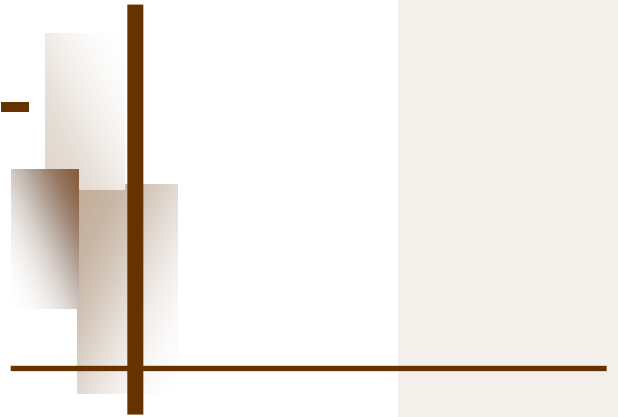


North East Multi- Regional Training, Inc.



PANDEMIC RESPONSE PLAN for FY 2015

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DATE: July 18th, 2014

TO: **Chief Robert LaMantia, Chairman,
NEMRT Policy and By-Laws Committee**

**Chief James Kruger, President
NEMRT Advisory Board of Directors**

FROM: **P. A. Brankin, Director
North East Multi-Regional Training, Inc.**

SUBJECT: Review of the NEMRT Pandemic Response Plan.

The NEMRT Pandemic Response Plan consists of specific and detailed staff actions to minimize the effect on staff and services of a global disease outbreak affecting the metropolitan Chicago area for six to eight weeks. One of the main challenges faced by those planning against an influenza pandemic is that the nature and impact of the pandemic virus cannot be known until it emerges. A number of assumptions have been prepared by the Center for Disease Control and the Illinois Department of Public health. These assumptions do provide staff with some guidance on how the response plan should be written to achieve the objectives.

On October 23rd, 2009, the Policy and By-laws Committee reviewed and recommended approval of a draft Plan. The Advisory Board of Directors formally approved the Plan on October 30th, 2009. The Plan was first reviewed in October of 2010; this is the fifth annual review.

In accordance with the direction given to me by the Policy and By-laws Committee, I have conducted my annual review of the NEMRT Pandemic Response Plan for FY 2015.

I have reviewed the following areas of the plan:

- *Background and Purpose.* Despite the fact that the predicted pandemics of 2009 and 2010 did not materialize, the underlying background and purpose of the plan remain sound.

- *Definitions:* The definitions used remain for the most part current and accurate.

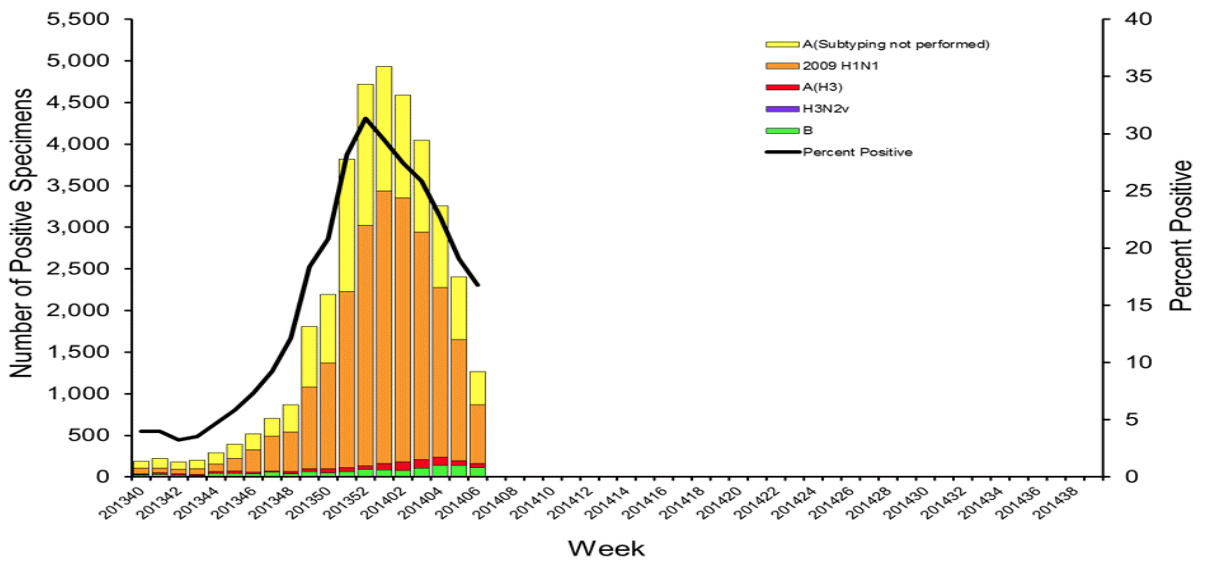
Recall, in FY 2013, another new strain of Swine flu was discovered. On March 29, 2013, the Chinese Center for Disease Control and Prevention completed laboratory confirmation of three human infections with an avian influenza A(H7N9) virus which had not previously been reported in humans. These infections were reported to the World Health Organization (WHO) on March 31, 2013, in accordance with International Health Regulations. The cases involved two adults in Shanghai and one in Anhui Province. All three patients had severe pneumonia, developed acute respiratory distress syndrome (ARDS), and died from their illness.

