



**Berks County
Department of
Emergency Services**

**COVID-19
Mid-Action Review**

DATE: DECEMBER 2020

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PURPOSE AND SCOPE

An After-Action Review (AAR) is a normal process following a major incident to ensure the ability to incorporate lessons learned, both successes and failures, are considered in a program of process improvement for the responding agencies. The response to the Coronavirus Disease 2019 pandemic (COVID-19) is so vast and so deep that a complete AAR process is, and will be, impractical. Further, the length of the response and its tempo is such that a unique opportunity is available that would not normally be available in an “average” emergency operation. Specifically, A Mid-Action Review (MAR) is possible in order to allow stakeholders to look at their activities through the beginning of the 2020 response and to make adjustments in preparation for on-going efforts to extend into 2021.

This MAR was prepared for the purpose of evaluating the strengths and weaknesses of the County of Berks “community as a whole” response to the COVID-19 pandemic. A review of the response of every individual entity, even within the confines of Berks County, is clearly impossible. As such, this document attempts to aggregate the response of key community sectors, review certain aspects of their preparedness and response, and make recommendations for immediate and preliminary long-term improvements. The long-term improvements are qualified as preliminary, as a final review will be necessary as the COVID-19 response ramps down after broad community prophylaxis is achieved.

This MAR was completed by polling identified stakeholders with a standard set of questions to which they responded using a web survey tool. Select stakeholders were then contacted and asked to participate in individual or group interviews to provide further detail or otherwise clarify their submissions.

A list of all survey questions is attached as Appendix A.

A list of all stakeholder participants is attached as Appendix B.

An analysis of all survey responses that were not answered in an open-ended fashion is attached as Appendix C. Responses to open ended questions were incorporated into this document in a narrative form.

DEFINITIONS & REFERENCES

Community Pandemic Plan – A published set of guidelines and recommended best practices to be utilized by the community to respond to a potential disease outbreak. The Berks County plan was revised and renamed the Infectious Disease Outbreak Plan (IDOP)

Continuity of Operations Plan (COOP) – An organizational plan that establishes policy and guidance to ensure that critical functions of an organization continue to perform during a wide range of emergency situations. In government organizations, this is sometimes called a Continuity of Government (COG) plan.

Long Term Care Facility (non-SNF) – A domiciliary health care facility that specializes in assisted or independent living for a predominately senior population.

PA Title 35 – Pennsylvania Emergency Management Services Code; establishes roles, responsibilities, and authorities of local, county, and state government entities to respond to, plan for, and mitigate disasters and emergencies both natural and man-made.

Personal Protective Equipment (PPE) – Protective clothing, respiratory protection, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection.

Points of Distribution (POD) – A centralized location where the public (open/community) or specific groups (closed) can receive prophylactic medications and/or vaccinations in response to natural or man-made health emergency. Sometimes expanded to include a location for the distribution of other life sustaining materials.

Short Term Care – An inpatient congregate care site where the patients have the reasonable expectation to reside for a short-fixed period, such as a rehabilitation center.

Skilled Nursing Facility (SNF) – A domiciliary health care facility that specializes in the provision of high level services for infirm, disabled, and/or aged individuals on a short- or long-term basis.

Strategic National Stockpile (SNS) – A national repository of antibiotics, chemical antidotes, antitoxins, life support medications, IV administration, airway maintenance supplies, PPE, and medical/surgical items.

OVERVIEW

COVID-19 was first identified in Wuhan, China in December 2019. The disease COVID-19 is caused by the virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV 2), a new virus in humans which causes a respiratory illness which can be spread from person-to-person through respiratory droplets. This new disease proved to be highly contagious and quickly spread from its location of origin across the globe. COVID-19 was declared a pandemic by The World Health Organization (WHO) in March 2020.

In April 2012 Berks County Department of Emergency Services (DES) in cooperation with the Berks County Pandemic Advisory Committee (PAC) created the Community Pandemic Response Plan. This plan was written as a guide for the community to respond to what was the perceived threat at the time, pandemic influenza. The plan has been reviewed and updated by DES and the PAC on a yearly basis since 2012. The latest review of this plan took place in March 2020 (as a normally scheduled annual review unrelated to the COVID response). Soon following this, a decision was made to further revise this plan to avoid any confusion and make it more broadly address “infectious disease outbreaks” as opposed to simply “influenza.” Subsequently, this document was re-released as public Appendix W-5 to the Berks County Emergency Operations Plan and is attached here as Appendix D to this report.

Throughout the course of the COVID-19 Pandemic the County has worked to assist first responders, health and congregate care facilities, municipalities, and non-Governmental Organizations. The primary focuses of the county response have been mitigation of disease spread through acquisition and distribution of PPE to those most impacted by the pandemic response and coordination of information sharing among our government and community partners as well as the general public. In addition, the County has attempted to ensure best use of the Coronavirus Aid, Relief, and Economic Security Act (CARES) funding received by Berks County through careful allocation of the funds to projects, businesses, and community partners in a way determined by the County Commission to be most impactful in the economic mitigation of effects of the COVID pandemic in Berks County.

STAKEHOLDERS

The definition of 'stakeholder' encompasses any organization/agency with different legal, geographic, and functional authorities, responsibilities and interests in the overall community response to COVID-19. These entities include:

- County Government:** County government provided a broad role that ranged from countywide planning and mitigation to providing otherwise normal critical services in a modified form under a new COVID operating model.
- Local Government:** Local governments are legislatively directed to provide local planning and mitigation and ensure the on-going delivery of emergency services and other critical government services.
- Healthcare Providers:** Includes acute care hospitals, short- and long-term care facilities, and skilled nursing facilities. These entities are generally tasked with meeting the medical needs of the patients they serve as well as the community as a whole.
- First Responders:** Under authority of local governments, these organizations provide emergency response throughout the jurisdictions they serve.
- K-12/Vocational:** Through assistance provided by the Berks County Intermediate Unit (BCIU) and at the direction of their individual elected school boards, schools continue to provide for the education of children within their districts in the way deemed best by their governing body.
- Higher Education:** Like K-12/vocational schools, higher education facilities continue to provide advanced education in the way directed by their governing body.
- Non-Government Organizations (NGO):** These entities continue to provide for the life sustaining needs of the clientele they serve throughout Berks County. This category includes services such as food banks, homeless shelters, mental health support providers, substance use disorder treatment and counseling agencies, and

other social service organizations. The lifelines these agencies provide have become even more important in our COVID impacted society.

Community-at-Large: The community itself serves as both the pool of talent from which these services originate, as well as the final “customer” for named stakeholders. It also includes countless other businesses/organizations not otherwise included in the list of stakeholders like essential businesses, restaurants, and other private concerns.

In all cases above, particularly where an employer/employee relationship or custodial care relationship exists, the involved stakeholder also needed to consider the execution of their key role with consideration to the safety of its workers or wards.

COVID-19 TIMELINE

The below is intended to paint a sequential picture of significant county, state and national activities surrounding the COVID response. It is, by no means, all inclusive. The exclusion of any action/activity should not be construed to consider that action/activity as inconsequential to the COVID emergency, but rather it is likely an unintended oversight or act to maintain some degree of brevity in the listing.

- 1/22 – First communications from Berks DES to local emergency responders addressing the emerging Coronavirus threat and response actions
- 1/22 – County government begins engaging with local hospital partners on emerging virus threat
- 3/5 – County publishes first public information document in English and Spanish to promote public awareness about the Coronavirus threat
- 3/7 – First presumptive case of COVID-19 in Pennsylvania
- 3/10 – County Commissioners meet with all department heads and direct preparations for anticipated emergency declaration
- 3/12 – Berks County Board of Commissioners declare a local disaster emergency for Berks County
- 3/13 – National Stafford Act activation
- 3/16 – All PA schools begin move to virtual learning and non-essential businesses are directed to close
- 3/17 – Berks County President Judge Thomas G. Parisi declares a judicial emergency in Berks
- 3/18 – Berks COVID-19 Help Center opens for citizens searching for information about COVID and COVID response actions
- 3/19 – County officials restrict access to County buildings to essential/emergency operations only
- 3/19 – Governor’s more restrictive mitigation order issued – “Stay at Home”

- 3/25 – Board of Commissioners sends letter to Gov. Wolf requesting that the construction industry be reclassified as ‘life-sustaining”
- 3/27 – First COVID-19 death in Berks County
- 4/4 – Statewide universal masking order implemented
- 4/6 – County implements masking requirements in County buildings, following Governor’s order
- 4/9 – County government extends the non-penalty payment period for County property taxes
- 4/13 – Board of Commissioners sends letter to Governor Wolf announcing “Do Your Part” campaign to change focus to encouraging businesses to practice public health guidelines for a safe reopening
- 4/15 – PA tax deadline extended to July
- 4/17 – Launch of the Do Your Part Berks campaign and website
- 4/17 – First death of Berks Heim resident
- 4/27 – Gov. announces that, effective May 1, golf courses, marinas, guided fishing trips and privately-owned campgrounds may reopen statewide
- 5/1 – Board of Commissioners sends letter to PA Secretary of Health, Dr. R. Levine requesting a reconsideration to the approach used for business mitigation/closures and providing a suggested alternative approach
- 5/1 – Gov. issues reopening plan: Phase 1 Relief, Phase 2 Reopening, Phase 3 Recovery:
 - Red: Stay at home order
 - Yellow: Aggressive mitigation
 - Green: Aggressive mitigation lifted
- 5/4 – FEMA announces \$200 million in supplemental funding from CARES Act, to accompany the \$120 million annual funding from Congress for the Emergency Food and Shelter Program
- 5/7 – County enters lease agreement for warehouse space to store personal protective equipment

- 5/7 – County Government begins to host virtual public meetings through Microsoft Teams
- 5/8 – Governor approves partial opening of construction sector
- 5/13 – Berks County schools receive \$18 million in federal COVID-19 relief funding
- 5/28 – Serial COVID testing of all Berks Heim residents and employees begins – County requests CDC/DOH/ PA Guard assistance team to review Berks Heim operations and make recommendations
- 6/5 – Berks County enters yellow phase
- 6/5 – Berks COVID-19 Help Center closes telephone lines, moves to email only
- 6/8 – Berks County partners with Co-County Wellness for local Contact Tracing program
- 6/8 – FEMA disburses Emergency Food and Shelter Program funds – Berks receives \$285,156.
- 6/15 – Launch of the Berks County Small Business Restart Grant Program through NHS of Greater Berks (program was initially released as the Berks County Small Business Restart Loan Program)
- 6/26 – Berks moves to the green phase
- 6/29 – Launch of COVID-19 Community Needs Assessment for CARES Act funds
- 7/1 – Governor directs that masks are mandatory in all public spaces
- 7/7 – Launch of the “Rebuild Berks” campaign in partnership with Greater Reading Chamber Alliance
- 7/15 – Governor issues new state guidelines limiting restaurant indoor capacity to 25 percent, closing bars unless they offer food, limiting indoor gatherings to 25 people, and requiring telework whenever possible
- 7/15 – Berks receives \$38,034,840 allotment of CARES Act funds from PA Department of Community and Economic Development. This amount is approx. 50% per capita of what was received by jurisdictions over 500k in population direct from US Treasury.

- 7/16 – Creation of the Berks County COVID-19 Healthcare Advisory Panel
- 7/20 – Berks approved for \$545,000 to support homeless and rental assistance programs through two grants (\$245,000 in HAP funds; \$300,000 Emergency Solutions Grant)
- 9/8 – Gov. announces restaurants and bars can return to 50 percent indoor capacity on Sept. 21 if they commit to comply to all public health safety guidelines and orders through a self-certification process.
- 9/10 – Launch of the Small Business New Start Grant program using Berks County CARES funds
- 9/30 – Launch of the Berks County CARES Grant Program to support organizations in the following categories: Public Health Services, Municipalities and Authorities, Nonprofits and Educational Institutions and Services.
- 10/13 – Free outdoor COVID-19 testing clinic offered in Berks through DOH for two weeks
- 10/13 – Approval/launch of the “Let’s Go Local” campaign through PA Americana
- 12/2 – Berks County CARES Funding Dashboard unveiled to summarize CARES Act funds disbursement
- 12/10 – Governor announces temporary mitigation efforts to address surge following Thanksgiving. The order, in effect until Jan. 4, 2021, includes no indoor dining, no indoor gyms or entertainment activities, limited retail occupancy, no in-person extracurricular activities, and the limiting of indoor gatherings to 10 people.

HIGHLIGHTS OF STAKEHOLDER ACTIONS

The overarching goal of every entity in dealing with the COVID-19 disaster was to try to establish a middle between “the normal” and absolute mitigation of the disease. This goal was reflected in the actions of individuals, families, NGOs, businesses, and government at all levels. The opinion of where in the middle was the most correct place to be was, and remains, the source of much consternation. In working toward this overarching goal, the stakeholders to this document acted in support of the greater community in ways including those detailed below.

Seeing a need for individuals and businesses to be able to ask specific questions related to COVID, the County Commissioners established a COVID-19 resource hotline. This hotline was successful in directing callers to resources needed to answer questions including, but not limited to, locating testing centers, connecting residents with community service organizations for things such as food and housing assistance, and accessing further information to understand federal and state guidance.

The County’s initial web presence with respect to COVID-19 was focused on existing DES resources. However, as the situation progressed, the Berks County Commissioners in conjunction with State, local officials, and NGOs launched a coordinated public information effort. The program was directed at providing information to the community regarding several important topics surrounding COVID-19 and its community effects. These outreach efforts have culminated in the “Do Your Part Berks” (DYP) campaign which directs county residents and businesses to a centralized website location for information which includes community resources such as, housing and rental assistance, grant programs, and most importantly, information on the virus including methods residents and businesses can undertake to assist in mitigation efforts.

At the direction of the Berks County Commissioners, DES began an effort to coordinate departmental-level PPE acquisition and to provide general guidance on best practices for virus mitigation. Appropriate respiratory coverings, eye protection, hand sanitizer (where hand washing facilities were inaccessible), and disinfecting materials were immediate concerns. In addition, in comporting with recommendations from national authorities such as the CDC, EPA, OSHA, and others, the County implemented an extensive effort to construct physical barriers as part of its mitigation and reopening efforts.

In addition to addressing internal County department level issues, DES reached out to healthcare institutions, first responders and other essential services to determine their unmet needs. The dialogue and challenges were similar; PPE, hand sanitizer, and disinfecting materials. Efforts were made to meet these needs through cooperative purchasing intended to secure the best prices and meet the most need. Using the County’s purchasing power, the County worked to procure to PPE from both domestic

and international sources. Recognizing the difficulty local emergency response entities would have in meeting their PPE and sanitization needs, the county commissioners directed DES to begin planning for the provision of these supplies to the local responders. It was quickly identified that bulk purchases would rapidly outgrow the County's ability to store materials. The County ultimately elected to lease warehouse space to store needed resources in quantities appropriate to meet immediate needs, as well as those anticipated in a winter resurgence. County PPE distributions occurred both with County departments and first responder agencies. Equipment that was, and is, continuously being procured and distributed includes:

- Face masks
- Respirators
- Face shields
- Gowns
- Hand Sanitizer
- Sanitizing wipes and solution
- Gloves

Healthcare facilities, both long term care and acute care, were heavily impacted by the virus. Staff of these facilities were on the front lines of pandemic and required protective equipment. During the spring surge in COVID-19 cases, the County's acute care hospitals and their associated urgent care centers, as well as unaffiliated urgent care centers saw large increases in the number of patients presenting with conditions related to COVID-19. Many of these facilities implemented testing or screening and testing capabilities specific to COVID. Larger systems implemented a process to focus testing at specific locations in order to remove this surge from other facilities that continued to provide for other community needs. These actions continued through the lowering of case numbers in the summer and the subsequent upswing through the fall and remain in place as of the publication of this document. Local healthcare-based testing was supplemented by a DoH contracted community testing operation conducted over a two-week period in October.

Long term care facilities were challenged with continuing to care for their resident population while attempting to mitigate spread of the virus throughout their facilities and protect and preserve their staff.

Health and congregate care facilities immediately faced supply line shortages placing residents and staff alike in jeopardy. NGOs undertook public donation campaigns and local manufacturers and individuals worked to assist in acquiring or manufacturing PPE utilizing novel new methods. County officials explored large-scale PPE acquisition in cooperation with the County's two acute care hospitals and surrounding counties. The State altered normal unmet needs practices when it moved to a push method of

supplying PPE to healthcare stakeholders. This left some stakeholders undersupplied while others had a glut of some commodities that were not needed.

Due in large part to growing unemployment from business closures as a disease mitigation effort, non-profit community organizations such as food banks and other social service organizations saw an immediate surge in requests for services. The County provided assistance to many of these organizations through the allocation of CARES monies.

Emergency services (fire, EMS, police) throughout the county were impacted by shortages of PPE and staff caused by COVID. Recognizing the need for closer collaboration among otherwise separate organizations, the leadership of all Berks County based EMS agencies came together to form the Berks EMS COVID-19 Joint Task Force. Ultimately, this organization grew to include medical command physicians, EMS agencies in neighboring counties, and hospital representatives.

Internal to the County, the Information System's (IS) Department was tasked with how to allow for telecommuting among as many of the County's 2,300 employees as was practical given their specific job duties. The IS department developed methodology to determine both who was eligible to telecommute and a process for employees to request the capability to work from home. At the beginning of the pandemic, the County was new to the use of commercial conference room software platforms. Throughout this period these platforms have become a staple of effective communication among employees, departments and stakeholders.

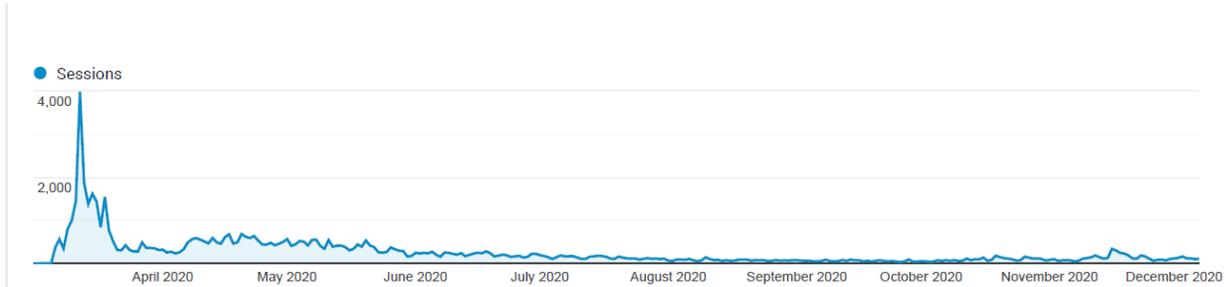
The County's K-12, schools also faced the dilemma of how to continue to provide education to the County's children and young adults. The Berks County Intermediate Unit (BCIU) has provided a continuous source of coordination and collaboration for the superintendents of the county's school districts. In this role, the BCIU has worked to provide data and most current policy information coming from the PA Department of Education to ensure that superintendents could provide the best advice possible to their governing boards who are statutorily empowered to make health and safety decisions for their schools. The BCIU also assisted districts in the acquisition and deployment of the needed technology to the school students and staff to allow for distance education to take place when necessary.

