

AGENDA
EMERGENCY MANAGEMENT COMMITTEE
Wednesday, August 12, 2009 9:00 a.m.
Media Center Room, Emergency Operations Center
500 E. Temple Street, Los Angeles, CA 90012

- I. Call to Order, Introductions, Approval of Minutes**
- II. Subcommittee Reports and Planning Teams**
 - Budget – Mayra Puchalski
 - Community Preparedness – Larry Meyerhofer
 - Fire / Life Safety – Richard Wuerth
 - Human Resources – Arnie Surmenian
 - Information Technology – Joyce Edson
 - Logistics – Joon Lee
 - Operations – Rob Freeman
 - Planning – Eric Baumgardner
 - Shelter and Welfare – Kevin Regan
 - Training / Exercises– Quentin Frazier
 - Others
- III. Employee / Family Catastrophic Disaster Reunification Telephonic Communication Plan**
– Chris Ipsen / Arnie Surmenian
- IV. Influenza A Virus, Subtype H1N1 Event Summary** – Steve Dargan
- V. Updates on H1N1 Outbreak, Upcoming Flu Season and CDC H1N1 Vaccination Program**
– Steve Dargan
- VI. 2009 Annual Emergency Management Workshop** – Devra Brukman
- VII. New Emergency Operations Center (Prop Q)** – Rob Freeman
- VIII. Citywide Status of Homeland Security Grants** – Laura Shin / Freya Robayo
- IX. Old / New Business**
- X. Adjournment**

Refreshments to be provided by the Department of Water and Power.

EMC Meeting Information is available on the Emergency Management Department website at at www.lacity.org/emd - Click on Emergency Operations Organization, then EMC. If you would like to be added to the EMC email distribution list, please send an email to wendy.hwang@lacity.org or contact Wendy Hwang at (213) 484-4818.

Upon request, sign language interpretation, real-time translation services, agenda materials in alternative formats, and other accommodations are available to the public for City-sponsored meetings and events. All requests for reasonable accommodations must be made at least three working days (72-hours) in advance of the scheduled meeting date. For additional information, contact the Emergency Management Department at (213) 485-2121.

CITY OF LOS ANGELES
INTER-DEPARTMENTAL CORRESPONDENCE

Date: July 28, 2008

To: Anna Burton, Chair
Emergency Management Committee

Emergency Management Committee Members

From: Steve Dargan, Public Health Planner
Emergency Management Department

Subject: **INFLUENZA A VIRUS, SUBTYPE H1N1 EVENT SUMMARY**

Recommendation

That the Emergency Management Committee review and approve the Influenza A Virus, Subtype H1N1 Event Summary and forward to the Emergency Operations Board for approval at its next regularly scheduled meeting.

Executive Summary

Although the H1N1 outbreak continues throughout the world, an Event Summary was completed for the period of April 27, 2009 through May 5, 2009. This Event Summary should be viewed as an evaluation of, and suggestions for, improving the effectiveness of future public health emergencies. Recommended corrective actions identify steps to be taken. Timetables are also established for implementation along with an assessment of required resources.

Attachments:

- Influenza A Virus, Subtype H1N1 Event Summary



Event Summary

INFLUENZA A VIRUS, SUBTYPE H1N1

August 1, 2009



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I. **Executive Summary**

A. **Statement of Purpose**

Emergency management and homeland security practices involve a cycle of planning, preparedness, response, recovery, and mitigation. In the City of Los Angeles, the Emergency Management Department (EMD) is responsible for coordinating these activities on behalf of all City departments and bureaus. This Event Summary (ES) is intended to assess the exercise or response effort and identify practices to sustain and build upon and practices that require corrective action; the Improvement Plan prescribes corrective actions that will enhance or improve the City's processes and capabilities to effectively and efficiently plan, prepare for, mitigate, and respond to an event.

This ES should be viewed as an evaluation of and suggestions for improving the effectiveness of future public health emergencies. Recommended corrective actions identify steps to be taken and assign specific City agencies to coordinate and implement each item. Timetables are also established for implementation along with an assessment of required resources. Agencies must weigh the cost of implementation against the benefits in determining resource allocation. In some cases, agencies may determine the benefits of implementation are insufficient to outweigh the costs. In other cases, agencies may identify alternative solutions that are more effective. Each agency should review the recommendations and determine the most appropriate action and time needed for implementation.

B. **Event Name**

Influenza A Virus, Subtype H1N1

C. **Event Dates**

Start: April 23, 2009
End: On-going

D. **Event**

Worldwide Public Health Event

E. **City Watch Activation Duration**

April 27, 2009 through May 5, 2009

- Level Two from April 27, 2009 through May 5, 2009
- Level One from May 6, 2009 and will be on-going throughout the duration of the outbreak.