As of the end of April, the CDC said that China had reported 126 human cases of the new flu. The victims tended to be older (average age in their 60s) and many have had chronic illnesses. Fewer children and young adults have been infected, so far.

The world is full of different flu viruses. Most of them infect just animals, and often just one type of animal. Sometimes a flu virus "jumps" from one animal to another. Sometimes, it's even able to jump from animals to humans. That's what has happened with H7N9. It has jumped from chickens and ducks to humans.

So far, none of the health care workers caring for people stricken with the new virus have contracted the virus. No travelers from China to the U.S. have been found carrying the virus.

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2013-14



- *Assumptions:* As part of this annual review process, materials from the federal CDC and IDPH have been obtained, read and compared with those of 2009. The assumptions made in 2008 and 2009 are essentially the same as those made today.

This entire section remains current and accurate with some minor wording changes recommended by the CDC.

- *The Pandemic Response Plan: Authority and Responsibilities Section:* This section remains unchanged.
- *The Pandemic Response Plan: Communications Section:* The ability of NEMRT's staff to communicate internally with themselves and externally with our member departments is a critical part of the plan. The communication section, covering use of our web site, our email system, our telephone system and the media remains relevant.

There is some concern that our Voice-Over Internet (VOIP) protocol based telephone system is vulnerable to a loss of internet services. This concern will be addressed by the Director and IT manager during the coming year.

- *The Pandemic Response Plan: Key Actions:* This is the heart of the plan and after a thorough review remains essentially unchanged. Several steps have been consolidated for a more streamlined response.

CONCLUSION:

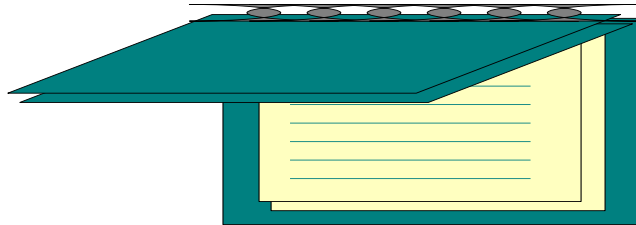
My conclusion is that the Pandemic Response Plan is well written and remains relevant in the event of a catastrophic pandemic. By our close adherence to the provisions of the plan, we will remain able to limit staff illness and death arising from exposure and infection, reduce as far as possible disruption to NEMRT classes and training programs, minimize disruption to essential internal administrative and R&D services and facilitate communication with member departments Chiefs, Sheriffs, Directors and TO's, and with Instructors and students, so that training continuity is maintained with the least amount of disruption.

The next review is scheduled for October 29th, 2014.

I look forward to discussing this report with you and with the members of the NEMRT Advisory Board of Directors.

NORTH EAST MULTI-REGIONAL TRAINING, Inc.