Recognizing the need for expert medical advice in decisions related to both internal county operations, as well as matters affecting the public at large, the Berks County Commissioners partnered with the Berks County Medical Society to form a Healthcare Advisory Panel (HAP). The HAP is comprised of healthcare professionals representing both county hospitals as well as the healthcare community at large. This group is missioned to address specific medical related questions posed by the county leadership team, as well as to offer advice on matters the panel believes are of community importance.

At the writing of this document, planning continues with respect to vaccine distribution. Early indications that the long-standing Strategic National Stockpile Points of Dispensing model would be used seems to have waned as more has become understood about the handling of the vaccine. First doses of the Pfizer product have been received in Berks County and are being administered to healthcare workers. Long term care facilities are being partnered with large pharmacies to provide on-site administration in those facilities. DES remains engaged with DoH to understand how this process will continue to rollout with the intent of supporting same as necessary.

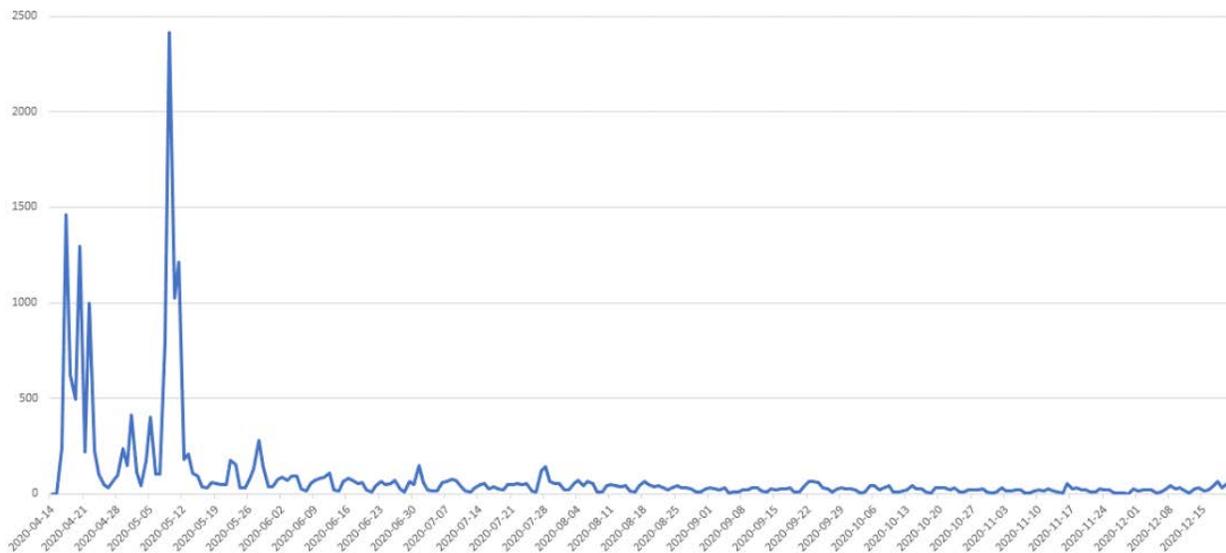
COUNTY WEB EFFECTIVENESS

A COVID-19 resources page was launched by the County under the DES website on March 1, 2020. The resource page saw peak traffic between late March and early April. This coincides with the “First Wave” Berks County experienced in relation to a high number of positive COVID-19 tests and increased hospital admission rates.



From the launch date to the preparation of this report, there have been a total of over 70,000 clicks to the COVID-19 landing page of the DES website. Over 50% of registered IP addresses were visiting the page for the very first time.

With the launch of “Do Your Part Berks” in early April efforts were made to redirect web traffic to this new resource. Through the summer and fall, COVID-19 information on the DES website was slowly decommissioned in an effort to make DYP a one-stop shop for Berks County information. The figure below shows site hits on the DYP webpage.



From the launch date to the preparation of this report, there have been a total of over 34,000 clicks to the landing page of the DYP site. Over 90% of registered IP addresses were visiting the site for the very first time.

COVID RESOURCE CENTER

The County's COVID-19 hotline began operating on March 19, 2020. The call center initially received many calls and emails seeking advice and assistance. The numbers of these call dropped off as the first surge of cases began to dwindle. The phone hotline was discontinued when the call volume decreased to point that it was no longer reasonable to staff it with dedicated personnel. Emails are still being answered by County staff.

COVID-19 Hotline/Resource Center			
Phone Calls		Emails	
Total	2663	Total	750
Average/Day		Average/Day	
March	66.77	March	25.46
April	35.67	April	9.80
May	23.69	May	5.54

SURVEY RESPONSE HIGHLIGHTS

County Departments: County Departments largely referred to the County government leadership team as the primary source for guidance and mitigation strategies.

The Berks County Jail, to maintain a level of control while preserving physical distancing among staff and inmates, was required to suspend work release and recreational activities. Due to the special circumstances that exist with a custodial population, Jail officials reported that internal county resources did not effectively meet their needs. A collaborative effort was formed between the Commonwealth Department of Corrections and other county jail systems to coordinate and share best practices.

The Area Agency on Aging (Aging), unlike other County departments that required physical contact with the community, reported that they did not see staffing related issues. Aging officials expressed that the April shutdown should have come from state officials considerably sooner. Also, like the Berks County Jail, Aging utilized an inter-county network to assist with best practices, procedures and approaches to conducting in-home assessments which could not be avoided.

Local Government: Most of the municipal governments that responded to the survey reported they received the majority of their guidance for implementing mitigation strategies from State and County government, and that the information they received met their needs. Almost all respondents reported significant changes in their operations caused by the need to implement disease mitigation strategies. The changes included temporary cessation of non-vital services and inspections not immediately required by code. Most respondents reported their municipal staff are working remotely where their job tasks allow, and public meetings are being held virtually or, if held in person, seating has been reduced to allow for social distancing. Only 40% of respondents had formal

COOP plans which they enacted, but those who did reported the plans to be effective in meeting their goals.

Fire:

Fire departments across the county were split on the efficacy of the Commonwealth's support for their operations. The majority of departments reported that they were satisfied with the level of support provided by the County. The primary County provided support noted was the provision of PPE and disinfecting supplies to the fire departments. Multiple departments across the County noted changes in procedures for medical assist calls. Fire departments in consultation with their local EMS companies changed their approach to Quick Response Service (QRS) and Medical Assist calls. Many departments stopped responding on dispatch to all but cardiac and respiratory arrest calls. These departments instead would stand by at station or respond and stage on the scene of an incident until requested to enter by EMS. This was done in an effort to reduce the number of individuals in contact with patients to the absolute minimum needed to provide services. This practice is still in place in many jurisdictions across the county.

EMS:

EMS organizations polled overall viewed the County's response with high regard. Several organizations whose primary coverage areas span multiple counties pointed to support for EMS in Berks as being superior to that in the other counties in which they respond. One organization even went so far as to make suggestions to neighboring County's officials to review the actions of Berks County and attempt to replicate the process used among emergency responders here.

Police:

The majority of police departments reported that they were satisfied with the level of support provided by the county. They specifically noted that the type and quantity of PPE provided met their expectations. Also, mentioned was satisfaction with the coordination and communication among law enforcement and the County.

Of notable exception, the City of Reading Police Department (RPD) generally disagreed. RPD reported that DES failed to clearly communicate an organizational structure that facilitated a rapid response to their needs. Furthermore, RPD believed the county should have been more prepared with a PPE stockpile to provide to departments in the beginning days of the pandemic. RPD also reported the method in which PPE was provided was inadequate and believed this was caused by a lack of understanding of law enforcement's needs. City of Reading Emergency Management however, did not share these criticisms and indicated that their agency had a significant stockpile of equipment to meet the City's needs.

Short/Long Term Care Facilities:

These stakeholders largely reported using their corporate leadership, where present, for guidance and supplies. Several organizations did note complications with personnel, especially those that reported the use of staffing agencies. There was almost universal lack of awareness with respect to both resources and support available through County and DoH managed systems like the Healthcare Coalition.

Non-Profits:

Non-profits, in all mission areas, largely commended the County's efforts. Most did utilize County resource materials for policy development. However, rather than reaching out to the County for assistance, most elected to reach out to other non-profit organizations for assistance. Non-profits have indicated that, unlike medical disciplines, they have not seen a reduction in demand for services between the "First Wave" and the "Second Wave" of COVID, but instead have seen a steady upward trend in the need.

Acute Care Hospitals:

Both Berks-based facilities reported their initial priority was to implement their own internal surge plans to deal with increases in patient populations. However, they were also faced with staff shortages. Both hospitals indicated they are now facing issues with

staff attrition largely created by mental health impacts from the COVID workload.

Both hospitals were critical of the Commonwealth's response to COVID, specifically the PPE needs of the hospital systems being unfulfilled while receiving supplies that were not needed or requested. Hospitals reported that they believed utilizing the traditional unmet needs request process would have been far superior to the push method PA DoH utilized. Frequently updated return to work guidelines for healthcare professionals were specifically mentioned as a source of confusion for their planning.

Higher Education:

Unlike most organizations that utilized guidance from CDC, PA DoH, or other similar agencies, higher education relied on guidance from the *Pennsylvania State System of Higher Education* (PASSHE) and the PA Department of Education.

Kutztown University (KU) expressed difficulty in obtaining COVID-19 testing machines from commercial vendors due to the high price tag and demand for such systems. While KU was ultimately able to secure a testing system, the test kits they were able to acquire expired prior to the conclusion of the spring semester.

Higher education institutions surveyed indicated challenges were being caused by large discrepancies between information being provided by federal and state resources, and information they were receiving from PASSHE and the Pennsylvania Department of Education. These discrepancies led to difficulty and delay when it came time to make critical decisions.

K-12/BCIU:

The school administrators interviewed indicated that, prior to BCIU intervention, there was minimal coordination among school districts but that this improved markedly upon BCIU's picking up these reins.

OPPORTUNITIES FOR IMPROVEMENT

This section divides identified opportunities into short and long term. These are phrases operationally defined, solely for the purpose of this document, as:

Short Term – Those actions that can reasonably be implemented in a way that could improve the remainder of the response to COVID-19 in 2021.

Long Term – Those actions that seem unlikely to be able to be reviewed, developed, and implemented in time to impact the current response, but which may represent a community benefit for a future response.

These opportunities do not reflect a commitment to engage by any involved party. They are identified tasks that may or may not be undertaken as decided by the governing structure of affected stakeholders.

The long-term opportunities may necessitate further review and modification following another review at the conclusion of the COVID-19 response.

Short Term:

1. The County should continue to procure PPE for its own departments and first responders. The County should also maintain a safety net for LTCFs who may have periodic deficiencies in material flow. Respondents recommended the county investigate a bulk procurement program to assist other organizations that have difficulty procuring their own PPE.
2. DES should continue to review and revise published plans such as the IDOP and COOP plans and assist organizations with guidance on how to produce their own plans.
3. A task force similar to the Berks County COVID-19 EMS Task Force should be established in the fire and police disciplines. Multiple respondents viewed this task force approach as a best practice.
4. DES should convene a meeting among City of Reading and County leadership, to include senior officials from City Police and Emergency Management, in order to determine why RPD's view of the response differed so significantly from

the vast majority of respondents and how the City can be better served.

Long Term:

1. The County should work with the Commonwealth to examine why the unmet needs process worked so differently during COVID when compared to other major disasters. A more clearly defined process should be documented and utilized consistently so that stakeholders can anticipate what is expected of them and what they can expect of the system.
2. The County should further evaluate its social media presence and consider expanding to other platforms to increase information reach and situational awareness.
3. Berks County should consider all deficiencies identified by all sources during the COVID-19 response and consider the value that might have been brought by having a county health department. These values need to be weighed against costs, both financial and otherwise, as well as be reviewed for alternative solutions. Specific issues calling for this review that have been identified at this time include:
 - Delays in contact tracing
 - Inability to enforce County-based initiatives
 - Conflicting information
 - Changing of the long-established, unmet needs process to a push-process during the emergency event which prevented emergency managers from having an operational picture of needs within their jurisdiction
 - Politicization of information
4. All stakeholders should be prepared to protect their employees and wards against all reasonable hazards which we now clearly understand to include infectious disease. Each level of

government must be prepared to offer stopgap capabilities for designated community functions to ensure continuity of critical services. This recommendation will necessitate engagement from all levels of government and the private sector to revisit the long-standing model for how each level of government is expected to support an incident until a higher level intervenes.

5. The County should evaluate opportunities to expand its ability to provide guidance to other entities such as school districts, municipal governments, and public service not for profits. This decision needs to recognize that some of these entities answer to regulatory bodies and this brings the risk of confusion when guidance is contradictory.
6. The County should engage with healthcare institutions within its geographical boundaries and DoH contractors to determine whether the regional healthcare coalition model is meeting the needs of the community, or whether the process requires adjustment and/or the creation of a county-level system mirroring the regional system.

**APPENDIX A
LIST OF SURVEY QUESTIONS**

Comprehensive Question List (* indicates questions with objective answers graphically displayed in Appendix C – all other responses incorporated into report narrative)

1	This question asks for demographic and contact information for the agency and person completing the survey
2*	What discipline does your organization most closely represent?
3*	Was your organization aware of the Berks County Community Pandemic Plan?
4*	Did your organization use the Community Pandemic Plan to guide any preparedness actions?
5*	How useful was the community pandemic plan in guiding your actions?
6	What items in the plan did you find helpful?
7	How could this plan be improved / be made more helpful for your organization?
8*	How great an impact did staffing limitations due to COVID -19 have on your organizations ability to function?
9	What specific staffing issues did you face as a result of COVID-19 (illness, loss of part-time workforce, dependent care issues, etc.)?
10	What staffing preparations (if any) did your agency make prior to the COVID-19 shutdown?
11*	Were you provided adequate disease mitigation strategies to allow you to make decisions to protect your workforce while continuing to maintain your operations?
12*	What organization / person provided you with these strategies? (choose all that apply)
13*	Was telecommuting and/or remote work part of your workforce deployment model prior to COVID 19?
14*	Did your organization utilize telecommuting, as part of your continuity of operations plan (COOP), to continue your business activities during the COVID-19 response?
15*	What percentage of your normal business operations were you able to replace with telecommuting / remote work?
16	What benefits did you realize by utilizing telecommuting?
17	What challenges did you experience utilizing telecommuting?
18*	Did you have the procedures and technological infrastructure in place to allow for effective telecommuting/remote work?
19	If no, what were the primary impediments to this process?
20*	How effectively were you able to communicate important information to your individual stakeholders / public you serve?
21	What methods did you utilize to communicate important messages to your individual stakeholders / public you serve?
22	What best practices did you discover in communications with other agencies?
23	What challenges did you experience in communications with other agencies?
24*	How effectively were you able to communicate important messages to employees who were not physically present in the workplace?
25	What methods did you utilize to communicate important messages to employees who were not physically present in the workplace?
26	What challenges did you experience in communicating within your agency?

