

Actions Local Leaders Can Take to Fight Pandemic Influenza

Trainees: District and Community Leaders and decision makers who have already received the information in the sessions called *What is Pandemic Influenza?* and *Teaching Preventive Messages About Influenza*.

What does this training cover?

This session is a basic introduction for district and community leaders and decision makers to the actions they need to take to slow the spread of influenza when a pandemic has reached their area. This session should follow *What is Pandemic Influenza?* and *Teaching Preventive Messages About Influenza*. This session will help participants to prepare better district and/or community pandemic preparedness plans.

LEARNING OBJECTIVES: At the end of this session, trainees should be able to:

1. Identify basic interventions they need to take to help limit the impact of influenza in their community during a wave of pandemic influenza.
2. Promote social distancing and understand the need to limit public gathering.
3. Identify key communication and feedback mechanisms for monitoring community needs and reactions and keeping the public informed and motivated to continue behaviors that lessen the effect of the pandemic.
4. Identify populations that may need special assistance and consider ways to connect them to support and services.

TRAINING METHODS: Role play, interactive presentation, discussion, brainstorming, small group work, story.

Suggested time to conduct training session: 3 hours to 3 hours and 15 minutes, if the optional activity is included.

Address pandemic severity: Trainers and participants should consider how the information in this session would differ based on pandemic severity in the community. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities. For more information on assessing pandemic severity, see the section on pandemic severity in the *Introduction & User Guide* as well as WHO’s *Considerations for Assessing the Severity of an Influenza Pandemic*, which can be found at www.who.int/wer/2009/wer8422/en/index.html.

Supplies and preparation needed:

- **Logistics:** Trainers need to make necessary logistical arrangements for the training, including any transport, venue, accommodation, and/or food requirements.
- **Role play:** Choose several participants to prepare in advance the role play that starts this session off.
- **Presentation:** Trainer should adapt and be prepared to present the content in Annex 1.
- **Slides or flipcharts:** The trainers should prepare the boxed text in Annex 1 as slides or on a flipchart. They may also be prepared as handouts.
- **Signs:** Be prepared to post signs “AGREE” and “DISAGREE” on opposite sides of the room, with space so that participants can walk between them.
- **Handouts:** Participants will each need a copy of Annex 3.
- **Recording session results:** The information that participants discuss and decisions they take in this session will feed directly into their next activity, development or revision of district pandemic preparedness and response plans. It is important to have someone responsible for recording and collecting the results of each activity for later use.

OPENING

(5-10 minutes)

If the training course starts with this session, begin with:

- **Welcome:** greet participants and do any necessary introductions.
- **Learning well together**
 - Ask participants to give ideas for **rules of behavior** for everyone during the training. (For example: one person talks at a time, turn off telephones, be respectful of participants’ contributions, cover coughs and sneezes, etc.)
 - Ask participants to be **active learners**, and to ask questions and listen carefully to each other.
- **Basic needs:** Tell participants where the restroom/toilet is, and other basic information.

If this session follows another module, begin the session with:

- **What to expect.** Tell participants the title, objectives, and length of the session.

ROLE PLAY AND DISCUSSION: YOU HAVE TO PLAY TO WIN

(15 minutes)

Optional activity, time permitting

Role play: If time permits, begin the session with the following brief role play. Use the names of sports teams that are popular in your area.

Present the scenario: The players of the [insert name of favorite team] football team have tied the score with just a few minutes left in a championship game with their biggest rivals [insert name of rival team]. The coach pulls them together to push them to victory. He encourages them, “you have a winning record, you have practiced so hard, you work well together as a team, you are just a few minutes from victory, etc.” The players are very unexcited and uninterested and every time the coach makes a suggestion, each player responds with a reason he can do nothing.

Ask participants to role play the dialogue:

Coach

“You, number 15, run around the fullback, and our star forward will pass to you for the goal. They will not expect this.”

Player 15

“There is nothing I can do. If the ball comes to me, I guess I could try to kick it, but it will be so difficult.”

Coach

“What are you saying? Well then, number 3, you guard against their best offense player, we can’t risk them getting another goal now.”

Player 3

“Only heaven can tell us who will win this game. It is out of our hands to do anything about it.”

Coach

“What is wrong with all of you? You have to play to win.”

Player 10

“They have always been a strong team. They will certainly overcome us. I think we should just give up trying and wait to see what will happen.”

