SUSTAINING THE STATE WORKFORCE: STRATEGIES FOR EFFECTIVE PANDEMIC PLANNING

Executive Summary

An influenza pandemic or other widespread disease outbreak has the potential to overwhelm the routine operations of government, disrupt the economy, and stress the normal functioning of society. Maintaining essential state services during a pandemic will require not only innovative strategies but the adaptation of existing procedures and policies to meet the extraordinary challenges posed by such an event. And because the effects of a pandemic will be felt by agencies and activities far removed from the health sector, response planning must include not just state public health agencies but every sector of government and every segment of society—both public and private.

In 2007 and early 2008, the National Governors Association Center for Best Practices (NGA Center) conducted a series of regional pandemic preparedness workshops involving 55 states and territories and the District of Columbia to examine the non-medical implications of a pandemic. The workshops explored continuity of government, the provision of essential government services, the maintenance of critical infrastructure, and the effects of a pandemic on commerce and the economy. Policies to effectively protect and manage state workers were consistently found to be among the leading concerns of workshop participants and, as such, are the focus of this Issue Brief.

The sick leave, vacation time, telecommuting, flex-time, and other workforce policies used by state governments during “normal” operations may not be adequate to ensure the continuity of government during a pandemic emergency. High rates of absenteeism—and over extended periods of time—could occur not just because employees are ill but because they may have to care for ill family members or for children who have been dismissed from school. In addition, some employees may never return to work because of illness, death, or personal reasons. Policies and procedures to effectively manage workers must reflect those extraordinary conditions.

Specific workforce-related challenges during a pandemic include:

- Maintaining continuity of government, including the delivery of essential services to the state;
The development of policies to minimize the effects of pandemic on the workforce; and
The development of policies to address worker shortages to maintain essential services.

Effective policies must protect both the public and workers while resulting in the continuation of essential government services. Governors can play a critical role in providing the leadership required to develop effective workforce policies. In so doing, they should consider the following strategies:

- Create multiagency steering committees to identify those services that must be maintained during a pandemic and, in collaboration with public health agencies, develop statewide government workforce policies;
- During the planning process, assess the state workforce against those essential services to determine which personnel are essential, which personnel can be easily reassigned, and which departments, agencies, or offices could close during a pandemic emergency;
- During a pandemic, address worker shortages in essential areas by reassigning healthy employees, drawing on alternative worker pools—such as recently retired state employees and private temporary workers—and seeking volunteers from nonessential staff;
- Stop the spread of a pandemic in the workplace by providing adequate leave and incentives for ill employees to stay at home, promote social distancing measures and sanitary work environments, and allow for alternative work schedules—including telecommuting and flexible scheduling; and
- Explore partnerships with labor unions and private sector partners to raise awareness of the threat and develop coordinated and consistent workforce strategies to avoid perceptions of unequal treatment.

Background

Although the imminent threat of a pandemic sparked by the H5N1 “bird flu” appears to have abated and the exact timing of the next pandemic is impossible to predict, the consensus of the public health community is that a pandemic is certain to happen again. Whether that next event is as catastrophic as the 1918 Spanish Influenza or more akin to the relatively milder 1957 Asian flu and 1968 Hong Kong flu is also difficult to predict. What is known is that an influenza pandemic has the potential to significantly alter the day-to-day activities of a state. High rates of illness and death; fear; uncertainty; and the steps taken by governments, businesses, and individuals to slow the spread of disease and weather its impacts will affect every sector of society and every community in the country.

As states develop mitigation strategies for pandemic influenza, they must recognize that pandemic preparedness cannot focus only on ensuring the robustness of the public health and medical sectors. A pandemic will directly or indirectly affect every sector of government and every community. And because influenza is spread through human-to-human contact, limiting interaction among people is a key disease-fighting strategy. Doing so could require extraordinary measures, including reductions in or alterations to work hours, school dismissals and limits on public gatherings. The absenteeism caused by a pandemic, meanwhile, will require businesses and government to find increasingly novel ways to provide basic services to the public without spreading the illness in the process.
Against that backdrop, the National Governors Association Center for Best Practices (NGA Center) held a series of regional workshops on pandemic preparedness in 2007 and early 2008.1 The workshops focused on the non-medical implications of a pandemic and brought together state, local, and federal preparedness officials, members of the business community, and representatives of volunteer and nonprofit organizations. Among the most common concerns identified by workshop participants were the lack of policies for effectively managing state workers under the unique circumstances of a pandemic.1 In after-action reports prepared at the end of each workshop, 21 states identified as a high priority the need to focus on worker policies in the context of continuity of government and maintenance of critical infrastructure.2

