

Department of the Interior  
Pandemic Influenza Plan



November 30, 2007

# Record of Changes

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THE ASSOCIATE DEPUTY SECRETARY OF THE INTERIOR  
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Memorandum

To: Inspector General  
Solicitor  
Assistant Secretaries  
Bureau Directors  
Heads of Offices

From: James E. Cason  
Associate Deputy Secretary

Subject: *DOI Pandemic Influenza Plan*

Effective planning is crucial to protect lives and health and to assure we can perform essential functions for the American people during a pandemic emergency. The *DOI Pandemic Influenza Plan* describes a coordinated Departmental strategy to prepare for and respond to an influenza pandemic. The attached *DOI Pandemic Influenza Plan* supersedes the April 2006 draft plan. This Plan has been prepared in accordance with the *National Strategy for Pandemic Influenza*, and the subsequent implementation guidance provided in the *National Strategy for Pandemic Influenza: Implementation Plan*, as well as interagency guidance from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Personnel Management, and the U.S. Department of Homeland Security.

The *DOI Pandemic Influenza Plan* addresses how the Department will protect the health and safety of DOI's employees; maintain the essential functions and services of the Department during events resulting in significant and sustained absenteeism; support the Federal, State, and local response to a pandemic; and communicate effectively with DOI's stakeholders during a pandemic. The Plan includes guidance for community mitigation/social distancing, as well as an interim pandemic vaccine prioritization scheme for DOI essential personnel should a pandemic strain vaccine become available.

The Departmental Plan also establishes requirements for bureau and office pandemic planning. In accordance with the operational guidance and policy direction provided in this Plan, bureaus, the Office of the Solicitor, the Office of Inspector General, and the National Business Center are required to submit independent pandemic influenza plans for their respective organizations within 90 days of the publication of this Plan. Offices within the Immediate Office of the Secretary and those reporting to the Assistant Secretary – Policy, Management and Budget are required to complete applicable portions of Appendix P within 90 days of the publication of this Plan.

If you have any questions, please contact Lt. Elaine Wolff, Emergency Management Division, 202-208-5417, room 318-S1B.

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# Executive Summary

An influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat. Planning and preparedness before the next pandemic strikes—the inter-pandemic period—is critical for an effective response. This plan describes a coordinated Departmental strategy to prepare for and respond to an influenza pandemic.

## Overview

The Department's pandemic influenza plan development effort encompassed a number of factors. The most prominent planning considerations are the Federal mandates and guidelines for pandemic influenza (including *National Strategy for Pandemic Influenza* and the *National Strategy for Pandemic Influenza: Implementation Plan*), Department-specific guidelines, and other Federal Department's and Agency's pandemic influenza guidance and plans.

The *DOI Pandemic Influenza Plan* provides guidance and direction for all DOI Bureaus and Offices. This pandemic influenza plan details Departmental operations during a pandemic and integrates DOI's Bureaus, National Business Center (NBC), Office of the Solicitor (SOL), and Office of Inspector General (OIG) pandemic influenza plans, which are maintained separately from this Departmental pandemic influenza plan.

## Purpose

The purpose of the *DOI Pandemic Influenza Plan* is to address how the Department will:

- Protect the health and safety of DOI's employees
- Maintain the essential functions and services of the Department during events resulting in significant and sustained absenteeism
- Support the Federal, State, and local response to a pandemic
- Communicate effectively with DOI's stakeholders during a pandemic.

While the plan focuses specifically on a pandemic caused by influenza, it is also applicable to pandemics caused by other diseases that have a similar affect on operations. Additionally, the plan integrates planning and preparedness efforts being taken by DOI's Bureaus as well as Offices within the Office of the Secretary.

## Plan Maintenance

This plan is updated as needed. Changes to the *DOI Pandemic Influenza Plan* are issued by the Departmental Emergency Coordinator. An annual review of this plan will take place in conjunction with the *DOI COOP Plan* update. Individual holders of the *DOI Pandemic Influenza Plan* are responsible for ensuring their copies of the plan remain current.

## Plan Distribution

This plan shall be distributed to all Bureaus and Offices, and receive broad distribution to DOI employees.

## **Concept of Operations**

Due to the nature of the *DOI Pandemic Influenza Plan*, elements of the plan are activated in stages based on the location, duration, and severity of the pandemic. It is activated as a means to:

- Stop, slow or otherwise limit the spread of a pandemic to the United States
- Limit the domestic spread of a pandemic, and mitigate disease, suffering, and death
- Sustain infrastructure and mitigate impact to the economy and the functioning of society.

Partial activation of this plan allows the flexibility to react based on the situation. It also ensures that the Department remains responsive to the Federal Government Response Stages (FGRS). DOI has identified actions it will take and measures it will implement based on each FGRS, and these are listed in this plan.

## **Plan Activation**

The Secretary of Homeland Security is responsible for coordination of the Federal response during a pandemic, and supports the Secretary of Health and Human Services' coordination of overall public health and medical emergency response efforts. The Secretary of Homeland Security is also responsible for coordination of the overall Federal response to the pandemic.

DOI will activate the *DOI Pandemic Influenza Plan* in response to an actual or potential pandemic in accordance with Departmental Manual (DM) 900. The responsibility of activating this plan is delegated to the Assistant Secretary – Policy, Management, and Budget (PMB). In addition, Bureau Directors have the authority to activate their respective pandemic influenza plans independent of an activation of the *DOI Pandemic Influenza Plan*.

## **Prioritization of Departmental Activities During a Pandemic**

During health emergencies, the objective of the Department is to continue executing its activities to the greatest extent possible while limiting the spread of disease, sustaining infrastructure, and mitigating impact to the economy and the functioning of society. To ensure this, prioritized functions are reflected in this plan, as well as Bureau pandemic influenza plans.

Strategies and policies have been developed by the U.S. Department of Health and Human Services (HHS), Office of Personnel Management (OPM), the Occupational Health and Safety Administration (OSHA), as well as other Federal Departments and Agencies, to mitigate the impact of the disease on employee health and ensure the Mission Essential Functions of the Federal Government continue with no or minimal interruptions. DOI has adopted these strategies and policies, and will implement them on a phased basis.

## **Social Distancing**

As a means of preventing the spread of disease and continuing operations, DOI will implement the social distancing measures. These measures are applied either partially or fully depending on the severity of the pandemic in the area.

## **Vaccination and Anti-Viral Medications**

The Centers for Disease Control and Prevention (CDC) is developing guidance on anti-viral medication and vaccine distribution and use during an influenza pandemic. DOI has developed

an interim pandemic vaccine prioritization scheme, and it is located in this plan. Current guidance as it pertains to those DOI employees in high risk of exposure settings, such as handling wild birds, is also described in this plan.

### **Personal Protective Equipment (PPE)**

At this current time, the CDC does not recommend the routine use of masks or other PPE for the general workforce. Guidelines on the minimum PPE to be employed by those DOI employees working in situations that put them at higher risk of infection, and other circumstances, are outlined in this plan.

### **Telework**

Telework will be a key method for social distancing while continuing the Department's operations during a pandemic. Telework agreements are in the process of being developed with certain DOI employees to enable them to work from home during a pandemic.

### **Leave & Other Human Resources Flexibilities**

During a pandemic, Bureaus and Offices need to plan for employee absenteeism rates reaching as high as 40 percent during the peak weeks of a community outbreak. Therefore, Bureaus and Offices should utilize a variety of means, including annual, sick, and family medical leave, as well as scheduling and staffing flexibilities, to ensure the continuity of DOI's operations and essential functions.

### **Alternate Operating Facilities**

If a pandemic hits the United States, DOI employees, and Continuity of Operations (COOP) team members specifically, may be dispersed in smaller groups to the Departmental alternate facilities (as a mean of social distancing) to perform DOI's Mission Essential Functions.

### **Special Provisions for COOP Team Members During a Pandemic**

Employees working at Departmental COOP Sites during a pandemic are required to take certain precautions before deploying and upon arrival. Some of these requirements include: being screened (to ensure not infected), receiving vaccination (if available) and influenza anti-virals, quarantining at COOP site (first few days of arrival) to determine individuals are not infected, and working flexible/alternate schedules (to reduce the numbers of personnel in the COOP Sites at one time, social distancing).

### ***DOI COOP Plan***

To the extent possible, the Department continues to perform its normal functions. Should the Department's workforce be significantly impacted, the Assistant Secretary – PMB has the option to fully or partially activate the *DOI COOP Plan*. In addition, in the event of an emergency/incident/disaster or the threat of one occurs during the influenza pandemic, the Assistant Secretary – PMB can activate the *DOI COOP Plan*.

Activating the *DOI COOP Plan* would shift the Department's functions to a focused effort and personnel devoted to the continuation of DOI's 13 Primary Mission Essential Functions,

Secondary Mission Essential Functions, and supporting activities as identified in the *DOI COOP Plan*. Another feature of the *DOI COOP Plan*, Reconstitution, may also be applicable.

### **Employees Returning to Work Once Recovered**

DOI employees who fall ill with influenza, and subsequently recover, are able to return to work once deemed fit for duty in accordance to the Fitness for Duty policy. These employees will have acquired immunity and are an important asset to maintain continuity of Departmental operations and accomplish the Department's critical missions.

### **Protecting Employee Health and Safety**

The Office of Occupational Health and Safety (OHS) determines the appropriate countermeasures for DOI personnel. This Plan sets forth the policy and guidance to execute the Department's responsibilities in protecting employees from contracting pandemic disease at the workplace. DOI is committed to ensuring all employees maintain the appropriate health and safety practices to minimize the risk of acquiring pandemic influenza at the workplace.

### **Supporting the Federal Response, States, and Communities**

The Department, as a whole and through its constituent Bureaus and Offices, is committed to meeting its responsibilities specified in the National Response Plan (NRP). Support to the NRP is a Primary Mission Essential Function of the Department. During a pandemic, the Department must assure readiness to provide support to the NRP for both health-related emergencies and other disasters/incidents which could occur during a pandemic.

The Federal Government has divided the country into five Regional Areas of Responsibility for Pandemic Influenza, with each Regional Area including two FEMA Regions. In this scheme, there is a National Principal Federal Official, along with five Regional Principal Federal Officials (PFOs) (one in each Regional Area), and ten Deputy Regional PFOs (two per Regional Area).

The Interior Regional Emergency Coordinating Councils (I-RECCs) serve as the critical element for the Department's regional coordination with the Federal Regional Areas of Responsibility for Pandemic Influenza. Members of the I-RECCs serve as point of contacts for the Department to maintain liaison and coordination with the FEMA Regions, and to coordinate emergency activities across DOI Bureaus and Offices on a regional basis. The I-RECCs enhance mutual support within the regions among DOI Bureaus/Offices, FEMA, other Federal Agencies, States, Tribes, territorial, and local governments in preparation/planning for, and responding to, the pandemic.

### **Communication with Key Audiences**

The Office of Communications (OCO) within the Office of the Secretary is responsible for providing timely, accurate and consistent information to internal and external audiences.

There are several critical phases in avian influenza monitoring and pandemic preparedness and response in which the DOI avian/pandemic influenza communications plans, protocols and messages would be activated. This plan outlines the triggers for activating various components of the DOI communications plan, as well as the actions taken.

# DOI Pandemic Influenza Plan

An influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat. Planning and preparedness before the next pandemic strikes—the inter-pandemic period—is critical for an effective response. This Plan describes a coordinated Departmental strategy to prepare for and respond to an influenza pandemic.

## 1. Overview of the *DOI Pandemic Influenza Plan*

The Office of Law Enforcement, Security, and Emergency Management (OLESEM) is responsible for preparing the *Department of the Interior (DOI) Pandemic Influenza Plan*; however, all of DOI's Bureaus as well as specific Offices within the Office of the Secretary have specific roles in the development and execution of the plan.

### 1.1 Purpose

The purpose of the *DOI Pandemic Influenza Plan* is to address how the Department will:

- Protect the health and safety of DOI's employees
- Maintain the essential functions and services of the Department during events resulting in significant and sustained absenteeism
- Support the Federal, State, and local response to a pandemic
- Communicate effectively with DOI's stakeholders during a pandemic.

While the plan focuses specifically on a pandemic caused by influenza, it is also applicable to pandemics caused by other diseases that have a similar affect on operations. Additionally, the plan integrates planning and preparedness efforts being taken by DOI's Bureaus as well as Offices within the Office of the Secretary.

### 1.2 Basis

The *DOI Pandemic Influenza Plan* has been developed based on the *National Strategy for Pandemic Influenza* and the *National Strategy for Pandemic Influenza: Implementation Plan*, both issued by the White House. The *National Strategy* outlines responsibilities that individuals, industry, State and local governments, and the Federal Government have for preparing and responding to a pandemic. The *Implementation Plan* identifies the critical steps that must be taken immediately and over the coming months and years to address the threat of an influenza pandemic. Both documents provide the foundation for DOI's planning effort.

Within DOI, policies that govern the Department's Emergency Management program are found in Departmental Manual (DM) 900. Appendix B lists in table format, the entire set of directives and policy documents to which DOI's pandemic plan responds at both the Federal and Department levels.

### 1.3 Applicability/Scope

The *DOI Pandemic Influenza Plan* provides guidance and direction for all DOI Bureaus and Offices. For the purpose of this plan, references to Bureaus pandemic influenza plans include

pandemic influenza plans of the National Business Center (NBC), the Office of the Solicitor (SOL), and the Office of Inspector General (OIG).

Each Bureau Director has prepared and approved a pandemic influenza plan to ensure the health and safety of employees is protected; Mission Essential Functions are continued; Federal, State and local responses are supported; and communication with stakeholders is sustained during a pandemic. This pandemic influenza plan details Departmental operations during a pandemic and integrates DOI's Bureaus, NBC, SOL, and OIG pandemic influenza plans, which are maintained separately from this Departmental pandemic influenza plan. It also takes into account the concept of operations from DOI's Continuity of Operations (COOP) plan.

#### **1.4 Assumptions**

Influenza causes seasonal epidemics of disease resulting in an average of 36,000 deaths each year. A pandemic—or global epidemic—occurs when there is a major change in the influenza virus, and as a result most or all of the world's population has never been exposed previously and is vulnerable to the virus. Defining the potential magnitude of a pandemic is difficult because of the unpredictability of the severity of infections and the virulence of the influenza viruses. Appendix C contains further background information.

The Federal Government's and DOI's pandemic planning is based on the following assumptions:

- Susceptibility to the pandemic influenza virus will be universal
- Efficient and sustained person-to-person transmission signals an imminent pandemic
- The clinical disease attack rate will be 30 percent in the overall population during the pandemic with illness rates the highest among school-aged children (about 40 percent) and declining with age. Among working adults, an average of 20 percent will become ill during a community outbreak
- Some persons will become infected but not develop clinically significant symptoms and these asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective anti-viral drugs for treatment, this proportion may be higher in the next pandemic
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism

- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well
- On average, infected persons will transmit infection to approximately two other people
- Epidemics will last 6 - 8 weeks in affected communities
- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 - 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty
- While a pandemic will not affect the physical stability of buildings, utility shortages or absence of critical employees may force closures
- Telephone and data communications may be affected by absenteeism but not damaged.

### **1.5 Plan Approval**

DM 900 delegates the approval authority for emergency plans to the Assistant Secretary – Policy, Management and Budget. The approving signature, the effective date, and the printed name and title of the approving authority appear in the transmittal letter in the front of this plan. The Secretary of the Interior has certified to the Homeland Security Council (HSC) that this plan addresses applicable elements for pandemic planning set forth in the *Key Elements of Departmental Pandemic Influenza Operational Plans* (i.e., Final Metachecklist).

### **1.6 Plan Maintenance**

This plan is updated as needed. Changes to the *DOI Pandemic Influenza Plan* are issued by the Departmental Emergency Coordinator, and are recorded in the “Record of Changes” at the front of this plan. An annual review of this plan will take place in conjunction with the *DOI COOP Plan* update. Individual holders of the *DOI Pandemic Influenza Plan* are responsible for ensuring their copies of the plan remain current.

### **1.7 Plan Distribution**

This plan shall be distributed to all Bureaus and Offices, and receive broad distribution to DOI employees.

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## 2. Planning Considerations

The Department's pandemic influenza plan development effort encompassed a number of factors. The most prominent planning considerations are the Federal mandates and guidelines for pandemic influenza, Department-specific guidelines, and other Federal Department's and Agency's (D/A's) pandemic influenza guidance and plans.

### 2.1 National Strategy for Pandemic Influenza

On November 1, 2005, the Homeland Security Council (HSC) issued the *National Strategy for Pandemic Influenza*. The *Strategy* requires each Federal D/A develop and exercise preparedness and response plans that take into account the potential impact of a pandemic on the Federal workforce. The *Strategy* guides Federal Government preparedness and response to an influenza pandemic with the intent of:

- Stopping, slowing or otherwise limiting the spread of a pandemic to the United States
- Limiting the domestic spread of a pandemic, and mitigating disease, suffering and death
- Sustaining infrastructure and mitigating impact to the economy and the functioning of society.

### 2.2 National Strategy for Pandemic Influenza: Implementation Plan

The *Implementation Plan for the National Strategy*, released by the HSC on May 3, 2006, translates the *Strategy* into more than 300 actions for Federal D/A, provides a common frame of reference for understanding the pandemic threat, and summarizes key planning considerations for all partners. Those actions assigned to DOI are listed in Appendix N (DOI National Strategy Task List). The *Implementation Plan* also provides initial guidance for State, local, and Tribal entities, businesses, schools and universities, communities, and non-governmental organizations (NGOs), on the development of their institutional plans, and for individuals and families on ways that they can prepare for a pandemic. Integrated planning across all levels of government and the private sector is essential to ensure response plans are comprehensive and compatible.

### 2.3 Human Capital Planning for Pandemic Influenza

The Office of Personnel Management (OPM) was tasked with developing and updating guidance and to prepare and protect the Federal workforce should a pandemic influenza outbreak occur. To this end, OPM has prepared guidance and information on the programs and flexibilities available to Federal employees and managers to help deal with the effects of a potential pandemic outbreak. OPM's guidance entitled *Human Capital Planning for Pandemic Influenza* and updates to the Guides entitled *Telework: A Management Priority, A Guide for Managers, Supervisors, and Telework Coordinators*, *Telework 101 for Managers: Making Telework Work for You*, and *Telework 101 for Employees: Making Telework Work for You* is reflected in DOI's human capital planning efforts (see Appendix I).

### 2.4 Continuity of Operations (COOP) Guidance for Pandemic Influenza

On February 13, 2006, the Federal Emergency Management Agency's (FEMA's) Office of National Continuity Programs (ONCP) released a memo entitled *Interim Pandemic Influenza*

*Guidance* to assist Federal Departments and Agencies with incorporating pandemic planning considerations into COOP planning. This was followed by a memorandum from the Director, ONCP, FEMA entitled *Continuity of Operations (COOP) Pandemic Influenza Guidance*. For each of the 11 elements of a viable COOP capability as identified in National Security Presidential Directive 51/Homeland Security Presidential Directive 20, *National Continuity Policy*, ONCP recommended enhancements to traditional COOP planning that Federal Departments and Agencies, including DOI, should consider in preparing for a pandemic.

## **2.5 The U.S. Department of Health and Human Services (HHS) Pandemic Influenza Plan**

*The U.S. Department of Health and Human Services (HHS) Pandemic Influenza Plan* provides guidance to Federal, State, and local policy makers and health departments. The *HHS Strategic Plan* (Part 1 of the *HHS Pandemic Influenza Plan*) outlines Federal plans and preparation for public health and medical support in the event of a pandemic. It also identifies key roles of HHS including its agencies in a pandemic and provides planning assumptions for Federal, State and local governments and public health operations plans. In this respect, the *HHS Pandemic Influenza Plan* provides a baseline for DOI's *Pandemic Influenza Plan* and presents guidelines for DOI's planning effort.

## **2.6 Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early, Targeted, Layered Use of Nonpharmaceutical Interventions**

In the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early, Targeted, Layered Use of Nonpharmaceutical Interventions*, the Centers for Disease Control and Prevention (CDC) provides guidance for State, territorial, Tribal, and local communities focusing on early, targeted, layered application of multiple partially effective non-pharmaceutical measures that might be useful during an influenza pandemic to reduce its harm.

This interim guidance also introduces a Pandemic Severity Index to characterize the severity of a pandemic, provides planning recommendations for specific interventions that communities may use for a given level of pandemic severity, and suggests when these measures should be started and how long they should be used. The severity index is designed to enable better prediction of the impact of a pandemic, and to provide local decision-makers with recommendations that are matched to the severity of future influenza pandemics.

The CDC will update this interim guidance document as new information becomes available that better defines the epidemiology of influenza transmission, the effectiveness of control measures, and the social, ethical, economic, and logistical costs of mitigation strategies.

## **2.7 Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic**

In the *Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic*, the CDC explains that influenza tends to be most infectious during the early stages of illness, especially just after the onset of coughing and sneezing. As a result, much influenza transmission during a pandemic is

likely to occur in non-healthcare settings, such as schools, public gatherings, and households. Guidance for respirators and face masks for DOI employees is provided in Section 5.4.3 and Appendices F and H.

## **2.8 *Interagency Playbook for Domestic Response to a Detection of Highly Pathogenic Avian Influenza H5N1 in Birds***

The U.S. Department of Agriculture (USDA), in coordination with DOI, HHS, Department of Homeland Security (DHS), Department of Defense (DoD), Department of State (DOS), Department of Labor (DOL), and U.S. Environmental Protection Agency (EPA), created the *Interagency Playbook for Domestic Detection and Response to a Detection of Highly Pathogenic Avian Influenza H5N1 in Birds* as summary of the U.S. Government's interagency response to a domestic outbreak of highly pathogenic avian influenza (HPAI) H5N1 in birds. The *Interagency Playbook* outlines the step-by-step actions initiated by the participating Federal agencies in response to six scenarios that are believed to be plausible events should HPAI H5N1 enter the United States. The document also clarifies the roles and responsibilities of the primary Federal responders and describes interagency surveillance, detection, and laboratory capabilities. The Federal functions described in the *Interagency Playbook* are closely aligned to the Federal roles and responsibilities outlined in the *National Response Plan* (NRP).

The *Interagency Playbook* is designed to be a "living document", and will be updated periodically to help coordinate the domestic execution of response plans among the different participating Departments and Agencies.

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### 3. Relationship to Other Plans and Programs

DOI's *Pandemic Influenza Plan* is one of a number of contingency plans available for the Department to implement during an emergency. Those plans with which the Department's pandemic influenza plan interfaces or works in parallel include:

- *DOI COOP Plan*
- Bureau Pandemic Influenza Plans
- *National Response Plan*

Additionally, the *DOI Pandemic Influenza Plan* works in conjunction with the Avian Influenza Migratory Bird Surveillance and Detection Program. The interaction between these and DOI's *Pandemic Influenza Plan* is situation dependent.

#### 3.1 *DOI COOP Plan*

The National Security Presidential Directive 51/Homeland Security Presidential Directive 20, *National Continuity Policy*, requires each Federal Executive Branch Department and Agency to establish and maintain a COOP capability as a means of ensuring its ability to continue its Mission Essential Functions with no or minimal disruption under a broad range of contingencies. In compliance with this directive, DOI has established a Department-level COOP program and has developed a Department-level COOP plan to support the implementation and management of that program. DOI COOP policy is established under Part 900 (Emergency Management Programs) of the Departmental Manual.

The *DOI COOP Plan* provides operational information for the Department to ensure the continuation of DOI's Primary Mission Essential Functions (PMEFs), Secondary Mission Essential Functions (SMEFs), and supporting activities. To this end, the *DOI COOP Plan* may be activated in whole or in part simultaneously with the activation of the *DOI Pandemic Influenza Plan*. A full COOP plan activation shifts the focus of the Department from all of its functions to the selected PMEFs, SMEFs, and supporting activities. The activation of the *DOI COOP Plan* will allow DOI to continue its essential functions and other mission critical work with a reduced workforce. The *DOI COOP Plan* contains operational details for alternate sites as well as a devolution site. It also contains a variety of different COOP team member rosters which can be activated incrementally and deployed to different alternate sites as a means of social distancing.<sup>1</sup>

#### 3.2 Bureau Pandemic Influenza Plans

In addition to the Departmental pandemic influenza plan, Bureaus (and NBC, SOL, and OIG as described in Section 1.3) also maintain their own pandemic influenza plans based on the *National Strategy* and the *Implementation Plan*. Bureau pandemic influenza plans are key to ensuring the ability of the entire Department to continue its essential functions during a pandemic. Bureau plans cover the following general topics:

- Employee health and safety

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<sup>1</sup> Social distancing is a key method in reducing the contact between people, and thereby decreasing the spread pandemic influenza (or any other communicable infectious disease) from person-to-person.

- Continuity of operations
- Supporting the Federal response, States and communities
- Communications with Bureau stakeholders

Incorporated within these topics, or as appendices to pandemic plans, Bureau plans include human resources policies that are adequate for operations during a sustained pandemic including policies on administrative leave, sick leave, Fitness for Duty, release of employees, social distancing, employee accountability, employee travel restrictions and facilities closures.

Bureau plans also address telework options and remote access policies to ensure Bureaus can continue to carry out essential functions during a pandemic. These policies allow for rapidly expanding telework and increasing remote access for employees during a pandemic.

The Office of Law Enforcement, Security, and Emergency Management (OLESEM) retains copies of all Bureau pandemic influenza plans and Bureaus share their plans as appropriate with other Bureaus. In addition, these plans will be posted by the Bureaus onto DOI's EM-SafeTalk. This allows the Department and the Bureaus to integrate best practices and lessons learned.

### **3.3 National Response Plan**

Homeland Security Presidential Directive 5 (HSPD-5) mandates the establishment of a *National Response Plan* (NRP). The NRP provides the structure and mechanisms for national level policy and operational direction for Federal support to State and local incident managers and for exercising direct Federal authorities and responsibilities during Incidents of National Significance (INS). DM 900, Chapter 5, identifies those DOI Bureaus with delegated responsibilities as NRP Principal Planners for the various NRP Emergency Support Functions (ESFs). Execution of DOI's responsibilities under the NRP is a Primary Mission Essential Function of the Department. Responsibilities delegated to NRP Principal Planners are essential functions of the assigned Bureaus.

During a pandemic, the Department may be called upon to perform ESF activities under the NRP. Section 7 describes how the Department will execute its NRP responsibilities during a pandemic. Bureau pandemic plans detail operational capabilities for performing specific ESF functions, as appropriate.

### **3.4 Avian Influenza Migratory Bird Surveillance and Detection Program**

DOI's Avian Influenza Migratory Bird Surveillance and Detection Program, run cooperatively by United States Geological Survey (USGS), the United States Fish and Wildlife Service (FWS) and the National Park Service (NPS), is a comprehensive surveillance and detection program designed to provide an early warning to the agriculture, public health, and wildlife communities should migratory birds be found to carry the H5N1 virus.

### **3.5 DOI Avian Influenza/Pandemic Communications Plan**

The Office of Communications (OCO) maintains the *DOI Avian Influenza/Pandemic Communications Plan*. This plan includes information related to the communications, organization, processes, and procedures the Department will implement following the detection of highly pathogenic avian influenza in wild birds as well as information about communications procedures and messages in a pandemic situation. The plan also contains a list of contact

information for the Department's subject matter experts, senior decision-makers, and Bureau public information officers (PIOs) as well as relevant contact information for other Federal Departments and Agencies involved in the avian/pandemic influenza program.

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## 4. Roles and Responsibilities

A number of different organizational entities within DOI have specific responsibilities for the *DOI Pandemic Influenza Plan*. As discussed in Section 1, OLESEM is responsible for preparing the Department's pandemic influenza plan; however, others within the Department remain accountable for different aspects of this plan.

### 4.1 Program Assistant Secretaries

Program Assistant Secretaries provide leadership and oversight to ensure Bureaus under their jurisdiction effectively provide support for the *DOI Pandemic Influenza Plan*. They also manage and execute delegated responsibilities.

### 4.2 Solicitor

The Solicitor is responsible for providing advice for pandemic planning, and preparing a pandemic influenza plan for the Office that is consistent with the Department's plan. The *Office of the Solicitor Pandemic Influenza Plan* is either an independent plan or a separate section in the Office's COOP plan. The Solicitor is also responsible for ensuring the plan supports the requirements assigned by the Department for pandemic planning purposes (see Sections 6 - 8).

In preparing the Office's pandemic influenza plan, the Solicitor is encouraged to consider including such information as identified in Section 4.4.3 for Offices within the Immediate Office of the Secretary. This information is also recommended for inclusion in pandemic plans by the *Key Elements of Departmental Pandemic Influenza Operational Plans* (i.e., Final Metachecklist).

Once a pandemic is declared, the Solicitor is responsible for submitting periodic reports on Office status (i.e., employee status, facility operating status, etc), in accordance with DM 900, Chapter 4.

### 4.3 Inspector General

The Inspector General is responsible for preparing a pandemic influenza plan for the Office that is consistent with the Department's plan. The *Office of Inspector General Pandemic Influenza Plan* is either an independent plan or a separate section in the Office's COOP plan. The Inspector General is also responsible for ensuring the plan supports the requirements assigned by the Department for pandemic planning purposes (see Sections 6 - 8).

In preparing the Office's pandemic influenza plan, the Inspector General is encouraged to consider such information as identified in Section 4.4.3 for Offices within the Immediate Office of the Secretary. This information is also recommended for inclusion in pandemic plans by the *Key Elements of Departmental Pandemic Influenza Operational Plans* (i.e., Final Metachecklist).

Once a pandemic is declared, the Inspector General is responsible for submitting periodic reports on Office status (i.e., employee status, facility operating status, etc), in accordance with DM 900, Chapter 4.

#### **4.4 Assistant Secretary – Policy, Management and Budget**

The Assistant Secretary – Policy, Management, and Budget (PMB) is responsible for overall leadership and coordination of the Department’s pandemic influenza plan and approves the Department’s plan. In this role, the Assistant Secretary – PMB also chairs the DOI Avian Influenza/Pandemic Leadership Team as described in Section 5.

##### **4.4.1 Deputy Assistant Secretary, Law Enforcement, Security, and Emergency Management**

The Deputy Assistant Secretary, Law Enforcement, Security, and Emergency Management provides direct oversight of the Department’s pandemic planning and response activities and assures Departmental representation on the HSC Domestic Readiness Group (DRG) and other HSC Policy Coordinating Committees (PCCs), and the DHS Incident Management Planning Team (IMPT).

###### **4.4.1.1. Director, Office of Law Enforcement, Security, and Emergency Management**

The Director, OLESEM provides direction for DOI’s support under the NRP; assures Departmental connectivity, coordination, and representation as required at the National Operations Center (NOC), the IMPT, and other interagency groups; and is assigned responsibility for management of Departmental responsibilities related to ESF #13 (Public Safety and Security), and the Terrorism Incident Law Enforcement and Investigation Incident Annex.

###### **4.4.1.2 Departmental Emergency Coordinator**

The Departmental Emergency Coordinator is responsible for ensuring Departmental responsibilities under this plan are effectively coordinated and executed. Specifically, the *Implementation Plan* described in Section 2.2 identifies specific tasks for Federal Departments and Agencies to accomplish in carrying out the *National Strategy for Pandemic Influenza*. Appendix N lists DOI’s responsibilities and required actions under the *Implementation Plan*. The Departmental Emergency Coordinator tasks individual Bureaus and Offices with these actions as appropriate and tracks progress.

In addition, the Departmental Emergency Coordinator is responsible for:

- The development and maintenance of the *DOI Pandemic Influenza Plan*
- Representing the Department at the HSC Biodefense Sub-PCC for Pandemic Influenza
- Planning, preparedness, and response activities related to ESF #5 (Emergency Management) and the Catastrophic Incident Annex
- Serving as chairperson of the Department’s Emergency Management Council (EMC), to assure coordination of Department-wide response activities during Incidents of National Significance.

#### 4.4.2 Director, National Business Center

The Director of the National Business Center (NBC) is responsible for preparing a pandemic influenza plan for the Office that is consistent with the Department's plan. NBC is also responsible for ensuring the plan supports the requirements assigned by the Department for pandemic planning purposes (see Sections 6 - 9). Finally, NBC's pandemic influenza plan includes health and safety requirements related to all employees in facilities which it operates.

In preparing the pandemic influenza plan, NBC is encouraged to consider including such information as identified in Section 4.4.3 for Offices within the Immediate Office of the Secretary. This information is also recommended for inclusion in pandemic plans by the *Key Elements of Departmental Pandemic Influenza Operational Plans* (i.e., Final Metachecklist).

Once the pandemic is declared, NBC is responsible for submitting periodic reports on Office status (i.e., employee status, facility operating status, etc), in accordance with 900 DM, Chapter 4.

#### 4.4.3 Office Directors in Policy, Management and Budget, and the Immediate Office of the Secretary

- Office Directors in Policy, Management and Budget, and the Immediate Office of the Secretary (with the exception of the Office of the Solicitor [SOL], the Office of Inspector General [OIG], and NBC) do not maintain their own independent pandemic influenza plans. However, the Directors/Heads of these Offices provide information as requested, and appropriate, for inclusion in the respective section of Appendix P of the *DOI Pandemic Influenza Plan*.

The specific Directors/Heads of the Offices listed below are accountable for a special set of responsibilities. Those special responsibilities are as follows:

- The Director of the Office of the Chief Information Officer (OCIO)
  - Ensures network availability
  - Develops strategies, policies, or waiver of policies where needed to allow the execution or essential or support functions remotely during a pandemic
  - Ensures that remote access to mission critical systems is available during a pandemic
  - Identifies basic tools and equipment to be used by employees who are performing essential or support functions from remote locations
  - Identifies essential support functions and those Information Technology (IT) positions required to execute them
  - Ensures that records management activities are in place to meet policy requirements during a pandemic
  - Develops a Test and Exercise Program to test the impact or large-scale use of telework on internal networks
  - Determines Remote Access policies to optimize telework options in case of a pandemic. See Appendix J.

- The Director of the Office of Communications (OCO)
  - Develops and disseminates internal and external communications regarding activation of the Department's pandemic influenza plan and Departmental decisions and activities carried out under the plan.
- The Director of the Office of Occupational Health and Safety (OHS)
  - Develops and coordinates Department-wide policies that address employee health and safety practices such as infection control measures that minimize the risk of spreading influenza infection to/among DOI employees
  - In accordance with current guidance, evaluates the need for hygiene supplies, medicines, and other medical necessities to promote the health and wellness of DOI personnel, including those deployed to support the NRP
  - Ensures responsibilities identified in Section 6 are carried out.
- The Deputy Chief Human Capital Officer and the Director of the Office of Human Resources (OHR)
  - Plans, develops, and implements policies, programs, standards, and systems for effective management of human resources, and for coordinating human capital issues during a pandemic.
- The Director of the Office of Acquisition and Property Management (PAM)
  - Promulgates guidance to assure that the conditions of contract work are reviewed to ensure contractor responsibility for essential functions (where relevant) and to suspend non-essential work during a pandemic.

#### **4.5 Heads of Bureaus**

Heads of Bureaus are responsible for preparing pandemic influenza plans for the respective organizations that are consistent with the Department's plan. Depending on each Bureau's functions, the Bureau pandemic influenza plan is either an independent plan or a separate section in the Bureau's comprehensive all-hazards plan. Heads of Bureaus are also responsible for ensuring the plans support the requirements assigned by the Department for pandemic planning purposes (see Sections 6 - 8).

In preparing Bureau pandemic influenza plans, Heads of Bureaus are encouraged to consider including such information as identified in Section 4.4.3 for Offices within the Immediate Office of the Secretary. This information is also recommended for inclusion in pandemic plans by the *Key Elements of Departmental Pandemic Influenza Operational Plans* (i.e., Final Metachecklist).

Once the pandemic is declared, Heads of Bureaus are responsible for submit periodic reports on Bureau status (i.e., employee status, facility operating status, etc.), in accordance with 900 DM, Chapter 4.

#### **4.6 Emergency Management Council (EMC)**

The EMC provides the primary means for Bureaus to coordinate emergency management planning and response activities. It is chaired by the Departmental Emergency Coordinator and

includes as its members the Emergency Coordinators as described in DM 900. The EMC is convened as needed to coordinate Department-wide emergency management policy and activities in regards to a pandemic incident.

#### **4.7 NRP Principal Planners**

DM 900, Chapter 5 identifies those DOI Bureaus and Offices with delegated responsibilities as NRP Principal Planners for the various NRP ESFs. Execution of responsibilities under the NRP is a Primary Mission Essential Function of the Department of the Interior. As such, NRP Principal Planners are responsible for ensuring their functions under each ESF can be accomplished during a pandemic. SOPs for these activities shall be submitted by the NRP Principal Planners to OLESEM.

#### **4.8 Interior Regional Emergency Coordination Councils (I-RECCs)**

The Interior Regional Emergency Coordination Councils (I-RECCs) serve as the critical element for the Department's regional coordination with the Federal Regional Areas of Responsibility for Pandemic Influenza. As described in DM 900, Chapter 1, members of the I-RECCs serve as primary point of contact for the Department to maintain liaison and coordination with the FEMA Regions, and to coordinate emergency activities across DOI Bureaus and Offices on a regional basis. The I-RECCs enhance mutual support within the regions among DOI Bureaus/Offices, FEMA, other Federal Agencies, States, Tribes, territorial, and local governments in preparation/planning for, and responding to, the pandemic.

#### **4.9 Departmental COOP Sites**

The Director of the host organizations for Departmental COOP Sites are responsible for developing operation plans to address the logistical movement, protection, housing, and feeding of staff during an activation of the *DOI Pandemic Influenza Plan*. These plans also address social distancing techniques, quarantine of rotated staff, and isolation of employees who may become ill while deployed. Additional information is found in Section 5 and Appendix F.

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## 5. Concept of Operations

Due to the nature of the *DOI Pandemic Influenza Plan*, elements of the plan are activated in stages based on the location, duration, and severity of the pandemic. It is activated as a means to:

- Stop, slow or otherwise limit the spread of a pandemic to the United States
- Limit the domestic spread of a pandemic, and mitigate disease, suffering, and death
- Sustain infrastructure and mitigate impact to the economy and the functioning of society.

Partial activation of this plan allows the flexibility to react based on the situation. It also ensures that the Department remains responsive to the Federal Government Response Stages (FGRS).

### 5.1 Response to Federal Government Response Stages

The World Health Organization (WHO) has defined six phases that follow the cycle of a new influenza virus emerging and leading to an increasing number of animal and human cases, and its eventual spread throughout the population/world as a pandemic. Further details about the WHO Pandemic Phases are found in Appendix D.

Interconnected with the WHO Pandemic Phases are the FGRS. The FGRS provide a framework for Federal Government actions, and are follows:

*Stage 0:* New Domestic Animal Outbreak in At-Risk Country (current stage)

*Stage 1:* Suspected Human Outbreak Overseas

*Stage 2:* Confirmed Human Outbreak Overseas

*Stage 3:* Widespread Human Outbreaks in Multiple Locations Overseas

*Stage 4:* First Human Case in North America

*Stage 5:* Spread throughout United States

*Stage 6:* Recovery and Preparation for Subsequent Waves

The current WHO Pandemic Phase is Phase 3 (with human infections with a new sub-type, but no human-to-human spread, or at most, rare instances of spread to a close contact). As stated in the *Implementation Plan*, “it is the policy of the Federal Government to accelerate preparedness efforts prior to WHO Phase 4, then initiate pandemic response actions at Phase 4, when epidemiological evidence of two generations of human-to-human transmission of a new influenza virus is documented anywhere in the world.”

The Department of the Interior has identified actions it will take and measures it will implement based on each FGRS, and these are found in Appendix E.

