

Pandemic Influenza Template – Work Aids

Work Aids

9/23/2009

DMH

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The following template is provided to assist agencies in planning for pandemic flu. The Work Aids are intended to be part of the supporting documentation to a written pandemic plan. The Work Aids provide a systematic way to capture needed information.

Appendix 6 – Instructions for Work Aids

**DEPARTMENT OF MENTAL HEALTH
Pandemic Influenza Continuity Annex**

Instructions:

- 1. Read the DRAFT Pandemic Influenza Continuity Plan**
- 2. Add any mission critical functions that the facility has that are not listed under mission critical functions**
- 3. Based on that plan, follow the instructions for each table and the timeline required.**
- 4. Send completed information to appropriate supervisors and division heads.**
- 5. Send appointed person a copy of the tables to be included with the Pandemic Influenza Continuity Plan**

WORK-AID #	NAME	INSTRUCTIONS	RESPONSIBLE	TIMELINE
Work Aid 1A	Alternate Work Arrangements	<ol style="list-style-type: none"> 1. Column 1- Critical Mission Function (CMF): To fill out this table, determine the critical functions of your division, facility, office or section. Fill those in column 1 2. Position/title: Fill in the title of the position(s) that perform the critical function listed 3. Identify if this critical function can be performed from an alternate worksite (e.g., employees' homes or other geographically dispersed work locations) or if it must be performed at a designated department or agency facility. 4. Identify equipment or systems necessary for the performance of this function 5. Identify the equipment that you currently have for this function 6. Identify system applications needed for this critical function 		

WORK-AID #	NAME	INSTRUCTIONS	RESPONSIBLE	TIMELINE
Work Aid 1B	Tele-Work Plan Policy	<ol style="list-style-type: none"> 1. Column 1- Critical Mission Function (CMF): Fill in the CMF identified in 1A. 2. Column 2 – Identify staff that fulfills this CMF 3. Column 3 – List the responsibilities of staff person while tele-working 4. Column 4- List the infrastructure needed for person to work from home such as phone, computer, etc. 5. List the available technical support that will be available to the person working from home 		
Work Aid 2A	Essential Contract and Support Services	<ol style="list-style-type: none"> 1. Review contracts 2. List the critical mission function or service supplied through that contract in column 1. 3. Name the contractor, suppliers for that function/service in column 2. 4. Provide the contractors contact information 5. Provide phone numbers for the contractor including emergency contact numbers for nights/weekends 		
Work Aid 2B	Back-up Contractors	<ol style="list-style-type: none"> 1. Identify back up contractors for Critical mission functions or services identified in 3A. 2. Provide the back-up contractors contact information 3. Provide phone numbers for the contractor including emergency contact numbers for nights/weekends 		

WORK-AID #	NAME	INSTRUCTIONS	RESPONSIBLE	TIMELINE
		<ol style="list-style-type: none"> 4. Provide the title/name of the person responsible for maintaining this information. 		
Work Aid 3	Impact Analysis	<ol style="list-style-type: none"> 1. Conduct a tabletop exercise that will contribute to the Impact Analysis Report 2. Each division, facility, office or section will assign the appropriate person(s) to work on the Impact Analysis report <p>Each area of responsibility may identify other scenarios that will cause impact and address appropriate mitigation strategies.</p>		
Work Aid 4	Delegations of Authority	<p>Delegations of authority require the temporary reassignment of authority and duties in critical mission functions. Critical mission functions maybe temporarily split between more than one staff person.</p> <ol style="list-style-type: none"> 1. Fill in office/section identifying critical mission. 2. Fill in the critical mission 3. Identify who will keep this information current. 4. List the title/position, name and contact information for incumbent person fulfilling the mission critical function 5. Identify two delegates who could take over the critical function on a temporary basis and provide their contact information 		
Work Aid 5A	Orders of Succession	Orders of Succession require the permanent replacement of an employee unable to return to	F	

WORK-AID #	NAME	INSTRUCTIONS	RESPONSIBLE	TIMELINE
Work Aid 5B, Example		<p>work.</p> <ol style="list-style-type: none"> 1. Fill in office/section identifying critical mission. 2. Fill in the critical mission 3. Identify who will keep this information current. 4. List the title/position, name and contact information for incumbent person fulfilling the mission critical function 5. Identify successors to this critical mission function should the incumbent be unable to return to work. 		
Work Aid 6	Vital Records and databases	<ol style="list-style-type: none"> 1. Identify any vital records and databases that the facility keeps that would not be maintained through Central Office 2. Identify whether the record is electronic, hardcopy, etc 3. Identify alternate storage sites for the information 4. Identify how often the information is updated/maintained (length of time: i.e. yearly) 		