Pandemic Workforce Policy Challenges

The impact of a pandemic is likely to be felt throughout the workforce in all industries and in both the public and private sectors. The National Strategy for Pandemic Influenza, released by the White House in November 2005, spells out the challenge succinctly:

- Absenteeism during the height of a pandemic could reach 40 percent of the workforce;
- Between 10 percent and 25 percent of the state workforce may be unable to report to work at any given time over an 18-month period;
- Employees will be unable to work because of their own or a family member’s illness or unwilling to work because of a fear of being exposed to the pandemic virus;
- Excessive absenteeism could strain day-to-day operations of government and essential private sector organizations;
- In industries where the workforce provides an essential service or maintains a critical infrastructure, a pandemic could threaten the reliability of utilities and other critical infrastructure; and
- A reduction in commerce over an extended period of time could impact the state economy as well as the solvency of businesses, causing loss of jobs and tax revenue during a pandemic and in the post-pandemic period.3

The extraordinary nature of a pandemic—with nearly two of every five employees likely to miss work for an extended period—presents a significant challenge to governors. They will be required to manage the expected shortfalls in the state workforce while balancing two competing and sometimes conflicting priorities: maintaining essential government operations and treating the state workforce fairly and compassionately. Underlying that conflict, and underscoring the difficulty of the challenge, is the added requirement to ensure sound public health strategies designed to limit the spread of disease within the workplace and in the community.

Unlike natural disasters in which the threat to essential government services comes mainly from physical damage to key infrastructure, the primary characteristic of a pandemic will be the damage inflicted on the workforce in the form of high rates of absenteeism over extended periods of time. Under these circumstances, states may struggle, financially and from a human resources perspective, to maintain services at “pre-pandemic” levels.

Worker absenteeism during a pandemic will have several causes: the illness itself, the need to care for sick family members or for children who have been dismissed from school, and possibly fear of exposure to the pandemic virus. In some sectors, particularly public health and other social

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1 An analysis of state preparedness, based on the workshops, is available in two NGA Center Issue Briefs: “Pandemic Preparedness in the States: An Interim Assessment from Five Regional Workshops” and “Pandemic Preparedness in the States: An Assessment of Progress and Opportunity.”
services, worker shortages caused by absenteeism will be exacerbated by an increase in the demand for services.

Individual workers, meanwhile, may struggle with the decision of whether to stay home when they are ill or how to provide care for family members if staying at home means foregoing a paycheck. Given that pandemics traditionally come in waves over the span of a year or more, and that each wave can last several weeks, employees could quickly exhaust their available vacation, sick, and personal leave benefits. And short- or long-term disability benefits may not be available to workers caring for sick family members or for children who are at home because of school closures.

That widespread absenteeism may be offset in some cases if employees who work in office settings are able to perform their duties remotely by telecommuting. This would keep the workplace free of illness, allow those workers to address their personal needs, and obviate a reliance on potentially inadequate leave benefits. Workers who provide services directly to the public or who work in institutional settings such as prisons or state hospitals, however, cannot perform their job responsibilities remotely and will rely on leave if they are forced to miss work. And because of their close contact with the public or with clients, these workers are likely to be exposed to a pandemic virus, further contributing to the stress of the decision of whether or not to work. Workers hired for short-term projects or to temporarily bolster a department’s workforce, meanwhile, are unlikely to receive leave benefits. These workers also will struggle with family- and child care needs and, in addition, may have little incentive to voluntarily miss work when they are ill, potentially contributing to the spread of the pandemic.