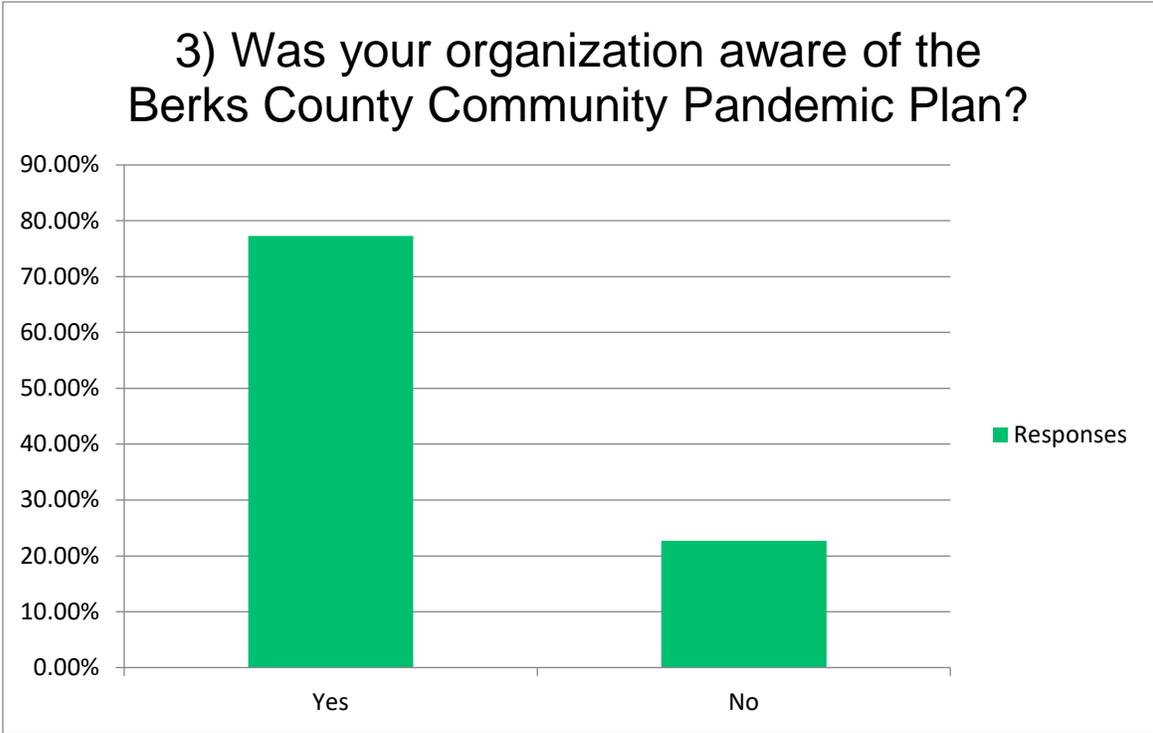
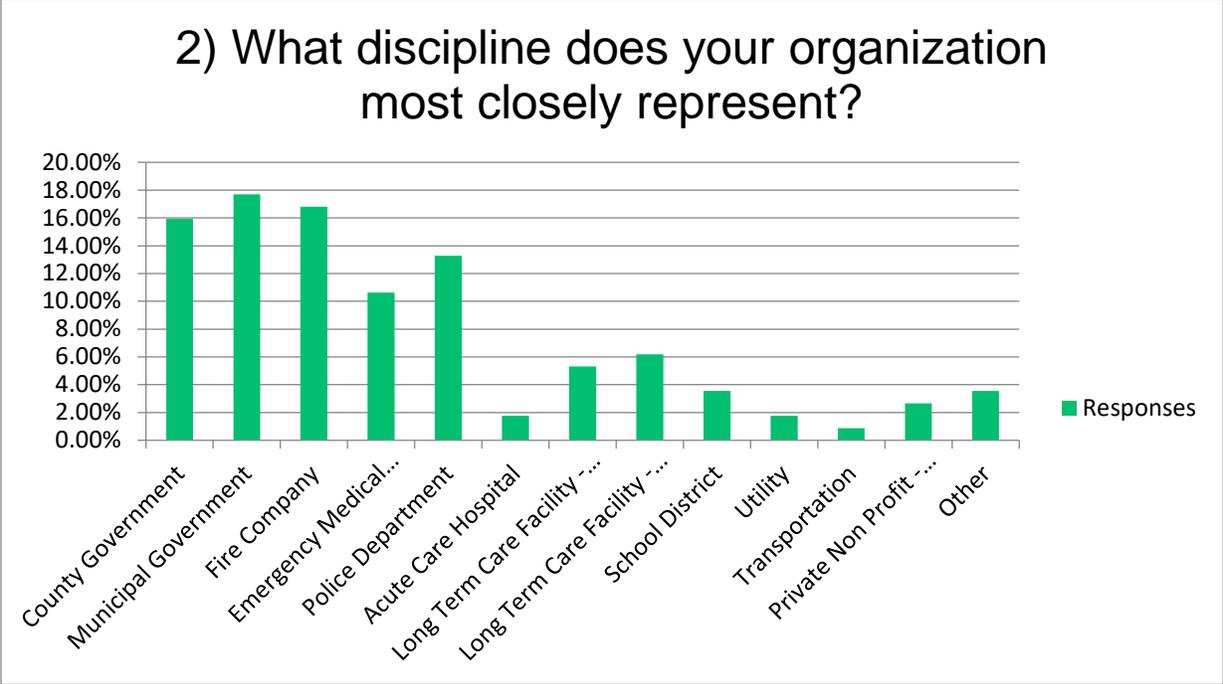
27*	Did your organization have Continuity of Operations (COOP) plan prior to the COVID-19 response?
28*	Did you activate this COOP plan in response to COVID-19?
29*	How effective has your COOP plan been so far in response to this incident?
30	What anticipated revisions to your COOP plan did you identify as part of the COVID-19 response?
31*	Other than those involving personal protective equipment (PPE), did your organization experience supply chain issues due to COVID-19? (food supplies, cleaning supplies, etc.)
32	Please describe what (non-PPE) supply chain issues your organization experienced.
33*	Do you feel your organization received adequate Personal Protective Equipment (PPE) support from the STATE level?
34	What were your expectations regarding PPE acquisition that were not met by the STATE?
35	How can this be improved, at the STATE level, moving forward?
36*	Do you feel your organization received adequate Personal Protective Equipment (PPE) support from the COUNTY level?
37	What were your expectations regarding PPE acquisition that were not met by the COUNTY?
38	How can this be improved, at the COUNTY level, moving forward?
39	What PPE preparations did your agency make prior to the COVID-19 outbreak?
40	How can you be better prepared with PPE for a similar event in the future?
41	Besides supply chain breakdown what issues did your agency experience regarding PPE acquisition?
42	What methods / companies granted you the most success in acquiring PPE?
43*	Are you preparing for a resurgence of COVID in the Fall/Winter with respect to stockpiling/sourcing physical materials you anticipate needing (cleaning/disinfecting materials, PPE, etc.)?
44*	In regard to PPE, do you anticipate you will be adequately prepared?
45	What shortfalls do you anticipate, and in what volume do you anticipate having shortages?
46	What are the primary reasons you are unable to meet these expected needs?
47*	Did having a logistics Point of Contact (PoC) who was separate from your agency leadership prove beneficial in response to this incident?
48*	Did your organization make changes to its operational procedures in response to COVID-19?
49	With what you now know, what changes will your organization be making operationally in anticipation of future outbreaks?
50*	If applicable, did your organization utilize an Incident Command System (ICS) structure to manage your response?
51	If not already captured above, what significant changes did your organization have to make to your daily operations to cope with the COVID-19 outbreak?
52*	Will your organization be undertaking an internal after-action review (AAR)?
53	When does your organization plan to return to pre-COVID-19 service levels?
54	What temporary alterations, if any, has your organization made to its pre-COVID-19 service delivery model?
55	What permanent alterations, if any, has your organization made to its pre-COVID-19 service delivery model?
56	What challenges, not captured above, did your organization experience in responding to COVID-19?
57	What lessons have you learned in this response that you believe you may be able to utilize in response to a future outbreak?

**APPENDIX B
LIST OF STAKEHOLDER PARTICIPANTS**

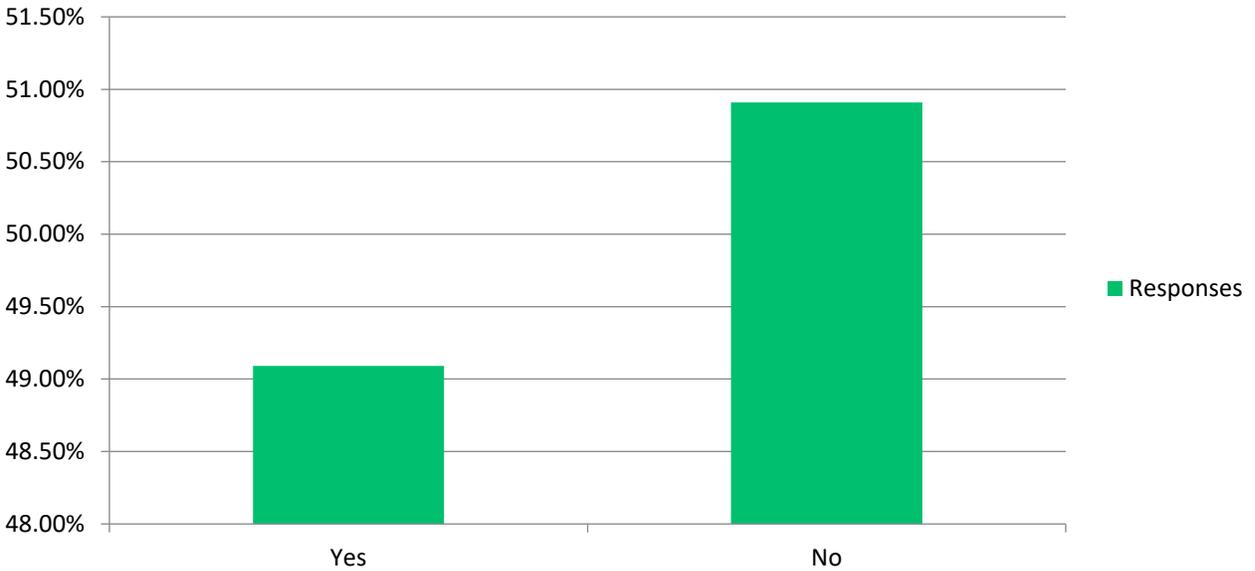
County Departments	Municipal Governments
Area Agency on Aging	Albany Township
Coroner	Alsace Township
Court Administration	Bechtelsville Borough
Court Reporters	Bernville Borough
District Attorney	Bethel Township
Election Services	Caernarvon Township
Facilities	Centre Township
Human Resources	Exeter Township
Jail	Greenwich Township
Law Library	Jefferson Township
MH/DD	Kutztown Borough
MDJs	Longswamp Township
Parks	Lower Alsace Township
Probation	Lyons Borough
Purchasing	New Morgan Borough
Law Enforcement	North Heidelberg Township
Bethel Township Police Department	Oley Township
Boyertown Borough Police Department	Penn Township
Caernarvon Township Police Department	Perry Township
PA Game Commission	Richmond Township
Laureldale Borough Police Department	Shillington Borough
Mohnton Borough Police Department	Shoemakersville Borough
Reading Police Department	Sinking Spring Borough
Robeson Township Police Department	South Heidelberg Township
Shillington Borough Police Department	Spring Township
Spring Township Police Department	Tulpehocken Township
Tilden Township Police Department	Upper Bern Township
West Reading Borough Police Department	Upper Tulpehocken Township
Wyomissing Borough Police Department	West Reading Borough
Fire Companies	Wyomissing Borough
Bethel Fire Company	Long Term Care - Non-SNF
Bandon Fire Company	Berks Leisure Living
Central Berks Fire Company	Berkshire Commons
Central Fire Company of Laureldale	Keystone Villa at Fleetwood

Fire Companies (cont.)	Long Term Care - Non-SNF (cont.)
Hereford Fire Company	Manor at Market Square
Greenfields Fire Company	Dayspring Homes
Kempton Fire Company	Stabon Manor
Kenhorst Fire Company	The Heritage of Green Hills
Leesport Fire Company	Skilled Nursing Facilities
Lyons Fire Company	Berks Heim
Mt Penn Fire Company	Genesis - Laurel Center
Muhlenberg Township Fire & Rescue	Genesis - Mifflin Center
Oley Fire Company	Phoebe Berks
Shartlesville Fire Company	The Highlands at Wyomissing
Spring Township Fire Company	Schools (Public)
Strausstown Fire Company	Berks Career & Technology Center
Walnuttown Fire Company	Fleetwood Area School District
West Reading Fire Company	Schools - Other
Womelsdorf Fire Company	BCIU
Wyomissing Fire Company	Kutztown University
EMS Companies	Diocese of Allentown
Bally Community Ambulance	Other
Bethel Community Ambulance	Tower Health - Reading Hospital
Hamburg Ambulance	Penn State Health - St. Joseph's Hospital
Lower Alsace Ambulance	Met Ed
Northern Berks EMS	South Central Transit Authority
Penn State Health Life Lion Ems	Helping Harvest
Southern Berks Ambulance	Co-County Wellness
Topton Ambulance	
Western Berks Ambulance	

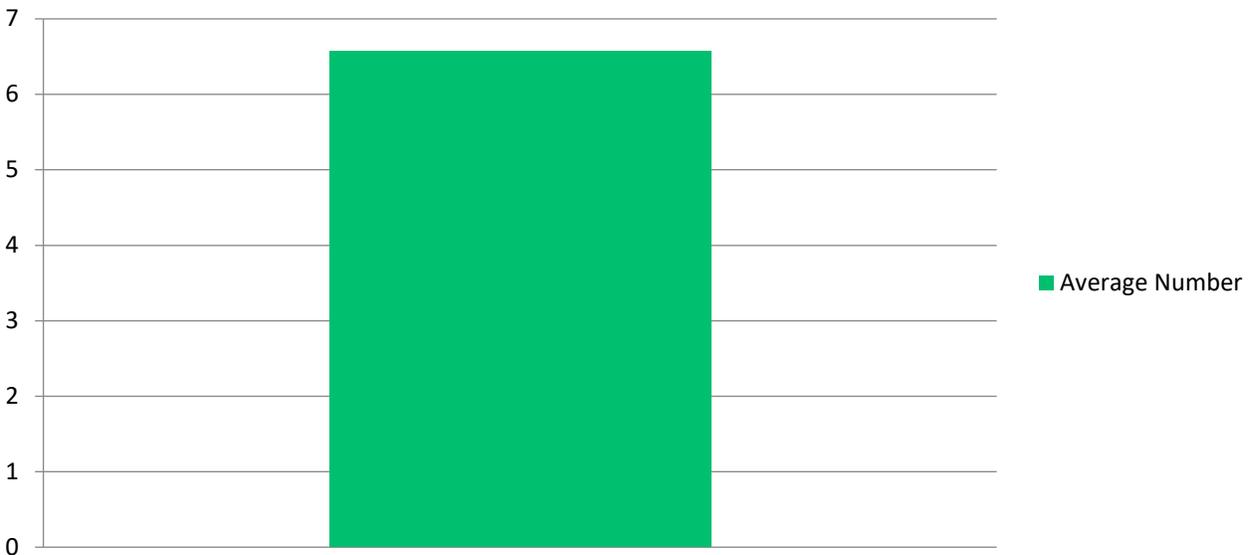
**APPENDIX C
GRAPHICAL SURVEY RESPONSES**



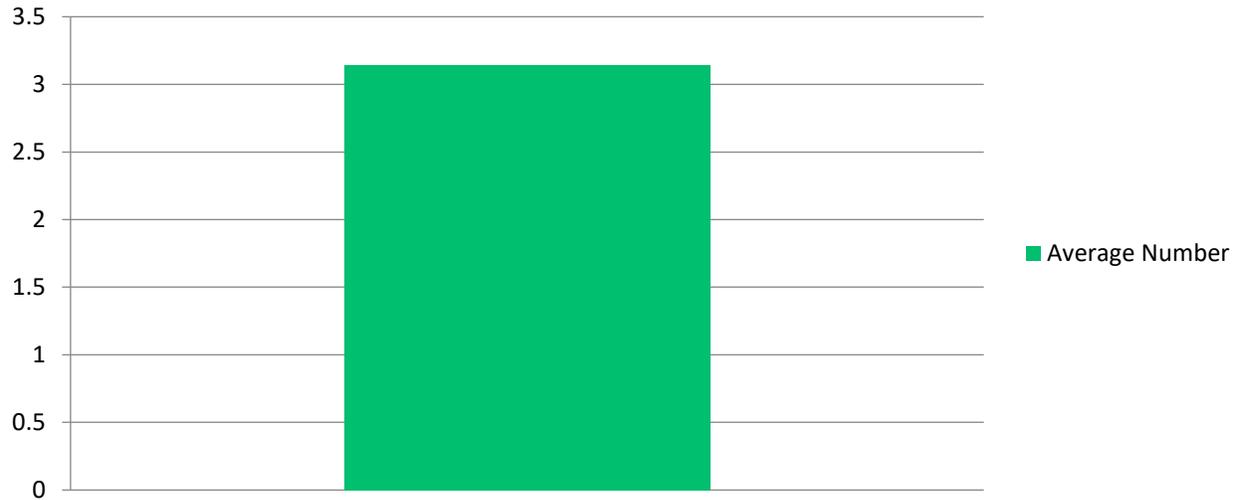
4) Did your organization use the Community Pandemic Plan to guide any preparedness actions?



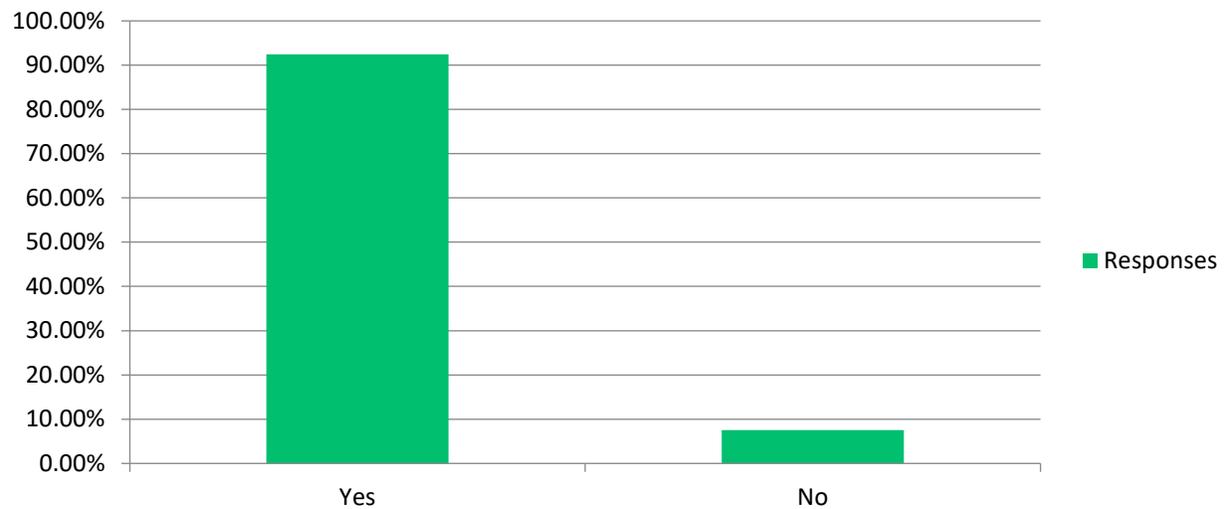
5) How useful was the Community Pandemic Plan in guiding your actions? (0-10 scale)



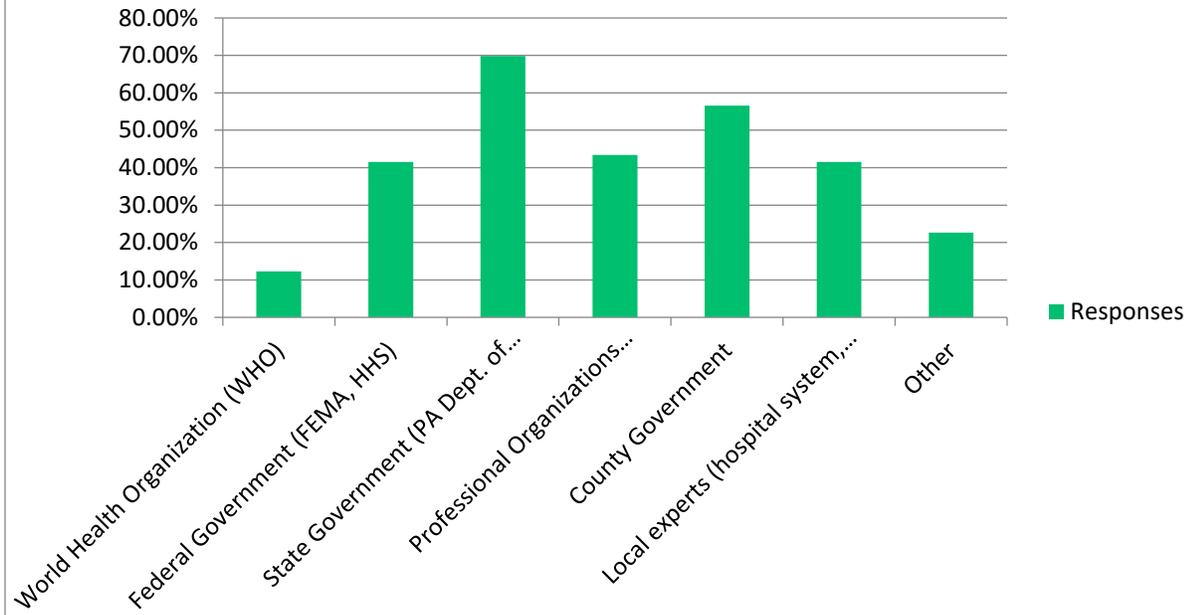
8) How great an impact did staffing limitations due to COVID -19 have on your organizations ability to function?
(0-10 scale)