### 5.2 Plan Activation Authorities

The Secretary of Homeland Security is responsible for coordination of the Federal response during a pandemic, and supports the Secretary of Health and Human Services’ coordination of overall public health and medical emergency response efforts. The Secretary of Homeland Security is also responsible for coordination of the overall Federal response to the pandemic, implementation of policies that facilitate compliance with recommended social distancing

measures, the provision of a common operating picture for all Federal Departments and Agencies, and ensuring the integrity of the Nation's infrastructure, domestic security, and entry and exit screening for influenza at the borders.

The Secretary of the Interior has the authority and responsibility to fully activate (or activate portions) of the *DOI Pandemic Influenza Plan* in response to an actual or potential pandemic. In accordance with DM 900, the Secretary has delegated this responsibility to the Assistant Secretary - PMB. Bureau Directors also have the authority to activate their respective pandemic influenza plans independent of an activation of the *DOI Pandemic Influenza Plan*.

### **5.3 Prioritization of Departmental Activities During a Pandemic**

During health emergencies, the objective of the Department is to continue executing its activities to the greatest extent possible while limiting the spread of disease, sustaining infrastructure, and mitigating impact to the economy and the functioning of society. To ensure this, prioritized functions are reflected in Bureau pandemic influenza plans and in Appendix P for the Offices in the Immediate Office of the Secretary and those reporting to the Assistant Secretary – PMB.

Strategies and policies have been developed by the U.S. Department of Health and Human Services (HHS), OPM, the Occupational Health and Safety Administration (OSHA), as well as other Federal Departments and Agencies, to mitigate the impact of the disease on employee health and ensure the Mission Essential Functions of the Federal Government continue with no or minimal interruptions. DOI has adopted these strategies and policies, and will implement them on a phased basis.

### **5.4 Strategies**

The strategies outlined in this section provide DOI's leadership with a range of options for continuing operations.

It is important to note that human resources options, such as administrative leave, as well as safety and health precautions, including personal protective equipment (PPE), work practices, and personal hygiene practices, depend on the circumstances and the nature of the task being performed. In addition, they can be implemented in conjunction with one another or independently, depending on the situation, for further details refer to Appendices F - H for the health and safety guidance, and Appendix I for human resources information. Appendix O contains pandemic influenza planning checklists created by HHS and CDC that will also be useful for the EMS, Law Enforcement, Correctional Facilities, Individual/Families, Schools (Kindergarten - 12<sup>th</sup> Grade), and Colleges/Universities sectors.

Table 5-1. Strategies for Protecting Employees During a Pandemic

<p>1</p> 	<p>2</p> 
<p>3</p> 	<p>4</p> 
<p>5</p> 	<p>6</p> 
<p>7 Obtained from the National Archives online exhibit <i>The Influenza Epidemic of 1918</i>.</p> 	<p><b>Images 1 – 7 portray:</b></p> <p><b>1:</b> Meeting in groups and crowded workplace. During a pandemic, this needs to be modified to account for social distancing, as portrayed in images 2 – 4, 6:</p> <p><b>2:</b> Instead of meeting in person, discuss over the phone and hold conference calls.</p> <p><b>3:</b> For all employees who are not required to be in the office/workplace to perform their duty, telework may be an option (see Section 5.4.4).</p> <p><b>4 - 5:</b> For employees who must be in the office, practice social distancing (see Section 5.4.1), and vaccinate according to CDC guidance (see Section 5.4.2).</p> <p><b>6:</b> In some cases, leave (i.e. annual, sick, or administrative leave) may need to be utilized.</p> <p><b>7:</b> For those DOI employees who need to interact with the public, handle wild birds or perform other high-risk activities, provide appropriate PPE (see Section 5.4.3).</p>

### **5.4.1 Social Distancing**

The *HHS Pandemic Influenza Plan*, Part 2, Supplement 4: Infection Control, recommends that “infection control in the community should focus on ‘social distancing’<sup>2</sup> and promoting respiratory hygiene/cough etiquette and hand hygiene to decrease exposure to others.” This pandemic influenza plan follows the guidance provided by HHS with regards to social distancing and promotes social distancing as an appropriate strategy to ensure employee health.

As a means of preventing the spread of disease and continuing operations, DOI will implement the social distancing measures described in the following subsections. These measures are applied either partially or fully depending on the severity of the pandemic in the area. Detailed, DOI-specific, guidelines are in Appendix F, Table F-1.

### **5.4.2 Vaccination and Anti-Viral Medications**

CDC is developing guidance on anti-viral medication and vaccine distribution and use during an influenza pandemic. DOI’s interim prioritization scheme is located in Appendix G. Those DOI personnel supporting COOP and other Mission Essential Functions, as well as those performing emergency services, critical infrastructure, and critical homeland and nation security services are among those included in the priority groups for receiving pandemic vaccination. When vaccine is available, COOP team members will be required to be vaccinated in order to gain access to the Departmental alternate sites.

Current guidance as it pertains to those DOI employees in high risk of exposure settings, such as handling wild birds, is described in more detail in Appendix H.

In addition, employees should receive the current season’s influenza vaccine. This will reduce the possibility of dual infection with avian and human influenza viruses that could occur and result in viral reassortment (mixing of genes from human and avian viruses to form a new, mutated form of the influenza virus).

### **5.4.3 Personal Protective Equipment (PPE)**

To reduce the transmission of infection in these non-occupational/non-healthcare settings, the CDC’s interim guidance provides recommendations for the use of facemasks and respirators in certain public settings during an influenza pandemic. In brief, these interim recommendations advise the following:

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<sup>2</sup> Avoid any mass gatherings of people, such as social events, movie theaters, and mass transportation. In the workplace, employees should avoid close contact with their coworkers and customers (maintain a separation of at least 6 feet), not shake hands, and always wash their hands after contact with others. In addition, employers need to minimize situations where groups of people are crowded together, such as in a meeting, and instead use e-mail, phones, text messages, and conference calls to communicate with each other. When meetings are necessary, avoid close contact by keeping a separation of at least 6 feet, where possible, and assure that there is proper ventilation in the meeting room.

- Whenever possible, rather than relying on the use of facemasks or respirators, close contact and crowded conditions should be avoided during an influenza pandemic.
- Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. The time spent in crowded settings should be as short as possible.
- Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must take care of a sick person at home or as part of their duties at work.
- Facemasks and respirators should be used in combination with other preventive measures, such as hand hygiene and social distancing, to help reduce the risk for influenza infection during a pandemic. This interim guidance will be updated as new information becomes available.

Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation, and laser masks. Facemasks help stop droplets from being spread by the person wearing them. Respirators (for example, N95 or higher filtering facepiece respirators) are designed to protect the wearer from breathing in very small particles, which might contain viruses.

At this current time, the CDC does not recommend the routine use of masks or other PPE for the general workforce. Guidelines on the minimum PPE to be employed by those DOI employees working in higher risk of infection situations (such as handling animals potentially infected with HPAI, performing emergency services, or other situations with close contact with potentially infected wildlife and people) is outlined Appendix H. PPE use and training for DOI employees is done in accordance with 29 CFR 1910.132 – 134. The interim guidance provided in this plan on PPE will continue to be reevaluated as more information is available and as the characteristics of the pathogens are better defined.

#### **5.4.4 Telework<sup>3</sup>**

Telework will be a key method for social distancing while continuing the Department's operations during a pandemic. Using guidance from OHR and OCIO, telework agreements are in the process of being developed with certain DOI employees to enable them to work from home during a pandemic. The Department's remote access policy is in Appendix J.

#### **5.4.5 Leave & Other Human Resources Flexibilities**

During a pandemic, Bureaus and Offices need to plan for employee absenteeism rates reaching as high as 40 percent during the peak weeks of a community outbreak. Therefore, Bureaus and Offices should utilize a variety of means, including annual, sick and family medical leave, as well as scheduling and staffing flexibilities, to ensure the continuity of DOI's operations and essential functions. Human capital guidelines and policies for the Department of the Interior are in listed Appendix I, including:

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<sup>3</sup> Currently, the DOI Telework and Remote Access Policy (see Appendix I) is under revision. In the event of an emergency situation, such as pandemic influenza, arising prior to the updated policy being released, telework will be conducted through "situational telework".

- Bureau Planning & Readiness
- Dismissal & Closure Procedures
- Annual Leave, Sick Leave and Family Medical Leave
- Payroll & Personnel Tracking
- Compensation & Pay Flexibilities
- Evacuation Payments
- Telework Policy
- Staffing Flexibilities
- Fitness for Duty Policy
- Grievance Policy
- Family Assistance Program
- Benefit Issues.

#### **5.4.6 Continuity of Operations**

Some aspects of COOP planning are applicable in pandemics. Detailed guidance on COOP operations is found in the *DOI COOP Plan*. The following subsections provide supplemental guidance on COOP activities during a pandemic.

##### **5.4.6.1 Alternate Operating Facilities**

DOI has identified and prepared alternate operating facilities to support COOP operations, including facilities geographically dispersed from the National Capital Region. If a pandemic hits the United States, DOI employees, and COOP team members specifically, may be dispersed in smaller groups to a variety of alternate facilities (as a mean of social distancing) to perform DOI's Mission Essential Functions. DOI also has plans in place for flexible/staggered scheduling of employees, including night shifts, to ensure the maximum distance between members of the workforce.

Host organizations of DOI's alternate sites are required to develop operations plans to address the movement, protection, housing, and feeding of staff during the implementation of the *DOI Pandemic Influenza Plan* if deployment is required. Additionally, these plans need to address social distancing techniques, quarantine of rotated staff, and isolation of employees who may become ill while deployed. Further direction on protecting health and safety of employees at their normal duty locations as well as at alternate operating facilities can be found in Section 6 and Appendices F - H.

##### **5.4.6.2 Special Provisions for COOP Team Members During a Pandemic**

Employees working at Departmental COOP Sites during a pandemic are required to take certain precautions before deploying and upon arrival. Some of these requirements include: being screened (to ensure not infected), receiving vaccination (if available) and influenza anti-virals, quarantining at COOP site (first few days of arrival) to determine individuals are not infected, and working flexible/alternate schedules (to reduce the numbers of personnel in the COOP Sites

at one time, social distancing). For additional information, refer to Appendix E (specifically FGRS 4 – 6), Appendix F (specifically Sections 4 – 5), and Appendix I for the Fitness for Duty policy. In addition, in a pandemic, in activation of the *DOI COOP Plan*, family members will not be allowed to accompany COOP team members to the Departmental COOP Sites.

#### **5.4.6.3 Activate the *DOI COOP Plan***

To the extent possible, the Department continues to perform its normal functions. Should the Department's workforce be significantly impacted, the Assistant Secretary – PMB has the option to fully or partially activate the *DOI COOP Plan*. In addition, in the event of an emergency/incident/disaster or the threat of one occurs during the influenza pandemic, the Assistant Secretary – PMB can activate the *DOI COOP Plan*.

Activating the *DOI COOP Plan* would shift the Department's functions to a focused effort and personnel devoted to the continuation of DOI's 13 Primary Mission Essential Functions (PMEFs), Secondary Mission Essential Functions (SMEFs), and supporting activities as identified in the *DOI COOP Plan*. (For additional information specific to the pandemic as it relates to DOI COOP, refer to the *DOI COOP Plan*, specifically Section 4.)

Using the concept of operations outlined in the *DOI COOP Plan*, the Assistant Secretary – PMB determines which group of COOP team members deploy to which alternate facility. As an additional measure of social distancing, COOP team members could be divided between the Departmental alternate operating facilities identified in the *DOI COOP Plan*.

#### **5.4.6.4 Reconstitution**

As the pandemic subsides, the reconstitution of normal DOI operations is based on employee availability. The Assistant Secretary - PMB assesses the capability of the Department to resume normal operations.

### **5.5 Employee Reporting & Accountability and Departmental Status**

During a pandemic, employees use normal reporting procedures to inform managers of their location and health and to track employee status. In addition, Bureaus have established phone numbers for employees to call when unable to report directly to supervisors during emergencies. If required, the Emergency Employee Locator System (EELS) on the Department's Emergency Management webpage (<http://www.doi.gov/emergency>) is used to supplement normal employee accountability systems. HR communities within each Bureau are responsible for collecting such information and may have additional back-ups and redundancies for employee accountability.

Employees access facility and Departmental status information through the following mechanisms:

- Building status phone numbers located on DOI badges or distributed through Bureaus
- DOI's Emergency Management website <http://www.doi.gov/emergency>
- Bureau websites
- OPM announcements.

**5.6 Employees Returning to Work Once Recovered**

As referenced in Appendix E (specifically for Federal Government Response Stages (FGRS) 4-6, DOI employees who fall ill with influenza, and subsequently recover, are able to return to work once deemed fit for duty in accordance to the Fitness for Duty policy (outlined in Appendix I). These employees will have acquired immunity and are an important asset to maintain continuity of Departmental operations and accomplish the Department's critical missions.

## **6. Protecting Employee Health and Safety**

The Office of Occupational Health and Safety (OHS) determines countermeasures for COOP teams, public safety personnel on DOI and Tribal lands, personnel needed to support the NRP ESF requirements, operators of critical infrastructure (such as water and hydropower), personnel involved in wildlife surveillance and response activities, and for personnel at Indian Education facilities.

### **6.1 Scope and Purpose**

This section sets forth the policy and guidance to execute the Department's responsibilities in protecting employees from contracting pandemic disease at the workplace. DOI is committed to ensuring all employees maintain the appropriate health and safety practices to minimize the risk of acquiring pandemic influenza at the workplace.

The information provided in this section applies to all Bureaus and Offices.

### **6.2 Office of Occupational Health and Safety Responsibilities**

Specific coordination activities of the Office of Occupational Health and Safety (OHS) responsibilities include:

- Establishing a working group composed of representatives designated by Bureau Safety Managers to meet weekly once the pandemic reaches FGRS 2 (confirmed human outbreak overseas).
- Establishing points of contact with other Departments to receive up-to-date information prior to and during a pandemic. Maintaining situational awareness on the status of human infections within the United States and providing current public health messages (consistent with HHS/ESF-8) as the pandemic progresses including travel restriction information.
- Coordinating with HHS/ESF-8 on current status of supplies of vaccination and anti-viral medication and plans for dissemination.
- Providing safety and health support to DOI assets for the various ESF components.
- Using the DOI Safety Management Information System (SMIS) module for management of data on work-related disease outbreaks including all confidentiality of employees' reporting information consistent with existing laws.

### **6.3 Bureau and Office Responsibilities**

Bureau and Office responsibilities include:

- Ensuring sufficient and available infection control supplies are provided at each facility. The deployment of infection control measures requires the ready availability of soap and water, hand sanitizer, tissues and waste receptacles, environmental cleaning supplies for the duration of a pandemic.
- Establishing methods for communicating safety and health information to employees, volunteers, and visitors within the Bureaus. Developing and disseminating programs and

materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans), and encouraging employees to receive their annual influenza vaccination.

- Identifying local information sources (local community public health, emergency management, and other sources), in the specific area of the DOI facility, for timely and accurate pandemic status information, as well as impacts of pandemic on the community (for example, as a result of social distancing and community mitigation measures, school closures and affects on mass transportation).
- Developing protocols for responding to employees exhibiting influenza symptoms while at work and others who were in contact with a suspected case in accordance with Appendix F, and establishing a mechanism for medical verification to return to work in accordance with the Fitness for Duty policy (listed in Appendix I).
- Implementing international and domestic travel restrictions in accordance with HHS recommendations. Travel restriction information and recommendations are available at: [www.cdc.gov/flu/avian/index.htm](http://www.cdc.gov/flu/avian/index.htm) and [www.travel.state.gov/travel/travel\\_1744.html](http://www.travel.state.gov/travel/travel_1744.html).
- Identifying high risk and mission critical employees and develop safe work practices and Personal Protective Equipment (PPE) requirements for specific tasks in accordance with Appendix F - H and regularly updating risk assessments or job hazard analyses where necessary.
- Evaluating employee access and availability to health care services in remote DOI facility locations during a pandemic, and improve services as needed.
- In accordance with guidance from HHS/Centers for Disease Control and Prevention (CDC), developing methods for prioritizing and distributing vaccine and anti-viral medication.
- Implementing guidelines on social distancing and teleworking to modify frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstation) among employees and between employees and visitors during Federal Government Response Stage (FGRS) 4 in accordance with Appendix F.
- Reviewing employee assistance program resources and Critical Incident Stress Management (CISM) resources to ensure Bureaus and Offices are equipped to address psychological needs of employees during and after a pandemic.

## 7. Supporting the Federal Response, States, and Communities

The Department, as a whole and through its constituent Bureaus and Offices, is committed to meeting its responsibilities specified in the *National Response Plan* (NRP). In the event of an Incident of National Significance (INS), the Emergency Management Council (EMC) and the appropriate Interior Regional Emergency Coordination Councils (I-RECCs) are activated to facilitate Departmental coordination.

The NRP applies a functional approach that groups the capabilities of Federal Departments and Agencies and the American Red Cross into Emergency Support Functions (ESFs) to provide the planning, support, resources, program implementation, and emergency services that will most likely be needed during an emergency or threat of an emergency. The Department supports all 15 ESFs. The table below summarizes Bureau and Office assignments for each ESF.

**Table 7-1. DOI ESF Responsibilities**

ESF Number	ESF Description	Principal DOI Planner
ESF-1	Transportation	Office of Wildland Fire Coordination (OWFC)
ESF 2	Communications	Office of the Chief Information Officer (OCIO)
ESF-3	Public Works and Engineering	Bureau of Reclamation (BOR)
ESF-4	Firefighting	OWFC
ESF-5	Emergency Management	Office of Law Enforcement, Security, and Emergency Management (OLESEM)
ESF-6	Mass Care, Housing and Human Services	OWFC
ESF-7	Resource Support	OWFC
ESF-8	Public Health and Medical Services	OLESEM
ESF-9	Search and Rescue	National Park Service (NPS)
ESF-10	Oil and Hazardous Materials Response	Office of Environmental Policy and Compliance (OEPC)
ESF-11	Agriculture and Natural Resources (Animal [includes wildlife] and Plant Disease and Pest Response)	United States Geological Survey (USGS)

ESF Number	ESF Description	Principal DOI Planner
ESF-11	Agriculture and Natural Resources (Natural & Cultural Resources and Historic Properties)	OEPC
ESF-12	Energy	Minerals Management Service (MMS)
ESF-13	Public Safety and Security	OLESEM
ESF-14	Long-Term Community Recovery and Mitigation	USGS
ESF-15	External Affairs	Office of Communications (OCO)

Each Principal DOI Planner coordinates normal ESF activities with the Primary Agency as designated in the NRP. When tasked by the Primary Agency for support, the Principal DOI Planner deploys resources from their own Bureau or Office and/or DOI elements that support the NRP. Support to the NRP is a Primary Mission Essential Function of the Department. During a pandemic, the Department must assure readiness to provide support to the NRP for both health-related emergencies and other disasters/incidents which could occur during a pandemic. All ESF Primary and Supporting Agencies must be capable of responding during a pandemic.

The ESFs that DOI personnel are most likely to be deployed to support the public health response include:

- ESF-4 (Firefighting) personnel and logistical resources as required to support ESF-6 (Mass Care), ESF-7 (Logistics) and ESF-8 (Public Health and Medical Services)
- ESF-11 (Agriculture and Natural Resources [Animal (includes wildlife) and Plant Disease and Pest Response])
- ESF-13 (Public Safety and Security).

During a pandemic, each Principal DOI Planner maintains communications capabilities with the NRP-identified primary D/A for the respective ESF. The following subsections describe how DOI supports the Federal response with deployable assets during a pandemic. Those responding to a pandemic, or a disaster/incident during a pandemic, are afforded health and safety measures and training as described in Sections 5 and 6 as well as Appendices F - H.

Prior to a pandemic, each Principal DOI Planner develops Standard Operating Procedures (SOPs) for missions likely to be encountered during a pandemic, including PPE and infection control measures that would be required.

### 7.1 ESF-4 (Firefighting)

In order to provide support to both the NRP and DOI-specific incidents, OWFC uses the planning assumptions from Section 1.4 of this plan to determine drawdown limits with other resource commitments for wildland fire, hurricanes, etc. OWFC created an “Influenza Readiness

and Response Task Group” to develop a comprehensive pandemic influenza response plan for all Federal Wildland Fire Management Agencies. *The Avian Flu Pandemic Response and Preparedness Plan for the Federal Fire Agencies* includes:

- Information on the types of incidents wildland firefighting personnel could expect to encounter during with avian influenza or pandemic influenza
- Medical requirements and procedures for emergency responders including required vaccinations and medical screening
- Lists of medical supplies, unique to influenza response, needed to be stocked in local and national fire caches including “Push-Packs” that can be quickly deployed
- Required PPE
- Situational awareness and PPE training for responders
- Incident Base Hygiene Plan including decontamination procedures
- Standard Operating Guidelines
- Alternative fire management strategies to be used in lieu of a traditional incident base or camps during an influenza pandemic
- Information on how employees can refuse an assignment.

The wildland fire community (United States Forest Service, Bureau of Indian Affairs, Bureau of Land Management, NPS, and FWS) supports each other and its interagency partners with wildland fire qualified resources. If the community needs additional resources from other Federal Departments and Agencies, established agreements and standard operating procedures are used to acquire them for firefighting efforts.

## **7.2 ESF-11 (Agriculture and Natural Resources [Animal and Plant Disease and Pest Response])**

The two Primary Agencies for ESF-11 identified by the NRP are the United States Department of Agriculture (USDA) and the Department of the Interior. The NRP Principal Planners for DOI’s support to ESF-11 are USGS (for Animal [includes wildlife] and Plant Disease and Pest Response) and OEPC (for Natural and Cultural Resources and Historic [NCH] Properties).

The USGS Chief Scientist for Biology and the National Wildlife Health Center (NWHC) Director are responsible for plans regarding the Animal and Plant Disease and Pest Response portion of ESF-11.

During an influenza pandemic or avian influenza outbreak, the areas of focus are those related to pandemic/avian influenza activities.

The USGS NWHC, located in Madison, Wisconsin, has the capability to detect avian influenza viruses and is working directly with USDA’s National Veterinary Services Laboratory, located in Ames, Iowa, to identify and characterize potential H5 and H7 viruses in wild birds.

In conjunction with other DOI Bureaus (notably, FWS and NPS) and State and Federal agencies (e.g., USDA/Animal and Plant Health Inspection Service [APHIS], State of Alaska Department of Game and Fish, the Association of Fish and Wildlife Agencies, and the U.S. Department of Health and Human Services [HHS] [Centers for Disease Control and Prevention]), the USGS has

helped develop a national wild bird surveillance strategy for the early detection of highly pathogenic H5N1 avian influenza.

At present, USGS is screening select submissions from geographic locations known to be areas where wild birds from Asia frequent or where birds that mix with wild birds from Asia feed, rest and breed in the United States. The NWHC is also investigating unusual wild bird mortality events, looking for H5N1 and other avian influenza viruses, and is working with the FWS and the State of Alaska on this surveillance. USGS is also working with Pacific Ocean communities (Oceania), including Hawaii and U.S. territories.

The discovery of H5N1 in domestic birds in Europe and Africa starting in October 2005 raises the possibility of the virus reaching North America via migratory birds traveling an eastern route. In response, USGS and FWS wildlife resource experts are assessing the need for enhancing surveillance in the Atlantic Flyway. Control measures for wild birds and migratory birds fall under DOI's Migratory Bird Treaty Act authority.

The NRP and the *Interagency Playbook for Domestic Response to a Detection of Highly Pathogenic Avian Influenza H5N1 in Birds* provide the emergency communications and notifications structure should highly pathogenic H5N1 be identified in North America in wild or domestic birds. In accordance to the *Interagency Playbook*, once DOI or USDA detect H5N1 in North American wildlife, or USDA detects the disease in North American farm animals, the positive identification will be reported to DHS through USDA/APHIS. USDA has the lead on communication activities related to highly pathogenic avian influenza up to Pandemic Level 4 (Federal Government Response Stage 0), since the outbreak up to that point is primarily an animal issue. DOI provides communication support regarding H5N1 issues related to wildlife resources and DOI lands, and will coordinate with USDA in its communication efforts.

### **7.3 ESF-13 (Public Safety and Security)**

Once the influenza pandemic reaches the United States, ESF-13 may be activated. The magnitude of the activation will vary depending on the scope, length, and intensity of the influenza outbreak. Departmental law enforcement officers (LEOs) deployed on an ESF-13 mission assignment in response to the pandemic, will likely be engaged in the provision of security for Federal teams, assets (such as national stockpiles of vaccines and other medicines), and facilities in support of State and local law enforcement.

As described in Chapter 8 (Law Enforcement, Public Safety, and Security) of the *Implementation Plan for the National Strategy for Pandemic Influenza*:

State, local, and Tribal law enforcement and public safety agencies have primary responsibility for providing public safety and security during a pandemic. However, at the request of a Governor when State and local resources are overwhelmed and not capable of an effective response, the Federal Government can provide assistance through Federal law enforcement personnel. In addition, under the Emergency Federal Law Enforcement Assistance Act, 42 U.S.C. § 10501 et seq., the Attorney General may provide law enforcement assistance, including Federal personnel, in response to a Governor's written request, when he determines that such assistance is necessary to provide an adequate response to a law enforcement emergency. When Federal departments and agencies are requested to provide public safety and security support, the

assistance is provided through the mechanism of Emergency Support Function #13 – Public Safety and Security (ESF #13) of the NRP.

Responding to an influenza pandemic could require restrictive measures such as isolation or quarantine and offer social distancing measures such as movement restrictions, and most States have broad quarantine authorities enacted pursuant to their police powers. If necessary, State and local law enforcement agencies, with assistance from their State's National Guard as needed, will normally enforce quarantines or other containment measures ordered by State or local authorities. Federal law enforcement officers can also be called in to assist in State and local quarantine enforcement, at the request of State and local authorities, once they are authorized under the Emergency Law Enforcement Assistance Act, and deputized under appropriate Federal, State, and local law. In addition, U.S. Coast Guard and U.S. Customs and Border Protection Officers may assist in enforcing State quarantines at the direction of the Secretary of Health and Human Services.

The Federal Government also has statutory authority to order a quarantine to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one State or possession into any other State or possession.

### **7.3.1 Planning Requirements for OLESEM**

To effectively prepare for such potential deployments, DOI needs to implement at a minimum the following recommendations:

- Develop timely and efficient procedures to implement the U.S. Marshall's Service (USMS) procedures for special USMS deputation of DOI law enforcement officers (LEOs) deployed on ESF-13 mission assignments
- Develop policy and procedures to implement the 212 DM 17 provision for the re-delegation of all DOI law enforcement authorities through the Deputy Assistant Secretary – LESEM to the Director - OLESEM
- If needed, develop training curricula and materials to instruct DOI LEOs in the laws and regulations pertaining to both State and Federal immunization and quarantine laws. Develop, supplement, or clarify Departmental use-of-force policy as it relates to enforcement of both State and Federal immunization and quarantine laws
- Develop a cadre of trained DOI EFS-13 Coordinators and/or Liaisons, and policy and procedures for coordination and management of DOI ESF-13 mission assignments
- In coordination with OWFC, develop mechanisms and procedures for classifying, determining availability and status, ordering, dispatching and tracking of Departmental law enforcement resources for DOI ESF-13 mission assignments.

### **7.3.2 Bureau and Law Enforcement Planning Requirements**

During an influenza pandemic, various measures will need to be instituted by each Bureau and Office to limit the exposure to or spread of influenza among employees and the public. Measures to alter workplace exposures to influenza specific to law enforcement activities should be developed, and instituted in accordance with Sections 5.4 and Section 6, and Appendix F of this plan. The pandemic influenza planning checklists for the EMS, Law Enforcement, and Correctional Facilities sectors, in Appendix O, should also be consulted and utilized.

Bureaus will plan for the following:

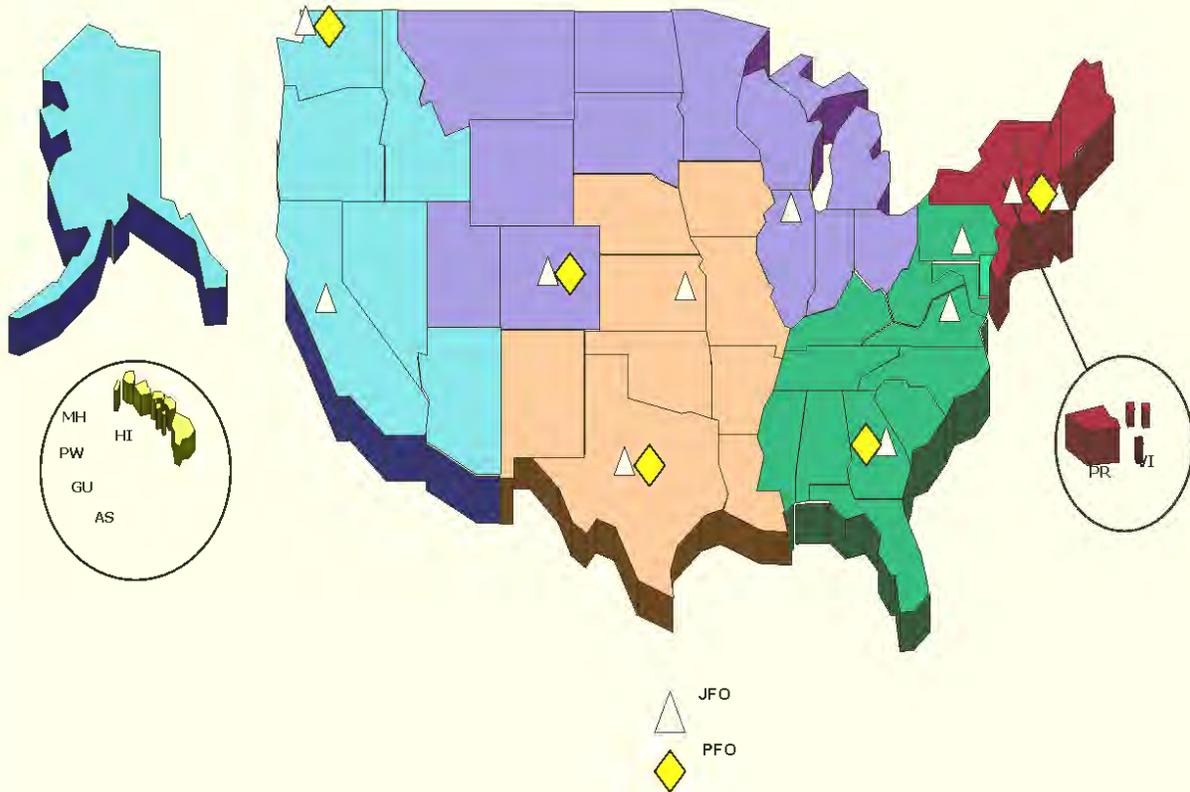
- Develop guidance to implement social distancing by limiting discretionary contacts with the public (e.g. enforcement of non-serious traffic violations could be suspended and theft reports could be taken by phone rather than in person).
- Develop guidance for the prevention, control of spread, or treatment of influenza in inmate populations in detention facilities.
- Develop guidance to augment security for clinics, hospitals, pharmacies, and other medical facilities located on agency lands as needed.
- Develop contingency provisions to assign non-law enforcement related emergency services duties (e.g. emergency medical services, search and rescue, and wildland and structural fire suppression) to non-law personnel in order to utilize LEOs for law enforcement duties, especially in situations where large percentages of DOI's LEOs are deployed and/or Departmental LEOs are deployed on extended missions.
- Bureau planning should consider the possibility that an influx of visitors who become ill may burden medical and emergency services resources in the rural areas where DOI lands are located.

#### **7.4 Federal Regional Areas of Responsibility and the Role of the Interior Emergency Coordination Council (I-RECC) during a Pandemic**

Once Federal Government Response Stage (FGRS) 2 (confirmed human outbreak overseas) is declared, the Federal government activates the National Principal Federal Official (PFO) and Primary Joint Field Office (JFO) staff. Then, during FGRS 3 (widespread human outbreaks in multiple locations overseas), the Regional PFOs and Regional JFOs are activated.

As illustrated in Figure 7-2, in the Federal Government's PFO and JFO Regional Areas of Responsibility scheme for pandemic influenza, the country is divided into five Regional Areas of Responsibility. Each Regional Area of Responsibility includes two FEMA Regions, as depicted in the table below the map in Figure 7-2. Within this scheme, there is a National Principal Federal Official (NPFO), along with five Regional PFOs (one in each Regional Area of Responsibility), and ten Deputy Regional PFOs (two per Regional Area).

**Figure 7-2: National and Regional Pandemic Influenza PFOs, JFOs, and Regional Areas of Responsibilities**



PFO Regional Locations Regional Areas of Responsibility	
Boston	I and II
Atlanta	III and IV
Denver	V and VIII
Dallas	VI and VII
Seattle	IX and X

\*\*\* The National PFO will co-locate with the NOC

The NPFO, as designated by the Secretary of Homeland Security, facilitates national-level, Federal incident coordination during an influenza pandemic. Specific responsibilities of the NPFO include:

- Communicating the Secretary's guidance and direction to key Federal officials supporting the response
- Establishing effective working relationships with, and ensure the needs of, impacted communities, States, Tribes, territories, and private sector stakeholders are met
- Coordinating response resource needs across impacted areas and sectors and provide overall situational awareness and response recommendations
- Coordinating with DHS components involved with preparedness and response
- Execute an effective Federal inter-agency communications strategy with Federal partners in response to a pandemic
- Ensuring situational awareness, in coordination with the NOC
- Working with the Regional PFOs to develop and execute their supporting regional objectives as appropriate.

Each of the five Regional PFOs maintains and coordinates actions for their Regional Area of Responsibility (see Figure 7-2), and will be co-located within a designated JFO. These PFOs, with regional responsibility, operate under the authority and direction of the National PFO. The Regional PFOs will have the same roles and responsibilities as the National PFO, but within their assigned regions.

In addition, in order to provide effective regional response coordination and situational awareness, two Deputy PFOs will be assigned for each Regional Area of Responsibility. One Deputy PFO will be co-located with the Regional PFO at the designated regional JFO, while the second Deputy PFO will be located at the other JFO within each Regional Area of Responsibility.

Within each JFO, and at the National PFO level, senior Federal officials from HHS, liaisons from DHS/Infrastructure Protection, Defense Coordinating Officers from the Department of Defense (DoD), and Federal Coordinating Officers from DHS/FEMA will work with the designated National and Regional PFOs as part of a Unified Coordination Group. Other Federal Agency and Department senior officials and liaisons are assigned to either the Regional or National PFO level, as appropriate.

The Interior Regional Emergency Coordination Councils (I-RECCs) serve as the critical element for the Department's regional coordination with the Federal Regional Areas of Responsibility for Pandemic Influenza. Members of the I-RECCs serve as primary point of contact for the Department to maintain liaison and coordination with the FEMA Regions, and to coordinate emergency activities across DOI Bureaus and Offices on a regional basis. The I-RECCs enhance mutual support within the regions among DOI Bureaus/Offices, FEMA, other Federal Agencies, States, Tribes, territorial, and local governments in preparation/planning for, and responding to, the pandemic.

Since the I-RECC scheme is based on the FEMA Regions, there are members I-RECC members represented in each FEMA Region. However, as noted above, with each of the Federal Regional Areas of Responsibility for Pandemic Influenza covering two FEMA Regions, the I-RECCs will be also paired up to mirror the Federal Regional Areas of Responsibility scheme.

Once the Regional PFOs and Regional JFOs are activated, in FGRS 3 (widespread human outbreaks in multiple locations overseas), I-RECC members are activated by the Departmental Emergency Coordinator or the I-RECC Chair. Upon activation, the I-RECC members are responsible for sharing information on Bureau/Office emergency response activities and capabilities, and facilitate response activities. They also are responsible for providing information on situational awareness of Bureau/Office regional activities, as well as Federal Government's regional activities, interagency coordination and information originating from the Regional JFOs, PFOs, and other entities.

During this activation, the I-RECC Chair (or designated I-RECC member) represents Departmental emergency management concerns in the Federal Areas of Responsibilities for Pandemic Influenza, and facilitates the flow of information among I-RECC members, JFO and PFO Regional officials, and other Departments and Agencies within the region engaged in pandemic-related activities of concern to DOI. In addition, the I-RECC Chair provides situational awareness of these regional activities to the Interior Operations Center so that the Interior Operations Center can report it to DOI Senior Leadership, Emergency Coordinators, and others, as the situation dictates.

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## 8. Communication with Key Audiences

The Office of Communications (OCO) within the Office of the Secretary is responsible for providing timely, accurate and consistent information to internal and external audiences during the pre-pandemic period of wild migratory bird monitoring for highly pathogenic avian influenza (HPAI), the pre-pandemic planning period, and during a human influenza pandemic that affects Interior's workforce and Departmental responsibilities for managing natural, cultural, and historic resources. These goals will be accomplished by:

- Rapidly coordinating and communicating information on avian/pandemic influenza preparedness policies and actions within DOI and its Bureaus through established and emergency channels and protocols
- Communicate coordinated, consistent messages to external audiences, including other Federal agencies, State partners and cooperators, stakeholders, news media, and the public on DOI and Bureau operations, activities, management actions, and decisions related to avian influenza and pandemic preparedness and response through established and emergency channels and protocols
- Work to effectively and rapidly dispel internal and external rumors, speculation, false allegations, and incorrect information about DOI avian/pandemic influenza policies, strategies, plans, actions, and issues.

### 8.1 Organization and Structure

The communications process will be carried out under an organizational structure that includes representatives from the following major components:

- DOI Avian Influenza Leadership Team
- Office of Law Enforcement, Security, and Emergency Management (OLESEM)
- OCO
- DOI Avian Influenza/Pandemic Communications Team
- Bureau Communications Chiefs

#### 8.1.1 Office of Communications

OCO within the Office of the Secretary coordinates and carries out departmental communications during both normal operations and emergency and crisis situations. In coordination with the public affairs leaders of DOI Bureaus and Offices, OCO leads the DOI Avian Influenza/Pandemic Communications Team and works through the established DOI Bureau Communications Chiefs Group, either through regular in-office meetings, direct office e-mail and telephone communications, or, in the event of an emergency or relocation during a pandemic, through Internet office and home e-mail address lists and office, cell, Blackberry or home telephone links.

### **8.1.2 DOI Avian Influenza/Pandemic Communications Team**

The DOI Avian Influenza/Pandemic Communications Team develops, shares and disseminates information and resources that communicate Departmental and Bureau decisions, operations and activities dealing with avian influenza and pandemic response issues. These communications include relevant science, wildlife, land management and public access information; public health and safety messages; and employee health, safety, work options and continuity of operations actions. Led by the Director of the DOI Office of Communications, the team is made up of public affairs avian/pandemic influenza specialists from the DOI Office of Communications, U.S. Geological Survey, U.S. Fish and Wildlife Service, National Park Service, Bureau of Land Management, Bureau of Indian Affairs, Office of Law Enforcement, Security, and Emergency Management, Bureau of Reclamation, Office of Surface Mining, National Business Center, Office of Insular Affairs, Minerals Management Service, Office of Health and Safety, Office of Human Resources, and others.

## **8.2 Roles and Responsibilities**

Each element of the OCO organization for communication has a number of roles and responsibilities as identified in the following sections.

### **8.2.1 DOI Avian Influenza/Pandemic Communications Team**

The DOI Avian Influenza (AI)/Pandemic Communications Team will be the primary link for communication with the public, news media, and other internal and external audiences not the responsibility of the DOI Leadership Team and will provide support to the Leadership Team in communications with Congress, State, and Federal agencies.

The AI/Pandemic Communications Team maintains both standard and emergency operational procedures and resources to receive, evaluate, and disseminate interdepartmental and interagency information and decisions in a timely manner (i.e., offices, conference call, cell phone, Blackberry, Internet, COOP alternate sites, and on EM-SafeTalk, etc).