PANDEMIC RESPONSE PLAN



PANDEMIC RESPONSE PLAN

See Also: **NEMRT PERSONNEL CODE**
 Policy # 02-004: “Safety and Security”

Director’s Procedure # 003, “Automobiles”
Administrative Procedure # 101, “General Leave Procedures”
Administrative Procedure # 120, “Family and Medical Leave Act”
Administrative Procedure # 127, “Safety and Security Program”

Written: **10/30/09**
Reviewed: **10/27/10**
Reviewed: **11/09/11**
Reviewed: **10/24/12**
Reviewed: **10/30/13**
Reviewed: **10/29/14**

Next Review Date: **10/30/15**

BACKGROUND and PURPOSE:

A pandemic is a global disease outbreak. An Influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population. This new strain begins to cause serious illness and then spreads rapidly from person to person worldwide. A worldwide influenza pandemic could have a major effect on the global economy, including travel, trade, tourism, food consumption, investment and financial markets and eventually on political processes and results. Planning for an influenza pandemic by government, business and industry is essential to minimizing its effects. Local, state and federal government agencies which provide

essential services to citizens have a special responsibility to plan for continued operations in a crisis and should plan accordingly. As with any catastrophe, having and following a contingency plan is essential.

How would a severe Influenza Pandemic affect NEMRT?

Unlike natural disasters or terrorist events, an influenza pandemic will be widespread, affecting multiple areas of the United States and other countries at the same time. A pandemic will also be an extended event, with multiple waves of outbreaks in the same geographic area; each outbreak could last from 6 to 8 weeks. Waves of outbreaks may occur over a year or more.

NEMRT will likely experience:

Absenteeism - A pandemic could affect as many as 40 percent of the workforce during periods of peak influenza illness. Employees could be absent because they are sick, must care for sick family members or for children if schools or day care centers are closed, are afraid to come to work, or the employer might not be notified that the employee has died.

Change in patterns of training - During a pandemic, our ability to continue to provide in-service and basic training to our member departments is likely to undergo a series of radical changes. Officers assigned to NEMRT training programs may be recalled by their agencies as the need for law enforcement services increase. Officers themselves may cancel attendance because of their own sickness or that of other family members.

Host sites may refuse to host NEMRT Classes because of the increased risk of infection.

Staff may be unable to coordinate training programs because of our absentee rate or that of our instructors and host staff.

Interrupted supply/delivery - Shipments of training materials and handouts may be delayed or cancelled because of similar problems experienced by our vendors.

During an influenza pandemic, the aim of our Board of Directors and senior staff will be to encourage all staff to carry on as normal, as far as possible, if they are well, while taking additional precautions to protect themselves from infection and to lessen the risk of spread to others.

The main purposes of the NEMRT Pandemic Response Plan are to:

- Limit staff illness and death arising from exposure and infection.
- Reduce as far as possible disruption to NEMRT classes and training programs.
- Minimize disruption to essential internal administrative and R&D services.
- Facilitate communication with member departments Chiefs, Sheriffs, Directors and TO's, and with Instructors and students, so that training continuity is maintained with the least amount of disruption.

One of the main challenges faced by those planning against an influenza pandemic is that the nature and impact of the pandemic virus cannot be known until it emerges. During a pandemic, governmental and non-governmental agencies will issue advice on the full range of response policies that should be adopted to achieve the objectives set out above, based on its understanding of the nature of the pandemic virus and its likely impacts.

Uncertainty about the nature and impact of the pandemic virus means that planning across all sectors' need, for prudence, to be sufficiently flexible to cope with a range of possible impacts, including those arising from a pandemic virus.

POLICY: The Advisory Board of Directors believes that the safety and security of its staff, students, volunteers, etc., are critically important.

Therefore it is the policy of the Board of North East Multi-Regional Training, Inc, that a Safety and Security Program be created and reviewed periodically to accomplish the following goals:

- Provide a safe and secure office workplace for all staff and visitors; and,
- Provide a safe and secure training environment for all students, instructors and host site employees.

DEFINITIONS:

Avian Influenza: Avian influenza is an infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, avian influenza is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them.

Usually, "avian influenza virus" refers to influenza 'A' viruses found chiefly in birds, but infections with these viruses can occur in humans. The risk from avian influenza is generally low to most people, because the viruses do not usually infect humans. However, confirmed cases of human infection from several subtypes of avian influenza infection have been reported since 1997. Most cases of avian influenza infection in humans have resulted from contact with infected poultry (e.g., domesticated chicken, ducks, and turkeys) or surfaces contaminated with secretion/excretions from infected birds. The spread of avian influenza viruses from one ill person to another has been reported very rarely, and has been limited, inefficient and unsustainable.

