

**White Eagle Credit Union**  
**Disaster Recovery Addendum – Pandemic Flu Preparedness**  
**Section XIV**

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**General Policy Statement**

On November 1, 2005, the White House issued the National Strategy, which discusses the threat and potential impact of a pandemic influenza event. In March 2006 the National Credit Union Administration (NCUA) issued a letter to credit unions intended to raise awareness regarding the threat of a pandemic influenza outbreak and its potential impact on the delivery of critical financial services. The National Strategy states the “private sector should play an integral role in preparedness before a pandemic begins and should be part of the national response.” Credit unions and their service providers supply essential financial services and, as such, should consider preparedness and response strategy for a potential pandemic.

**Procedures**

The White Eagle Credit Union’s Board of Directors has approved and adopted this policy and procedures as a plan to prepare for and respond to a threat of influenza or other pandemic that causes serious widespread illness. The purpose of White Eagle Credit Union’s (WECU) Pandemic Flu Preparedness is to:

1. Assign leadership and support to access and implement assignment of staff to key functions in case of pandemic.
2. Set up staff training and education regarding the plan, key roles, and hygiene to prevent the spread of disease.
3. Set guidelines for critical supplies for personal protective equipment, hygiene, and environmental cleaning.
4. Establish a culture of infection control in the workplace that is reinforced during the annual influenza season, to include if possible, options for working offsite while ill, systems to reduce infection transmission, and employee education.
5. Establish contingency systems to maintain delivery of services during times of significant and sustained employee absenteeism.
6. Where possible, establish mechanisms to allow employees to provide services from home, if public health officials advise against non-essential travel outside the home.
7. Establish partnerships with other members of the financial community to provide mutual support and maintenance of essential services during a pandemic.

8. The Board of Directors has appointed the President and the Management Personnel as Coordinators. The team will be known as the Pandemic Response Team. The Coordinator and each team member will select at least one person from each branch. The Coordinator and each team member will select a back up employee to assume their duties in case of their own illness. This person will be kept current on all emergency procedures and this list will be kept with this policy and updated as needed. The current list of the Pandemic Response Team is as follows:
  1. Richard G. Blue, President
  2. Jennifer Pazzie, CFO
  3. Janet Stowell, Assistant Vice President of Branch Services
  4. Susan Schneider, Loan Manager
  5. Shannon Roberts, Operations Manager
  6. Kelsey Taylor, Branch Manager
  7. Debbie Morse, Branch Manager
9. It is the duty of the Coordinator to:
  1. Monitor issues and information related to pandemics to keep our plan up to date.
  2. Recommend any changes to the plan as circumstances warrant.
  3. Coordinate employee training.
  4. Communicate with public health agencies emergency responders and others regarding our plan, and understand their capabilities should an outbreak occur.
  5. Attend external training/seminars about pandemic influenza outbreaks in order to remain current about the pandemic threat in our community.
  6. Implement this plan should it become necessary.
  7. Maintain the Pandemic Influenza Planning Checklist for Credit Union to insure compliance and readiness in case of an event.
10. Pandemic Response Team Members will have the following responsibilities:
  1. Identify and communicate to the Coordinator which employees, vendors, suppliers and systems are essential to maintaining operations at their locations.
  2. Identify and communicate to the Coordinator the name of possible ancillary employees who could perform certain job duties in the case of a pandemic (e.g. consultants, temporary work services, retired employees).
  3. Develop and communicate to the Coordinator an emergency communications plan for their departments/locations including identification of key personnel, vendors, and members.
  4. Develop and submit a plan to continue operations at their locations with the least possible number of staff or closing locations to restrict exposure and maintain distance between staff and members. This may include closing the lobbies to members and routing traffic through the drive ups.
  5. Plan for alternative locations for employees to stay after hours as not to potentially expose family members to the virus after coming into contact with the public or going home to family members that may already have

contacted the virus. Pay per diem for meals. This would be voluntary, but could be implemented upon requests from staff.

6. Insure that all employees in their departments are adequately trained on emergency procedures in the case of a pandemic and in the prevention of illness.
7. Encourage all employees to be vaccinated annually for influenza.
8. Assist the Coordinator in the implementation of this plan, if necessary, at their locations.