This AI/Pandemic Communications Team maintains plans, protocols, call-down/call-back lists, message points, and templates for internal and external communications and notifications. These include: 1) the DOI Avian Influenza/Pandemic Preparedness Communications Plan which the team coordinates with other DOI and Federal Agencies; 2) a First 36-Hour Action Notification Protocol for Detection of HPAI in Wild Migratory Birds (Appendix K); 3) contact lists for HPAI notifications and Pandemic Response Communications (maintained by OCO); 4) Migratory Bird Messaging Points (Appendix L); 5) Pandemic Employee and Public Messaging Points; and 6) Templates for Internal and External Notifications (Appendix M). These materials are maintained on the DOI OS "O" Drive, on EM-SafeTalk and on thumb drives, as well as in hard copy, and are available under standard and emergency operating procedures.

The AI/Pandemic Communications Team also assists with DOI communications under the *National Response Plan*. (Under the NRP's ESF-15-External Affairs, the DOI Office of Communications is the NRP Principal Planner for DOI.)

The AI/Pandemic Communications Team provides current information on avian influenza and pandemic preparedness to Federal agencies, DOI stakeholders and cooperators, the public and employees (English/Spanish) via the Departmental website [www.doi.gov/issues/avianflu.html](http://www.doi.gov/issues/avianflu.html)

with links to [pandemicflu.gov](http://pandemicflu.gov), the USGS NWHC Avian Influenza site, and other USGS, FWS, DOI Bureau, and USDA websites.

The Departmental and Bureau avian/pandemic influenza websites include weekly updates on the geographic spread of HPAI H5N1 in Asia, Europe, and Africa; FAQ lists; wildlife health bulletins about HPAI H5N1; fact sheets; information on how wildlife may be involved in or impacted by the spread of HPAI; and the broad scope of Federal and DOI avian influenza and pandemic preparedness activities. A USGS maintained website provides regularly updated information on the detection and testing of Low Pathogenic Avian Influenza (LPAI) in North America at <http://wildlifedisease.nbi.gov/ai/LPAITable.pdf>.

The DOI Emergency Management website [www.doi.gov/emergency](http://www.doi.gov/emergency) in conjunction with Bureau emergency management pages, internal memoranda, and news advisories and releases will provide the public, the media and DOI employees information on the status of DOI and Bureau Offices and land units. These media will also provide information on any changes in public access policy to these units or working conditions at these sites warranted by a finding of HPAI in wild migratory birds, a pandemic outbreak, or other emergency condition. The Leadership Team would provide the Communications Team this information to disseminate via these electronic means.

The AI/Pandemic Communications Team, working through the Office of the Secretary's (OS) Office of Communications, will post and update avian influenza and pandemic preparedness and response information to the [www.doi.gov](http://www.doi.gov) homepage, avian/pandemic influenza website, and other Bureau websites, distribute Departmental news releases, hold news conferences and briefings as needed, and coordinate DOI public information initiatives.

### **8.2.2 Additional Communications Responsibilities**

DOI Offices and Bureaus will develop and adopt internal and external communication strategies, protocols and messages in cooperation with the DOI Office of Communications to ensure clear and consistent messaging regarding avian influenza and pandemic operations and activities.

The OS Office of Congressional and Legislative Affairs has primary responsibility for congressional notifications and communications; the OS Office of External and Intergovernmental Affairs will coordinate notifications and communications with State governors, city mayors and councils and local leaders as well as regional, State, and local associations, NGOs, councils, boards, etc.

The Bureau of Indian Affairs Office of Public Affairs will coordinate communications and notifications with Tribal leaders and councils as well as national Indian associations and councils and the media and public in Indian Country.

### **8.3 Operational Phases and Triggers**

There are several critical phases in avian influenza monitoring and pandemic preparedness and response in which the DOI avian/pandemic influenza communications plans, protocols and messages would be activated, either by anticipated events or official declarations. Section 8.3 describes the triggers for activating various components of the DOI communications plan, and actions taken during implementation of each:

### **8.3.1 Low Pathogenic Avian Influenza (LPAI) Detected in Wild Migratory Birds**

DOI, through the USGS and FWS, coordinates with USDA, the National Flyway Councils and State agencies to sample and test migratory birds in North America, monitor scientific information and news media for reports of positive cases of HPAI, and tracks the geographic spread of HPAI H5N1. All low pathogenic H5N1 and other low pathogenic avian influenza (LPAI) viruses detected by this program, which do not present a risk to human or wildlife health, are posted to a National Biological Information Infrastructure web site at: <http://wildlifedisease.nbi.gov/ai/LPAITable.pdf> and the States (where samples were taken) are notified. This protocol is maintained and carried out by the USGS, FWS, and USDA.

### **8.3.2 Highly Pathogenic Avian Influenza (HPAI) Detected in Wild Migratory Birds (Presumptive)**

Should presumptive highly pathogenic avian influenza (HPAI) be detected in a sample from a live North American wild migratory bird during the initial testing, Federal roles, responsibilities and actions, including DOI's communications activities, will be guided by the *Interagency Playbook for Domestic Response to a Detection of Highly Pathogenic Avian Influenza (H5N1) in Birds*.

DOI's communications activities in this triggering situation are described in the 36-Hour Plan for Responding to a Detection of HPAI in Wild Birds, and located in Appendix K of the *DOI Pandemic Influenza Plan*. The DOI Office of Communications and DOI Bureau PIOs, through the DOI Avian Influenza/Pandemic Communications Team, and in cooperation with USGS/FWS, will work closely with USDA communications in providing advance notice to Federal, Congressional and State agencies and issuing public announcements of these presumptive HPAI H5N1 findings, and to support USDA's release of information about HPAI cases detected by USDA and USDA laboratories and other related information.

Under established protocols, if the USGS National Wildlife Health Center detects presumptive H5N1 HPAI from a live bird sample, the Center will send the presumptive sample to the USDA National Veterinary Services Laboratory for validation and further pathogenicity testing and confirmation. Birds or samples from a large bird die-off sent to USGS NWHC will be forwarded to the USDA NVSL the same day for simultaneous testing.

### **8.3.3 HPAI Detected in Wild Migratory Birds (Confirmed)**

If the USDA National Veterinary Services Laboratory confirms HPAI, the NWHC or the USDA National Veterinary Services Laboratory will brief the Assistant Secretary - PMB and the Assistant Secretary - Water and Science who will brief other members of the DOI Avian Influenza Leadership Team.

If HPAI in wild migratory birds or poultry is confirmed, it is the responsibility of the DOI Office of Communications, with assistance from USGS/FWS members of the DOI Avian Influenza/Pandemic Communication Team, to coordinate with USDA and the DOI Avian Influenza/Pandemic Leadership Team to release this information to Congress, affected State and local and Tribal governments, the media, and employees, as well as other audiences. Each DOI Bureau will provide this information as appropriate to key stakeholders, partners, and State agencies, as well as to visitors to public lands.

#### **8.3.4 Human Pandemic Declared**

Should H5N1 HPAI, or another highly pathogenic strain of influenza virus, mutate into a form easily transmissible among humans and causes an outbreak/pandemic among humans within North America, DHS will coordinate the overall Federal actions/incident response, and HHS will lead the Federal health and medical actions (starting at FGRS 3). DHS will also coordinate to provide the communications and notifications structure on behalf of the Executive Branch.

The DOI Avian Influenza/Pandemic Leadership Team and the DOI Avian Influenza/Pandemic Communications Team would assume responsibility for coordinating and communicating internal and external communications and messaging for the Department. Internal and external communication strategies, protocols, and messages for DOI Bureaus and Offices will be developed in cooperation with the DOI Avian Influenza Communications Team to ensure clear and consistent messaging on pandemic operations and activities.

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## Appendix A: Acronyms

AI.....	Avian Influenza
APHIS.....	Animal and Plant Health Investigation Service
ASTHO.....	Association of State and Territorial Health Officials
AS.....	Assistant Secretary
BIA.....	Bureau of Indian Affairs
BOR.....	Bureau of Reclamation
CDC .....	Centers for Disease Control and Prevention
CFR.....	Code of Federal Regulations
CISM.....	Critical Incident Stress Management
CONOPS.....	Concept of Operations
COOP .....	Continuity of Operations
D/A.....	Department/Agency
DAA.....	Designated Approving Authority
DHS.....	Department of Homeland Security
DM.....	Departmental Manual
DOC.....	Department of Commerce
DoD.....	Department of Defense
DOI .....	Department of the Interior
DOJ.....	Department of Justice
DOS.....	Department of State
DOT.....	Department of Transportation
DRG.....	Domestic Readiness Group
EC.....	Emergency Coordinator

ELIPS.....Electronic Library of Interior Policies  
EMC.....Emergency Management Council  
EOC.....Emergency Operations Center  
EPA.....Environmental Protection Agency  
ESF.....Emergency Support Function  
FAO.....Food and Agriculture Organization  
FDA.....Food and Drug Administration  
FECA.....Federal Employees' Compensation Act  
FEHB.....Federal Employee Health Benefits  
FEMA .....Federal Emergency Management Agency  
FFL.....Family Friendly Leave  
FGRS.....Federal Government Response Stage  
FMCS.....Federal Medical Contingency Stations  
FMLA.....Family Medical Leave Act  
FOH.....Federal Occupational Health  
FPC.....Federal Preparedness Circular  
FWS.....United States Fish and Wildlife Service  
HA.....Hemagglutinin (a protein on the surface of the influenza virus)  
HHS.....Department of Health and Human Services  
HPAI.....High Pathogenic Avian Influenza  
HR.....Human Resources  
HRSA.....Health Resources and Services Administration  
HSC.....Homeland Security Council  
HSPD .....Homeland Security Presidential Directive  
HVAC.....Heating, Ventilation, and Air Conditioning

HQ.....	Headquarters
ICS .....	Incident Command System
IDSA.....	Infectious Disease Society of America
ILI .....	Influenza-Like Illness
IMPT.....	Interagency Incident Management Planning Team
IMT.....	Incident Management Team
INS.....	Incident of National Significance
IOM.....	Institute of Medicine
I-RECC.....	Interior Regional Emergency Coordination Council
ISID.....	International Society for Infectious Diseases
IT.....	Information Technology
JIC.....	Joint Information Center
LPAI.....	Low Pathogenic Avian Influenza
LEO.....	Law Enforcement Officer
MEF.....	Mission Essential Function
MMS.....	Minerals Management Service
NA.....	Neuraminidase (a protein on the surface of the influenza virus)
NACCHO.....	National Association of County and City Officials
NBC.....	National Business Center
NCH.....	National and Cultural Resources and Historic Properties
NCR.....	National Capital Region
NDMS .....	National Disaster Medical System
NFID.....	National Foundation for Infectious Diseases
NGO.....	Non-Governmental Organization
NI .....	Neuraminidase Inhibitors

NIC.....National Influenza Center  
NIH .....National Institutes of Health  
NIMS.....National Incident Management System  
NIOSH.....National Institute for Occupational Safety and Health  
NOC.....National Operations Center  
NPS.....National Park Service  
NRP.....*National Response Plan*  
NVAC .....National Vaccine Advisory Committee  
NVPO.....National Vaccine Program Office  
NVSL.....National Veterinary Services Laboratory  
NWHC.....National Wildlife Health Center  
OCIO.....Office of the Chief Information Officer  
OCO.....Office of Communications  
OEPC.....Office of Environmental Policy and Compliance  
OHR.....Office of Human Resources  
OHS.....Office of Health and Safety  
OIE.....World Organization for Animal Health (Office of International des Epizooties)  
OIG.....Office of the Inspector General  
OLESEM.....Office of Law Enforcement, Security, and Emergency Management  
OMB.....Office of Management and Budget  
ONCP.....Office of National Continuity Programs  
OPM.....Office of Personnel Management  
OS.....Office of Secretary  
OSHA.....Occupational Health and Safety Administration  
OWFC.....Office of Wildland Fire Coordination

PAM.....Office of Acquisition and Property Management  
PAS.....Presidentially Appointed, Senate Confirmed  
PCC.....Policy Coordination Committee  
PDD.....Presidential Decision Directive  
PHS .....U.S. Public Health Service  
PI.....Pandemic Influenza  
PIO.....Public Information Officer  
PMB.....Policy, Management and Budget  
PMEF.....Primary Mission Essential Function  
POD.....Payroll Operations Division  
PPE.....Personal Protective Equipment  
Pro-MED.....Program for Monitoring Emerging Diseases Electronic Outbreak Reporting System  
R&D.....Research and Development  
RAS.....Remote Access Policy  
RPL.....Reemployment Priority List  
SARS.....Severe Acute Respiratory Syndrome  
SMEF.....Supporting Mission Essential Function  
SMIS..... Safety Management Information System  
SOL.....Office of the Solicitor  
SOP.....Standard Operating Procedure  
SSP.....System Security Plan  
TT&E.....Test, Training and Exercises  
USAID .....U.S. Agency for International Development  
USDA.....U.S. Department of Agriculture

USGS.....United States Geological Survey

USMS.....United States Marshall's Service

VA.....Veteran's Affairs

VRBPAC.....Vaccine and Related Biological Products Advisory Committee

WHO.....World Health Organization

## Appendix B: Authorities and References

Title	Date
<b>Federal-Level Authorities, Policies, and Guidelines</b>	
Department of Homeland Security, <i>National Response Plan</i>	December 2004
Department of Homeland Security, <i>National Incident Management System</i>	March 1, 2004
Executive Order 12656, <i>Assignment of Emergency Preparedness Responsibilities</i>	November 18, 1988
Executive Order 13244, <i>Order of Succession Within the Department of the Interior</i>	December 18, 2001
Presidential Decision Directive 67, <i>Enduring Constitutional Government and Continuity of Government Operations</i> (classified document)	October 21, 1999
Office of Personnel Management, Memorandum for Heads of Executive Departments and Agencies, Washington, DC, Area Dismissal or Closure Procedures	November 22, 2005
Memorandum from Frances Fragos Townsend, Assistant to the President for Homeland Security and Counterterrorism, <i>Federal Department and Agency Pandemic Plans</i>	November 8, 2006
National Security Presidential Directive 51/Homeland Security Presidential Directive 20, <i>National Continuity Policy</i>	May 9, 2007
Homeland Security Council, <i>National Strategy for Pandemic Influenza</i>	November 1, 2005
Homeland Security Council, <i>Implementation of the National Strategy for Pandemic Influenza: Interim Guidance for Department Planning</i>	November 2005
<i>Interagency Playbook for Domestic Response to a Detection of Highly Pathogenic Avian Influenza H5N1 in Birds</i>	February 2007
Memorandum from the Office of National Security Coordination, Federal Emergency Management Agency, <i>Interim Pandemic Influenza Guidance</i>	February 13, 2006
Homeland Security Council, <i>Key Elements of Departmental Pandemic Influenza Operational Plans</i> (i.e., Final Metachecklist)	October 17, 2006
Department of Homeland Security, <i>Final COOP Guidance</i>	November 15, 2006

Title	Date
Office of Personnel Management, <i>Human Capital Management and COOP Planning Criteria related to Pandemic Influenza</i>	August 1, 2006
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, <i>Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Non-pharmaceutical Interventions</i>	February 2007
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, <i>Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic</i>	May 2007
Office of Personnel Management, <i>What Should a Supervisor Do To Prepare For a Pandemic Health Crisis?</i> Pandemic Planning Guide	August 3, 2006
Department of Labor, Occupational Safety and Health Administration, <i>Guidance on Preparing Workplaces for an Influenza Pandemic</i>	February 2007
Department of Labor, Occupational Safety and Health Administration, <i>Guidance Update on Protecting Employees from Avian Flu (Avian Influenza) Viruses</i>	2006
Office of Personnel Management, <i>What a Supervisor Should Do if an Employee Appears Ill During a Declared Pandemic Influenza or Has Been Exposed to Pandemic Influenza</i> Decision Chart	May 2007
Department of Homeland Security, <i>Pandemic Influenza Best Practices and Model Protocols</i>	April 2007
Office of Personnel Management, <i>Telework: A Management Priority, A Guide for Managers, Supervisors, and Telework Coordinators</i>	August 1, 2006
Office of Personnel Management, <i>Telework 101 for Managers: Making Telework Work for You</i>	August 1, 2006
Office of Personnel Management, <i>Telework 101 for Employees: Making Telework Work for You</i>	August 1, 2006
Office of Personnel Management, <i>Absence and Leave Federal Register Notice (Final Rule), 5 CFR Part 630</i>	August 17, 2006
U.S. Department of Health and Human Services, <i>Environmental Management and Cleaning Practices</i>	November 15, 2006

Title	Date
<b>DOI Authorities</b>	
Departmental Manual Part 302, Chapters 1-2, <i>Automatic Succession</i>	January 18, 2001
Departmental Manual Part 302, Chapter 3, <i>Automatic Succession</i>	September 3, 2004
Departmental Manual 900, Chapters 1-5, <i>Emergency Management</i>	January 4, 2006
Departmental Manual 485, Chapters 17-18, <i>Occupational Medicine and Industrial Hygiene Program</i>	March 12, 1999
Wildlife Health Bulletin 05-03, <i>Interim Guidelines for the Protection of Persons Handling Wild Birds with Preference to Highly Pathogenic Avian Influenza H5N1</i>	August 29, 2005
<i>Employee Health and Safety Guidelines for Avian Influenza Surveillance and Control Activities in Wild Bird Populations</i> Memorandum	January 2007
OCIO Directive 2006-xxx (Remote Access Policy)	TBD
Personnel Bulletin (PB) No. 05-02, Telework Policy	February 18, 2005
Personnel Bulletin No. 07-03, 2006 Administratively Determined Pay Plan for Emergency Workers (Casuals)	March 28, 2007
Personnel Bulletin No. 07-01, Departmental Policy on Evacuation Pay	December 20, 2006
Personnel Bulletin No. 06-02, Excused Absence in Emergency Situations	October 12, 2005
Departmental Manual 370, Chapter 610, Hours of Duty	November 8, 1974 <sup>4</sup>
Departmental Manual 370, Chapter 630, Absence and Leave	March 14, 1986 <sup>4</sup>
Personnel Bulletin No. 06-03, Emergency Leave Transfer Program – Hurricane Katrina	October 12, 2005

<sup>4</sup> For both DM 370 Chapters 610 (Hours of Duty) and 630 (Absence and Leave), the Departmental Manual is being updated; OPM guidance on these topics is current.

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## Appendix C: Influenza Background

Pandemics are explosive global events in which most, if not all, populations worldwide are at risk for infection and illness. In historical pandemics of influenza, the disease spread worldwide within months, and with modern travel patterns and increased population density, a pandemic of influenza is expected to spread much faster in present day. A pandemic has the potential to be a catastrophic disaster of unprecedented scale.

Influenza pandemics are believed to have occurred for at least 300 years at unpredictable intervals. It is difficult to predict when the next influenza pandemic will occur or how severe it will be - wherever and whenever a pandemic starts, everyone around the world is at risk.

Defining the potential magnitude of a pandemic is difficult because of the large differences in severity for the three 20<sup>th</sup> Century pandemics. The 1918 pandemic resulted in an estimated (at least) 500,000 deaths in the United States, the 1958 pandemic killed approximately 70,000 Americans, and the 1968 pandemic caused an estimated 34,000 U.S. deaths. This difference largely relates to the severity of infections and the virulence of the influenza viruses that caused the pandemics. The 20<sup>th</sup> Century pandemics also have shared similar characteristics. In each pandemic, about 30 percent of the U.S. population developed illness, with about half of those Americans seeking medical care. Children under the age of 18 have tended to have the highest rates of illness, though not of severe disease and death. Geographical spread in each pandemic was rapid and virtually all communities experienced outbreaks.

An especially severe pandemic of influenza could lead to high levels of illness, death, social disruption, and economic loss. Everyday life will be disrupted because so many people in so many places become seriously ill at the same time. Impacts can range from school and business closings and the cancellation of social/mass gatherings (such as concerts and movies) to the interruption of basic services such as public transportation and food delivery.

While an annual influenza season in the U.S., on average, results in approximately 36,000 deaths, 226,000 hospitalizations, and between \$1 billion and \$3 billion in direct costs for medical care, it is predicted that the number of illnesses, deaths, hospitalizations, and the direct costs will be significantly higher during a pandemic. A substantial percentage of the world's population will require some form of medical care.<sup>5</sup> Health care facilities will likely be overwhelmed, creating a shortage of hospital staff, beds, ventilators, and other supplies. Surge capacity at non-traditional sites (such as schools) may need to be created to cope with demand.

In addition, in this scenario, the need for vaccine is likely to outstrip supply and the supply of antiviral drugs is also likely to be inadequate early in a pandemic. Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.

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<sup>5</sup> Seasonal influenza characterized by symptoms such as fever, fatigue, body pain, headache, dry cough, and sore throat, and affects large numbers of people each year. Symptoms of H5N1 in humans have generally been more severe, and ranged from typical influenza-like symptoms to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications.

As described in the *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early, Targeted, Layered Use of Nonpharmaceutical Interventions*, without implementing mitigating interventions, even a less severe pandemic would likely result in dramatic increases in the number of hospitalizations and deaths. In addition, an unmitigated severe pandemic would likely overwhelm our nation's critical healthcare services and impose significant stress on our nation's critical infrastructure. Therefore, communities, individuals and families, employers, schools, and other organizations must plan for the use of non-pharmaceutical interventions (NPI) to help limit the spread of a pandemic, prevent disease and death, lessen the impact on the economy, and keep society functioning. For additional information on these NPIs, refer to Section D of this appendix.

## **A. Influenza Viruses**

Influenza viruses are negative-stranded ribonucleic acid (RNA) viruses that have been divided into types: A, B, and C viruses. Type C is not known to cause disease in humans, and only type A viruses are known to cause pandemics. Type A viruses are further divided into subtypes based on the specific hemagglutinin (H) and neuraminidase (N) proteins on the virus surface.

Two subtypes of A viruses are currently circulating among humans - H3N2 and H1N1. When these subtypes emerged in the 20<sup>th</sup> Century, humans had not been exposed to them previously and resulted in the pandemics of 1918 pandemic (H1N1) and 1968 (H3N2). In addition, the 1957 pandemic was associated with the emergence and spread of the H2N2 virus; however, this virus subtype stopped circulating in 1968.

Pandemics of influenza are unusual events and their timing cannot be predicted. For example, only three pandemics occurred in the 20<sup>th</sup> Century (1918, 1957, and 1968). The infrequency and unpredictable timing of these events is explained by the fact that influenza pandemics occur only when a new (or novel) influenza virus emerges and spreads globally. By definition, most people have never been exposed to these viruses; and therefore, are susceptible to infection by them. In contrast, seasonal influenza virus strain variants are modified versions of influenza viruses that are already in widespread circulation. Therefore, there is usually some level of pre-existing immunity to strain variants. Antigenic drift and shift account for the differences described here between seasonal and pandemic strains of influenza.

### **1. Drift and Shift**

Influenza viruses replicate their RNA sloppily, and as a result mutate fairly easily. Mutations of these viruses can result in either modification (drift) or replacement (shift) of the hemagglutinin and neuraminidase on the viral surface. Because these proteins are the main targets for the immune system, changes in these proteins can have minor to profound effects on the influenza virus' ability to spread throughout human and animal populations.

#### **a) Drift**

When influenza viruses undergo antigenic drift, mutations to the virus genome produce changes in the viral hemagglutinin and neuraminidase. As noted earlier, since RNA replication in influenza virus is sloppy, drift is a continuous ongoing process, and results in the emergence of new strain variants. The amount of change can be subtle or dramatic, but eventually one of the new variant strains becomes dominant, usually for a few years, until a new variant emerges and

replaces it. In essence, drift affects the influenza viruses that are already in worldwide circulation. This process allows influenza viruses to change and re-infect people repeatedly through their lifetime.

Since influenza virus strains shift dominance on such a constant basis, each year, many laboratories, including in the United States, collect influenza viruses circulating in different parts of the world. Some of these virus samples are sent to one of four WHO reference laboratories (one of which is at the CDC in Atlanta) for detailed testing. The testing includes determining how well antibodies in the current seasonal influenza vaccine react to the circulating virus and new influenza viruses (how well the current vaccine protects against from getting sick). This information, along with information about global influenza activity, is used by the WHO and an advisory committee of the FDA to select three viruses (two subtypes of influenza A viruses and one influenza B virus) to be the components of the annual influenza vaccines produced for the following fall and winter. Usually, one or two of the three virus strains in the vaccine are changed each year. (This is why it is so important to get the seasonal vaccine every year.)

#### **b) Shift**

In contrast to drift, in antigenic shifts, the surface existing viral hemagglutinin and neuraminidase proteins are not modified, but are replaced by significantly different hemagglutinin and neuraminidase proteins. As a result, the influenza A viruses bear entirely new (or novel) H or H/N combinations which are perceived by our immune systems as something majority of people do not have pre-existing antibody protection against. As a result, there is widespread illness and mortality among populations as the disease spreads around the world in a pandemic.

## **B. Animal Reservoirs**

Wild birds are considered the reservoir for influenza viruses because more influenza A subtypes (15) circulate among wild birds than humans or other animal species. Normally, animal influenza viruses do not infect humans. However, avian influenza viruses can sometimes cross this barrier and directly infect humans.

Pandemic viruses can also arise when some of the genes from animal influenza viruses mix (or re-assort) with some of the genes from human influenza viruses to create a new hybrid influenza virus. Re-assorted viruses have been frequently identified and are thought to have been responsible for the 1957 and 1968 pandemic viruses.

There are three requirements for influenza (or any infectious disease) to become pandemic in humans:

1. New viral subtype of influenza needs to emerge
2. The virus strain that emerges needs have the ability to infect humans and cause serious infection
3. Virus must spread human-to-human in sustained transmission.

As described below, the first two requirements have been met.

### a) H5N1 Strain of Influenza and Current Situation

Although it is unpredictable when the next pandemic will occur and what strain may cause it, the continued and expanded spread of a highly pathogenic - and now endemic - avian H5N1 virus across much of Asia, Russia, and Europe, and parts of Africa, represents a significant pandemic threat. Human H5N1 influenza infection was first recognized in 1997 when it infected 18 people (and caused 6 deaths) in Hong Kong. Since 2003, over 320 human H5N1 cases (and over 190 deaths; with a mortality rate of approximately 60 percent) have been confirmed (by WHO) in a growing list of countries, including Thailand, Vietnam, Cambodia, Indonesia, China, Egypt, Turkey, Azerbaijan, Djibouti, Iraq, Laos, and Nigeria.

Additional concerns that the H5N1 virus currently circulating has significant potential in triggering a pandemic because:

- The avian H5N1 virus is becoming more deadly in a growing number of bird species and mammals.
- Wild birds and domestic ducks may be infected asymptotically, providing a reservoir for infection of other domestic poultry species.
- The virus is able to transmit directly from birds to some mammals and to people.
- There is sporadic spread directly from animals to humans with suspected human-to-human transmission in rare instances (with close contact of family members caring for those ill).
- Genetic studies confirm that H5N1, like other influenza viruses, is continuing to change and evolve.

While H5N1 is the greatest current pandemic threat, other avian influenza subtypes have also infected people in recent years. In 1999, H9N2 infections were identified in Hong Kong; in 2003, H7N7 infections occurred in the Netherlands; and in 2004, H7N3 infections occurred in Canada. Such outbreaks/strains also have the potential to give rise to the next pandemic, reinforcing the need for continued surveillance and ongoing vaccine development efforts against these strains.

## C. Impact of Influenza and Influenza Pandemics

Pandemic strains of influenza viruses have demonstrated their ability to spread worldwide within months, or weeks, and will cause illness and deaths in all age groups. The pandemic will likely spread around the world in multiple waves (periods during which community outbreaks occur across the country) of illness with each wave taking 2 - 3 months to spread the globe. As each wave is spreading, it is estimated that epidemics of influenza will remain in affected communities for 6 – 8 weeks.

While the ultimate number of infections, illnesses, and deaths is unpredictable, it is nonetheless certain that without adequate planning and preparations, an influenza pandemic in the 21<sup>st</sup> Century has the potential to cause enough illnesses to overwhelm current public health and medical care capacities at all levels, despite the vast improvements made in medical technology during the 20<sup>th</sup> Century.

Certain modern trends will likely increase the potential for pandemics to cause more illnesses and deaths than in previous pandemics:

- The global population is larger and increasingly urbanized, allowing viruses to be transmitted within populations more easily
- Levels of international travel are much greater than in the past, allowing viruses to spread globally more quickly than in the past
- Populations in many countries consist of increasing numbers of elderly persons, and those with chronic medical conditions; thus, increasing the potential for more complicated illnesses and deaths to occur.

This combination of factors suggests that the next pandemic may lead to influenza spreading among the population and around the world faster than in the past, overwhelming countries and health systems that are not adequately prepared.

The 1957 pandemic, during an era with much less globalization, spread to the U.S. within 4 - 5 months of its detection in China, and the 1968 pandemic spread to the U.S. from Hong Kong within 2 - 3 months. As the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 demonstrated, modern travel patterns may significantly reduce the time needed for pandemic influenza viruses to spread globally to a few months or even weeks. The major implication of such rapid spread of an infectious disease is that many, if not most, countries will have minimal time to implement preparations and responses once pandemic viruses have begun to spread. While SARS infections spread quickly to multiple countries, the epidemiology and transmission modes of the SARS virus greatly helped to contain the spread of this infection in 2003, along with quarantine, isolation, and other control measures. By contrast, because influenza spreads more rapidly between people and can be transmitted by those who are infected but do not yet have symptoms, the spread of pandemic influenza to multiple countries is expected to lead to the near simultaneous occurrence of multiple community outbreaks in an escalating fashion. No other infectious disease threat, whether natural or engineered, poses the same current threat for causing increases in infections, illnesses, and deaths so quickly in the U.S. and worldwide.

**Table C-1. Effects of Past Pandemics on the U.S.**

<b>Pandemic</b>	<b>Estimated U.S. Deaths</b>	<b>Influenza A Strain</b>	<b>Populations at greatest risk</b>
1918-1919	500,000	H1N1	Young, healthy adults
1957-1958	70,000	H2N2	Infants, elderly
1968-1969	34,000	H3N2	Infants, elderly

#### **D. *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early, Targeted, Layered Use of Nonpharmaceutical Interventions***

Non-pharmaceutical interventions (NPIs) will likely reduce influenza transmission, and therefore impact the severity of the pandemic, by reducing contact between sick and uninfected persons, thereby decreasing the number of those who become infected. This will, in turn, lessen the need for healthcare services and minimize the impact of a pandemic on the economy and society. To have the greatest effect, NPI measures should be implemented in the early stages of the pandemic. NPIs described in the *Community Strategy for Pandemic Influenza Mitigation* guidance document include:

- Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza.
- Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
- Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
- Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density to the greatest extent possible without disrupting essential services.
- All such community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette.

Decisions about what tools should be used during a pandemic should be based on the observed severity of the event, its impact on specific subpopulations, the expected benefit of the interventions, the feasibility of success in modern society, the direct and indirect costs, and the consequences on critical infrastructure, healthcare delivery, and society. The most controversial elements (e.g., prolonged dismissal of students from schools and closure of childcare programs) are not likely to be needed in less severe pandemics, but these steps may save lives during severe pandemics. Just as communities plan and prepare for mitigating the effect of severe natural disasters (e.g., hurricanes), they should plan and prepare for mitigating the effect of a severe pandemic.

To further assist in pre-pandemic planning, the *Community Strategy for Pandemic Influenza Mitigation* also introduces the Pandemic Severity Index (PSI), which is five discrete categories of increasing severity (Category 1 - 5), similar to the Saffir-Simpson Scale for measuring hurricane strength/intensity (which is also Category 1 - 5). All future pandemics will be

assigned to one of these categories. The PSI is based on the case fatality ratio, and other key epidemiological characteristics that define outbreaks/pandemics of disease, as shown below.

**Table C-2. Pandemic Severity Index Categories**

Characteristics	Pandemic Severity Index				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1 - <0.5	0.5 - <1.0	1.0 - <2.0	≥ 2.0
Excess Death Rate (per 100,000)	<30	30 - <150	150 - <300	300 - <600	≥600
Illness Rate (percentage of the population)	20 - 40	20 - 40	20 - 40	20 - 40	20 - 40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000 - <450,000	450,000 - <900,000	900,000 - <1.8 million	≥1.8 million
20 <sup>th</sup> Century U.S. Experience	Seasonal Influenza (Illness rate 5-20%)	1957, 1968 Pandemic	None	None	1918 Pandemic

The timing of initiation, which PSI Categories to implement, and length of duration of the NPIs outlined in the *Community Strategy for Pandemic Influenza Mitigation* will influence their effectiveness; and Table C-3 below provides guidance.

**Table C-3. When to Implement Various NPIs Based on PSI Category Scheme**

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b>			
<b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend <sup>§</sup>	Recommend <sup>§</sup>	Recommend <sup>§</sup>
<b>Voluntary quarantine</b> of household members in homes with ill persons <sup>¶</sup> (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider <sup>**</sup>	Recommend <sup>**</sup>
<b>School</b>			
<b>Child social distancing</b>			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks <sup>†</sup>	Recommend: ≤12 weeks <sup>§§</sup>
-reduce out-of-school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks <sup>**</sup>	Recommend: ≤12 weeks <sup>§§</sup>
<b>Workplace / Community</b>			
<b>Adult social distancing</b>			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Historical data from the 1918 pandemic suggests that the duration of implementing NPIs significantly impacts mortality rates. Stopping or limiting the intensity of NPIs while pandemic virus was still circulating within the community caused increases in mortality due to pneumonia and influenza in some communities. As long as susceptible individuals are present in large numbers in a particular area, spread of influenza will continue. While NPIs may limit or slow community transmission, persisting pandemic virus circulating in a community with a susceptible population is a risk factor for re-emergence of the pandemic.

Therefore, while the duration of NPI implementation will depend on the severity of the pandemic, and the duration of the pandemic wave (about 6 – 8 weeks) within the particular area, communities should be prepared to maintain these measures for up to 12 weeks in a Category 4 or 5 pandemic, as shown above in Table C-3. Monitoring of excess mortality, case fatality ratios, or other surrogate markers over time will be important for determining both the optimal duration of implementation and the need for resumption of these measures.

## E. Pandemic Influenza Planning Checklists

In the event of an influenza pandemic, many sectors play a key role in protecting the health and safety of their employees, as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is a critical aspect of this. HHS and CDC developed guidelines, including checklists, to assist businesses, industries, and other employers in planning for a pandemic. These checklists cover multiple key sectors, including:

- Business
- Child Care
- Colleges/Universities
- Emergency Medical Services (EMS)
- Faith-Based
- Health Insurer
- Law Enforcement
- Correctional Facilities
- Home Health
- Hospitals
- Individual/Families
- Long-Term Care
- Medical Offices and Clinics
- Schools (Kindergarten -12<sup>th</sup> Grade)
- State/local

Appendix O contains the checklists that are most applicable to DOI and its equities; these are the EMS, Law Enforcement, Correctional Facilities, Individual/Families, Schools (Kindergarten - 12<sup>th</sup> Grade), and Colleges/Universities checklists. Those checklists that are not included in this appendix can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

The checklists identify key areas that DOI equities should address, in addition to the guidance laid out in the *DOI Pandemic Influenza Plan*, in their pandemic planning. The checklists also

enable those responsible for pandemic influenza planning to assess and improve their preparedness efforts.

Given the differences within sectors, individual facilities/equities should adapt the checklists to meet their unique needs. In addition, when developing pandemic plans and preparations, sectors and individual facilities/equities should also utilize information and guidance from State, regional, and local health departments and emergency management agencies/authorities.

## F. Internet Resources on Influenza

The links listed below were active as of November 2007. However, because web sites can change without notice, no site can be guaranteed active or accurate indefinitely.

### U.S. Government:

[www.pandemicflu.gov](http://www.pandemicflu.gov)

[www.avianflu.gov](http://www.avianflu.gov)

The White House: Pandemic Influenza - <http://www.whitehouse.gov/infocus/pandemicflu/>  
[www.Ready.gov](http://www.Ready.gov)

Ready.gov Pandemic Influenza - <http://www.ready.gov/america/beinformed/influenza.html>

### Nongovernmental Organizations:

Association of State and Territorial Health Officials (ASTHO) – [www.astho.org](http://www.astho.org)

National Association of County and City Officials (NACCHO) – [www.naccho.org](http://www.naccho.org)

NACCHO Influenza Information - <http://www.naccho.org/topics/infectious/influenza.cfm>

Infectious Disease Society of America – [www.idsociety.org](http://www.idsociety.org)

IDSA Avian/Pandemic Information – <http://www.idsociety.org/Content.aspx?id=192>

National Foundation for Infectious Diseases – [www.nfid.org](http://www.nfid.org)

NFID Influenza Information - <http://www.nfid.org/influenza/>

Institute of Medicine (IOM) – [www.iom.edu](http://www.iom.edu)

International Society of Infectious Diseases' (ISID) Program for Monitoring Emerging Diseases Electronic Outbreak Reporting System (Pro-MED) –

<http://www.promedmail.org/pls/promed/f?p=2400:1000>

### Background & Historical Information:

**World Health Organization** – Defines influenza pandemic, explains how a new influenza virus can cause a pandemic, presents the consequences of an influenza pandemic, explains the global surveillance systems, and provides links to other pandemic plans from other nations.  
[www.who.int/csr/disease/influenza/pandemic/en](http://www.who.int/csr/disease/influenza/pandemic/en)

WHO Avian Influenza Information - [http://www.who.int/topics/avian\\_influenza/en/](http://www.who.int/topics/avian_influenza/en/)

WHO Influenza Information - <http://www.who.int/topics/influenza/en/>

WHO's Epidemic and Pandemic Alert and Response's Disease Outbreak News: Avian Influenza - [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

**FAO** – Offers updates/news related to avian influenza (including the *FAOAIDENews: Avian Influenza Disease Emergency Situation Updates*), guidance documents, background, Q&As, slide show, and videos, as well as a presentation on the socio-economic impact of AI. <http://www.fao.org/avianflu/en/index.html>

**CDC** – Presents information on the symptoms, treatment, and complications of the disease, prevention and control, the types of influenza viruses, questions and answers on symptoms, vaccination and myths. [www.cdc.gov/flu](http://www.cdc.gov/flu)

CDC, Avian Influenza (Bird Flu), <http://www.cdc.gov/flu/avian/index.htm>

CDC, *Emerging Infectious Diseases*, “Influenza Pandemics of the 20<sup>th</sup> Century” <http://www.cdc.gov/ncidod/EID/vol12no01/05-1254.htm>

**Federal Occupational Health (FOH)** – Serves as a resource for fact sheets, articles and other background information on pandemic influenza – including Frequently Asked Questions fact sheets for Federal managers and employees, and *Top 10 Tips for Pandemic Preparedness and Prevention*. <http://www.foh.dhhs.gov/public/pandemicinfo/default.html>

**Department of Defense (DoD) Pandemic Influenza Watchboard** - Provides general information about avian and pandemic influenza, including recent outbreaks, as well as information about how it could affect service member and civilian health. <http://fhp.osd.mil/aiWatchboard/>

**DOI** – Describes the Department's and the Federal Government's role in pandemic/avian influenza planning and response, information for DOI employees, as well as press releases, Q&As, fact sheets and speeches on the topic. <http://www.doi.gov/issues/avianflu.html>

**U.S. Department of Agriculture (USDA)** – Offers a variety of resources on avian influenza, including fact sheets, news items/transcripts, and information on reporting sick/dead birds. [http://www.usda.gov/wps/portal/usdahome?navtype=SU&navid=AVIAN\\_INFLUENZA](http://www.usda.gov/wps/portal/usdahome?navtype=SU&navid=AVIAN_INFLUENZA)

**NIOSH** - Worker safety and health issues related to pandemic/avian influenza. <http://www.cdc.gov/niosh/topics/avianflu/>

**American Red Cross** – Provides information for individuals and families related to pandemic influenza planning, including a list of what necessities to stockpile in the home (in case the second and third order effects of the pandemic impact critical infrastructure), what people should ask related to their community's planning for a pandemic, personal hygiene tips, and how to care for sick family member and prevent the illness from spreading to other family members. <http://www.redcross.org/news/ds/panflu/>

**Department of State** – Travel guidance to U.S. citizens traveling abroad to areas impacted by avian influenza. [http://travel.state.gov/travel/tips/health/health\\_1181.html](http://travel.state.gov/travel/tips/health/health_1181.html)

**National Vaccine Program Office** – Presents background information about influenza pandemics, a historical overview of pandemics (Spanish Flu of 1918, Asian Flu of 1957, Hong Kong Flu of 1968) and three influenza threats (Swine Flu of 1976, Russian Flu of 1977, and

Avian Flu of 1997) that occurred during the past century, and preparations for the next pandemic. [www.hhs.gov/nvpo/pandemics](http://www.hhs.gov/nvpo/pandemics)

**U.S. Food and Drug Administration (FDA)** – Provides a wide variety of influenza-related topics in the area of FDA’s focus (including anti-virals, vaccines and diagnostics) <http://www.fda.gov/oc/opacom/hottopics/flu.html>

**FDA** – FDA and Pandemic Flu. <http://www.fda.gov/oc/op/pandemic/default.htm>

**FDA, Center for Biologics Evaluation and Research** – Discussion of influenza vaccines (for both seasonal and pandemic influenza) and related information. [www.fda.gov/cber/flu/flu.htm](http://www.fda.gov/cber/flu/flu.htm)

**FDA, Center for Drug Evaluation and Research** – Discussion of influenza anti-viral drugs and related information. <http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>

**CDC** - Workshop Proceedings from *Pandemic Influenza—Past, Present, Future: Communicating Today Based on the Lessons from the 1918–1919 Influenza Pandemic*. Descriptive information on what how the 1918 pandemic impacted society, critical infrastructure, government, and individual/family life.