F. **City Watch Lead Agency**

Emergency Management Department

G. **Event Summary Completed By**

Steve Dargan, Public Health Planner
Devra Brukman, Emergency Preparedness Coordinator I

H. Participating Agencies

These Departments/Agencies/Boards/Offices or Commissions either participated in the daily conference call or the Event Summary.

Animal Services	Emergency Management Department (EMD)
Board of Public Works (PW)	Employee Relations
City Administrative Officer (CAO)	Ethics
City Attorney's Office	Finance
City Clerk	Fire Department (LAFD)
Commission on CYF, Status of Women and Human Relations	Harbor
Community Development	Housing Department
Contract Management	Information Technology Agency (ITA)
Convention Center	LAWA
Cultural Affairs	Office of the Mayor
Department of Building and Safety (DBS)	Personnel Department
Department on Disability (DOD)	Planning
Department of General Services (GSD)	Police Department (LAPD)
Department of General Services (GSD)	PW - Engineering
Office of Public Safety	
DONE	PW - Sanitation
DOT	PW – Street Lighting
DWP	Recreation and Parks (RAP)
EI Pueblo	Treasury
	Zoo

I. Influenza A Virus, Subtype H1N1

Influenza A Virus Subtype H1N1, also known as A (H1N1), is the most common cause of influenza (flu) in humans. Some strains of H1N1 are endemic in humans, including the strain(s) responsible for the [1918 flu pandemic](#) which killed 50–100 million people worldwide. Less virulent H1N1 strains still exist in the wild today, worldwide, causing a small fraction of all [influenza-like illness](#) and a large fraction of all seasonal influenza. H1N1 strains caused roughly half of all flu infections in 2006. Other strains of H1N1 are endemic in swine and in birds.

Minor outbreaks of swine influenza have occurred in humans in 1976 and 1988 and in swine in 1998 and 2007. In the 2009 H1N1 outbreak, the virus isolated from patients in the United States was found to be made up of genetic elements from four different flu viruses – North American Mexican Influenza, North American Avian Influenza, human influenza, and swine influenza. This new strain appears to be a result of a reassortment of human influenza and swine influenza viruses. On April 30, 2009 the World Health Organization (WHO) began referring to the outbreak as "Influenza A" instead of "swine flu" and later began referring to it as "Influenza A (H1N1)".

J. Seasonal Influenza

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- More than 200,000 people are hospitalized from flu-related complications;
- About 36,000 people die from flu-related causes.

Some people, such as older people, young children, and people with certain health conditions (such as asthma, diabetes, or heart disease), are at high risk for serious flu complications. Symptoms of flu include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults. Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

Flu viruses are thought to spread mainly from person to person through large droplets, which are transmitted via coughing or sneezing by a person with influenza. Sometimes people may become infected by touching a surface that is hosting live flu virus (which was transmitted by a person with influenza) and then touching their mouth or nose. Most healthy adults may be able to infect others beginning one (1) day **before** symptoms develop and up to five (5) days **after** becoming sick. **That means that you may be able to pass on the flu to someone else even before you know you are sick.**

K. Event Timeline

On April 17, 2009, Center for Disease Control and Prevention (CDC) in the March/April edition of the Morbidity and Mortality Weekly Report (MMWR) reported that two cases of febrile respiratory illness that were caused by infection with a Swine Influenza A (H1N1) virus. The two cases were children who reside in adjacent counties in southern California (San Diego and Imperial) and whose viruses are closely related genetically. In both situations, the virus contained a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs, and the source of their infection is still unknown. Investigations to identify the source of infection and to determine whether additional persons have been ill from infection with similar swine influenza viruses are ongoing.

In the past, CDC has received reports of approximately one human swine influenza virus infection every one to two years in the United States. During the period of December 2005 through January 2009, twelve (12) cases of human infection with swine influenza were reported. In the United States, novel influenza A virus infections in humans, including swine influenza infections, have been nationally notifiable conditions since 2007. The recent increased reporting might be, in part, a result of increased influenza testing capabilities in public health laboratories.

The Emergency Management Department began active monitoring of the situation on April 23, 2009. On April 25, 2009 the CDC issued a Health Advisory titled, "Investigation and Interim Recommendations: Swine Influenza (H1N1)", through the Health Alert Network (HAN). The Alert stated that the CDC, in collaboration with public health officials in California and Texas, was investigating cases of febrile respiratory illness caused by swine influenza (H1N1) viruses. As of 11:00am (EDT) on April 25, 2009, eight (8) laboratory confirmed cases of Swine Influenza infection were confirmed in the United States. Four cases were reported in San Diego County, California; two (2) cases were reported in Imperial County, California. Two cases have been reported in Guadalupe County, Texas. Despite a number of news stories in the local and national media, the outbreak remained below the radar of most Americans.