#### 11. Preparation:

1. The Coordinator will maintain a list of contacts in the health profession to provide consultation and advice regarding this plan and implementation. Level of the flu activity will drive the response stages and actions to be taken. See section G.
2. The Coordinator will, at least annually prior to the influenza season, provide information to all employees regarding those practices that are recommended by public health officials that will reduce the spread of the infection. The Coordinator will also develop a list of recommended infection control supplies (hand soap, tissues, etc.) and ensure that each location has a sufficient supply of them.
3. The Coordinator will maintain a list of duties and positions for which individual employees are cross-trained within the credit union. Should staffing levels drop due to an outbreak, supervisors can use this list to fill in positions where needed.
4. The Coordinator will maintain a list of duties that employees can perform from home, as well as any equipment (such as computers) that may be necessary to perform those duties. Supervisors can then use this list to have those duties performed by employees from home should it become necessary.
5. The Coordinator shall recommend to the Board an emergency sick leave policy to be adopted in the event of a pandemic. The policy is to be non-punitive and require employees who have been exposed or who exhibit symptoms of the illness remain at home.
6. The Coordinator will ensure that the credit union has sufficient IT infrastructures to support employee telecommuting and remote access to credit union services and accounts by members.
7. The Coordinator shall develop a plan to keep employees informed of developments as they occur, including those employees who remain at home. This could include plans to obtain home e-mail addresses, telephone numbers for employees to call to receive recorded messages, pages on the website for employees, etc. The plan must also include procedures for responding promptly to employee's questions about such issues as whether to report for work and special hours of operations during a flu outbreak.
8. The Coordinator and Pandemic Response Team may conduct random drills at all locations to test the effectiveness of our plan as needed.

12. Should a pandemic occur, the Coordinator will, after consultation with knowledgeable health officials, implement the following steps, as deemed necessary:
  1. Encourage members and potential members to use remote banking facilities such as ATMs, on line banking, telephone services, and etc. The staffing of these services is to be increased as necessary to ensure that members using them receive prompt service and response so they will continue to use them.
  2. Employees with job duties that can be accomplished by telecommuting will be encouraged to work from home unless they have been cross-trained to work in place of an employee who is ill.
  3. The emergency sick leave policy should be implemented. Supervisors will be instructed to send and keep employees home if they exhibit symptoms of the illness, working from home if practical.
  4. Team members will contact their key vendors to determine the impact of the outbreak of their operations and its effects on our ability to perform our daily functions, and they will communicate the results to the Coordinator. The Coordinator will see to it that we obtain extra quantities of any necessary supplies that may be threatened due to the outbreak.
  5. The Coordinator, with assistance of team members, will monitor staffing levels at all locations and assist supervisors in finding ways to maintain critical operations in light of any staffing shortage. Should the closing of any locations be a consideration due to inadequate staffing availability, the Coordinator will first contact NCUA to obtain their advice and consent prior to closing. Should an office be closed, notices will be posted immediately and prominently at the location informing members and potential members of the situation and telling them where and how they can transact business. Telephone and other lines of communication must be routed to a location where they will be staffed by employees so the public's attempts to reach us do not go unanswered.
  6. The Coordinator is to ensure that the public is kept informed of any changes that affect their transaction of business with us. This information is to be included on the home page of our website, in the lobbies of our locations, and in other media as appropriate.
  7. The Coordinator is to implement the employee contact plan to ensure that all employees are kept informed of developments as they occur, including employees who remain at home.
  
13. Response Stages – Five Stage Levels:
  1. Stage one-no novel flu virus strains of public health concern; This stage is complete.
    - Revise disaster recovery plan to include flu pandemic
    - Board approval of the plan
    - Assessment of staff ability to fill roles
    - Assignment of staff to key functions

- Begin staff training and education regarding the plan
  - Begin stockpiling of critical supplies for personal protective equipment, hygiene, and environmental cleaning and hygiene.
2. Stage two-limited novel flu virus transmission abroad-no or limited transmissions in local area: This stage to be announced in media or local health department notices.
    - Review plan with staff
    - Training on proper hygiene to prevent the spread of disease
    - Communication with membership with credit union plans to continue servicing them if flu level elevates to next level.
    - Verify stockpiles of critical supplies are adequate- obtain more if not
    - Highly recommend vaccinations where available
  3. Stage three-sustained novel flu virus transmission in the area with a large number of cases, public health control measures appears to be effective. This stage to be announced in media or local health department notices.
    - Implement infection control measures
    - If staff members have become infected or otherwise unavailable, restrict hours of operation
    - Prepare staff and members for possible closure of lobby
  4. Stage four-sustained novel flu virus transmission in the area with a large number of cases and public health control measures appear to be ineffective; emergency sick leave policy to be ordered by authorities. This stage to be announced in the media or by local health authorities directly.
    - Lobby closed to members except for opening accounts, closing loans, or other circumstances where the transaction can not be done by other means
    - Adjust hours of operation as needed to cope with staff shortages, call upon ancillary employees to help fill in staff shortages
    - On a voluntary basis allow staff to isolate themselves from their families by staying in a designated alternative lodging with per diem for meals
    - Communicate with members regarding changes in operations and locations available to perform transactions
    - Limit access to credit union by vendors, examiners, or other outsiders to a strictly as needed basis
    - If ordered to close by the health authorities, notify NCUA, place proper notices and set up operations remotely, electronically, and with minimal staff to perform necessary posting functions.
  5. Stage five-decreases in number of new cases and eventual control of transmission. This stage to be announced in media or by local health authority notices.
    - Begin standing down from level four by gradually restoring member access and services.
    - Maintain communications with members

