



National Park Service
U. S. Department of the Interior

Office of Public Health
Washington Office

H5N1 Pandemic Influenza Preparation and Response Plan

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Executive Summary

What is the focus of this plan? This plan is focused on the National Park Service's preparation for and response to pandemic influenza; that is, the potential worldwide human-to-human infection and spread of the H5N1 influenza. See the separate "Highly Pathogenic Avian Influenza in Wildlife Prevention and Communication Plan" and the "Highly Pathogenic Avian Influenza in Wildlife Response Plan" for wildlife issues.

What is H5N1 influenza? The H5N1 strain of avian influenza, or "bird flu," is primarily a disease of domestic poultry that is not native to, or currently present, in North America. Avian influenzas occur naturally occurring among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, H5N1 avian influenza is different than most strains of avian influenza virus because it highly pathogenic, causing disease in wild birds, poultry, and some mammals including humans.

What is the danger to humans? Confirmed cases of human infection from several subtypes of avian influenza, including the H5N1 strain, have been reported since 1997. Most cases resulted from close contact with infected domestic poultry or surfaces contaminated with secretion/excretions from infected birds. To date, transmission from one ill person to another person has been reported very rarely, and transmission has not been observed to continue beyond one person.

However, influenza viruses are constantly changing and the "bird flu" might adapt over time to become a human flu. When a newly adapted virus has not previously infected humans, there is little or no immune protection in the human population. Therefore, the virus may gain the capacity to spread easily from person to person, causing a pandemic (worldwide outbreak of disease). Flu viruses newly adapted to humans also tend to be more virulent, causing more severe illness.

Among those who have been infected to date (mostly from direct contact with infected birds), the mortality rate has been reported to be approximately 50%. However, case mortality in a pandemic has been projected to be less than 2%.

What are some of the likely effects of a pandemic on the agency? Some of the most likely effects are:

- There will be several waves of outbreaks in the U. S., each lasting from 6 to 8 weeks.
- The disease attack rate among the overall population will be approximately 30% of working adults will be ill, and up to 40% of children.
- During community outbreaks, absenteeism may reach 40% (because of illness and healthy people acting as caregivers to ill people).
- Federal, state or local health authorities may order quarantine, social-distancing or other disease control measures.
- Parks and offices may have to be shut down.
- Emergency personnel rules may be in effect (e.g., liberal leave, administrative leave, work-at-home, etc.)
- Infection control protocols may require implementation of some form of continuity of operations plan.
- Critical resources (such as law enforcement personnel) may be reassigned to assist other agencies in meeting societal needs, such as quarantine enforcement.

Who needs to read and implement this plan? The Washington Office and Regions are completing specific actions in preparation for a pandemic. However, every park, every unit and every office (including regional offices and the Washington Office) need to review this plan and complete the local Level One Action Plan as soon as possible.

How is the plan organized? This plan outlines the overall response objectives and strategies for the National Park Service, along with planning assumptions and other management considerations.

The plan then outlines three levels of the pandemic situation. These are:

- Level One: Novel influenza virus causes wildlife and domestic bird morbidity and mortality, with an ability to infect humans (this is the present world situation as this plan is being prepared).
- Level Two: Sustained human disease transition anywhere in the world (other than North America).
- Level Three: Human-to-human transmission is occurring in North America.

For each level, the plan outlines the Servicewide and Regional strategic actions that have been, or will be, taken.

And, finally, the plan provides a local "Action Plan" (with related reference materials) for every park, unit or office of the Service to complete for each level of situation. These plans focus on the following:

- Protection of employees, cooperators and the public.
- Education of employees and communications systems.
- Continuity of operations in the face of high absenteeism, newly imposed infection control protocols and the likely external assignment of critical resources (such as law enforcement personnel).
- Response to requests for the external assignment of critical resources.

What should I do under Level One conditions? We are at level one now. Take the actions listed in the local Level One Action Plan. Waiting until level two or level three conditions have been reached will put your employees at risk and may limit your options for infection control, a robust continuity of operations and strong communications.

What should I do under Level Two conditions? Take these actions:

- Get ahead of the problem.
- Maintain situational awareness, coordinate with local health authorities.
- Order your supplies.
- Communicate authoritative information.
- Demonstrate thoughtful and comprehensive planning.
- Complete the local Level Two Action Plan.
- Rush any remaining preparations to completion.
- Test your preparedness.

What should I do under Level Three conditions? Take these actions:

- Expect a highly dynamic situation; changes may be frequent.
- Take action to protect employees, visitors, cooperators, families and the public.
- Stabilize resources and critical infrastructure, if needed.
- Cooperate and communicate up, down and around.
- Use the local Level Three Action Plan, as needed, to meet local conditions, in cooperation with local, state and Federal authorities.
- Develop and implement other plans as needed to meet the evolving situation.

Where can I find additional information? Excellent sources of information can be found at <http://www.PandemicFlu.gov> and <http://www.cdc.gov/flu>. Additional information about National Park Service pandemic plans can be found at http://www.nps.gov/public_health/ or http://www.nps.gov/public_health/intr/index.htm (click on "NPS Avian Influenza Information").

Introduction

Background

Avian Influenza in Birds. Many strains of avian influenza is an infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, the Asian strain of highly pathogenic avian influenza has changed and mutated in domestic poultry and can make some birds very ill and kill them.

Infected birds shed influenza virus in their saliva, nasal secretions, and feces. Susceptible birds become infected when they have contact with contaminated secretions or excretions or with surfaces that are contaminated with secretions or excretions from infected birds. Domesticated birds may become infected with avian influenza virus through direct contact with infected waterfowl or other infected poultry, or through contact with surfaces (such as dirt or cages) or materials (such as water or feed) that have been contaminated with the virus.

Infection with avian influenza viruses in domestic poultry causes two main forms of disease that are distinguished by low and high extremes of virulence. The “low pathogenic” form may go undetected and usually causes only mild symptoms (such as ruffled feathers and a drop in egg production). However, the highly pathogenic form spreads more rapidly through flocks of poultry. This form may cause disease that affects multiple internal organs and has a mortality rate that can reach 90-100% often within 48 hours.