<http://www.pandemicflu.gov/general/workshopindex.html>

**U.S. Federal Government** – *The Great Pandemic of 1918: State-by-State* provides stories and anecdotes of the impact of this pandemic on individual States. <http://www.pandemicflu.gov/general/greatpandemic.html>

**Public Broadcasting Service (PBS)** – *The American Experience: 1918 Pandemic* <http://www.pbs.org/wgbh/amex/influenza/>

**The National Archives** – *The Deadly Virus: The Influenza Epidemic of 1918* contains a library of electronic files of documents and photos from 1918 Pandemic. <http://www.archives.gov/exhibits/influenza-epidemic/>

### **Additional Preparedness & Response Resources:**

**HHS Hospital Preparedness Program** – Provides information about HHS’ programs for enhancing the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. <http://www.hhs.gov/aspr/opeo/hpp/>

**CDC Emergency Preparedness and Response** – Offers extensive information on bioterrorism, chemical emergencies, radiation emergencies, recent disease outbreaks/incidents, mass casualties, and natural disasters/severe weather. In addition, provides additional resources on surveillance, laboratories (Laboratory Response Network (LRN)), disaster mental health, clinician resources, planning, and training/education. <http://www.bt.cdc.gov/>

**CDC Emergency Preparedness and Response Bioterrorism** –

<http://www.bt.cdc.gov/bioterrorism/>

**CDC’s Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors** – Provides an all-hazards reference tool for health professionals who are responsible for initiating the public health response during the first 24 hours of an emergency or disaster. It provides useful information on the activation and integration of a jurisdiction’s public health

system into the existing overall emergency response structure during the acute phase of an incident. It also contains guidance that may be unique to specific types of incidents, such as floods, earthquakes, and acts of terrorism. In addition, it is consistent with the doctrine, concepts, principles, terminology, and organizational processes in the National Response Plan (NRP) and the National Incident Management System (NIMS).

<http://emergency.cdc.gov/planning/responseguide.asp>

**CDC Cooperative Agreements on Public Health Preparedness** – Provide funding to State and local public health jurisdictions for preparedness for and response to bioterrorism, other outbreaks of infectious diseases, and other public health threats and emergencies (including pandemic influenza). [www.bt.cdc.gov/planning/continuationguidance](http://www.bt.cdc.gov/planning/continuationguidance)

**Centers for Public Health Preparedness Program**– Describes and provides information on the CDC-funded Centers for Public Health Preparedness (CPHP) program. CPHP is a national network of academic institutions working in collaboration with State and local public health departments and other community partners to provide life-long learning opportunities to the public health workforce, in order to handle the next public health crisis. <http://www.bt.cdc.gov/training/cphp/index.asp> and <http://www.asph.org/cphp/home.cfm>

**Epidemic Information Exchange** – Provides a secure, web-based communications network for information exchange among CDC, State and local health departments, and other public health professionals. [www.cdc.gov/mmwr/epix/epix.html](http://www.cdc.gov/mmwr/epix/epix.html)

**Strategic National Stockpile** – Provides information on the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies, and equipment necessary to counter the effects of nerve agents, biological pathogens (including influenza), and chemical agents. [www.bt.cdc.gov/stockpile](http://www.bt.cdc.gov/stockpile)

**Smallpox Response Plan and Guidelines (Version 3.0)** – Presents the most current criteria for implementation of CDC smallpox response plan, notification procedures for suspected smallpox cases, CDC and State/local responsibilities and action in the event of a smallpox outbreak, vaccine mobilization and deployment, and CDC personnel mobilization and deployment. [www.bt.cdc.gov/agent/smallpox/response-plan](http://www.bt.cdc.gov/agent/smallpox/response-plan)

## Appendix D: World Health Organization (WHO) Pandemic Phases and the Federal Government Response Stages

The WHO Pandemic Phases are designed to provide guidance to the international community on preparedness and response for pandemic threats and pandemic disease. Recognizing that distinctions between the two inter-pandemic phases and the three pandemic alert phases may be unclear, the WHO Secretariat proposes to base classification on assessment of risk based on a range of scientific and epidemiological data.

The phase in which a country is in will differ from country to country based on whether the nation is affected by the novel influenza subtype. National subdivisions of phases will be designated by national authorities. In the United States, pandemic phases will be defined based on the global phase and determined by the Secretary of Health and Human Services. During the pandemic phase, additional subdivisions may be defined based on the extent of disease. In actual practice, the distinction between the various phases of pandemic influenza may be blurred or occur in a matter of hours, again underscoring the need for flexibility.

Interconnected with the WHO phases are the Federal Government Response Stages (FGRS) which provide a framework for U.S. Federal Government planning/preparatory, response, and recovery actions. Table D-1 provides the relationship between the two.

**Table D-1. WHO Phases and the Federal Government Response Stages**

WHO Phases		Federal Government Response Stages	
<b>INTER-PANDEMIC PERIOD</b>			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
<b>PANDEMIC ALERT PERIOD</b>			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Large cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
<b>PANDEMIC PERIOD</b>			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

# Appendix E: DOI Actions During Federal Government Response Stages (FGRS) 0 - 6

The following presents DOI's actions for each of the Federal Government Response Stages (FGRS) as described in Section 5.1.

## **FGRS 0: New domestic animal outbreak in at-risk country**

*(Corresponds to WHO Phase 1: Influenza virus subtype may be present in animals, no new subtypes in humans, low risk to humans. WHO Phase 2: Circulating animal influenza virus subtype poses risk to humans. WHO Phase 3: Human infection with a new subtype, no or rare human-to-human spread.)*

### **Communications**

- Monitor events through DOI EMC and the Interior Operations Center
- Brief DOI senior leadership and employees on current situation as appropriate
- Develop and implement employee awareness and prevention program for seasonal influenza and pandemic influenza (refer to Appendices F - H for topics to include)
- Prepare risk communication materials for staff, their families, and stakeholders.
- Engage in inter-agency and others in planning and other activities (such as exercises) related to pandemic/avian influenza
- Coordinate the reporting of sick and dead birds among agencies that deal with wildlife.

### **Operations**

- Develop and regularly update Departmental pandemic influenza plan and COOP plan
- Ensure Bureaus are aware of Human Resources flexibilities available through current regulations and guidance (see Appendix I)
- Provide training on COOP and emergency management for Bureau Emergency Coordinators (ECs) and COOP teams
- Inventory mission critical functions, and the work situation of mission critical/essential employees and backups, need for alternative locations
- Identify, review, and update lists of mission-essential staff, emergency responders, and delegation of authority (at least 3 deep and geographically dispersed)
- Identify back-up personnel, in different geographic locations, by position, and ensure that all personnel needed to perform those essential functions
- Develop method to cross-train staff to carry out critical duties/functions (that are not part of their typical job description) to ensure continuity of operations during pandemic

- Identify and train essential personnel who will telework, fund, and build IT capability to handle this option
- Determine whether systems, databases, and files can be accessed electronically from a remote location (e.g., an employee's home or alternate workplaces) and establish reliable access and security protocols for them
- Identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions. In addition, plan for the maintenance of those vital systems and databases that require periodic maintenance or other direct physical intervention by employees.

### **Public Health Actions**

- Supervisors and Personnel Offices develop a system to track staff (and their status) who contract the virus
- Encourage staff to receive annual influenza vaccine/immunization
- Estimate potential requirements for vaccines, anti-viral drugs, and personal protection equipment (PPE)
- Develop a prioritization list of mission critical and high risk employees for vaccines, anti-viral drugs, and PPE. (These items are likely going to be in limited quantities during the pandemic.) DOI's interim pandemic vaccine prioritization scheme is located in Appendix G.

### **Wildlife Surveillance Actions**

- Provide assistance to international partners in evaluating occurrence and threat to, and potential spread by, migratory birds and other wildlife (response intensified if occurs in Canada or Mexico)
- Provide assistance, as necessary, to prevent spread of disease through international and illegal trade in wildlife or wildlife products
- Provide assistance to international partners in monitoring and/or managing disease in wildlife populations
- Evaluate potential changes in risk to the United States for introduction via migratory birds and take appropriate domestic detection and preventative measures
- Monitor situation internationally for further changes in potential risk to the United States.

## **FGRS 1: Suspected human outbreak overseas**

*(Corresponds to WHO Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread at close contact.)*

### **Communications**

- Continue to monitor events through DOI EMC and the Interior Operations Center
- Brief DOI senior leadership, and employees on current situation as appropriate
- Schedule weekly calls with HQ, regional COOP, and ECs for information sharing
- Continue employee awareness and prevention program for seasonal influenza and pandemic influenza (including topics described in Appendices F - H)
- Update risk communication materials for staff, their families, and stakeholders.

### **Operations**

- Review and update Departmental COOP/Pandemic Plans, including delegation of authority, orders of succession (at least 3 deep and geographically dispersed), and the process of devolution
- Conduct an impact analysis of an influenza outbreak on all operations, using multiple scenarios, including: workforce reductions (of up to 40 percent absenteeism for 1 month, 2 months, and 3 months); limited access to facilities; and impact of telework and social distancing policies
- Update inventory of mission critical functions, and continually determine work situation of mission critical/essential employees and backups, need for alternative locations
- Ensure access and security protocols to systems, databases, and files can be accessed electronically from a remote location are current, update as necessary
- On a continual basis, identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions. In addition, maintain vital systems and databases
- Update roster of employees that are mission critical/essential, emergency responders, and high-risk individuals
- Update lists back-up personnel, in different geographic locations, by position, and ensure that all personnel needed to perform those essential functions
- Cross-train staff to carry out critical duties/functions (that are not part of their typical job description) to ensure continuity of operations during pandemic
- Support Federal, State, local, and Tribal activities, as required/requested
- Departmental COOP sites review plans for reliable logistical support, services, and infrastructure systems (for greater than 30 days). This support includes: necessary support staff, social distancing techniques, medical screening of employees, health/medical units, sanitation, essential services, and food and water.

**Public Health Actions**

- Encourage staff to receive annual influenza vaccine/immunization
- Identify means of acquiring potential vaccine, anti-virals, PPE, and other supplies that will be needed, plan for method of distribution (refer to Appendices F - H)
- Update the prioritization list of mission critical and high risk employees for vaccines, anti-viral drugs, and PPE. (These items are likely going to be in limited quantities during the pandemic.)
- Prepare infection control and quarantine SOPs
- Review guidelines for safe handling of wildlife
- Consider restricting foreign travel to affected areas
- Provide staff that may travel overseas with information on prevention.

**Wildlife Surveillance Actions**

- Monitor situation for evidence of migratory bird or other wildlife involvement and take appropriate actions.

## **FGRS 2: Confirmed human outbreak overseas**

*(Corresponds to WHO Phase 4: Small clusters with limited human-to-human transmission, spread is highly localized. WHO phase 5: Large clusters but human-to-human spread still localized, virus not well adapted to humans.)*

### **Communications**

- Continue to monitor events through DOI EMC and the Interior Operations Center
- Continue weekly calls with HQ, regional COOP, and ECs for information sharing
- Brief senior leadership and employees on situation
- Heighten and update employee awareness program to include early warning signs of pandemic strain of influenza infection and information related to foreign travel precautions
- Educate employees on the Departmental Pandemic Plan (including social distancing and measures to take if ill with influenza).

### **Operations**

- Review and update Departmental COOP/Pandemic Plans, including delegation of authority, orders of succession (at least 3 deep and geographically dispersed) and the process of devolution
- Conduct training, as well as tabletop exercises, to review and assess response plans
- Ensure access and security protocols to systems, databases, and files can be accessed electronically from a remote location are current, update as necessary
- On a continual basis, identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months. In addition, maintain of vital systems and databases
- Discuss with employees and conduct refresher training on telework agreements and the communication/IT requirements in working from home, as well as their ability to acquire work supplies, food, and other necessities
- Update contingency plans to address the potential restriction of movement (Federal, State, local, and Tribal) on open/accessible facilities and operating plans
- Departmental COOP sites update plans for reliable logistical support, services, and infrastructure systems (for greater than 30 days). This support includes: necessary support staff, social distancing techniques, medical screening of employees, health/medical units, sanitation, essential services, and food and water
- Alert I-RECCs and NRP Principal Planners
- Support Federal, State, local, and Tribal activities, as required/requested.

**Public Health Actions**

- Review stockpiles of vaccine (if available), anti-viral drugs, and PPE (refer to Appendices F - H)
- Update the prioritization list of mission critical and high risk employees for vaccines, anti-viral drugs, and PPE. (These items are likely going to be in limited quantities during the pandemic.)
- Encourage staff to receive annual influenza vaccine/immunization
- Restrict foreign travel to affected areas
- In conformation with applicable authorities, require quarantine of employees returning from those countries with confirmed human outbreaks.

**Wildlife Surveillance Actions**

- Wildlife - Same as FGRS 1 (monitor situation for evidence of migratory bird or other wildlife involvement and take appropriate actions).

## **FGRS 3: Widespread human outbreaks in multiple locations overseas**

*(Corresponds to WHO Phase 6: Pandemic Phase – Increased and sustained transmission in general population.)*

### **Communications**

- Continue to monitor events through DOI EMC and the Interior Operations Center
- Continue weekly calls with HQ, regional COOP, ECs, and any deployed DOI personnel for information sharing
- Bureau/Office ECs, I-RECCs, and NRP Principal Planners provide situational awareness information to the Interior Operations Center
- Brief senior leadership and employees on situation
- Continue heightened level of employee awareness and prevention program for influenza (including topics described in Appendices F - H)
- Update risk communication materials for staff, their families, and stakeholders
- Provide refresher education to employees on Departmental Pandemic Plan (including social distancing and measures to take if ill with influenza).

### **Operations**

- Review and update Departmental COOP/Pandemic Plans, including delegation of authority, orders of succession (at least 3 deep and geographically dispersed), and the process of devolution
- Departmental COOP sites update plans for reliable logistical support, services, and infrastructure systems (for greater than 30 days). This support includes: necessary support staff, social distancing techniques, medical screening of employees, health/medical units, sanitation, essential services, and food and water
- Update roster of employees that are mission critical, emergency responders, high-risk individuals
- Ensure field and HQ employee contact lists are current
- Ensure field and HQ supervisors have updated COOP and pandemic plans
- Ensure access and security protocols to systems, databases, and files can be accessed electronically from a remote location are current, update as necessary
- On a continual basis, identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months. In addition, maintain of vital systems and databases

- Discuss with employees and conduct refresher training on telework agreements and the communication/IT requirements in working from home, as well as their ability to acquire work supplies, food, and other necessities
- Support Federal, State, local, and Tribal activities, as required/requested
- Once the Regional PFOs and JFOs are activated, the Departmental Emergency Coordinator or the I-RECC Chair activates the I-RECCs.

**Public Health Actions**

- Ensure vaccine, anti-virals, and PPE stockpile is adequate (if possible) (refer to Appendices F - H)
- Provide vaccine and anti-virals for mission-critical/essential, emergency, and high-risk employees, if available. Utilize prioritization list of employees, if necessary
- Update infection control and quarantine SOPs
- Encourage staff to receive annual influenza vaccine/immunization
- Provide PPE to those essential staff members that must remain overseas, and advise on social distancing strategies
- Restrict foreign travel
- In conformation with applicable authorities, require quarantine of employees returning from those countries with confirmed human outbreaks.

**Wildlife Surveillance Actions**

- Wildlife - Same as FGRS 1 (monitor situation for evidence of migratory bird or other wildlife involvement and take appropriate actions).

## **FGRS 4: First human case in North America**

*(Corresponds to WHO Phase 6: Pandemic Phase – Increased and sustained transmission in general population.)*

### **Communications**

- Continue to monitor events through DOI EMC and the Interior Operations Center
- Schedule daily conference calls with HQ, regional COOP, ECs, safety offices, and deployed DOI personnel for information sharing
- Bureau/Office ECs, as well as I-RECCs, NRP Principal Planners, and other deployed DOI personnel continue provide situational awareness to the Interior Operations Center
- Brief senior leadership and employees on situation
- Disseminate any new or additional guidance from DOI HQ or other Federal Departments and Agencies D/As to staff
- Continue heightened level of employee awareness and prevention program for influenza, including any “more stringent” hygienic practices that are implemented in DOI facilities (including topics described in Appendices F - H)
- Implement risk communication for staff, their families, and stakeholders
- Provide refresher education to employees on Departmental Pandemic Plan (including social distancing and measures to take if ill with influenza).

### **Operations**

- Activate regional Emergency Operations facilities and teams in affected areas
- Activate regional COOP plan in affected areas
- Review and update Departmental COOP/Pandemic Plans, including delegation of authority, orders of succession (at least 3 deep and geographically dispersed), and the process of devolution
- Update rosters for essential workers to maintain critical functions
- Ensure access and security protocols to systems, databases, and files can be accessed electronically from a remote location are current, update as necessary
- On a continual basis, identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months. In addition, maintain of vital systems and databases
- Operationalize contingency plans to address the potential restriction of movement (Federal, State, local, and Tribal) on open/accessible facilities and operating plans, as the situation dictates
- Consider closing offices in affected areas

- Implement telework arrangements and other personnel flexibilities in affected areas
- Encourage non-essential staff in affected areas to take leave and stay home
- Employees who were ill and have subsequently recovered and are fit for duty return to work. (These employees will have acquired immunity and are an important asset to accomplish the Department's critical missions.)
- Conduct training for employees who had not already participated on telework agreements and the communication/IT requirements in working from home, as well as their ability to acquire work supplies, food, and other necessities
- Support Federal, State, local, and Tribal activities, as required/requested.

### **Public Health Actions**

- Review public health information with staff and direct suspected cases to appropriate medical health provider
- Encourage staff to receive annual influenza vaccine/immunization
- Require those COOP personnel who will be deploying to Departmental alternate sites to receive pandemic influenza vaccination and provide them with anti-viral drugs (for prophylactic use). (See Fitness for Duty policy in Appendix I for more details and other related requirements for COOP team members.)
- Provide mission critical personnel with pandemic vaccination, if available, according to the DOI interim guidance in Appendix G.
- Enhance the hygienic practices implemented in DOI facilities
- Reassess vaccination status and/or distribution of anti-viral drugs for mission critical staff; continue to utilize prioritization list, if necessary
- Assess vaccine, anti-virals, and PPE stockpile
- Limit non-essential travel
- Restrict essential travel to affected areas both domestically and internationally
- In conformation with applicable authorities, require quarantine of employees returning from those areas with confirmed human outbreaks
- Supervisors and Personnel Offices continually update the register of staff (and their status) who contract the virus.

### **Wildlife Surveillance Actions**

- Work closely with public health personnel to conduct epidemiological and other investigations determining the associations between wildlife and human cases.
- Take appropriate management and protective actions.

## **FGRS 5: Spread throughout United States**

*(Corresponds to WHO Phase 6: Pandemic Phase – Increased and sustained transmission in general population.)*

### **Communications**

- Continue to monitor events through DOI EMC and the Interior Operations Center
- Maintain situational awareness
- Increase frequency of conference calls with HQ, regional COOP, ECs, safety offices, and deployed DOI personnel for information sharing, as necessary
- Bureau/Office ECs, as well as I-RECCs, NRP Principal Planners, and other deployed DOI personnel continue provide situational awareness to the Interior Operations Center
- Continue communications with senior leadership and staff
- Disseminate any new or additional guidance from DOI HQ or other Federal Departments and Agencies to staff as it becomes available
- Continue heightened level of employee awareness and prevention program for influenza (including topics described in Appendices F - H)
- Continue to conduct risk communication for staff, their families, and stakeholders
- Provide refresher education to employees on Departmental Pandemic Plan (including social distancing and measures to take if ill with influenza).

### **Operations**

- Activate *DOI Pandemic Influenza Plan* and applicable concept of operations from the *DOI COOP Plan*. (This will likely occur on a regional basis, since the pandemic will not be in every part of the country at once. As the U.S. Government's planning assumptions state, it will move throughout the country in waves, and be in a particular community for 6 - 8 weeks.)
- As employee absenteeism increases, suspend all activities but mission-essential functions
- Prioritize essential functions in accordance with the *DOI Pandemic Influenza Plan*
- As employee absenteeism begins to impede on Departmental mission critical/essential functions, consider reassigning mission critical staff to facilities in affected areas
- Operationalize contingency plans to address the potential restriction of movement (Federal, State, local, and Tribal) on open/accessible facilities and operating plans
- Consider shutdown of facilities in affected communities/regions
- Advise non-essential employees in impacted communities/regions to remain at home
- Support Federal, State, local, and Tribal activities, as required/requested

- Employees who were ill and have subsequently recovered and are fit for duty return to work. (These employees will have acquired immunity and are an important asset to accomplish the Department's critical missions.)
- Ensure access and security protocols to systems, databases, and files can be accessed electronically from a remote location are current, update as necessary
- On a continual basis, identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months. In addition, maintain of vital systems and databases.

**Public Health Activities**

- Supervisors and Personnel Offices continually update the register of staff (and their status) who contract the virus
- Facilities implement the most current public health and safety guidance, and educate employees on this guidance
- Ensure mission-critical staff has been appropriately vaccinated with available vaccines, and supplied with anti-virals and PPE
- Reassess quantities in stockpile of vaccines, anti-virals, PPE, and other supplies
- Restrict non-essential domestic and international travel.

**Wildlife Surveillance Activities**

- Same as FGRS 4. (Work closely with public health personnel to conduct epidemiological and other investigations determining the associations between wildlife and human cases. Take appropriate management and protective actions.)

## **FGRS 6: Recovery and preparation for subsequent waves**

*(Corresponds to WHO Phase 6: Pandemic Phase – Increased and sustained transmission in general population.)*

As the pandemic wave passes a particular area/community, sustained transmission is still be occurring within the United States and/or other parts of the world, but the number of cases in a particular area/community will subside. However, the pandemic will come across the world and U.S. in multiple waves, and as each wave spreads, the number of cases in affected communities will increase for 6 - 8 weeks.

**When subsequent waves of pandemic affect/impact DOI operations, implement actions listed under FGRS 5.**

### **Communications**

- Continue to monitor events through DOI EMC and the Interior Operations Center
- Maintain situational awareness
- Adjust the frequency of conference calls with HQ, regional COOP, ECs, and remaining deployed DOI personnel for information sharing
- Bureau/Office ECs, as well as I-RECCs, NRP Principal Planners, and other deployed DOI personnel continue provide situational awareness to the Interior Operations Center
- Continue communications with senior leadership and staff
- Continue heightened level of employee awareness and prevention program for influenza (including topics described in Appendices F - H)
- Continue to conduct risk communication for staff, their families, and stakeholders
- Continue to educate employees on Departmental Pandemic Plan (including social distancing and measures to take if ill with influenza).

### **Operations**

- Coordinate with local health authorities to determine when it is safe to return to normal operations
- Assess resources and authorities that may be needed for recovery as well as subsequent pandemic waves
- Implement plan for resumption of normal operations/activities
- Maintain vigilance as transition back to normal operations
- Continuously update roster of staff available to return to work
- Employees who were ill and have subsequently recovered and are fit for duty return to work. (These employees will have acquired immunity and are an important asset to accomplish the Department's critical missions.)

- Consider voluntary and temporary reassignments of essential employees, utilizing cross-trained and back-up personnel, and all available human resource options available to maintain mission essential activities
- Ensure field and HQ supervisors are prepared for possible subsequent waves; maintain situational awareness
- Review and update Departmental COOP/Pandemic Plans, including delegation of authority, orders of succession (at least 3 deep and geographically dispersed), and the process of devolution
- Initiate and sustain appropriate COOP measures and pandemic recovery efforts as deemed appropriate
- Conduct after-action review of pandemic response activities and prepare after-action report; implement lessons learned
- Assess coordination between partners and response plans and revise, as needed
- Support Federal, State, local and Tribal activities, as required/requested
- Support ESFs activities as deemed appropriate.

**Public Health Activities**

- Reassess quantities of stockpiles of vaccine, anti-virals, and PPE
- Review vaccination and recovery status of staff
- Update recommendations from health agencies derived from “lessons learned.”

**Wildlife Surveillance Activities**

- Same as FGRS 4. (As necessary, continue to work closely with public health personnel to conduct epidemiological and other investigations determining the associations between wildlife and human cases. Take appropriate management and protective actions.)
- Review wildlife surveillance and response protocols and revise, as necessary

## Appendix F: Employee Health and Safety Practices for Pandemic Influenza

The safety and health recommendations below, and in Appendices G and H, will reduce the amount of infection that is spread during a pandemic. In order to have an impact in this, it is critical that employee awareness/education campaigns and trainings begin well before the pandemic comes to the U.S. so that employees will have this knowledge, and know how to utilize it in protecting themselves, and their coworkers and family/friends.

### General Recommendations for the DOI Employee Workforce:

It is key that employees learn infection control and disease mitigation strategies such as health habits, personal hygiene (emphasis on hand washing), cleaning and disinfecting work areas and equipment, use and limitations of PPE, strategies to minimize exposures when working with potentially infected animals, recognition of symptoms, actions to take if symptomatic at work.

Table F-1 provides helpful information to provide to and educate employees on related to infection control measures during a pandemic.

**Table F-1. General Health and Safety Measures for Home and Work**

Health and Safety Measures	Proper Conduct	Remarks
A. Maintain good health habits	Eat a well-balanced diet and drink 6 - 8 glasses of water daily. Exercise regularly.	Good health habits make your immune system stronger against common illness.
B. Get immunized for seasonal influenza	See your doctor for immunization for you and your family. Obtain vaccination for seasonal influenza.  The Advisory Committee on Immunization Practices (ACIP) recommendations for 2006 – 2007 regarding the seasonal influenza vaccine and antiviral agents are available at: <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm">www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm</a> .  Employees who have, or are in contact with a person who has, high-risk medical conditions for influenza-related complications should especially consider vaccination.	The annual seasonal flu vaccine will not protect from the H5N1 strain of influenza, but it will provide protection from the flu viruses already circulating in the community.  This will also reduce the possibility of dual infection with avian and human influenza viruses.

Health and Safety Measures	Proper Conduct	Remarks
		<p>There is a small possibility that dual infection could occur and result in viral reassortment.</p>
<p>C. Practice personal infectious disease control measures at home and in public to reduce spread of disease/illnesses</p>	<p>Stock tissues and hand sanitizer in common areas (such as entrances, bathrooms and break rooms) at work and at home.</p> <p>Set up prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of influenza.</p> <p>Post general infection control (basic hygiene and hand washing) notices at entrances, bulletin boards, meeting rooms, and restrooms.</p> <p style="padding-left: 40px;">There is a wealth of this type of educational information that is available on the internet, including CDC's "Cover your Cough" website.</p> <p>Carry around personal bottle of hand sanitizer and keep one on your desk at work.</p> <p>Avoid touching common surfaces and objects unless your hands have been sanitized. Use personal hand sanitizer directly after using commonly touched objects, such as phone buttons, banking machines, door knobs, public washrooms, etc.</p> <p>Carry your own commonly used items such as a pen (to sign receipts or credit card slips).</p> <p>Avoid touching your eyes, nose or mouth unless you have just washed your hands. Use hand sanitizers if soap and water is not available. (Refer to Section E in this chart for proper hand washing/sanitizing technique.)</p> <p>Use disposable single use tissues for wiping noses (NOT handkerchiefs, they harbor germs).</p> <p>When coughing and sneezing, if tissues are not readily available, cough or sneeze into your upper sleeve/elbow (NOT your hands).</p> <p>Always clean hands using hand sanitizer after coughing and sneezing.</p> <p>Change toothbrush often or at least after cold or flu to prevent possible re-infection.</p> <p>Limit non-essential travel to areas (refer to <a href="http://www.cdc.gov/travel">http://www.cdc.gov/travel</a> for travel advisories and restrictions).</p>	<p>Transmission of influenza can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual.</p>

Health and Safety Measures	Proper Conduct	Remarks
<p>D. Practice social distancing</p>	<p>If possible, arrange for employees to work from home or work flexible/alternative hours/schedules to avoid crowding at the workplace.</p> <p>For those employees who have to come into work, have 6 feet of separation between personnel, as much as possible, to reduce potential spread of infection.</p> <p>Instead of face-to-face meetings, use methods such as telephone, video conferencing, and the internet to conduct business as much as possible, even when participants are in the same building.</p> <p>Avoid any unnecessary travel and cancel or postpone non-essential meetings/workshops/training sessions.</p> <p>Avoid mass gatherings of people, including using mass transportation, and recreational or other activities where contact could occur with infectious people.</p> <p>Do not sit near someone who is sneezing or coughing unless you are protected (see Section H of this chart).</p> <p>For additional guidance, refer to Section 5 (specifically 5.4.1 Social Distancing) of this Plan, and Section 5.4.6.2 for COOP-related social distancing issues that need to be considered and addressed.</p>	
<p>E. Maintain good hand hygiene</p>	<p>Hands should be washed after contact with contaminated surfaces, removing gloves, sneezing, using the bathroom, handling garbage, contact with wildlife or soils, and other similar activities, and before preparing or eating food, smoking, drinking, applying cosmetics, lip balm, or lotions.</p> <p>Insist that all family members, especially children, follow strict hand washing practices. Have everyone practice hand washing. This will help prevent the spread of virus at work, at play, and at home.</p> <p>Post signs in restrooms during WHO Pandemic Phase 4 (confirmed human outbreak overseas)/FGRS 4 to increase awareness and emphasize hand washing.</p> <ul style="list-style-type: none"> <li>▪ Proper hand washing with water and soap:                             <ul style="list-style-type: none"> <li>– Remove jewelry</li> <li>– Wet hands with warm water</li> <li>– Apply soap. (Water alone is not sufficient for proper hand washing.)</li> <li>– Vigorously scrub with soap all over your hands and under nails for at least 30 seconds</li> </ul> </li> </ul>	<p>The influenza virus is readily inactivated by soap and water.</p> <p>Hand sanitizers can be used as an alternative to hand washing, and are especially useful when access to sinks or warm running water is limited.</p>

Health and Safety Measures	Proper Conduct	Remarks
	<ul style="list-style-type: none"> <li>- Rinse hands for at least 10 seconds under warm water</li> <li>- Dry hands completely with paper towel</li> <li>- Turn off tap with paper towel to avoid hands getting dirty again</li> <li>- Throw towel in waste basket</li> <li>▪ Proper use of alcohol-based hand sanitizer:                             <ul style="list-style-type: none"> <li>- Wet hands with sanitizer</li> <li>- Rub hands until alcohol is dried.</li> </ul> </li> </ul>	
<p>F. Implement measures to prevent spreading illness to others</p>	<p>If you are sick, stay at home. Do not allow ill children to attend school or daycare.</p> <p>Do not return to work (or allow children to return to school or daycare) until symptoms do not appear for a period of time determined by the CDC (the incubation period for the specific virus), or your doctor says you are no longer contagious.</p> <p>Inform your doctor of your symptoms. The doctor may not want to see you in his office to prevent spread of infection, especially during a pandemic.</p> <p>Your doctor may prescribe an anti-viral drug to reduce the amount of time you are sick and reduce your symptoms.</p> <p>Keep anyone who is sick at least 6 feet away from others, especially children (social distancing).</p> <p>Cover your mouth and nose with a tissue when you cough and sneeze. Dispose of these tissues safely, as they are contaminated.</p> <p>Regularly clean/disinfect surfaces at home and at work as outlined in Section H of this chart.</p> <p>Practice other personal infectious disease control measures to reduce spread of disease/illnesses as described in Sections C and D of this chart.</p>	
<p>G. Management of employees with symptoms in the workplace</p>	<p>If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, he/she should notify his/her supervisor, and the sick employee should be instructed to leave work and contact their medical provider.</p> <p>The individual should limit contact with others and not use public transport if at all possible.</p>	

Health and Safety Measures	Proper Conduct	Remarks
	<p>If the employee cannot leave the workplace immediately, have the symptomatic individual wear surgical mask or filtering facepiece respirators to reduce the risk of spreading infection.</p> <p>People who have been in close contact with the symptomatic employee should be informed. Advise these employees to teleworking from home for the duration of the incubation period of the disease..</p> <p>Advise the ill staff member, and those employees in close contact with him/her, on how long to stay away from work. (CDC will advise on this once the characteristics of the pandemic are known).</p> <p>The suspected ill employee's work station should be cleaned and disinfected using the method described in Section H of this chart.</p>	
<p>H. Regularly clean/disinfect surfaces and shared items and disinfect/decon potentially contaminated items</p>	<p>HVAC system should be cleaned and maintained in optimal operating condition.</p> <p>Regularly clean/disinfect frequently touched surfaces and objects such as toys, shared items, equipment, desks, phones, door knobs.</p> <p>Disinfectant solutions should also be applied to all common areas such as counters, railing, washbasins, toilets, urinals daily.</p> <ul style="list-style-type: none"> <li>▪ To properly disinfect surfaces:                             <ul style="list-style-type: none"> <li>– Wear gloves.</li> <li>– Use disinfectant solution or 70% alcohol.                                     <ul style="list-style-type: none"> <li>○ Disinfectants may include 1% solution of household bleach (1.25 oz or about 8 teaspoons of 5.25% sodium hypochlorite solution in water) for hard, non-porous surfaces; 5% solution of household bleach for porous surfaces; 5% hospital grade Lysol™; or other EPA approved disinfectant.</li> <li>○ Addition of chlorine bleach provides an extra margin of safety.</li> </ul> </li> <li>– Apply on surfaces.</li> <li>– Rinse, if chlorine was used or let air dry, if alcohol was used.</li> <li>– Dispose of disposable cloth wipes after use.</li> <li>– After removing gloves, thoroughly wash hands</li> </ul> </li> </ul>	

Health and Safety Measures	Proper Conduct	Remarks
	<p>with soap and water.</p> <ul style="list-style-type: none"> <li>▪ For guidance on cleaning/disinfecting and decontaminating surfaces, equipment, etc (potentially) contaminated by H5N1, refer to Sections 4, 6, and 7 of chart in Appendix H.</li> </ul> <p>Wash linens on a regular basis, and between use by others, especially children's linens.</p> <p>A hot water temperature of at least 71°C (160°F) for a minimum 25 minutes is recommended.</p>	
<p>I. Use of protective personal equipment (PPE) when providing direct care to a sick person or handling potentially infected wildlife</p>	<p>At this time, CDC does not recommend the routine use of masks or other PPE by well persons in the general population.</p> <p>Whenever possible, rather than relying on the use of facemasks or respirators, close contact and crowded conditions should be avoided during an influenza pandemic.</p> <p>Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. The time spent in crowded settings should be as short as possible.</p> <p>Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must take care of a sick person at home or as part of their job.</p> <p>For those providing direct care to infected/symptomatic persons and those handling birds or other wildlife suspected of being infected with H5N1 or other potential pandemic causing organism (this category could include emergency and law enforcement personnel):</p> <p style="padding-left: 40px;">Wear a minimum of N-95 filtering facepiece respirator, goggles, and gloves to prevent contact with infectious agent.</p> <p>For additional, more specific information on proper PPE for these scenarios, refer to Appendix H.</p> <p>PPE use and training for DOI employees is done in accordance with 29 CFR 1910.132 – 134.</p> <p>Facemasks and respirators should be used in combination with other preventive measures, such as hand hygiene and social distancing, to help reduce the risk for influenza infection during a pandemic. This interim guidance will be updated as new information</p>	

Health and Safety Measures	Proper Conduct	Remarks
	becomes available.	
J. Develop a personal/family preparedness plan	<p>Stockpile bottled water, non-perishable food, and other emergency supplies at home.</p> <p>Refer to the American Red Cross for specifics on what to stockpile, and how much - <a href="http://www.redcross.org/news/ds/panflu/planahead.html">www.redcross.org/news/ds/panflu/planahead.html</a></p> <p>In addition, refer to the Individuals/Families pandemic influenza planning checklist in Appendix O.</p>	<p>The supply chain may be interrupted and stores may have reduced stock of items for sale.</p> <p>These items can also be used during other types of emergencies.</p>
K. Educate family members	<p>Teach your family on the personal hygiene and infection control measures that are outlined throughout this chart, as well as the family preparedness plan.</p> <p>Practice these measures and implementing the preparedness plan.</p>	

### Vaccination and Anti-Viral Medications

CDC is developing guidance on anti-viral medication and vaccine distribution and use during an influenza pandemic. DOI's interim prioritization scheme is located in Appendix G. Those DOI personnel supporting COOP and other Mission Essential Functions, as well as those performing emergency services, critical infrastructure, and critical homeland and nation security services are among those included in the priority groups for receiving pandemic vaccination. When vaccine is available, COOP team members will be required to be vaccinated in order to gain access to the Departmental alternate sites.

In addition, employees should receive the current season's influenza vaccine. This will reduce the possibility of dual infection with avian and human influenza viruses that could occur and result in viral reassortment (mixing of genes from human and avian viruses to form a new, mutated form of the influenza virus).

### Additional Precautions for Mission-Critical Personnel

In addition to the general precautions listed above, such as ensuring good personal hygiene, social distancing, and frequent hand washing, for those who must report to work to ensure the continuity of operations and Mission Essential Functions for the Department, refer to the guidance provided in Sections 5.4.6 (Continuity Planning for Pandemic Influenza) and 5.4.6.2 (Special Provisions for COOP Team Members during a Pandemic) of this Plan.

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# Appendix G: DOI Pandemic Vaccine Prioritization Scheme (Interim)

## Background

The availability of pandemic influenza vaccine early in a pandemic will be limited in quantity due to the time requires to develop a well-matched pandemic vaccine and by the capacity to produce it. The Federal Government's strategy for prioritization of vaccines will be targeted to support national pandemic response goals of mitigating pandemic impact on health and minimizing societal and economic disruption.

## Prioritization Scheme

Draft interagency policy guidance for prioritization of vaccine would divide target groups into tiers. The number of tiers to be vaccinated would depend on the quantity of vaccine which is available. The target groups which would be included in each tier will vary based upon the severity of the epidemic as defined under the categories found in Annex C of this plan. At the time of publication of the DOI plan, epidemiological modeling and policy coordination activities necessary to complete the prioritization scheme had not been completed.