All the players:

“Yes, let’s just wait and see what will happen to us.”

Discussion: Ask the participants the following questions:

- Does this sound like a winning football team?
- Do you think a team like this would have any fans or followers?
- What do you think this story has to do with community leaders preparing for an influenza pandemic?

Possible answers:

- People feel helpless if a serious illness threatens the entire world or don’t believe it will happen.
- They don’t think they can do anything about it.
- People admire or follow a team that has both skill and determination. People need their leaders to lead, especially in times of crisis.
- Leaders have the responsibility to guide the community when times are uncertain and dangerous.

Why do many leaders feel helpless in the face of a possible pandemic?

Some possible reasons leaders feel helpless:

- We have so many problems now, why should we pay attention to something that’s not even real yet?
- We can’t predict what will happen with a new disease.
- If the worst happens, it will be a disaster for the entire world.
- There is nothing we can do.

Tell the participants that, although a pandemic is a serious threat, there are a number of things leaders can do to protect and help their communities. Remind the participants that they are the leaders in their community and, like a popular team, people rely on them to be active and “win the game”. This session is about the actions community leaders can and should take in the face of a pandemic to protect their community.

PRESENTATION: ACTIONS TO FIGHT A PANDEMIC IN THE COMMUNITY

(1 hour)

1. Review the chart below:

| Basic Community Health Response | | |
|--|--|--|
| | Family/Household Level | Community / District Level (Depending on pandemic severity) |
| Prevention | <ul style="list-style-type: none"> • Keep your distance. • Wash your hands. • Cover your coughs and sneezes. • Isolate your ill (including fresh air, cleaning, masks, and all in household minimizing interaction with others if pandemic is severe). | <ul style="list-style-type: none"> • Educating families on prevention. • Limiting public crowding, gathering, mixing, contacts, etc., including: • Closing schools and child care centers • Advising on travel and transport. • Training community workers in infection control. |
| Care | Care for those ill with flu: <ul style="list-style-type: none"> • Rest • Fever • Medications • Fluids • Nutrition • Care seeking | <ul style="list-style-type: none"> • Educating families on home care. • Assisting the neediest/sickest households (incl. care, food, water, psychosocial first aid?, burial?). • Community case management (including antibiotics for pneumonia) where practical. • Continuity of care for selected conditions (such as HIV & TB medications) if possible. |
| Cross-Cutting Content: <ul style="list-style-type: none"> • What is pandemic flu?/Symptoms/How it spreads. • Keeping communities informed (numbers, location, and severity of cases; best sources of information and guidance.) • Addressing community perceptions and concerns. | | |

12/11/08 draft for in-country adaptation. Health Working Group, Humanitarian Pandemic Preparedness (H2P) Initiative
(Based on the document, Health Interventions, Tools, & Modules available at: www.coregroup.org/h2p/)

These are the basic health information and actions needed when a pandemic strikes the community. These are sometimes called **non-pharmaceutical interventions** or the things communities and families can do to lessen the spread of influenza that do not involve medicines.

2. **Ask:** Why do you think we focus on actions for communities and families that do not include drugs when we are trying to fight a serious disease?

Possible answers:

- We do not know if the drugs that exist now will work against the new form of influenza.
- Since so many people will be sick, even if drugs work, it is likely that there will not be enough for everyone.

- If current drugs/vaccines do not work, it will take months, at least, before new ones are ready.
- Often international and national authorities decide which drugs and vaccines to buy and distribute. Community leaders have other responsibilities.

3. Explain that actions that need to take place at the **household level** are in the left-hand column of the chart. Other training sessions (*Teaching Preventive Messages About Influenza, Infection Control for Community Health Responders, and Home-Based Care*) focus on this information, as well as the cross-cutting themes at the bottom of the chart.

Actions that need to take place at the **district/community level** to prevent spread of influenza are in the right-hand column. (Some of these actions include helping households to understand and perform the actions in the left-hand column.) The actions in the right-hand column, as well as the cross-cutting themes at the bottom of the chart, are the focus of this session.

4. **Tell** the participants, for every action in the chart, we have several important objectives:

Key Objectives of Leadership Action during a Pandemic.

- Reduce the chance that an infected person will meet a well person and spread influenza
- Assist individuals and households in need, and
- Keep communities informed, reassured, and willing to protect and care for themselves and others.