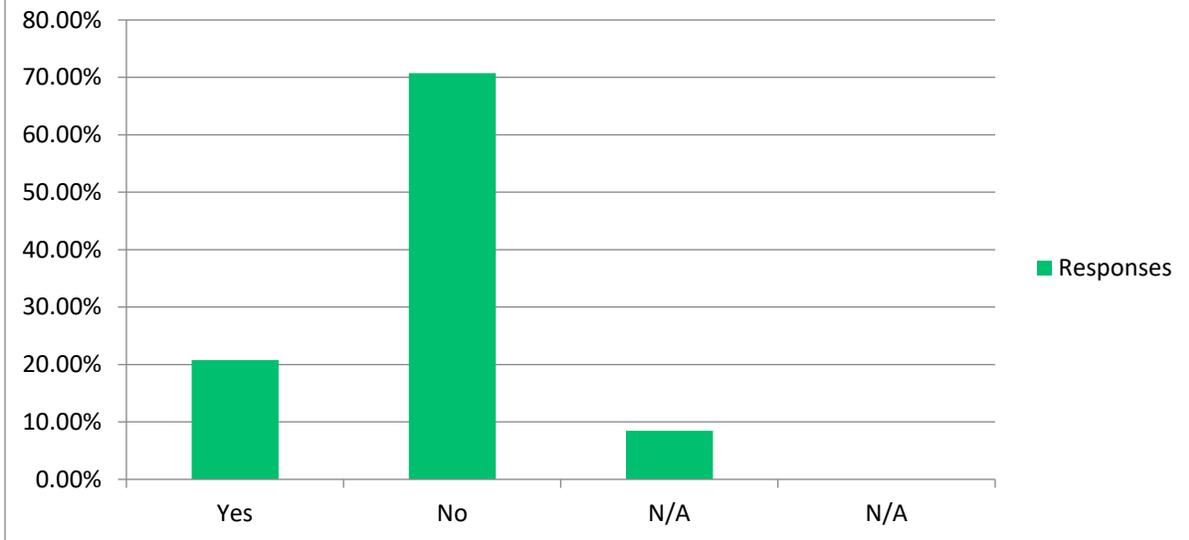
11) Were you provided adequate disease mitigation strategies to allow you to make decisions to protect your workforce while continuing to maintain your operations?



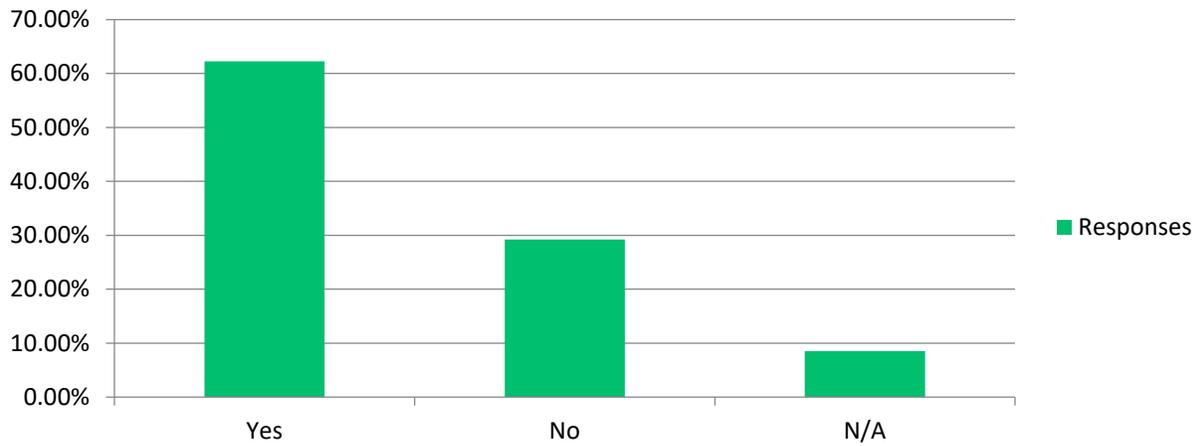
12) What organization / person provided you with these disease mitigation strategies?



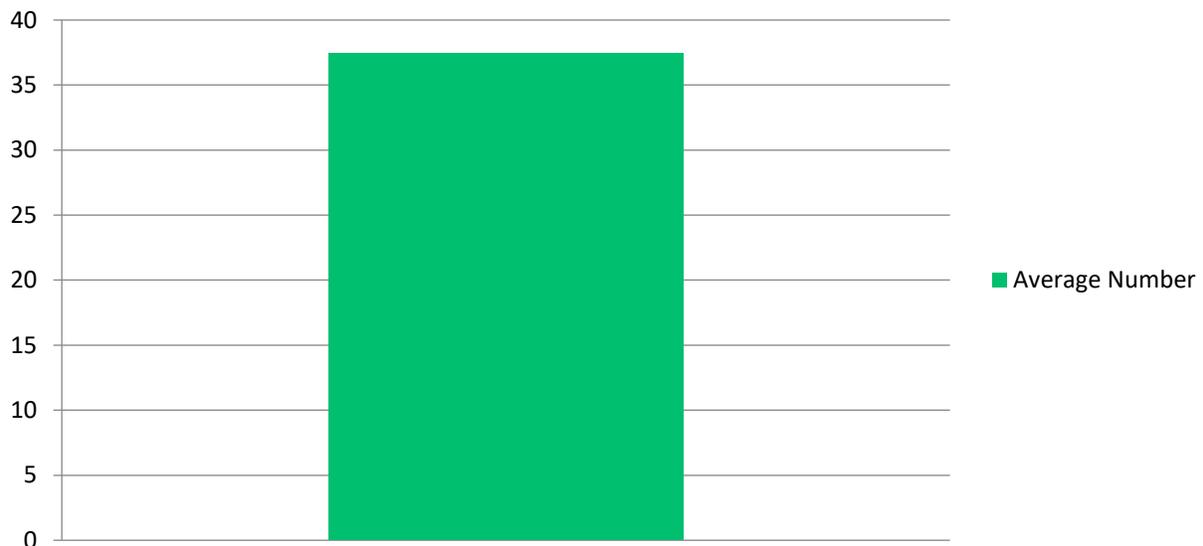
13) Was telecommuting and/or remote work part of your workforce deployment model prior to COVID 19?



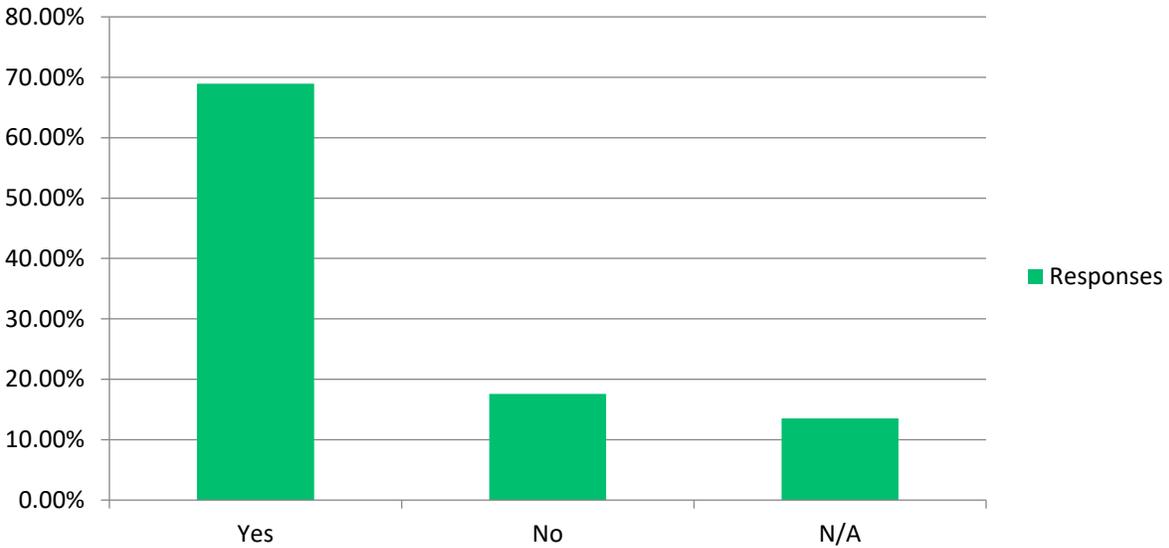
14) Did your organization utilize telecommuting, as part of your continuity of operations plan (COOP), to continue your business activities during the COVID-19 response?



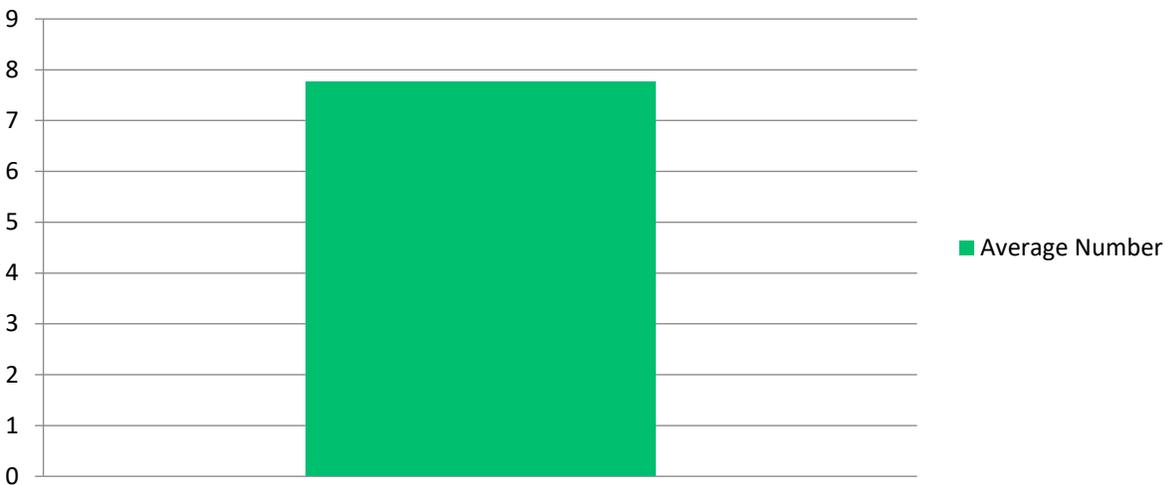
15) What percentage of your normal business operations were you able to replace with telecommuting / remote work?



18) Did you have the procedures and technological infrastructure in place to allow for effective telecommuting/remote work?



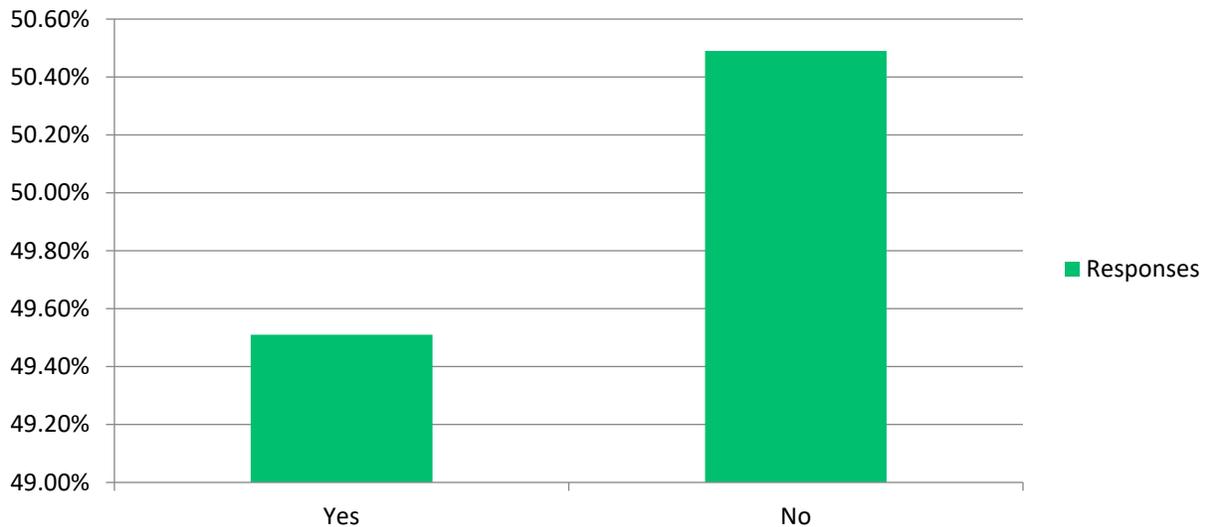
20) How effectively were you able to communicate important information to your individual stakeholders?
(0-10 scale)



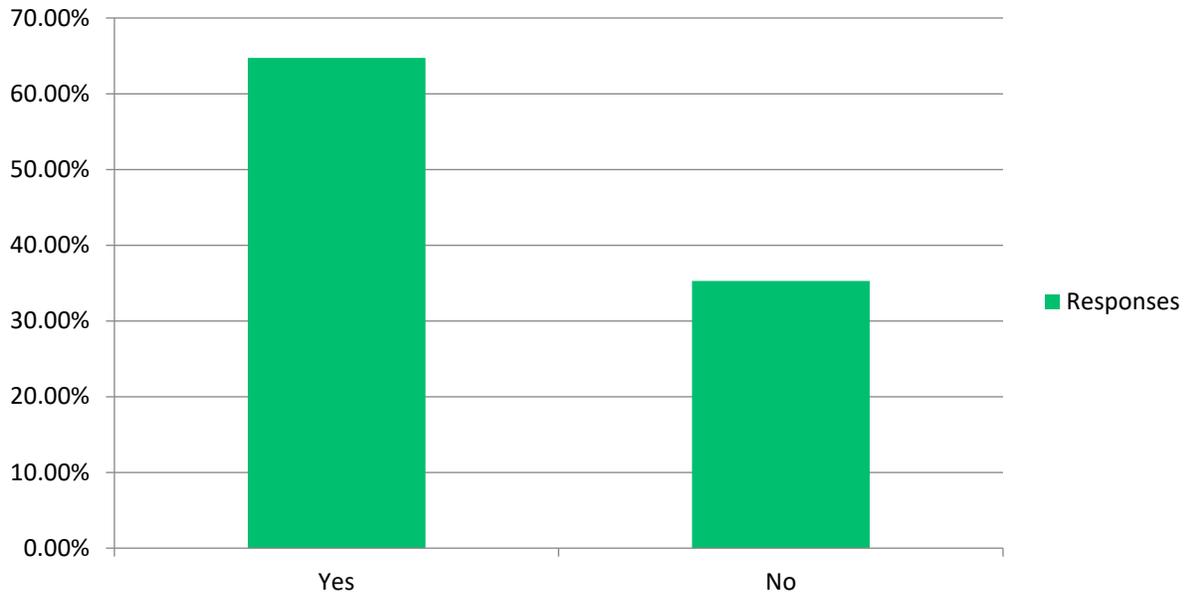
24) How effectively were you able to communicate important messages to employees who were not physically present in the workplace?
(0-10 scale)



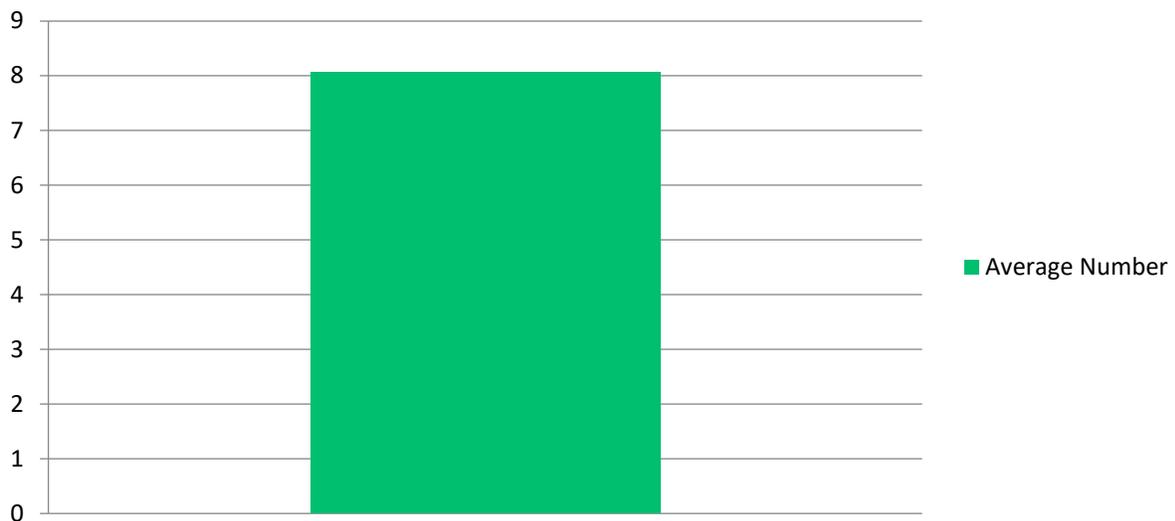
27) Did your organization have Continuity of Operations (COOP) plan prior to the COVID-19 response?



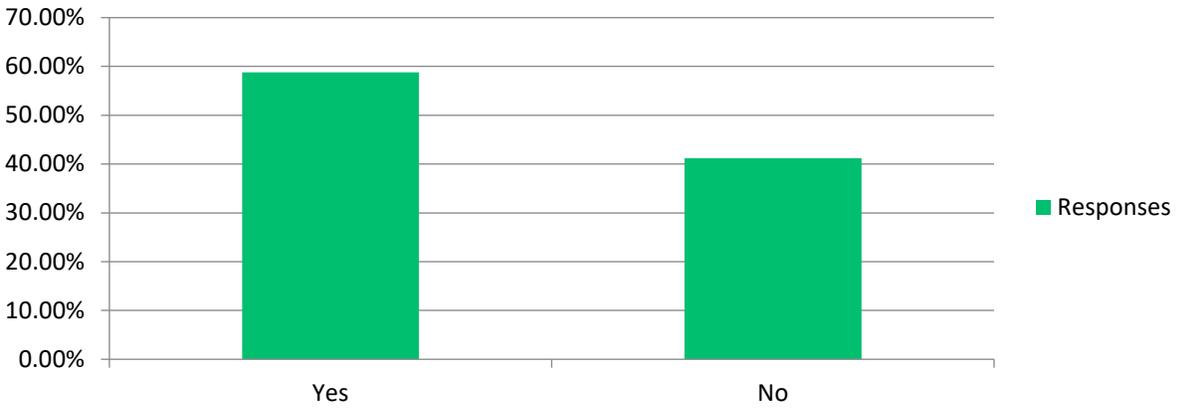
28) Did you activate this COOP plan in response to COVID-19?



