)

☐ Others:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
16.1 Prepare Continuity of Operation Plan

After identifying all essential services within your municipality and asking companies and organizations to inform you about their essential services, call a meeting with the municipal leadership team and other stakeholders to create the municipal government continuity plan. This group can use the following instructions as a guide to create this plan.

☐ Use Tool 3, The Pandemic Health Impact Projection Tool, to calculate how many persons from your organization would be expected to get sick and how many could die. Note: In the first yellow box marked “Indicate the target population here”, indicate the name of your organization. In the second yellow box marked “Indicate the size of the population here”, indicate the number of employees of your organization (instead of the total population of your municipality). Pay attention to the number of cases during the weeks of maximum intensity. This is the expected number of employees who could get sick during the peak period (weeks 4 and 5) of the pandemic wave. However, other employees will be absent from work because they need to care for sick relatives or take care of their children or because they fear going to work. Consequently, it is expected that the absenteeism rate will be greater than the number of sick employees. It is recommended that the organization base their plans on a severe pandemic (category 5). It is better to prepare for the worst situation possible than not to prepare sufficiently. If the organization is able to continue its services during the worst week, it should be able to continue providing them as long as the pandemic lasts.

☐ Use the following list to determine what the organization needs to maintain each essential service provided:

☐ Determine how many more workers are needed to replace essential workers.

☐ Indicate from what group substitute employees will come from (for example, non-essential workers or volunteers). Also consider the following possibilities for maintaining essential services in times of high absenteeism: adjust the number of employees, adjust the duration of the shifts, alternative work schedules and alternative work sites.

☐ Find out what systems, supplies and equipment are needed.

☐ Determine who will be in charge when the leaders are absent. Use the first part of Appendix 2 to identify the essential authorities of your organization and at least two backup officials for each one.

☐ Enumerate by order of priority all persons, materials and essential support. Prepare a list of essential workers who will need priority access to medication, personal protection equipment, fuel or other resources.

☐ Make a list of establishments, vital records (including account statements and confidential files), materials and other resources that must be protected.

☐ Make a plan to protect those resources. For example, perhaps you will need to request support from the police or military forces to avoid looting and other hostilities that could arise due to the lack of basic articles during a pandemic.

☐ For vital records, identify the minimum set of records that should be maintained and made available and train sufficient personnel on how to consult, store and maintain those documents.
### 16.2 Essential Services

<table>
<thead>
<tr>
<th>Priority</th>
<th>Essential Service</th>
<th>Number of Extra Workers Needed</th>
<th>Sources of Back-Up Personnel</th>
<th>Systems and Equipment Needed</th>
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</thead>
<tbody>
<tr>
<td>Example 1</td>
<td>Example: Staffing of Health Posts</td>
<td></td>
<td>Nongovernmental organizations, universities, academic training programs, retired healthcare workers, volunteers</td>
<td>Vehicles, gasoline, protective equipment, medical supplies</td>
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<tr>
<td>Example 2</td>
<td>Example: Police</td>
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<td>Private-sector security forces</td>
<td>Vehicles, gasoline, protective equipment, ammunition</td>
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### 16.3 Delegation of Authority and Identification of Back-Up Personnel

**How to use this table:**
- In the “Authority” column, list all essential authorities for your organization; then identify at least two back-up people for each authority.
- For each back-up person, provide the person’s name and contact information.
- Update contact information on a regular basis.
- Add more rows as needed.

<table>
<thead>
<tr>
<th>Authority</th>
<th>Role or Person with Responsibility</th>
<th>First Back-Up Person</th>
<th>Second Back-Up Person</th>
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</thead>
<tbody>
<tr>
<td><em>Example: Activate emergency plan</em></td>
<td>Name: Telephone: Email:</td>
<td>Name: Telephone: Email:</td>
<td>Name: Telephone: Email:</td>
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<tr>
<td><em>Example: Create laws</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Example: Close a business</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add more rows as needed.
## 17.1 Inventory of Community Services for Volunteer Coordination

<table>
<thead>
<tr>
<th>Organization or business</th>
<th>Services that this group currently offers</th>
<th>What other services might this group be able to offer in preparation for a pandemic?</th>
<th>What other services might this group be able to offer during a pandemic?</th>
<th>What type of additional training or resources may the organization need from the response team?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
17.2 Roles and Responsibilities of Lead Community Volunteers
This table does not address the responsibilities of health volunteers. (For more information on health volunteers, see Tool 6, *Training for Community Health Responders*).

<table>
<thead>
<tr>
<th>ROLE</th>
<th>AREA LEADER</th>
<th>SUPPLIES MANAGER</th>
<th>COMMUNICATIONS LEADER</th>
<th>PUBLIC EDUCATOR</th>
<th>MENTAL HEALTH MONITOR</th>
<th>ESSENTIAL SERVICES PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible/ contact information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate person(s)/ contact information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highlight any areas that will require training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person responsible for providing training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18.1 Management of Dead Bodies

Your municipal EOC should assume “catastrophic levels of death” during a pandemic with people mainly dying at home or in a health facility and bodies which are not infectious. Please detail below your municipal plans for the following:

Body retrieval & transport:

Identification & registration of bodies:

Mass storage of bodies:

Mass disposal of bodies (if / as required):
12.1 Pandemic Communications Response Plan

After establishing your Emergency Operations Center (EOC), complete the following steps from Tool 13 to create your Pandemic Communications Response Plan.

- DESIGNATE A COMMUNICATIONS COORDINATOR
- DESIGNATE A SPOKESPERSON
- IDENTIFY COMMUNICATION NEEDS
  - Identify target audiences
  - Identify communication goals
  - Determine key messages
  - Determine targeted messages per audience
  - Identify materials needed

- CREATE A COMMUNICATIONS PLAN
  - Determine information dissemination channels
  - Identify media and communications resources
  - Prepare first announcement
  - Establish update procedures
  - Prepare talking points

- MONITOR INFORMATION FLOW AND PUBLIC RESPONSE
12.2 Identifying Specific Target Audiences

Use this worksheet when you write key messages to help you consider your target audiences.