"Human influenza virus" usually refers to those subtypes that spread widely among humans. There are now four known A subtypes of influenza viruses (H1N1, H1N2, H3N2, and H7N9) currently circulating among humans. It is likely that some genetic parts of current human influenza 'A' viruses came from birds originally. Influenza 'A' viruses are constantly changing, and they might adapt over time to infect and spread among humans. During an outbreak of avian influenza 'A' among poultry, there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with secretions or excretions from infected birds.

Health Alert: Notices provided by government and/or health-related organizations concerning relevant information related to the health and safety of the public. These may include notices of travel restrictions, information concerning sites of novel outbreaks around the world, notification of World Health Organization phase shifts etc.

Isolation: Isolation is the separation for the period of communicability of infected individuals and animals from other individuals and animals, in places and under conditions as will prevent the direct or indirect transmission of the infectious agent from infected individuals or animals to other individuals or animals who are susceptible or who may spread the agent to others. Isolation may be voluntary or enforced.

Mission Critical Tasks: Those tasks, operations, systems and functions performed by NEMRT for its membership whose failure or disruption during normal business hours will result in the inability of NEMRT to provide essential training services to our member departments.

Mission critical tasks include:

- Daily review by Operations Division staff of Catalog and R&D course attendance levels, course handout delivery status and host site status;
- Course handout material preparation and delivery;
- In-house and Executive Development course coordination within the Operations Division; and,
- Front Desk tasks of answering incoming telephone calls and monitoring access to the building.

Mission Critical staff: Those staff positions at NEMRT which if unfilled for a period of time beyond two days would result in the inability of NEMRT to provide essential training services to our member departments.

Mission critical staff will include:

- One member of Senior Management;
- IT Manager; and,
- Publications Manager

Pandemic Phases:

- **Inter-pandemic Period:**

Phase 1: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Phase 2: 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.

- **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 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 and Next wave(s):**

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

- **Post-Pandemic Period:** Return to inter-pandemic period and evaluation/assessment.

Phase Shift: Declaration of transition between World Health Organization phases made by the Director-General of World Health Organization. Each phase of alert coincides with a series of recommended activities to be undertaken by World Health Organization and Department of Health and Senior Services. Changes from one phase to another are triggered by several factors, which include the epidemiological behavior of the disease and the characteristics of circulating viruses.

Public Health Emergency: Emergency health threats, including pandemic influenza, that require exercise of essential government functions to ensure the safety of their residents. By declaring an emergency, officials are enabled to enact plans that have been designed to best serve their people while acknowledging the threat of this event requires the attention of various state organizations.

Swine Flu: Swine flu is a respiratory infection caused by influenza 'A' viruses. The outbreak of what is popularly called swine flu involves a new H1N1 type 'A' influenza strain that's a genetic combination of swine, avian and human influenza viruses. It can spread from human to human. True swine flu ordinarily causes illness in pigs. Pig-to-human transmission is unusual, and human-to-human transmission of true swine flu is also possible but infrequent.

Based on its wide spread, the World Health Organization has declared the 2009 outbreak of the new H1N1 flu a global pandemic. The new swine flu strain is being called by various names: swine-origin influenza 'A', swine influenza 'A' (H1N1), influenza 'A' /California/H1N1, swine origin influenza virus, North American flu and influenza 'A' (H1N1).

In 2012, a new strain of swine flu (H3N2v) virus was identified in 16 people in three states (Indiana, Ohio and Hawaii) between July 12 and Aug. 1. The Center for Disease Control (CDC) and the Illinois Department of Public Health alerted the medical community to be aware of the potential for infection in their patients. All 16 cases reported contact with swine prior to illness onset and all but one reported contact while attending or exhibiting swine at an agricultural fair. While swine flu viruses seldom infect

people, such infections can occur. These infections are thought to have occurred in the same way that seasonal influenza viruses spread among people. Pigs that are infected shed the virus—possibly in coughs or sneezes—and people who are nearby can breathe the virus in. Infection also may occur by a person touching a surface or object that has the virus on it and then touching their own mouth or nose.