Human Infection with Avian Influenza Viruses. There are many different subtypes of type A influenza viruses. These subtypes differ because of changes in certain proteins on the surface of the influenza A virus. All known subtypes of influenza A viruses can be found in birds.

Usually, “avian influenza virus” refers to influenza A viruses found chiefly in birds, but infections with these viruses can occur in humans. The risk from avian influenza is generally low to most people, because the viruses do not usually infect humans. However, confirmed cases of human infection from several subtypes of avian influenza infection have been reported since 1997. Most cases of avian influenza infection in humans have resulted from contact with infected poultry (e.g., domesticated chicken, ducks, and turkeys) or surfaces contaminated with secretion/excretions from infected birds. The spread of avian influenza viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person.

“Human influenza virus” usually refers to those subtypes that spread widely among humans. There are only three known A subtypes of influenza viruses (H1N1, H1N2, and H3N2) currently circulating among humans. It is likely that some genetic parts of current human influenza A viruses came from birds originally. Influenza A viruses are constantly changing, and they might adapt over time to infect and spread among humans.

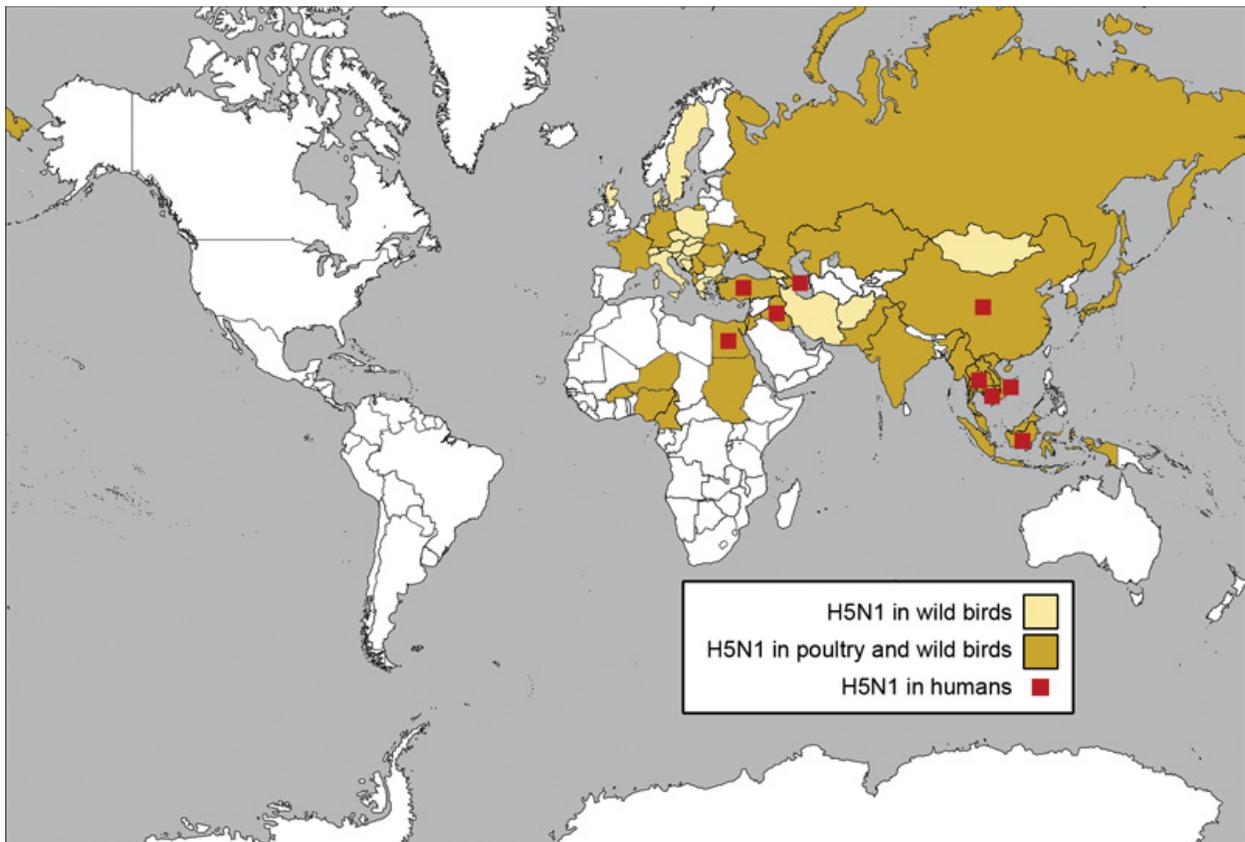
During an outbreak of avian influenza among birds, there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with secretions or excretions from infected birds.

Symptoms of avian influenza in humans have ranged from typical human influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications. The symptoms of avian influenza may depend on which virus caused the infection.

Studies done in laboratories suggest that some of the prescription medicines approved in the United States for human influenza viruses should work in treating avian influenza infection in humans. However, influenza viruses can become resistant to these drugs, so these medications may not always work. Additional studies are needed to demonstrate the effectiveness of these medicines.

H5N1 Avian Influenza. Influenza A (H5N1) virus – also called “H5N1 virus” – is an influenza A virus subtype that occurs mainly in birds, is highly contagious among birds, and can be deadly to them. H5N1 virus does not usually infect people, but infections with these viruses have occurred in humans. Most of these cases have resulted from people having direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces.

H5N1 Outbreaks. The map shows H5N1 outbreaks in the world as of April 21, 2006.



Source: *PandemicFlu.gov* website, managed by the U.S. Department of Health and Human Services.

Human Health Risks during a H5N1 Outbreak in Humans. Of the few avian influenza viruses that have crossed species to infect humans, H5N1 has caused the largest number of detected cases of severe disease and death in humans. In the current outbreaks in Asia and Europe more than half of those infected with the virus have died. Most cases have occurred in previously healthy children and young adults. However, it is possible that the only cases currently being reported are those in the most severely ill people, and that the full range of illness caused by the H5N1 virus has not yet been defined.