EMD was in close contact with the Los Angeles County Department of Public Health (LACDPH) regarding the situation and discussed the public health implications of the staff and residents of the City of Los Angeles. LACDPH was communicating with the California State Department of Public Health and the CDC, and subsequently kept EMD updated on the evolving details of the situation.

Friday, April 24, 2009

There was a small amount of activity regarding the H1N1 outbreak. Most was from news accounts. In a proactive measure, EMD made contact with the Mayor's Office to see if a briefing for the Mayor was needed.

EMD sent the following e-mail to EMC/EOB E-mail Group:

On April 17, 2009, the Center for Disease Control determined that 2 cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California (San Diego and Imperial counties) were caused by infection with a swine influenza A (H1N1) virus. The viruses collected from the 2 cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere.

More information can be found at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm?s_cid=mm5815a5_e

NUMBER OF PERSONS ILL: 2 confirmed

NUMBER HOSPITALIZED: unknown

NUMBER OF DEATHS: none

The Los Angeles County Department of Public Health is participating in a statewide enhanced surveillance. Per the state's request, all hospitals that have Pediatric Intensive Care Units have been requested to enhance surveillance for severe pediatric influenza cases. The Department of Public Health continues to follow the situation and will communicate important information as needed.

Saturday, April 25, 2009

News media coverage of the outbreak intensified as the news media began reporting on cases. LACDPH updated the Mayor's Office, EMD General Manager, and EMD Watch Officer with emerging information.

Sunday, April 26, 2009

Department of Homeland Security (DHS) Secretary Janet Napolitano announced that Charles E. Johnson, Acting Secretary of the United States Department of Health and Human Services (DHHS) declared a public health emergency in the United States:

As a consequence of confirmed cases of Swine Influenza A (swH1N1) in California, Texas, Kansas, and New York, on this date and after consultation with public health officials as necessary, I, Charles E. Johnson, Acting Secretary of the U.S. Department of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, 42 U.S.C. § 247d, do hereby determine that a public health emergency exists nationwide involving Swine Influenza A that affects or has significant potential to affect national security.

Secretary Napolitano went on to say that the declaration was a standard operating procedure that allows DHS to free up federal, state, and local agencies and their resources for prevention and mitigation, including the use of medications and diagnostic tests that might not otherwise be authorized, particularly for use on very young children. Additionally, it releases funds for the acquisition of additional antivirals.

EMD's Public Health Planner (PHP) started receiving e-mails from both EMD staff and other city staff regarding Secretary Napolitano's declaration. The PHP contacted the LACDPH Emergency Desk for more information. Additionally, the EMD Watch Officer, General Manager, and Assistant General Manager were contacted to begin planning a response to the outbreak.

By the close of the day EMD had been in contact with the Mayor's Office, LAFD, LAPD, LAUSD, and LACDPH to develop a strategy to address the potential outbreak. An e-mail was sent to EMC/EOB E-mail Group with an update of the situation. Additionally, key City departments were notified that a conference call would be held on Monday, April 27, 2009 at 10:00am.

Monday, April 27, 2009

It was apparent from the number of e-mails being sent city-wide that the H1N1 virus was not clearly understood as to both its severity and ability to spread from human to human. EMD General Manager provided Mayor Villaraigosa with a briefing, and the Mayor issued a press release. Although the virus presented no more danger to the public than a mild seasonal flu, this message was lost in the media wave. The message of “business as usual” was no longer going to be acceptable.

EMD held a 10:00am conference call with City departments to provide an update on the situation. After a City-wide status report provided by the EMD General Manager and the PHP, departments were given an opportunity to ask questions and report on their individual department’s response actions. EMD reported that 22 departments had not completed the Pandemic Influenza Continuity of Operations Annex, which is a required component of each Department Emergency Plan. The EMD General Manager reiterated that its Operations Division can assist those departments in completing the Annex. EMD would send out a Bulletin internally and externally by noon each day, which would provide updates on the H1N1 situation globally, nationally, and locally. The Bulletin would be posted on EMD’s website and sent to each General Manager. EMD requested that the General Managers in turn distribute it to their staff. EMD also set up a toll-free hotline to provide automated answers to frequently asked questions on the situation. Updates were also posted on the EMD Twitter site.

EMD participated in a conference call with the State Department of Public Health. EMD activated City Watch at a Level 2 to monitor the situation. Within EMD, two planning groups were formed to address long term planning and strategies to address worst case scenarios.

Tuesday, April 28, 2009

LAWA activated their Department Operations Center (DOC) to facilitate the management of information within the Airport. The World Health Organization raised their Pandemic Alert Phase to four (4). The issue of face masks for City staff, especially those at the airports and those who routinely interact with the public, was addressed; EMD instructed all departments to refrain from advocating facemask use unless the City employee was working in a clinical setting or was in contact with a confirmed case. A 10:00am conference call was scheduled with City Departments.