On March 29, 2013, the Chinese Center for Disease Control and Prevention completed laboratory confirmation of three human infections with an avian influenza A(H7N9) virus not previously reported in humans (1). These infections were reported to the World Health Organization (WHO) on March 31, 2013, in accordance with International Health Regulations. The cases involved two adults in Shanghai and one in Anhui Province. All three patients had severe pneumonia, developed acute respiratory distress syndrome (ARDS), and died from their illness (2). The cases were not epidemiologically linked. The detection of these cases initiated a cascade of activities in China, including diagnostic test development, enhanced surveillance for new cases, and investigations to identify the source(s) of infection. No evidence of sustained human-to-human transmission has been found, and no human cases of H7N9 virus infection have been detected outside China, including the United States. This report summarizes recent findings and recommendations for preparing and responding to potential H7N9 cases in the United States. Clinicians should consider the diagnosis of avian influenza A(H7N9) virus infection in persons with acute respiratory illness and relevant exposure history and should contact their state health departments regarding specimen collection and facilitation of confirmatory testing.

After recognition of the first human infections with avian influenza A(H7N9), Chinese public health officials and scientists rapidly reported information about identified cases and posted whole virus genome sequences for public access. During April, laboratory and surveillance efforts quickly characterized the virus, developed diagnostic tests, generated candidate vaccine viruses, identified cases and contacts, described clinical illness, evaluated animal sources of infection, and implemented control measures. Preliminary investigations of patients and close contacts have not revealed evidence of sustained human-to-human transmission, but limited non-sustained human-to-human H7N9 virus transmission could not be excluded in a few family clusters (3). Despite these efforts, many questions remain.

The epidemiology of H7N9 infections in humans so far reveals that most symptomatic patients are older (median age: 61 years), most are male (71%), and most had underlying medical conditions. In comparison, among the 45 avian influenza A(H5N1) cases reported from China during 2003–2013, the median patient age is 26 years (8). This difference in median age might represent actual differences in exposure or susceptibility to H7N9 virus infection and clinical illness, or preliminary H7N9 case identification approaches might be more likely to capture cases in older persons. Ongoing surveillance and case-control studies are needed to better understand the epidemiology of H7N9 virus infections, and to determine whether younger persons might be more mildly affected, and therefore less likely to be detected via surveillance.

The H1N1 virus, better known as swine flu, has made a resurgence this year, killing at epidemic levels since mid-January. And we could still have as many as six weeks of flu season to go.

The most recent data, which extends through February 8, 2014, shows over 6,600 lab-confirmed flu cases nationwide, with H1N1 being the predominant strain. During the week of Feb. 2 — the sixth week of flu season — the death rate was at 8.4 percent. (To be considered an epidemic, it must be above 7.3 percent.) According to the Centers for Control and Prevention, a rise in flu deaths among young people — everyone in the middle range between children and the elderly who usually aren't hit as hard — is largely responsible for swine flue's comeback. A full 60 percent of those hospitalized this year have been between the ages of 18 and 64.

Available animal testing data and human case histories indicate that most human patients have poultry exposure; however, relatively few H7N9 virus-infected birds have been detected. During the month after recognition of H7N9, increasing numbers of infected humans have been identified in additional areas of eastern China, suggesting possible widespread occurrence of H7N9 virus in poultry. Enhanced surveillance in poultry and other birds in China is needed to better clarify the magnitude of H7N9 virus infection in birds and to better target control measures for preventing further transmission.

The emergence of this previously unknown avian influenza A(H7N9) virus as a cause of severe respiratory disease and death in humans raises numerous public health concerns.

First, the virus has several genetic differences compared with other avian influenza A viruses. These genetic changes have been evaluated previously in ferret and mouse studies with other influenza A viruses, including highly pathogenic avian influenza A(H5N1) virus, and were associated with respiratory droplet transmission, increased binding of the virus to receptors on cells in the respiratory tract of mammals, increased virulence, and increased replication of virus (5). Epidemiologic investigations have not yielded conclusive evidence of sustained human-to-human H7N9 virus transmission; however, further adaptation of the virus in mammals might lead to more efficient and sustained transmission among humans.