The overall challenge for governors, then, is to develop pandemic workforce policies that adequately reconcile the inherent conflict between maintaining essential government operations and supporting the needs of workers.

Maintaining Essential Government Operations

During a pandemic, the normal operations of government may need to be temporarily curtailed as a result of widespread illness, loss of revenue, or in response to disease-control strategies that limit the movement or congregation of people. Functions such as law enforcement, firefighting, emergency management, water and wastewater treatment, and other essential services will have to be maintained. States should consider a multistep strategy for determining which services are essential and for developing workforce policies to ensure those services can be maintained. The strategy includes:

- Forming multiagency, multisector working groups to identify essential services;
- Assessing which individual workers are essential to the maintenance of those services; and
- Developing alternate workplace strategies for as many workers as possible.

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ii States routinely use temporary personnel to meet short-term projects, fill seasonal work positions, or to augment departments experiencing a high demand for services. In Virginia, these workers—including cashiers, attorneys, IT professionals, skilled trade workers, administrative support technicians, agricultural workers, emergency responders, direct care providers, nurses, food service and housekeeping workers, and human resource professionals—constitute approximately 11 percent of the state workforce. While these workers are on the state payroll, they are not eligible for benefits. Florida operates a similar system, in which temporary employees augment departments but do not substitute for vacant career positions. They are compensated with an hourly wage but do not qualify for benefits.
Form multiagency working groups to identify essential services

The list of government services considered “essential” may appear self-evident: law enforcement, fire fighting, emergency management, and other services required to protect the health and safety of a community. A closer examination, however, reveals that the interdependencies among telecommunications, transportation, energy, and other critical infrastructure and key resources significantly complicates any effort to discern “essential” from “nonessential” services.

The definition of “essential” also may differ from state to state. Snow removal, for example, is likely to be an essential service for northern states, in order to support public safety as well as the flow of commerce. In the West, wildfire suppression is likely to emerge as an essential role for the protection of life and property. The NGA Center workshops illustrated these differences. For example, while the assurance of the food supply has been widely assumed to be a universal concern, several states reported they do not view this issue as among their top priorities because of a culture of stockpiling against severe weather and other threats.  

Governors should therefore consider convening broad-based working groups, comprised of both public sector officials, business interests, and other affected groups, to collaboratively determine for the state which government and private sector functions must continue under any circumstance and which could, reasonably, be curtailed temporarily under extreme circumstances. This approach has been used effectively in Virginia, where a system of advisory and oversight committees guides statewide pandemic planning efforts, including policies affecting the workforce. The committees include:

- A Commonwealth Pandemic Influenza Advisory Group that provides subject matter expertise on proposed pandemic response plans;
- An emergency preparedness committee within the Office of Commonwealth Preparedness that participates in plan development, review, and exercises; and
- An executive-level advisory board, called the Governor’s Secure Commonwealth Panel, with representatives of cabinet agencies, the general assembly, the private sector, academia, and local government.

Working in tandem, the committees develop the overall strategies, tactics, and policies that Virginia will implement during a pandemic and focus on issues that affect individual departments and agencies. The process ensures that multiple stakeholders from state agencies and all branches of government have an opportunity to inform and advise on a unified planning effort, rather than having each agency operate as individual, isolated units of government. In addition, the structure ensures that the development of policies for managing state activities during a pandemic include a broad spectrum of decision makers, including human resources administrators, department and agency heads, public health officials, elected officials, business owners, and workers.

Assess the workforce for essential and nonessential personnel

After a state has identified which functions are essential, the workforce supporting those functions can then be broken down into essential and nonessential groups for purposes of human resource management. While all employees have a role in the normal, day-to-day operations of state government, during a time of crisis, only some are considered essential to the maintenance of those operations.
Determining the roles of state employees before a pandemic serves two purposes: First, it assists in the development of policies to directly support and ensure the availability of essential workers and, second, it creates a pool of “nonessential” workers who can nonetheless be called on to assist in essential areas of government when worker shortages occur or where the need arises.