- Assess staffing needs
- Restore stockpiles of supplies as available

#### 14. Infection Control Measures:

1. The two most common forms of transmission:
  - Droplet transmission-involves contact of the membranes in the nose or mouth of a susceptible person with large-particle droplets produced by a person with the disease or carrier. These droplets do not remain suspended in the air and travel short distance of about 3 feet
  - Direct contact transmission-involves skin-to-skin contact and physical transfer to a susceptible host from an infected person. Indirect contact involves contact with an intermediate object and is not very common, but could happen.
2. Respirator hygiene/cough etiquette is essential for preventing the spread of the virus. The development of good hygiene/cough etiquette before the arrival of the virus is essential. The elements are:
  - Educate the staff on the importance of containing respiratory secretions to prevent the transmission of influenza and other respiratory viruses.
  - People should cover their mouth/nose when coughing and dispose of used tissues properly.
  - Hand hygiene after contact with respiratory secretions: If the hands are visibly soiled or contaminated they should be washed with soap and hot water. Any type of soap may be used. In the absence of visible contamination, alcohol-based products are preferred over soap and water, and are recommended for use after the soap and water washing.
  - Maintain a distance greater than 3 feet from others when possible.
  - Masks (either surgical or treatment) have not been found to be effective in the prevention and may not be used since it creates a false security. The primary value is use by infected people to contain large droplets.
  - Gloves are effective against contact with secretions. Must be changed often to be effective.
  - Frequent hand sanitation to prevent the spread from direct or indirect contact with the virus, by touching the hands to the mouth or nose.
  - Washing and sanitizing hands after removing gloves.
3. Other effective elements to preventing the spread of virus are:
  - Waste cans should be emptied often or at least daily to remove tissues and other items that could harbor the virus. Fresh trash can liners should be used with each change.
  - Regularly cleaning with a disinfectant on frequently touched surfaces. (Spraying rooms with an aerosol has not been found effective.)

- Set any tables or chairs used to do certain activities with a member once the lobbies are closed to a distance of at least 3 feet and wipe with a disinfectant once the transaction is complete and the employee transacting the business should use the hand sanitation.
4. Items that should be stockpiled in ample amounts as a shortage may occur once a pandemic occurs are:
- Latex examination/procedure gloves
  - Alcohol based hand cleaner
  - Hand soap
  - Small supply of surgical/treatment masks
  - Disinfectant Cleaner
  - Tissues
  - Trash Can Liners
  - Paper Towels

15. Areas that could be impacted by flu pandemic:

<b>System/Service</b>	<b>Criticality</b>	<b>Probability</b>	<b>Duration (# of days)</b>	<b>Area of Focus</b>
Staffing	1	2	1	High
Cash	1	3	1	High
Wire Transfers	1	3	1	High
New Accounts	1	3	2	High
CUMoney Cards	1	3	2	High
Share Drafts	1	3	3	High
ACH	1	3	3	High
Debit Card Posting	1	3	3	High
ATM Card Posting	1	3	3	High
Loan Ins Claims	1	4	3	High
Loan Disbursements	1	4	3	High
Telecommunications	1	4	1	Intermediate
Security	1	4	1	Intermediate
Facility	1	4	1	Intermediate
Utilities	1	4	1	Intermediate
VISA Processing	3	3	2	Intermediate
Computer Hardware	1	4	2	Intermediate
Internet Access	1	4	2	Intermediate
Credit Bureau	2	3	3	Intermediate
CUNA Insurance	2	3	3	Intermediate
Loan Applications	2	4	3	Intermediate
ATM Machine Posting	2	3	5	Intermediate
Receiving Payments	2	3	5	Intermediate
Website	4	1	7	Intermediate
HR and Payroll	1	3	7	Intermediate

Check Ordering	4	3	10	Low
ChexSystems	4	3	10	Low
PC Software	4	4	14	Low
Existing Loan Docs	2	3	7	Low
Titles	2	3	7	Low
Proof of Insurance	2	3	7	Low

Criticality: Scale of 1 to 5 with 1 being most critical

Probability: Scale of 1 to 5 with 1 being most likely of this being impacted

Duration: Number of days the credit union could be without this system or service

Area of Focus: High is combination of short duration, most likely occurrence, and most critical.