Second, human illness with H7N9 virus infection, characterized by lower respiratory tract disease with progression to ARDS and multi-organ failure, is significantly more severe than in previously reported infection with other H7 viruses. Over a 2-month period, 24 deaths (19% of cases) have occurred, compared with only one human death attributed to other subtypes of H7 virus reported previously. Third, H7N9-infected poultry are the likely source of infection in humans, but might not display illness symptoms. Consequently, efforts to detect infection in poultry and prevent virus transmission will be challenging for countries lacking a surveillance program for actively identifying low-pathogenicity avian influenza in poultry. In the United States, an active surveillance program is in place that routinely identifies low-pathogenicity viruses. If this newly recognized H7N9 is detected, public health and animal health officials should identify means for monitoring the spread of asymptomatic H7N9 virus infections in poultry and maintain vigilance for virus adaptation and early indications of potential human-to-human transmission.

Symptoms: Swine flu, Avian flu and seasonal flu symptoms in humans are all similar to each other. They include:

- Fever
- Cough
- Sore throat
- Body aches
- Headache
- Chills
- Fatigue
- Diarrhea
- Vomiting

Swine and Avian flu symptoms develop three to five days after exposure to the virus and continue for about eight days, starting one day before the onset of illness and continuing until recovery.

There are no differences noted between symptoms of swine flu, or H1N1 virus, Avian Flu, or H7N9 virus, and those of seasonal flu. Only a qualified medical practitioner can determine if someone displaying flu like symptoms has the swine flu or the seasonal flu.

Persons displaying any flu like symptoms should stay home.

ASSUMPTIONS:

- An influenza pandemic is inevitable and will probably give little warning. To some extent, everyone will be affected by a pandemic.
- An influenza pandemic will cause simultaneous outbreaks across the Metropolitan Chicago area limiting the ability to transfer assistance from one jurisdiction to another.
- Effective preventive and therapeutic measures, including vaccines, antiviral agents and other antibiotics, will likely be in short supply or not available. Supplies that are available will most likely be managed by the state and distributed by county health organizations.

If a vaccine is available, the Director of NEMRT may need to move funds from one budget category to another to purchase the vaccine for staff if reimbursement from our health care provider is not allowed.

- The traditional classroom academic environment cannot be maintained during a pandemic because:

Widespread illness in the area will increase the likelihood of significant shortages of personnel who attend NEMRT training programs. Police agencies will have higher than normal absenteeism rates. Moreover, member departments will be reluctant to expose healthy officers to increased risks of getting the influenza by attending NEMRT classes.

Widespread illness in the area will also increase the likelihood of significant shortages of personnel who instruct NEMRT training programs.

And,

Because local communities will take steps to minimize the spread of the virus by limiting person to person contacts. To that end public places including but not limited to schools, community centers, park districts and police departments, may be closed or restricted to our use.

- Widespread illness in the area may increase the likelihood of significant shortages of NEMRT staff members.
- An influenza pandemic may exhaust availability of assistance from the State and from the Illinois Law Enforcement Training Standards Board.
- The first wave of pandemic influenza will be followed by a second wave arriving three to nine months after the first wave.

PANDEMIC RESPONSE PLAN:

Authority and Responsibilities:

- A. In accordance with the provisions of 50 ILCS 720, the Illinois Local Governmental Law Enforcement Officers In-Service Training Act, the Advisory Board of Directors of North East Multi-Regional Training is responsible for managing the affairs of NEMRT. Specifically, the Board is charged with the responsibility to exercise all other powers and duties as are reasonable to fulfill its functions in furtherance of the ASSIST Act.

The Advisory Board of Directors has determined that written policies, procedures, rules and regulations, practices and guidelines will be established and maintained for the efficient and effective operation of the corporation.

- B. The Advisory Board of Directors has given the Director of NEMRT the authority to implement procedures in fulfillment of all policies adopted by the Board. This authority includes the issuance, modification and approval of all written procedures, rules and regulations, practices and guidelines.

The Director has been given by the Board of Directors their authority to:

1. Write and distribute a Pandemic Response Plan.
2. Activate the Pandemic Response Plan in the event a pandemic emergency is declared by state or federal government.
3. Suspend certain administrative and operational procedures.
4. Redirect NEMRT's fiscal and human resources as necessary to maintain mission critical operations.