**Pennsylvania**, for example, has divided its workforce into three basic categories for the purposes of a pandemic or other large-scale emergency:

- Agencies and employees who operate or oversee the state’s critical infrastructure or key resources;
- Employees and agencies that have mission-critical elements or support other agencies’ mission-critical elements but which may have workers with general skills who are well and able to work and who can be redeployed to a mission-critical area; and
- Employees and agencies that do not have a mission-critical role. Activities in this category are likely to be suspended, and these workers reassigned to other positions until the emergency subsides.5

Pennsylvania’s pre-division of labor assists planners in knowing what resources will be available during a pandemic, what agencies are not essential for the continuity of government, and aides in preventing the spread of the illness by temporarily closing offices that are deemed “nonessential.”

**Develop alternate workplace strategies**

In general, all workforce policies for a pandemic must consider to some degree the idea of social distancing—the reduction of contact among individuals and groups of people—to avoid the transmission of disease. States have several tools available to achieve the benefits of social distancing while effectively managing potential workforce shortages, including:

- Telework, or telecommuting;
- Flexible work scheduling; and
- Abbreviated hours of operation.

Each of those strategies can be readily adapted from current state initiatives. For example, many states already are experimenting with telecommuting or abbreviated hours of operation in response to high energy costs. In **Virginia**, for example, Governor Tim Kaine’s State Telework Policy was implemented in 2006 with a goal of having 20 percent of eligible state employees telecommuting by 2010. By mid-2008, the state already had exceeded that goal, with 22 percent of eligible employees telecommuting.6

Meanwhile in response to skyrocketing energy costs, **Utah** Governor Jon Huntsman, Jr., in June 2008 instituted a four-day workweek initiative to reduce costs for both the state and for employees while maintaining services for state residents.7 **Washington** Governor Chris Gregoire put in place a similar four-day week program for several state agencies in October 2008 as an energy and cost-saving measure.

These strategies, and others like them, provide opportunities for states to consider and assess alternative workforce options for a pandemic or other emergency. In some cases, however, the nature of the service provided will require traditional delivery methods. Public safety agencies, for example, must have employees “on the street” in order to function. Prisons and other state-run
institutions require on-site staff for security, food, medical, laundry and other services. And some social welfare services require home visits or other face-to-face meetings with clients.

In these cases, telecommuting or reduced service hours may not be possible, and the conflict between maintaining operations and supporting sick workers or those with family care obligations will be most acute.

Supporting the Needs of Workers

Faced with myriad challenges to the state workforce in a pandemic, human resource administrators will be forced to implement policies designed to maximize the productivity of the available workforce while allowing as much flexibility as possible for workers who are sick or who must care for family members affected by the outbreak.

To protect the public as well as the workforce, states should evaluate their existing leave policies to determine whether they encourage all employees, including those without paid leave benefits, to take time off due to illness and whether they allow workers to care for family members without jeopardizing their jobs.

The most-basic leave policies that protect employment status are those mandated by the federal Family Medical Leave Act (FMLA). The act requires that employers provide eligible workers with up to 12 work weeks of unpaid leave during any 12-month period for a number of medical-related situations, including a serious illness on the part of the worker or to care for an immediate family member (spouse, child, or parent) with a serious illness. In some states, the FMLA provides the basis for pandemic-related leave. Arizona, for example, references the FMLA in its pandemic leave policy and, recognizing the unpaid nature of that leave, encourages state workers to anticipate the potential financial effects of a pandemic emergency by starting personal savings accounts that can be drawn on in the event of a pandemic or other long-term emergency. Nebraska’s pandemic leave policies also are based on the FMLA, although the amount of unpaid leave available to each employee is increased from 12 weeks to up to one year.

While these policies are designed to protect employee’s jobs in the event of prolonged absences, workers facing severe economic hardships may feel compelled to go to work when they are ill if staying at home means forgoing a paycheck. To address that possibility, states should consider additional strategies to encourage the social distancing necessary to slow the spread of the pandemic virus. These strategies include:

- Enhanced emergency paid-leave programs;
- Leave policies that provide partial or reduced pay;
- Donated leave programs; and
- Policies that ensure sick employees receive care during a pandemic.