16. Strategies for maintaining services with an Area of Focus of High:

1. Staffing; most likely to be impacted, driven by the response stages and five stage levels. At the levels of one to three it would be possible to admit members to the lobby to open new accounts, perform loan transactions, and resolve other issues. The likeliness of employees absent because of contracting the virus is low. At levels four and five the lobby may be closed to any type of transaction per the public health authorities, drive up usage may even be impacted but not likely. Employees absent from contracting the virus may be high in all departments and branches. Alternative employees will be called upon to fill in. Services will be limited to telephone, ATM, and internet transactions. Reduction in hours is necessary. Cross training and written documentation on posting and transaction procedures will allow the credit union to operate with reduced staff.
2. Cash; the most important service for the members. With the closing of the lobby, members will need to utilize the drive up for transactions. Upon the closing of the drive up members can deposit into the night drop and / or ATM with employees on standby to pull these transactions, verify, and post checks and make as immediate availability in cases that are necessary following credit union policies. Managers need to be prepared to make exceptions. Direct deposits and ATM/Debit cards will make the cash availability easier for members. Cash is obtained by armored delivery. The credit union has a relationship with one carrier. Alternatives to include an additional carrier and relationships with financial institutions that keep larger supplies on hand to help with cash supply in case our courier is unable to deliver.
3. Wire transfers; are done through Kansas Corporate Credit Union. If members cannot sign for an outgoing transfer, procedures exist for verifying, and/or faxing information from the member for the request. All employees can initiate wire transfers. All means necessary to work requests for wire transfer should be performed.
4. New Accounts; even though the highest priority of WECU would be to service our existing membership, we will attempt to open new accounts



even if our lobbies are closed to regular branch activity traffic. Normal CIP procedures would be followed.

5. Travel Cards/Gift cards: Travel cards and/or gift cards could be used as a back-up source for shortages in cash in the branches. They would be given through the drive thru and fees would be waived in instances where cash is unavailable.
6. Share Drafts, ACH, Debit & ATM; these could be posted by one person and will be a critical function to maintain even if all other areas of the credit union are shut down. This will be cross trained to as many as employees as possible with a back up procedure to follow in case all trained employees are infected by the virus.
7. Loan Insurance Claims; claims will increase as more and more members are infected with the virus and with the high mortality rate from a flu pandemic. This will be given as a priority for employees to work. This could be done in various ways and by an employee working from remote location to the credit union. Claims could be dropped off in the night drop, drive up, or sent by fax or mail.
8. Loan Disbursements; the demand for emergency funds and small loans will likely increase during a pandemic event. Loan applications can be done by internet, fax, mail, telephone, night drop, and drive through. Disbursements can be used with docu-sign by email and wiring the funds.

17. Communication:

1. Communication to the public will come from the President/CEO of WECU with guidance from the Board of Directors, in the likeliness of his illness the CFO will step in and follow the chain of command within the credit union to communicate information with the membership, staff, directors, and local authorities. Information will be posted in reference to the stages of the pandemic on our web page letting everyone know what services we can perform at that stage and of any closures or possible closures of branches due to the stage level that may require closure or branch employee shortages due to widespread illness. Notices will be posted in the lobbies, doors, at ATM's, and anywhere else possible to inform the membership of branch and service status. This will also apply when stage level five has been reached and the credit union begins to restore normal operations.

18. Assessment:

1. The Board of Directors directs the Pandemic Response Team to conduct an assessment of WECU's plan as necessary and submit the findings to the Board with the Team responses to the exceptions so the plan is continuously updated and complete to meet a pandemic.

19. Contact Agencies for information regarding Pandemic Alerts and Phases (Stages):

1. World Health Organization (WHO)
  - [www.who.int](http://www.who.int)
  - Regional Office for the Americas
  - 525 23<sup>rd</sup> ST NW
  - Washington, DC 20037
  - 202-974-3000
2. US Department of Health and Human Services
  - [www.pandemicflu.gov](http://www.pandemicflu.gov)
  - 2000 Independence Ave SW
  - Washington, DC 20201
  - 800-232-4636
3. Centers for Disease Control and Prevention
  - [www.cdc.gov](http://www.cdc.gov)
  - 1600 Clifton RD
  - Atlanta, GA 30333
  - 404-639-3311
4. Kansas Department of Health and Environment
  - [www.kdheks.gov](http://www.kdheks.gov)
  - Curtis State Office Building
  - 1000 SW Jackson
  - Topeka, KS 66612
  - 785-296-1500