So far, the spread of H5N1 virus from person to person has been limited and has not continued beyond one person. Nonetheless, because all influenza viruses have the ability to change, scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to spread easily from person to person, an influenza pandemic (worldwide outbreak of disease) could begin. For more information about influenza pandemics, see the website PandemicFlu.gov.

No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation in Asia and Europe very closely and are preparing for the possibility that the virus may begin to spread more easily and widely from person to person.

National Park Service Management Considerations. It is imperative that the National Park Service plan and prepare to respond to such a pandemic. This preparation process provides managers with an opportunity:

- To consider the effects a pandemic may have on the agency and its ability to carry out its mission.
- To consider and minimize or mitigate adverse effects on employees, visitors and resources.
- To plan the best courses of action to take in the event of a pandemic before the event actually occurs.

Purpose of this Plan

Dual Purposes. The purposes of this plan are:

- To provide information and measures that allow the National Park Service to plan for a pandemic and to communicate these plans to employees, cooperators and the public.
- To provide guidance and recommendations to agency executives, park managers and staff in the event of a pandemic occurrence.

Relationship with Other H5N1 Plans. This plan is focused on the National Park Service's preparation for and response to pandemic influenza; that is, the potential worldwide human-to-human infection and spread of the H5N1 influenza. It does not address the management or control of H5N1 in wildlife populations. See the separate "Highly Pathogenic Avian Influenza in Wildlife Prevention and Communication Plan" and the "Highly Pathogenic Avian Influenza in Wildlife Response Plan" for plans addressing wildlife issues.

Relationship with Policy and Compliance. This plan is not intended to establish or modify NPS or individual park policy. The applicability of legal constraints and obligations, policy requirements, applicable management definitions (such as "impairment") and strategic management goals must be considered when planning potential measures.

Overview

Planning Assumptions

Assumptions. These assumptions, based largely on the 1918 influenza epidemic, are from the National Strategy for Pandemic Influenza and are being used throughout the federal government to define a severe case scenario:

- 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 likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Of those who become ill with influenza, 50% will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, the proportion of ill persons seeking outpatient medical care may be higher in the next pandemic.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience (Table 1). Planning should include the more severe scenario.
- 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 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% 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) 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 up 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 usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately two other people.
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could 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.

Potential Scope of the Event. A pandemic will be different from other emergencies because it is likely that it will be a national event in terms of geographic spread as well as consequences and significance. Managers, emergency service personnel, supervisors and employees should plan ahead, know what actions local health authorities are considering and be ready to take care of the park/unit/office on their own, without additional outside assistance.

Table 1. Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios*

Characteristic	Moderate (Like 1958/68 pandemics)	Severe (Like 1918 pandemic)
Illness	90 million (30%)	90 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)
Hospitalization	865,000	9,900,000
ICU care	128,750	1,485,000
Mechanical ventilation	64,875	745,500
Deaths	209,000	1,903,000

*Estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics. *Source: PandemicFlu.gov website.*

Definitions of Levels

Definition. The National Park Service has established these planning and response “levels” to describe the potential situations and the needed responses to those situations. The “levels” are not used by other agencies, but are somewhat similar to the “phases” concept used for pandemics by the World Health Organization.

Level One. Level One occurs when novel influenza virus is causing wildlife and domestic bird morbidity and mortality, with an ability to infect humans. This is the present world situation at the time this plan is being written (May, 2006). The lack of immediate emergency presented by this condition gives the National Park Service an opportunity to consider the effects a pandemic may have on the agency and its ability to carry out its mission; to consider and minimize or mitigate adverse effects on employees, visitors and resources; and to plan the best courses of action to take in the event of a pandemic.

Level Two. Level Two is defined as when sustained human disease transmission is occurring anywhere in the world other than North America. This level presents an opportunity to test communications and other systems, to acquire needed supplies and materials, to implement plans and to get ready for Level Three.

When pandemic influenza begins, it is likely to spread very rapidly since it is a contagious disease of the lungs usually spread by infected people coughing and sneezing. Thus, the move to Level Three conditions, at least somewhere in North America, may occur quickly.

Level Three. Level Three begins when human-to-human transmission has arrived in North America. Plans and control measures will be implemented in conjunction with Federal, state and local health authorities and cooperating agencies and organizations.

Note that the actions taken throughout the country will depend on the location and extent of disease outbreak. Remember that many units of the National Park System draw large numbers of international visitors. These units may have early disease outbreak even if located in what appear to be isolated settings. This likelihood increases in urban settings and along major transportation routes.

Overall Objectives and Strategies

Pandemic Influenza Planning and Response. The following are the overall objectives, and the concomitant strategies for planning and responding to pandemic influenza:

1. Protect employees, families, cooperators and the public to the greatest degree possible.

Strategies:

- Provide vaccinations or anti-viral drugs as recommended by HHS for emergency employees who perform high-risk activities¹.
- Provide infection prevention information to employees, families and cooperators.
- Require the use of infection prevention and control procedures.
- Coordinate disease control actions with local health authorities and other involved agencies.

2. Continue to perform the agency's mission-critical functions.

Strategies:

- Identify all mission-critical functions.
- Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.
- Prepare/implement a new or modify an existing Continuity of Operations Plan that incorporates these best methods.

3. Provide timely and accurate information to employees, management, stakeholders and the public.

Strategies:

- Develop and implement a comprehensive Pandemic Disease Communications Plan.
- Establish an easily updated web page that exhibits the status of each park, unit and office.

4. Provide critical resources to assist other agencies in meeting societal needs as required by the Department or other higher level authority.

Strategies:

- Develop/implement a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.
- Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.

5. Restore operations to pre-pandemic levels.

Strategies:

- Coordinate with local health authorities to determine when it is safe to return to normal operations.

¹ Priority and high risk individuals and activities are defined and discussed in the HHS Pandemic Influenza Plan, Appendix D: NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccine and NVAC Recommendations on Pandemic Antiviral Drug Use.

- Assist employees, families and cooperators in returning to normal operations.
- Take actions needed to replace displaced personnel.