*Enhanced emergency paid-leave policies*

Policies that provide for additional paid absences beyond traditional sick, personal, and vacation benefits not only help employees recover from illness, they also protect healthy workers and the public from exposure to the pandemic virus.

In South Carolina, the governor can authorize five days of paid emergency leave for employees if the government is forced to close because of an emergency such as hazardous weather. Existing provisions for weather emergencies could be extended to cover public health disasters as well. In
addition, code limitations on the maximum number of paid leave days available to an employee in a calendar year can be lifted during the emergency. Should employees exhaust their annual leave, sick leave and emergency leave, additional leave also may be given on a departmental basis.9

In Virginia, after the formal declaration of a pandemic or other exceptional disaster, all state employees are eligible for 80 hours (two weeks) of emergency leave to care for themselves or their families if they are in an affected area. After the emergency leave is exhausted, employees who remain ill or otherwise unable to work may apply for short-term disability. If the reason for the absence is related to the declared emergency, the employee does not have to use their own personal leave. The emergency leave benefit also renews annually and can be carried over should the state of emergency extend into multiple calendar years.10

**Donated leave programs**

In some cases, individual workers may exhaust all available leave benefits and still may require time off work. An additional option in these circumstances are donated leave programs such as voluntary leave banks in which employees can contribute unused leave to the bank for use by employees with extraordinary paid leave needs. At the federal level, voluntary leave banks operate at the discretion of each agency level under regulations issued by the Office of Personnel Management and are overseen by a “leave bank board” that determines how much donated annual leave an employee may receive from the leave bank.

Administration of a voluntary leave bank, however, can be burdensome if the bank operates on a statewide level. In Ohio, for example, the Department of Administrative Services considered a leave bank program but decided instead to initiate a voluntary leave transfer programs in which employees are able identify who they want their leave to go to on a pay-period-by-pay-period basis.

The federal government also offers an “emergency leave transfer” program in which employees of any Executive Branch agency can donate annual leave to other federal employees who are adversely affected by a major disaster, including floods, earthquakes, tornados, terrorist attacks or pandemic influenza. Notably, under that federal program, recipients are not required to exhaust their paid leave before receiving donated annual leave.

In all cases, states considering donated leave policies specifically for pandemic outbreaks should recognize that the demand for leave could outpace the supply of donated leave, particularly in a severe pandemic that results in very high illness rates and prolonged school closures.

**Provide care for ill employees during pandemic**

Finally, to ensure that employees receive treatment for their illnesses during a pandemic—both for the immediate symptoms of the influenza and for secondary infections that can be equally deadly—many states are considering ways to extend some basic medical insurance coverage to employees who do not normally receive insurance benefits, including part-time, hourly, and other workers. In Pennsylvania, for example, noncovered employees will be referred to the state’s public health care options, including “adultCare,” a state-subsidized, low income insurance; the Children’s Health Insurance Program (CHIP); and to county public health care clinics. Should the burden to public health care outweigh the cost of employer health care coverage, Pennsylvania is considering extending temporary coverage during the pandemic to relieve the burden on county clinics if funds are available in the Pennsylvania Employees’ Benefit Trust Fund. In addition, Pennsylvania encourages employees to seek coverage through their spouse’s employer if they have not done so already.11
Mitigating worker shortages needed for essential services

Despite the best efforts to reduce the impacts of a pandemic on the state workforce, employees inevitably will become ill, will need time to care for their families, and may not survive the pandemic. In addition, in some sectors, such as health care, an increased demand for essential services will stress even a healthy workforce. By planning strategically and in advance for those expected worker shortages, states can effectively bridge the gap between maintaining essential services and supporting the needs of their workers.

The key to effectively mitigating worker shortages, particularly in essential areas, is to identify personnel who are healthy, do not already serve in an essential position, and who may be able to “backfill” in other needed capacities to meet demand. Strategies for addressing anticipated workforce shortages include:

- Planning redundancy for essential state services;
- Reducing absenteeism;
- Compensating for increases in work load and hazardous work conditions;
- Utilizing recently retired employees to supplement the workforce;
- Encouraging surviving and immune employees to return to work as soon as possible;
- Exploring public-private partnerships; and
- Developing strategies in cooperation with organized labor.