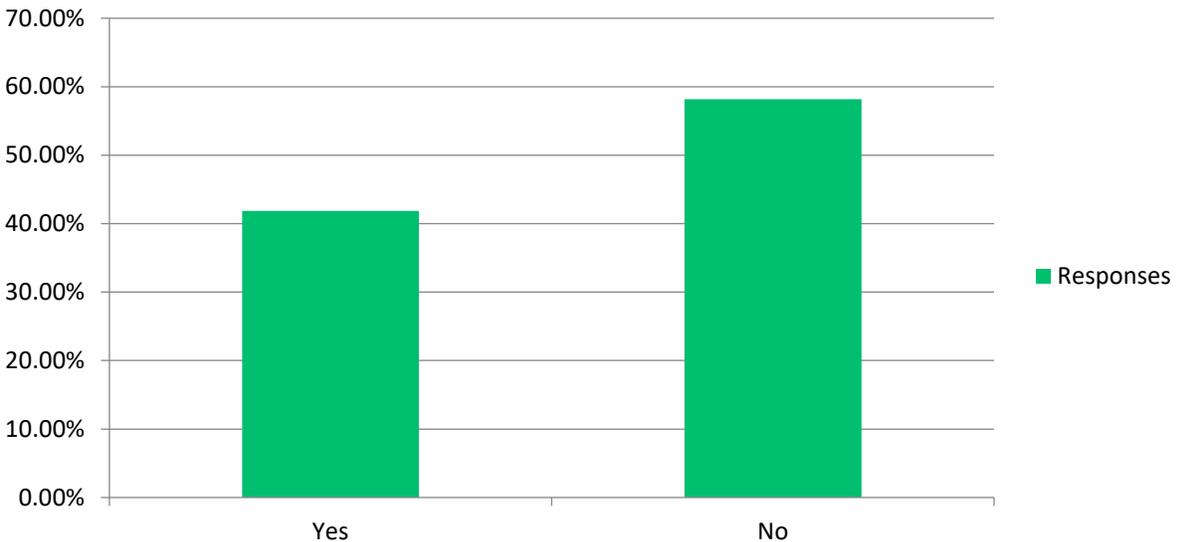
29) How effective has your COOP plan been so far in response to this incident? (0-10 scale)



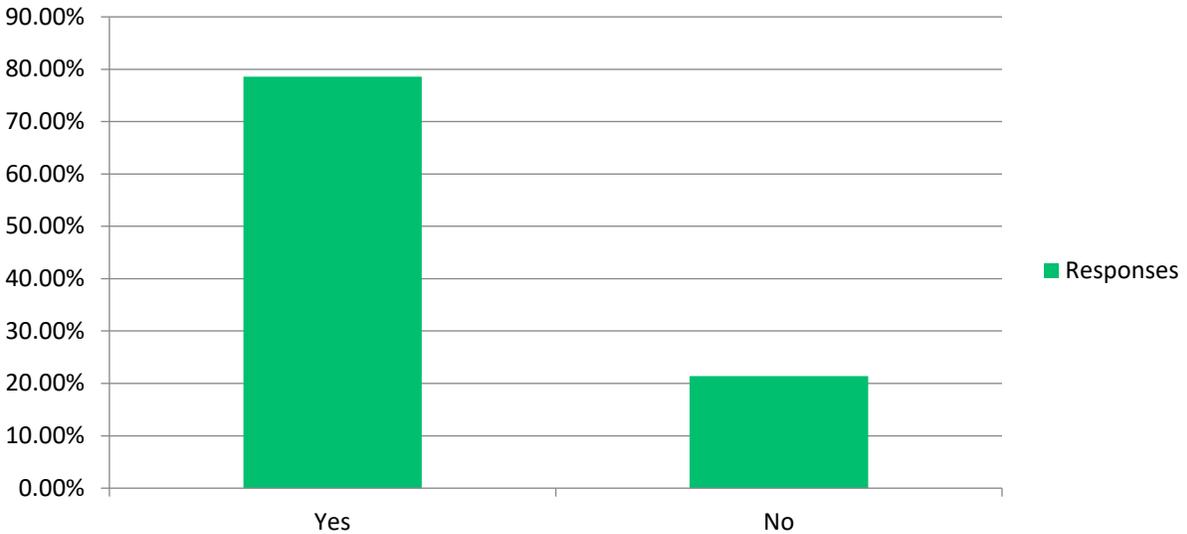
31) Other than those involving personal protective equipment (PPE), did your organization experience supply chain issues due to COVID-19? (food supplies, cleaning supplies, etc.)



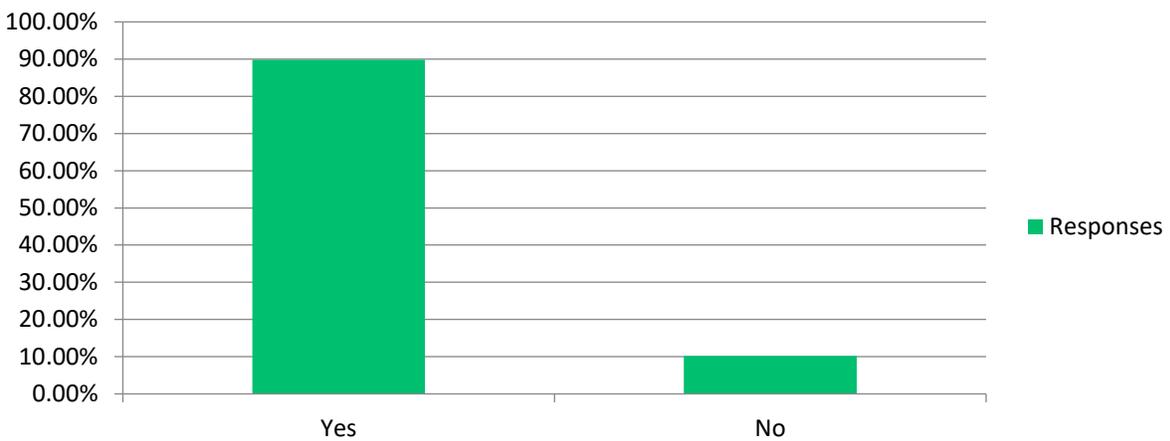
33) Do you feel your organization received adequate Personal Protective Equipment (PPE) support from the STATE level?



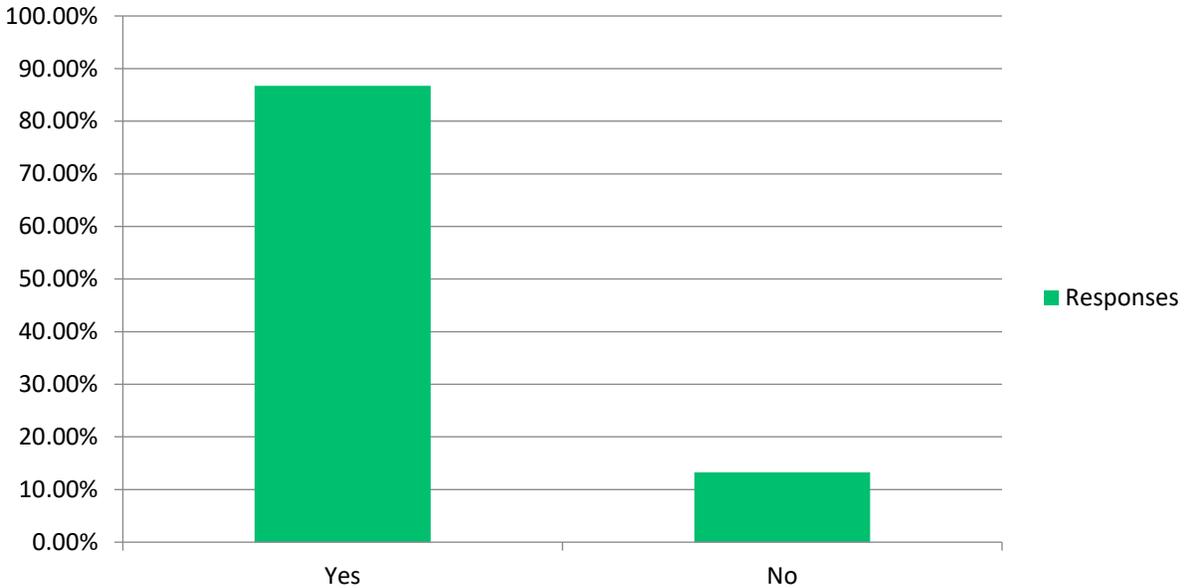
36) Do you feel your organization received adequate Personal Protective Equipment (PPE) support from the COUNTY level?



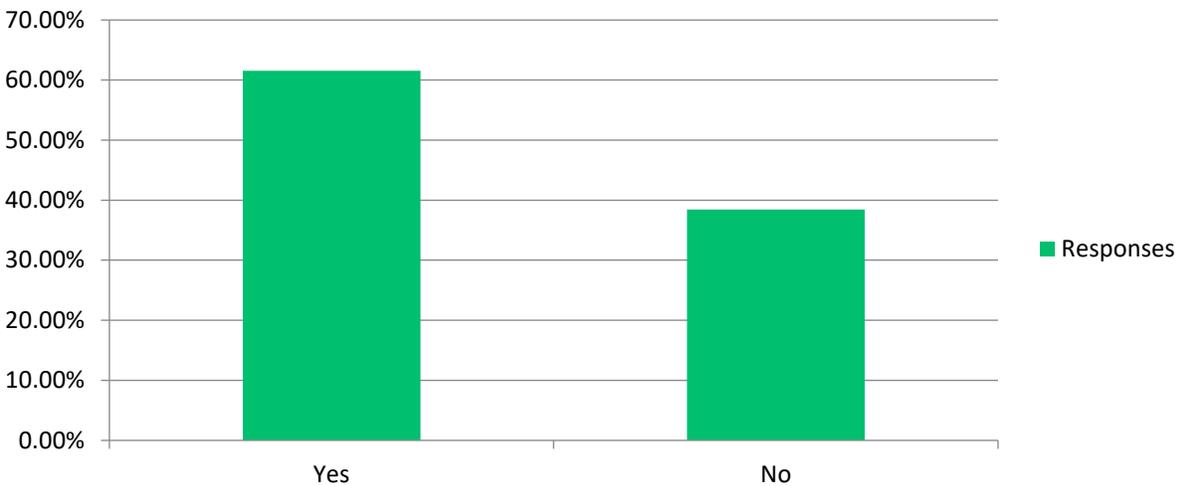
43) Are you preparing for a resurgence of COVID in the Fall/Winter with respect to stockpiling/sourcing physical materials you anticipate needing (cleaning/disinfecting materials, PPE, etc.)?



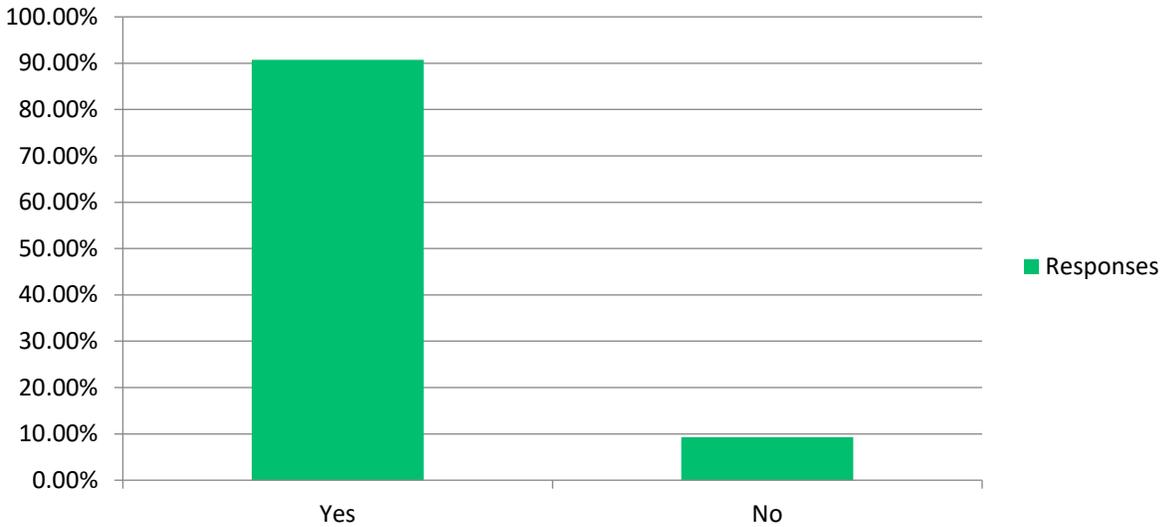
44) In regard to PPE, do you anticipate you will be adequately prepared?



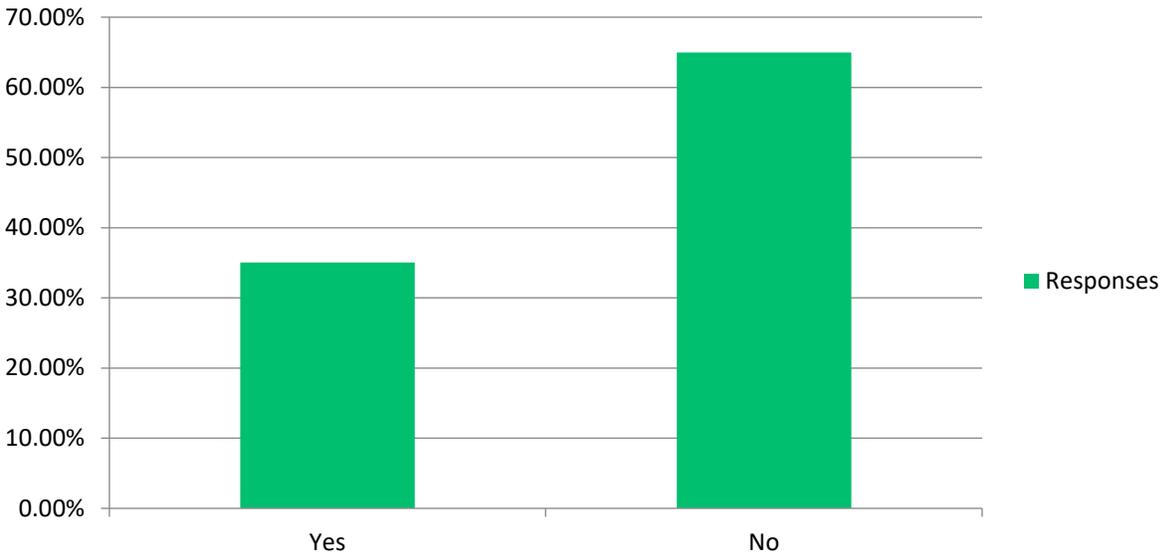
47) Did having a logistics Point of Contact (PoC) who was separate from your agency leadership prove beneficial in response to this incident?



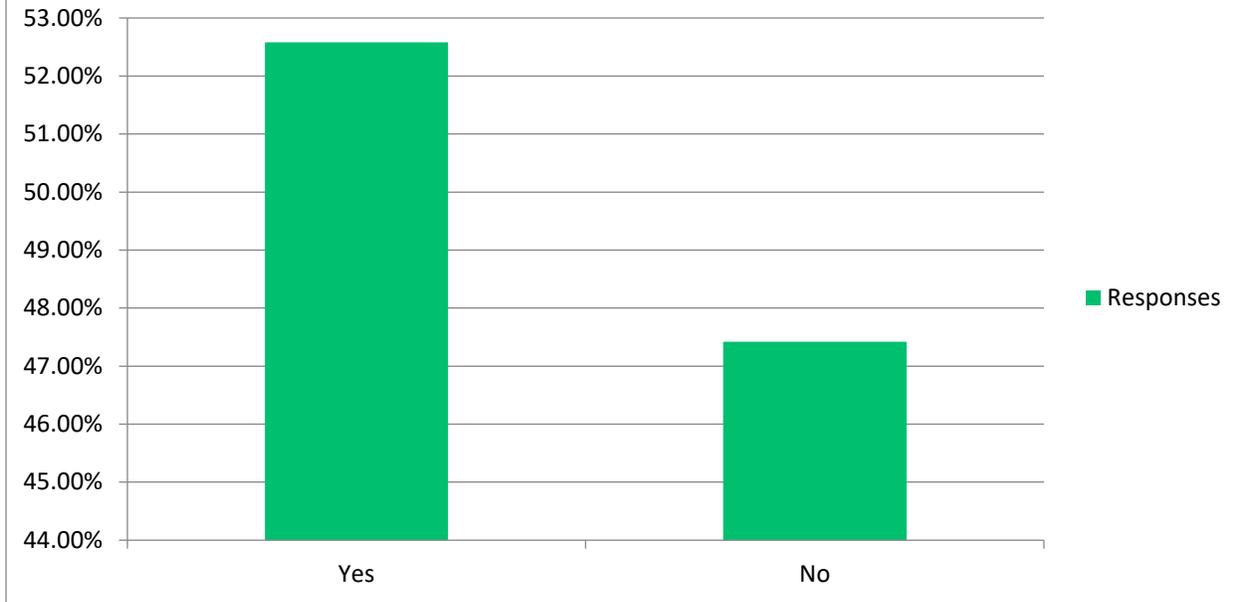
48) Did your organization make changes to its operational procedures in response to COVID-19?



50) If applicable, did your organization utilize an Incident Command System (ICS) structure to manage your response?



52) Will your organization be undertaking an internal after-action review (AAR)?



APPENDIX D

Appendix W-5 to the Berks County Emergency Operations Plan

Community Infectious Disease Outbreak Plan (IDOP)

HOW TO USE THIS PLAN

The Berks County Department of Emergency Services in cooperation and collaboration with the Berks County Pandemic Advisory Council, has developed this plan to address methods and procedures to prevent, mitigate, prepare, respond, and recover from, an occurrence of a novel or emerging infectious disease which impacts the County of Berks.

This plan and its associated annexes are designed around the functional areas during a disaster. These 22 functions are designated in the plan and an appropriate checklist has been developed for these, highlighting actions that can be taken during an emerging infectious disease and pandemic event.

To utilize this plan, simply identify which function closely matches your discipline and reference that document. For instance, if you are a transportation provider such as a commercial or public transportation company, you would reference the Transportation Annex, while a community fire department would reference the Firefighting Annex.

Because emergency preparedness begins in the home at the personal level, family & personal preparedness has also been addressed and information can be found in the Personal and Family Preparedness Annex.

Defining every action and every discipline in this plan is virtually impossible; therefore, it is also important to utilize other resources from credible agencies such as the Centers for Disease Control, the US Department of Health and Human Services, and the Pennsylvania Department of Health.

By following these simple steps identified in this plan, and practicing proper hygiene, we as a community can minimize the effects of an event of this type.

EXECUTIVE SUMMARY

An emerging infectious disease or pandemic event, such as the influenza virus has the potential to cause more death and illness than any other public health threat presently identified. If an event with similar virulence to the 1918 pandemic influenza virus strain emerged today, it is estimated that 1.9 million Americans could die, and almost 10 million could be hospitalized. Current CDC FluSurge® modeling run by county emergency management staff estimates that in Berks County alone, we could expect to see upwards of 5,400 fatalities. Although the timing, nature and severity of the next pandemic cannot be predicted with any certainty, preparedness planning is essential to mitigate the impact of a public health event. Because of the broad impact of such an event, local, county, state and federal government resources will be expended rapidly. This will create the necessity for public, commercial, and private concerns to deal with the ramifications of the event with limited, or even no assistance, from other entities generally viewed as being a “next line of defense” during major emergencies. When the emergency is everywhere at once, there is no emergency anywhere.

To some extent, every individual is affected by an infectious disease outbreak. Those that do not get sick themselves, or do not have loved ones who get sick, will likely still suffer under strain to our normal societal fabric. Planning assumptions state that nationwide, a 40% reduction in the workforce will be experienced. This number reflects the sick, those caring for sick family, and those too scared to report for work. The most concerning category is the last. It can be assumed that those most afraid of contracting disease will be those who work in occupations in closest contact with other individuals, particularly individuals who would be anticipated to be sick. Healthcare workers represent the greatest group of concern. To prepare for this shortage, every business, government agency, emergency service provider, health care and congregate care facility will need to ensure that their most critical operations will continue in the face of workforce and supply chain interruptions. How will law enforcement function with only 60% of the police officers normally available? How will supermarkets prioritize the movement of foodstuffs with only 60% of their truck drivers reporting for work and reduced fuel availability? How will 911 centers answer calls and dispatch emergency services with limited staffing, and will there be ample emergency workers available to respond? Imagine how an event such as this will impact those processes, we take for granted daily; electricity generation, telephone service, even refuse and recycling pickup.

Because an infectious disease outbreak such as influenza is predicted to have cascading effects which impacts every function of a community, including businesses and families, a comprehensive plan addressing every need is virtually impossible to develop. Any single entity, the County included, does not have the authority or responsibility to conduct planning for every other entity. It is the position of the County of Berks that the most successful response to an event such as this is realized if every individual and organization can, as closely as possible, provide the goods and services that he/it provides on a regular basis. It is strongly encouraged that every organizational entity, and even every family and individual, take time to contemplate the impacts of an infectious disease outbreak, and develop a plan to prepare for and cope with an event to achieve the best mitigation possible.

This plan has been developed as an appendix to the Berks County All-Hazard Emergency Operations Plan (EOP). During an infectious disease outbreak, the County, and each political subdivision located within the county, will utilize its comprehensive EOP to respond to and recover from the community needs aspect of the event. Both the EOP, and this appendix, have been designed around the Emergency Support Function (ESF) concept

identified in the National Response Framework (NRF). The ESF format groups resources and capabilities into functional areas that are most frequently needed during an incident (e.g., Transportation, Law Enforcement, Mass Care). ESFs utilize standard resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during and after an incident. No matter what type of incident is impacting a community (e.g., severe weather, fire, flood, or infectious disease event), the anticipated needs of the community remain the same. The difference is one of magnitude. A flood may create a need for food and electrical generation in a neighborhood. An infectious disease event may create that need in the community. Lacking unfathomable increases in personnel, funding, and logistics, no government entity is going to be able to provide for the needs of every constituent. It is crucial to the response and recovery efforts that all sectors identified as serving a critical role to the community are prepared to continue to serve that role at the highest level reasonable regardless of the nature of the emergency at hand. It is further crucial that entities serving a critical role to the community be cognizant of and prepare for their role well in advance of their services being needed. As such, this plan defines recommended actions during the mitigation, preparedness, and the response and recovery phases of an emerging disease outbreak or pandemic event.

This document summarizes recommendations from the government of the County of Berks, the Berks County Pandemic Advisory Council, guidance provided by the Pennsylvania Department of Health, and Centers for Disease Control, for how providers of resources and services identified under the ESFs should prepare for an infectious disease outbreak or a pandemic event. This document also incorporates lessons learned in the response to the COVID – 19 pandemic which occurred in the spring of 2020. It identifies interactions and co-dependencies that the County believes must be made known to others in the community to heighten their awareness of the need to prepare. Unlike most sections of the EOP, this appendix is not a controlled document. It is intended for broadest possible distribution to increase awareness and promote dialogue especially regarding inter-dependencies.

The community needs aspect of the event differs from the internal recovery aspect of the event. This document is not a framework for county government’s internal recovery efforts. While servicing of community needs are addressed in the EOP, the county as a government must be simultaneously managing its own **internal** response and recovery from the disaster. These efforts are planned for in the Berks County Continuity of Government (COG) plan, another appendix to the Berks County EOP.

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Emergency Support Function Annexes Published Separately & Attached

I. INTRODUCTION

A. Purpose

1. The purpose of this plan is to prescribe those activities to be taken by the County as well as other community organizations and stakeholders involved with the detection of, and response to, an incident involving a human to human or animal to human transmissible disease. This plan supplements but does not replace any part of the existing all-hazards plan model used for the management of significant events in Berks County.
2. This plan has been developed to provide guidance to local governments, private businesses and non-governmental organizations in the preparedness for, response to, and recovery from an emerging or novel infectious disease. In addition to the basic plan, annexes which are structured around the Emergency Support Function (ESF) concept have been developed for the ESFs identified in the County and municipal all-hazards emergency operations plan. These annexes are organized to allow businesses and other entities the capability to properly prepare for an event by providing a comprehensive list of actions and procedures.

B. Scope

1. This plan was originally developed following the outbreak of a human to human transmissible variant of the H5N1 influenza virus, its content is applicable to any widespread outbreak of a human to human or animal to human transmissible disease.
2. This plan has been updated and restructured to allow for emerging guidance from the Center for Disease Control considering the Coronavirus Disease 2019 (COVID-19) outbreak in December of 2019. As this current event is extremely fluid and changing on a daily basis, this plan will be reviewed and subsequently updated as more guidance and operational actions are released by the CDC along with federal and state health organizations.

II. SITUATION AND ASSUMPTIONS

A. Situation

The County of Berks is susceptible to a wide variety of hazards, all which may impact the county in various ways. The current all-hazard emergency operations plan utilized by the county addresses all these potential hazards, and provides a framework for preventing, mitigating, preparing, responding, recovering from these hazards. Most emergencies that occur in the county are handled by local first responders with little assistance from County, State or Federal authorities. While most emergencies are handled locally, there are occasions that require additional resources from other levels of government and the coordination that accompanies these resources.

This plan addresses the methods of coordination and collaboration between the stakeholders involved in a novel disease outbreak or pandemic event that impacts the County of Berks. In a “typical” disaster, resources for the response to the emergency can be requested from other jurisdictions. Due to the widespread nature of this type of event, these resources may not be available.

A widespread disease outbreak is most likely when the Influenza type A virus makes a dramatic change. This change results in a new or novel virus to which the general population has no immunity. The appearance of a novel virus is the first step toward a pandemic.

B. Assumptions

1. An outbreak of a previously unknown human to human or animal to human transmissible disease may occur anywhere in the world. In any given locale, including Berks County, it is a statistically unlikely occurrence. However, once an outbreak is detected, it is very likely to have significant local impact.
2. Not all jurisdictions will experience clusters of disease simultaneously; however, near-simultaneous clusters likely will occur in many communities across the United States, thereby limiting the ability of any jurisdiction to support and assist other jurisdictions.
3. Unlike most incidents, an outbreak of a human transmissible disease will, beyond the initial attempts to contain it, rapidly overwhelm the capabilities of all levels of government, resulting in a primarily local response.
4. No single agency can be identified as the lead agency for this type of incident. Rather, various agencies must be identified as leads for certain aspects of the response. Successful response to the crisis will be dependent on the coordination and collaboration efforts of these agencies.
5. Local response to a human to human or animal to human transmissible disease outbreak will be hampered by the following situations:
 - a) Workforce reduction caused by sickness and fear of contracting the disease.
 - b) Physical resource shortages caused by competition for limited critical supplies and impacts to normal commerce affecting the movement and replacement of such goods.
 - c) Breakdown of normal societal fabric including, but not limited to, misinformation, disinformation, civil unrest, and lack of centralized guidance normally relied upon in times of disaster.
 - d) The number of ill people requiring outpatient medical care and hospitalization will overwhelm the local health care system,

thereby causing the normal amount and level of hospital care to be unavailable.

6. Activation of the Berks County Emergency Operations Center will be following, or closely followed by, activation of the Pennsylvania Emergency Operations Center.
7. The current system of government in Pennsylvania provides a county very limited authority to mandate compliance outside of the county organization.
8. Residents may be required to stay in their homes for a significant period; thus, residents will need public information, education and tools so they are prepared to take responsibility for basic needs (food, water, medications, etc.).
9. Of those who become ill, up to 50% will seek outpatient medical care.
10. Businesses, schools, healthcare facilities, and other community organizations will implement recommended actions to ensure their respective establishments are protected to minimize the risk of severe illness.

III. CONCEPT OF OPERATIONS

A. General

1. In order to effectively identify the actions associated with an event of this type, this plan has been designed around the five phases of emergency management and their applicability to a human to human or animal to human transmissible disease.
 - a) **Prevention** – Defined as the capabilities necessary to avoid, prevent, or stop imminent threats. Implementation of the prevention phase will be much the same as the mitigation phase, focusing on such actions as proper hygiene, vaccinations, employee health care programs, prophylaxis treatments and community outreach initiatives. Actions also include avoiding situations that could put one at risk of contracting the influenza virus or any contagious disease and following recommendations and guidance from the CDC to avoid or prevent further human to human transfer of infectious diseases.
 - b) **Mitigation** – Defined as activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster. Implementation of this phase may have already occurred, as many governments, businesses and individuals have recognized the potential impact a disease outbreak may have and implemented mitigation actions previously. It is recognized that the tasks identified in this phase will most likely never be completed in their entirety

but are terminal objectives that each tasked entity should be working towards.

- c) **Preparedness** – Defined as a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure effective coordination during incident response. Examples of these activities include developing plans, procedures or guidelines, establishing memorandums of understanding, or compiling equipment and resources for the response phase.
- d) **Response** – Defined as those activities that address the short-term, direct effects of an incident. These include immediate actions to save lives, protect property, and meet basic human needs.

Public health authorities at the federal, state and local levels provide constant syndromic monitoring. It is through this monitoring that an outbreak will most likely be detected. Because Berks County lacks a county level public health authority, all guidance on such matters will be provided by the Pennsylvania Department of Health through the South East District Office.

Implementation of the response phase shall occur when any of the following occur:

- ✓ Direction is received by the Berks County Department of Emergency Services from the PA Department of Health that this plan should be implemented;
- ✓ Direction is received by the Berks County Department of Emergency Services from the Pennsylvania Emergency Management Agency that this plan should be implemented;
- ✓ The Board of Commissioners, with guidance from the Berks County Department of Emergency Services determine that implementation of this plan is in the best interest of the community; or

It will be the responsibility of the Board of Commissioners through the Berks County Department of Emergency Services, to implement the response phase of this plan based on conditions observed in the community. This implementation will likely not be due to some obvious or overt happening in the community.

- e) **Recovery** – Defined as the development, coordination, and execution of service- and site-restoration plans in addition to the reconstitution of services, social, political, environmental, and economic restoration and the development of initiatives to mitigate the effects of future incidents. Previous significant

disasters show that the recovery phase is usually equal to 10 times the response phase. Therefore, if an outbreak lasts for one month, it is reasonable to assume that it will take ten months to recover from the outbreak. Actions one could expect during the recovery phase of an outbreak include recovery of the financial infrastructure, medical and emergency services, and the psychological recovery of victims and their loved ones.

B. Organization

Planning guidance and models recommend that distinct lines of authority are established with State, Regional, County and Municipal entities. Because of the predicted scope of an event of this nature, assistance from agencies outside the County and municipal realm will most likely be unavailable. With this assumption in mind, this plan has been developed around the county and municipal planning model using the emergency support function (ESF) standard. This standard aligns categories of resources and provides strategic objectives for their use. Because the sheer number of businesses, employers, and agencies in Berks County would make this plan incomprehensible if individually addressed in this plan, entities can identify which ESF function closely matches their discipline and examine recommendations that should be utilized in the five distinct phases of an incident.

C. Notifications

The purpose of this section is to define how Berks County will make known to the necessary individuals and agencies that the response phase of the plan is being implemented.

Notifications in times of disaster must move both up and down chains of command, with certainty of success gained only when notifications are received full circle. Three types of notification are recognized in this plan:

1. **Inter-Organization Notifications** – These notifications will be made by the staff of the Berks County Department of Emergency Services using existing telephone and e-mail lists. Decisions about the prioritization and types of notifications will be based on the needs at the time of the implementation. Examples of this type of notification include those departments and individuals within the county including:
 - a) Berks County elected officials and department heads;
 - b) Berks County Emergency Operations Center staff; and
 - c) Berks County 911 Center staff.

2. **Intra-Organization Notifications** – These notifications will be made by previously established methods including the Pennsylvania Emergency Incident Reporting System, telephone and e-mail. These are notifications to entities with roles in the response phase that are not part of the county government organization. These include:
 - a) Pennsylvania Emergency Management Agency;
 - b) Berks County Emergency Medical Service agencies;
 - c) Berks County municipalities;

- d) Tower Health, Reading Hospital;
- e) Penn State Health, St. Joseph's
- f) American Red Cross

It should be noted that this list is not inclusive of all agencies requiring knowledge of the crisis. It represents the contacts to be made by Berks County with the intention that other notifications will take place as a result (e.g., PEMA will notify PA DOH, PA Department of Education, etc; Local municipalities will notify their emergency services, etc.). In addition, notifications to private entities will occur through these notifications (e.g., Office of Aging will notify assisted living facilities, MH/MR will notify SAM, etc.).

3. **Public Notifications** – These are notifications made to the public through media, press, or public warning systems including the Emergency Alert System. All public notifications during the response phase will be made as part of an established joint information system managed at the local level from the Berks County EOC by the county designated Public Information Officer in consult with the PIO at the State EOC. All such notifications will be in concert with the policies and guidance contained in the Berks County EOP ESF Annexes 2 & 15. It is understood that notifications made during the response phase differ from, and therefore will not follow the same procedures as other notifications.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A typical emergency operations plan formatted and developed using guidance from the Federal Emergency Management Agency, recognizes that in most situations one entity will be relied upon to respond to an emergency (the primary agency) and other entities may serve in a support capacity (the support agencies). No single agency can be identified as the primary agency for an infectious disease outbreak. Rather, various agencies must be identified as leads for certain aspects of the response. This section of the plan will designate the responsibilities of the various stakeholders as they pertain to the phases of an event. The organization of this plan and the associated annexes is structured around the 22 Emergency Support Functions which are designated in the Berks County Emergency Operations Plan. Using this format, entities can identify which ESF closely matches their function and review that particular ESF for recommendations in each of the five phases.

The checklists developed for this plan identify discipline specific information which should be considered when preventing, mitigating, preparing, responding, or recovering from an infectious disease outbreak. In addition to the information contained in the checklists, all businesses, organizations, and associations should consider the following basic planning questions and ensure that these are considered when developing a plan;

- What is the threat (e.g., spread, duration, virulence) to my organization, the community, and the nation?
- Where will it appear first, and how will I know when it does?
- When will it begin affecting my organization, the community, and the nation?

- How will government help to inform and support my organization?
- How can I help to support the business sector, my community and the nation?
- How will it affect my organization, the community, and those that depend on me?

A. Roles & Responsibilities

1. Local Government

This level of government represents the nation's front lines in the infectious disease battle. They will face extreme challenges in maintaining normal operations in the face of widespread illness and increased demand on most government services. Responsibilities of the local government include the following:

- Ensuring all reasonable measures are taken to limit the spread of an outbreak within and beyond the community's borders;
- Consider all aspects of the community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically;
- Establishing comprehensive and credible preparedness and response plans that are exercised on a regular basis;
- Integrating non-health entities, including law enforcement, utilities, and municipal services in planning activities;
- Identifying non-critical functions that can be suspended to allow for a focused response to the infectious disease event (e.g. code enforcement, plan review, parks and recreation, etc.);
- Identifying critical functions that must continue regardless of availability of personnel (e.g. trash collection, public safety, wastewater and water treatment, etc.);
- Ensuring continuity of government and/or continuity of operations plans are up-to-date and have been reviewed with essential personnel;
- Identifying key spokespersons for the community, ensuring that they are educated in risk communications, and having coordinated crisis communication plans; and
- Providing public education campaigns on emerging infectious diseases.

Due to the scope and severity of an anticipated event and the lack of resources available to local government officials, collaboration between private industry and government is essential during the preparedness

phase. In addition, the response phase will bring a shortage of resources and personnel whereby assistance from private industry will be necessary to assist in the community's response to the emergency. Businesses, non-profit organizations, and non-governmental organizations should identify ways that assistance can be provided to the community during the phases of an infectious disease outbreak. A partial list of these considerations can be found in the various annexes to this plan.

2. Private Sector

The impact of all disasters is generally felt most severely at the local level. Private sector businesses should familiarize themselves with the various containment and response options including social distancing, quarantine laws, and movement restrictions, in the jurisdictions where they operate. Business executives should also assess the diverse national and international legal and regulatory authorities, issues, and restraints that could affect their business, supply chain, transportation of goods and services, priority for municipal services, and workplace safety issues. Additionally, executives should fully assess the risks, impacts, and implications of related disruptions to international production, supply chain, and goods and personnel movement. Most businesses rely on a global network of essential material and support functions. Disruptions in international trade could result in cascading impacts across private sector businesses even before disease outbreaks reach the United States.

