

City of Mountain Brook



Flu Pandemic Plan

2009

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Glossary of Terms

Acute Care Facility – A facility that provides emergency care. Such facilities may include hospitals, doctor’s offices, clinics etc…

Algorithm – A step by step protocol, as for management of health care problems.

Epidemic – An outbreak of a contagious disease that spreads rapidly and widely.

H1N1 virus – A subtype of the Influenza A virus, commonly known as the “swine flu”.

H5N1 virus – A subtype of the Influenza A virus that is capable of causing illness in many species, including humans. H5N1 is commonly known as “avian influenza” or simply “bird flu”.

Influenza hotline – A dedicated number established for the purpose of disseminating pertinent information to the public concerning the pandemic virus.

Isolation - The separation and restriction of movement or activities of ill persons (patients) who have a contagious disease, for the purpose of preventing transmission to others.

Pandemic – An epidemic that is geographically widespread occurring throughout a region or even throughout the world.

Primary Services – Services that are considered to be essential to public welfare.

Quarantine – The separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. Individuals may be quarantined at home or in designated facilities; healthcare providers and other response workers may be subject to quarantine when they are off duty.

Secondary Services – Services that can be reduced or suspended for a period of time without compromising community welfare.

Self shielding – Self shielding refers to self-imposed exclusion from infected persons or those perceived to be infected.

Social Distancing – Social distancing refers to methods to reduce the frequency and closeness of contact between people. Generally, social distancing refers to mass gatherings of people but the same methods can be applied to home settings.

Snow Days – Asking everyone to stay at home. In the context of a disease epidemic or pandemic, a “snow day” would be declared to reduce public gatherings and limit contact among people. Snow days may be instituted for an initial 10 day period, with final decisions based on an epidemiologic and social assessment of the situation. Snow days can effectively reduce transmission without explicit activity restrictions.

Global Pandemic Phases

Inter-pandemic Period

Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low

Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease

Pandemic Alert Period

Phase 3. Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact

Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans

Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)

Pandemic Period

Phase 6. Pandemic phase: increased and sustained transmission in the general population

Post pandemic Period

Return to the Inter-pandemic Period (Phase 1)

** Excerpt from the World Health Organization's Global Influenza Preparedness Plan, 2005*

Scope and Purpose

The purpose of this plan is to provide for the City of Mountain Brook, a practical approach to managing issues related to the effects promulgated by a pandemic flu.

The information in this document was gleaned from many sources. Primarily this plan focuses on assumptions associated with the H5N1 virus but can be applied to any pandemic influenza outbreak. This plan is not all inclusive and does not provide a holistic view of the issues surrounding a flu pandemic but does provide a general outline for mitigation initiatives. It is not intended to provide specific details about the H5N1 virus or other influenza virus strains, but rather what planning steps should be taken prior to an outbreak, as well as action steps to take should the City of Mountain Brook encounter a pandemic.

For further information on pandemic influenza please refer to the reference and information section of this plan.

List of Assumptions

Assumption: The Pandemic will be a local emergency

A pandemic will be a universal problem and will impact our nation as a whole. Therefore this issue must be addressed as a local emergency and we must plan accordingly. Department of Health and Human Services Secretary, Michael Leavitt stated:

“Local preparedness is the foundation of pandemic readiness. Any community that fails to prepare with the expectation that the federal government will at the last moment be able to come to the rescue will be tragically wrong, not because the federal government lacks will, not because we lack wallet, but because there is no way in which 5,000 different communities can be responded to simultaneously, which is a unique characteristic of a human pandemic.”

Plan Recommendations:

- Establish a pragmatic plan that will assist our City in managing a pandemic. This plan will be a living document and should be amended as needed, based on the most current facts, assumptions and predictions of the virus.
- Exercise this plan prior to its implementation.
- Have the necessary provisions to sustain our city and its essential services for a six to eight week “stand alone” period.

The availability of aid and resources on a county, state, and federal level will be uncertain. However, if our local resources are taxed beyond our capabilities, we will need to submit a formalized request for aid to the Jefferson County Emergency Management Agency. This request must be specific in nature as to what critical resources are needed.

Assumption: Susceptibility

Unlike seasonal flu where most individuals have some degree of immunity, there will likely be no immunity in the general public to a strain of influenza great enough to cause a pandemic; therefore, susceptibility to the pandemic influenza virus will be universal. Effective preventive and therapeutic measures, including vaccines and antiviral medications will be in short supply. Currently there is not a vaccine available for such strains of influenza.