As part of the state’s aggressive approach to addressing H1N1, Governor Arnold Schwarzenegger proclaimed a State of Emergency. The proclamation helped support and facilitate DPH’s response to the outbreak, as the Governor’s top priority was to limit the spread of the flu as quickly and effectively as possible.

This proclamation was designed to cut government red tape by:

- Ordering all state agencies and departments to utilize and employ state personnel, equipment and facilities to assist DPH and the State Emergency Plan as coordinated by the California Emergency Management Agency.
- Ordering DPH and the Emergency Medical Services Authority to enter into any and all necessary contracts for providing services, materials, personnel and equipment to supplement extraordinary preventive measures being taken across the state.
- Suspending non-competitive bid contracts for services, material, personnel and equipment needed to respond to this outbreak.
- Waiving select certification requirements for public health laboratories to help in the state's expansion of our testing capabilities.

Also on April 28, 2009, the Los Angeles County Board of Supervisors issued the following proclamation on the recommendation of Jonathan Fielding, M.D. Los Angeles County Public Health Officer:

***“Now therefore hereby proclaiming an order by the Los Angeles County Board of Supervisors that a local emergency exists throughout Los Angeles County and shall be deemed to continue to exist until its termination is proclaimed by this board. And it is further ordered that this proclamation be forwarded to the State Director of the Office of Emergency Service on this date.*”**

Wednesday, April 29, 2009

No conference calls were held. An issue came up from an employee who said they had been diagnosed with H1N1. A number of e-mail messages were exchanged between City departments which identified the employee by name. This raised an issue with personal confidentiality. EMD and Personnel Medical Services reviewed the circumstances; Medical Services contacted the employee's health care provider to verify the diagnosis. Other City staff raised concern on the protocol for addressing employees who are symptomatic. Medical Services reported that they are available to assess any ill employee.

Thursday, April 30, 2009

A 9:00am teleconference call was held and updates were provided on the situation from a world-wide, national, and local perspective. The issue of employee confidentiality was addressed per the situation noted above under Wednesday, April 29.

A subsequent 2:00pm Pandemic Influenza Continuity of Operations Annex Task Force meeting was called and hosted by EMD in the EOB Room in City Hall East. LAFD and EMD addressed the City departments in attendance regarding the development of their department's Annex. Copies of the California Pandemic Influenza Preparedness and Response Plan and Federal guidelines were shared with the group. EMD provided a new City Pandemic Influenza Continuity of Operations Annex template. The City Attorney and Personnel Medical Services addressed protocol for ill staff, and a discussion was held regarding the use of sick leave, vacation or paid time off if the City sent an employee home. The City Attorney indicated that she would research these issues.

Friday, May 1, 2009

A 9:00am teleconference call was held and updates were provided on the situation from a world-wide, national, and local perspective. A weekend monitoring plan was presented: EMD would continue to monitor the situation and report any significant changes via email. Verified cases of H1N1 continue to be identified. The PHP reminded participants on the call that this did not mean an increase in danger to the public, but more likely was a result of the increased surveillance by LACDPH. EMD participated in a conference call with LACDPH to obtain a county-wide update.

Saturday, May 2, 2009

EMD staff participated in the Mayor's Day of Service Community Event in San Pedro. EMD posted a sign offering to answer questions on H1N1. There were very few questions from the public.

Monday, May 4, 2009

A 9:00am conference call was held with a noticeable decrease in City Department participation. Media coverage had decreased over the weekend. In addition to monitoring the H1N1 situation, planning for May Day activities continued.

Tuesday, May 5, 2009

City Watch was activated at Level 2 from 8:00am to 11:00pm to monitor May Day activities. Daily conference calls and the EMD Bulletins addressing H1N1 were discontinued unless any significant events occurred. Dr. Jonathan Fielding, County Public Health Officer gave an update to the City Council. EMD will continue to monitor the situation and will begin work on an Event Summary. At 10:00am, EMD hosted a follow-up Task Force meeting to continue to assist departments in completing their Pandemic Influenza Continuity of Operations Annex.

II. Conclusion

The H1N1 event was a minor public health event, but a significant public media event. Although the public was, and currently is, in no immediate danger, the event provided an opportunity for the City of Los Angeles to look internally at its preparedness for a future public health emergency. A number of valuable lessons have been learned. It is too early to tell if the H1N1 virus will return this fall and winter during the regular flu season, but the City of Los Angeles should spend the summer planning as though it will return in a strong fashion.

III. Individual Department Response Actions

A survey was sent to all City Departments asking them to tell EMD what actions they took and if they had any suggestion or comments. Each Department was asked to provide information about:

- Any special equipment purchased.
- Any training or education provided to staff.
- Any policies or standard operating procedures created
- If the EMD Bulletins were distributed to staff?
- Any suggestions or comments to help improve the City's response.