Concept of Operations

Servicewide. The Washington Office has completed Servicewide plans for a pandemic. These plans include preparing for the event, briefing and training the National Incident Management Team, establishing rotating teams of disease control specialists to serve as Technical Specialists and engaging the rest of the Service in preparatory activities. In addition, the Washington Office will employ an Epidemiologist (see heading below).

At Level Two conditions, the Washington Office will activate the National Incident Management Team, along with the disease control technical specialists, to provide a coordinating and communication role similar to that provided during Operation Liberty Shield (homeland security during the beginning of the Iraq War) and Operation Safe Parks (information management and security coordination in the immediate aftermath of the 9/11 attacks).

At Level Three conditions, the National Incident Management Team will be expanded, as needed, to provide response coordination and information management at the national level.

Epidemiologist. The U. S. Public Health Service will assign an Epidemiologist to the National Park Service Office of Public Health. This position will serve as the Assistant to the Director of the Office of Public Health and will perform the following pandemic related duties:

- Establish and maintain a National Park Service disease surveillance system.
- Maintain communications with external public health partners.
- Maintain and analyze disease statistical data.
- Support or lead disease outbreak investigations within the National Park System.
- Assists the Director, NPS Office of Public Health with public health planning and emergency response.

Regional. Regional offices will compile information about parks and units/offices in their respective regions, assist the National Incident Management Team in coordinating and prioritizing planning and response and will help parks determine appropriate and safe draw-down levels of critical resources.

Local. Every park, every unit and every office (including regional offices and the Washington Office, exclusive of Servicewide and Regional concerns) will need to conduct local operations to ensure that their employees are protected, critical infrastructure is safeguarded and their mission-critical functions continue. While some areas may need to supplement existing personnel under Level Three conditions, it is anticipated that most local park areas will not need Incident Management Teams. If, however, numerous teams are ordered, or competition for other resources becomes severe, then WASO and the regions will establish priorities.

Demand for teams may be high. Local areas should not assume that they can just order an Incident Management Team and delegate their requirements to it.

Other Considerations

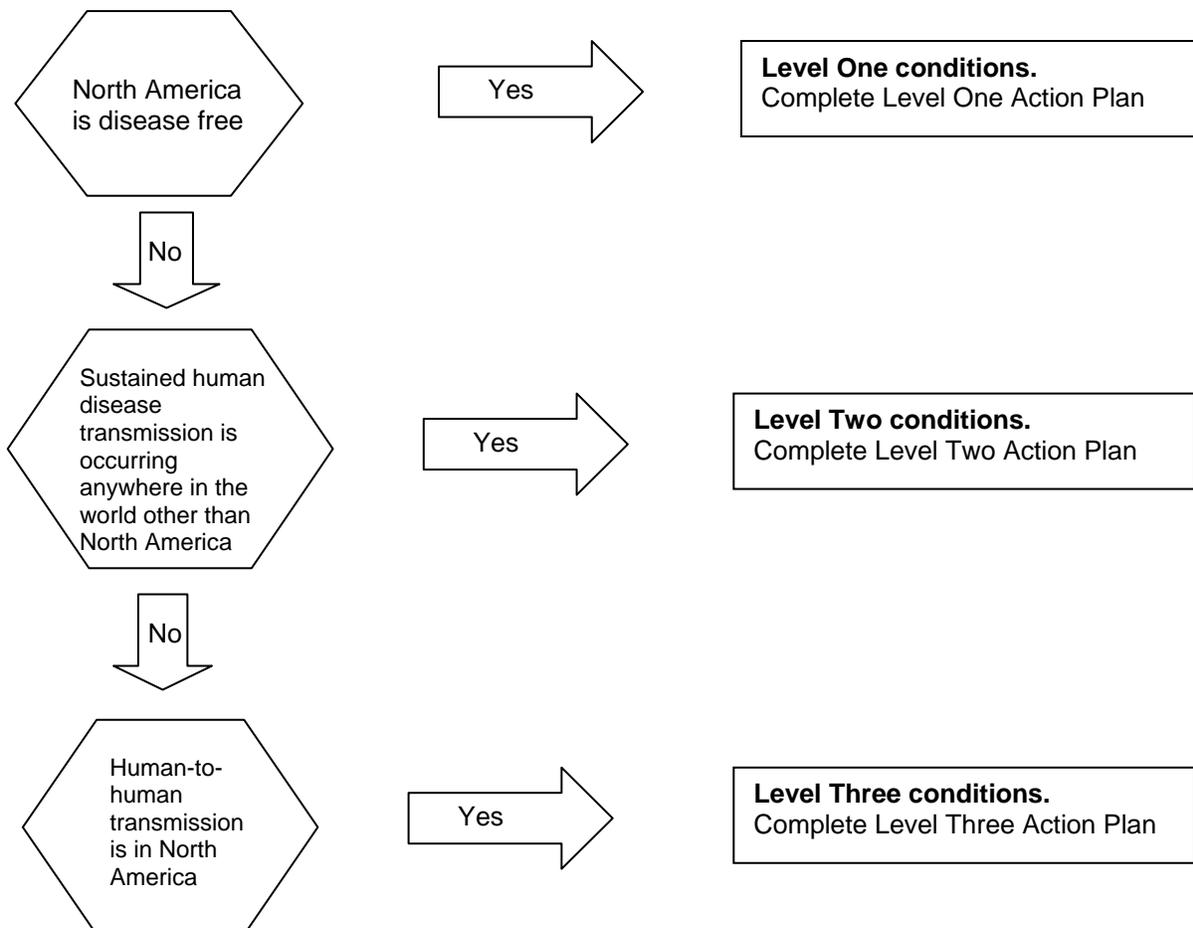
Now is the Time to Act. As this plan goes to press, Level One conditions exist. Since Level Two or Three conditions may cause product and service shortages, Parks/units/offices should take this opportunity to prepare for a potential pandemic. Consider these concepts:

- Be prepared to care for yourself.
- Plan ahead.
- Train your staff.
- Order supplies ahead.