Plan Recommendations:

- Have all employees serving in a **primary service** capacity inoculated against the virus, as the vaccine is made available. Also, provide each of these employees with antiviral medications (if available).
 - *The Jefferson County Emergency Management Agency and the Jefferson County Department of Health is formulating a plan for the inoculation of emergency service providers. This plan will be included as an attachment to the City of Mountain Brook plan as it is made available. Due to the fact that the strain of pandemic influenza is uncertain, it is nearly impossible to generically generate vaccines and or anti-virals in advance of an outbreak.*
- Provide each employee serving in a primary service role, appropriate personal protective equipment.
 - Each primary service department must perform a needs analysis in order to determine the amount of personal protective equipment that will be required to outfit their personnel for the duration of the pandemic period.

Assumption: Need for Preparation

Most experts believe that we will have between one and six months from the time that a novel influenza strain is identified and the time that outbreaks begin to occur in the U.S.

Plan Recommendations:

- Have a pre-tested plan of action that is developed in advance of the emergency event. Lessons learned from recent disasters is that preparation for emergencies requires advanced planning if the response is to be effective.
- Establish roles and responsibilities for primary service departments and individuals who will be involved in the emergency response.

Assumption: Disease attack rate

The clinical disease attack rate will likely be 30% or higher in the overall population during a pandemic. With the population of Mountain Brook being approximately 25,000, the estimated number of people that would contract the virus would be 7,500. According to current predictions, of those who become ill with the (H5N1) virus, 50% (national average) will seek outpatient medical care. We believe that the actual percentage in Mountain Brook would be less than the national average; therefore we would predict the local average to be approximately 40%. Thus, with the prediction that 7,500 people in the city would contract the virus, it is estimated that 3,000 people (40% of 7,500) would seek outside medical attention. Due to the fact that hospitals will be inundated with patients, it is likely that hospitals would run out of beds in as little as two weeks. Also, 3,000 patients over an eight week period (56 days), equates to approximately 54 patients per day requesting aid from the city's emergency medical services. Considering that the fire department may be operating with only two-thirds staffing, it is unlikely that we would be able to provide on-site treatment for such an exorbitant number of patients. In addition, with hospitals at full capacity, the transportation of these patients would be a limited option.

Plan Recommendations:

- Educate the public on shelter at home initiatives.
- Have a medical triage officer(s) available to take calls from the public (***Influenza hotline***) to assist them in determining if a patient can be treated at home or if the patient **must** be transported to an ***emergency care facility***. The medical triage officer should be a person with adequate knowledge in emergency medicine, such as a paramedic, nurse, or physician. More than one medical triage officer may be necessary to handle the call volume.

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- The medical triage officer(s) will make these determinations using an **algorithm** based on established treatment/transport protocols provided by the **Alabama Department of Public Health (ADPH)** or the **Birmingham Regional Emergency Medical Services System (BREMSS)**. **See attachment B.**
- Call volumes may exceed the ability of the medical triage officer(s) to answer the calls in a timely manner. Therefore, it may be necessary to develop pre-recorded messages to play while callers are waiting to speak to the next available medical triage officer. These messages may contain information concerning the algorithms, treatment/transport protocols and availability of resources (EMS, hospitals, etc...).

Assumption: Work Force Impact

In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach from 30 to 40 percent during the peak weeks of a community outbreak. This rate of absenteeism may last for a period of four to six weeks. This will certainly have a significant impact on our ability to provide essential services to our citizens.

Plan Recommendations:

- The City of Mountain Brook must formally determine which services are primary and which services are secondary and therefore may be reduced or eliminated during the pandemic outbreak.
- The primary services departments must develop a plan whereby services can be provided utilizing the two-thirds of the employees that will be available to work.
- The plans of emergency services such as Police and Fire departments must address the ability to provide services on a continual (24/7) basis.

Assumption: Incubation Period and Viral Shedding

The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness and seven days after. Viral

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shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission. It is predicted that illness rates will be highest among school-aged children (approximately 40%) and decline with age.

Plan Recommendations:

- Schools, daycares, child care programs, etc., may need to be closed temporarily in order to limit exposure and therefore decrease the spread of the virus.
- The Mountain Brook School System should develop a pandemic plan to address such issues. Currently, Dr. Dale Wisely, director of student services, is the schools system's contact person.
- Other social events and extra-curricular activities, such as ball games, cheerleading, dance, karate, etc..., may also be cancelled or postponed for a period of time.
- **"Social distancing" will** be a very important component in the effort to limit the spread of the virus.