The private sector has a significant role to play in preparing for an infectious disease event. As outlined in the *National Strategy for Pandemic Influenza*, private sector businesses and industries should consider the following:

- Establishing a process for infection control in the workplace, including options for working offsite while ill, systems to reduce infection transmission, and worker education;
- Establishing internal surveillance protocols to monitor the health of workers and business stakeholders and to keep local public health officials informed;
- Developing and updating all-hazard continuity of operations plans to maintain delivery of essential goods and services despite significant and sustained worker absenteeism;
- Monitoring regional/national/international infectious disease threat levels for trigger-point changes that will affect the business;
- Ensuring critical resources are available through established supply-chains or alternative methods are in place to procure necessary resources to continue required processes;

- Coordinating with government officials and community stakeholders to share planning, preparedness, response, and recovery information; and
- Establishing partnerships with other members of the sector to provide mutual support and maintenance of essential services during an infectious disease outbreak.

To maintain essential levels of service and ensure that basic goods are available during an event, the federal government identified 16 sectors as critical infrastructure sectors. It is critical that these 16 sectors develop continuity of operations plans to ensure that their services are available. These sectors should also coordinate public health planning with all appropriate private and public entities:

- | | |
|---------------------------|-------------------------------|
| ▪ Chemical | ▪ Financial Services |
| ▪ Commercial Facilities | ▪ Food & Agriculture |
| ▪ Communications | ▪ Government Facilities |
| ▪ Critical Manufacturing | ▪ Healthcare & Public Health |
| ▪ Dams | ▪ Information Technology |
| ▪ Defense Industrial Base | ▪ Nuclear Reactors, Materials |
| ▪ Emergency Services | ▪ Transportation Systems |
| ▪ Energy | ▪ Water & Wastewater Systems |

3. Personal and Family Preparedness

Most actions identified in this plan target businesses of varying types. It is critical to remember that emergency preparedness **MUST** begin in the home at the personal level. By following the recommendations found below, individuals can help save lives and keep our community functioning during an infectious disease outbreak.

a. Preparedness

- Store a two-week supply of food. Select foods that do not require refrigeration, preparation or cooking. Ensure that formula for infants and any special nutritional needs are a part of your planning. Plan for your pets as well.
- Store a two-week supply of water, 1 gallon per person per day, in clean plastic containers.

- Store a supply of nonprescription drugs, such as pain relievers, cough and cold medicines, stomach remedies and anti-diarrheal medication, as well as vitamins and fluids with electrolytes (such as sport drinks).
- Store health and cleaning supplies, such as bleach, tissues, paper towels, toilet paper, a thermometer, disposable gloves, soap, and alcohol-based hand sanitizers.
- Know where to find up-to-the-minute information on the status of the disease outbreak or pandemic event.
- Know the difference between important terms such as evacuation, shelter-in-place, quarantine, and isolation.

b. Prevention

- Clean your hands often with soap and water or alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.
- Practice social distancing of 6 feet or more apart or two arms lengths.
- Put used tissues in a wastebasket.
- If you display signs or symptoms, stay home from work, school and errands and avoid contact with others.

Follow the recommendations of state and federal health officials regarding the wearing of facemasks to prevent the spread of disease. Where possible utilize cloth facemasks to preserve the supply of disposable masks for health care workers and first responders.

- The emergency service agencies will most likely be overtaxed, therefore attempt to utilize your family doctor for medical advice and minor treatment, and resort to emergency rooms for severe medical complications only.

A comprehensive list of actions that can be taken can be found in the Personal and Family Preparedness Annex of this plan.

B. Emergency Support Functions (ESF)

This portion of the plan identifies the 22 Emergency Support Functions identified in the County and municipal all-hazard emergency operations plan and relate those functions to an infectious disease outbreak. Using this format, entities can identify which ESF closely matches their function and review that particular ESF for recommendations in each of the five phases.

1. TRANSPORTATION ESF-1

The transportation system, vital to every resident and visitor to Berks County, is responsible for delivering millions of people and billions of dollars of goods each year. Built around the “just-in-time” delivery of goods and services, any disruption to the transportation system could have cascading effects on many other functions and disciplines in the County. Maintaining a healthy and viable transportation system during an infectious disease event will be highly dependent on the degree of preparedness, the ability to respond, and the capability to recover within each of the major transportation modes identified below:

- Aviation (airports / commercial airlines);
- Rail (rail carriers, both passenger and freight);
- Highway (commercial shipping); and
- Mass Transit (commercial buses, taxis).

The entities which comprise the transportation system in Berks County must identify methods to continue operations during an event, giving priority to the transportation of the following materials and resources;

- Pharmaceuticals for the treatment of infectious disease outbreak;
- Food supplies;
- Fuel for transportation and heating;
- Sanitizing materials;
- Personal hygiene products;
- Supplies for emergency service providers;
- Transportation of individuals (both sick & well);
- Movement of essential work forces;
- Transportation for disposition of the deceased; and
- Move of the public at large.

In order to continue to provide transportation services, entities must address several key issues related to a public health event, some of which are included below:

- Personal protective equipment must be provided to drivers and employees serving in the transportation function to minimize the transmission of the influenza virus.
- Multiple sources for fuel resources need to be identified during the preparedness phase, in addition to alternate transportation methods, and re-routing or combining transportation services with other providers.
- Alternate drivers and employees should be identified, in addition to partnering with other transportation entities to allow services to be combined.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an infectious disease. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the transportation discipline:

- Mass transportation providers will be asked to cancel routes to public venues such as malls, outlets, large businesses, etc., and establish routes to medical treatment facilities and/or Points of Distribution (PODs).
- Private mass transportation providers will be asked to cancel trips and/or tours and assist local government and the public mass transportation providers with the transportation resources necessary to deliver community residents to medical treatment facilities and/or PODs.
- Commercial motor carriers will be asked to use their resources (storage trailers, commercial delivery vehicles) for the task of delivering and storage of resources.

Consult the Transportation Annex of this plan for a comprehensive list of recommended actions to be taken during the five phases of a infectious disease event.

2. COMMUNICATIONS ESF-2

Emergency communications facilities serve as the central hub for communication and coordination of emergency response actions during everyday emergencies. Because of the critical nature of these organizations, planning for the five phases of an infectious disease event is critical. During an event, it is most likely that they will be faced with higher demands for services while experiencing problems like the rest of the community – increased employee absenteeism, disruption of supply chains and increased rate of illness. The following facilities have been identified as those whose responsibilities fall under the Communications ESF of this plan.

- Emergency communications facilities (police, fire, EMS);
- Emergency Operations Centers; and
- Amateur Radio Emergency Services (ARES) / Radio Amateur Civil Emergency Service (RACES)

Several important issues which must be planned for prior to an event are included below. A comprehensive list can be found in the Communications Annex of this plan.

- In order to be effective in call-taking and dispatching, the telecommunicator must have accurate, up-to-date information to relay to the public;
- Consider what non-critical tasks can be suspended to allow for personnel to focus on other responsibilities;
- Alternate protocols need to be developed to triage requests for service based on information received from the complainant; and

- With the anticipated shortage of staff, cross train telecommunicators so that functions can be staffed by numerous people.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an infectious disease incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the communications discipline:

- Maintain an awareness of the origin of requests for assistance from callers with symptoms. Compile this information on a frequent basis and report this to the County EOC.
- Communicate information pertaining to the event to public safety agencies throughout the county.

3. PUBLIC WORKS ESF-3

Public works professionals play a key role in operating critical infrastructure services, such as water treatment and distribution systems, power generation and distribution systems and other critical infrastructure whose failure can directly impact the ability to respond to an infectious disease event. In addition, these professionals can provide for other essential services such as debris management, detour route establishment and maintenance & upkeep of municipal and state roadways.

The following have been designated as public works agencies for the purpose of this plan:

- Municipal public works departments;
- Municipal water and sewer management; and
- Engineering firms and construction companies tasked with municipal public works management;

Management and maintenance of the critical infrastructure is the key role for public works officials. Several essential functions which must be considered during an event are listed below. More information can be found in the Public Works Annex of this plan.

- Cross-train personnel in public works functions to assure that all personnel can perform numerous jobs;
- Identify non-critical functions which can be suspended during an incident (street cleaning, lawn and parks maintenance); and
- Have employees who are tasked with non-critical functions (building inspectors, code enforcement, plumbing inspectors) trained in public works tasks to be able to assist the public works agencies during an event.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an infectious disease event. Due to the potential lack of resources and

assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the public works discipline:

- Provide resources such as barricades and other traffic control devices to assist the county or local government in a wide scale traffic management plan in or around PODs, medical treatment facilities, or other critical facilities.
- Supplement area EMS agencies with trained public works staff (e.g., drivers for ambulances, etc.).

4. FIREFIGHTING ESF-4

Emergency services of any type will most likely be severely impacted by an infectious disease event. Because of the sheer nature of this public service-oriented discipline, planning actions must be taken to assure the impact is minimal and operations can continue with decreased staffing. With many fire departments also offering emergency medical services, or providing mutual aid to EMS agencies, the role of the fire department during an event will most definitely shift from the traditional fire suppression role to an emergency medical treatment role. With this in mind, the agencies identified below must not only consider maintaining and staffing fire suppression resources, but also emergency medical resources. Agencies identified as being included in the Firefighting ESF include;

- Municipal fire departments;
- Brush fire task forces; and
- Fire brigades.

Consider the following recommendations when developing a response and recovery strategy for fire service-oriented agencies. A comprehensive list of recommendations can be found in the Firefighting Annex of this plan.

- Identify non-critical fire services (fire prevention, code enforcement, training, etc.) and reassign personnel usually tasked with these operations to critical services;
- Revise staffing and response procedures (e.g., Assign one chief to investigate an automatic fire alarm rather than committing the resources of several apparatus and personnel); and
- Ensure fire department personnel have an adequate stock of personal protective equipment (e.g., nitrile gloves, safety glasses, masks, etc.) and that universal precautions are implemented on any incident where contact with the public occurs.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. It is assumed that during an event, the traditional role of the fire service will adapt to more of a medical treatment function. Although the everyday emergencies will continue, fire service

personnel should be prepared to assist EMS agencies and medical service providers with triage and treatment. The following are expectations from local and county government for the fire service discipline:

- Assist EMS agencies by providing trained staff with QRS capabilities to respond to minor medical emergencies.
- Provide available fire police personnel to assist with traffic management around PODs, medical facilities, and other critical areas.

5. MASS CARE, EVACUATION & SHELTERING ESF-6

Agencies tasked with functions involved with mass care, evacuation or sheltering should consult the Health & Medical ESF and/or the Business & Industry ESF.

6. HEALTH & MEDICAL ESF-8

As a component of the Nation's critical infrastructure, the health & medical sector will play a vital role in responding to requests for assistance, triaging patients, and providing emergency treatment to patients during an infectious disease outbreak. The health & medical sector will also assist with the management and disposition of the fatalities associated with the outbreak. Assuring the viability of the workforce and their families through social support services is essential to supporting the workforce's role in mitigating and responding to an event. Staff may be apprehensive about leaving home, need to care for sick family members and/or may find it difficult to travel to work during an event. Additionally, burnout from stress and long hours may occur.

This plan encompasses a significant number of disciplines and agencies, all of which will be impacted by an event in several ways. No other function will be more critical during an event than those tasked with the treatment of casualties and disposition of fatalities of those individuals affected by an infectious disease. The following entities have been identified as having responsibilities which fall under the Health & Medical Annex:

- Hospitals;
- Assisted Living / Skilled Nursing / Personal Care Homes;
- Rehabilitation / Physical Therapy Agencies;
- Laboratory agencies;
- Doctors offices;
- Home health care providers;
- Emergency Medical Service agencies;
- Aeromedical services;
- Adult day care;
- Mental health agencies;
- Pharmacies;
- Coroners;
- Funeral Homes / Mortuary; and

- Cemeteries / Mausoleums.

The following items highlight some of the key principles that must be identified during an event. A comprehensive list can be found in the Health & Medical Annex of this plan.

- How will agencies identify when an infectious disease has impacted their operation (e.g., surveillance, trigger points);
- What non-essential functions can be suspended, and personnel reassigned to critical tasks (e.g., elective surgery, physical therapy);
- Reduce large gatherings and limit visitors and external staff while implementing screening for those staff and visitors that may be in attendance;
- What methods can be implemented to allow for phone triaging and telemedicine practices;
- What methods are in place to deal with a significant number of deceased and ensure that dignity is maintained, and cultural and religious beliefs are considered during this period; and
- Work with the human resources representative to identify retired health professionals who may be able to assist if a shortage of employees occurs.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the health & medical discipline:

- Implement alternative standards of care to address patients presenting with flu-like symptoms.
- Hospitals, nursing homes, and other care facilities should expect to provide a report on available bed space, resource status and number of individuals presenting or residing at the facility with flu like symptoms.
- EMS agencies will be asked to consider canceling routine, non-emergency medical transports.
- Assist the Department of Health in identifying alternative care sites to relieve demand on hospital emergency departments and care for persons not ill enough to merit hospitalization.
- Pharmacists, pharmacy personnel, and other individuals with a medical background should expect to be requested to aid in tasks such as dispensing of medications, administration of vaccines, and patient screening.

7. FOOD & WATER ESF-11

An infectious disease event would dramatically disrupt the processing and distribution of food supplies across the nation, emptying grocery store shelves and creating crippling shortages for months. Entities involved in the distribution and marketing of foodstuffs are familiar with this scenario as it occurs each time a significant amount of snow

is forecasted. Contingency plans must be developed by the following agencies to address this shortage and ensure that food and water resources are available during an event:

- Grocery stores;
- Food processing, distribution, or storage facilities;
- Restaurants;
- Bulk water suppliers; and
- Agriculture suppliers / farms.

Several key questions which need to be answered are found below and additional topics which should be addressed in a plan are found in the Food & Water Annex to this plan.

- How will supermarkets and distributors receive product when the supply chain is disrupted or shut down completely?
- Consider eliminating food stuffs from inventory which may be difficult to decontaminate (e.g., fruits, vegetables) and distributing only canned goods.
- Agriculture suppliers and farmers should develop alternate methods for harvesting and distributing food stuffs to minimize the potential for the dispersal of an infectious disease.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the food & water discipline:

- Assist County and local governments in identifying sources of and obtaining and arranging transportation for ice, human food & animal feed and water to designated staging areas.
- Collaborate with the American Red Cross to identify food and water needs.

8. ENERGY & UTILITIES ESF-12

Infectious disease planning for energy & utility providers should be designed to protect the employees, and to ensure operations of their respective infrastructure are properly supported. Those agencies who can utilize the Energy & Utilities annex of this plan are identified below:

- Electric providers / Power plants;
- Water utilities;
- Natural / LPG gas providers;
- Telephone & television service providers;
- Pipeline entities;
- Cellular communication providers;
- Internet service / Information technology providers; and
- Radio communication providers.

Although many of the planning assumptions and concerns with an event are similar, utility providers need to consider some specific issues which are addressed in the appropriate annex to this plan. For instance;

- What non-essential services can be suspended, and personnel resources be reassigned to critical functions such as power plant operations and system switching?
- How can control room operations be amended to minimize staff needed to oversee operations?
- Are public safety answering points, emergency service providers, and health facilities given priority of service to assure their continued operation?
- Will EAS stations be able to stay online during an incident?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an event. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the energy & utilities discipline:

- Ensure that priority service is given to critical infrastructure and emergency service providers.
- Provide status reports on utility service to the County and/or municipal emergency operations center.

9. LAW ENFORCEMENT ESF-13

Public health emergencies pose special challenges for law enforcement, whether the threat is manmade or naturally occurring. Policing strategies will vary depending on the cause and level of the threat, as will the potential risk to the responding officers. Depending on the threat, law enforcement's role may include enforcing public health orders, securing perimeters, securing health care facilities, controlling crowds, investigations, and protecting national stockpiles of vaccines. Agencies which may be tasked with these functions and are applicable to the Law Enforcement Annex of this plan are as follows:

- Municipal police departments;
- County sheriff's office;
- Detention centers; and
- Private security agencies.

It is critical that private security services associated with protecting critical infrastructure and key resources throughout the County develop the necessary plans to ensure they have the capability to carry out their responsibilities throughout the event period, which will mitigate the demand for additional public sector resources. Depending on the scope and severity of the incident, consideration may be given to these agencies to provide support to the municipal police departments or county law enforcement assets.

Specific issues which need to be addressed by the law enforcement discipline include the following;

- What will officers do when an individual suspected of a crime and is infected and needs to be incarcerated?
- What operations can be suspended during an outbreak (e.g., routine traffic stops, court appearances, foot patrol of public venues, etc.)?
- What alterations can be made to patrol schedules to ensure adequate coverage of all areas of the community are provided police coverage (e.g. can patrol districts be combined during periods of reduced staffing)?
- How can department operations be revised to allow for minimal contact (e.g. can security checks be performed by phone rather than in-person)?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an event. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the law enforcement discipline:

- Prioritize and triage requests for services based on severity of incident and implement alternatives to normal response.
- Provide security at PODs, shelters or other medical care facilities in the respective municipalities.
- Isolate sections of the community during an outbreak.
- Assist with traffic management around health care facilities or other critical infrastructure being operated (e.g., food distribution facilities, pharmacies, hospitals, etc.).

10. PUBLIC INFORMATION ESF-15

The mission of the public information function of this plan is to identify mechanisms to educate individuals, families, organizations and businesses throughout Berks County on the importance of preparedness. During a confirmed outbreak, these mechanisms will also be utilized to transmit accurate information on the status of the event and provide guidance on the proper methods of protection from human to human or animal to human transmission of a virus. Agencies which can assist in this process are identified as;

- TV & radio broadcasting companies;
- Newspaper services; and
- Agencies (County, Municipal, DOH, CDC, Red Cross, etc.) which maintain websites & social networks.

Actions which need to be considered include the following:

- Provide timely, accurate, consistent, and appropriate information about the event;

- Emphasize the rationale and importance of adherence to public health measures that some people may consider intrusive (e.g., quarantine);
- Promptly address rumors, inaccuracies, and misperceptions; and
- Adapt materials for others with special needs (e.g., non-English speaking populations, difficult-to-reach communities, and persons living in institutional settings) receive appropriate information.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the public information discipline:

- Ensure that any public information statements provided to your organization are transmitted or published in a timely manner.
- Allow the utilization of e-mail broadcast messages, websites, text messaging and other mass communication methods utilized by your agency for the dissemination of important information related to the incident.

Other essential functions can be found in the Public Information Annex to this plan.

11. ANIMAL CARE & CONTROL ESF-16

After Hurricane Katrina struck New Orleans, it was identified that emergency plans were lacking information and procedures on how to accommodate individuals with service animals and household pets. As a result of this, the Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act) was amended with the "Pets Evacuation and Transportation Standards Act of 2006" to require state and local emergency preparedness operational plans to address the needs of individuals with household pets and service animals following a major disaster or emergency. The purpose of the Animal Care and Control Annex of this plan is to assist those agencies identified below with the planning, response and recovery phases of an event.

- Veterinarians;
- Animal hospitals; and
- Animal shelters.

Actions which need to be considered by the disciplines identified above include;

- If the virulence causing the outbreak is avian or zoonotic in nature, ensure that precautionary measures are taken to prevent the transmission of the virus;
- Ensure that the County Animal Response Team (CART) has considered how stray or abandoned animals will be cared for, in addition to those animals brought to established shelters;

- Inventory resources and supplies of the organization and determine if these could be utilized by other disciplines tasked with the response to an outbreak.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the animal care & control discipline:

- Assist the CART with resources which may be necessary to treat, manage and contain animals which may have been abandoned or otherwise impacted.

Additional planning and preparedness concerns for agencies responsible for animal care and control can be found in the Animal Care & Control Annex of this plan.

12. HUMAN RESOURCE MANAGEMENT ESF-17

This annex provides human resource management guidance for agencies tasked with personnel management and any company or organization that maintains a human resource department or performs functions associated with the management of employees.

Within this function, there are numerous essential tasks which must be considered during an outbreak.

- **Staffing** – Sufficient staffing will be crucial to the emergency management process. With the potential of 40% of the employees falling ill or not reporting to work due to the care of ill family members, it is essential that staffing considerations be identified during the development of a plan.
- **Telecommuting & Social Distancing** – Actions such as telecommuting, alternate work schedules, and multiple / staggered shifts will not only minimize the transmission of the virus at the workplace, but also provide alternatives for staffing issues.
- **Health Benefits Administration** – Administration of employee health benefits should be addressed, especially if the availability of these is minimized during an event. Alternate procedures should be developed to reimburse employees who may not be able to visit network providers.
- **Workers' Compensation** – Claims for workers' compensation must continue during an event, and alternative procedures should be included in the plan to address a lack of resources or personnel able to process these claims.
- **Employee Assistance Programs** – Because of the severity and scope of an infectious disease outbreak, it is anticipated that

employee assistance programs will be taxed, as the agency who maintains and staffs these programs will also be subject to the 40% reduction in workforce. Human resource agencies should collaborate with their employee assistance program provider to assure that their services will be available.

13. DIRECTION & CONTROL ESF-20 (LOCAL GOVERNMENT)

The elected officials of a municipality are responsible for the protection of lives and property of the citizens and exercise ultimate supervision and control over the five phases (prevention, mitigation, preparedness, response and recovery) of emergency management activities within the municipality. No matter the scope, nature or impact of an emergency, all emergency incidents begin at this level of government; therefore, it is crucial that a comprehensive emergency operations plan is developed in addition to hazard specific annexes.

The Direction and Control ESF for the Infectious Disease Outbreak Plan addresses those situations which are unique to an event which local governments need to consider when developing a plan.

Actions to consider when planning for an event include, but are not limited to;

- What essential functions that the local government provides must be continued during an outbreak (e.g., law enforcement, fire protection, refuse collection, sewage treatment, etc.)?
- Are there any non-essential functions that can be suspended, and personnel reassigned to complete the identified essential functions?
- What succession leadership and delegations of authority have been established?
- Are continuity of operations plans in place and up to date?

14. BUSINESS & INDUSTRY ESF-21

Due to the nature of an infectious disease event, every individual, business, government, and organization must be adequately prepared to respond to an incident of this national significance. Because of this, general guidance is provided to all types of businesses in the Business & Industry Annex of this plan. This annex is generic in nature therefore any organization can utilize the information in this section.

An important point which must be considered during the development of a plan involves inter-agency dependencies and cascading effects. Many businesses rely on others for raw materials, utilities and manpower. These requirements must be identified, and an agreement should be reached specifying how the raw materials (if available) will be distributed.

When developing a plan, businesses and industries should consider the following, in addition to those listed in the Business & Industry Annex;

- What industries or other businesses do the businesses rely on to conduct day-to-day operations?
- Are Memorandums of Understanding established between these businesses to assure that supplies will be received?
- How will a reduction of 40% of the workforce impact your business operations?
- Review, update, or develop workplace plans to include liberal leave and telework policies, alternate team approaches for work schedules, and seven day leave policies for people who demonstrate signs and symptoms.
- Increase physical space between workers while staggering work schedules and decreasing social contacts in the workplace.
- Consider limiting large work-related gatherings such as meeting, conferences, and other non-essential work travel.
- Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the business & industry discipline:

- Businesses and industries who manufacture or supply medical equipment, health care supplies, or other durable medical equipment should expect that assistance will be requested in fulfilling unmet needs in which their services or supplies can be utilized.

15. EDUCATION SERVICES ESF-22

Schools, colleges, universities, and trade schools will play a key role in communicating related information to parents and other community members. Preparedness information can be disseminated using such methods as brochures sent home with students, presentations to parent-teacher organizations and informational seminars during teacher in-service days.

Although educational institutions may provide an excellent method of outreach, schools, colleges and universities also may provide an environment that is very conducive to accelerating the spread of influenza not only within schools, but throughout the community.

Because of the potential for facilitating the spread of virus, it may be determined that the best course of action is to suspend school activities and close the buildings during the event. The decision to close schools will necessitate consideration of other actions related to other types of facilities, activities, and functions that bring people together, particularly in closed environments. The following entities have been identified as those having a critical role in the planning and response to an infectious disease event:

- Elementary, Secondary, Higher Education Institutions;
- Trade / Technical Schools;
- Intermediate Units;
- Private / Parochial Schools; and
- Day Cares / After School Programs.

These agencies must not only consider how an event will impact their operation, but also how the cascading effects of a school closure will impact other organizations.

- If schools are closed, how will students' complete assignments and submit for grading?
- If schools remain open and the institution witnesses a decrease in teacher attendance, what subjects can be suspended to allow other teachers to instruct in key subjects?
- If colleges and universities have students from other countries, how will they care for these students, or others that may not be able to travel home?
- Consider regular health checks of students, staff, and visitors.
- Can short-term dismissals be implemented to allow for cleaning and disinfecting?
- Can extra-curricular activities involving large gathering (e.g., sporting events, concerts, performances, assemblies) be cancelled or postponed?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from an event. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the education discipline:

- Work with county and/or local government to provide transportation resources.
- Provide staff (particularly those with medical training) to serve as volunteers at points of distributions (PODs).
- If schools are to remain open, provide information on student absences and impact of the event to the Education ESF representative at the County or local EOC.

C. Inter-Agency Dependencies

1. As part of the pandemic planning process, individuals and businesses must identify other agencies or resources which are dependent on their operations. For instance, community members rely on grocery stores and convenience stores for their supply of food, water and other necessities. Grocery and convenience stores must identify who they rely on to receive the products; farmers, food distribution companies, warehousing facilities, transportation providers, etc. Once these inter-agency dependencies are identified, a collaborative approach should be utilized in developing preparedness plans for each entity.

2. Organizations and businesses identified as critical infrastructure or key resource providers should recognize the importance of inter-agency dependencies and work to identify alternate methods for collaborating with these agencies during a period of reduced workforce availability.

V. ADMINISTRATION AND LOGISTICS

A. Administration

1. To maintain a situational awareness of the impact of the event, local governments will submit situation reports to the Berks County Department of Emergency Services in a timely manner. It is encouraged that businesses and non-governmental agencies maintain documentation locally regarding the impact of the event on their agency. This information should be in a professional format that is easily understood and transmitted to requestors.
2. Municipalities, businesses and non-governmental agencies should utilize pre-established bookkeeping and accounting methods to track and maintain records of expenditures and obligations.

B. Logistics

1. Primary response to all emergencies begins at the local level. Each municipality is to establish mechanisms and procedures to allow its emergency services to secure all reasonably foreseeable resources necessary to address anticipated hazards.
2. When resources are exhausted at the local government level, or prudent planning projects that resources will become exhausted, as dictated by PA Title 35, the next level of emergency management shall coordinate assistance and attempt to satisfy unmet needs. Assistance may come from:
 - Surrounding municipalities and counties;
 - The Commonwealth of Pennsylvania;
 - Federal agencies; or
 - Private partners.

Unless otherwise established, the cost for such assistance, if any, will be born by the entity making the initial request for assistance.

VI. TRAINING AND EXERCISES

A. Training

1. For training purposes and exercises, this plan can be activated as deemed necessary.
2. Organizations utilizing the guidance found in this plan should also consider training employees, volunteers, and other personnel in the preparedness, response and recovery actions pertaining to an event.

B. Exercise

1. After personnel have been trained in the plan contents, it is encouraged that an exercise program be established to test the knowledge, skills and abilities of those trained.
2. Exercises should be designed and structured in accordance with the Homeland Security Exercise Evaluation Program (HSEEP).

VII. PLAN REQUIREMENTS, MAINTENANCE AND DISTRIBUTION

A. Required Review

1. The plan components will be reviewed and updated by the County Emergency Management Coordinator on a regular basis, but not less than annually. Whenever this plan is implemented in an emergency event or exercise, an after-action review, consistent with HSEEP guidance, will be conducted to determine if any changes are necessary.

B. Execution

1. This plan will be executed upon request of the Pennsylvania Emergency Management Agency, the Berks County Emergency Management Coordinator, the Berks County Board of Commissioners, or any other individual designated by local policy as having such authority.

C. Distribution

1. This plan has been developed as a public document and distribution is unlimited. It is the purpose of this plan to provide a comprehensive document to provide to all government agencies, businesses, and non-governmental organizations for the purpose of planning. The Berks County Department of Emergency Services encourages individuals to distribute this plan to the audience identified in the plan. Copies of this plan can be obtained by accessing the department's website at <http://www.berksdes.com>.
2. Plan revisions will be distributed via the department's website and other communication methods as deemed necessary. Revisions or changes are documented by means of the "Record of Changes" page. A receipt system shall be used to verify the process.

VIII. AUTHORITIES AND REFERENCES

Berks County Emergency Operations Plan, March 2019.

Berks County Municipal Emergency Operations Plan Template, October 2007

Pennsylvania Emergency Management Services Code 35 Pa. C.S. Section 7101-7707, as amended.

Pennsylvania Counterterrorism Planning, Preparedness, and Response Act (Act 2002-227), December 16, 2002.

East Central PA Counter-Terrorism Task Force Regional Strategic National Stockpile Distribution Plan, December 2005.

Eastern PA Regional EMS Council Disaster Operating Guidelines, January 2000.

National Incident Management System, Department of Homeland Security, October 2017.

Center for Disease Control Pandemic Flu Website: <http://www.pandemicflu.gov>. US Department of Health & Human Services.

Pennsylvania Pandemic Flu Website: <http://www.health.pa.gov> . Pennsylvania Department of Health.

EMS Response to Patients with Suspected Respiratory Illness Standard Operating Guideline, Berks County EMS / Medical Working Group, March 2007.

Pandemic Influenza Plan Guidelines for Virginia Public Schools, Virginia Department of Education. May 2008.

Influenza Pandemic Response Plan, Pennsylvania Department of Health, 2005.

Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources, Department of Homeland Security, September 2006.

Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission, Centers for Disease Control and Prevention, March 2020.

Public Health Emergency Preparedness and Response Capabilities, Centers for Disease Control and Prevention, January 2019.

Pandemic Influenza Plan 2017 Update, U.S, Department of Health and Human Services, 2017.

IX. DEFINITIONS

Cascading Effects – An event that triggers or causes additional impacts.

Delegations of Authority - A delegation of authority identifies who is authorized to act on behalf of the agency head or other officials for specified purposes and ensures that designated individuals have the legal authorities to carry out their duties. To the extent possible, these authorities should be identified by title or position, and not by the individual office holder's name.

Emergency Management Cycle – A subset of incident management, the coordination and integration of all activities necessary to build, sustain, and improve the capability to prepare for, protect against, respond to, recover from, or mitigate against threatened or actual natural disasters, acts of terrorism, or other manmade disasters.

Emergency Operations Center (EOC) – The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction.

Emergency Operations Plan (EOP) – The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

Emergency Support Functions (ESF) – Used by the Federal Government and many State governments as the primary mechanism at the operational level to organize and provide assistance. ESFs align categories of resources and provide strategic objectives for their use. ESFs utilize standard resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

Evacuation – An initiated action for an organized, phased, and supervised withdrawal dispersal, or removal from dangerous or potentially dangerous areas and their reception and care in safe areas.

FluSurge® - FluSurge® is a spreadsheet-based model which provides hospital administrators and public health officials estimates of the surge in demand for hospital-based services during the next influenza pandemic. FluSurge® estimates the number of hospitalizations and deaths of an influenza pandemic (whose length and virulence are determined by the user) and compares the number of persons hospitalized, the number of persons requiring ICU care, and the number of persons requiring ventilator support during a pandemic with existing hospital capacity.

Isolation – The separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill and protects healthy people from getting sick.

National Response Framework (NRF) – Guides how the nation conducts all-hazards response. The NRF documents the key response principles, roles, and structures that organize national response. It describes how communities, States,

the Federal Government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response. And it describes special circumstances where the Federal Government exercises a larger role, including incidents where Federal interests are involved and catastrophic incidents where a State would require significant support. It allows first responders, decision makers, and supporting entities to provide a unified national response.

Orders of Succession - Provisions for the assumption of senior agency offices during an emergency if any of those officials are unavailable to execute their legal duties.

Pennsylvania Emergency Incident Reporting System (PEIRS) – A web-based incident reporting system where incidents of significance are reported to the Pennsylvania Emergency Management Agency to maintain a situational awareness of emergency incidents occurring throughout the Commonwealth of Pennsylvania.

Quarantine – The separation and restriction of movement of people who were exposed to a contagious disease to see if they become sick.

Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) - The Stafford Act authorizes the President to provide financial and other forms of assistance to State and local governments, certain private nonprofit organizations and individuals to support response, recovery and mitigation efforts following Presidential emergency or disaster declarations.

Shelter-In-Place – The use of a structure to temporarily separate individuals from a hazard or threat. Sheltering in place is appropriate when conditions necessitate that individuals seek protection in their home, place of employment, or other location when disaster strikes.

X. CERTIFICATION OF REVIEW

A review of this plan has been conducted by the County Emergency Management Coordinator and the review is hereby certified;

DATE	NAME	SIGNATURE
4/17/2012	Brian A. Gottschall	
3/11/2013	Brian A. Gottschall	
3/13/2014	Brian A. Gottschall	
3/19/2015	Brian A. Gottschall	
3/10/2016	Brian A. Gottschall	
2/9/2017	Brian A. Gottschall	
3/22/2018	Brian A. Gottschall, MPA, CEM	
3/18/2019	Brian A. Gottschall, MPA, CEM	
3/4/2020	Brian A. Gottschall, MPA, CEM	
3/17/2020	Brian A. Gottschall, MPA, CEM	
7/8/2020	Brian A. Gottschall, MPA, CEM	

XI. RECORD OF CHANGES & UPDATES

Changes have been made to the plan as indicated, and copies of the changes have been provided to all entities requiring updates as indicated on the plan distribution list.

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
1	3/7/2012	4/5/2012	Donnie R. Swope
SUMMARY OF CHANGE(S):			
<p>Changes made to: Table of Contents, VII.C. Distribution pg. 28 now pg. 29 (pg.4). (pg.13) Section- A.3. Personal and Family Preparedness, with the addition of sections (a.) Preparedness and (b.) Prevention. In section b. Prevention: the order of preventative measures was changed to prioritize measures (pg.13). Addition of Agencies which maintain websites & Social Networks under Section-B.10 Public Information ESF (pg.22). Correction to Berks County Department of Emergency Services website on page 29 to reflect current website. Minor spelling and verbiage corrections were made with no impact to overall plan. Changes are a result of the Berks County Pandemic Advisor Committee recommendations.</p>			
CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
2	2/13/13	3/11/2013	Donnie R. Swope
SUMMARY OF CHANGE(S):			
<p>Change made to: Reading Hospital and Medical Center new name is Reading Health System, and St Joseph’s Medical Center’s new name is St. Joseph’s Regional Health Network.</p>			

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
3	2/25/2016	2/25/2016	Donnie R. Swope
SUMMARY OF CHANGE(S):			
<p>Changes made: St. Joseph’s Regional Health Network changed to Penn State Health St. Joseph’s on pg. 9. State Influenza link updated pg. 29 http://www.health.pa.gov under heading Authorities and References.</p>			
CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
4	2/7/2017	2/7/2017	Donnie R. Swope
SUMMARY OF CHANGE(S):			
<p>Change made, page 9, addition of American Red Cross to the Intra-Organization Notifications.</p>			

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
5	2/21/2018	2/21/2018	Donnie R. Swope
SUMMARY OF CHANGE(S):			
Change made: Reading Health System changed to Tower Health, Reading Hospital on page 9 of the plan.			
CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
6	2/26/2019	2/28/2019	Donnie R. Swope
SUMMARY OF CHANGE(S):			
Addition of Emergency Support Function (ESF) numbering to coincide with each referenced support function listed.			

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
7	2/3/2020	3/4/2020	Donnie R. Swope
SUMMARY OF CHANGE(S):			
<p>Corrected typos and grammar/run-on sentence issues.</p> <p>Changed reference to outdated NFP, four phases to five phases of emergency management.</p> <p>Plan updated to be more inclusive by adding the language "emerging infectious diseases" such as influenza...</p> <p>Added facemask information to Section 3.b, Personal and Family Preparedness, and Personal and Family Annex.</p>			
CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
8	5/13/2020	5/13/2020	Donnie R. Swope
SUMMARY OF CHANGE(S):			
<p>Plan name change to be more inclusive of infectious diseases, while still applicable to pandemic outbreaks. Changes were made to reflect actions taken during COVID-19 outbreak.</p> <p>Additional protective measures added.</p> <p>Language change from "emerging infectious disease" to "infectious disease outbreak"</p> <p>CDC information added from lessons learned during the COVID-19 Outbreak.</p>			