Experts say that none of these actions, by itself, will stop the spread of influenza completely. No matter what we do, we expect that influenza will spread. **But if we do all the recommended actions together, for a long enough time**, we can:

- Slow down the spread of influenza, which will give us a chance to help everyone who needs it
- Reduce the number of people who get influenza at the same time, lessening the burden on health facilities and other services
- Reduce the number of people who get influenza at all, save lives, and reduce suffering

The basic actions district/community leaders need to take to reduce the impact of an influenza pandemic (in the right-hand chart column) fall into three categories:

- Communicating to families and communities about prevention, care, and ongoing pandemic information.
- Social distancing (or keeping people far enough away from each other to limit chance of infection).
- Assisting the needy.

We will review each of these categories during this session.

5. Explain pandemic severity¹

The WHO pandemic phases consider the geographical spread of a pandemic virus and are intended as a global call to countries to increase their alertness and readiness. Within each WHO phase, countries can assess national or regional pandemic severity to best use limited resources and programs to lower health impacts.

The severity of a pandemic depends mostly on the virus that causes it, and severity may change over time during the course of the pandemic. While seasonal influenza causes death in less than 1 of 1,000 people who become ill, a pandemic virus may cause moderately higher to much higher rates of death.

Assessment of pandemic severity is complex.

- Severity can vary from one pandemic to the next, from country to country, and among different population groups or geographical areas. Therefore, a single assessment of severity at the global level may not be relevant or helpful to countries.
- Second, severity will likely change as an event unfolds over time. As a result, monitoring is essential to detect changes in how the disease is developing.
- Third, the accuracy of a severity assessment will reflect the quality and availability of information about the virus and the people who are susceptible to infection. Such information is most limited at the beginning of a pandemic and takes some time to develop.

At the country level, three things will determine the “impact” of a pandemic on a population:

1. The pandemic virus and its characteristics, as well as the epidemiological and clinical manifestations,
2. The vulnerability of the population,
3. The capacity of the community to respond.

This session addresses numbers 2 and 3 above. It will help community leaders to plan to respond in a pandemic, including assistance to those most likely to need help. It will also allow leaders to prepare in advance for different levels of response depending on pandemic severity.

Tell participants that throughout this session, they must **consider how their actions would differ based on pandemic severity in their community**. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities.

6. Briefly **review** key information planners need to consider in preparing for a pandemic, which they should have received in the sessions *What is Pandemic Influenza?*, and *Teaching Preventive Messages About Influenza*.

7. Using the content in Annex 1, ask participants what the **primary role of district/community leaders** would be for each category of actions.

DISCUSSION: TWO SPECIAL SITUATIONS IN A SEVERE PANDEMIC

(30 minutes)

Explain to participants that many of the actions under the Community/District Level column in the Basic Community Health Response Chart are not complicated, although they may be difficult to implement. We will discuss those actions shortly.

However, many leaders may not be familiar with two important activities in a severe pandemic:

- Providing psychosocial first aid to the traumatized (or deeply upset), and
- Safely and respectfully managing dead bodies.

Let's consider these topics separately.

1. Psychosocial first aid²

Have the participants brainstorm the answers to the following questions, and fill in any information that they do not give:

Ask: What are some signs that a person is traumatized and may need assistance in coping?

Possible answers:

- A range of **emotional responses** including anxiety, grief, joy at surviving, hopelessness, anger, fear, apathy (not caring), etc.
- **Physical responses** such as disrupted sleep patterns, gastrointestinal upset, suppressed immune function, etc.
- Negative **behavioral responses**: substance abuse, family violence, isolation, difficulty concentrating or completing tasks, etc.

Ask: What are some special needs of traumatized children?

Possible answers:

- Children may regress in behavior (act like they are a younger age), act aggressively, cling to parents, and have difficulty falling and/or staying asleep at night.
- During a pandemic, children will be apart from school and playmates, possibly for long periods of time. Try to engage them in regular activities, such as home lessons, to give structure and purpose to their day.

- Tell children the truth about the situation and reassure them that everything is being done to protect them and their families.
- Talk to children about their fears and questions.

Ask: What are some ways leaders can assist the traumatized?

Possible answers:

- Mobilize community groups, volunteers, religious communities, etc., to watch out for the needs of their neighbors, including severe psychological distress, and get help for those that need it.
- Identify lead agencies, such as the Red Cross/Red Crescent Society, to handle referrals for psychosocial first aid.
- Provide reassuring messages to the public about actions being taken to combat the pandemic, where they can seek help, etc.