## Bureau and Office Planning for Essential Personnel

To determine Departmental requirements for allocation of vaccine, Bureau and Office pandemic planning shall include identification of personnel who are in the following categories. Some of these categories will include few if any DOI personnel. All personnel counted within the following categories should be designated by their Bureau or Office as either Mission Critical Emergency Employees or Emergency Employees. If employee(s) appear to fit multiple groups, include them in the first group in which they fit in the following list:

1. Emergency Services Personnel
  - This category includes Emergency Medical Services, fire, law enforcement, and corrections personnel
2. Critical Health Personnel
  - Those personnel essential to implementing vaccination or other health measures outlined in this plan.
3. Key Leadership
  - Senior Departmental/Bureau decision makers responsible for coordination of pandemic response activities addressed in this plan.
4. Energy, Communications and Water Sector Personnel
  - Personnel who perform critical functions for products/services in these sectors.

- This category is of specific concern to BOR and certain CIO activities, but may include others.
- 5. Critical Personnel for Operational or Regulatory Activities Related to Critical Infrastructure that Protects Health and Safety or Preserves Security
  - Personnel who directly support activities for other sectors under the *National Infrastructure Protection Plan*.
- 6. Critical Community Social Service Personnel
  - This category may include certain BIA personnel and Critical Incident Management Stress (CISM) Teams.
- 7. Critical Homeland and National Security
  - Those critical personnel supporting border protection or intelligence activities only.
  - Law enforcement personnel should be reported in Category 1 above.
- 8. Other Critical Personnel
  - COOP team members not already included in any of the categories listed above.
- 9. Other Homeland Security Personnel
  - This category includes all other DOI personnel supporting *National Response Plan* or emergency management activities that are not included above.
- 10. Other Important Health Care Personnel
  - This category is a very limited group within DOI, and includes those health care workers who have less occupational risk in being exposed, including pharmacists, laboratory personnel.

### **Prioritization of Other Personnel in the General Workforce**

Groups that are of high risk for severe and fatal infection in past pandemics differ by age or susceptibility factors. Although it is not yet known whether vaccine may become available via employee health offices for members of the general workforce, Bureaus only are requested to estimate the size of their workforce, not including employees designated under the Bureau and Office Planning for Essential Personnel section above, which will meet the following criteria at any given time:

1. Pregnant women
2. Employees with infants less than 6 months old in their household
3. High risk employees age 18-64 with chronic medical conditions<sup>6</sup>
4. Employees age 65 and older
5. Other employees age 18-64

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<sup>6</sup> This group includes personnel with heart and lung disease, metabolic disease, renal disease, and neuromuscular diseases that may compromise respiratory function.

# Appendix H: Employee Health and Safety Guidance for Avian Influenza Surveillance and Control Activities in Wild Bird Populations

January 2007

Memorandum

To: Solicitor  
Inspector General  
Assistant Secretaries  
Heads of Bureaus and Offices

From: R. Thomas Weimer  
Assistant Secretary

Subject: Employee Health and Safety Guidance for Avian Influenza Surveillance  
And Control Activities in Wild Bird Populations

The Office of the Assistant Secretary – Policy, Management and Budget is issuing a new Occupational Health and Safety Guidance document to all Departmental Offices establishing procedures for employees involved in avian influenza surveillance activities in wild bird populations.

This document provide guidelines on personal protective equipment and work practices to reduce the risk of acquiring or transmitting avian influenza or other pathogenic agents, when handling potentially infected wildlife. It is a compilation of information from numerous sources within and outside of the Department and ensures a consistent public health approach to protecting employees.

If you have questions regarding these documents, please contact your Bureau Safety Manager or Tim Radtke, Office of Occupational Health and Safety, at (303) 236-7128 ext. 226.

Attachment

cc: Deputy Secretary  
Chief of Staff  
Bureau and Office Safety Managers

## Department of the Interior Occupational Health and Safety Guidance

This document provides interim guidance for protecting Department of the Interior (DOI) employees involved in surveillance activities and/or in response to an outbreak of highly pathogenic avian influenza (HPAI) among wildlife in the United States.

These precautions are based on protecting individuals involved in the response to an outbreak of HPAI in wild birds and humans from illness and the risk of viral reassortment (i.e., mixing of genes from human and avian viruses). The risk and consequent recommendations are dependent on the suspected presence of the HPAI virus. Designated protective measures should be applied for at least 30 days after the date of the last detection of HPAI.

The purpose of this interim guidance is to clarify and consolidate what is currently in the various avian influenza plans concerning employee health and safety issues. The safety and health precautions, including PPE, work practices, and personal hygiene practices, depend on the circumstances and the nature of the task being performed.

### General Information

Additional instruction/information needs to be provided to those who may come in contact with H5N1 through handling infected animals, being in contact with potentially infected persons, etc. Instruct employees to:

- Practice frequent and thorough hand washing.
- Obtain vaccination for seasonal influenza.
  - The Advisory Committee on Immunization Practices (ACIP) recommendations for 2006 – 2007 regarding the use of influenza vaccine and antiviral agents are available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm>.
  - This will reduce the possibility of dual infection with avian and human influenza viruses. There is a small possibility that dual infection could occur and result in viral reassortment.
- When HPAI is detected within North America, follow the latest guidance from CDC for vaccination, prophylactic medications, and other precautionary measures for employees working with wild birds or in contact with persons who may be infected in areas where the virus has been detected, particularly during disease control operations.
- Work outdoors or in well-ventilated areas.
- Maintain minimum of 6 feet separation from potentially infectious person when possible (social distancing).
- Take precautions even for birds appearing healthy when the HPAI virus is suspected to exist within a bird population or a specific geographic area.
  - Activities that could result in exposure to birds or wildlife infected with HPAI include trapping and handling live birds, euthanasia, carcass collection and

disposal, and cleaning and disinfection of equipment, vehicles, and personal protective equipment (PPE).

- The following guidance on determining when HPAI is suspected when handling birds has been developed by wildlife disease experts:
  - If the HPAI virus has not been detected in birds in North America and we have no reason to suspect that birds being handled would be infected, then normal protective measures will suffice as defined in the table below.
  - When handling apparently healthy live birds, or sick or dead birds, within 6.2 miles (10 km) of a site where the HPAI virus has been definitively diagnosed or is suspected in association with a bird mortality event, additional protective measures should be taken. (This 6.2 mile (10 km) radius area where additional PPE should be worn mirrors the “infected zone” that will be established by USDA as a containment measure in response to an occurrence of HPAI in birds and the “surveillance zone” applied by the European Union countries when managing HPAI outbreaks in wild birds. Either may be adjusted outward as ecological, epidemiological, or administrative circumstances warrant.)
  - When handling apparently healthy live birds outside of any designated “infected zone,” normal protective measures are adequate.
  - If the HPAI virus has been definitively diagnosed in wild birds within a migratory flyway, personnel handling sick or dead birds when responding to other mortality events within the flyway should exercise appropriate precaution and wear protective equipment outlined in the table below.
- Avoid eating, drinking, smoking, or engaging in any other activity (such as handling equipment, using cell phones, etc.) which puts their hands in or near their eyes, nose, or mouth while handling potentially infected animals or people until they are able to wash their hands.
- After contacting infected or exposed animals or people, contacting contaminated surfaces, or after removing gloves, wash hands with soap and water for 30 seconds or use an alcohol-based gel.
- Monitor health for clinical signs of influenza infection during and for one week after last exposure to potentially infected birds or people. Contact healthcare provider if fever, flu-like symptoms or conjunctivitis (eye inflammation) develops. Inform the healthcare provider prior to arrival of potential exposure to the influenza virus.

## **PPE**

The table below describes general activities and the required protective measures to minimize exposure. It specifies the minimum personal protective equipment to be used for each activity; however, other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, waders, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected. Supply sources

and costs need to be identified and addressed for supplying PPE to DOI personnel who have direct/prolonged contact with known or potentially infected animals and procure such items.

- PPE use and training is done in accordance with 29 CFR 1910.132 – 134.
- Wear disposable gloves made of nitrile or vinyl or heavy duty rubber work gloves that can be disinfected. Gloves should be changed if torn or otherwise damaged. Remove gloves promptly after use by rolling gloves outward, before touching non-contaminated items.
- If splashing or body fluids can contaminate clothing, wear disposable outer garments or coveralls with disposable shoe covers or rubber or polyurethane boots that can be cleaned and disinfected.
- Wear splash goggles to protect the mucus membranes of eyes.
- Wear NIOSH approved N-95 respirators. Workers must be fit-tested and medically cleared prior to wearing a respirator.
- Personnel who don PPE, must be reminded to thoroughly wash face and hands with soap and water after removing the protective gear.

However, it is important to note that the table does not attempt to cover all tasks that may be assigned to DOI personnel. (High exposure tasks not anticipated in the following table should be evaluated using risk assessment methodology in consultation with safety and health professionals.)

In addition, this interim guidance on PPE will continue to be reevaluated as more information is available and as the characteristics of the pathogens are better defined.

### **Vaccination and Anti-Viral Medications**

CDC is developing guidance on anti-viral medication and vaccine distribution and use during an influenza pandemic.

### **Medical Monitoring**

DOI personnel who develop influenza symptoms within 10 days after working with wild birds or being in contact with people suspected to be ill with H5N1 should have prompt telephone access to a health care provider and access to medical care within 48 hours after symptom onset.

- Instruct workers to be vigilant for the development of fever, respiratory symptoms, and/or conjunctivitis (i.e., eye infections) for 1 week after last exposure to avian influenza-infected or exposed birds or to potentially avian influenza-contaminated environmental surfaces.
- Individuals who become ill with symptoms mentioned above should promptly seek medical care and prior to arrival notify their health care provider that they have been working on the wild bird HPAI surveillance project. In addition, employees should notify their health and safety representative. They should limit contact with others if at all possible. People who have been in close contact with the symptomatic employee should be informed.

- With the exception of visiting a health care provider, individuals who become ill should be advised to stay home until 24 hours after resolution of fever, unless an alternative diagnosis is established or diagnostic test results indicate the patient is not infected with avian influenza virus. While at home, ill persons should practice good cough and hand hygiene to lower the risk of transmission of virus to others. For information on techniques to stop the spread of germs through cough and hand contact and to obtain multilingual printable versions of infection control flyers and posters visit CDC's "Cover your Cough" website.

ACTIVITY	CONDITIONS	ACTIVITY RISK	PPE	WORK PRACTICE
<p>1) Handling apparently healthy birds.</p>	<p>HPAI not known or suspected within 6.2 miles<sup>1</sup> of the work site.</p>	<p>No apparent risk of HPAI infection, because virus not known or suspected within work area.</p>	<p>◆Impermeable (polyvinyl chloride (pvc), or nitrile) gloves ◆Goggles or safety glasses. (PPE for normal bird handling operations may include coveralls or lab coats)</p>	<p>Follow PPE and work practices for normal operations.                      1) If working indoors, work in well-ventilated areas.                      2) When working outdoors, work upwind of animals, to the extent practical, to decrease the risk of inhaling airborne particulate matter such as dust, feathers, or dander.                       Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.                       If gloves are torn or damaged:                      1) Immediately but carefully remove them.                      2) Thoroughly wash hands with soap and water (or an alcohol-based hand gel when soap and water are not available.)                      3) Don a fresh pair of gloves after hands are dry.</p>
<p>2) Investigating, handling or disposing of multiple sick or dead birds associated with a wild bird mortality event.</p>	<p>HPAI not known or suspected in the flyway within the previous 30 days.</p>	<p>No apparent risk of HPAI infection, because virus not known or suspected within work area. Possible infection with other disease agents.</p>	<p>◆Impermeable (pvc or nitrile) gloves and protection from claw wounds ◆Goggles ◆NIOSH-approved particulate respirator, N-95 or better<sup>2,3</sup> ◆Disposable gowns or coveralls or cleanable waders/raingear. ◆Rubber boots or boot covers</p>	<p>Use accepted precautions for working with any avian disease to protect employee and for disease containment to prevent or control transmission to other wildlife.                      Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected. See torn or damaged gloves under activity 1.                       Remove PPE in the following order:                      1) Carefully remove coveralls and boot covers and discard as contaminated material if disposable.                      2) Disinfect rubber boots.                      3) Remove gloves and immediately wash hands thoroughly with soap and water (or an alcohol-based hand gel when soap and water are not available).                      4) Remove eye protection and place in designated receptacle for subsequent cleaning and disinfection.                      5) Remove N-95 disposable respirator and discard.                      6) Immediately after all PPE has been removed, wash hands thoroughly a second time.</p>

ACTIVITY	CONDITIONS	ACTIVITY RISK	PPE	WORK PRACTICE
<p>3) Collecting individual dead birds, i.e., not in association with a mortality event of multiple wild birds.</p>	<p>Any condition.</p>	<p>Low risk of HPAI infection, because aerosolization of contaminated particles is unlikely.</p>	<ul style="list-style-type: none"> <li>◆Impermeable (pvc or nitrile) gloves.</li> <li>◆Eye protection.</li> </ul>	<p>Bag birds using technique to minimize contact and generation of airborne contaminated particulate material. Dispose of bag and gloves appropriately.</p> <p>Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.</p> <p>Thoroughly wash hands after removing gloves. See torn or damaged gloves under activity 1.</p>
<p>4) Handling apparently healthy birds.</p>	<p>Definitive diagnosis of HPAI, or presumptive diagnosis in association with bird mortality<sup>4</sup>, within 6.2<sup>1</sup> miles of work area.</p>	<p>Increased risk of HPAI infection due to aerosolization of contaminated material via dust generation or soiling of clothing with contaminated material.</p>	<ul style="list-style-type: none"> <li>◆Impermeable (pvc or nitrile) gloves</li> <li>◆Goggles</li> <li>◆NIOSH-approved particulate respirator, N-95 or better.<sup>2</sup></li> <li>◆Disposable gowns or coveralls or cleanable waders/raingear.</li> <li>◆Rubber boots or boot covers</li> </ul>	<p>Same hygiene practices as in item 2.</p> <ol style="list-style-type: none"> <li>1) If working indoors, work in well-ventilated areas.</li> <li>2) When working outdoors, work upwind of animals, to the extent practical, to decrease the risk of inhaling airborne particulate matter such as dust, feathers, or dander.</li> </ol> <p>Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.</p> <p>See torn or damaged gloves under activity 1.</p> <p>See work practices under activity 2 for proper procedure for removal of PPE.</p>

ACTIVITY	CONDITIONS	ACTIVITY RISK	PPE	WORK PRACTICE
<p>5) Investigating, handling, and/or disposing of multiple sick or dead birds associated with a wild bird mortality event.</p>	<p>Definitive diagnosis of HPAI, or presumptive diagnosis in association with bird mortality<sup>4</sup> within the flyway within previous 30 days</p>	<p>Increased risk of HPAI infection due to aerosolization of contaminated material via dust generation or soiling of clothing with contaminated material.</p>	<ul style="list-style-type: none"> <li>◆Impermeable (pvc or nitrile) gloves</li> <li>◆Goggles</li> <li>◆NIOSH-approved particulate respirator, N-95 or better.<sup>2</sup></li> <li>◆Disposable gowns or coveralls or cleanable waders/raingear.</li> <li>◆Rubber boots or boot covers</li> </ul>	<p>Same hygiene practices as in item 2.</p> <p>Use dust suppression techniques. Use work practices to minimize direct contact with birds and secretions, feathers and dander.</p> <p>Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.</p> <p>See torn or damaged gloves under activity 1.</p> <p>See work practices under activity 2 for proper procedure for removal of PPE.</p> <p>Note: If oils are used for dust suppression, use NIOSH-approved respirators that are rated for use with oils, R-95 (somewhat oil resistant) or P-95 (strongly oil resistant) respirators.</p>
<p>6) Small scale cleaning and disinfecting, through wipe down of equipment known or suspected to be contaminated with avian influenza virus when aerosolizing particles is unlikely.</p>	<p>Definitive diagnosis of HPAI, or presumptive diagnosis in association with bird mortality<sup>4</sup> within 6.2 miles<sup>1</sup> of the work site.</p>	<p>Low risk of HPAI infection via inhalation, because aerosolization of contaminated particles or soiling of clothing from contact with contaminated material is unlikely.</p>	<ul style="list-style-type: none"> <li>◆Impermeable (pvc or nitrile) gloves</li> <li>◆Goggles</li> </ul>	<p>Surfaces of equipment and reusable PPE should be cleaned with detergent and water and then disinfected using an antimicrobial pesticide registered by EPA and bearing a claim to inactivate avian influenza A (see <a href="http://www.epa.gov/pesticides/factsheets/avian.htm">www.epa.gov/pesticides/factsheets/avian.htm</a> for list of registered products).</p> <p>All safety precaution and use directions on the pesticide label must be followed. If registered product is not available, then use 6 oz. (3/4 cup) of household bleach (5.25-6.00% sodium hypochlorite) per gallon of water for hard, non-porous surfaces.</p> <p>Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.</p> <p>See torn or damaged gloves under activity 1.</p> <p>Remove eye protection after hands have been washed and place in</p>

ACTIVITY	CONDITIONS	ACTIVITY RISK	PPE	WORK PRACTICE
7) Large scale decontamination (decon) or cleaning operations involving dusty conditions or risk of aerosolizing contaminants.	Definitive diagnosis of HPAI, or presumptive diagnosis in association with bird mortality <sup>4</sup> within 6.2 <sup>1</sup> miles of the work area	Increased risk of HPAI infection due to aerosolization of contaminated material or soiling of clothing with contaminated material.	<ul style="list-style-type: none"> <li>◆Impermeable (pvc or nitrile) gloves</li> <li>◆Goggles</li> <li>◆NIOSH approved particulate respirator, N-95 or better.<sup>2</sup></li> <li>◆Disposable gowns or coveralls or cleanable waders/raingear.</li> <li>◆Rubber boots or disposable boot covers</li> </ul>	<p>designated receptacle for subsequent cleaning and disinfection. Clean hands with soap and water a second time (or an alcohol-based hand gel when soap and water are not available) immediately after PPE is removed.</p> <p>Avoid generating mists with water sprayers during equipment decon procedures (i.e., hosing out the bed of a contaminated truck, hosing off contaminated equipment, etc.) Use general cleaning procedures listed above.</p> <p>Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.</p> <p>See torn or damaged gloves under activity 1.</p> <p>See work practices under activity 2 for proper procedure for removal of PPE.</p>
8) Wildlife inspectors at Port of Entry points into U.S.	Handling import shipments of wild birds (i.e. port of entry operations) Presence of avian influenza - unknown.	Possibility of dust generation and direct contact with bird secretions, feathers and dander.	<ul style="list-style-type: none"> <li>◆Impermeable (pvc or nitrile) gloves</li> <li>◆Goggles</li> <li>◆NIOSH approved particulate respirator, N-95 or better.<sup>2</sup></li> <li>◆Disposable gowns or coveralls or cleanable waders/raingear.</li> <li>◆Shoe covers</li> </ul>	<p>Follow established practices including decon procedures as described in wildlife inspector training manual.</p> <p>Do not touch any part of exposed person (especially the face) with gloved hands. Other PPE may be necessary depending on specific conditions of the worksite or the tasks. For instance, aprons, face shields or other protection to prevent contact with contaminated material may be useful and more easily cleaned and disinfected.</p> <p>See torn or damaged gloves under activity 1.</p> <p>See work practices under activity 2 for proper procedure for removal of PPE.</p>

ACTIVITY	CONDITIONS	ACTIVITY RISK	PPE	WORK PRACTICE
9) High exposure tasks (not otherwise identified above)	Definitive diagnosis of HPAI, or presumptive diagnosis in association with bird mortality <sup>4</sup> within 6.2 <sup>1</sup> miles of the work area	Increased risk of HPAI infection due to aerosolization of contaminated material or soiling of clothing with contaminated material.	Consultation with safety and health professionals. <sup>2</sup>	Consultation with safety and health professionals.

<sup>1</sup> A 6.2 mile (10 km) radius area surrounding any site where the HPAI virus has been definitively diagnosed, or is suspected in association with a wild bird mortality event, will be considered an “infected zone,” within which the risk of HPAI infection is considered to be elevated. The boundary of this “infected zone” may be expanded outward as ecological, epidemiological, or administrative circumstances warrant. This “infected zone” will remain in effect for at least 30 days after the date of the last detection of HPAI in wild birds within the zone.

<sup>2</sup> Use of respirators including N-95 filtering facepiece respirators requires implementing a Respiratory Protection Program as required by OSHA. This includes training, fit-testing, and fit-checking to ensure appropriate respirator selection and use. To be effective, respirators must provide a proper sealing surface on the wearer's face. Detailed information on respiratory protection programs is provided at: [www.osha.gov/SLTC/etools/respiratory/index.html](http://www.osha.gov/SLTC/etools/respiratory/index.html) and [www.cdc.gov/niosh/topics/respirators/](http://www.cdc.gov/niosh/topics/respirators/). Under certain high risk conditions such as handling large numbers of birds in a confined area confirmed to have the HPAI virus, it may be necessary to upgrade respiratory protection to powered air purifying respirators (PAPR) or other protection options.

<sup>3</sup> NIOSH-approved particulate respirators are required when investigating or responding to a wild bird mortality event of unknown origin, of known origin that poses a human respiratory health risk, or whenever conducting field necropsies. However, respiratory protection is not required for biologists handling sick or dead birds in association with a disease outbreak of known origin and no elevated human respiratory health risk.

<sup>4</sup> Refers to situations where the National Veterinary Services Laboratory has made a definitive diagnosis of HPAI in a wild bird or a presumptive diagnosis of an avian influenza virus from a wild bird found dead or moribund.

## Appendix I: Human Resources Policies

The Department and Bureaus must achieve two equally important goals: (1) protect the Federal workforce and (2) ensure the continuity of operations. During a pandemic, personnel who provide critical and essential functions for DOI, will be as likely to become ill during a pandemic as the general public. (A Federal planning assumption states that rates of absenteeism will depend on the severity of the pandemic, and in a severe pandemic, absenteeism may reach 40 percent during the peak weeks of a community outbreak.) Bureaus and Offices should ensure the fulfillment of these two goals through a variety of means, including pay, scheduling and staffing flexibilities, voluntary telework arrangements, and designating an employee's home as a "safe haven" for the purpose of receiving "evacuation payments."

Each Bureau and Office is responsible to design, update, and carry out comprehensive plans to take into account and respond to the threats that its employees are most likely to face. These plans must include lists of essential personnel, and contingency plans to provide back up of any personnel whose absence would pose a threat to public safety or would significantly interfere with the ongoing response to the pandemic. Sources for back-up personnel could include reassignment of personnel from non-essential programs within the Department or Bureaus, retired personnel and/or private-sector personnel with relevant expertise. These plans interact with and impact human capital management. Bureau managers should be familiar with the many human capital resources and flexibilities that exist to assist managers and employees in an emergency.

### Human Capital

Human capital planning and preparedness encompasses the following areas, and highlights of these topics are listed below:

- Bureau Planning & Readiness
- Dismissal & Closure Procedures
- Annual Leave, Sick Leave and Family Medical Leave
- Payroll & Personnel Tracking
- Compensation & Pay Flexibilities
- Evacuation Payments
- Telework Policy
- Staffing Flexibilities
- Fitness for Duty Policy
- Grievance Policy
- Family Assistance Program
- Benefit Issues.

As part of the Human Capital Planning for Pandemic Influenza, the Office of Personnel Management (OPM) has established a website (<http://www.opm.gov/pandemic/index.asp>) which

contains Policy Guidance on Human Capital Management, Telework Guidance, Questions and Answers and Fact Sheets to assist HR Professionals, Agencies, Managers, and Employees in addressing and responding to issues involving continuity of operations should there be a pandemic. Any DOI/Bureau guidance specifically addressed in this document would take precedence over any OPM guidance.

## **1. Agency Planning & Readiness**

A pandemic will most likely require designation of emergency employees or special categories of employees; adjustments in work schedules; use of special compensation tools and flexibilities; or temporary staffing arrangements. Department and Bureau managers should be fully informed and understand human capital tools, flexibilities, and strategies; review regularly and update human capital information and resources to assure that the agency's policies remain current and relevant to changing environments and evolving threats; conduct regular exercises and simulations to ensure employees have a clear understanding of what they are to do in an emergency; maintain protocols for designating and activating special needs employees; and develop, review, and update emergency guides as needed.

Bureaus and Offices have the authority and responsibility to identify and designate those personnel that they judge to be critical to operations in any given emergency situation, such as a pandemic, that prevent employees from reporting for work.

There are no standard definitions or categories in this regard, and Bureau and Office heads (or their designees, as applicable) are free to make such determinations based on the organization's unique mission requirements and/or circumstances. Such designations should be part of a Bureau's emergency response/continuity of operations plans and should be made in advance to those so designated, so that they can be prepared to support and sustain agency operations in an emergency.

## **2. Dismissal & Closure Procedures**

OPM's "Washington, DC Area Dismissal or Closure Procedures" provides guidance for handling emergency situations that prevent significant numbers of employees from reporting for work on time or which require agencies to close all or part of their activities. These procedures are available on OPM's Web site ([www.opm.gov](http://www.opm.gov)).

Federal Executive Boards and Federal Executive Associations coordinate similar dismissal or closure procedures in other major metropolitan areas.

Because a pandemic will likely severely impact the Department's ability to perform mission responsibilities, Bureaus and Offices need to develop specific dismissal and closure procedures for their organizations throughout the country.

Employees should be familiarized/educated on the specific procedures that have been put into place at their Bureau or Office related to dismissal/closures, as well as the means of notification that a Bureau or Office will use to inform and instruct them in these situations. Communications with employees may include town hall meetings, electronic messages, letters, or memorandums.

Bureaus and Offices need to develop a protocol for safety and security personnel to maintain communications in an emergency. Department of Interior Personnel Bulletin Number 06-02, dated October 12, 2005, provides guidance on "Excused Absences in Emergency Situations",

and can be located on the DOI Website at <http://www.doi.gov/hrm/guidance/pb06-02.pdf>. Additional information is available on the section of the OPM Website providing guidance on operations during a crisis or emergency; the link is <http://www.opm.gov/emergency/>.

### **3. Annual, Sick, and Family Medical Leave**

When waves of pandemic have reached communities where DOI employees work/reside, employees could likely start demonstrating influenza or influenza-like symptoms in the workplace. Bureaus should ensure policy provides provisions for removal (i.e., sick leave, administrative leave, or modified work site) of an employee from the normal work environment where they might be a possible source of infection to co-workers or the public. In this event all leave policies (and leave provisions in collective bargaining agreements) remain in full force and effect. Employees who are incapacitated from performing their duties may use all available leave, i.e., accrued/advanced sick, annual/compensatory time earned/credit hours earned as well as leave without pay. Employees may also use available leave or leave without pay (Family Medical Leave Act [FMLA]/Family Friendly Leave [FFL]) to care for a family member who may become incapacitated due to the pandemic situation.

Management retains the authority to place an employee on enforced sick leave if the employee reports for work and is not physically ready, willing and able to perform work or otherwise poses a danger to themselves and/or others. In limited circumstances, management has the authority to place employees on excused absence (also called administrative leave) for short durations.

Applicable collective bargaining agreements must be followed. In addition, normal pay and leave provisions apply.

Information along with links to specific guidance on leave programs can be found through the following resources:

#### **OPM:**

- OPM's Leave Administration website provides Fact Sheets, Questions and Answers, regulations and policy at <http://www.opm.gov/oca/leave/index.asp>.
- Additional information and fact sheets are located in OPM's guidance on Human Capital Planning for Pandemic Influenza at <http://www.opm.gov/pandemic/index.asp>

#### **DOI:**

- Departmental Manual 370, Chapter 630, *Absence and Leave*, is found at <http://www.doi.gov/hrm/guidance/370dm630.pdf>
- Personnel Bulletin Number 06-02, *Excused Absence in Emergency Situations*, <http://www.doi.gov/hrm/guidance/pb06-02.pdf>
- Additional Interior guidance can be found through the Office of Human Resources at <http://www.doi.gov/hrm/guidance/curronly.htm>.

### **4. Payroll & Personnel Tracking**

At DOI, the National Business Center (NBC) provides automated personnel and payroll cross-servicing to all DOI organizations. During a pandemic, customer questions and concerns should

be directed through NBC's network of help desks, on-line help capability, training, user manuals and Payroll Operations Division (POD) staff concerning input and validation of Time and Attendance reports. In addition, Bureaus and Offices need to refer the guidance from the POD for procedures for submitting, adjusting, and reconciling time and attendance reports.

During a pandemic, payroll providers are required to provide personnel tracking data to OPM after the end of each pay period; this information includes the total number of Federal employees employed by the Department, the total number of hours of paid leave and unpaid leave during each reporting period.

## **5. Compensation & Pay Flexibilities**

Bureaus and Offices are responsible for the proper administration of laws and regulations governing pay and pay flexibilities. Bureaus and Offices have the authority and responsibility to establish work schedules for their employees within general legal and regulatory guidelines. Most Departments and Agencies are required to comply with Title 5, United States Code, and OPM's regulations when establishing regularly scheduled administrative workweeks for their employees.

The work schedule for most employees is determined in advance, and temporary periods of extended work hours in emergency situations are usually quite different than the employees' regularly scheduled administrative workweek. Bureaus and Offices must schedule or reschedule an employee's regularly scheduled administrative workweek so that it corresponds with the employee's actual work requirements for specific number of days and hours per pay period.

Managers need to be aware of policies on ordering and approving overtime and compensatory time off in lieu of overtime pay. Additionally managers need to know when employees are eligible for, or entitled to Holiday premium pay, Sunday premium pay, and Night pay. Sections V and VI of OPM's Guide for Human Capital Planning for Pandemic Influenza at <http://www.opm.gov/pandemic/index.asp> provides discussion and additional links for guidance.

Bureaus and Offices have the discretion to excuse employees from duty without loss of pay or charge to leave in response to emergency situations. Bureaus and Offices may also grant excused absence (administrative leave) to employees who are requested to assist in emergency law enforcement, relief, or clean-up efforts in affected communities, as authorized by Federal, State or other officials having jurisdiction. Bureaus will need to approve employee participation in these emergency situations.

Bureaus and Offices may authorize advance payments, evacuation payments, and payments for travel and subsistence expense to employees who are ordered to evacuate from an area because of imminent danger to their lives as a result of an emergency situation.

Various policies on compensation and pay flexibilities Bureaus may use during an emergency can be located on OPM's website for "Information for Federal Pay and Leave at <http://www.opm.gov/oca/> or OPM's Human Capital Planning for Pandemic Influenza at <http://www.opm.gov/pandemic/index.asp>. The "Handbook on Pay and Leave Benefits for Federal Employees Affected by Severe Weather or other Emergencies" can be located on the OPM Website at <http://www.opm.gov/oca/compmemo/2005/2005-18hb.pdf>.

## **6. Evacuation Payments**

If the pandemic is affecting a particular area where DOI employees work, Bureau and Office officials may order an evacuation upon official announcement by Federal, State, or local officials, public health authorities, and/or Tribal governments. DOI believes combining evacuation payments and telework will reduce the need to use excused absences (i.e., “administrative leave”), which should be regarded as a last resort in dealing with a pandemic health crisis. To promote “social distancing”, employees may be required to work from a “safe haven,” such as home or an alternate location mutually agreeable to the supervisor and the employee. In these situations, employees would receive evacuation payments - evacuation pay is based on an employee’s regular rate of pay, including allowances, differentials, and other authorized payments and may continue for up to 180 days. Additional special allowance payments may be granted to offset direct added expenses incidental to an evacuation. Full Interior policy guidance can be reviewed at Personnel Bulletin Number 07-01.

## **7. Telework Policy**

It is the policy of the Department of Interior to provide eligible employees opportunities to work at alternative worksites when it is consistent with the mission of the organization and budgetary supportable. This policy is designed to promote telework as a flexibility for managers and employees and to complement Continuity of Operations (COOP) plans. Bureaus should ensure that employee telework agreements are accurate, completed, signed and that the agreements outline the terms and conditions of the telework arrangement. During emergencies, Bureaus should communicate with employees working at alternate worksites, and ensure that employees are kept informed regarding dismissal or closure procedures.

The Department’s Telework policy is contained in Personnel Bulletin No. 05-02, dated February 18, 2005 and is located on DOI’s website at <http://www.doi.gov/hrm/guidance/PB05-02t.pdf>. Additional telework information is located <http://www.opm.gov/pandemic/agency/telework.asp>.

The Office of Personnel Management (OPM) and the General Service Administration (GSA) have established this joint web site on Telework to provide access to guidance issued by both agencies, including information for employees considering teleworking (or are already doing so), for managers and supervisors who supervise teleworkers, and for agency telework coordinators. The site is located at: <http://www.telework.gov/>. Additionally, OPM’s Pandemic Influenza web site provides information intended to help Federal managers and employees understand how to make telework a routine part of doing business, as well as how to integrate telework into planning for an emergency including a pandemic health crisis. OPM has included on the Pandemic Influenza website “A Guide to Telework in the Federal Government”. It is included to ensure material is comprehensive for agency use in preparing for pandemic influenza. The link to this information is <http://www.opm.gov/pandemic/agency2a-guide.pdf>.

## **8. Staffing Flexibilities**

To ensure the continuity of operations of DOI’s critical and essential functions, Bureaus and Offices may utilize a variety of staffing flexibilities to fill emergency or special staffing needs by considering excepted appointments; reemploying annuitants; reemploying buyout recipients; direct-hire authority; contract employees; competitive service appointments of 120 days or less; and Reemployment Priority List (RPL). In addition, current DOI employees may be assigned any

work for which they have the appropriate knowledge, skill or ability, without regard to the employee's grade or title.

Current policy guidance issued by the DOI's Office of Human Resources can be found at <http://www.doi.gov/hrm/guidance/curronly.htm>. Additional information regarding staffing flexibilities is available on OPM's website at <http://www.opm.gov/pandemic/ondex.asp>.

Information is organized by corresponding part number in Title 5 of the Code of Federal Regulations (CFR). OPM's Web site has fact sheets, regulations, and other information at <http://www.opm.gov/employ/html/sroa2.asp> regarding appointing authorities.

## **9. Fitness for Duty Policy**

Many organizations employ physician or have Occupational Health units primarily involving the evaluation of physical fitness, the provision of initial treatment of on-the-job illness or injury, or the performance of pre-employment examinations, preventive health screening, or Fitness for Duty examinations. Bureaus and Offices need to develop policy for employees to be evaluated when it is suspected that they may be unable to safely perform the duties of their position. OPM has developed guidance Bureaus/Offices can use when assessing the medical condition of an employee. Guidance entitled "What a Supervisor Should Do if an Employee Appears Ill during a Declared Pandemic Influenza or Has Been Exposed to Pandemic Influenza" is available on OPM's website at <http://www.opm.gov/pandemic/agency/decisionchart.asp>

When an employee is injured on the job or claims a work related illness or injury, they should be referred to the Department's/Bureau's Workers Compensation Program. Workers' compensation benefits are available to employees and their families if an employee is injured or killed on the job. Compensation benefits are administered by the Department of Labor's Office of Workers' Compensation Programs. All related medical costs are covered in full. Information is available in the "Workers Compensation Guidance for Department of Interior Personnel" at [http://www.doi.gov/hrm/DOI\\_CA\\_810\\_FINAL\\_082407.pdf](http://www.doi.gov/hrm/DOI_CA_810_FINAL_082407.pdf).

Employees in medical surveillance positions may be directed for a Fitness for Duty examination if the employee's health condition creates a danger to himself or others. Employees not in medical surveillance positions may be offered a Fitness for Duty examination (Reference: 5 CFR Part 339).

As described in Section 5.4 of this plan, DOI's interim prioritization scheme is located in Appendix G. Those DOI personnel supporting COOP and other Mission Essential Functions, as well as those performing emergency services, critical infrastructure, and critical homeland and nation security services are among those included in the priority groups for receiving pandemic vaccination.

COOP team members will be required to be vaccinated or take a full prescribed course of anti-viral medications (prophylaxis) prior to entering the Departmental alternate locations. In addition, these personnel are required to a health screening to ensure they are not infected/infectious. Employees will also need to quarantine themselves at home prior to deploying to the COOP sites, or once at the COOP sites, in their room/quarters for until it is determined for sure that they are free of influenza. Any employee who does not do these actions will not be allowed into the Departmental COOP sites.

Information about the Federal Employees' Compensation Act (FECA) and injury compensation is located in Department of Interior guidance previously identified and on the Department of Labor's website at [http://www.dol.gov/esa/regs/compliance/owcp/ca\\_feca.htm](http://www.dol.gov/esa/regs/compliance/owcp/ca_feca.htm). Both sites provide a wealth of information about benefits and coverage under the FECA including, from the standpoint of the injured worker and the employing agency, the employing agency's responsibilities with respect to injured employees, as well as addresses frequently-raised issues related to FECA in question-and-answer format. In addition, OPM's website on Human Capital Planning for Pandemic Influenza has information on workers' compensation.

## **10. Grievance Policy**

DOI recognizes that dissatisfaction and disagreement may arise during work and emergency situations. A grievance policy has been established, and Bureaus are responsible for issuing implementing instructions. Employees retain the right to pursue grievances/complaints concerning dissatisfactions with working conditions or adverse management decisions (e.g., leave approval/disapproval; work assignments, etc.) (References: 370 DM 771; and applicable collective bargaining agreements). Policy guidance is located on the DOI website at <http://www.doi.gov/hrm/guidance/370dm771.pdf>. (As of 07/2007 the DOI policy is currently being reviewed).

Bureaus are required to negotiate with recognized unions concerning policies, practices, and other matters affecting the working conditions of represented employees. Close coordination between the local servicing Human Resources Offices and the pertinent labor organizations (unions) is paramount. Local unions must be kept informed of proposed changes to policies and practices (whether temporary or permanent) affecting working conditions of employees to the maximum extent practicable during the pandemic situation. However, if required by the situation, Bureaus have the authority to take whatever actions may be necessary to carry out the agency's mission during an emergency (5 USC 7106(a) (2) (D)). References: Chapter 71 of Title 5, U.S. Code; and applicable collective bargaining agreements.

## **11. Family Assistance Program**

The Department of the Interior administers a variety of family-friendly programs; further information on guidance and policies related are located on the Office of Human Resources website at <http://www.doi.gov/hrm/guidance/curronly.htm>.

At OPM, Work/Life programs and policies are designed to create more flexible, responsive work environments supportive of commitments to community, home, and family members. OPM partners with other Federal agencies to develop and manage Work/Life programs that meet the human capital needs of the Federal workforce; and provide the policies and guidance that form the foundation of these programs. For additional information, refer to the OPM's Work/Life website, [http://www.opm.gov/Employment\\_and\\_Benefits/WorkLife/index.asp](http://www.opm.gov/Employment_and_Benefits/WorkLife/index.asp).

Additionally, various leave flexibilities are permitted to accommodate family situations. Bureaus and Offices should review appropriate policies when developing guidance for family assistance during emergency situations such as a pandemic.

## **12. Benefits Issues**

Neither details nor extended assignments to an alternate worksite have an impact on an employee's retirement, health insurance, or life insurance benefits. Employees covered under special group provisions of the Civil Service Retirement System or the Federal Employees' Retirement System, such as law enforcement officers or firefighters; continue under the special group provisions while on detail.

OPM has compiled a guide concerning what employees and their families need to know about Federal benefits during an emergency. During an emergency, OPM will operate a Federal Employee and Retiree Emergency Information Center. Contact information and emergency information will be posted at the OPM website.

In an emergency situation, Federal Employee Health Benefits (FEHB) continues regardless of the severity of the emergency. FEHB carriers will be asked to demonstrate maximum flexibility under their OPM contract. Fee-for-service carriers will relax certain provisions like pre-certification requirements; all plans will cover treatment outside of plan providers in emergency or pandemic situations; and drug supply limits will be relaxed. Federal Employee Life Insurance Programs will apply expedited claims payment procedures. (Agencies will be advised of procedures that have been put into place). Other insurance programs should continue as normal during a pandemic or other emergency.

Retirement benefits will continue. Applications would continue to be submitted through the Bureau Human Resources offices. In instances where a Bureau HR office would not be available alternate arrangements would be made through the DOI Headquarters.