Influenza A Virus, Subtype H1N1 Department Actions

Department	Special Equipment Purchased	Training or Education Provided to Staff	Policies or SOPs Created	Were EMD Bulletins Distributed to Staff?	Suggestions	Comments
Zoo	None	None	None	Yes	None	None
Employee Relations Board	None	None	None	Some	Not Reported	Not Reported
Convention Center	Signs were developed and placed in restrooms to remind clients to wash their hands.	Division training meetings were conducted. Staff notified of protective measures being taken, the latest information from the CDC/EMD/Cal Hospital. Mask usage was not authorized at work. Sick clients would be reported to Show and LACC management. Employees which showed signs of flu-like sickness were sent home.	Cleaning teams were redirected to wipe down of surfaces that are frequently touched by clients (handrails, etc.). The goal was to be effective in antiviral cleaning, and in creating a positive perception with our clients through the highly visible cleaning teams. Specialized procedures for food services personnel were enacted.	LACC reformatted information gathered, and placed a link to a single document on the home page of our web site. Sources for information included the EMD communication, California Hospital, and CDC to name a few.	Established early contact with the infectious disease control unit of California Hospital through an established relationship months earlier in preparation for pandemic and TB control. Communicated with the client to help them educate them on protective measures, and what measures LACC was initiating. Strong coordination with LA Inc., the Convention and Visitor's Bureau help shape client perception and level of concern	The LACC was comfortable with the combined efforts in response to H1N1. Information from the Office of the Mayor, EMD, California Hospital, CDC, and other sources provided a strong basis for protective measures to be employed, incident tracking, and client support. Having a pre-developed relationship with California Hospital's Infectious Disease Control team provided for rapid support upon early reporting of H1N1. This enabled us to provide rapid and confident leadership in support of LACC clients and employees, which kept concerns related to H1N1 to a minimum.
Recreation and Parks	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Supervisors were asking if they could send home any employees who exhibit influenza symptoms. What if the employee has no sick time (SK), what time should be used? Should an employee get HW similar to if he/she is placed off work on administrative leave? What if the employee insists they are not sick because they do not want to use their compensated time? How will we handle a grievance if an employee is sent home SK against their objection and then seeks to be paid HW? Should an employee be directed to go to their doctor or to Personnel Medical Services for evaluation in order to substantiate the need for removing an employee from work?
Treasury	None	E-mail from Personnel Division on measures such as hand washing, covering mouth, etc. E-mail notified staff that hand wipes were placed at the front counter and other locations.	None	Yes	None	The Daily EMD bulletin was very hopeful.

Influenza A Virus, Subtype H1N1 Department Actions

<i>Department</i>	<i>Special Equipment Purchased</i>	<i>Training or Education Provided to Staff</i>	<i>Policies or SOPs Created</i>	<i>Were EMD Bulletins Distributed to all Staff?</i>	<i>Suggestions</i>	<i>Comments</i>
City Ethics	None	None	None	Not stated	None	None
PW - Sanitation	Purell Hand Sanitizer, 240 4oz bottles. N95 Dust Masks. 3 types of masks, 500 of each. P95 Organic Vapor Nuisance odor and exhalation valve. Particulate with exhalation valve. N95 dust mask, no exhalation valve.	As part of the bulletins, vital and appropriate information was made available to Sanitation employees	Updated Pandemic Flu section o the emergency plan	EMD bulletins were condensed, and information that was helpful and vital to our operations was passed on to Management and employees.	Requesting pamphlet, brochure or poster recommended by EMD about preventing disease transmission. Especially regarding use of masks. Most of our employees work in the field and have no internet access - we need something to handout or post.	There was much confusion about masks and preventing illness. Also, Cal OSHA has a fit test requirement for N95 masks which makes it difficult to provide these masks indiscriminately.
LAWA	Hand sanitizers (2 liter bottles, 100+). Hand sanitizers (on stanchion, 50+). Surgical face masks (3,000 - but not used). Antibacterial hand wipes (77 boxes)	ICS 100 (abbreviated). Dept Ops Center orientation (abbreviated). Unified Command (abbreviated).	Airport Operation Division was appointed as the IC since this was a not law-enforcement or fire/rescue specific-incident.	EMD N1H1 bulletins were forwarded to LAWA HR Director, who put them out in LAWA format. Information from the bulletins was also included in daily executive briefings to staff.	Not Reported	Having two daily conf calls when the situation was changing rapidly was a good idea. It was well received by many who were part of the call. Would have liked to connect by Video Conference to see if that is more preferable than teleconference. Purchase of water and nutrition for DOC workers. Training in, and the use of ICS Forms; ICS-202, 203, 204, 205, 211, and 214. The established of stakeholder telephone lines to share information and for rumor control. Educate all potential teleconference users to leave their device in mute, unless requested to speak. Even with Mr. Featherstone's pleas, parties did not mute and kept on speaking, drumming the table, etc. Each time this was done. It cutout his words
Planning	None	EMD bulletins	N/A	Yes		EMD kept all well informed