Assumption: Transmission

On average, infected persons will transmit infection to approximately two other people.

Plan Recommendations:

- Initiatives such as "social distancing" and the implementation of **"snow days"** may be required to limit exposure to the virus and therefore decrease the spread of the virus. Social distancing and snow days are voluntary control measures. If voluntary efforts are not adhered to or are otherwise unsuccessful, mandatory measures such as **quarantine** and **isolation** may be implemented.
- Hand washing, cough etiquette and other hygiene measures will need to be stressed emphatically.

Assumption: Shortage of Health Care Resources

There may be critical shortages of health care resources, such as staffed hospital beds, doctor's offices and clinics. The healthcare system, especially emergency services, will not be functioning as usual. Due to the overload of the system, it is safe to assume that ill persons that would normally be transported to the Emergency Department will not be transported for the simple fact that there will not be adequate resources to house and care for these patients.

Plan Recommendations:

- Educate the public on shelter at home initiatives. Sheltering at home will serve a multitude of purposes. First, it will decrease the exponential demands on emergency services. Second, due to the fact that hospital services may not be available, it will provide a basic means of care for the patient. Also sheltering at home should limit the spread of the virus by limiting exposure to others. It will be necessary to educate the community on how to care for ill friends and family members while at the same time protecting themselves from exposure.
- Transportation to an acute care facility will be requisite for those patients that absolutely cannot shelter at home.

Assumption: The public will need to be informed

The public may have limited knowledge concerning the H5N1 virus and what measures should be taken to combat its spread, while at the same time caring for those in the community that may have contracted the virus. The lack of knowledge often leads to fear which may ultimately lead to panic and civil unrest.

Plan Recommendations:

- To minimize this threat, the city should institute aggressive educational initiatives in several areas, to include: enhanced personal hygiene measures, purchase and storage of basic needs supplies, shelter at home initiatives, caring for ill friends and family members while protecting themselves from exposure, treatment and transport protocols, algorithms, self shielding, snow days and social distancing. This information may be disseminated to the public through several conduits including:

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- Public Service Announcements
 - Newspaper
 - Internet / City of Mountain Brook web page
 - Television / Mountain Brook cable channel
 - Pandemic Flu Information Hotline
 - Printed Materials via US Postal Service
 - Handouts available at all city facilities
- Education on preliminary issues, such as personal hygiene and the acquisition and storage of emergency supplies should begin as soon as the imminence of a pandemic is recognized. (Pandemic Alert Period Phase 5)

Assumption: Shortage of Basic Needs

Due to the absenteeism rates of the entire workforce, shortages in basic needs items (food, water, etc...) should be expected.

Plan Recommendations:

- Each primary service department should assess their needs and determine what type of provisions, as well as the quantity, that would be required to sustain their personnel through a six to eight week period of a pandemic.
- Based on the needs assessment of each respective primary service department, the city should consider purchasing and stockpiling these items well in advance of the imminence of the pandemic. Pandemic Alert Period Phase 5 should trigger this response.

Assumption: Limited fuel supplies

Workforce shortages will inevitably affect fuel availability. In order to maintain essential city services, the city must maintain an adequate supply of gasoline and diesel fuel.

Plan Recommendations:

- Maintain all city fuel storage containers to a minimum level of $\frac{3}{4}$ full.
- In the face of a pandemic, limit all non-essential travel of city vehicles.
- Establish a memorandum of understanding (MOU) with local fuel suppliers that would place the city in a high priority category for receiving fuel.

Reference and Information

Alabama Department of Public Health

<http://www.adph.org/>

Jefferson County Department of Health

<http://www.jcdh.org>

Jefferson County Emergency Management Agency

<http://www.jeffcoema.org>

Centers for Disease Control and Prevention

<http://www.cdc.gov/>

PandemicFlu.gov

<http://www.pandemicflu.gov/>

United States Department of Health and Human Services

<http://www.hhs.gov/pandemicflu/plan/>

World Health Organization

<http://www.who.int/en/>

Attachment A

Plan for the Inoculation of Emergency Care Providers

**Jefferson County Emergency Management
Agency**

Jefferson County Department of Health

Alabama Department of Public Health

This information will be added as it is received from the Jefferson County EMA, the Jefferson County Department of Health or the Alabama Department of Public Health

This information will be contingent upon the type and strain of Influenza that is presenting.