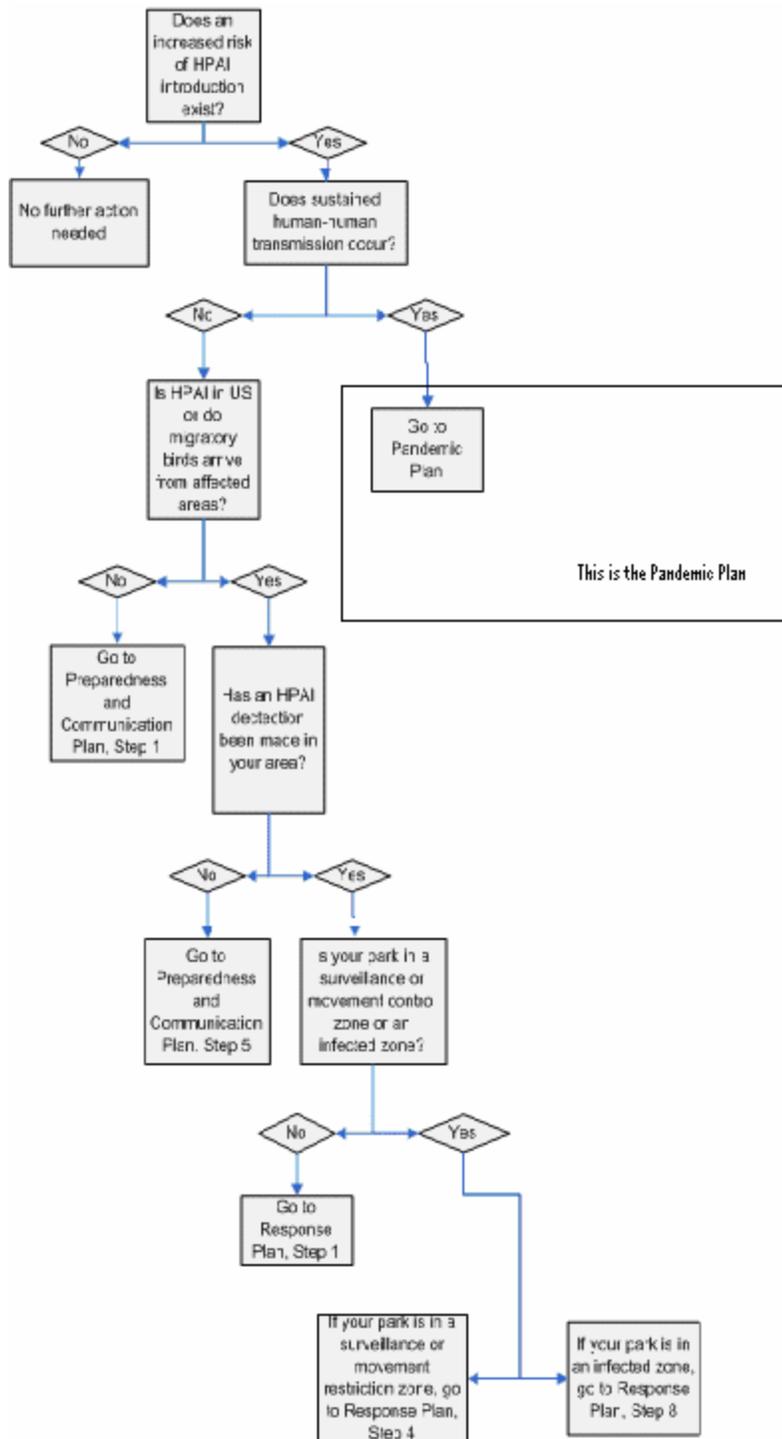
Law Enforcement. Law enforcement personnel may be involved in maintaining closures and other restrictions at the local level. They may also be reassigned to assist other agencies in maintaining quarantine actions and travel restriction.

Law enforcement personnel assigned to other agencies and jurisdictions must receive a specific deputization for their law enforcement duties. This deputization is subject to limits imposed by Federal law and liability coverage provided by the other agencies and jurisdictions. Even special deputy status with the U. S. Marshal Service may not provide authority to enforce state law or liability coverage. See D.O./R.M.-9 (Law Enforcement) for details or consult your Regional Chief Ranger or Law Enforcement Specialist.

Decision Tree



Relationship of this Plan to the HPAI Wildlife Plans



Level One Actions

Description

Definition. Level One occurs when novel influenza virus is causing wildlife and domestic bird morbidity and mortality, with an ability to infect humans, but human-to-human transmission is not occurring or is extremely rare. This is the present world situation at the time this plan is going to press (May, 2006).

Related World Health Organization Pandemic Phases. Level One conditions would include the World Health Organization's phase 2 and phase 3. Phase 2 is when no new influenza virus subtypes have been detected in humans; however, a circulating animal influenza virus subtype poses a substantial risk of human disease. Phase 3 is when human infections with a new subtype have occurred but no human-to-human spread had occurred or, at most, there are rare instances of spread to a close contact.

Servicewide Actions

Prepare Servicewide Plans. The Office of Public Health, Washington Office (WASO), has coordinated the preparation of this H5N1 Pandemic Influenza Preparation and Response Plan and communicated the plan to the regions, parks and other offices. In addition, the Washington Office will brief, train and pre-plan with the National Incident Management Team and establish teams of disease control technical specialists. These teams will be available to assist the National team on a rotating basis.

Brief, Train and Pre-Plan with the National Incident Management Team. WASO plans include the use of the National Incident Management Team in a coordinating and communication role similar to that carried out during Operation Liberty Shield (homeland security during the beginning of the Iraq War) and Operation Safe Parks (information management and security coordination in the immediate aftermath of the 9/11 attacks).

To prepare the Team for that role, WASO will brief and train the Team and allow them to pre-plan Level Two and Level Three objectives, strategies, tactics and other essential activities. In addition, a draft Delegation of Authority for the team has been developed.