Communication: In the event that the Pandemic Response Plan is activated, NEMRT will utilize redundant communication systems depending upon the availability of each technology. Coordination of communication will be the responsibility of the Deputy Director for Administration.

- A. NEMRT's Web Site: The NEMRT Pandemic Response Plan will be available to all interested parties through a link on NEMRT's home page. As needed, the webpage will include links to other useful information. This site will be updated as needed by the IT Manager.
- B. E-mail: Existing mechanisms are in place for authorizing and sending mass email to NEMRT's member departments.
- C. Telephone – NEMRT's telephones will be answered by essential staff during a pandemic. Our telephones can be used to disseminate critical information to our member departments via recorded voice mail messages. In the event of a class closing, office closing or a reduction in office hours, the automated attendant will be changed to provide the necessary information. The IT Manager will prepare the message and activate it when requested by the Director.
- D. Media – critical messages may also be disseminated by Operations staff via radio and television by the Metropolitan Chicago Emergency Closing Center.

Graduated Response: NEMRT's response to an influenza pandemic is a graduated response based on the intensity of actual events as they occur within the metropolitan Chicago area.

Key Actions:

Interpandemic Period (Phases 1 And 2):

In accordance with the Illinois and the Kane County Departments of Public Health criteria, NEMRT should start preparation for possible human-to-human transmission.

The following key actions will be taken during phases 1 and 2 of any pandemic. NEMRT will:

- 1. Be alert for unusual communicable diseases reported in local communities.
- 2. Monitor and review reports from the Illinois Department of Public Health, the Illinois Emergency Management Agency, the Federal Center for Disease Control, and other state and federal agencies for information on unusual communicable diseases.
- 3. Review Pandemic Response Plans from other local, state and federal agencies

Pandemic Alert Period (Phases 3, 4 and 5):

The following key actions will be taken during phases 3, 4 and 5 of any pandemic:

1. All staff will be encouraged to get vaccinated with the approved H1N1 vaccine. The D/Director of Administration will coordinate with our Health Care Provider to obtain, if possible, free immunizations.
2. The Director will develop and/or review Pandemic Response Plan with senior staff members, Training Committee Members and the Advisory Board of Directors.
3. All Senior staff will identify mission critical operations and staff.
4. All staff will receive training on the Pandemic Response Plan.
5. The Director will communicate the final plan to NEMRT's Board of Directors, to its member departments and to the ILETSB.
6. Post the Plan on-line.
7. The IT Manager will assist mission critical staff with network software that permits them to work from home, if necessary.
8. Educational posters containing health information will be posted at various locations throughout the NEMRT Corporate Headquarters for staff to see and read. One of the Training Coordinators from the Operations Division will be assigned to obtain and post these posters.
9. The IT Manager will create a new e-mail address and voice mail box for use by student officers and Training Officers when calling off sick at a NEMRT class. All staff will have access codes to check daily. The Director, D/Director of Administration or his designee will be in charge of checking email/voicemail daily. This is a critical task that will need to be performed regardless of staff shortages.

The NEMRT web site will contain a link to this e-mail address and information for the voice mail box.
10. The IT Manager will create a new voice mail box for instructors to use to notify NEMRT after normal business hours if they are unable to teach the next day. Through 'Call Forwarding' the messages left on this voice mail box will be delivered to the D/Director of Operations.

Pandemic Period (Phase 6):

When a Phase 6 emergency is declared, the following key actions will be taken during the First Wave of any pandemic:

1. The Director may modify NEMRT's 'no-show reduction' program. During a phase 6 crisis, at the discretion of the Director, NEMRT may no longer generate no-show letters to agency CEO's, nor will it bill agencies for missing students at tuition based classes in bona fide cases of absence due to swine or avian flu. Absences will be handled on a case by case basis unless the Director decides it is necessary to enact a complete cancellation of the no-show reduction program.
2. The D/Director of Operations will monitor class registration levels daily and note the numbers of student cancellations. Classes, for which enrollment levels drop below the viability threshold, will be brought to the attention of the Director.
3. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any host site cancels its availability for NEMRT. Community Colleges that serve as host site are particularly prone to closing in response to a phase 6 crisis and will need to be monitored closely.
4. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any instructor cancels.
5. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
6. The Program Manager for Special Projects and the Executive Assistant of the Operations Division will notify the D/Director of Operations Division immediately when any host site cancels its availability for in-house or pilot programming.
7. The Program Manager for Special Projects and the Executive Assistant of the Operations Division will notify the D/Director of Operations immediately when any instructor cancels.
8. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.