Attachment B

Algorithms Treatment/Transport Protocols

**Alabama Department of Public Health
(ADPH)**

**Birmingham Regional Emergency Medical
Services System
(BREMSS)**

This information will be added as it is received from the Alabama Department of Public Health or BREMSS. This information will be contingent upon the type and strain of Influenza that is presenting.

Attachment C

Staffing Plans

City of Mountain Brook Primary Services Departments

This information will be added after the City has made the determination as to which departments and personnel will be deemed as primary service providers.

Those departments will then be responsible for submitting a formalized plan for staffing, which will be incorporated into the master plan.

Addendum

To be included in Attachment C

Staffing Plan for Fire And Emergency Services

This plan is based on the assumption that we will be functioning at a 30 to 40 percent reduction in staff due to absenteeism related to the effects of the pandemic.

It is the intent of the Mountain Brook Fire Department to maintain continuity of services during a pandemic. In order to accomplish this, it may be necessary to implement alternative and creative work schedules, outside of our normal scope of operations.

Our staffing currently consists of 58 line (24 hour shift) personnel and 5 administrative personnel (40 hours per week), for a total of 63 positions.

The fire department operates on a three platoon rotation and full staffing per shift or platoon is 18 personnel. Eighteen personnel times three shifts equal 54 personnel. There is also a relief person assigned to each Engine Company and Ladder Company. The 54 assigned shift positions plus the four relief positions equal the total number of line personnel of 58.

Due to the fact that we will be experiencing a significant increase in our call volume, it will be imperative to maintain our staffing levels at full strength. Therefore, all leave time, excluding sick leave, would need to be postponed or cancelled until which time the leave time could be granted without posing a threat to staffing levels.

If we begin to fall short of our minimum staffing levels, we will back- fill these positions with members working overtime until such time that it is no longer possible or feasible to continue working the three platoon rotation.

At such time, we will establish a two platoon rotation by taking the total number of personnel that are able to report for duty and dividing that number by two.

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Effects of a 30 and 40 percent reduction in line personnel are as follows:

- A 30 percent reduction in staffing would be a loss of 18 personnel and would leave 40 personnel available for work.
 - Those 40 personnel divided into a two platoon rotation would yield 20 people per shift.
 - Although 20 people per shift exceeds our full staffing level, it is very possible and even probable that it will be necessary to staff reserve apparatus to meet the demands of the increased call volume.
- A 40 percent reduction in staffing would result in a loss of 24 personnel, leaving 34 personnel available for work.
 - 34 personnel divided into two platoons would allow 17 personnel per shift.

Effects of a 30 and 40 percent reduction in administrative personnel are as follows:

- A 30 to 40 percent reduction in staffing would be a loss of one to two personnel, therefore leaving three to four personnel available for work.
 - Based on staffing needs, administrative personnel may be assigned to assist in line operations.

Budget Impact

Assuming that our staffing level will be decreased by a 30 percent margin, the following will outline the potential impact on the budget.

- A two platoon rotation (12 hours on and 12 hours off) would mean that each member would work 168 hours in each pay period, resulting in approximately 65 hours of overtime per person, per pay period.
- Forty personnel working the two platoon rotation would accrue 2,600 hours of overtime per pay period (65 hours times 40 personnel).
- Using an average rate of \$25.00 per hour of overtime, the cost impact would be \$65,000.00 per pay period (2,600 hours times \$25.00 per hour).
- Assuming that each pandemic wave will last from six to eight weeks, the total budget impact for overtime cost would be between \$195,000.00 and \$260,000.00.

Staffing Plan for Finance

This plan is based on the assumption that the City will be functioning at a 30 to 40 percent reduction in staff due to absenteeism related to the effects of a pandemic.

The Finance Department consists of the following public and internal service functional areas:

Division	Personnel
Accounting	3
Revenue	4
Payroll	1
Court	2.5
Network services	2
Total	12.5

It is the intent of the Mountain Brook Finance Department to continue its service delivery to both the public and other City departments. In order to achieve this goal, it may be necessary to shift personnel between divisions, adjust individual work schedules and/or total hours of operation.

The Finance Department generally serves both the public and other City departments five days per week during the hours of 8 a.m. to 5 p.m. For public convenience, the Revenue and Court divisions often open at 7 a.m. Monday through Friday. In addition, the Court division closes its public window on Wednesdays at 3 p.m. in preparation for court which starts at 4 p.m. and lasts until finished (generally 6:30-7 p.m.)

Accounting

The Accounting division includes the Director of Finance, Accountant and an Administrative Assistant I. This division is responsible for processing checks, issuing purchase orders, and posting transactions to the official books of the City. The staff members in this division generally serve as back-ups to other divisions—namely manning the central switchboard located in the Revenue Department when necessary, processing payroll, and assisting in the administration of the court function. In an extreme situation, check runs could be reduced to weekly or biweekly, purchase order processing could be decentralized to each department of the City, and hours of operation could be reduced without adversely affecting the overall function of the Finance Department.

Revenue

The Revenue division is comprised of the Revenue Examiner, two Administrative Assistant II clerks, and one Administrative Assistant I. Each of

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the four staff persons are cross-trained to take incoming telephone calls, process building permits (requires authorization from the Building Inspection Superintendent), process license and tax collections, pick-up and disseminate mail, etc. If necessary, the hours of operation could be delayed until 8 a.m. daily without adversely affecting the operation of the Finance Department. The opening of mail and processing of bank deposits could be diverted to anyone within the Finance Department or others within City Hall, if necessary.

Payroll

Payroll consists of an Accounting Assistant II. The City processes payroll biweekly. Currently, payroll processing is managed by the Accounting Assistant II with assistance from the Accountant who is capable of processing the payroll in the absence of the Accounting Assistant II. In addition, each department enters its time and attendance information in the electronic accounting system. In the event that any payroll coordinator from another department is absent, either the Accounting Assistant II or the Accountant are capable of entering the time and attendance information provided the source records are available and supervisors are present for authorization and approval. In addition to the Accounting Assistant II and her back-up (Accountant), we are cross-training the Administrative Assistant I in the Accounting Division in the area of payroll processing.

Court

The Court division includes two full-time Senior Court Clerks and one retired, part-time clerk. In addition to these 2+ staff members, the Administrative Assistant I in the Accounting division has been certified as a magistrate and is being cross-trained to work court (Wednesday's only), accept oaths from officers (daily), process the data entry of new tickets, and take cash payments and enter same into the electronic court management system. If absolutely necessary, the hours of operation for the Court division could be delayed until 8 a.m. daily or reduced further without adversely affecting the overall operations of the Finance Department.

Network Services

Network services consists of two PC/Network Technicians. These positions are cross-trained and either staff member is capable of maintaining the City's computer network in the absence of the other. In the unlikely event that both technicians were out, the City also has a contract with a third-party network service provider who could be called on to provide emergency support. Lastly, the City could seek assistance from the network administrator employed by The Emmet O'Neal Library. This resource, with some telephone guidance by either of the City's PC Network Technicians or the third-party network service provider, could provide emergency support for a short period of time.

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Effects of a 30 and 40 percent reduction in Finance Department personnel are as follows:

- A 30 to 40 percent reduction in staffing would be a loss of one to two people in any of the Finance Department divisions generally leaving at least one division staff person available for work. Should an entire division be stricken, there are staff people from other divisions (or third-parties under contract) which are cross-trained to cover the absences for short durations.

Budget Impact

Assuming that Finance Department staffing decreased 30 percent, it is estimated the impact on the budget would be minimal.

- Finance Department labor costs (salaries and benefits) total \$830,000 annually. A 30% reduction in staffing for a four week period covered entirely by remaining staff with overtime equates to \$25,000.
- It is not anticipated that all absences would be covered in their entirety with remaining staff working overtime so the budgetary impact is estimated to be less than \$25,000.

Mountain Brook Police Department Pandemic Staffing Plan

This plan is based on the possibility of a loss of 30 to 40 percent of the department's personnel, during a pandemic.

Personnel

We have a total of 53 sworn positions of which 49 positions are currently filled.

Sworn positions consist of:

Command Staff - 5

Sergeants - 9

Officers - 35 (1 is on military leave and 2 are in the police academy) leaving 32 available for duty.

Total sworn available - 46

Non-sworn positions consist of:

Dispatchers - 11

Clerks - 2

A 40% reduction in personnel due to illness will result in:

Sworn - 27 (sergeants and officers)

Dispatchers - 6

Clerks - 1

To maintain services in the event of a pandemic, it may become necessary to change from 8 hour shifts and implement 12 hour shifts for patrol and dispatch divisions. Also, as personnel are needed, officers assigned to other duties will be moved to patrol duties.

In the event 12 hour shifts are implemented, shifts would run from 0700 to 1900 and 1900 to 0700.

Shift Coverage - Police

The staffing of the 2 shifts will require 23 sworn personnel which will leave 4 available to move to needed positions.

1st Shift (0700 to 1900)

In order to have adequate officers on patrol, including a supervisor and beat 19 officers, 12 sworn personnel will be needed.

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1st Shift

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			X	X	X	X
			X	X	X	X
X				X	X	X
X				X	X	X
X	X				X	X
X	X	X				X
X	X	X				X
X	X	X	X			
X	X	X	X			
	X	X	X	X		
		X	X	X	X	
		X	X	X	X	
7	6	7	7	7	7	7

2nd Shift (1900 to 0700)

In order to have adequate officers on patrol, including a supervisor and beat 19 officers, 11 sworn personnel will be needed. This would allow 6 officers to be on duty each shift except Thursday and Friday, which would have 7.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			X	X	X	X
X				X	X	X
X				X	X	X
X	X				X	X
X	X				X	X
X	X	X				X
X	X	X	X			
	X	X	X	X		
	X	X	X	X		
		X	X	X	X	
X	X	X	X			
7	7	6	6	6	6	6

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Shift Coverage - Dispatch

The staffing of the 2 shifts with a 40% loss would leave us 1 dispatcher short 2 days a week on each shift. Since we have 4 officers to move around as needed, we could assign them to assist dispatch the 2 days we are short on the 1st shift. On the 2nd shift, we have 2 extra officers on the 2 days dispatch is short, they can be assigned to assist.

1st Shift

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			X	X	X	X
X	X	X				X
		X	X	X	X	
1	1	2	2	2	2	2

2nd Shift

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			X	X	X	X
X	X	X				X
		X	X	X	X	
1	1	2	2	2	2	2

Overtime

Using the 12 hour shift, with the 23 sworn personnel and 6 dispatchers, would mean each person would be working an extra 8 hours per week.

Recommended actions in the event of a pandemic.

In order to avoid unnecessary exposure, we should reduce the number of people we come in contact with by:

1. Only jail people arrested on felony charges or warrants.
2. Place Mountain Brook misdemeanor warrants on hold.
3. Cancel city court due to the high probability of someone appearing who is contagious.

Attachment D

Basic Needs Assessment

City of Mountain Brook Primary Service Departments

This information will be added after the City has made the determination as to which departments and personnel will be deemed as primary service providers.

Those departments will then be responsible for submitting a formalized plan for basic needs requirements, which will be incorporated into the master plan.

Attachment E

Personal Protective Equipment

Personal Protective Equipment

Itemized cost

N 95 Particulate masks	\$1.00 each
Long sleeve impervious personal protection gown	\$0.60 each
Shoe covers	\$0.24 pair
Latex gloves	\$0.12 pair
Surgical cap	\$0.08 each
	<hr/>
	\$2.04 set
Protective eyewear – splash protection goggles- reusable	\$3.00 each

These figures reflect current pricing and availability. However, as the imminence of the pandemic approaches, these figures are sure to increase and the availability of the items will be uncertain.

Addendum

To be included in Attachment E

Personal Protective Equipment (PPE) For Fire and Emergency Services

It is estimated that the City's fire and emergency services would receive approximately 3,000 flu related calls for service over the eight week wave of illness.

Due to absenteeism of ill employees, our staffing levels will be uncertain and impossible to predict. However we will forecast our needs based on the assumption that we will be operating at full staffing. Currently, full staffing is 18 line personnel per shift.

To provide each person with six full sets of PPE per 24 hour period would require 108 sets of PPE per 24 hour shift. Based on a 56 day cycle (eight weeks), 108 sets of PPE times 56 days equates to 6,048 total sets of PPE.

Also, 3,000 patients over a 56 day period equates to 54 patients per 24 hour shift. If each patient is treated by a two person team, this would also equate to 108 sets of required PPE per 24 hours (54 patients times two personnel equals 108). Again, 108 sets of PPE for 56 days equal 6,048 sets.

- | | |
|--|-----------------------|
| • Number of PPE required per 8 week period | 6,048 sets |
| Cost per ensemble | <u>\$2.04 per set</u> |
| | \$12,337.92 |

- | | |
|--|----------|
| • Protective goggles – 62 pair @ \$3.00 per pair | \$186.00 |
|--|----------|

Total Cost for PPE \$12,523.92

As stated earlier in the plan, multiple waves of the H5N1 virus is expected to plague our communities. This needs assessment for personal protective equipment is based on a single eight week (56 day) wave of the virus.

These figures are estimates based on current predictions and pricing which are subject to change.