Influenza A Virus, Subtype H1N1 Department Actions

<i>Department</i>	<i>Special Equipment Purchased</i>	<i>Training or Education Provided to Staff</i>	<i>Policies or SOPs Created</i>	<i>Were EMD Bulletins Distributed to all Staff?</i>	<i>Suggestions</i>	<i>Comments</i>
Transportation	N/A	Pandemic Influenza Planning section of DOT Emergency Plan was distributed to all employees via GroupWise. Awareness of the H1N1 Influenza. Transit Bureau shared CDC and public health information with transit operations contractors. Surgical masks and gloves were distributed to approximately 25 Traffic Officers providing traffic control during May Day demonstrations. All employees were also encouraged to wash their hands frequently.	Transit Bureau instructed contractors to employ enhanced sanitization of buses and work areas at bus yards by using an antiseptic solution on surfaces such as handrails, keypads, radio and intercom microphones etc., which may harbor pathogens. Also, transit contractors were encouraged to issue gloves and baggies for their drivers and maintenance staff to use during the collection of germmy tissues etc. left on buses so as not to expose them to pathogens.	Yes, on a daily basis via GroupWise. Yes, also discussed at staff meetings	Develop a guideline for when masks and gloves should be issued to employees - we simply distributed these items to employees upon their request because we had them available.	Not Reported
PW - Engineering	Purell Hand Sanitizer, 240 4oz bottles. N95 Dust Masks. Sanitation is purchasing an additional 3 types of masks, 500 of each. P95 Organic Vapor Nuisance odor and exhalation valve. Particulate with exhalation valve. N95 dust mask, no exhalation valve.	Provided Hand Sanitizer at Engineering Public Counters	Reviewed Pandemic Flu section of the emergency plan	EMD bulletins were condensed, and information that was helpful and vital to our operations was passed on to Management and employees.	Not Reported	Not Reported
Housing	Not Reported	Provided training to all Senior Management Analysts on the H1N1 Influenza outbreak. Provided training to Compliance Division Personnel, including Public Counters Personnel.	Centers for Disease Control and Prevention bulletins distributed Department wide. Two different versions of "Wash your Hands" posters were displayed inside the bathrooms at all six LAHD regional offices. Hand sanitizers were provided at public areas at the Garland Office. Distributed "It's Not Flu As Usual" brochure published by County of L.A. Public Health at Garland Public Counter.	Yes	Not Reported	Not Reported

Influenza A Virus, Subtype H1N1 Department Actions						
Department	Special Equipment Purchased	Training or Education Provided to Staff	Policies or SOPs Created	Were EMD Bulletins Distributed to all Staff?	Suggestions	Comments
DWP	Not Reported	An email was sent to all staff to remind everyone to practice good hygiene habits. The email included examples of things to do to prevent the transmission germs.	A Directive to control inaccurate information that began to circulate was sent to all employees via email instructing them not to distribute any information related to the H1N1 Virus. All information regarding the virus would be sent out through the Office of Emergency Management.	Yes, the distribution included an employee union.	Develop a threat level system similar to the WHO levels that could be used at a local level and would assist Departments in taking appropriate steps to protect its workers and ensure the continuity of operations.	Not Reported
Emergency Management Department	None	EMD staff was educated on H1N1, public health response, WHO phases and other H1N1 specifics to be sources of information to other City Departments.	EMD Bulletin. Staff was directed to not forward information they receive by e-mail to other City staff without it being vetted by the Public Health Planner.	Yes	In future similar situations EMD should meet with all Department EPCs and those with responsibility for emergency planning and give them an orientation to the situation so they can act as their department's resource. EMD must be more proactive in identifying future public health trends to be more prepared. EMD should develop a City-Wide Seasonal and Pandemic Influenza Annex to complement the Department Pandemic Influenza Continuity of Operations Annex. EMD should install hand sanitizers in EMD Offices, EOC and EOB Board Room. EMD should work with Medical Services to promote seasonal flu shots for all city employees.	Not Reported
Personnel	Facemasks were provided upon request	Distributed EMD Bulletins	Will be completing the departmental Pandemic Influenza Appendix	Yes	In case of a more serious outbreak, EMD should continue on serving as the centralized source of information, perhaps through a specially-dedicated website. Automated voicemail could be used to disseminate concrete tips (on washing hands, sneezing into your elbow, etc.)	The daily updates were informative and to the point
Finance	None	E-mail from Personnel Division on measures such as hand washing, covering mouth, etc.	None	Yes	None	None