<table>
<thead>
<tr>
<th>SPECIFIC TARGET AUDIENCE</th>
<th>KEY POINTS, FACTS, CHARACTERISTICS TO CONSIDER ABOUT THIS AUDIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals immediately impacted by the pandemic illness</td>
<td></td>
</tr>
<tr>
<td>Families of anyone immediately impacted by the pandemic illness</td>
<td></td>
</tr>
<tr>
<td>The news media</td>
<td></td>
</tr>
<tr>
<td>Civic leaders</td>
<td></td>
</tr>
<tr>
<td>Business leaders</td>
<td></td>
</tr>
<tr>
<td>Municipal government employees</td>
<td></td>
</tr>
<tr>
<td>Neighboring municipalities, towns, or countries</td>
<td></td>
</tr>
<tr>
<td>Individuals with special needs and their families</td>
<td></td>
</tr>
<tr>
<td>Vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Healthcare providers</td>
<td></td>
</tr>
<tr>
<td>Indigenous communities</td>
<td></td>
</tr>
<tr>
<td>Visitors, tourists</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>
## 12.3 Developing Key Messages

Use the key questions/concerns included below to help you prepare key messages.

<table>
<thead>
<tr>
<th>KEY QUESTION/CONCERN</th>
<th>KEY POINTS/FACTS TO INCLUDE IN YOUR MESSAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the current situation? What measures is the local government taking to reduce the risk?</td>
<td></td>
</tr>
<tr>
<td>What specific information do you have about the current stage of the pandemic? What details do you have about how it is affecting your municipality?</td>
<td></td>
</tr>
<tr>
<td>What information do you still need to know? How are you going to find out?</td>
<td></td>
</tr>
<tr>
<td>What are the symptoms of the influenza pandemic? How does the illness spread?</td>
<td></td>
</tr>
<tr>
<td>Who is at risk? Which populations are most vulnerable to this risk?</td>
<td></td>
</tr>
<tr>
<td>How can people protect themselves?</td>
<td></td>
</tr>
<tr>
<td>What precautions should individuals and communities take? If exposed, when should people contact their health providers?</td>
<td></td>
</tr>
<tr>
<td>Other key questions/concerns:</td>
<td></td>
</tr>
</tbody>
</table>
When planning your communications to the public, use this message map template to focus and organize messages before an emergency takes place.

**MESSAGE MAP TEMPLATE**

<table>
<thead>
<tr>
<th>Specific Audience:</th>
<th>Specific Question or Concern:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Message 1</td>
<td>Key Message 2</td>
</tr>
<tr>
<td>Supporting Information 1-A</td>
<td>Supporting Information 2-A</td>
</tr>
<tr>
<td>Supporting Information 1-B</td>
<td>Supporting Information 2-B</td>
</tr>
<tr>
<td>Supporting Information 1-C</td>
<td>Supporting Information 2-C</td>
</tr>
</tbody>
</table>
14.1 News Conference Checklist

A news conference can be a good way to provide media with information. Take into consideration the following items when planning and holding a news conference.

**PLAN DATE, TIME, AND LOCATION**
- Have you given the media as much advance notice as possible?
- Is your event in a location that is easily accessible to the media?

**INVITE KEY MEDIA TO ATTEND BY SENDING OUT A MEDIA ADVISORY**
- Does your media advisory provide the date, time, and location of the news conference; the subject to be discussed; the names of the people who will be speaking or otherwise participating; the names of contact people from whom the media can obtain advance (and follow-up) information; and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

**PREPARE THE ROOM**
- Does the room in which your news conference will take place include a stage area, chairs, a podium, and microphones? Have you checked to ensure that all equipment is working properly?
- Have you rented a mult box (or press box) from an audio/visual company for broadcast reporters to plug into? (A mult box connects to a powered speaker or mixer to allow many separate recordings of one audio signal.) Keep in mind that mult boxes may not be needed in areas with more advanced technology.
- Is your sector’s or department’s name (and logo) clearly visible on the front of your podium, or behind the speaker?
- Do you have a backup plan for possible glitches?

**PROVIDE MEDIA MATERIALS**
- Have you prepared media kits that include news releases, speaker names and bios, fact sheets, or other materials that might help reporters be better prepared to write their stories?

**BE PREPARED**
- Have the main spokespersons rehearsed the key messages developed for the event, and are they ready to answer questions?
- Do your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you developed answers to potentially controversial questions that may be asked?
- Have you discussed in advance which key points will be made by each spokesperson?
- Have you designated a moderator to keep the conference on schedule, establish ground rules, and field reporters’ questions?
- Have you set a clear end time for the news conference?
- Have you made a Spanish spokesperson (or other appropriate language spokesperson) available at the news conference? Have you made a reference to this fact in your media materials?
BE THOROUGH
☐ Have you made sure that all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the team finds the answer after the news conference and makes it available to the reporter as soon as possible. If possible, allow spokespersons to be available to answer questions one-on-one with reporters following the conference.
☐ Have you designated someone to ask, during the news conference, the questions that reporters may neglect to ask themselves?

MONITOR ATTENDANCE AND FOLLOW UP
☐ Have you asked reporters to sign in? This will provide a list, for future reference, of those who attended (which can be used to build your media contact list for future press releases and media advisories) and those who did not (which is useful for following up with media representatives who were unable to attend the news conference).
☐ Have you offered key media personnel who were not able to attend the press conference a phone interview with one of the spokespersons, or have you sent them a media kit?