Plan redundancy for essential state services
Because nonessential state agencies may close temporarily in a pandemic, displaced workers may be available to bolster the workforce in essential agencies. Federal requirements expect states to cross-train up to three employees to cover the duties of essential personnel in each work unit. To address this requirement, some states are relying on voluntary programs to identify staff to fill non-technical positions in essential agencies. Virginia has developed an “Adjunct Emergency Workforce” to address staffing shortages during pandemic or other disasters. Under that program, healthy employees who do not have critical support roles during the emergency, but who do have useful skills, can volunteer to participate on emergency response teams. The teams receive pre-pandemic job training and can be deployed to fill critical administrative gaps in departments that have been deemed essential. Specific roles could include non-technical duties at emergency clinics or health care facilities, such as greeting patients or managing paperwork to allow specialized personnel to focus on caring for the ill.

Reduce absenteeism
For state employees whose job duties cannot be performed remotely—such as state hospital health care staff and state corrections officers—absenteeism for reasons outside of personal illness may jeopardize the safety of the public. For health care workers, a duty to care in a time of crisis is a defining job duty. To maintain public safety, states have employed disparate strategies to keep health care workers and other specialized positions staffed during a crisis.

Under Maryland law, health care professionals are required to report to work in times of medical emergency. Failure to comply could result in arrest. The Public Engagement Pilot Project on Pandemic Influenza (PEPPPI) reports that obtaining commitments from vaccinated employees to work in conditions where they have been vaccinated against the illness might be a useful tool to discourage absenteeism. For essential personnel in each state, state pandemic plans include a formula to distribute antiviral medications not only to first responders, but to their immediate
families as well. By protecting essential employees’ families, workers are more likely to come to work during the pandemic period, especially in work conditions that may increase their chance of exposure to the illness.

**Compensate for increases in work load and hazardous work conditions**
States also have considered additional compensation to displaced state employees to encourage them to work through the pandemic period in other positions in lieu of taking wholesale emergency leave. **South Carolina**, for example, advises departments to consider not just overtime pay to cover worker shortages, but special assignment pay that would encourage state employees to take temporary positions in potentially hazardous conditions by offering them additional compensation to do so. In **Alaska**, if employees are reassigned to perform the duties of a higher salary range during an emergency, the employee is entitled to the salary commensurate with that position. Employees who are directed to stay at home because of agency closure, meanwhile, will continue to receive salary and benefits during the pandemic; however, those employees must remain on call during normal working hours should the agency reopen.

**Utilize recently retired employees to supplement the workforce**
The Society for Human Resource Management recommends calling on recently retired public service workers—particularly those whose certifications are still valid—to fill positions during a pandemic. This strategy could be particularly useful during a pandemic in which morbidity is high among the otherwise young and healthy, as was the case in the 1918 Spanish Influenza. In addition to providing much-needed manpower, recently retired public servants also are likely to retain the requisite institutional knowledge that would preclude the need for intensive training prior to deployment. For specialized positions in the health care community, identifying recently retired physicians and veterinarians in advance of the pandemic can supplement a critical workforce need.

**Encourage surviving and immune employees to return to work as soon as possible**
While the estimated duration of a pandemic varies, the pattern historically has included “waves” of infection that can last from four to twelve weeks. Employees who contract and recover from the virus during that first “wave” will have immunity to the pandemic strain and will be well-suited to work in capacities that require contact with the public during successive pandemic waves. They may, however, be unavailable because of illnesses among family members or because they must care for school-age children who have been dismissed from class.

**Explore public-private partnerships**
States also should consider strategies that bolster the state workforce with private sector resources. Temp agencies and contract workers provide a potential pool of employees, and outsourcing functions such as call centers, payroll departments, and unemployment compensation claim processing to private firms would take some administrative burdens off the state while ensuring essential programs are sustained.

Because several states already contract with the private sector for some of these functions, an opportunity exist to expand these relationships for emergency situations. **Virginia**, through its existing partnerships with private unemployment claim service providers, has included provisions in those contracts to move state operations to the contractor’s facilities in the Midwest if the state fails to provide services after three days.