Influenza A Virus, Subtype H1N1 Department Actions						
Department	Special Equipment Purchased	Training or Education Provided to Staff	Policies or SOPs Created	Were EMD Bulletins Distributed to all Staff?	Suggestions	Comments
El Pueblo	Hand sanitizer & aerosol disinfectant	Museum staff received cursory training	Not beyond existing	Yes. Staff & stakeholders	None reported	None Reported
ITA	None reported	None reported	None reported	Yes	None reported	None Reported
Commission for Children, Youth and Their Families, Commission on the Status of Women, Human Relations Commission	None	None	None	Yes	None reported	Bulletins were emailed and posted.
GSD- OPS	None	Reviewed and communicated the Department Emergency Plan to Division personnel. Monitored federal, state, county and city websites for updates.	None	Yes	None reported	None Reported
LAFD	Stockpiled N-95 masks and communicable disease kits and gowns	Various Staff Meetings, notices to dept members	Developed draft LAFD Pandemic appendix	Not reported	We need to continue the citywide Pandemic Task Force to align plans, determine appropriate exercises. This will avoid redundant efforts amongst the city family.	None reported
CDD	No special equipment was purchased.	No special training or education was provided to staff.	No new policies or operating procedures were created.	The EMD bulletins were posted on the Department's intranet site.	None reported	None reported

Influenza A Virus, Subtype H1N1 Department Actions						
Department	Special Equipment Purchased	Training or Education Provided to Staff	Policies or SOPs Created	Were EMD Bulletins Distributed to all Staff?	Suggestions	Comments
City Clerk	None	Bulletins provided by the Emergency Management Department were distributed.	Staff is working on the Pandemic Influenza Annex to the Department's Emergency Plan.	Yes. Bulletins were emailed to all City Clerk staff.	None	None Reported
PW - Street Lighting	None	None	None	Yes	None	Not Reported
Board of Public Works	None	None	None	Yes	None	Not Reported
Building and Safety	Hand sanitizer for the Department's cashiers	Excerpts from EMD bulletins pertaining to the H1N1 virus were distributed to all LADBS employees. They included a worldwide status, weblinks to CDC, and information about spreading the disease. Staff meetings were conducted to discuss the spread and prevention of the flu to fellow employees, customers, and at home.	All supervisors were required to report employees that were perceived to have symptoms of the flu to the Department's Personnel Services Section. No cases were reported.	Excerpts from EMD bulletins pertaining to the H1N1 virus were distributed to all LADBS employees.	Not Reported	Not Reported.
Contract Management	None	None	None	Yes on April 27, 2009	We feel that the Response and information from EMD was sufficient for this incident.	In addition to the bulletin distribution, we placed hand sanitizers and sanitizing wipes at strategic locations throughout the office.

Influenza A Virus, Subtype H1N1 Department Actions

<i>Department</i>	<i>Special Equipment Purchased</i>	<i>Training or Education Provided to Staff</i>	<i>Policies or SOPs Created</i>	<i>Were EMD Bulletins Distributed to all Staff?</i>	<i>Suggestions</i>	<i>Comments</i>
Cultural Affairs	None	None	None	None	None	None
DONE	None	None	None	EMD Bulletin was not received therefore Dept. staff is unaware of activity.	Timely notification is appreciated	None
GSD	None.	General precautionary / safety emails were distributed throughout the department.	None.	Yes, along with GSD materials.	This pandemic incident underscored the need for discussion of personnel issues, policies, and guidance from EMD, City Attorney, and Personnel department: sick time leave policies, allowing (forcing) personnel to go home, compensation, time-off policies, etc.	(1) Conference calls were a convenient method of meeting and discussing issues relating to the pandemic.
Harbor	Items provided by warehouse, no additional purchases needed. Distributed to various locations.	Wash Your Hands Campaign. Intranet Webpage was established	Reviewed Policies and Procedures for Sick Leave, Attendance, etc Reviewed Coop/Cog plan and will continue to revise Influenza Plan.	All bulletins were posted on iPola	Personnel Department from downtown should establish guidelines for all departments and not leave it up to ever department to determine how to deal with a Pandemic.	Posters and flyers distributed, article in employee newsletter. Daily Telephonic Briefings were overkill for many of us.
LAPD	Not Reported	Currently, the Department is in the process of developing the Pandemic Influenza Annex, which will be added to the Department's Emergency Operations Guide.	The Department began the development of a response matrix entitled Pandemic Influenza Recommended Actions for Law Enforcement Managers, which provided the Department's management team trigger points on when to initiate a tactical alert or mobilization in the event that the workforce experienced high absenteeism due to the H1N1 virus.	Yes, through RACR, Special Operations and Department Roll-Calls.	Not Reported	Not Reported