2. Handling dead bodies

In a severe influenza pandemic, as happened in the 1918 Spanish Flu, communities can be overwhelmed with the task of dealing with many dead bodies. Leaders need to plan in advance to reduce the impact of this problem.

Explain that unlike some other infectious diseases, such as Ebola Fever, the possibility of spreading influenza through the handling of dead bodies is low. In fact, those handling the deceased face a much greater risk of getting influenza from exposure in the community than from this job. Still, standard precautions for avoiding possible contact with blood or body fluids should be taken.

Ask: What are standard precautions for minimizing contact with blood or body fluids that those handling dead bodies should take?

Possible answers:

- Frequent handwashing with soap.
- Where available, use of gloves, masks, gowns, eye protection.
- Cover mouth and nose of dead person with a mask or cloth while moving the body. Remove the mask before burial or cremation.

In a severe pandemic, if many people die, communities can quickly find it hard to collect, transport, and dispose of the dead.

Ask: What are some potential problems we may face burying or cremating the dead in a severe pandemic?

Possible answers:

- Not enough transport available for collecting and transporting bodies.
- Shortage of: burial and morgue spots, coffins and other burial materials, cremation facilities, gravediggers, available religious personnel, etc.
- Possible need for mass graves or cremations.
- Community sensitivity to burial/cremation without funeral services (due to social distancing measures).

Ask: Are there reporting requirements for deaths due to the pandemic and how will these be followed if volunteers are assisting with transport and burial of the dead?

Explain to participants that, in future sessions, they will be developing or revising district emergency preparedness plans to address pandemic influenza. Plans will address all the elements of the Basic Community Health Response chart.

Discussing these issues in advance will help leaders include them more thoughtfully in district/community level preparedness plans.

SMALL GROUP WORK: SUSTAINING COMMUNITY RESPONSE STRATEGIES (1 hour)

Some of the interventions recommended in the Basic Community Health Response chart will pose special challenges to community leaders and/or cause real hardships for the community. Let's consider some strategies for maintaining community commitment to some of the most difficult behaviors.

Divide the participants into three groups for the following exercise:

1. Communication
2. Social distancing
3. Assisting the neediest

Give them the handout *Reducing the Negative Effects of Actions Necessary to Slow the Spread of Influenza during a Pandemic* (Annex 2) either as a handout, projected on a screen, or written on a chalkboard or flipchart.

Have each group review the questions under its assigned topic and brainstorm ways to:

- Keep the community motivated to continue prevention measures for the time required for them to be effective (up to three months at a time and in up to three waves of infection, depending on pandemic severity)
- Limit the negative impact of these strict measures

After about 40 minutes, or when the groups seem ready, reconvene, and have each present its general conclusions. Remind them that all this information will help them as they develop or review district pandemic response plans.

CLOSING

(15 minutes)

Post two signs “AGREE” and “DISAGREE”, on opposite sides of the room, with space so that participants can walk between them.

Ask participants to respond to the following statements by standing beneath the sign that best describes their reaction to it. Between reading the statements, explore a little why people agreed or disagreed with each statement. Be sure to note any reasons participants disagree with the statements and either address their concern with the group or, if the concern just applies to one or two people, tell them you will respond after the session is over.

Read the statements:

1. I feel confident that I know the key actions leaders like me need to take to slow the spread of pandemic influenza in my community.
2. I can work with my fellow leaders to mobilize community groups to assist during a pandemic.
3. Leaders in my community will be able to provide regular communications to the community **and** get feedback to assess ongoing needs.

End the session by telling the participants the following story from Uganda:

A sassy young man wanted to show that he was more clever than a wise old man from his village. So, he caught a butterfly, held it between his hands, and took it to the old man. ‘Please, father, tell me, is this butterfly dead or alive?’ The young man thought, ‘whatever he says, I can trick him. If he says the butterfly is alive, I will crush it and the butterfly will die. If he says the butterfly is dead, I will let it go and the old man will not be as clever as I am.’ The old man looked thoughtfully at the younger man and said, ‘I don’t know whether this butterfly is dead or alive. But what I know is that the fate of the butterfly is in your hands.’

We cannot look to anyone else to tell us what will happen if pandemic influenza comes. We don’t know how bad it will be, how long it will last, or how many people will become sick or die.

But we do know one thing with certainty. The fate of our communities is in our own hands.

Thank participants.