## Appendix J: Telework and Remote Access Policy (RAS)<sup>7</sup>

1. Remote Access Policy. The Department's Remote Access Policy is contained in OCIO Policy 2006-xxx.

A. In the event of a disaster emergency, to facilitate Continuity of Operations for the Department of the Interior, each Bureau and Office CIO shall make risk-based determination regarding use of personally owned equipment.

B. Any new risks resulting from changes to authorized uses shall be formally documented in the Risk Assessment report and accepted by the Designated Approving Authority (DAA). Any additional security controls that might be deemed appropriate by the DAA shall be documented in the System Security Plan (SSP).

C. If a Disaster Emergency is officially declared and privately own computers become necessary to continue DOI's business, the Minimum Mandatory Requirements for Protective Countermeasures annotated in the Policy Section pertaining to privately owned computers shall be implemented to mitigate the associated risk.

D. To facilitate remote access functionality, Bureau and Offices shall ensure to preposition any required software for RAS accessibility, that users may need to perform their operational responsibilities via RAS e.g. 3270 emulation software, anti-virus software., secure financial processing software.

E. Additionally, due to the unpredictability of disaster incidences, each Bureau and Office will develop and maintain a disaster list of personnel who will need immediate remote access should a Disaster Emergency take place. Ready access to this information will be critical in maintaining DOI operations.

2. Telework Policy. The Department's Telework policy is contained in Personnel Bulletin No. 05-02, dated February 18, 2005.

It is the policy of the Department of the Interior to provide eligible employees opportunities to work at alternative worksites when it is consistent with the mission of the organization and budgetarily supportable. This policy is designed to promote telework as a flexibility for managers and employees and to complement Continuity of Operations (COOP) plans.

It is the supervisor's responsibility to review positions and determine whether there is a potential to create a telework opportunity. Employees who telework from home or an alternate workplace are an invaluable resource during a time of emergency. Therefore, when managers and supervisors review positions to determine and designate positions as "emergency" or "mission critical", and an employee assigned to an identified position applies to telework, that designation should be included in the telework agreement.

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<sup>7</sup> Currently, the DOI Telework and Remote Access Policy are under revision. In the event of an emergency situation, such as pandemic influenza, arising prior to the updated policy being released, telework will be conducted through "situational telework".

Before beginning work at an alternative worksite, the employee and immediate supervisor must sign a telework agreement. Teleworkers fall under the same regulations, directives, and policies as if they were at their government work site. In addition, the employee must comply with all the Department security and information technology policies and procedures including those for remotely accessing Interior's networks and services.

To ensure the ability to react quickly in times of an emergency, managers and supervisors should consider establishing situational telework agreements (ad-hoc) with all employees to have necessary access in place and allow for coverage of essential work away from the official duty station.

# Appendix K: DOI Avian Influenza Communications Strategy

## First 36-Hour Communication Plan

### Scenario: First wild migratory bird(s) tests presumptive positive for HPAI H5N1 or another HPAI strain in the United States

#### Overall Communications Objectives:

- Minimize public fear and panic by providing accurate, timely, and consistent information on avian influenza to internal and external audiences.
- Maintain credibility and instill public confidence in the Federal Government's ability to respond to a detection of highly pathogenic avian influenza (HPAI) in North American migratory birds, especially the HPAI H5N1 virus that has spread from Asia to Europe and Africa.
- Provide a rapid and integrated internal and external notification plan for the detection of HPAI H5N1 (or another HPAI strain) in North America.
- Correct rumors, inaccuracies, and misperceptions as quickly as possible.

#### Specific Objectives:

- Communicate actions the Federal Government is taking, in cooperation with State and local governments, to facilitate the early detection of HPAI H5N1 (or another HPAI strain), respond to the detection of HPAI avian influenza in migratory birds, and provide early notification of the presence of this virus in North American migratory birds.
- Prepare the public for presumptive H5N1 findings in migratory birds, inform the public that there are both low pathogenic and high pathogenic varieties of H5N1, and that both will likely be detected in migratory birds.
- Reassure the public that avian influenza is primarily a disease of birds and that the detection of either low pathogenic or high pathogenic H5N1 (or another HPAI strain) in wild birds does not signal a human pandemic or that the virus has spread to poultry.
- Assure the public that properly cooked wild game and poultry are safe to eat.

#### Key Issues:

- Effectiveness of wild bird monitoring/testing program.
- Safety of commercial poultry and people.
- Federal-State preparedness and response capabilities.

**Overview of Notifications and Announcements:**

The USGS National Wildlife Health Center (NWHC) utilizes molecular screening tests to detect the presence of avian influenza viruses, specifically H5 and H7 subtypes, in samples submitted from live, hunter taken or dead wild birds. All presumptive positive H5 and H7 positive samples are immediately submitted to the USDA National Veterinary Services Laboratory (USDA NVSL) for independent confirmation, including the determination of the N subtype. USDA NVSL immediately initiates tests to determine the pathogenicity of all positive H5N1 samples.

Notification of the presumptive detection of low pathogenicity, H5N1 North American lineage avian influenza, that is not associated with wild bird mortality, is posted electronically on the Highly Pathogenic Avian Influenza Early Detection Data System (HEDDS) website.

The presumptive detection of H5N1 avian influenza associated wild bird mortality and/or highly pathogenic H5N1 avian influenza from live, hunter taken, or dead wild birds will be communicated to the appropriate Federal, State, local, and international officials and publicly announced through a joint media advisory and briefing by DOI/USDA/HHS scientists/subject matter experts.

Notification of appropriate officials will follow the procedures outlined below and the media advisory will alert news organizations of the time and place of the joint briefing (either at USGS NWHC or in Washington, D.C.) and a news release will be issued simultaneously with the briefing.

- 1) USGS NWHC notifies USGS Director/policy level officials of the presumptive detection of H5 avian influenza from wild birds; immediately submits the sample to USDA NVSL for validation of strain, and determination of subtype (estimated time for NVSL testing is 1 - 2 days).
- 2) If USDA NVSL validates the detection of a presumptive positive H5N1 avian influenza sample, USDA NVSL immediately begins testing to confirm strain, subtype, lineage, and determine the pathogenicity of the virus (estimated required time is up to 12 days).
- 3) Upon initial notification of the presumptive detection of H5N1 avian influenza associated wild bird mortality, and/or presumptive non-North American lineage H5N1 and/or presumptive highly pathogenic H5N1 avian influenza, USDA notifies the White House, DOI, DHS, HHS, and the State Department.
- 4) DOI Assistant Secretary - PMB convenes the DOI Avian Influenza Leadership Team via meeting and conference call. (The team includes Assistant Secretary for Water and Science; Assistant Secretary for Parks and Refuges; Deputy Assistant Secretary - Law Enforcement, Security and Emergency Management; as well as the Directors of FWS, USGS, Office of Communications, Office of External Affairs, Office of Congressional, and Legislative Affairs; and USGS and FWS AI science experts/advisors.)

- 5) The Assistant Secretary - PMB and DOI Avian Influenza Leadership coordinate with the White House, USDA, DHS, and HHS which make decisions on the:
  - a. Appropriate response actions, if any, that should be taken at the site/area where the sample was taken and other associated sites, and notification of Federal, State, and/or Tribal agencies that would take additional actions
  - b. Specific content of advisory and briefing message and time of media advisory, news briefing, and announcement to be released jointly
  - c. Appropriate DOI representatives on the DOI Avian Influenza Leadership Team designated to ensure contact with limited “need-to-know” agencies/officials to inform them of the finding, actions being taken, and the content of the news advisory, briefing, and release to be held/issued
  - d. Activating a USDA Joint Information Center (JIC) with DOI participation to assist in gathering and disseminating information among cooperating agencies, stakeholders, media, and the public.
- 6) Pre-news advisory announcement notifications to a limited number of officials/agencies by simultaneous phone calls, detailing presumptive H5N1 finding, content of news advisory/conference/release, actions being taken by Federal, State, and/or Tribal agencies, time of media advisory, news briefing, and release. (Strict timetables must apply. Simultaneous limited pre-release notification to the following officials on a need-to-know basis within (at a minimum) an hour of scheduled release for advisory.)
- 7) USDA, with DOI and HHS consultation, informs the White House, DHS, and State Department representatives of media advisory and news briefing time and place, determines which science spokesperson from DOI, USDA, and HHS will participate in a joint news briefing, and ensures that the respective Departments understand their responsibility to notify affected offices in their agency as well as State and local jurisdictions and key international officials.
  - a. USDA would notify veterinary/animal health agency in affected the State(s)
  - b. DOI will notify appropriate wildlife management officials in affected the State(s) and Tribes
  - c. HHS would notify the affected State(s) Department of Public Health
  - d. DHS would notify State emergency management agency
  - e. State Department would notify Canada, Mexico, and international organizations
  - f. Depending on consultation with USDA and HHS, DOI Legislative and Congressional Affairs may notify Members of Congress from the affected State(s); DOI External Affairs may notify the affected State(s) governor’s office, affected City mayor’s office, etc.

- 8) In coordination with USDA and HHS, when notified by a member of the DOI Avian Influenza Leadership Team that all pre-release contacts have been made or at a prearranged release time,
  - a. DOI/USDA/HHS issue a joint media advisory on content, time, and place of the news briefing.
  - b. DOI/USDA/HHS spokespersons (science/subject matter experts) hold a news briefing at announced time/place and DOI/USDA/HHS simultaneously release approved news of findings and actions being taken.

The briefing and announcement include contact names/numbers of authorized spokespersons at USGS NWHC, DOI, USDA, and HHS who can respond to media inquiries.
  - c. Immediately before media advisory goes out, USDA or DOI Legislative and Congressional Affairs notifies the affected State's Congressional delegation as well as Congressional oversight committees.
  - d. DOI/USGS/FWS/USDA/HHS distribute the approved news release to Agencies and officials they have contacted earlier with the proposed advisory, briefing, and release.
  - e. In addition, DOI informs all DOI Bureaus, Offices, and employees. DOI Bureaus then inform their internal and external audiences, partners, stakeholders, NGOs, etc.
- 9) The joint DOI/USDA/HHS release is posted to the USGS NWHC website, and USGS, FWS, DOI, USDA and HHS all post the release on their respective websites or provide link to the site. In addition, media are referred to [pandemicflu.gov](http://pandemicflu.gov), and USGS, FWS, DOI, USDA, and HHS avian influenza web pages for additional information and media products on avian influenza, the wild migratory bird monitoring plan, and related topics, including commercial poultry, backyard flocks, human health.
- 10) USGS, FWS, DOI, USDA, and HHS monitor news reports 24/7 and contact media as soon as possible to advise those regarding factual errors, misstatements, and misinterpretations in reports.
- 11) DOI/USDA/HHS issue follow-up news releases and public service announcements, as well as wildlife, poultry, and human health bulletins, as appropriate, to keep the media and the public informed on related developments.
- 12) When final confirmatory results from USDA NVSL are available, and if they indicate the high pathogenic strain of H5N1, the same pre-release and release procedures will be followed to coordinate the DOI/USDA/HHS announcement.
- 13) If the USDA NVSL findings indicate a low pathogenic strain, an abbreviated procedure can be employed: a conference call with key DOI/USGS/FWS/USDA/HHS officials and a pre-release notification for each of the parties contacted on the presumptive H5N1, as well as a media advisory, news briefing, and release of joint announcement.

(Note: These procedures are aimed to coordinate initial presumptive finding of HPAI H5N1 in wild migratory birds and establish a process. As additional findings occur, the

process will be streamlined, handled via conference calls and prearranged decision-making protocols to reduce the time and policy decision process for the first findings.)

- 14) Authorized spokespersons for news briefings on finding of presumptive H5N1 in wild migratory birds:

DOI: Dr. Susan Haseltine, Associate Director for Biology, USGS

USDA: Dr. Larry M. Granger, Doctor of Veterinary Medicine, APHIS

HHS: Dr. Julie Gerberding, Director, CDC

Interior Policy, Subject Matter Experts, Pies (Maintained separately)

### **Public Messages: (Three possible scenarios)**

#### **1) The detection of presumptive low-path, North American lineage H5N1 from a live wild migratory bird is posted on the HEDDS website:**

The Federal Government is well prepared and responding to confirm the presumptive findings and identify the level of pathogenicity, while instituting additional surveillance actions.

Detection of H5N1 is not unexpected. The low pathogenic strain of this virus is known to occur in North American migratory birds, and it poses only minimal risk to poultry and no risk to people.

The USDA National Veterinary Services Laboratory in Ames, Iowa is conducting confirmatory tests to determine if this is the relatively harmless low pathogenic strain known to occur in North American birds or if it is the more lethal high pathogenic variety that has been circulating in Asia and Europe.

#### **2) The detection of non-North American lineage and/or presumptive highly pathogenic H5N1 avian influenza from live, hunter harvested or dead wild bird**

(Repeat main messages from above.)

The finding of high pathogenic H5N1 virus in migratory birds in North America would not (does not) signal the beginning of a human pandemic. The HPAI H5N1 is a disease of birds that only rarely infects humans. There has been no sustained human to human transmission of the HPAI H5N1 virus.

Federal and State public health and agriculture officials have been notified and will take additional appropriate actions as more information becomes available. There is no indication that the disease has spread to poultry, and properly cooked game and poultry are safe to eat.

The USDA National Veterinary Services Laboratory in Ames, Iowa is conducting confirmatory tests to determine if this is the relatively harmless low pathogenic strain known to occur in North American birds or if it is the more lethal high pathogenic variety that has been circulating in Asia and Europe.

The results from USDA NVSL should be available within the next 12 days. While the USDA NVSL tests are conducted, Federal and State agencies are taking precautionary biosecurity actions:

USGS, FWS, and State surveillance is being increased along the projected flyway path of the particular bird species from which the sample was taken.

USGS and FWS are working with USDA and State and local agencies to activate biosecurity measures at domestic poultry operations all along the predicted flyway path of this species.

### **3) The detection of presumptive H5N1 avian influenza associated with a large wild bird mortality event.**

(Repeat main messages from above.)

A field team is at (traveling to) the site where sample was collected, and further investigation will provide information on the extent of the event, other species involved, and the circumstances that may have led to the die-off.

Wild bird die-offs can result from many causes. While we have a presumptive HPAI H5N1 virus from dead birds on site, the USGS National Wildlife Health Center field and lab investigation is examining other causes that may have led to the mortality event.

Federal and State agencies have been alerted and are instituting biosecurity measures at the site of the die-off.

USGS and FWS biologists are increasing monitoring and testing of migratory birds in the surrounding area and along the projected flyway path of the species involved.

USDA is monitoring the surrounding area to detect any spread of H5N1 to poultry flocks along the projected flyway path of the species involved.

#### **General Messages for releases on presumptive HPAI H5N1:**

- Avian influenza is a disease of birds.
- There are at least two strains of H5N1 - a North American strain that causes mild illness in birds and a strain in Asia that has spread to Europe and Africa that causes death among birds.
- A finding of presumptive H5N1 is not cause for alarm; subsequent testing will determine whether or not this finding will be the highly pathogenic strain that is circulating in Asia or not.
- Neither the presumptive test nor a subsequent finding of highly pathogenic H5N1 signals that the disease has gone beyond wild birds.
- All birds, wild or domestic, are safe to eat if cooked to an internal temperature of 165 degrees Fahrenheit—even if the animal has the virus.
- There has been no documented evidence of sustained human-to-human transmission of the disease, and most humans who have contracted the disease thus far have often had direct contact with an infected bird.
- The finding of H5N1 HPAI in migratory birds does not signal a pandemic. Information on the wild bird testing is made public to make sure that our partners and the public are kept apprised of what we are finding in our increased surveillance of the wild bird population.

# Appendix L: Avian Influenza Key Messages and Questions & Answers

## Key Messages for Avian Influenza

### Scenario 1: HPAI Avian Influenza Detection in U.S.

Educating the media and the public about the complexities of avian influenza as a disease among birds is one of the primary objectives in communications related to avian influenza. As part of this effort, USDA, in partnership with HHS, DOI, and DHS, have developed three scenarios in the event of a detection and/or outbreak of highly pathogenic avian influenza in the United States.

#### The scenarios are

- 1) Highly pathogenic avian influenza detection in the United States;
- 2) Highly pathogenic H5N1 avian influenza detection in wild birds; and
- 3) Highly pathogenic H5N1 avian influenza detection in commercial poultry

Each of these scenarios contains a series of key questions and answers about animal health, guidance for the public, as well as a summary of the actions USDA and DOI would take in the event of a highly pathogenic avian influenza detection in the United States.

### Scenario 1: Highly Pathogenic Avian Influenza Detection in U.S. – Key Questions

- 1-1. What is bird flu?
- 1-2. How can people become infected with avian influenza?
- 1-3. What if a suspected HPAI outbreak in the U.S. is confirmed?
- 1-4. If a HPAI outbreak in the U.S. occurs, will consumer confidence in the safety of poultry be affected?
- 1-5. Would a HPAI detection signal the start of a human flu pandemic?
- 1-6. If an outbreak occurs, what will USDA do to eliminate HPAI from the United States?
- 1-7. What happens if there is more than one HPAI outbreak in birds?
- 1-8. If there is a HPAI outbreak, who is in charge?
- 1-9. If there were a HPAI detection in the U.S., would it be safe to eat chicken and turkey bought at stores?
- 1-10. In the event of a HPAI detection, would it be safe to prepare and eat birds bought at live bird markets or raised at home?
- 1-11. If there are sick or dead birds, how can people protect themselves?
- 1-12. If there were a HPAI detection, what advice would you have for people who have pet birds?
- 1-13. Are other animals susceptible to AI viruses?
- 1-14. What food should I avoid?

## Key Messages for Avian Influenza

### Scenario 1: HPAI Avian Influenza Detection in U.S.

#### 1-1 What is bird flu?

Avian influenza (AI)--the bird flu--is a virus that infects wild birds (such as ducks, gulls, and shorebirds) and domestic poultry (such as chickens, turkeys, ducks, and geese). There is a flu for birds just as there is for humans and, as with people, some forms of the flu are worse than others.

AI viruses are classified by a combination of two groups of proteins: the hemagglutinin or H proteins, of which there are 16 (H1-H16), and neuraminidase or N proteins, of which there are 9 (N1-N9). AI strains also are divided into two groups based upon the ability of the virus to produce disease in poultry: low pathogenic avian influenza (LPAI) and highly pathogenic avian influenza (HPAI).

LPAI, or “low path” avian influenza, naturally occurs in wild birds and can spread to domestic birds. In most cases it causes no signs of infection or only minor symptoms in birds. These strains of the virus pose little threat to human health. LPAI H5 and H7 strains have the potential to mutate into HPAI and are therefore closely monitored.

HPAI, or “high path” avian influenza, is often fatal in chickens and turkeys. HPAI spreads more rapidly than LPAI and has a higher death rate in birds. HPAI H5N1 is the type rapidly spreading in some parts of the world.

#### 1-2 How can people become infected with avian influenza?

Avian Influenza is primarily a disease among birds, not people. Although the HPAI H5N1 virus does not usually infect people, more than 200 human cases have been reported since 2004. Most people who have become sick or died from HPAI H5N1 have had extensive, direct contact with infected poultry. Broad concerns about public health relate to the potential for the virus to mutate, or change into a form that could easily spread from person to person, a characteristic that could result in a human influenza pandemic. There is no evidence that this is occurring. Strains of AI that have been detected in U.S. poultry, including LPAI and HPAI, have caused no known human illnesses.

#### 1-3 What if a suspected HPAI outbreak in the U.S. is confirmed?

This is still a disease among birds, not people. HPAI has been detected in the U.S. three times and successfully eradicated. If there is a new outbreak, USDA would act quickly and decisively to eradicate it. We would work closely with Federal, State, and industry partners to monitor other bird species such as migratory waterfowl. We will be very transparent about any new developments or additional detections.

#### 1-4 If a HPAI outbreak in the U.S. occurs, will consumer confidence in the safety of poultry be affected?

Consumers have the power to ensure the poultry and eggs that they eat are safe. Although it is highly unlikely that infected poultry would enter the U.S. food supply, proper handling and

cooking poultry to an internal temperature of at least 165 °F kills the AI virus, just as it does other food borne illness-causing germs.

#### **1-5 Would a HPAI detection signal the start of a human flu pandemic?**

No. Human illness from HPAI H5N1 overseas has resulted predominantly from direct contact with sick or dead birds. There is no evidence that this virus is spread easily from person-to-person. The U.S. Department of Health and Human Services (HHS) is watching closely for any sign the virus has changed into a form that can more easily infect people. We will be very transparent about any new developments.

#### **1-6 If an outbreak occurs, what will USDA do to eliminate HPAI from the United States?**

In the event of a commercial outbreak, USDA will activate its response plan that includes five key steps: quarantine, eradicate, monitor, disinfect, and test. Specifically, USDA will: 1) Secure the affected poultry farm(s) and restrict movement of poultry and poultry equipment into and out of the control area; 2) Humanely euthanize all of the birds in any infected flock; 3) Maintain the control area until tests confirm the farm is AI-free; 4) Clean and disinfect the poultry houses and area after the birds have been depopulated; and 5) Test neighboring flocks and others in the area to quickly detect any spread.

In the event of a wild bird outbreak: USDA will conduct extensive testing in the flyway of other wild birds, commercial poultry operations, and backyard flocks. Specifically, USDA will: 1) Coordinate enhanced wild bird surveillance in the surrounding area where the event occurred; 2) Monitor potential wild bird threats to domestic poultry and assess the risk wild birds pose to the transmission of a HPAI virus to susceptible livestock and poultry; and 3) Implement enhanced surveillance plan for domestic poultry.

#### **1-7 What happens if there is more than one HPAI outbreak in birds?**

USDA is ready to act. USDA has a network of animal health experts and laboratories capable of assisting with testing and response to bird outbreaks. We have 600 veterinarians and 1,300 experts nationwide who are capable of assisting as well as a network of 39 States and academic laboratories nationwide that are approved to assist with testing bird samples.

#### **1-8 If there is a HPAI outbreak, who is in charge?**

USDA leads Federal animal disease response and works in partnership with State and local animal health experts on response efforts. The U.S. poultry industry monitors and tests commercial flocks. Federal agencies involved in the coordinated avian flu efforts include HHS, USDA, Department of the Interior, the Department of Homeland Security, and others.

While a detection of HPAI in birds would NOT signal the start of a human flu pandemic, HHS leads the Federal response and preparation activities that related to public health. HHS works closely with State and local public health experts. Every citizen has a role in preparing for the possibility for any human pandemic. More information is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

**1-9 If there were a HPAI detection in the U.S., would it be safe to eat chicken and turkey bought at stores?**

Yes. All store-bought poultry has met USDA safety standards because it is processed under Federal or State inspection. The majority of U.S. poultry is raised in very secure poultry houses, which significantly decreases the possibility of contact with other birds, animals, or people. To further ensure the safety of the U.S. food supply, USDA also prohibits the importation of poultry and poultry products from countries and/or regions where HPAI H5N1 has been detected in commercial or traditionally raised flocks (not wild birds).

People have the power to protect themselves - properly prepared and cooked poultry is safe to eat. Just remember to always follow these basic common-sense practices in order to protect yourself from any food-borne pathogens: 1) Wash hands with warm water and soap for at least 20 seconds before and after handling food;

2) Prevent cross contamination by keeping raw poultry meat and its juices away from other foods; and 3) Cook all poultry to an internal temperature of at least 165 degrees Fahrenheit. This kills food-borne germs that might be present, such as the AI virus.

**1-10 In the event of a HPAI detection, would it be safe to prepare and eat birds bought at live bird markets or raised at home?**

Yes, chicken, turkey, and wild birds are safe to eat when properly prepared and cooked. To protect yourself from any food-borne causing germs, USDA recommends that you: wash hands and utensils before and after handling food; keep raw poultry meat and juices away from other food, and cook all poultry to an internal temperature of at least 165 degrees Fahrenheit. This kills the bird flu virus and other germs such as, Salmonella and E. coli.

Should you buy meat from a live bird market, it would be highly unlikely that infected poultry would be sold because of the rapid onset of symptoms in birds as well as the numerous safeguards in place, which include testing of flocks and Federal inspection programs. If you raise poultry in your back yard, it is very important that you call your local or State authorities or USDA toll-free – 1-866-536-7593 if your farm birds are sick. When disposing of a dead bird, be sure to wear gloves, use a plastic bag, and wash your hands afterwards.

**1-11 If there are sick or dead birds, how can people protect themselves?**

Report sick or dead birds to local or State authorities or the USDA wildlife services office in your State. Do not touch sick or dead wild birds with your bare hands. If you come in contact with wild birds or droppings you should immediately wash your hands. Hunters and backyard farmers should wear gloves when handling killed birds. It is good practice to always disinfect gloves, tools, and materials that come into contact with killed birds. More information about reporting sick or dead birds, and disinfecting your gear is available at [www.usda.gov/birdflu](http://www.usda.gov/birdflu). Tips for States, communities, and individual families are available at [www.avianflu.gov](http://www.avianflu.gov).

**1-12 If there were a HPAI detection, what advice would you have for people who have pet birds?**

Learn the warning signs of avian influenza in birds -- breathing problems, watery diarrhea, swelling around the head, neck, and eyes. Do not handle a bird that is showing any of these signs and call your veterinarian.

Buy birds from reputable sources and ensure that you have documentation of your new bird's origin. Smuggled birds could be a source of avian influenza, as well as other serious avian diseases. Be sure that you get your new birds checked by a veterinarian.

Keep your birds and areas around them clean and keep your birds away from other birds. If you have been around other birds, make sure that you clean your shoes, clothing, and other items. And don't forget to wash your hands with warm water and soap for 20 seconds before and after handling your birds.

**1-13 Are other animals susceptible to AI viruses?**

Wild and domestic birds are the most susceptible to AI. But swine are susceptible to some AI viruses (usually H1 and H3). However, there is no evidence of HPAI H5N1 being transmitted from pig to pig or pig to human.

Cats, rabbits, ferrets, rodents, and some primates are susceptible to some AI viruses. Exposure can come from preying upon infected or sick birds and droppings. Exposure is more likely in outdoor animals of these species. It is important to remember that these infections are very rare.

**1-14 What food should I avoid?**

There is no reason to avoid any food. All poultry is processed under Federal or State inspection. We do not import poultry or products from countries and/or regions where HPAI was found in commercial or traditionally raised flocks (not wild birds). Food regulations and standards ensure that commercial poultry and egg products are safe.

Consumers have the power to ensure the poultry that they eat is safe. Thorough cooking of poultry to at least 165 degrees Fahrenheit kills germs including the AI virus. As always, proper handling of poultry and eggs is important and the key to food safety. Wash hands with warm water and soap for 20 seconds before and after handling poultry and eggs. Do not eat raw or undercooked poultry and eggs. If you have any questions, call the USDA meat and poultry hotline at 1-888-MPHOTLINE.

## Key Messages for Avian Influenza

### Scenario 2: Highly Pathogenic H5N1 Avian Influenza Detection in Wild Birds

Educating the media and the public about the complexities of avian influenza as a disease among birds is one of USDA's primary communications objectives. As part of this effort, USDA, in partnership with the Department of Health and Human Services, Department of the Interior, and Department of Homeland Security, have developed three scenarios in the event of a detection and/or outbreak of highly pathogenic avian influenza in the United States.

#### The scenarios are:

- 1) a highly pathogenic avian influenza detection in the United States;
- 2) a highly pathogenic H5N1 avian influenza detection in wild birds; and
- 3) a highly pathogenic H5N1 avian influenza detection in commercial poultry

Each of these scenarios contains a series of key questions and answers about animal health, guidance for the public, as well as a summary of the actions USDA and DOI would take in the event of a highly pathogenic avian influenza detection in the United States.

#### Scenario 2: Highly Pathogenic H5N1 Avian Influenza Detection in Wild Birds - Key Questions

- 2-1. In the event of a highly pathogenic H5N1 avian influenza (HPAI) detection in wild birds, what advice would you give to bird hunters?
- 2-2. What would you do to protect domestic flocks if the HPAI H5N1 detection is near a commercial poultry operation?
- 2-3. What would be done in response to a detection of HPAI H5N1 in wild birds?
- 2-4. What would the next steps be in the event of the HPAI H5N1 detection?
- 2-5. In the event of HPAI H5N1 detection in wild birds, who would be in charge?
- 2-6. Who else would be involved in the response?
- 2-7. What if more infected birds were found?
- 2-8. In the event of a HPAI H5N1 wild bird detection, could the situation remain under control?
- 2-9. Would it be safe to clean and eat wild birds?
- 2-10. What could I do to protect my pets if there was a HPAI H5N1 detection in wild birds?
- 2-11. Should I be concerned about getting HPAI H5N1 from an aviary or pet store?

**2-1 In the event of a highly pathogenic H5N1 avian influenza (HPAI) detection in wild birds, what advice would you give to bird hunters?**

Hunters need to take precautions when handling wild game. They should wear gloves and wash hands with soap and warm water after handling wild birds and disinfect any materials that come into contact with dead birds.

If hunters find dead birds, they can help by reporting the find. The first point of contact should be local fish and wildlife authorities. More information about report reporting and disinfecting your equipment is at [www.usda.gov/birdflu](http://www.usda.gov/birdflu) or [www.avianflu.gov](http://www.avianflu.gov).

**2-2 What would you do to protect domestic flocks if the HPAI H5N1 detection is near a commercial poultry operation?**

USDA and DOI works with States and industry to monitor and test commercial poultry flocks for avian influenza as well as with States to monitor and test birds in live markets. We also have an education program for backyard flock owners about effective biosecurity practices – practical management practices that help prevent diseases -- for protecting birds and identifying signs of avian influenza.

USDA and DOI would: 1) coordinate enhanced wild bird surveillance in the surrounding area where the event occurred; 2) monitor potential wild bird threats to domestic poultry and assess the risk wild birds pose to the transmission of an HPAI virus to susceptible livestock and poultry; and 3) implement enhanced surveillance plan for domestic poultry.

**2-3 What would be done in response to a detection of HPAI H5N1 in wild birds?**

USDA, in partnership with the Department of the Interior (DOI) would increase testing for HPAI H5N1 in the area. This would help us determine which bird species were affected so that we could track the migratory path of the birds in the United States.

We would alert our Federal, State, and local government partners as well as industry about the detection. The public plays a key role and could help by reporting to their State or local fish and wildlife authorities any groups of dead birds. We would track reports of dead birds to determine whether the virus is spreading in birds. Public land managers also would be alerted to increase their monitoring and educate visitors.

USDA would determine whether there are commercial poultry operations or bird markets in the area and would alert those operators to increase monitoring as a precaution. We would work with the media to help us alert backyard flock owners about the detection.

Additionally, if we determine that there are free-range bird owners in the area, we would allow them to confine their birds indoors for animal health protection while retaining their free-range marketing label.

**2-4 What would the next steps be in the event of a HPAI H5N1 detection?**

USDA and DOI would continue to confer with local, State and Federal partners, as well as the commercial poultry industry to help get the message out. If the detection occurred in Alaska, USDA and DOI must ensure that subsistence hunters and sports hunters, wild bird rescuers, bird watchers and others have been notified of potential risks and safety precautions.

USDA and DOI would expand the interagency bird monitoring and testing. Expanded sampling would continue to occur in the area of the detection. And experts would follow the infected bird species' flight routes based upon historical migration patterns.

#### **2-5 In the event of a HPAI H5N1 detection in wild birds, who would be in charge?**

DOI, in partnership with USDA, would lead on the wild bird response with support from other Federal agencies, as well as State and local officials. Because initial sample test results could indicate an H5N1 avian influenza virus, the USDA lab in Ames, Iowa will confirm the diagnosis and pathogenicity of the virus. However, the confirmatory virus isolation testing would take 7-10 days to complete.

And, while a detection of HPAI H5N1 in wild birds would NOT signal the start of a human flu pandemic, HHS leads the Federal response and preparation activities that relate to public health. HHS works closely with State and local public health experts. Every citizen has a role in preparing for the possibility for any human pandemic. More information is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

#### **2-6 Who else would be involved in the response?**

Federal and State wildlife and animal health agencies would help with the response. We would work with our international neighbors, Canada and Mexico, to assist with the wild bird monitoring.

#### **2-7 What if more infected birds were found?**

That is likely because avian influenza is transmitted bird-to-bird through saliva, feces and other bodily fluids. Wherever large flocks of wild birds gather more cases might develop. Spread is possible in Alaska as birds from Asia and North America mix and after the North American birds head south to the lower 48 States through traditional flyways. Migratory birds enter North America from Asia as early as March. Wild bird managers and other organizations are proactively monitoring high-risk habitats where birds mix.

USDA would expand wild bird monitoring and environmental testing. Specifically: 1) coordinate enhanced wild bird surveillance in the surrounding area where the event occurred; 2) monitor potential wild bird threats to domestic poultry and assess the risk wild birds pose to the transmission of an HPAI virus to susceptible livestock and poultry; and 3) implement enhanced surveillance plan for domestic poultry.

#### **2-8 In the event of a HPAI H5N1 wild bird detection, could the situation remain under control?**

DOI and USDA would track the migratory path of the infected bird species and step up testing. We would continue to have hunter check stations in place to monitor for the presence of HPAI H5N1 as well as capture and test apparently healthy wild birds.

The U.S. Government has several safeguards in place. Should this virus spread near commercial poultry farms or backyard flocks, USDA would activate the Incident Command System. We have great expertise in managing foreign animal disease emergencies.

USDA's National Poultry Implementation Program enables the industry to actively test flocks. Chicken and turkey flocks are tested for avian influenza either on the farm or at the processing plants to prevent infected birds from entering the food supply.

In addition, the commercial poultry industry has firewalls in place to protect against avian influenza. They operate under established biosecurity practices that protect and prevent the introduction of new diseases onto a poultry farm. Because the industry is integrated, it is easier to eradicate the virus because in most cases the company owns or controls all aspects of the operation.

### **2-9 Would it be safe to clean and eat wild birds?**

Yes, properly cooked game is safe to eat. Like domestic poultry, game birds are safe to eat if the internal cooking temperature reaches or exceeds 165 degrees Fahrenheit. Just remember to always follow these basic common-sense practices in order to protect yourself from any food-borne pathogens: 1) Wash hands with warm water and soap for at least 20 seconds before and after handling food; 2) Prevent cross contamination by keeping raw meat and its juices away from other foods; and 3) Cook all game birds to an internal temperature of at least 165 degrees Fahrenheit. This kills food-borne germs that might be present, such as the AI virus.

### **2-10 What could I do to protect my pets if there were a HPAI H5N1 detection in wild birds?**

Keep your pet birds away from wild birds and their droppings. Watch for signs of avian influenza such as breathing problems, watery diarrhea and swelling around the head, neck and eyes. A loss of appetite might also occur in birds.

Pet bird owners should use good sanitary practices. Isolate new birds from your other birds for at least 30 days. Restrict access to your birds, especially from people who own birds. Clean cages, food, and water dishes on a daily basis.

Use good animal health practices with all pets. Pet birds, cats, rabbits, ferrets, rodents, and some primates are susceptible to AI virus although this is rare. Keep pets away from sick and dead birds and bird droppings. Do not feed your pets raw poultry, poultry products or eggs. If your pet suddenly dies call your veterinarian.

### **2-11 Should I be concerned about getting HPAI H5N1 from an aviary or pet store?**

Birds imported for the purpose of becoming pets are subject to a 30-day quarantine to ensure that they do not have disease. HPAI H5N1 has a high rate of illness and death in birds so it is unlikely it would go undetected. Try to purchase birds from a reputable dealer. And if you have been around other birds, make sure that you clean your shoes, clothing, and other items. And don't forget to wash your hands with warm water and soap for 20 seconds before and after handling your birds.

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# Appendix M: Communications Templates for Avian Influenza Notifications, Advisories, and Releases

## Template 1: H5/H5N1/HPAI Detection in Wild Migratory Birds Notification Template for Congress, States, etc.

### Test Results

- a. H type and/or N subtype/pathogenicity
- b. Type of test method used
- c. Which lab did initial/validated/confirmatory test
- d. Additional information on testing

### Background on Sample

- a. What type of bird (species, live, dead, hunter taken, etc.)
- b. Circumstances and conditions (die-off, routine sampling survey, size of the die-off or other event, condition of the carcasses, etc.)
- c. Geographic location of sampling or event
- d. Public or private land (Federal, State, local, owner etc.)
- e. When was sample collected
- f. Who collected sample
- g. Additional information on sample

### Immediate Actions Being Taken

- a. Additional Testing
- b. Biosecurity at sample site
- c. Status of public/private access to site
- d. Increased surveillance at sample site
- e. Biosecurity along migratory path
- f. Increased security along migratory path
- g. Notification of local, State, Federal, international agencies/officials

### Longer term actions to be taken

- a. Site access, increased surveillance, further testing
- b. Land management modifications, etc.

### Notifications or actions agency contacted should be making/taking

- a. Sub agencies/associated groups/States/nations, international organizations, etc.

**Next scheduled notification/communication on event**

**Contact names and numbers for more detailed information, explanations, clarifications, etc.**

**Template 2: First wild migratory birds tests presumed positive for HPAI H5N1 in the U.S. associated with a (scenario one) die-off or (scenario two) hunter-killed bird**

# NEWS RELEASE



United States  
Department  
of Agriculture



United States  
Department  
of the Interior



United States  
Department of Health  
and Human Services

Angela Harless, USDA (202) 720-4623  
Frank Quimby, DOI (202) 208-6416  
HHS Press Office (202) 690-6343

*(The following is a fictitious media release for the purposes of example. Date is deliberately left out.)*

## STANDARD TEMPLATE FOR FIRST BIRD

**Scenario: First wild migratory birds tests presumed positive for HPAI H5N1 in the U.S. associated with a (scenario one) die-off or (scenario two) hunter-killed bird.**

Dr. Leslie Dierauf, Director of the U.S. Geological Survey's National Wildlife Health Center in Madison, Wisc., today announced the first presumptive positive highly pathological H5N1 avian influenza test of a wild [INSERT SPECIES] bird from XX [INSERT LOCATION].

The bird was tested under the Federal Government's wild bird monitoring plan. [SCENARIO ONE, DIE-OFF, SENTENCE] The sample was taken from a dead wild bird that was part of a die-off involving about XX [NUMBER OF] wild birds; the die-off was first reported on XX, 2006. [SCENARIO TWO, HUNTER-KILLED, SENTENCE] A [Native subsistence/regular season hunter] hunter took the bird at XX [INSERT LOCATION]. A swab was taken from the bird at a U.S. Fish and Wildlife Service check station and sent to the USGS for testing.

Dierauf cautioned that this is a preliminary test of a wild bird and that a variety of avian influenza viruses are fairly common in North American waterfowl and shorebirds. "The finding of an H5N1 avian influenza virus is not unexpected," said Dierauf, noting that both low-pathogenic and high-pathogenic strains of H5N1 avian influenza virus exist.

The designation of low or highly pathogenic avian influenza refers to the potential for these viruses to kill domestic poultry. Most avian influenza strains found in wild birds are the more common low pathogenic strains and typically result in little apparent harm to wild birds.

“The low-path variety of this H5N1 virus occurs in North American migratory birds, and it poses only minimal risk to poultry and no risk to people,” Dierauf said. “This is in contrast to the more lethal high-path variety of H5N1 that has been circulating elsewhere in the world.”

The additional testing required to verify if this is the low-path or high-path H5N1 form of avian influenza can take up to 10 days. Identical samples from the bird[s] tested by the USGS have been sent to the USDA National Veterinary Services Laboratory in Ames, Iowa, for confirmatory tests of the strain of H5N1.

“While we have a presumptive H5N1 virus from dead birds on site, the National Wildlife Health Center field investigation and lab diagnosis teams will be examining other potential causes of the observed bird mortality while awaiting confirmation and pathogenicity testing from the Ames lab,” Dierauf said.