9. In the event that a class is canceled:
 - a. The Program Manager for Schedules will notify all Chiefs, Sheriffs and TO's of the cancellation.
 - b. The Accounting Specialist will not generate invoices for the cancelled class.
 - c. If the course was funded through an IDOT, Coroner's Death Investigation, Homeland Security or other outside grant source, the Accounting Specialist will notify that grant program manager at the ILETSB.
 - d. The IT Manager will post all class cancelations on the NEMRT web site.
 - e. The Deputy Director of Operations will work with the Program Manager for Schedules, the Program Manager for Basic and In-Service Training and various vendors to reschedule or relocate the canceled classes as necessary.
10. Instructors will have the authority of the Director to order students displaying flu like symptoms out of class and back to their agency or to their home.

Instructors taking such actions will immediately notify NEMRT staff. NEMRT staff will immediately notify the employee's agency.
11. Staff members will be encouraged to work at home to reduce exposure to contagion. Non-mission critical staff members may be transferred to mission critical functions to offset staff shortages as necessary.
12. The Director will modify NEMRT's procedure on Sick Time Usage as necessary to encourage ill workers to remain at home until they are no longer contagious.
13. If staff absenteeism becomes a critical problem, the Director will order reduced office hours, altered work schedules or other modifications of the daily work schedule until staff shortages cease.

Senior staff will meet with the Director to evaluate the effectiveness of the steps taken during the first wave of the pandemic. Based on their review and discussion, the following key actions will be taken during the Second Wave of any pandemic:

1. The Director will modify NEMRT's 'no-show reduction' program. During a phase 6 crisis, NEMRT may not generate no-show letters to agency CEO's, nor will it bill agencies for missing students at tuition based classes in bona fide cases of absence due to swine flu.
2. The D/Director of Operations will monitor class registration levels daily and note the numbers of student cancelations. Classes, for which enrollment levels drop below the viability threshold, will be brought to the attention of the Director.

3. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any host site cancels its availability for NEMRT. Community Colleges that serve as host site are particularly prone to closing in response to a phase 6 crisis and will need to be monitored closely.
4. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any instructor cancels.
5. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
6. The Program Manager for Special Projects and the Executive Assistant of the Operations Division will notify the D/Director of Operations Division immediately when any host site cancels its availability for in-house or pilot programming.
7. The Program Manager for Special Projects and the Executive Assistant of the Operations Division will notify the D/Director of Operations Division immediately when any instructor cancels.
8. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
9. In the event that a class is canceled:
 - a. The Program Manager for Schedules will notify all Chiefs, Sheriffs and TO's of the cancellation.
 - b. The Accounting Specialist will not generate invoices for the cancelled class.
 - c. If the course was funded through an IDOT, Coroner's Death Investigation, Homeland Security or other outside grant source, the Accounting Specialist will notify that grant program manager at the ILETSB.
 - d. The IT Manager will post all class cancellations on the NEMRT web site.
 - e. The Deputy Director of Operations will work with the Program Manager for Schedules, the Program Manager for Basic and In-Service Training and various vendors to reschedule or relocate the canceled classes as necessary.
10. Instructors will have the authority of the Director to order students displaying flu like symptoms out of class and back to their agency or to their home. Instructors taking such actions will immediately notify

NEMRT staff. NEMRT staff will immediately notify the employee's agency.

11. Staff members will be encouraged to work at home to reduce exposure to contagion. Non-mission critical staff members may be transferred to mission critical functions to offset staff shortages as necessary.
12. The Director will modify NEMRT's procedure on Sick Time Usage as necessary to encourage ill workers to remain at home until they are no longer contagious.
13. If staff absenteeism becomes a critical problem, the Director will order reduced office hours, altered work schedules or other modifications of the daily work schedule until staff shortages cease.

Post Pandemic Period: All staff will meet with the Director to evaluate the effectiveness of the NEMRT Pandemic Response Plan. Based on their review and discussion, the Plan will be revised as necessary and presented to the Board of Directors for review and approval.