The pre-planning activities that the National team will undertake include:

- Working with the appropriate WASO staff to consult with the travel industry (e.g., carriers, hospitality industry, and travel agents) regarding travel and border options under consideration and assess potential economic and international ramifications prior to implementation (as required by the Government-wide Implementation Plan for the National Strategy for Pandemic Influenza).
- Developing the Servicewide Communications Plan (see heading below).
- Establishing liaison with the Regional offices to ensure that preparation and response activities are understood and coordinated.
- Contacting the WASO budget office to estimate potential costs, determine finance procedures and establish cost containment measures.
- Briefing, training and pre-planning with the staff of Service's Emergency Incident Coordination Center (EICC), located at Shenandoah National Park (see heading below).
- Developing a web-page, including operational procedures, so that each park/unit/office can maintain information about its operational status.

Service-wide Communications Plan. The National Incident Management Team will develop a Service-wide Communications Plan. The components of this plan include:

- Education of employees, families and cooperators.
- Training for managers, law enforcement and emergency service personnel.
- Web pages with information about plans, infection prevention, continuity of operations, emergency personnel procedures and other pertinent topics.
- Define contacts and lines of communication.
- Provide emergency notifications of probable or confirmed cases and/or outbreaks to key Federal, State and local stakeholders through existing networks as required by the Government-wide Implementation Plan for the National Strategy for Pandemic Influenza.
- Reports park and office status information and other pertinent travel information on a timely basis using a website.
- Provides external communications to the media and public.

Emergency Incident Coordination Center (EICC). The Service's Emergency Incident Coordination Center (EICC), located at Shenandoah National Park, is responsible for rostering the Service's Incident Management Teams, Homeland Security law enforcement personnel and other critical or specialized resources. They are tasked with maintaining availability databases and will be intimately involved in filling requests from other agencies for critical resources. The National Incident Management Team will brief and train EICC staff, and pre-plan operations.

Regional Actions

Prepare Regional Plans. Regions should review the Service-wide plans and prepare plans to meet the overall pandemic response objectives (see the Overview section of this plan) and other regional requirements. Regions also need to complete the Level One Action Plan for each geographic location in which regional staff works.

Review the Service-wide Communications Plan. Regions should review the Service-wide Communications Plan and implement applicable portions. In addition, regions may need to make ancillary plans to meet the objectives.

Brief, Train and Pre-Plan with Key Personnel. Regions should brief and train key personnel, including pre-plan their roles in carrying out regional responsibilities. Remember, that a region is responsible for both its parks/units and its own offices.

Ensure the Level One Action Plan is Completed. Regions are responsible for ensuring that all parks, units and offices under their jurisdiction have completed the Level One Action Plan by 30 September 2006.

Local Actions

Review Plans. Local parks, units and offices should review the Service-wide Plan, the Service-wide Communications Plan and pertinent regional plans. In addition, each area must complete the Level One Action Plan (see next page) by the established deadline.

LEVEL ONE ACTION PLAN

Name of Park, Unit or Office:	Prepared by:	Date:
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Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.				
<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Provide vaccinations or anti-viral drugs for emergency employees who perform high-risk activities ¹ .	1. Identify emergency employees who perform high risk activities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Contact local public health authorities and determine if these employees meet the requirements for vaccinations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. If they meet requirements, have them listed as local vaccination recipients.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. If they do not meet requirements, determine alternative vaccination sources.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Provide infection prevention information to employees, families and cooperators.	1. Review the sample Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Contact local public health authorities and determine if there is additional information pertinent to the local area.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Complete and distribute the Employee/Cooperator Information Handout with local information.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Provide pandemic influenza training to emergency employees who perform high risk activities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Require the use of infection prevention and control procedures.	1. Review infection prevention and control procedures and determine the supplies and materials that should be on hand.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Order needed supplies to increase the stockpile of hygiene items such as soap, paper towels and cleaning supplies from the normal level to a three month supply			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

¹ Priority and high risk individuals and activities are defined and discussed in the HHS Pandemic Influenza Plan, Appendix D: NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccine and NVAC Recommendations on Pandemic Antiviral Drug Use.

Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
	3. Ensure that information about infection prevention and control procedures is included in the Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
D. Coordinate disease control actions with local health authorities and other involved agencies.	1. Contact local public health authorities and coordinate local plans for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Inform park/cooperator and regional staff of local plans for disease control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A1. High risk activities include handling sick or dead birds, participating in disease control activities, law enforcement, emergency services (especially EMS), and high-volume public contact.

B1. The sample Employee Information Handout is located in the Reference Material section, located in the back of this plan.

B3. Distribution can be done in any number of ways: paper handout, e-mail attachment, website, etc.

C1. Infection Control Protocols are located in the Reference Material section, located in the back of this plan. These supplies and materials include soap, paper towels, alcohol sanitizing rubs or cloths, household bleach, Lysol™ and appropriate personal protective equipment (PPE).

C2. Some authorities recommend having a three-month supply of these supplies and materials on hand.

C3. Ensure the custodial staff is informed on the safe handling of trash receptacles and the use of disinfectant cleaning products in restrooms, break rooms, drinking fountains and other common areas or facilities. In addition, examine current janitorial cleaning services, food services, and maintenance contracts, including contingency planning, in case those service providers are severely impacted.

Objective 2: Continue to perform the agency's mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Identify all mission-critical functions.	1. Review the functions of the park/unit/office and determine those that are mission-critical.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine those employees that are required to carry out those functions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.	1. Review the working situation of each employee within the context of continuing mission-critical functions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine the best work-situation alternative for each mission-critical employee.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Determine the best way to replace the work of mission-critical employees who may be absent because of the pandemic.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Complete all necessary preliminary actions needed to allow those alternative work situations to be quickly implemented.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Prepare/implement a new or modify an existing Continuity of Operations Plan that incorporates these best methods.	1. Review the park/unit/office's existing Continuity of Operations Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Modify the plan (or create a plan) to manage pandemic conditions and incorporate the alternative work situations listed above.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

General: Pandemics vary in severity. Thus, the situation could be mild or severe and, accordingly, Continuity of Operations Plans need to be flexible.

Notes, continued:

A1. Obvious mission-critical functions include providing emergency services and protecting resources. However, do not forget critical support functions such as dispatch, payroll, personnel, contracting/procurement, materials distribution and finance.

