**Agency Whole Community Pandemic Readiness Checklist**

Items adapted from World Health Organization’s [2009 Guidelines](https://www.who.int/influenza/preparedness/pandemic/2009-0808_wos_pandemic_readiness_final.pdf) for Pandemic Readiness & Response

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| Pandemics of any severity have interdependent consequences for the whole of community. This checklist helps an agency consider and mitigate against these consequences across three primaryareas: your **agency**, your **partners**, and the **clients** you serve. |
| Completed? | **YES** | **NO** |
| ***If you are an Agency and Employer*** |
| 1. Identify an Emergency or Pandemic coordinator to lead all preparedness andresponse planning. |  |  |
| 2. Identify the critical activities and mission-essential functions that must continueduring a pandemic, as well as the resources they require. |  |  |
| 3. Consider the need to stockpile a strategic reserve of consumable supplies andequipment. |  |  |
| 4. Establish clear lines of authority for emergency decision-making, delegations of authority, and plans for succession for staff – be sure to identify **who** isresponsible for **what**, **when**, and **how**. |  |  |
| 5. Cross-train staff to ensure mission-essential functions can continue |  |  |
| 6. Establish a **clear personnel policy**, addressing sickness, absenteeism, telework,and when to return to work. |  |  |
| 7. Assess the need for **face-to-face contact** with other employees, customers,suppliers, and partners. |  |  |
| 8. Develop **social distancing protocols** to be used. |  |  |
| 9. Implement **hand hygiene** in the workplace. |  |  |
| 10. Develop a plan for **family and childcare support** for critical staff. |  |  |
| 11. Consider the need for **psychosocial support services** to assist staff |  |  |
| 12. Develop a tested communications system to reliably communicate with all staff,volunteers, clients and suppliers in the event of a pandemic. |  |  |
| 13. Ensure information about measures your agency is taking are widely and easilyavailable to all employees. |  |  |
| 14. Review current programs and services to determine if any services and/orfunctions can be downsized or closed to reallocate staff, if needed |  |  |
| 15. Review your Standard Operating Procedures and identify when they shouldremain implemented or potentially adjusted or even suspended |  |  |
| 16. Explore potential financial risks to the agency, should a pandemic occur |  |  |
| 17. Monitor and Identify if client needs change during a pandemic and review yourprogramming for anticipated adjustments |  |  |
| 18. Determine how agency may function with interruptions, outages, and potentialdisruptions to critical infrastructure services and supply chains. |  |  |
| 19. Conduct an agency exercise to test and update your plan periodically. |  |  |
| 20. During and following a pandemic, identify gaps and incorrect assumptions inyour plan and update accordingly. |  |  |

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| Completed? | **YES** | **NO** |
| ***Civic and Community Partners*** |
| 1. Consult with key civic and county partners regarding their pandemic plans toensure strong coordination efforts during any plan activation |  |  |
| 2. Consult with service providers to strategize how the population being served by Catholic Charities will be affected and measures that can best protect them. **Who** and **how** will these populations be served and what adjustments must betaken? |  |  |
| 3. Consult with municipal and county government and public health officials toensure awareness of their emergency plans, and any critical information, will be widely distributed in multiple languages and in multiple locations. |  |  |
| 4. Understand the community authority line, decision making, delegations of authority, and orders for succession. Identify **who** is responsible for **what**,**when**, and **how**. |  |  |
| 5. Consider participating in a community-wide pandemic or other all-hazardsexercise to test your Continuity of Operations Plan (COOP). |  |  |
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| ***If you are a Social Service Provider*** |
| 1. Consider what client-facing services may need to be adjusted, limited, or even suspended during a pandemic in order to best protect clients from risk ofinfection exposure as well as infection exposure to staff and volunteers |  |  |
| 2. Consider what essential client-facing services could continue to be offered whileprotecting the health of clients and staff during service delivery. |  |  |
| 3. Review and make adjustments in congregate care programs and services (shelters, transitional homes, senior living facilities.) Have a plan in place in the event county health officials require additional emergency measures to betaken. |  |  |
| 4. Provide clear, accurate, and up-to-date information to clients on COVID-19 prevention and wellness. If possible, provide clients with tools to assist them(hand sanitizer, masks, rubber gloves, etc.) |  |  |
| 5. Ensure information and materials provided to clients is clear, concise, and inmultiple languages to reflect the population you serve. |  |  |
| 6. Make clients aware of any program changes. Have referral and resource access information readily available to share with clients. Always ensure other service providers and officials in the area are aware of any significant changes to yourprogram operations. |  |  |
| 7. Be prepared to advocate for the needs of clients before, during, and after a pandemic. Many economic sectors are adversely impacted by pandemics andunskilled labor and the service industry are among the hardest hit. |  |  |