The finding of high-path H5N1 virus in migratory birds would in no way signal the beginning of a human pandemic. Federal authorities with the U.S. Department of Agriculture also emphasize that poultry and wild birds are safe to eat even if they carry the disease if they are cooked to a temperature of 165 degrees Fahrenheit.

The high-path H5N1 virus is a disease of birds that only rarely infects humans who have been in close contact with domestic birds without adequate safety precautions. While there is currently only one unconfirmed report of a person being infected with high-path H5N1 from wild birds, close exposure to domestic and wild birds potentially infected with high-path H5N1 should be avoided, Dierauf said.

While the confirmatory tests at the Ames lab are being conducted, Federal and State officials are closely monitoring the situation and taking appropriate precautionary biosecurity measures for [INSERT AS APPROPRIATE: visitors, other wildlife, nearby poultry farms, and employees] including:

Surveillance is being increased along the projected flyway path of the particular bird species from which the sample was taken.

Working with USDA and State and local agencies on activating biosecurity measures all along the predicted flyway path of this species.

[IF APPROPRIATE WHAT MEASURES ARE BEING TAKEN REGARDING ACCESS TO LAND OR CONTACT WITH WILD BIRDS]

ANYTHING ELSE???

WHAT ABOUT PUTTING SOMETHING ABOUT REPORTING DEAD WILD BIRDS AND/OR POULTRY???

#### Other Sources of Information:

- Pandemicflu.gov <http://www.pandemicflu.gov/>
- USGS National Wildlife Health Center <http://www.nwhc.usgs.gov>
- US Department of Agriculture  
[http://www.usda.gov/wps/portal/!ut/p/\\_s.7\\_0\\_A/7\\_0\\_1OB?navid=AVIAN\\_INFLUENZA&navtype=SU](http://www.usda.gov/wps/portal/!ut/p/_s.7_0_A/7_0_1OB?navid=AVIAN_INFLUENZA&navtype=SU)

- Centers For Disease Control <http://www.cdc.gov/flu/avian/index.htm>
- Alaska Hunter Fact Sheet [http://www.adfg.state.ak.us/news/avian\\_bulletin\\_9-30-05.pdf](http://www.adfg.state.ak.us/news/avian_bulletin_9-30-05.pdf)
- USGS Wildlife Health Bulletin  
[http://www.nwhc.usgs.gov/research/WHB/WHB\\_05\\_03.html](http://www.nwhc.usgs.gov/research/WHB/WHB_05_03.html)
- World Health Organization Safe Food Preparation Guide  
<http://www.fao.org/newsroom/en/news/2005/1000172/index.html>

-DOI-

*(The preceding was a fictional account of a briefing for planning purposes only. No birds died in the making of this press release.)*

## Template 3: Media Advisory

INSERT DATE                      INSERT NAME(S)                      INSERT PHONE                      INSERT EMAIL

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### Presumptive H5N1 Test in XX [SPECIES NAME] Found in [INSERT LOCATION]: Briefing Today

*(The following is a fictitious media advisory and advisory for the purposes of example. Date is deliberately left out.)*

Dr. Leslie Dierauf, Director of the United States Geological Survey's National Wildlife Health Center in Madison, Wisc., today announced a presumptive test of H5N1 avian influenza on a dead [INSERT SPECIES] from the [INSERT LOCATION]. The bird was tested under the wild bird monitoring plan that is in effect in Alaska and the Pacific Flyway.

[SCENARIO ONE DIE-OFF SENTENCE:] The sample was taken from a dead wild bird that was part of a die-off involving about XX [NUMBER OF] wild birds; the die-off was first reported on XX [DATE] [SCENARIO TWO SUBSISTENCE HUNTER SENTENCE] A Native subsistence hunter took the bird near [INSERT LOCATION] and asked that it be tested as part of the Federal wild-bird testing program.

Dierauf cautioned that this is a preliminary test of a wild bird — a population that commonly has and carries forms of bird flu. For the test to confirm the arrival into the United States of the highly pathogenic form of the flu that has been tracked through Asia, Europe, and Africa, other tests are being performed that can take from 5 to 10 days. “Our initial presumptive tests have been sent to the U.S. Department of Agriculture’s National Veterinary Services Laboratory in Ames, Iowa,” Dierauf explained. “They will retest to confirm our presumptive outcome and then will test to determine whether the strain is highly pathogenic or not.”

Scientists from the Departments of the Interior [INSERT PARTNERS PRESENT – STATE, OTHER FEDS, NATIVE REPS] will brief reporters on what this test does and **does not** mean at [INSERT TIME AND DATE] at the [INSERT LOCATION]. Reporters are asked to be conservative in their reporting of this sample. There are no confirmations, and this is a disease of birds only at this stage.

Who:

What: Briefing for presumptive positive H5N1 test result in [INSERT LOCATION]

When:

Where:

The briefing is for credentialed media only. Please sign in at the door.

The USGS serves the nation by providing reliable scientific information to describe and understand the Earth; minimize loss of life and property from natural disasters; manage water, biological, energy, and mineral resources; and enhance and protect our quality of life.

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\*\*\*\* [www.usgs.gov](http://www.usgs.gov) \*\*\*\*

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**Template 4: News Conference on First Bird HPAI**

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**NEWS RELEASE**United States  
Department  
of AgricultureUnited States  
Department  
of the InteriorUnited States  
Department of Health  
and Human Services

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Angela Harless, USDA (202) 720-4623  
Frank Quimby, DOI (202) 208-6416  
HHS Press Office (202) 690-6343

*(The following is a fictitious media release for the purposes of example. Date is deliberately left out.)*

**U.S. Scientists are Clear: Avian Flu is a Bird Disease; Sick Birds Do Not Signal a Pandemic; Poultry is Safe to Eat if Cooked Properly**

**Washington, D.C.**—Three strong messages were delivered today at a technical briefing on avian flu by scientists from the Departments of Interior, Agriculture, and Health and Human Services:

The first presumptive H5N1 avian influenza test of a wild bird reported from the U.S. Geological Survey's National Wildlife Health Center in Madison, Wisc., means the bird has some form of avian influenza virus. The form may be the high-pathogenic H5N1 form of avian influenza circulating worldwide or it may be one of the fairly common avian influenza viruses in North American waterfowl and shorebirds. Second, a sick bird in no way signals the beginning of a human pandemic, even if final results reveal the bird has the high-path H5N1 avian influenza. And third, poultry and wild birds are safe to eat even if they carry the disease if they are cooked to a temperature of 165 degrees Fahrenheit.

[SCENARIO ONE: bird die-off] This bird, [INSERT SPECIES NAME], was part of a bird die-off involving about XX [INSERT NUMBER] wild birds; the die-off was first reported on XX [INSERT DATE]. The bird was tested through the wild bird monitoring program that is in effect in Alaska and the Pacific flyway in cooperation with State and Federal agencies and universities. Initial presumptive testing by the USGS showed H5N1 in the bird on XX [INSERT DATE]. Initial testing does not reveal the pathogenicity of the virus; those tests are being performed but can take up to 10 days for results.

[SCENARIO TWO: Native subsistence hunter-killed bird] On May XX [INSERT DATE], 2006, a Native subsistence hunter in Alaska shot the bird, a [INSERT SPECIES NAME], near [INSERT LOCATION] in the [INSERT NAME OF FED/STATE LAND IF APPLICABLE]. The bird was tested through the wild bird monitoring program that is in effect in Alaska and the

Pacific flyway in cooperation with State and Federal agencies and universities. Initial presumptive testing by the USGS showed H5N1 in the bird on XX [INSERT DATE]. Initial testing does not reveal the pathogenicity of the virus; those tests are being performed but can take up to 10 days for results.

Dr. Susan Haseltine, Associate Director for Biology at the USGS, said that identical samples from the bird[s] have been sent to the USDA National Veterinary Services Laboratory in Ames, Iowa, for confirmatory tests of the strain and its pathogenicity; these tests can take up to 10 days [OR FROM 5 TO 10 DAYS?]

Haseltine noted that avian flu comes in many forms. The low-path variety of this virus occurs naturally in North American migratory birds, and it poses only minimal risk to poultry and no risk to people. “Our presumptive test showed two of the characteristics of the high-path avian flu that has been tracked through parts of Asia, Europe, and Africa. Further testing will reveal if the H5N1 positive that we have is of the highly pathogenic variety circulating in the world and which has proven to be deadly to many birds and some people in close contact with domestic birds in other countries.”

Haseltine said that an active education campaign aimed at Native and other hunters means that the hunter who shot the bird most likely was given a flyer that explained he should use gloves in dressing the bird, he should not smoke, drink or eat while cleaning the bird, and that all surfaces and utensils should be thoroughly sanitized. “Testers probably told him the bird was safe to eat – if he cooked it to 165 degrees Fahrenheit,” Haseltine added.

Dr. Larry M. Granger, veterinarian at the Animal and Plant Health Inspection Services at USDA, noted that this is not a human disease, but a disease of wild birds in North America. “It is important for the public to understand that, even if this turns out to be a detection of high-path H5N1 in wild birds, it does not mean our commercial poultry industry will be affected.

“The U.S. poultry industry is much better positioned to deal with bird flu than are many of the countries currently affected. Our industry is consolidated and chickens, turkeys and eggs produced for human consumption typically are raised in very controlled environments. Bio-security practices have been part of the business of raising poultry in the U.S. for decades. We also are confident that our producers will report any such outbreak because they are aware we will compensate them for the flock if it has to be destroyed.”

Dr. Julie Gerberding, Director for the Centers for Disease Control, emphasized that the presence of H5N1 in a wild bird does not signal a human pandemic. “Avian flu has been transmitted to humans only where there has been [CLOSE?] human contact with an infected bird or its droppings in unsanitary conditions,” Gerberding said. “So far, there has been no indication of human-to-human transmission of this virus. Scientists predict that may change at some point as the virus mutates, but we are not at that point.

“This may be a good time to remind the public to prepare. One of our objectives is to help every State, business and family plan for the unique challenges they would face in an eventual pandemic. There is a world of information on our Pandemicflu.gov website.”

The three departments are united in efforts to inform the public as this avian flu possibly moves into the United States. Dr. Haseltine reminded the press that there will be several tests and a wait

of from 5 to 10 days before high-path or low-path is confirmed. The pathogenicity determines how deadly the virus is to the birds.

“Former Interior Secretary Gale Norton warned back in March that there may be from 20 to 100 of these reports before we actually have a confirmed high-path H5N1 strain of avian flu in a bird in this country.”

“We intend to share information from our testing with the public and to help the public and the press stay informed whether we are dealing with false alarms or the real thing,” Dr. Granger said.

“Educating yourself and staying informed and prepared is the best defense against a possible eventual outbreak of avian influenza among people,” Dr. Gerberding concluded.

Other Sources of Information:

- Pandemicflu.gov <http://www.pandemicflu.gov/>
- USGS National Wildlife Health Center  
<http://www.nwhc.usgs.gov>
- US Department of Agriculture  
[http://www.usda.gov/wps/portal/!ut/p/\\_s.7\\_0\\_A/7\\_0\\_1OB?navid=AVIAN\\_INFLUENZA&navtype=SU](http://www.usda.gov/wps/portal/!ut/p/_s.7_0_A/7_0_1OB?navid=AVIAN_INFLUENZA&navtype=SU)
- Centers For Disease Control  
<http://www.cdc.gov/flu/avian/index.htm>
- Alaska Hunter Fact Sheet  
[http://www.adfg.state.ak.us/news/avian\\_bulletin\\_9-30-05.pdf](http://www.adfg.state.ak.us/news/avian_bulletin_9-30-05.pdf)
- USGS Wildlife Health Bulletin  
[http://www.nwhc.usgs.gov/research/WHB/WHB\\_05\\_03.html](http://www.nwhc.usgs.gov/research/WHB/WHB_05_03.html)
- World Health Organization Safe Food Preparation Guide  
<http://www.fao.org/newsroom/en/news/2005/1000172/index.html>

-DOI-

*(The preceding was a fictional account of a briefing for planning purposes only. No birds died in the making of this press release.)*

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## Appendix N: DOI Action Items from the *Implementation Plan*

The following action items are taken from the *Implementation Plan for the National Strategy for Pandemic Influenza*. Bureaus and Offices indicated on specific action items should ensure their plan addresses these items.

**4.2.6.1.** DHS, USDA, DOI, and USAID, in collaboration with priority countries, NGOs, WHO, FAO, OIE, and the private sector should support priority country animal health activities, including development of regulations and enforcement capacities that conform to OIE standards for transboundary movement of animals, development of effective biosecurity measures for commercial and domestic animal operations and markets, and identification and confirmation of infected animals.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** 50 percent of priority countries have implemented animal health activities as defined above.
- **Timeframe for completion:** within 12 months

**5.2.1.1.** HHS and USDA, in coordination with DHS, DOT, DOS, DOD, DOI, and State, local, and international stakeholders, should review existing transportation and border notification protocols to ensure timely information sharing in cases of quarantinable disease.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** coordinated, clear interagency notification protocols disseminated and available for transportation and border stakeholders.
- **Timeframe for completion:** within 6 months

**5.2.5.2.** USDA, in coordination with DHS, DOI, and HHS, should review the process for withdrawing permits for importation of live avian species or products and identify ways to increase timeliness, improve detection of high-risk importers, and increase outreach to importers and their distributors.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** revised process for withdrawing permits of high-risk importers.
- **Timeframe for completion:** within 6 months

**5.2.5.3.** USDA, in coordination with DOI, DHS, should enhance protocols at air, land, and sea ports of entry to identify and contain animals, animal products, and/or cargo that may harbor viruses with pandemic potential and review procedures to quickly impose restrictions.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** risk-based protocols established and in use.
- **Timeframe for completion:** within 6 months

**5.2.5.5.** USDA, in coordination with DHS, DOJ, and DOI, should enhance risk management and anti-smuggling activities to prevent the unlawful entry of prohibited animals, animal products, wildlife, and agricultural commodities that may harbor influenza viruses with pandemic potential, and expand efforts to investigate illegal commodities, block illegal importers, and increase scrutiny of shipments from known offenders.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** plan developed to decrease smuggling and further distribution of prohibited agricultural commodities and products with influenza risk.
- **Timeframe for completion:** within 9 months

**5.2.5.6.** USDA, DHS, and DOI, in coordination with DOS, HHS, and DOC, should conduct outreach and expand education campaigns for the public, agricultural stakeholders, wildlife trade community, and cargo and animal importers/exporters on import and export regulations and influenza disease risks.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** 100 percent of key stakeholders are aware of current import and export regulations and penalties for non-compliance.
- **Timeframe for completion:** within 12 months

**5.3.1.4.** DHS, in coordination with DOS, USDA and DOI, should provide countries with guidance to increase scrutiny of cargo and other imported items through existing programs, such as the Container Security Initiative, and impose country-based restrictions or item-specific embargoes.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** guidance, which may include information on restrictions, is provided for increased scrutiny of cargo and other imported items, within 24 hours upon notification of an outbreak.
- **Timeframe for completion:** no timeframe

**5.3.2.3.** DHS, in coordination with USDA, DOS, DOC, DOI, and shippers, should rapidly implement and enforce cargo restrictions for export or import of potentially contaminated cargo, including embargo of live birds, and notify international partners/shippers.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** measures implemented within 6 hours of decision to do so.
- **Timeframe for completion:** no timeframe

**5.3.3.1.** HHS and USDA, in coordination with DHS, DOT, DOS, and DOI, should provide emergency notifications of probable or confirmed cases and/or outbreaks to key international, Federal, State, local, and Tribal transportation and border stakeholders through existing networks.

- **Lead Bureau/Office:** FWS & NPS
- **Measure of performance:** emergency notifications occur within 24 hours or less of events of probable or confirmed cases or outbreaks
- **Timeframe for completion:** no timeframe

**5.3.4.4.** DHS and DOT, in coordination with USDA, DOI, DOC, and DOS, should consult with the domestic and international travel industry (e.g., carriers, hospitality industry, and travel agents) and freight transportation partners to discuss travel and border options under consideration and assess potential economic and international ramifications prior to implementation.

- **Lead Bureau/Office:** FWS & NPS
- **Measure of performance:** initial stakeholder contacts and solicitation for inputs conducted within 48 hours of an outbreak and re-established if additional countries affected.
- **Timeframe for completion:** no timeframe

**5.3.6.2.** DHS and DOT, in coordination with DOS, DOD, HHS, USDA, DOI, and State, local, and Tribal governments, should provide the public and business community with relevant travel information, including shipping advisories, restrictions, and potential closing of domestic and international transportation hubs.

- **Lead Bureau/Office:** FWS & NPS
- **Measure of performance:** timely, consistent, and accurate traveler information provided to the media, public, and business community.
- **Timeframe for completion:** no timeframe

**6.1.14.1.** HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOJ, DOL, VA, Treasury, and State/local governments, should develop objectives for the use of, and strategy for allocating, vaccine and anti-viral drug stockpiles during pre-pandemic and pandemic periods under varying conditions of countermeasure supply and pandemic severity.

- **Lead Bureau/Office:** ALL
- **Measure of performance:** clearly articulated statement of objectives for use of medical countermeasures under varying conditions of supply and pandemic severity.
- **Timeframe for completion:** within 3 months

**6.1.14.2.** HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOL, VA, Treasury, and State/local governments, should identify lists of personnel and high-risk groups who should be considered for priority access to medical countermeasures, under various pandemic scenarios, according to strategy developed in compliance with 6.1.14.1.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** provisional recommendations of groups who should receive priority access to vaccine and anti-viral drugs established for various scenarios of pandemic severity and medical countermeasure supply.
- **Timeframe for completion:** within 9 months

**6.1.14.3.** HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOL, and VA, should establish a strategy for shifting priorities based on at-risk populations, supplies and efficacy of countermeasures against the circulating pandemic strain, and characteristics of the virus.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** clearly articulated process in place for evaluating and adjusting pre-pandemic recommendations of groups receiving priority access to medical countermeasures.
- **Timeframe for completion:** within 9 months

**6.1.14.4.** HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOL, VA, and Treasury, should present recommendations on target groups for vaccine and anti-viral drugs when sustained and efficient human-to-human transmission of a potential pandemic influenza strain is documented anywhere in the world. These recommendations will reflect data from the pandemic and available supplies of medical countermeasures.

- **Lead Bureau/Office:** ALL
- **Measure of performance:** provisional identification of priority groups for various pandemic scenarios through interagency process within 2 - 3 weeks of outbreak.
- **Timeframe for completion:** no timeframe

**6.2.4.2.** DHS, in coordination with Sector-Specific Agencies, HHS, DOD, DOJ, and VA and in collaboration with the private sector, should be prepared to track integrity of critical infrastructure function, including the health care sector, to determine whether ongoing strategies of ensuring workplace safety and continuity of operations need to be altered as a pandemic evolves.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** tracking system in place to monitor integrity of critical infrastructure function and continuity of operations in near real-time.
- **Timeframe for completion:** within 6 months

**6.3.2.7.** HHS, in coordination with DHS, DOC, DOL, and Sector-Specific Agencies, and in collaboration with medical professional and specialty societies, should develop and disseminate infection control guidance for the Private Sector.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** validated, focus group-tested guidance developed, and published on [www.pandemicflu.gov](http://www.pandemicflu.gov) and in other forums.
- **Timeframe for completion:** within 12 months

**7.1.1.1.** USDA, in coordination with DHS, HHS, DOD, and DOI, and in partnership with State and Tribal entities, animal industry groups, and (as appropriate) the animal health authorities of Canada and Mexico, should establish and exercise animal influenza response plans.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** plans in place at specified Federal agencies and exercised in collaboration with States believed to be at highest risk for an introduction into animals of an influenza virus with human pandemic potential.
- **Timeframe for completion:** within 6 months

**7.1.2.2.** USDA, in coordination with DOD, HHS, DHS, and DOI, should partner with States and Tribal entities to ensure sufficient veterinary diagnostic laboratory surge capacity for response to an outbreak of avian or other influenza virus with human pandemic potential.

- **Lead Bureau/Office:** USGS, FWS, and BIA
- **Measure of performance:** plans and necessary agreements to meet laboratory capacity needs for a worst case scenario influenza outbreak in animals validated by utilization in exercises.
- **Timeframe for completion:** within 6 months

**7.1.3.4.** USDA, in coordination with DOI, should collaborate with DHS and other Federal partners, with State, local, and Tribal partners, including State wildlife authorities, and with industry groups and other stakeholders, to develop guidelines to reduce the risk of transmission between domestic animals and wildlife during an animal influenza outbreak.

- **Lead Bureau/Office:** FWS
- **Measure of performance:** guidelines for various outbreak scenarios produced, disseminated, and incorporated by partners.
- **Timeframe for completion:** within 6 months

**7.1.3.5.** DOI, in coordination with USDA, should work with other Federal, State, and Tribal partners to develop appropriate response strategies for use in the event of an outbreak in wild birds.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** coordinated response strategies in place that can rapidly be tailored to a specific outbreak scenario.
- **Timeframe for completion:** within 4 months

**7.1.5.1.** USDA and DOI should perform research to understand better how avian influenza viruses circulate and are transmitted in nature, in order to improve information on biosecurity distributed to local animal owners, producers, processors, markets, auctions, wholesalers, distributors, retailers, and dealers, as well as wildlife management agencies, rehabilitators, and zoos.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** completed research studies provide new information, or validate current information, on the most useful biosecurity measures to be taken to effectively prevent introduction, and limit or prevent spread, of avian influenza viruses in domestic and captive animal populations.
- **Timeframe for completion:** within 18 months

**7.1.5.2.** USDA and DOI should perform research to develop and validate tools that will facilitate environmental surveillance for avian influenza viruses, especially in wild birds, through the evaluation of feathers, feces, water, or nesting material.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** new environmental surveillance tools researched and made available for use by Federal, State, Tribal, university, and other entities performing avian influenza surveillance.
- **Timeframe for completion:** within 24 months

**7.1.5.6.** USDA, in coordination with DHS, DOI, and DOD, should partner with State and Tribal authorities to refine disease mitigation strategies for avian influenza in poultry or other animals through outbreak simulation modeling.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** simulation models produced and reports issued on the results of influenza outbreak scenario modeling.
- **Timeframe for completion:** within 6 months

**7.2.1.1.** DOI and USDA should collaborate with State wildlife agencies, universities, and others to increase surveillance of wild birds, particularly migratory water birds and shore birds, in Alaska and other appropriate locations elsewhere in the United States and its territories, to detect influenza viruses with pandemic potential, including HPAI H5N1, and establish baseline data for wild birds.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** reports detailing geographically appropriate wild bird samples collected and influenza virus testing results.
- **Timeframe for completion:** within 12 months

**7.2.1.2.** USDA and DOI should collaborate to develop and distribute information to State and Tribal entities on the detection, identification, and reporting of influenza viruses in wild bird populations.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** information distributed and a report available describing the type, amount, and audiences for the information.
- **Timeframe for completion:** within 6 months

**7.2.2.3.** DOI and USDA should increase the wild bird testing capacity of the NWHC and the National Wildlife Research Center, respectively, to process avian influenza samples from wild birds.

- **Lead Bureau/Office:** USGS
- **Measure of performance:** national wild bird testing capacity for avian influenza virus increased by 50 percent compared to previous year.
- **Timeframe for completion:** within 12 months

**7.2.3.2.** DOI, in coordination with USDA, should work with State and Tribal entities, universities, and others to implement the Avian Influenza Data Clearinghouse developed by the NWHC to support the integrated surveillance program for influenza in wild birds.

- **Lead Bureau/Office:** USGS
- **Measure of performance:** a functional wild bird influenza data clearinghouse utilized by multiple stakeholders.
- **Timeframe for completion:** within 12 months

**7.3.1.1.** USDA, in coordination with DHS, HHS, DOI, and the Environmental Protection Agency, should partner with State and Tribal entities, animal industries, individual animal owners, and other affected stakeholders to eradicate any influenza outbreak in commercial or other domestic birds or domestic animals caused by a virus that has the potential to become a human pandemic strain, and to safely dispose of animal carcasses.

- **Lead Bureau/Office:** USGS, FWS, NPS, & BIA
- **Measure of performance:** at least one incident management team from USDA on site within 24 hours of detection of such an outbreak.
- **Timeframe for completion:** no timeframe

**7.3.1.4.** DOI should coordinate with Federal, State, local, and Tribal officials to identify and apply appropriate measures to limit the spread of influenza virus should an outbreak occur in free-ranging wildlife populations.

- **Lead Bureau/Office:** USGS, FWS, NPS, & BIA
- **Measure of performance:** initial control measures implemented within 24 hours of detection of an outbreak in free-ranging wildlife.
- **Timeframe for completion:** no timeframe

**7.3.5.1.** USDA, in coordination with DHS, DOI, and HHS, should work with State, local, and Tribal partners, industry groups, and other stakeholders to develop, clear and coordinated pre-scripted public messages that can later be tailored to the specifics of a given outbreak and delivered by trained spokespersons.

- **Lead Bureau/Office:** USGS
- **Measure of performance:** appropriate informational and risk mitigation messages developed prior to an outbreak, then shared with the public within 24 hours of an outbreak.
- **Timeframe for completion:** within 3 months

**7.3.5.3.** USDA, in coordination with DOI, should collaborate in working with Federal partners, with State, local, and Tribal partners, including State wildlife authorities, and with industry groups and other stakeholders, to update and distribute guidelines to reduce the risk of transmission between domestic animals and wildlife and reduce the risk of spread to other wildlife species during an animal influenza outbreak.

- **Lead Bureau/Office:** USGS & FWS
- **Measure of performance:** guidelines updated and shared with the public within first 24 hours of an outbreak.
- **Timeframe for completion:** no timeframe

**9.1.2.1.** DHS, in coordination with Sector-Specific Agencies, critical infrastructure owners and operators, and States, localities and Tribal entities, should develop sector-specific planning guidelines focused on sector-specific requirements and cross-sector dependencies.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** planning guidelines developed for each sector.
- **Timeframe for completion:** within 6 months

**9.1.3.1.** DHS, in coordination with all the Sector-Specific Agencies, should conduct forums, conferences, and exercises with key critical infrastructure private sector entities and international partners to identify essential functions and critical planning, response and mitigation needs within and across sectors, and validate planning guidelines.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** planning guidelines validated by collaborative exercises that test essential functions and critical planning, response, and mitigation needs.
- **Timeframe for completion:** within 6 months

**9.1.3.2.** DHS, in coordination with all the Sector-Specific Agencies, should develop and coordinate guidance regarding business continuity planning and preparedness with the owners/operators of critical infrastructure and develop a Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide tailored to national goals and capabilities and to the specific needs identified by the private sector.

- **Lead Bureau/Office:** OLESEM
- **Measure of performance:** Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide developed and published ([www.pandemicflu.gov](http://www.pandemicflu.gov)).
- **Timeframe for completion:** within 6 months

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# Appendix O: Pandemic Influenza Planning Checklists

In the event of an influenza pandemic, many sectors play a key role in protecting the health and safety of their employees, as well as limiting the negative impact to the economy and society.

Planning for pandemic influenza is critical. HHS and CDC developed guidelines, including checklists, to assist businesses, industries, and other employers in planning for a pandemic, and these checklists cover multiple key sectors, including:

- Business
- Child Care
- Colleges/Universities
- Emergency Medical Services (EMS)
- Faith-Based
- Health Insurer
- Law Enforcement
- Correctional Facilities
- Home Health
- Hospitals
- Individual/Families
- Long-Term Care
- Medical Offices and Clinics
- Schools (Kindergarten -12<sup>th</sup> Grade)
- State/local

The EMS, Law Enforcement, Correctional Facilities, Individual/Families, Schools (Kindergarten -12<sup>th</sup> Grade), and Colleges/Universities checklists are in this appendix to aid the pandemic planning that is essential to these elements and equities of the Department. Those checklists that are not included in this appendix can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

## Pandemic Flu Planning Checklist for Individuals and Families

It is important to prepare for an influenza pandemic now. Knowing both the magnitude of what can happen during a pandemic outbreak, and what actions to take to help lessen the impact of an influenza pandemic is key.

To plan for a pandemic:

- Store a two week supply of water and food
  - During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand
  - This can be useful in other types of emergencies, such as power outages and natural disasters
- Periodically check your prescription drugs to ensure a continuous supply in your home
- Have any non-prescription drugs and other health supplies on hand, including pain relievers, cold medicines, fluids with electrolytes, and vitamins
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home
- Volunteer with local groups to prepare and assist with emergency response
- Get involved in your community as it works to prepare for an influenza pandemic.

To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

Items to have on hand for an extended stay at home:

Examples of food and non perishables	Examples of medical, health, and emergency supplies
Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups	Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
Protein or fruit bars	Soap and water, or alcohol-based (60-95%) hand wash
Dry cereal or granola	Medicines for fever, such as acetaminophen or ibuprofen
Peanut butter or nuts	Thermometer
Dried fruit	Anti-diarrheal medication
Crackers	Vitamins
Canned juices	Fluids with electrolytes
Bottled water	Cleansing agent/soap
Canned or jarred baby food and formula	Flashlight
Pet food	Batteries
Other non-perishable items	Portable radio
	Manual can opener
	Garbage bags
	Tissues, toilet paper, disposable diapers

## Emergency Medical Services & Non-Emergent Medical Transport Organizations Pandemic Influenza Planning Checklist

Planning for pandemic influenza is critical for ensuring a sustainable health care response. HHS and CDC have developed the following checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza.

EMS organizations will be involved in the transport of acutely ill patients with known or suspected pandemic influenza to emergency departments; some of these patients might require mechanical ventilation for life support and/or other lifesaving interventions. Non-emergent (medical) transport organizations will be called upon to transport recovering pandemic influenza patients to their home, residential care facility, or possibly to alternate care sites set up by State or local health departments.

This checklist is modeled after one included in the HHS Pandemic Influenza Plan ([www.hhs.gov/pandemicflu/plan/sup3.html#app2](http://www.hhs.gov/pandemicflu/plan/sup3.html#app2)). The list is comprehensive but not complete; each organization will have unique and unanticipated concerns that also will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist might not be applicable to all organizations.

Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

This checklist identifies key areas for pandemic influenza planning. EMS and non-emergent (medical) transport organizations can use this tool to self-assess and identify the strengths and weakness of current planning. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the State level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and monitoring of selected websites for new and updated information will be necessary.

### Structure for planning and decision making

Tasks	Not Started
Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.	<input type="radio"/>
A planning committee <u>1</u> has been created to specifically address pandemic influenza preparedness.	<input type="radio"/>
A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization. (Insert name, title, and contact information.)	<input type="radio"/>
Members of the planning committee include the following: (Insert below or attach a list with name title and contact information for each.) Administration:	<input type="radio"/>

Medical staff:  
 EMS providers:  
 Phone triage personnel/dispatch center:  
 Emergency management officer:  
 State/local health official:  
 Law enforcement official (for quarantine/security):

Other member 2 :

A point of contact (e.g., internal staff member assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control has been identified. (Insert name, title, and contact information.)

**Development of a written pandemic influenza plan.**

Tasks	Not Started	In Progress	Completed
Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained. <a href="http://www.hhs.gov/pandemicflu/plan">www.hhs.gov/pandemicflu/plan</a> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copies of available community and State pandemic plans have been obtained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A written plan has been completed or is in progress that includes the elements listed in #3 below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The plan describes the organizational structure (i.e., lines of authority) that will be used to operationalize the plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The plan complements or is part of the community response plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Elements of an influenza pandemic plan.**

Tasks	N
A plan is in place for surveillance and detection of pandemic influenza in the population served and the appropriate organizational response. Responsibility has been assigned for monitoring national and State public health advisories (e.g., <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a> ) and informing the pandemic response coordinator and members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in the United States and when they are nearing the geographic area (e.g., State or city). (Insert name, title, and contact information of person responsible.)	
A system has been created to track influenza-like illness in patients transported to hospitals and among EMS staff and to report this information to the pandemic response coordinator (i.e., weekly or daily number of patients with influenza-like illness). For more information see <a href="http://www.cdc.gov/flu/professionals/diagnosis/">www.cdc.gov/flu/professionals/diagnosis/</a> . (Having a system for tracking illness trends in patients and staff during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, such as staffing and supply needs, and hospital and emergency department capacity during a pandemic.)	
A communication plan has been developed. Key public health points of contact for pandemic influenza have been identified. (Insert below or attach a list with the name, title, and contact information for each.)	

Local health department contact:

State health department contact:

Local emergency management contact:

State emergency management contact:

Federal health emergency contact(s):

The organization's point person for external communication has been assigned. (Insert name, title, and contact information.)

(Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization.)

A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities has been created. (Insert location of or attach copy of contact list.)

A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities has been created. (Attach copy of contact list.)

The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including how EMS will be represented in the planning process. For more information on State and local planning, see [www.hhs.gov/pandemicflu/plan/part2.html#overview](http://www.hhs.gov/pandemicflu/plan/part2.html#overview). The pandemic response coordinator has contacted other EMS and non-emergent (medical) transport organizations regarding pandemic influenza planning and coordination of services.

A plan is in place to ensure that education and training on pandemic influenza is provided to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current organization and community response plans.

A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that staff attend, and maintain a record of attendance at education and training programs). (Insert name, title, and contact information.)

Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or Federal agencies) education of EMS and medical transport personnel have been identified.

For more information see [www.cdc.gov/flu/professionals/training/](http://www.cdc.gov/flu/professionals/training/).

Language and reading-level-appropriate materials for professional and non-professional personnel on pandemic influenza (e.g., available through State and Federal public health agencies and professional organizations) have been identified and a plan is in place for obtaining these materials.

Education and training include information on infection control measures to prevent the spread of pandemic influenza. Differences between responding to pandemic influenza and a mass casualty event have been incorporated into education and training programs.

A plan has been developed for triage and management of patients during a pandemic that includes the following:

- A system for phone triage of patients calling 911 or other emergency numbers that might be used (provide/post list of appropriate numbers) that includes pre-established criteria and coordination protocols to determine who needs emergency transport. The system includes points of referral for patients who do not need emergency transport.
- A plan for coordination with receiving facilities (e.g., hospital emergency departments), other EMS and non-emergent (medical) transport organizations, and local planning groups to manage the transportation of large numbers of patients at the height of the pandemic.
- A policy and procedure for transporting multiple patients with pandemic influenza during a single ambulance run.
- The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., buses).

An infection control plan is in place and includes the following:

For information on infection control recommendations for pandemic influenza, see

[www.hhs.gov/pandemicflu/plan/sup4.html](http://www.hhs.gov/pandemicflu/plan/sup4.html).

- A plan for implementing Respiratory Hygiene/Cough Etiquette for patients with a possible respiratory illness.
- The plan includes distributing masks <sup>3</sup> to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials in EMS and medical transport vehicles.
- Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.
- A policy that requires healthcare personnel to use Standard Precautions [www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_standard.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) [www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_droplet.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients.

An occupational health plan has been developed that includes the following:

A liberal/non-punitive sick leave policy for managing EMS and non-emergent (medical) transport personnel who have symptoms of, or documented illness with, pandemic influenza. The policy considers the following:

- Handling of staff who become ill at work.
- When personnel may return to work after recovering from pandemic influenza.
- When personnel who are symptomatic but well enough to work will be permitted to continue working.
- Personnel who need to care for their ill family members.
- A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
- A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.
- Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.
- The ability to monitor seasonal influenza vaccination of personnel.
- Offering annual influenza vaccine to personnel.

A vaccine and antiviral use plan has been developed.

Websites containing current CDC and State health department recommendations for the use and availability of vaccines and antiviral medications have been identified.

For more information, see [www.hhs.gov/pandemicflu/plan/sup6.html](http://www.hhs.gov/pandemicflu/plan/sup6.html) and [www.hhs.gov/pandemicflu/plan/sup7.html](http://www.hhs.gov/pandemicflu/plan/sup7.html).

An estimate has been made of the number of personnel who will be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use.

For more information, see [www.hhs.gov/pandemicflu/plan/appendixd.html](http://www.hhs.gov/pandemicflu/plan/appendixd.html).

Discussions have been held with the local and/or State health department regarding the role of the organization in a large-scale program to distribute vaccine and antivirals to the general population.

Concerns related to surge capacity during a pandemic have been addressed.

A plan is in place for managing a staffing shortage within the organization because of illness in personnel for their family members.

The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined.

Contingency staffing plans have been developed in collaboration with other local EMS and non-emergent (medical) transport providers.

Hospitals and regional planning groups have been consulted regarding contingency staffing resources.

Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.

A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.

Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.

An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.

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1 Size of committee can vary, depending on the size and needs of the organization.

2 Some organizations may need or want to include a school official or volunteer coordinator for local civic and preparedness groups.

3 Masks include both surgical and procedure types. Either surgical or procedure masks may be used as a barrier to prevent contact with respiratory droplets.

## Law Enforcement Pandemic Influenza Planning Checklist

In the event of pandemic influenza, law enforcement agencies (e.g., State, local, and tribal police departments, sheriff’s offices, Federal law enforcement officers, special jurisdiction police personnel) will play a critical role in maintaining the rule of law as well as protecting the health and safety of citizens in their respective jurisdictions. Planning for pandemic influenza is critical.

HHS has developed the following checklist to assist law enforcement agencies in their pandemic planning. This checklist provides a general framework for developing a pandemic influenza plan. Each agency or organization will need to adapt this checklist according to its unique needs and circumstances. The key planning activities in this checklist are meant to complement and enhance your existing all-hazards emergency and operational continuity plans. Many of the activities identified in this checklist will also help you to prepare for other kinds of public health emergencies.

Information specific to public safety organizations and pandemic flu preparedness and response can be found at <http://www.ojp.usdoj.gov/BJA/pandemic/resources.html>.

For further information on general emergency planning and continuity of operations, see [www.ready.gov](http://www.ready.gov). Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Develop a pandemic influenza preparedness and response plan for your agency or organization.

Tasks	Not Started	In Progress	Completed
Assign primary responsibility for coordinating law enforcement pandemic influenza preparedness planning to a single person (identify back-ups for that person as well) with appropriate training and authority (insert name, title, and contact information here).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Form a multidisciplinary law enforcement/security planning committee to address pandemic influenza preparedness specifically. The planning team should include at a minimum: human resources, health and wellness, computer support personnel, legal system representatives, partner organizations, and local public health resources. Alternatively, pandemic influenza preparedness can be addressed by an existing committee with appropriate skills and knowledge and relevant mission (list committee members and contact information here). This Committee needs to have the plan approved by the Agency Head.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review Federal, State, and local public health and emergency management agencies’ pandemic plans in areas where you operate or have jurisdictional responsibilities. Ensure that your plan is NIMS (National Incident Management System) compliant and align your plan with the local Incident Command System (ICS) and local pandemic influenza plans to achieve a unified approach to incident management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

See “State and Local Governments,”  
[www.pandemicflu.gov/plan/states/index.html](http://www.pandemicflu.gov/plan/states/index.html) and  
<http://www.fema.gov/emergency/nims/index.shtm>.