Appendix

Work Aids Template

- 1A. Alternative Work Arrangements
- 1B. Telework Plan
- 2A. Essential Contract and Support Services
- 2B. Back-up Suppliers
- 3 Impact Analysis
- 4. Delegations of Authority
- 5A. Mission Critical Function – Succession
- 5B. Sample: Mission Critical Function – Succession
- 6. Vital Records and Databases

Appendix 7: Work Aid

1B: DMH Telework Plan

DMH Division/Facility/Provider/Office/Section Name: _____
Contact Person _____ **Date:** _____

Critical Mission Function	Employee Name in critical mission function	Responsibilities while Teleworking	Infrastructure needed OA - IT	Technical assistance available – OA IT
Example: 1.	Jane Doe	Write FEMA Crisis counseling grant	Laptop Phone Fax	Telephone support

Appendix 7: Work Aid

2B: Back-up Suppliers*

DMH Division/Facility/Provider/Office/Section Contact Person _____ Date: _____	Name: _____
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<i>Back-up Sources of Supplies</i>	<i>Contact Information</i>	<i>Phone Numbers: include emergency contact numbers</i>	<i>DMH Manager</i>

Appendix 7: Work Aid 3 IMPACT ANALYSIS: PANDEMIC FLU

DMH Division/Facility/Provider/Office/Section _____	Name: _____
Contact Person _____	Date: _____

Tabletop Exercise: Date: _____

Date Analysis Performed: _____

SCENARIO	PROBABLE OUTCOME	MITIGATION STRATEGIES
Workforce Reduction – up to 40% absenteeism 1 month 2 months 3 months		
Limited access to facilities Limitation of visitors Restriction on admittances Restriction on vendor access for all but critical deliveries (i.e. vending candy, pop, etc.) Client outings into community		

Keeping staff at workplace Medially screening staff Not allowing staff to come to work Other- Define:		
Impact of telework:		
Impact of social distancing policies (maintain 3 ft. from other persons)		

Appendix 7: Work Aid 4 DELEGATIONS OF AUTHORITY

DMH Division/Facility/Provider/Office/Section Name: _____
 Contact Person _____ Date: _____

Delegations of authority require the temporary reassignment of authority and duties in mission-critical functions. Critical mission functions may be temporarily split between more than one staff person.

OFFICE/UNIT/PROGRAM _____ CRITICAL MISSION FUNCTION _____
 RESPONSIBLE FOR KEEPING CONTACT INFORMATION CURRENT: _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Delegate 1					
Delegate 2					

OFFICE/UNIT/PROGRAM _____ CRITICAL MISSION FUNCTION _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Delegate 1					
Delegate 2					

OFFICE/UNIT/PROGRAM _____ CRITICAL MISSION FUNCTION _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Delegate 1					
Delegate 2					

OFFICE/UNIT/PROGRAM _____ CRITICAL MISSION FUNCTION _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Delegate 1					
Delegate 2					

Appendix 7: Work Aid 5A

DMH MISSION CRITICAL FUNCTION (MCF) - SUCCESSION

DMH Division/Facility/Provider/Office/Section Name: _____
Contact Person _____ **Date:** _____

Orders of Succession require the permanent replacement of an employee unable to return to work.

OFFICE/UNIT/PROGRAM _____ CRITICAL MISSION FUNCTION _____
 RESPONSIBLE FOR KEEPING CONTACT INFORMATION CURRENT: _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Successor 1					
Successor 2					

OFFICE/UNIT/PROGRAM _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Successor 1					
Successor 2					

OFFICE/UNIT/PROGRAM _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Successor 1					
Successor 2					

OFFICE/UNIT/PROGRAM _____

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent					
Successor 1					
Successor 2					

Appendix 7: Work Aid 5B

DMH MISSION CRITICAL FUNCTION (MCF) SUCCESSION

EXAMPLE

DMH Division/Facility/Provider/Office/Section Name: CPS: Fulton State Hospital
Contact Person: John Doe Date: 06/12/07

OFFICE/UNIT/PROGRAM: *GERIATRIC UNIT*

Status	Title/Position	Name	Primary No.	Alternative No.	After Hours No.
Incumbent	Director	John Doe	555-111-1111	555-222-2222	555-333-3333
Successor 1	Deputy Director	Mary Smith	555-444-4444	555-555-5555	555-666-6666
Successor 2	Head Nurse	Sue Jones	555-777-7777	555-888-8888	555-999-9999

