

Assuring Food Supplies During an Influenza Pandemic or Other Hazard: A Guide for Community Leaders



Missouri Department of Health and Senior Services

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Purpose

The purpose of this guide is to provide information to individuals working in their communities to assure that citizens who must access food programs can do so during an emergency. Advance planning and practice are an essential part of the process.

The impact of an influenza pandemic is difficult to predict and will depend on many factors. Up to one-third of the population could fall sick, and many more people would have to stay home to take care of them. Having a large part of the population sick and not working will affect critical services such as public transportation, utilities, medical care, stores, restaurants, schools and police. It could keep stores from being resupplied with food, medications and many other important items. Federal and state governments are doing extensive pandemic planning. However, local community leaders should plan with the assumption that federal and state aid may be three days to three weeks away.

Although this guide was developed for an influenza pandemic (widespread effect with no physical destruction), it can also be used as a foundation for an “all-hazards” plan. The user of this manual and any work group formed should understand that any emergency is managed by the city/county emergency manager. It is

essential that any response activity be coordinated with local emergency management.

Assumptions

General

In developing a crisis plan, you should:

- Provide for community wide aid with emphasis on food-insecure populations. (According to the U.S. Department of Agriculture [USDA] Economic Research Service, food insecurity is defined as reports of multiple indications of disrupted eating patterns and reduced food intake. See www.ers.usda.gov/briefing/foodsecurity.)
- Encourage the community to maintain a minimum of two weeks of essential family supplies to prepare for future disruptions.
- Plan to save or assist as many people as possible, but recognize that you cannot save everyone.
- Plan to work with or around available resources, such as transportation or electrical power. Systems may be bent in a crisis, but they will not break.
- Anticipate a delay in crisis response services.
- Include an educational component as part of your overall disaster response plan. This will be your best way to persuade doubters to plan for crisis in order to protect and serve as many people as possible.

- Plan for a crisis where local government remains intact and there are no unusual security concerns.

Pandemic Influenza

In an affected community, an influenza pandemic (widespread outbreak) will last about six to eight weeks.

Community outbreaks could occur in “waves” of illness, with each wave lasting two to three months. Although they cannot be predicted, historically, the largest waves have occurred in the fall and winter.

Studies indicate illness rates are highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent could become ill during a community outbreak of influenza.

In a severe pandemic, absenteeism from work for those taking care of ill family members or fearing infection may reach 40 percent during the peak weeks of a community outbreak.

Lower rates of absenteeism would be likely during the weeks before and after the peak.

Not all infected persons will develop symptoms. However, they can still transmit infection and develop immunity to subsequent infection.

Of those who become ill with influenza, 50 percent will seek

outpatient medical care. Depending on the availability of antiviral drugs for treatment, that percentage may be higher in the second wave of the pandemic.

Risk groups cannot be predicted with certainty, but will likely include infants, the elderly, pregnant women and persons with chronic medical conditions such as cancer and HIV/AIDS.

Certain public health measures (closing schools, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.

The interval between infection and onset of symptoms for influenza is approximately two days.

Those who become ill may transmit the virus for up to one day before the onset of illness. Transmission of infection is greatest during the first two days of illness. On average, infected persons will transmit infection to two other people.

Children usually shed the greatest amount of virus and, therefore, are likely to pose the greatest risk for transmission.

In Missouri, a pandemic without effective interventions could result in a significant number of people seeking outpatient care, needing hospitalization and even dying.

Pre-Event Planning

Identify a Leader(s)

Identify a leader(s) to:

- Initiate plan development.
- Coordinate event response and recovery in conjunction with local emergency management.
- Communicate the plan through local media or other venues.

Identify Community Resources

Identify community resources relative to food supplies and distribution.

The following represent potential partners:

- Union Locals
- American Red Cross
- Division of Family Services (food stamps)
- Local school(s)/school district

Develop contact information for potential food suppliers, such as:

- Food pantries
- Women, Infants and Children (WIC)
- Food retailers

Other sources from which to recruit community leaders are:

- Assisted living centers
- Disability organizations
- Senior centers
- Homeless-to-homeless outreach
- Nursing homes
- Local literacy organizations
- Religious groups

- Corporations for national and community services (e.g., AmeriCorps, Senior Corps, etc.)
- Neighbor-to-neighbor networks
- Boys and Girls Clubs of America
- Alternative and ethnic media outlets
- Apartment building owners
- Lions Clubs International
- Rotary International
- Offices administering WIC services
- Knights of Columbus
- Family planning offices and clinics
- Community centers
- Private sector entities
- Lawmakers
- Employers
- Provider networks
- Caregiver networks
- Payer networks
- Financial institutions
- Elected officials

Recruit members typically absent in community affairs planning, such as minority and senior representation.