B1. Determine if the employee absolutely needs to be in the presence of other employees or large groups to accomplish his/her mission-critical function.

B2. Consider alternative locations (such as the employee's home), alternative presence (such as having employees work different shifts with a disinfection of work spaces between shifts) or alternative work procedures (such as meeting via teleconference or computer hook-up rather than in-person).

B3. Consider that employees should be cross-trained to be able to complete the work of other employees who may be absent.

B4. For example, allowing an employee to work at home may require advance computer-security requirements, emergency personnel actions, etc. Or, meeting by computer hook-up may require the advanced installation of specific software or training on internet applications. Ensure there is sufficient IT capacity to permit essential workforce to work remotely. Develop an employee emergency contact plan within the work unit to check on the welfare of those who are ill or attending to family members who are ill.

Objective 3: Provide timely and accurate information to employees, management, stakeholders and the public.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop and implement a comprehensive Pandemic Disease Communications Plan.	1. Review the Servicewide Communications Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine the local actions that are needed to support the Servicewide Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Determine local communications audiences.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Develop a local Communications Plan that satisfies Servicewide, Regional and local requirements			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Establish an easily updated web page that exhibits the status of each park, unit and office.	1. Review the Servicewide Communications Plan to learn how to update the web page.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine how your park/unit/office will maintain its status on the web page.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A2. There will be a web page that lists the status of every unit and office of the National Park System (similar to GPRA database pages). The status can be updated via the internet, so be sure that your park/unit/office has the ability to do that.

A3. Don't forget concessioners, cooperative associations, non-profit institutes and other cooperators.

A4. Ensure that this plan can provide emergency notifications of probable or confirmed cases and/or outbreaks to key Federal, State, local, and tribal stakeholders through existing networks as required by the Government-wide Implementation Plan for the National Strategy for Pandemic Influenza.

Objective 4: Provide critical resources to assist other agencies in meeting societal needs as required.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.	1. Review existing draw-down plans			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the plans to meet the current situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.	1. Review the park/unit/office's draw-down plan with the next higher level so that all understand the ramifications of significant resource requests.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review resource availability and ordering procedures with the local component of the interagency dispatch system.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Respond to requests for availability and status information as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Review public health and other legal authorities			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A1. Many parks developed draw-down plans in the aftermath of the 9/11 Terrorist Attacks, when parks were required to send critical resources to other areas such as "icons" and critical infrastructure dams.

A2. Parks/units and offices may have different staffing levels or different responsibilities than when these plans were originally established. Local areas must determine the point when the external assignment of critical resources requires the curtailment or cancellation of local operations, causing areas to close.

B4. Law enforcement personnel assigned to other agencies and jurisdictions must receive a specific deputization for their law enforcement duties. This deputization is subject to limits imposed by Federal law and liability coverage provided by the other agencies and jurisdictions. Even special deputy status with the U. S. Marshal Service may not provide authority to enforce state law or liability coverage. See D.O./R.M.-9 (Law Enforcement) for details or consult your Regional Chief Ranger or Law Enforcement Specialist.

Objective 5: Restore operations to pre-pandemic levels.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Coordinate with local health authorities to determine when it is safe to return to normal operations.	1. Contact local public health authorities and determine local plans for ending disease control requirements.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Communicate the conditions under which normal operations may be resumed to employees and cooperators.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Assist employees, families and cooperators in returning to normal operations.	1. Prepare a list of actions that could assist employees, families and cooperators in returning to normal operations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Take actions needed to replace displaced personnel.	1. Review the Employee Assistance Toolkit produced following Hurricane Katrina. (available at http://www.nps.gov/public_health/zed/ai/ai.htm)			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Prepare a list of applicable actions that could be taken to replace displaced personnel.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Level Two Actions

Description

Definition. Level Two occurs when sustained human disease transmission is occurring anywhere in the world other than North America.

Related World Health Organization Pandemic Phases. Level Two conditions could include the World Health Organization's phase 4, 5 and 6. These are:

- Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans.
- Phase 5: Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly adapted to humans but may not yet be fully transmissible.
- Phase 6: Pandemic phase. Increased and sustained transmission in the general population.

Servicewide Actions

Review Servicewide Plans. All levels of the National Park Service shall review the established Servicewide H5N1 Pandemic Influenza Preparation and Response Plan, determine if updates or revisions are needed and revise as needed.

Review and Implement the Servicewide Communications Plan. All levels of the National Park Service shall review the established Servicewide Communications Plan and determine if updates or revisions are needed. WASO, through the National Incident Management Team, should implement applicable portions.

Activate the National Incident Management Team. Begin using the National Incident Management Team in the coordinating and communication role.

EICC. The Service's Emergency Incident Coordination Center (EICC), located at Shenandoah National Park, shall review its rosters for the Service's Incident Management Teams, Homeland Security law enforcement personnel and other critical or specialized resources. They shall review and update availability databases and contact coordination centers about dispatch procedures.

Regional Actions

Review Regional Plans. Regions should examine the Servicewide plan and review their own plans to meet the overall pandemic response objectives (see the Overview section of this plan) and other regional requirements. Regions also need to complete the Level Two Action Plan for each geographic location in which regional staff works.

Review the Servicewide Communications Plan. Regions should review the Servicewide Communications Plan and implement applicable portions. In addition, regions may need to make, revise or add ancillary plans to meet the objectives.

Ensure the Level Two Action Plan is Completed. Regions are responsible for ensuring that all parks, units and offices under their jurisdiction have completed the Level Two Action Plan within 72 hours of reaching Level Two.

Local Actions

Review Plans. Local parks, units and offices should review the Servicewide Plan, the Servicewide Communications Plan and pertinent regional plans. In addition, each area must complete the Level Two Action Plan (see next page) within 72 hours of reaching Level Two.