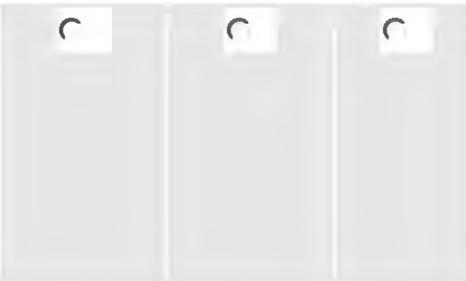
<p>Verify Command and Control areas of responsibility and authority during a pandemic.                  Identify alternative individuals in case primary official becomes incapacitated.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Set up chain of command and procedures to signal activation of the agency’s response plan, altering operations (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as returning to normal operations.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Determine the potential impact of a pandemic on the agency or organization by using multiple possible scenarios of varying severity relative to illness, absenteeism, supplies, availability of resources, access to legal system representatives, etc.                  Incorporate pandemic influenza into agency emergency management planning and exercise.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Identify current activities (by location and function) that will be critical to maintain during a pandemic. These essential functions might include 911 systems in communities where law enforcement is responsible for this activity, other communications infrastructures, community policing, information systems, vehicle maintenance, etc. Identify critical resources and inputs (e.g., employees, supplies, subcontractor services/products, and logistics) that are necessary to support these crucial activities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Develop, review, and approve an official law enforcement/security pandemic influenza preparedness and response plan.                  This plan represents the output of many or all of the activities contained in this checklist.                  This plan can be an extension of your current emergency or business continuity plans with a special focus on pandemic influenza and should identify the organizational structure to be used to implement the plan.                  Include procedures to implement the plan in stages based upon appropriate triggering events.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Develop a pandemic-specific emergency communications plan as part of the pandemic influenza preparedness and response plan, and revise it periodically.                  The communications plan should identify a communication point of contact, key contacts and back-ups, and chain of communications and clearance.                  Plan may also include potential collaboration with media representatives on the development of scripts based on likely scenarios guided by the public information officer(s).                  Coordinate with partners in emergency government and public health in advance.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Designate an individual to monitor pandemic status and collect, organize, and integrate related information to update operations as necessary.                  Develop a plan for back-up if that person becomes ill during a pandemic.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Develop a situational awareness capability that leadership can use to monitor the pandemic situation, support agency decisions, and facilitate monitoring of impact.			
Distribute pandemic plan throughout the agency or organization and develop means to document employees/staff received and read the plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allocate resources through the budgeting process as needed to support critical components of preparedness and response identified in your plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodically test both the preparedness and response plan and the communications plan through drills and exercises; incorporate lessons learned into the plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Plan for the impact of a pandemic on your employees**

Tasks	Not Started	In Progress	Completed
Develop contingency plans for 30 – 40% employee absences. Keep in mind that absences may occur due to personal illness, family member illness, community mitigation measures, quarantines, school, childcare, or business closures, public transportation disruptions, or fear of exposure to ill individuals, as well as first responder, National Guard, or military reserve obligations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As necessary, plan for cross-training employees, use of auxiliary personnel and recent retirees, recruiting temporary personnel during a crisis, or establishing flexible worksite options (e.g., telecommuting) and flexible work hours (e.g. staggered shifts) when appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a reporting mechanism for employees to immediately report their own possible influenza illness during a pandemic (24/7).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish compensation and leave policies that strongly encourage ill workers to stay home until they are no longer contagious. During a pandemic, employees with influenza-like symptoms (such as fever accompanied by sore throat, muscle aches and cough) should not enter the worksite to keep from infecting other workers. Employees who have been exposed to someone with influenza, particularly ill members of their household, may also be asked to stay home and monitor their symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees who develop influenza-like symptoms while at the worksite should leave as soon as possible. Consult with State and local public health authorities regarding appropriate treatment for ill employees. Prepare policies that will address needed actions when an ill employee refuses to stay away from work. Federal agencies can consult guidance provided by the OPM at <a href="http://www.opm.gov/pandemic">www.opm.gov/pandemic</a> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

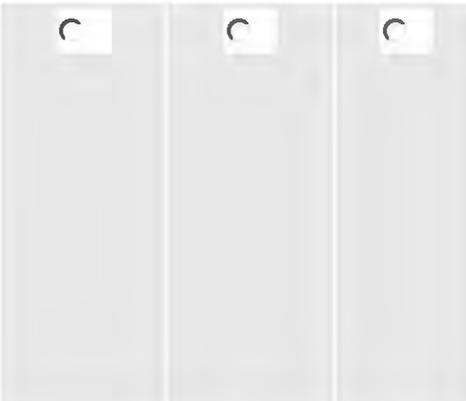
Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks) during a severe pandemic.  
 Advise employees not to bring their children to work if childcare cannot be arranged.  
 Plan for alternative staffing or staffing schedules on the basis of your identification of employees who may need to stay home.



Identify critical job functions and plan now for cross-training employees to cover those functions in case of prolonged absenteeism during a pandemic.  
 Develop succession plans for each critical agency position to ensure the continued effective performance of your organization by identifying and training replacements for key people when necessary. These replacements should be integrated into employee development activities, and should include critical contracted services as well.



Develop policies that focus on preventing the spread of respiratory infections in the workplace.  
 This policy might include social distancing practices, the promotion of respiratory hygiene/cough etiquette, the creation of screening mechanisms for use during a pandemic to examine employees for fever or influenza symptoms, using the full range of available leave policies to facilitate staying home when ill or when a household member is ill, and appropriate attention to environmental hygiene and cleaning.  
 For more information see the [www.pandemicflu.gov](http://www.pandemicflu.gov) and <http://www.pandemicflu.gov/plan/community/mitigation.html> as well as OPM's guidance at [www.opm.gov/pandemic](http://www.opm.gov/pandemic).



Provide educational programs and materials (language, culture, and reading-level appropriate) to personnel on:

- pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission, medical care),
- personal and family protection
- response strategies (e.g., hand hygiene, coughing/sneezing etiquette, etc.).

Post instructional signs that illustrate correct infection control procedures in all appropriate locations, including offices, restrooms, waiting rooms, processing rooms, detention facilities, vehicles, etc. and, community mitigation interventions (e.g., social distancing).  
 See [www.pandemicflu.gov](http://www.pandemicflu.gov), [www.cdc.gov/flu/protect/stopgerms.htm](http://www.cdc.gov/flu/protect/stopgerms.htm), <http://www.cdc.gov/flu/protect/covercough.htm>, [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm), and <http://www.pandemicflu.gov/plan/community/mitigation.html>.



Provide training for law enforcement officers, office managers, medical or nursing personnel, and others for performance of assigned emergency response roles.



<p>Identify a training coordinator and maintain training records.                  Ensure all staff are familiar with the local Incident Command System (ICS) and understand the roles and persons assigned within that structure.                  See <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> for more information</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Stock recommended personal protective equipment (PPE) and environmental infection control supplies and make plans to distribute to employees, contractors, and others (including detainees) as needed.                  These supplies should include tissues, waste receptacles, single-use disinfection wipes, and alcohol-based hand cleaner (containing at least 60% alcohol).                  EPA registered disinfectants labeled for human influenza A virus may be used for cleaning offices, waiting rooms, bathrooms, examination rooms, and detention facilities.                  PPE may include gloves, surgical masks and respirators (disposable N-95s or higher respirators or reusable respirators), eye protection, pocket masks (for respiratory resuscitation) and protective cover wear (e.g., impervious aprons).                  The specific uses for the above supplies will be advised by State and local health officials during a pandemic.                  Further information can be found at <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a> and at <a href="http://www.osha.gov/Publications/OSHA3327pandemic.pdf">http://www.osha.gov/Publications/OSHA3327pandemic.pdf</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Provide information to employees to help them and their families prepare and plan for a pandemic.                  See <a href="http://www.pandemicflu.gov/plan/individual/index.html">www.pandemicflu.gov/plan/individual/index.html</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Work with State and/or local public health to develop a plan for distribution of pandemic influenza vaccine and antiviral medications to law enforcement personnel.                  See current HHS recommendations for pandemic influenza vaccine and antiviral use at <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">http://www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">http://www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Encourage and track seasonal influenza vaccination for employees every year.                  See <a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a>.                  Encourage all employees and their families to be up-to-date on all adult and child vaccinations recommended by the Advisory Committee on Immunization Practices.                  See <a href="http://www.cdc.gov/nip/recs/adult-schedule.htm">www.cdc.gov/nip/recs/adult-schedule.htm</a> and <a href="http://www.cdc.gov/nip/recs/child-schedule.htm">www.cdc.gov/nip/recs/child-schedule.htm</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Evaluate employee access to and availability of health care, mental health, social services, community, and faith-based resources during a pandemic, and improve services as needed.                  See <a href="http://www.hhs.gov/pandemicflu/plan/sup11.html">www.hhs.gov/pandemicflu/plan/sup11.html</a>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Plan for providing services to the public during a pandemic**

Tasks	Not Started	In Progress	Completed
Identify community-based scenarios and needs likely to occur in a pandemic emergency, and plan how to respond. These might include security of health care and/or vaccine distribution sites, sites that store antiviral medications or vaccines, first-responder activities, protection of critical infrastructure, management of panic and/or public fear, crowd/riot control, enforcement of public health orders, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop traffic flow plans to deal with standard traffic management and traffic flow around health-care delivery sites, including vaccine and antiviral distribution sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticipate community vulnerabilities (vulnerable populations, crimes of opportunity, fraudulent schemes, etc.) and specifically train employees to respond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop guidance for managing/assisting special populations (e.g., persons who are homeless, substance abusers, elderly, and individuals with disabilities, etc.) during a pandemic. This will require coordination with public health agencies, social services, correctional facilities, legal system representatives, and community-based organizations serving these populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with local and/or State health departments or other relevant resources to ensure health protection and care for detainees or other individuals for whom the agency has responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish policies on post-arrest management of an ill or exposed individual, including what to do should a care facility, precinct, and/or other law enforcement facility refuse entry to an ill or exposed individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Plan for coordination with external organizations and help your community**

Tasks	Not Started	In Progress	Completed
Review your pandemic influenza preparedness and response plan with key stakeholders inside and outside the agency, including employee representatives, and determine opportunities for collaboration, modification of the plan, and the development of complementary responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share preparedness and response plans with other law enforcement agencies and law enforcement support agencies in your region or State (to include the National Guard) in order to share resources, identify collaboration strategies, and improve community response efforts. Develop, review, and modify local and State mutual aid agreements, if necessary. Mutual aid during an influenza pandemic can not be counted on as multiple jurisdictions in a given region may be affected simultaneously and have limited aid to offer. Availability of one State's National Guard to support another States plans under an existing compact (e.g., Emergency Management Assistance Compact) may be limited due to competing demands in their home State.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>Coordinate all requests for assistance with the next higher level governmental entity (e.g., local officials coordinate with State officials, State officials coordinate with Federal officials).                  Coordination is essential to ensure the assets: (1) can be provided in accordance with existing laws, (2) the requested resources are available.                  During a pandemic, assistance from the next higher level of government may be limited due to competing higher priority demands and the effects of the influenza pandemic on these assets.</p>	C	C	C
<p>Integrate planning with emergency service and criminal justice organizations such as courts, corrections, probation and parole, social services, multi-jurisdictional entities, public works, and other emergency management providers (fire, EMS, mutual aid, etc.).</p>	C	C	C
<p>States should plan on utilizing their National Guard to perform law enforcement and security functions during a pandemic influenza. The National Guard under the command and control of the respective State's Governor is not subject to Posse Comitatus Act restrictions as are Federal military forces. Availability of one State's National Guard to support another States plans under an existing compact (e.g., Emergency Management Assistance Compact) may be limited due to competing demands in their home state.</p>	C	C	C
<p>Security functions are essential during a pandemic influenza. Through your city or county attorney, corporation counsel or other appropriate authority, collaborate with the Office of the State Attorney General to clarify and review the authorities granted to law enforcement to include the National Guard. Suggest clarifications and work arounds as needed, and integrate into agency policy, training, and communications activities.</p>	C	C	C
<p>Identify local or regional entities, such as health-care agencies, community organizations, businesses, or critical infrastructure sites, to determine potential collaboration opportunities.                  This collaboration might involve situational awareness, exercises or drills, or public safety training.</p>	C	C	C
<p>Collaborate with local and/or State public health agencies to assist with the possible investigation of contacts within a suspected outbreak, the enforcement of public health orders, as well as the provision of security, protection, and possibly, critical supplies to quarantined persons.                  Each law enforcement agency will need to interact with local, State, county, and tribal public health officials to define the extent of the authorities provided from State legislation, develop procedures for the local initiation, implementation, and use of those authorities, as well as define protections from liability for law enforcement that may arise from quarantine and isolation enforcement.                  Operational planning must be flexible enough to address all scenarios in an all hazards environment, and in light of emerging infectious diseases.</p>	C	C	C

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## Correctional Facilities Pandemic Influenza Planning Checklist

Planning for pandemic influenza is critical for ensuring a sustainable health care delivery system within correctional facility settings. HHS has developed the following checklist to help prison and jail systems to self-assess and improve their preparedness for responding to pandemic influenza. Given the differences among systems, individual facilities should adapt this checklist to meet their unique needs. This checklist should be used as one tool in developing an overall pandemic influenza plan for correctional systems as well as individual facilities.

Responsible officials should incorporate information from State, regional and local health departments and emergency management agencies/authorities into the system and individual facility pandemic influenza plan. An additional benefit of this planning is that it can be used for other types of disaster preparedness.

All contact information specified below should include the names, titles, and contact information (i.e., office phone and cell phone numbers and e-mail and physical addresses) for individuals or organizations. These sheets should be provided to the system-level office (for prison and large jail systems). Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov). For information on general emergency planning and continuity of operations, see [www.ready.gov](http://www.ready.gov).

### Develop a pandemic influenza preparedness and response plan.

Tasks	Not Started	In Progress	Completed
Incorporate pandemic influenza preparedness into correctional facility or system disaster planning and exercises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review Federal, State, and local public health and emergency management agencies' pandemic plans in areas where you operate or have jurisdictional responsibilities.			
Ensure that your plan is NIMS (National Incident Management System) compliant and align your plan with the local Incident Command System (ICS) and local pandemic influenza plans to achieve a unified approach to incident management.			
See "State and Local Governments," <a href="http://www.pandemicflu.gov/plan/states/index.html">www.pandemicflu.gov/plan/states/index.html</a> and <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> .			
Assign responsibility for coordinating pandemic influenza preparedness planning to a person with appropriate training and authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verify Command and Control areas of responsibility and authority during a pandemic.			
Develop a plan for back-up if that person becomes ill during a pandemic.			

	Pandemic Influenza Preparedness (PIP) Coordinator	Alternate PIP Coordinator
Name		
Title		
Contact Information		

Form a multidisciplinary planning committee to address pandemic influenza preparedness specifically. Alternatively, pandemic influenza preparedness can be addressed by an existing committee with appropriate skills and knowledge and relevant mission. Committee Name:

Appoint members of the planning committee to include (as applicable in different settings) the representatives listed in the table below:

Committee Representative	Name and Title	Contact Information (office phone, cell phone, e-mail)	Alternate Representative
PIP Coordinator			
Secretary/Commissioner/Warden/Sheriff/Director			
Medical Director			
Health Services Representative(s)			
Infection control expert			
Environment Health Officer/POC			
Maintenance Director			
Staff Trainer(s)			
Dietary Services Coordinator/Director			
Pharmacist			
Security Coordinator/Director			
Human Resources Representative			
Communications Director			
Others			

Establish points of contact for influenza pandemic preparedness in the local and State health departments (table below is provided as a guide).

See <http://www.pandemicflu.gov/state/statecontacts.html>

Agency	Contact Name(s) and Title(s)	Contact Information (office phone, cell phone, e-mail)
Local Health Dept.		
State Health Dept.		
State Corrections Dept.		

Establish linkages with local, regional or State emergency preparedness groups (table below is provided as a guide).

Emergency Preparedness Groups	Contact Name and Title	Contact Information (office phone, cell phone, e-mail)
City		
County		
Other regional		

Identify one or more representatives from acute care hospitals as committee liaisons that may facilitate hospitalization of seriously ill inmates or facilitate transfer of patients into the correctional facility (table below is provided as a guide).

Acute Care Hospital	Liaison(s) Name and Title	Contact Information (office phone, cell phone, e-mail)

Designate authority (and back-up individuals) to activate the correctional system pandemic influenza plan.

Authority	
Name	
Title	
Contact Information (Office phone, cell phone, e-mail)	

Set up chain of command and procedures to signal activation of the agency's influenza pandemic response plan, altering operations (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as

returning to normal operations.

<p>Ensure all staff is familiar with the local Incident Command System (ICS) and understand the roles and persons assigned within that structure. See <a href="http://www.fema.gov/emergency/nims/index.shtml">http://www.fema.gov/emergency/nims/index.shtml</a> for more information.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Determine the potential impact of a pandemic on the agency or organization by using multiple possible scenarios of varying severity relative to illness, absenteeism, supplies, availability of resources, access to legal system representatives, etc. Incorporate pandemic influenza into agency emergency management planning and exercise.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Obtain relevant sections of the Department of Health and Human Services Pandemic Influenza Plan (available at <a href="http://www.hhs.gov/pandemicflu/plan">http://www.hhs.gov/pandemicflu/plan</a>) for incorporation into the system or facility plan, as appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Obtain copies of available State, regional and local pandemic plans for incorporation into the system or facility plan, as applicable. (When appropriate, facility representatives should participate in development of these plans). See: <a href="http://www.pandemicflu.gov/plan/stateplans.html">http://www.pandemicflu.gov/plan/stateplans.html</a> Describe organizational structure that will be used to implement the plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Include provisions for timely and periodic review and revision of the plan, including dated history of revisions and clear identification of most current plan. Include allowances for the administrator or other authorized personnel to modify the plan in response to evolving circumstances that may represent a threat to the well-being and safety of the inmates and/or personnel.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Make sure that the plan checklist includes the date and signature of senior managerial representatives to confirm understanding and general conformity with the plan details. Submit a completed plan to the Secretary/Commissioner's Office by [insert date] for review and approval by [insert dates completed and sent for review].</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Elements of an Influenza Pandemic Plan for each system and facility should include the following:**

Tasks	Not Started	In Progress	Completed
Assign a person(s) (with a back-up identified) the responsibility for monitoring Federal and State public health advisories using the internet ( <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a> ) and other appropriate information sources and to notify the pandemic influenza coordinator and the planning committee (system and facility levels) when pandemic influenza is reported in the United States and when it is reported within the geographic area of the correctional facility.	☐	☐	☐

	Responsible Person	Alternate
Name		
Title		
Contact Information (Office phone, cell phone, e-mail)		

A plan for surveillance (monitoring) and detection of seasonal and pandemic influenza in inmates and staff (see [www.hhs.gov/pandemicflu/plan/sup1.html](http://www.hhs.gov/pandemicflu/plan/sup1.html)). The plan should ensure:

Develop a written protocol for monitoring seasonal influenza-like illness in inmates and staff (i.e., weekly or daily number of inmates and staff with influenza-like illness). See <a href="http://www.cdc.gov/flu/professionals/diagnosis/">http://www.cdc.gov/flu/professionals/diagnosis/</a> . Institute a system for tracking illness trends during seasonal influenza to ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.	☐	☐	☐
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Create a protocol for the detection, evaluation, diagnosis and treatment of inmates and personnel with symptoms of pandemic influenza. See <a href="http://www.hhs.gov/pandemicflu/plan/sup5.html">http://www.hhs.gov/pandemicflu/plan/sup5.html</a>	☐	☐	☐
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Institute a system to monitor and internally review transmission of pandemic influenza among inmates and staff in the facility. Information from this monitoring system is used to implement containment measures (e.g., isolation, cohorting).	☐	☐	☐
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A communication plan. See <http://www.hhs.gov/pandemicflu/plan/sup10.html>.

Assign responsibility for communication with public health authorities and within the corrections system for planning and response.	☐	☐	☐
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	Responsible Person	Alternate
Name		
Title		
Contact Information (Office & cell phone, e-mail)		

<p>Develop a list of local hospitals/health facilities, emergency medical services, commercial and clinical laboratories, relevant community organizations (including those involved with disaster preparedness) and update as necessary including points of contact to facilitate communication across organizational lines during pandemic conditions. (Attach a copy to the pandemic plan).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Assign responsibility for communication with inmates, staff, and the community regarding the status and impact of pandemic influenza in the facility. Develop a plan for back-up if that person becomes ill during a pandemic. Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Ensure that communications are available in appropriate formats for individuals with disabilities (e.g., visual or hearing impairments) and limited English proficiency.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>An education and training plan. Each system and each facility should develop or obtain an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current system/facility and community response plans.</p>			
<p>Designate responsibility for coordinating education and training on pandemic influenza, including identifying and facilitating access to available programs, as well as tracking which personnel have completed the training.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Identify existing and potential sources for alternative training options such as Web casts, DVD, CD-ROM and local training programs conducted by the health department, area hospitals, local colleges or trade schools for clinical and non-clinical education for corrections staff. See <a href="http://www.cdc.gov/flu/professionals/training/">http://www.cdc.gov/flu/professionals/training/</a></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Identify or develop language, format (i.e., prepared for individuals with visual, hearing or other disabilities), and reading-level appropriate materials (e.g., brochures, pamphlets) to supplement and support education and training programs of personnel and inmates. See <a href="http://www.cdc.gov/flu/groups.htm">www.cdc.gov/flu/groups.htm</a> and <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm">www.cdc.gov/flu/professionals/infectioncontrol/index.htm</a></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Ensure that education and training includes information on infection control measures to prevent the spread of pandemic influenza, such as hand hygiene and sneeze/cough etiquette.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Pre-identify, perform background checks, credential and train personnel who will be brought in for surge capacity.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An infection control plan for managing inmates and visitors with pandemic influenza that includes the following:

<p>Create policies and procedures for cohorting inmates with known or suspected pandemic influenza using one or more of the following strategies: 1) Confining ill and exposed inmates to their cells, 2) Placing inmates with symptoms of pandemic influenza together in one area of the facility, or closing off units that have symptomatic inmates.</p> <p>Policies and protocols for restricting staff who are assigned to work on affected units from working on other units.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Develop policies and procedures for handling intake, influenza screening, processing and placement of new inmates with known or suspected pandemic influenza.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Design an infection control policy for the use of recommended personal protective equipment and infection control measures for staff.</p> <p>See <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">http://www.hhs.gov/pandemicflu/plan/sup4.html</a></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Develop procedures for implementing respiratory hygiene/cough etiquette for staff and inmates throughout the facility.</p> <p>See <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm">www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</a> and the Community Mitigation guidance at <a href="http://www.pandemicflu.gov/plan/community/mitigation.html">http://www.pandemicflu.gov/plan/community/mitigation.html</a></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Specify criteria and protocols for appropriately closing the facility to new admissions, including notification of feeder jails and reception (intermediary classification and assessment) centers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Develop criteria and procedures for transfer of inmates with known or suspected pandemic influenza to hospitals, if it becomes necessary.</p> <p>Policies and procedures for clinical management of inmates who need hospitalization but must remain in the facility due to limited hospital beds.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Plan for discharging released inmates with known or suspected pandemic influenza</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Develop criteria and protocols for limiting non-essential visitors, including an education and communication strategy for visitors, especially those traveling long distances.</p> <p>Include policies and procedures for pandemic influenza screening of all persons coming into the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A plan for the impact of a pandemic on your employees that includes the following: See <a href="http://www.hhs.gov/pandemicflu/plan/sup11.html">www.hhs.gov/pandemicflu/plan/sup11.html</a> and the Community Mitigation guidance at <a href="http://www.pandemicflu.gov/plan/community/mitigation.html">http://www.pandemicflu.gov/plan/community/mitigation.html</a></p>			
<p>Develop contingency plans for 30 – 40% employee absences.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep in mind that absences may occur due to personal illness, family member illness, community mitigation measures, quarantines, school, childcare, or business closures, public transportation disruptions, or fear of exposure to ill individuals, as well as first responder, National Guard, or military reserve obligations.

Identify critical job functions and plan now for to cover those functions in case of prolonged absenteeism during a pandemic. Develop succession plans for each critical agency position to ensure the continued effective performance of your organization by identifying and training replacements for key people when necessary. These replacements should be integrated into employee development activities, and should include critical contracted services as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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As necessary, plan for cross-training employees, use of auxiliary personnel and recent retirees, recruiting temporary personnel during a crisis, or establishing flexible worksite options (e.g., telecommuting) and flexible work hours (e.g., staggered shifts) if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Develop a mechanism for employees to immediately report their own possible influenza illness during a pandemic (24/7).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Establish compensation and leave policies that strongly encourage ill workers to stay home until they are no longer contagious. During a pandemic, employees with influenza-like symptoms (such as fever accompanied by sore throat, muscle aches and cough) should not enter the worksite to keep from infecting other workers. Employees who have been exposed to someone with influenza, particularly ill members of their household, may also be asked to stay home and monitor their symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Employees who develop influenza-like symptoms while at the worksite should leave as soon as possible. Explore the availability of resources for testing for influenza in coordination with local and State health departments. Consult with State and local public health authorities regarding appropriate treatment for ill employees. Prepare policies that will address needed actions when an ill employee refuses to stay away from work. Federal agencies can consult guidance provided by the Office of Personnel Management (OPM) at <a href="http://www.opm.gov/pandemic">www.opm.gov/pandemic</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Develop policies that focus on preventing the spread of respiratory infections in the workplace. This policy might include social distancing practices, promoting respiratory hygiene/cough etiquette, and attention to environmental hygiene and cleaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For more information see [www.pandemicflu.gov](http://www.pandemicflu.gov) and <http://www.pandemicflu.gov/plan/community/mitigation.html> as well as OPM's guidance at [www.opm.gov/pandemic](http://www.opm.gov/pandemic).

Provide educational programs and materials (language, culture, and reading-level appropriate) to personnel on: pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission, medical care)  
See [www.pandemicflu.gov](http://www.pandemicflu.gov), [www.cdc.gov/flu/protect/stopgerms.htm](http://www.cdc.gov/flu/protect/stopgerms.htm), <http://www.cdc.gov/flu/protect/covercough.htm>, and [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).  
personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, etc.).  
Post instructional signs that illustrate correct infection control procedures in all appropriate locations, including offices, restrooms, waiting rooms, processing rooms, detention facilities, vehicles, etc.  
See [www.pandemicflu.gov](http://www.pandemicflu.gov), [www.cdc.gov/flu/protect/stopgerms.htm](http://www.cdc.gov/flu/protect/stopgerms.htm), <http://www.cdc.gov/flu/protect/covercough.htm>, and community mitigation interventions <http://www.pandemicflu.gov/plan/community/mitigation.html>.

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Provide information to employees to help them and their families prepare and plan for a pandemic. See [www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html)

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Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks) during a severe pandemic.  
Advise employees not to bring their children to the workplace if childcare cannot be arranged.  
Plan for alternative staffing or staffing schedules on the basis of your identification of employees who may need to stay home.

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Provide training for law enforcement officers, office managers, medical or nursing personnel, and others as needed for performance of assigned emergency response roles. Identify a training coordinator and maintain training records.

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Stock recommended personal protective equipment (PPE) and environmental infection control supplies and make plans to distribute to employees, contractors, and others (including detainees) as needed.  
These supplies should include tissues, waste receptacles, single-use disinfection wipes, and alcohol-based hand cleaner (containing at least 60% alcohol).  
EPA registered disinfectants labeled for human influenza A virus may be used for cleaning offices, waiting rooms, bathrooms, examination rooms, and detention facilities.  
PPE may include gloves, surgical masks and respirators, eye protection, pocket masks (for respiratory resuscitation) and protective cover wear

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<p>(e.g., impervious aprons).                  The specific uses for the above supplies will be advised by State and local health officials during a pandemic. Further information can be found at <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>. and at <a href="http://www.osha.gov/Publications/OSHA3327pandemic.pdf">http://www.osha.gov/Publications/OSHA3327pandemic.pdf</a></p>			
<p>Work with State and/or local public health to develop a plan for distribution of pandemic influenza vaccine and antiviral medications to personnel.                  See current HHS recommendations for pandemic influenza vaccine and antiviral use at <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">http://www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">http://www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p>	C	C	C
<p>Encourage and track seasonal influenza vaccination for employees every year.                  See <a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a>.                  Encourage all employees and their families to be up-to-date on all adult and child vaccinations recommended by the Advisory Committee on Immunization Practices. See <a href="http://www.cdc.gov/nip/recs/adult-schedule.htm">www.cdc.gov/nip/recs/adult-schedule.htm</a> and <a href="http://www.cdc.gov/nip/recs/child-schedule.htm">www.cdc.gov/nip/recs/child-schedule.htm</a>.</p>	C	C	C
<p>Evaluate employee access to and availability of health care, mental health, social services, community, and faith-based resources during a pandemic, and improve services as needed.                  See <a href="http://www.hhs.gov/pandemicflu/plan/sup11.html">www.hhs.gov/pandemicflu/plan/sup11.html</a>.</p>	C	C	C
<p>Develop a plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave, altering their work location, or other appropriate alternatives during a pandemic health crisis, consistent with the EEO laws.</p>	C	C	C
<p>A vaccine and antiviral use plan, including:</p>			
<p>Refer to web sites containing current CDC and State health department recommendations and guidance for the use, availability, access and distribution of vaccines and antiviral medications during a pandemic.                  For more information, see: <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p>	C	C	C
<p>Develop policies and a plan that addresses prioritization of personnel and inmates to be vaccinated or treated based on the availability of vaccines, antiviral medications, and other limited quantity treatment or prophylaxis, consistent with HHS guidance and State health department recommendations                  See <a href="http://www.hhs.gov/pandemicflu/plan/appendixd.html">www.hhs.gov/pandemicflu/plan/appendixd.html</a></p>	C	C	C
<p>Establish an implementation plan for rapid delivery of vaccines, antiviral treatments, and prevention strategies for staff and inmates based on the preceding prioritization strategy.</p>	C	C	C

A plan to address concerns related to surge capacity during a pandemic including staffing and supply issues. The plan should:

Develop a staffing plan that specifies the minimum number and categories of personnel necessary to maintain the operation of the prison or jail, based on inmate census and the need to provide medical and nursing care in a safe manner.

Assign responsibility for assessing day-to-day staffing and other needs during an influenza pandemic to someone with proper authority and training.

	Responsible Person
Name	
Title	
Contact Information (office phone, cell phone, e-mail)	

Define criteria for declaring a "staffing crisis" that would enable the use of emergency staffing alternatives.

Include protocols for mandatory security and medical staff overtime within applicable State law or system regulations.

Assess the value of voluntary emergency staffing agreements, preferably written, with medical and clinical staff members for all-cause disasters prior to implementing mandatory staffing.

Address facilities that use contracted medical staffing. Arrangements should be made for voluntary or mandatory crisis staffing on a collaborative basis. Contract providers do not have the same authority as the State to require mandatory overtime, so cooperative planning is necessary.

Provide cross training of facility staff to help sustain operating capacity.

Include linkages to local and regional planning and response groups to collaborate on addressing widespread healthcare staffing shortages during a crisis.

Estimate consumable resource needs (e.g., masks, gloves, hand hygiene products) for approximately six to eight weeks and consider stockpiling these quantities depending on storage capacity, purchasing flexibility, and other facility-specific considerations.

Develop a primary plan and contingency plan to address supply shortages, including detailed procedures for the pre-pandemic acquisition of supplies through normal channels as well as procedures for replenishing supplies under crisis conditions.

Development of a strategy to help increase health care bed capacity in the community, if feasible. Plans should consider:

Identification of potential problems and concerns associated with temporary use of facility space for acute care beds and develop strategies for addressing these issues with both security and medical personnel in advance of need.

Identification of areas within the facility that could be used to create additional acute care beds for expanded health care capacity; discuss availability with local and regional planning groups.

Signed transfer agreements with hospitals and/or other providers for the facility to accept non-influenza patients, if applicable, to enable hospitals to focus on the most seriously ill patients with pandemic influenza.

Development of a strategy for handling and storing increased numbers of deceased persons, including communications plans for contacting appropriate family members or others regarding disposition of remains. The plan should:

Address expanding morgue capabilities with local hospitals and other relevant institutions.

Identify an area in the facility that could be used as a temporary morgue.

Coordinate your plan with other agencies and organizations

Review your pandemic influenza preparedness and response plan with key stakeholders inside and outside the agency, including employee representatives, and determine opportunities for collaboration, modification of the plan, and the development of complementary responsibilities.

Share preparedness and response plans with other correctional agencies and law enforcement support agencies in your community, region or State in order to share resources, identify collaboration strategies, and improve community response efforts. Develop, review, and modify local and State mutual aid agreements, if necessary. Mutual aid during a pandemic cannot be counted on as multiple jurisdictions in a given region may be affected simultaneously and have limited aid to offer.

Coordinate all requests for assistance with the next higher level governmental entity (e.g., local officials coordinate with State, State coordinate with Federal). Coordination is essential to ensure the assets: (1) can be provided in accordance with existing laws, (2) the requested resources are available. During a pandemic influenza, assistance from the next higher level of government may be limited due to competing higher priority demands and the effects of the influenza pandemic on these assets.

<p>Integrate planning with emergency service and criminal justice organizations such as courts, law enforcements, probation and parole, social services, multi-jurisdictional entities, public works, and other emergency management providers (fire, EMS, mutual aid, etc.).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Security functions are essential during a pandemic. Through your city or county attorney, counsel or other appropriate authority, collaborate with the Office of the State Attorney General to clarify and review security needs and resources available to your facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Identify local or regional entities, such as health-care agencies, community organizations, businesses, or critical infrastructure sites, to determine potential collaboration opportunities. This collaboration might involve situational awareness, exercises or drills, or public safety training.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Collaborate with local and/or State public health agencies to assist with the possible investigation of contacts within a suspected outbreak, the enforcement of public health orders, as well as the provision of security, protection, and possibly, critical supplies to quarantined persons. Each law enforcement agency will need to interact with local, State, county, and tribal public health officials to define the extent of the authorities provided from State legislation, develop procedures for the local initiation, implementation, and use of those authorities, as well as define protections from liability for law enforcement that may arise from quarantine and isolation enforcement. Operational planning must be flexible enough to address an all hazards environment, including infectious diseases.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## School District (Kindergarten -12<sup>th</sup> Grade) Pandemic Influenza Planning Checklist

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and their families. HHS and CDC have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan.

The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education ([Practical Information on Crisis Planning: A Guide For Schools and Communities \(PDF\)](#) (1.56MB)). Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Planning and Coordination:

Tasks	Not Started	In Progress	Completed
Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's ICS and the local/state health department's and state education department's ICS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assure that the plan includes timelines, deliverables, and performance measures.

Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in exercises of the community's pandemic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement an exercise/drill to test your pandemic plan and revise it periodically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Continuity of Student Learning and Core Operations:**

Tasks	Not Started	In Progress	Completed
Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Infection Control Policies and Procedures:**

Tasks	Not Started	In Progress	Completed
Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish policies for transporting ill students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a> ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Communications Planning:**

Tasks	Not Started	In Progress	Completed
Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise district staff, students and families where to find up-to-date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

and reliable pandemic information from federal, state and local public health sources.

Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Colleges and Universities Pandemic Influenza Planning Checklist

In the event of an influenza pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families.

HHS and the CDC have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic.

Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Planning and Coordination:

Tasks	Not Started	In Progress	Completed
Identify a pandemic coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director, academic staff and student representatives) with defined roles and responsibilities for preparedness, response, and recovery planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate into the pandemic plan scenarios that address college/university functioning based upon having various levels of illness in students and employees and different types of community containment interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for different outbreak scenarios including variations in severity of illness, mode of transmission, and rates of infection in the community. Issues to consider include: <ul style="list-style-type: none"> <li>• cancellation of classes, sporting events and/or other public events;</li> <li>• closure of campus, student housing, and/or public transportation;</li> <li>• assessment of the suitability of student housing for quarantine of exposed and/or ill students (See <a href="http://www.hhs.gov/pandemicflu/plan/sup8.html">www.hhs.gov/pandemicflu/plan/sup8.html</a>);</li> <li>• contingency plans for students who depend on student housing and food services (e.g., international students or students who live too far away to travel home);</li> <li>• contingency plans for maintaining research laboratories, particularly those using animals; and</li> <li>• stockpiling non-perishable food and equipment that may be needed in the case of an influenza pandemic.</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with State and local public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Identify and review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus.			
Ensure that pandemic influenza planning is consistent with any existing college/university emergency operations plan, and is coordinated with the pandemic plan of the community and of the State higher education agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of the college/university and community during and after a pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish an emergency communication plan and revise regularly. This plan should identify key contacts with local and State public health officials as well as the State's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test the linkages between the college/university's Incident Command System and the Incident Command Systems of the local and/or State health department and the State's higher education agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implement an exercise/drill to test your plan, and revise it regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in exercises of the community's pandemic plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share what you have learned from developing your preparedness and response plan with other colleges/universities to improve community response efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Continuity of Student Learning and Operations:**

Tasks	Not Started	In Progress	Completed
Develop and disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a continuity of operations plan for maintaining the essential operations of the college/university including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Infection Control Policies and Procedures:**

Tasks	Not Started	In Progress	Completed
Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). See Infection Control <a href="http://www.cdc.gov/flu/pandemic/healthprofessional.htm">www.cdc.gov/flu/pandemic/healthprofessional.htm</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza. Encourage students and staff to get annual influenza vaccine ( <a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a> ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish policies for employee and student sick leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish sick leave policies for employees and students suspected to be ill or who become ill on campus. Employees and students with known or suspected pandemic influenza should not remain on campus and should return only after their symptoms resolve and they are physically ready to return to campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings (See <a href="http://www.cdc.gov/flu/pandemic/healthprofessional.htm">www.cdc.gov/flu/pandemic/healthprofessional.htm</a> ). Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopt CDC travel recommendations ( <a href="http://www.cdc.gov/travel/">www.cdc.gov/travel/</a> ) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Communications Planning:**

Tasks	Not Started	In Progress	Completed
Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See <a href="http://www.hhs.gov/pandemicflu/plan/sup10.html">www.hhs.gov/pandemicflu/plan/sup10.html</a> ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a dissemination plan for communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

college/university response and actions to employees, students, and families.

Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise employees and students where to find up-to-date and reliable pandemic information from Federal, State and local public health sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the HHS Pandemic Influenza Planning Guide for Individuals and Families at <a href="http://www.pandemicflu.gov/plan/tab3.html">www.pandemicflu.gov/plan/tab3.html</a> ), and the at-home care of ill students or employees and their family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipate and plan communications to address the potential fear and anxiety of employees, students and families that may result from rumors or misinformation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Appendix P: Office of the Secretary Pandemic Influenza Information

Certain Offices located within Policy, Management, and Budget, as well as within the Immediate Office of the Secretary, are not required to maintain their own individual Pandemic Influenza Plans, but instead supplement this plan with additional information specific to the operations of their own specific Office. This additional information is to be submitted to the Office of Law Enforcement, Security, and Emergency Management within 90 days of publication of this plan and will subsequently be published as a supplement to this appendix.

The information required from these Offices includes the following, but is not limited to:

- A prioritized list of office functions to be executed during a pandemic
- A list of the associated employees responsible for performing each office function
- An inventory of vital records and databases needed to sustain operations for longer than 30 days, if necessary, including whether these records can be accessed electronically from a remote location (e.g., an employee's home)
- A summary of office functions that cannot be performed remotely
- For functions that may be performed from remote locations, a record of employees performing these functions with at least three levels of backup either locally or from other regions of the country
- For functions that may be performed from remote locations, an inventory of required equipment (e.g., laptops, PDAs, remote access, high speed internet)
- Where sufficient backups may not exist, a directory of employees capable of being cross-trained to perform a variety of office functions
- An inventory of contracts and contractors that perform essential and support functions.

The information compiled by each Office is considered a working document, and as organizations change, the information will be updated as required. The information for each Office is provided to the appropriate organizational head and published separately from this plan.

Information for this appendix is required from the following Offices:

- Office of the Special Trustee
- Office of the Chief Information Officer
- Office of Communications
- Office of the Executive Secretariat
- Office of Congressional and Legislative Affairs

- Office of External Affairs
- Office of Small and Disadvantaged Business Utilization
- Office of Environmental Policy and Compliance
- Office of Policy and Analysis
- Office of Hawaiian Relations
- Office of Budget
- Office of Financial Management
- Natural Resource Damage Assessment and Restoration
- Office of Acquisition and Propriety Management
- Office of Wildland Fire Coordination
- Office of Human Resources
- Office of Civil Rights
- Office of Occupational Health and Safety
- Office of Planning and Performance Management
- Office of Hearings and Appeals
- Center for Competitive Sourcing Excellence
- Indian Arts and Crafts Board
- Office of Collaborative Actions and Dispute Resolution
- Office of Law Enforcement, Security and Emergency Management
- Office of Insular Affairs
- Office of Historical Trust Accounting