Offer convenient meeting times with travel reimbursement, child care, public recognition, stipends or anything to assure group participation.

Be receptive to every member’s input and practical advice. People become involved for different reasons, such as community service, to have a voice, to make a difference or to strike up new friendships. All of these reasons are enough to form a work group.

Identify Groups at Risk

Identify groups that are at risk or may suffer severe consequences due to their inability to obtain food in a pandemic or disaster. Such as:

- Persons confined to home
- Voluntary quarantine/isolation
- People receiving in-home services
- Homeless
- Unemployed or laid-off workers
- Nursing home patients
- Hospitalized individuals
- Incarcerated individuals
- Low income families
- School meal participants
- Head Start/childcare
- Individuals with special dietary needs (i.e., infants on formula and those on special diets)

Identify Groups That May Become at Risk

As the pandemic or other crisis progresses, hourly workers may find their hours cut or jobs lost. If this happens, you may then anticipate an increase in the need for services.

For a list of statistical datasets that are helpful when planning to assure food supplies during a widespread hazard go to health.mo.gov/emergencies/panflu/pangroups.php.

Develop a Crisis Food Planning Team

Your first step is to form a planning team.

Explore planning resources that are available, such as:

- Preparing for an Influenza Pandemic: A Guide to Planning for Business at health.mo.gov/emergencies/readyin3/pdf/PanFluBusinessGuide.pdf
- Pandemic Influenza Business Planning Toolkit at health.mo.gov/emergencies/panflu/pdf/panflubusinesstoolkit.pdf
- Pandemic Influenza Response Plan - Community Containment Annex at health.mo.gov/emergencies/panflu/pdf/planfluplancommunity.pdf

Put your plan in a format that can easily be updated and improved, then make the plan accessible to each community stakeholder.

Establish Coordination with Local Emergency Management and Other Agencies

Identify and meet with:

- Local emergency management officials
- Leaders of identified community resources provided on page 3

Identify if they have a plan or obtain their commitment to work with you in developing a plan.

Practice the Plan

Invite input from your community as you consider ways to improve

your plan. The more engaged your community is, the better prepared everyone will be when an influenza pandemic or other crisis occurs.

Encourage each citizen to be personally prepared for emergencies. Free emergency and pandemic influenza planning materials for individuals and families are available on the Missouri Department of Health and Senior Services' Web site at health.mo.gov/emergencies/readyin3/ and health.mo.gov/emergencies/panflu/pangen.php.

Consider providing your planning group training in emergency planning. Contact your local American Red Cross, city or county public safety or emergency response departments, or your local public health agency for more information or free training.

Review the Plan

No plan is effective unless all members of the team understand the plan and their part in it.

At least once a year, take time to re-assemble your community planning team to review your plan and practice it. This regular plan review serves several important purposes, such as:

- Ensures your plan works the way you and your team intend
- Pinpoints weaknesses and missing elements in your plan
- Ensures the plan remains up-to-date with any changes in your

community

Make sure that all community stakeholders have access to updated versions of the plan.

Inform new community stakeholders of the plan and assess the role they will play in it.

Publicize strategies for food storage in preparation for a food supply disruption.

Event Planning

Pre-Activation

As concerns about an influenza pandemic increase, there will be references to the federal response stages. More information on the meaning of these stages can be found at www.flu.gov/professional/pdf/cikrpandemicinfluenzaguide.pdf.

Notification and Implementation

Activation of your plan will depend on the level of threat identified by your local, state or federal authorities. Some members may wish to activate when the first cluster of influenza cases occurs in your region. Others may wish to activate when the first cluster of influenza cases is identified in the United States. No matter which strategy you choose, you must coordinate with your local emergency management and local public health

Who Can Activate?

The chairman or a designee can activate the team, but this should be coordinated with local emergency management.

The crisis team should have a call-down list (calling “tree”) of all members and stakeholders. It would be wise to divide the list among several team members in order to minimize the length of time to contact everyone. Track those who have not been contacted so that they can be contacted at a later time.