Influenza A Virus, Subtype H1N1 Department Actions

<i>Department</i>	<i>Special Equipment Purchased</i>	<i>Training or Education Provided to Staff</i>	<i>Policies or SOPs Created</i>	<i>Were EMD Bulletins Distributed to all Staff?</i>	<i>Suggestions</i>	<i>Comments</i>
Office of the Mayor - Homeland security and Public Safety	None	None	Review/update of Pandemic Influenza Annex	EMD Bulletins were distributed among HSPS staff and staff working directly on this issue. Wider distribution was conducted on an as-needed basis.	None at this time.	None at this time.
ITA	None	None	None	No. I incorrectly assumed that EMD bulletins were distributed to all City staff. I found out later the bulletins were distributed to just EMC members.	Suggest that EMD create an email list of all City staff to be used for future bulletin distributions.	Not Reported
Disability	None	Employees notified to stay home if experiencing flu like symptoms when calling the department for employee illness notification	None	EMD bulletins were distributed to all DOD employees via Groupwise and personal email.	There needs to be the establishment of a TTY number or access to the same number thru an IVR language option, which includes TTY, for information whenever the City/EMD establish a number for the general public to receive information	Not Reported
Animal Services	None	Provided flu information and prevention information to public and staff	Review/update of Pandemic Influenza Annex	Yes, via Department's intranet bulletin board	None	Dept. did not vary procedures to any significant extent. Dept. deals with infectious diseases on a regular basis.
Community Redevelopment	NO	YES	YES	YES	Not Reported	In addition to all EMD bulletins, all health alerts from the Los Angeles County Department of Public Health and others were also sent out

IV. Improvement Plan

	Required Improvement	Lead Agency	Timetable
1	A citywide policy should be developed on how to handle employees who exhibit flu like symptoms.	EMD	Prior to November, 2009
2	A citywide policy should be developed on how to handle an employee who has no sick time and is sent home because they have flu like symptoms.	EMD	Prior to November, 2009
3	If the employee insists they are not sick because they do not want to use their compensated time and have flu like symptoms how should they be handled?	EMD, CAO and City Attorney	Prior to November, 2009
4	How will we handle a grievance if an employee is sent home sick against their objection and then seeks to be paid?	EMD, CAO and City Attorney	Prior to November, 2009
5	Should an employee be directed to go to their doctor or to Personnel Medical Services for evaluation in order to substantiate the need for removing an employee from work?	EMD and Personnel Medical Services	Prior to November, 2009
6	An employee education campaign about preventing disease transmission should be developed.	EMD	Prior to November, 2009
7	A guideline regarding use of masks should be developed.	EMD	Prior to November, 2009
8	For employees who work in the field and have no internet access, a non-internet based education program needs to be developed.	EMD and ITA	Prior to November, 2009
9	Video conference calls should be explored in addition to, or in place of teleconference.	EMD and ITA	Prior to November, 2009
10	Educate all potential teleconference users to leave their device in mute unless speaking	EMD and ITA	Prior to November, 2009
11	A guideline for the use of gloves should be developed.	EMD and Personnel Medical Services	Prior to November, 2009
12	Develop a threat level system similar to the WHO levels that could be used at a local level and would assist Departments in taking appropriate steps to protect its workers and ensure the continuity of operations.	EMD	Prior to November, 2009
13	EMD should meet with all Department EPCs and those with responsibility for emergency planning and give them an orientation to the situation so they can act as their department's resource.	EMD	Prior to November, 2009
14	EMD must be more proactive in identifying future public health trends to be more prepared.	EMD	Prior to November, 2009
15	EMD should develop a City-Wide Seasonal and Pandemic Influenza Annex to complement the Department Pandemic Influenza Continuity of Operations Annex.	EMD	Prior to November, 2009
16	EMD should install hand sanitizers in EMD Offices, EOC and EOB Board Room.	EMD	Prior to November, 2009
17	EMD should work with Medical Services to promote seasonal flu shots for all city employees.	EMD and Personnel Medical Services	Prior to November, 2009
18	EMD should continue on serving as the centralized source of information, perhaps through a specially-dedicated website. Automated voicemail could be used to disseminate concrete tips (on washing hands, sneezing into your elbow, etc.)	EMD	Prior to November, 2009
19	Continue the Citywide Pandemic Task Force to align plans, determine appropriate exercises. This will avoid redundant efforts amongst the city family.	EMD	Prior to November, 2009
20	Automated voicemail should be considered to disseminate concrete tips (such as washing hands, sneezing into your elbow, etc.)	EMD	Prior to November, 2009
21	There needs to be the establishment of a TTY number or access to the same number thru an IVR language option, which includes TTY, for information whenever the City/EMD establish a number for the general public to receive information	EMD, ITA and DoD	Prior to November, 2009

EMD will work with the Los Angeles County Department of Public Health and other City Departments for their technical expertise when necessary.