REFERENCES

1. Adapted from: WHO (2009), Considerations for assessing the severity of an influenza pandemic. Weekly Epidemiological Record 84(22, 29 May):197–212. Available at: www.who.int/wer/2009/wer8422/en/index.html
2. Adapted from IFRC, Psychological First Aid materials and Psychological First Aid: A community support model, codeready.org

Annex 1: Interactive Presentation

BASIC COMMUNITY HEALTH RESPONSE TO AN INFLUENZA PANDEMIC

| Basic Community Health Response | | |
|--|--|--|
| | Family/Household Level | Community / District Level (Depending on pandemic severity) |
| Prevention | <ul style="list-style-type: none"> • Keep your distance. • Wash your hands. • Cover your coughs and sneezes. • Isolate your ill (including fresh air, cleaning, masks, and all in household minimizing interaction with others if pandemic is severe). | <ul style="list-style-type: none"> • Educating families on prevention. • Limiting public crowding, gathering, mixing, contacts, etc., including: • Closing schools and child care centers • Advising on travel and transport. • Training community workers in infection control. |
| Care | Care for those ill with flu: <ul style="list-style-type: none"> • Rest • Fever • Medications • Fluids • Nutrition • Care seeking | <ul style="list-style-type: none"> • Educating families on home care. • Assisting the neediest/sickest households (incl. care, food, water, psychosocial first aid?, burial?). • Community case management (including antibiotics for pneumonia) where practical. • Continuity of care for selected conditions (such as HIV & TB medications) if possible. |
| Cross-Cutting Content: <ul style="list-style-type: none"> • What is pandemic flu?/Symptoms/How it spreads. • Keeping communities informed (numbers, location, and severity of cases; best sources of information and guidance.) • Addressing community perceptions and concerns. | | |

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Key Objectives of Leadership Action during a Pandemic

- Reduce the chance that an infected person will meet a well person and spread the flu
- Assist individuals and households in need and
- Keep communities informed, reassured, and motivated to protect and care for themselves and others.

If we do all the recommended actions together, for a long enough time, we can:

- Slow down the spread of flu, which will let us “buy time” to help everyone who needs it.
- Reduce the number of people who get the flu at the same time, lessening the burden on health facilities and other services.
- Reduce the number of people who get the flu at all, save lives, and reduce suffering.

During your presentation, cover the three categories of leader action, and brainstorm with the participants about what they can do in their communities.

1. Communication

Disseminating the basic prevention messages:

The Four Flu Fighters

- Keep your distance (1-2 meters)
- Wash your hands
- Cover coughs and sneezes
- Separate the ill

If district and community leaders are seeing an increase in influenza-like illnesses in their area and do not get feedback from national government about pandemic influenza approaching their community, they should begin, on their own, to train the community about the Four Flu Fighters and what to expect during an influenza pandemic.

Disseminating basic care messages:

- Rest, fluids, fever, food, medications
- One caretaker of a sick person in the home, if possible
- Go to hospital for any of the following danger signs
 - Sick person suddenly becomes a lot sicker
 - Very difficult breathing or shortness of breath
 - Cannot take fluids, has persistent vomiting, or shows signs of dehydration
 - Lips or skin turning blue
 - Confusion such as not recognizing family or friends
 - Convulsions (shaking the person can't control)

- Chest pain
 - Coughing up blood
 - Loss of consciousness (fainting, does not respond when called or lightly shaken)
 - A sick infant younger than 2 months old or any infant who refuses to feed
- Infection control measures for health workers

Remind participants of the importance of getting **regular feedback** from the community to find out its needs and make good messages over time.

For the following discussion, participants need to consider the severity of the pandemic in or approaching their community to decide when they would implement each intervention. How and when to implement them should be part of their district preparedness plan.

Community Leader role in communications

- Prevent panic and boost confidence of community to respond and take effective actions
- Continuously monitor, and respond to, community needs
- Head off rumors and misinformation with accurate, frequent, and trustworthy information from sources the community trusts

2. Social distancing, or keeping enough space between people to break the chain of infection

Influenza is spread through the air when people are close together, by droplets from coughs, sneezes, speaking, singing, etc. and from surfaces infected with these droplets. To help break the chain of its spread, people need to keep at least 1-2 meters apart from each other, or arms' distance, especially from others who have influenza symptoms. Some ways to prevent close contact are included in the list below.