The chairman should contact local emergency management to let them know that the notification process is underway and to verify that emergency operations have begun.

Community Resources Notified and Assessed

All identified food resources in the community should be notified that local emergency management and the crisis team have been activated to request an update on the following:

- Number of participants currently served
- Number of days of food on hand (Need shelf-stable provisions during a power outage if a backup power system is not available.)
- Number of volunteers needed on a normal day

Activation

Continually monitor event and update local emergency management.

Continue to contact identified food resources every two to three days initially moving to once daily as the number of cases increase. Any information gained through these updates should be shared with local emergency management.

Problem Resolution

As food resources start decreasing, identify problems including, but not limited to, the following:

- Delayed deliveries
- Lack of deliveries
- Dwindling supplier chains
- Loss of volunteers due to illness
- Impact of illness on those who receive food
- Number of people without access to food

Report to local law enforcement individuals who attempt to steal or extort food from others.

Community Message

Accurate, timely public information is always important during emergencies. As a matter of survival, your community members will need the information you have regarding the location and availability of food, how they can obtain it and other key details to make sound, life-sustaining decisions.

Your local emergency management command structure includes a public information officer responsible for developing and coordinating an emergency public communication system. The public information

officer, word of mouth and other stakeholder organization members should be used to get needed information to the public during disasters and other emergencies.

As part of your planning, contact the local emergency management public information officer to learn how information is provided during emergencies. Exchange contact information such as phone numbers, e-mail addresses and fax numbers.

Discuss issues such as:

- Type of information you will provide
- Your intended audience
- How you plan to submit the information, such as on a CD, through e-mail or in printed text

Post-Event Recovery

Look-Back (After Action Review)

Over the course of multiple waves of pandemic influenza, it helps to reflect on a regular basis to assure continuity of operations.

This type of reflection or look-back is often called an After-Action Review (AAR) and is aimed at fostering open, candid, no-fault, analysis of how your team managed during the crisis. Taking this look-back traces the series of events that unfolded during the outbreak, key decisions that were

made by various stakeholders and how those decisions were perceived and acted upon by others. This process allows for correction of weak areas and strengthens the plan by comparing events to a standard, thus allowing improvement in future events.

When looking back, you should try to answer, at a minimum, the following four questions:

1. What was planned?
2. What really happened?
3. Why did it happen?
4. What can we do to improve?

Outbreaks of this scale are new to everyone and the post-event analysis should reflect this reality. As a participant leader, you will need to maintain focus in order to make this process more effective and keep it “all business.” (This is not a time for pointing fingers, but rather an opportunity to enhance your plan.)

Adjust the content of the look-back for the events of the outbreak, but remember that a process can be equally challenged on small outbreaks as easily as large-scale outbreaks. A participant can fall down on small outbreaks as easily as big ones. Keep it straight forward, as focused as possible, and again, all business.

Do not over-analyze the day’s events. In some cases, you may need to guide or limit the discussion so that it does not get too deep or lengthy.

Web site Resources

The following Web sites provide emergency planning information.

National

www.flu.gov

The United States government official pandemic influenza Web site

www.ready.gov

Department of Homeland Security official Web site

www.readymoms.org

ReadyMoms Alliance is a U.S. nonprofit and the collaborative work of volunteers including parents, physicians and emergency management professionals.

www.salvationarmy.com

Official Web site of The Salvation Army

www.do1thing.us

Do 1 Thing is a 12-month program that makes it easier for you to prepare yourself, your family and your community for emergencies and disasters.

www.Fmi.org

Representing food retailers and wholesalers, the Food Marketing Institute, develops and promotes policies, programs and forums supporting its members and their customers. This Web site has good information on food safety and emergency preparedness.

www.extension.purdue.edu/extsite/food_safety.shtml

This University of Indiana at Purdue Web site serves as an information resource for food safety, preparation and donated food quality.

www.feedingamerica.org

A Food Bank Web site (previously called 2nd Harvest)

www.acenetworks.org/services/

ACEnet focuses on small businesses, including start-ups, primarily in the food, agriculture, artisan and wood sectors, giving priority to those who are lower income and reside in Appalachian Ohio.

State

health.mo.gov/emergencies/panflu/pangen.php

The official Department of Health and Senior Services Web site for pandemic influenza information and resources in Missouri.

health.mo.gov/emergencies/readyin3/

This Web site has resource materials called “Ready in 3” that provide information for emergency preparation. All materials are free.

health.mo.gov/living/families/wic/

This Web site provides information on the Women, Infants and Children (WIC) program and would serve as an information resource during a pandemic.

Local

www.redcross.org

While a national Web site, it will help you identify local chapters.

Written Resources

Pandemic influenza planning information can be found at **pandemicflu.gov**.

Appendix 2

Suggestions for Safe Food Preparation

- Clean, rinse and sanitize all food-contact surfaces, such as kitchen countertops and tabletops, after each use and anytime you begin working with another type of food. Cleaning is the process of removing food and other types of soil from a surface. Sanitizing is the process of reducing the number of microorganisms on a clean surface to safe levels. To be effective, cleaning and sanitizing must be a two-step process. Surfaces must first be cleaned and rinsed before being sanitized.
- Routinely clean and sanitize nonfood-contact surfaces, such as doorknobs, refrigerator door handles and microwaves.
- Clean food-contact surfaces with a commercial chemical that cleans and sanitizes.
- Another way to sanitize is to wash the surface with a general household cleaner (soap or detergent), rinse with water and follow with a sanitizer.
- Follow label instructions carefully when using cleaners and sanitizers. Pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves or protective eye wear).
- Never mix chemicals unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.
- If commercial sanitizers are not available, use a chlorine bleach solution by adding 1 tablespoon of bleach to a quart (4 cups) of water. Use a cloth to apply this to surfaces and let stand for 3 to 5 minutes before rinsing with clean water. (For a larger supply of sanitizer, add ¼ cup of bleach to a gallon [16 cups] of water.)

Your local public health agency is your expert in food preparation and sanitation.

Appendix 3

Personal Safety Guidelines

Use good personal hygiene practices to stop the spread of pandemic influenza virus:

- **WASH HANDS OFTEN.** Clean your hands as soon as possible after coughing, sneezing, blowing your nose, touching your face, eating, smoking and using the restroom.
- Use soap and water to wash your hands for 15 to 20 seconds. If soap and water are not available, use alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers. Rub these on the hands until the liquid or gel dries. Note: Hand sanitizers have not been approved by the National Sanitation Foundation (NSF).
- Cover your mouth and nose with a tissue when you cough or sneeze; put the used tissue in a wastebasket and clean your hands.
- Cover your mouth and nose with your upper sleeve (not your hands) if you do not have a tissue and need to cough or sneeze.
- Carry alcohol-based hand wipes or alcohol-based (60-95% alcohol) hand sanitizing gels with you to clean your hands when you are out in public.
- Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls and hand-held games.
- Use sanitizer cloths to wipe car door handles, the steering wheel and the gear shift.
- Where appropriate, utilize environmental barriers, such as positive-pressure rooms, open windows or see-through barriers.
- Use social distancing (spacing between people) - 3 to 5 feet.
- Use a mask and gloves as recommended by local and state public health authorities.

Appendix 4

Suggestions for Emergency Food Distribution

Distributing food during a pandemic is complicated by the fact that group activities or gatherings may be discouraged to prevent spread of disease.

It is unrealistic to expect everyone in need of daily food to stay away from traditional or usual food distribution sites. The staff will have to adjust distribution and personal interaction with recipients. Social distancing (spacing between people), exposure time (time spent in high risk environments) and use of physical barriers will help in decreasing risks. For example:

- Drop off/pickup - using places to drop off donated food or distribute food to recipients.
- Drive thru - take orders and issue through door or window to those in cars or trucks to limit contact.
- Pre-package meals for pickup - organize donated food into meals and place in bags or boxes. This will limit exposure time and maximize distance.
- Consolidate food pantry inventory in a strategic location to eliminate the need to go to multiple sites. As donated food supplies decrease and only certain geographic areas are issuing food, or the number of volunteers becomes inadequate to serve, you might want to request that pantries consolidate.
- Plan for a decrease in volunteers and food supply. The pandemic will affect people, which can increase demand in some areas and may cause a decrease in available donated food. (People who have been ill and recovered are immune, so make use of them.)
- If a “neighborhood” approach to food distribution is attempted, then home address confirmation may need to be a part of the process.
- Talk to local experts for additional help, such as the American Red Cross or the county emergency management office.

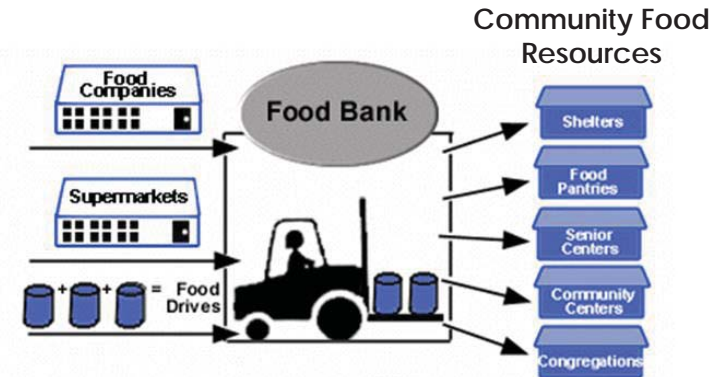
Volunteers should use personal protective equipment, such as a mask and food-approved gloves, when handling food. (They can get just as sick as the recipients and not have symptoms.) Again, try to manage exposure time, distance and recovering volunteers to meet the demands of the operations.

Security at food distribution sites may have to be considered if the civil environment degrades.

Appendix 5

Food Banks and Community Food Resources

Food Banks typically have national or regional distribution centers (see illustration) where they receive food donated from a variety of sources and distribute it to community food resources in a wide geographic area that directly serves the elderly, unemployed or working poor.



Many Food Banks rely on federal grants/commodities administered through state agencies with oversight from a federal agency such as the United States Department of Agriculture (USDA). There are also independent food banks that do not receive funding or support from local, state or federal government agencies and rely on donations, such as churches.

In most communities, services such as food pantries, shelters and senior centers (also called community food resources, see illustration) distribute food from food banks and other local food sources directly to end users. Most food pantries or community food resources also rely on generous donations from community businesses and volunteers who help pick up, receive, stock, deliver or distribute food in the local area.

As planning is conducted for feeding food-insecure populations* in a crisis, it is important that an inventory be completed on the Food Banks/community food resources in your community prior to any emergency.

* Food Insecurity - Reports of multiple indications of disrupted eating patterns and reduced food intake. USDA Economic Research Service (www.ers.usda.gov/briefing/foodsecurity)

Community Food Resource Recipients

Under normal circumstances, local community food recipients are asked to show some proof of need, usually based on state guidelines. However, in a pandemic, those guidelines will be relaxed for increased participation. In addition to current levels of demand for community food resources by recipients, these organizations must brace for a sudden influx of people who have lost their jobs as a result of the pandemic.

Strategies for Food Banks and Community Food Resources

Identifying and developing food resources should be a top priority for every community. In the best of times community food organizations or distributors may have adequate supplies of food. However, these services exist on donations from food banks and community partners, and if those supplies dry up, there is no where for many of them to turn.

Community food resources should begin working to develop alliance partners among major food donors. Start by outlining a plan of commitment with the food donor base to determine each company’s willingness or ability to provide humanitarian assistance in a crisis.

Develop Partnerships Now

Because a pandemic could quickly deplete local resources, it would be wise to develop partnerships with Food Pantries outside the region before a pandemic occurs.

However, in the case of a pandemic that is sweeping the country, it is doubtful that all Food Pantries will maintain food stocks. As this occurs, consolidation of remaining food and locations would be necessary.

Plan for Volunteer Challenges

Food Pantries rely on a volunteer workforce. Remember, volunteers who have had influenza and have recovered become important because their immunity to the virus will make them capable of directly helping.

Other volunteers should be made aware of personal protective equipment and strategies to avoid exposure. See Appendix 3 on page 13. However, no equipment will provide complete protection against the virus.

Through education, it is possible to create a culture of “good Samaritans” with the expectation that neighbors will look out for each other. However, this education must be stressed before any event. See page 6 of the guide.

Special thanks to the members of Missouri’s Community Pandemic Planning and Readiness Work Group for their contributions to this guide.



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To report a public health emergency, call 1-800-392-0272.

This toll-free phone number is staffed 24 hours a day, seven days a week.

Alternate forms of this publication for people with disabilities may be obtained by contacting the office listed above.

Hearing-impaired citizens telephone 1-800-735-2966.

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