States should keep in mind, however, that the private sector is no more immune to the effects of pandemic than is the state workforce. Nonetheless, the combination of state employees,
volunteers, temporary staff, and private sector firms can buttress an ailing workforce and allow the state to operate at a minimal level of service.

**Coordinate with organized labor in advance**

In states where public employees are organized under collective bargaining agreements, workforce pandemic planning requires additional attention to detail, as those agreements often govern shift changes, reduction in hours, changes to benefits, and alterations to job assignments and position descriptions. Because states will require maximum flexibility to protect their workers and public health during the pandemic, collective bargaining agreements may require provisions to allow the state, in an emergency, to reassign employees or temporarily close agencies. States should work with all relevant unions in advance to ensure agreements are in place as to the circumstances under which those collective bargaining agreements can be amended.

In some cases, states reserve the right to override the provisions of collective bargaining agreements in the interest of protecting the public and providing essential services. At the federal level, for example, the Office of Personnel Management has the right to reassign employees to other agencies in the interest of maintaining government operations.\(^\text{22}\)

During an emergency, executive orders can be used to resolve contractual conflicts in the name of public safety. However, those executive orders should be used as part of a pre-negotiated agreement with the unions, not as a substitute for advance, cooperative planning. Pennsylvania, for example, has consulted with unions during the pre-pandemic period to eliminate surprises and misunderstandings that could be caused by agency decisions during a pandemic. A formal emergency declaration or executive order creating emergency collective bargaining procedures, such as emergency hiring, changing shifts with little notice, reassigning employees outside their job classification, and utilizing nonunion contractors to reinforce an ailing workforce, is likely to require the advance consent of the union, but it will make for an easier transition from the routine work day to a pandemic period.

**CONCLUSION**

A large-scale public health incident such as pandemic influenza will significantly impact the day-to-day operations of government and commerce. Effective response strategies will require not just novel innovations and adaptations of current policy but the inclusion of expertise from every segment of society.

Governors have begun to address workforce policies for executive agencies, and some states have developed statewide plans for workforce preparedness. Current workforce measures used to curtail energy costs, such as telecommuting and flexible work scheduling are easily adaptable for use during a pandemic. Any strategy, however, must include comprehensive policies that define essential personnel and infrastructure, maintain basic government services, protect employees, and allow the workforce to quickly recover from illness. In general, governors pursuing solutions to mitigate the effects of a pandemic on the state workforce should consider the following strategies:

- Ensuring the continuity of government—including essential services delivery to the state during a pandemic—by using multiagency and stakeholder committees in collaboration with public health agencies to develop statewide government workforce policies;
• Assessing the workforce to determine essential personnel, personnel that can be reassigned, and departments that could close during a pandemic emergency early in the planning phase;
• Stopping the spread of a pandemic in the workplace by providing adequate leave and incentives for ill employees to stay at home, promote social distancing measures and sanitary work environments, and allow for alternative work schedules—including telecommuting and flexible scheduling;
• Mitigating potential worker shortages in essential areas by reassigning healthy employees, drawing on alternative worker pools—such as recently retired state employees and private temporary workers—and seeking volunteers from nonessential staff to support administrative functions; and
• Exploring partnerships with the private sector—and with labor unions—to raise awareness of the threat of a pandemic and to develop effective solutions to maintain essential government services.

Endnotes

2 Ibid.
5 For our purposes, “Mission Critical” refers to the fewest number of personnel and processes necessary to maintain a basic government continuity. Use of the term does not infer that some personnel are not important or necessary in a routine context.
7 See Utah’s four-day work week program at: <http://www.utah.gov/governor/news_media/article.html?article=1724>.
8 See Arizona’s human resources pandemic plan. Available at: <http://www.hr.state.az.us/Homepagelinks/pandemic_emp_faq_031407.pdf>.
11 Pennsylvania’s COOP plan was submitted to the CDC for review on July 31, 2008.
16 See South Carolina Pandemic Human Resources Reference Sheet. Available at:


