

Pandemic Planning Guidance for Cities

2/28/2020

The following is guidance on preparing for and implementing a Pandemic Plan. Each city will need to customize their own plan and determine which aspects of this guidance will work for their city with their unique services, location and size. Consult with your city attorney on any legal aspects of the guidance provided below. Also consult this document from the Center for Disease Control (CDC): [CDC Guidance for Businesses](#)

PANDEMIC PLAN PHASES

Many plans identify two or three phases as outlined below:

- Phase One: Preparation. This phase involves putting in place all the policies and procedures, equipment, supplies, technology and training your city may need during a pandemic to maintain the highest levels of customer service possible to residents. Most organizations are in this phase with regard to the coronavirus (COVID-19).

During this preparation phase, the city should:

- ✓ Identify critical services that must continue during a pandemic and those which could be temporarily suspended. For example, the Police Department will need to continue to respond to 9-1-1 calls but may choose to temporarily discontinue crime prevention events like the city's Night to Unite event.

Note: City Council and other meetings are likely going to be considered critical services that must be continued during a pandemic. Emergency management decisions and regular city business may still need to be conducted. The normal Open Meeting Law notice requirements apply when calling a regular, special or emergency meeting. All three of these types of meetings can be conducted via telephone or other electronic

means if it is “not practical or prudent because of a health pandemic” to meet in-person. More on this special exception and the conditions can be found here: [Minn. Stat. 13D.021](#)

- ✓ Determine staffing needs for critical services, including support staff
- ✓ Determine which job duties associated with critical functions could be performed remotely from home and which must be conducted at city sites
- ✓ Identify technology issues associated with remote work and a plan for ensuring technology support is channeled to the most critical functions
- ✓ Determine lines of authority (at least three staff deep) for each department head, manager and supervisory position. Produce telephone lists with cell/home phone numbers for all staff in each department
- ✓ Develop methods for sharing keys between back-up staff quickly and easily where such keys are needed to carry out essential functions
- ✓ Assess employees’ home computer/internet access for employees assigned to critical functions
- ✓ Determine back-up plans for critical functions which may include:
 - Cross-training staff
 - Having retirees on standby
 - Using former city employees
 - Contracting with outside agencies
- ✓ Purchase preventive supplies like gloves, disinfectant wipes, hand sanitizer and make readily available at various city sites
- ✓ Determine policy changes which may be needed (such as clarifying supervisory authority to send ill employees home, no handshaking policy, employee travel ban, etc.)
- ✓ Identify building security issues if city buildings are not staffed
- ✓ Identify key staff who have authority to:
 - Approve overtime;
 - Assign duties outside of an employee’s job description;
 - Approve leave; and

- Hire temporary employees for up to thirty days
 - ✓ Maintain a list of home/cell phone numbers to communicate with assigned staff as needed regarding changes in city services and employment conditions and determine individuals who have access to that list; consider maintaining printed vs. electronic copies
 - ✓ Obtain City Council approval on the city’s pandemic plan unless otherwise delegated
 - ✓ Communicate the city’s pandemic plan to all employees and key stakeholders
- Phase Two: Intermediate to Full Response. This phase occurs when the City Manager/City Administrator/City Council conclude that a pandemic threat is sufficiently severe within the United States to be prepared for the possibility of staff, equipment and other shortages. During Phase Two, the city should:
 - ✓ Implement preventive health measures and pandemic-related employment policies and notify employees they are in effect
 - ✓ Begin planning for the possibility of cancelling city events/services
 - ✓ Notifying residents, businesses and other stakeholders of potential cutbacks in city services

Depending on the severity of the outbreak, some of these measures may be implemented gradually or not at all. For example, if few deaths are occurring and the virus is not more deadly or serious than a normal seasonal flu, the City will likely “stand ready” to implement measures but may choose not to implement the more drastic measures.

Decisionmakers at the City should use advice from appropriate state and federal agencies, such as the Centers for Disease Control, the Minnesota Department of Health and the Department of Homeland Security to make decisions about full implementation of this phase.

- Phase Three: Full Response. This phase occurs when the City Manager/Administrator and Council have reason to believe a severe and widespread pandemic is imminent in the Midwest and Minnesota. It may involve:

- ✓ Cutting back on all non-critical city services and communicating with employees, residents and other stakeholders that the cutback is now in effect
- ✓ Implement telecommuting or remote work policies for designated positions as appropriate and devote resources to most critical functions
- ✓ Cancelling all employee travel and city events
- ✓ Implementing back-up staffing plans as needed

As with Phase Two, full implementation of Phase Three will depend greatly on the severity of the virus train and its impact on public health. Depending on the threat level, the City's decisionmakers may skip Phase Two and immediately proceed to Phase Three.

EMPLOYEE COMMUNICATION

This section outlines relevant issues you may want to communicate to city employees.

- City's Current Sick Leave Policy. *For example, "the City's current policy on sick leave allows an employee to use sick leave "when you have been exposed to a contagious disease of such a nature that your presence at the work place could endanger the health of others with whom you would come into contact." It also allows use of sick leave to care for injured or ill children, spouses, fathers, mothers, sisters or brothers.*
- What to do if you feel ill. *Example: At the first sign of illness, you should leave work immediately to avoid exposing coworkers and you should stay home until you are completely recovered, or the pandemic flu virus has been ruled out.*
- What to do if you've been exposed to the virus. *Example: If you have been in contact with someone who is suspected of having the virus, you should report this information to your supervisor and stay home until the pandemic virus has*

been ruled out for the original contact person or for you or until you have recovered fully from the flu.

- Note: The CDC’s guidance for healthcare workers, including those involved in medical transports such as police/fire and ambulance is explained in further detail in a later section of this document. Such personnel may routinely come in contact with persons having flu-like symptoms. The risk associated with any given transport will have to be evaluated on a case-by-case basis and in coordination with current knowledge about the prevalence of the virus in Minnesota. Cities should continually check recommended sources for updates on the risk levels in Minnesota: [DOH Corona Virus Updates](#)*
- When you can return to work. *Example: You may be required to produce a physician’s note stating that you may safely return to work, depending upon the availability of medical providers and the severity of the pandemic outbreak.*
 - Note: The CDC’s guidance suggests employers should generally NOT require a doctor’s statement during a pandemic as medical facilities are likely to be extremely busy and unable to provide such documentation in a timely manner. This includes medical certification required for Family and Medical Leave Act (FMLA) purposes.*
- Supervisory authority to send ill employees home. *Example: As always, supervisors have the authority to require an ill employee to leave the workplace, as a safety consideration for the health of other employees. While supervisors should not make judgments about a medical diagnosis, they may rely on symptoms to make a determination to send an employee home. (Coronavirus symptoms are respiratory in nature and may include fever, cough and shortness of breath.)*
- What will happen if your sick leave is exhausted. *Example: If your sick leave runs out or is insufficient, you will first be required to use vacation, accrued compensatory time and applicable disability insurance. If you do not have any*

paid leave available through the City's paid leave programs, you will be considered for a special extended leave program which is only available during a pandemic. Note: some cities may be unable to offer an extended leave program. For those that wish to, you may consider allowing the employee to run a negative sick leave balance up to a certain maximum or provide a sick leave donation bank.

- What will happen with your health insurance. *Example: If you are eventually forced to use unpaid leave due to a pandemic related illness or complication thereof, the City will continue its share of all insurance benefits for (insert City's policy on paying health insurance premiums; cities subject to the Family and Medical Leave Act will generally want to continue the city's contribution for at least twelve weeks).*
- What will happen with regard to employee travel. *Example: Work-related travel may be suspended temporarily during a pandemic.*
- How the city will communicate with employees. *Example: E-mail and web site postings will likely be our primary means of contact, but please make sure your supervisor has up to date contact information for you (e.g., cell phone number).*

SAMPLE PREVENTIVE MEASURES

Mandatory Preventive Measures:

- Use of social distancing methods (maintain distance from those who are ill and under extreme conditions, from all other people in the workplace)
- Avoid touching your eyes, nose and mouth
- Stay home when you are sick or have been exposed to someone who is sick
- Discontinuing handshaking as a greeting
- Implement extended hand-washing method (at least 20 seconds with soap and water) after using the restroom, before eating and after blowing your nose, coughing or sneezing
- Use hand sanitizer (at least 60% alcohol) as needed or when soap and water are not available

- Use disinfectants to wipe down work surfaces at least twice per day or when a possible contamination has occurred (*CDC guidance suggests businesses provide disinfectant wipes for commonly used surfaces such as doorknobs, keyboards, desktops and suggest employees be encouraged to wipe down surfaces after each use*)
- Use cough and sneeze etiquette and dispose of tissues in trash cans

Optional Preventive Measures:

- Obtain a seasonal flu vaccine (can be done at any appropriate time)
- Follow the Center for Disease Control recommendations for use of a facemask.

The CDC currently recommends facemasks for those individuals who show symptoms of COVID-19 and those who are taking care of someone with COVID-19 in close settings (e.g., health care facilities or at home). Such individuals are not likely to be actively at work.

SPECIAL GUIDANCE FOR EMPLOYEES – HEALTHCARE/PUBLIC SAFETY/WASTEWATER

As always, cities who employ healthcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens ([29 CFR 1910.1030](#)), Personal Protective Equipment ([29 CFR 1910.132](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards. See the [Standards](#) page for additional information on OSHA requirements.

The CDC provides detailed guidance for workers at increased exposure which includes city employees who perform medical transports and first responder assistance (e.g., police, fire, ambulance). Consult this link for more information: [OSHA Control Prevention](#) See section on Healthcare Workers and Employers.

The above link includes this guidance for emergency medical services (EMS) and medical transport:

- Workers and employers involved in EMS or other medical transport operations will likely need to adapt guidelines for the mobile work environment. That may

mean relying on PPE (e.g., respirators) to protect workers when use of AIIRs or other isolation mechanisms are not practical and when staff have potentially prolonged, close contact with suspected or confirmed COVID-19 patients in transit.

Also refer healthcare workers to this link: [OSHA Hazard Recognition](#)

The CDC guidance for wastewater employees is located on the same website page: [OSHA Control Prevention](#) and includes the following:

- ✓ Coronaviruses are susceptible to the same disinfection conditions in the healthcare setting as other viruses, so current disinfection conditions in wastewater treatment facilities is expected to be sufficient. This includes conditions for practices such as oxidation with hypochlorite (i.e., chlorine bleach) and peracetic acid, as well as inactivation through the use of ultraviolet irradiation.
- ✓ There is no evidence to suggest that additional, COVID-19-specific protections are needed for employees involved in wastewater management operations, including those at wastewater treatment facilities. Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater, including using the engineering and administrative controls, safe work practices, and PPE normally required for work tasks when handling untreated wastewater.

ADDITIONAL HELPFUL LINKS

[Be Ready Minnesota - Infectious Diseases](#)

[State of Minnesota Emergency Closure Policy for State Agencies](#)