Severity of the pandemic and when to close public meeting places:

If the pandemic is moderate—for instance, if people get sick but get better quickly and few people die—leaders will not have to be as strict with closing gathering places as they would if the pandemic is very severe.

If the pandemic is more moderate, they might close the schools, but not close businesses.

Ask: How do you decide when to close different public meeting places down and when to re-open them?

If participants don't mention it, tell them: Your national government and the World Health Organization (WHO) will give guidance on when to act on closing and reopening schools, businesses, etc. It is important **to be clear in district emergency preparedness plans where and how district and community leaders will get information on when to start social distancing actions** such as closing schools, businesses, public transportation, etc.

It is also very important to know how close pandemic influenza is to your own community. During Pandemic Phases 5 and 6, when pandemic influenza is spreading in the world, leaders need to pay attention to when people in their area are developing illnesses that look like influenza. They should report these cases to the government according to national reporting systems, so that the spread of influenza can be tracked.

Community Leader role in social distancing

- Decide and enforce closing of public venues such as schools, entertainment venues, etc.
- Provide guidance on limiting close contact: greeting others from a distance; mask use for those ill with influenza, when in the presence of others, and their caretakers when with the sick; limiting moving in public: work, shopping, unnecessary travel, etc.
- Plan ways to limit the inconvenience of social distancing to community.
- Plan and act on strategies to gain community commitment to distancing over time.

3. Assisting the needy

Experience from the 1918 flu pandemic and other disasters shows that more attention needs to be given to identifying and assisting those that become overwhelmed during the crisis.

Ask: Who are some potentially vulnerable groups in our community?

Possible answers

- Households with sick caretakers
- The elderly
- Socially isolated people

Community Leaders role in helping the neediest

- Identify, monitor, and link needy and isolated households to assistance
- Plan for safe and respectful management of many dead bodies
- Plan for psychosocial assistance to traumatized individuals and households

Annex 2: Small Group Handout

REDUCING THE NEGATIVE EFFECTS OF ACTIONS NECESSARY TO SLOW THE SPREAD OF INFLUENZA DURING A PANDEMIC

| Questions/Issues | Specific ways leaders can address the issues raised |
|---|---|
| COMMUNICATION | |
| <ol style="list-style-type: none"> 1. What kinds of communication strategies can you use to encourage people to continue social distancing behaviors for up to 3 months at a time and if there are up to 2 waves of infection over 1-2 years? 2. How will you provide ongoing assistance to Community Health Responders and those providing home-based care without meetings? 3. What information will the community need and when? 4. How will you get good and regular feedback from the community? 5. How will you address rumors, misinformation, need for reassurance, other situations? 6. Other? | <p>Examples: Can Community Health Responders, including staff and volunteers, be asked to report family needs and concerns to district leaders? Can authorities publicize a reliable spokesperson, web site and/or mass media program where people can get trustworthy information?</p> |
| SOCIAL DISTANCING | |
| <ol style="list-style-type: none"> 1. Review the places people are most likely to gather, such as: <ul style="list-style-type: none"> ■ Workplaces ■ Markets ■ Health services ■ Places of worship ■ Cultural and religious events (weddings, festivals, funerals) ■ Schools ■ Entertainment venues | <p>Example: plan for mass-media coverage of:</p> <ul style="list-style-type: none"> ■ Religious services ■ Educational programs ■ Self-care programs |

| | |
|---|--|
| <ol style="list-style-type: none"> 2. For each place, list: <ul style="list-style-type: none"> ■ If it can be closed (that is, how will people get food if no market?) ■ What actions can be taken to enforce closures or limit public crowding? 3. Suggest ways leaders can engage others to reduce the disruptions caused by closures <ul style="list-style-type: none"> ■ Individuals and families ■ Employers ■ Healthcare providers ■ Schools ■ Religious leaders ■ Community-based organizations ■ Others? | |
|---|--|

ASSISTING THE NEEDIEST

| | |
|--|---|
| <ol style="list-style-type: none"> 1. Identify ways to monitor and address the needs of those who might need extra help: households with no caretakers, the elderly, the poor, persons with disabilities, everyone sick in household, who else? 2. What are some ways you might address special services that might be needed during a severe pandemic? <ul style="list-style-type: none"> ■ Psychosocial support for the traumatized ■ Handling of dead bodies 3. Other issues? | <p>Where can the community get information/help? You might refer to reliable local web sites, hotlines, news sources, and/or contact information of agencies that can provide information and assistance.</p> |
|--|---|