LEVEL TWO ACTION PLAN

Name of Park, Unit or Office:	Prepared by:	Date:
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Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Provide vaccinations or anti-viral drugs for emergency employees who perform high-risk activities.	1. Contact local public health authorities to schedule employees for vaccinations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Have employees vaccinated.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. If local vaccination efforts fail, activate the alternative vaccination sources.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Provide infection prevention information to employees, families and cooperators.	1. Review the previously distributed Employee/Cooperator Information Handout and revise if needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Re- distribute the revised Employee/Cooperator Information Handout .			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Review pandemic influenza training to emergency employees who perform high risk activities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Begin actively monitoring websites to determine if the situation warrants moving to a Level Three response or take other appropriate actions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Require the use of infection prevention and control procedures.	1. Implement infection prevention and control procedures as described in the Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Restrict international travel as recommended by CDC, HHS, DHS or DOI.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
D. Coordinate disease control actions with local health authorities and other involved agencies.	1. Contact local public health authorities and coordinate the initiation of local plans for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Inform park/cooperator and regional staff of local actions for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

B4. Pertinent websites include at <http://www.PandemicFlu.gov>, <http://www.cdc.gov/flu>, http://www.nps.gov/public_health/ and http://www.nps.gov/public_health/intr/index.htm (click on "NPS Avian Influenza Information").

Objective 2: Continue to perform the agency’s mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Identify all mission-critical functions.	1. Review the previously listed mission-critical functions and employees.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the list as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.	1. Review the working situation and potential replacement decisions made under Level One.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the working situation and potential replacement decisions made under Level One to meet changes in personnel and conditions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Prepare to implement the decisions made.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Rush to completion any remaining preliminary actions needed to allow those alternative work situations to be quickly implemented.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Prepare/implement a new or modify an existing Continuity of Operations Plan that incorporates these best methods.	1. Review the new or modified Continuity of Operations Plan completed under Level One.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 3: Provide timely and accurate information to employees, management, stakeholders and the public.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop and implement a comprehensive Pandemic Disease Communications Plan.	1. Review the Servicewide Communications Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review the local Communications Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Revise the local Communications Plan as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Test the local Communications Plan as possible.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	5. Implement the applicable portions of the local Communications Plan as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	6. Begin actively monitoring websites to determine if the situation warrants moving to a Level Three response or take other appropriate actions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Establish an easily updated web page that exhibits the status of each park, unit and office.	1. Review the procedures for updating the web page.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. As a practice run, update the web page to show your park/unit/office's current status.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A6. Pertinent websites include at <http://www.PandemicFlu.gov>, <http://www.cdc.gov/flu>, http://www.nps.gov/public_health/ and http://www.nps.gov/public_health/intr/index.htm (click on "NPS Avian Influenza Information").

Objective 4: Provide critical resources to assist other agencies in meeting societal needs as required.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop/implement a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.	1. Review existing draw-down plans			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the plans to meet the current situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.	1. Review the park/unit/office's draw-down plan with the next higher level so that all understand the ramifications of significant resource requests.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review resource availability and ordering procedures with the local component of the interagency dispatch system.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Respond to requests for availability and status information as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 5: Restore operations to pre-pandemic levels.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Coordinate with local health authorities to determine when it is safe to return to normal operations.	1. Review local plans for ending disease control requirements with local public health authorities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Remind employees and cooperators the conditions under which normal operations may be resumed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Assist employees, families and cooperators in returning to normal operations.	1. Review the list of actions that could assist employees, families and cooperators in returning to normal operations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Take actions needed to replace displaced personnel.	1. Review the Employee Assistance Toolkit produced following Hurricane Katrina.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review the list of applicable actions that could be taken to replace displaced personnel.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Level Three Actions

Description

Definition. Level Three occurs when human-to-human transmission has arrived in North America.

Related World Health Organization Pandemic Phases. Level Three conditions could include the World Health Organization's phase 4, 5 and 6, occurring in North America. These are:

- Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans.
- Phase 5: Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly adapted to humans but may not yet be fully transmissible.
- Phase 6: Pandemic phase. Increased and sustained transmission in the general population.

Servicewide Actions

Implement Servicewide Plans. All levels of the National Park Service shall implement applicable portions of the Servicewide H5N1 Pandemic Influenza Preparation and Response Plan.

Implement the Servicewide Communications Plan. All levels of the National Park Service shall implement applicable portions of the established Servicewide Communications Plan.

Expand the National Incident Management Team as Needed. Continue using the National Incident Management Team in the coordinating and communication role and expand the team as needed to meet requirements.

EICC. The Service's Emergency Incident Coordination Center (EICC), located at Shenandoah National Park, shall respond to requests for the Service's Incident Management Teams, law enforcement personnel and other critical or specialized resources. They shall coordinate priority setting with the WASO Branch Chief, Emergency Services and the National Incident Management Team

Regional Actions

Review Regional Plans. Regions should implement their portions of the Servicewide plan and their own plans as needed to meet the overall pandemic response objectives (see the Overview section of this plan) and other regional requirements. Regions also need to complete the Level Three Action Plan for each geographic location in which regional staff works.

Implement the Servicewide Communications Plan. Regions should review the Servicewide Communications Plan and implement applicable portions. In addition, regions may need to implement ancillary plans to meet the objectives.

Ensure the Level Three Action Plan is Completed. Regions are responsible for ensuring that all parks, units and offices under their jurisdiction have completed the Level Three Action Plan within 72 hours of reaching Level Three.

Local Actions

Review Plans. Local parks, units and offices should review the Servicewide Plan, the Servicewide Communications Plan and pertinent regional plans. In addition, each area must complete the Level Three Action Plan within 72 hours of reaching Level Three (see next page).

LEVEL THREE ACTION PLAN

Name of Park, Unit or Office:	Prepared by:	Date:
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Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Provide vaccinations or anti-viral drugs for emergency employees who perform high-risk activities.	1. Complete the vaccination of local emergency employees with high-risk duties.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Resolve any remaining vaccination issues.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Provide infection prevention information to employees, families and cooperators.	1. Re- distribute the revised Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Answer specific questions employees may have about infection prevention and distribute to all employees and cooperators.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Require the use of infection prevention and control procedures.	1. Continue using infection prevention and control procedures as described in the Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Restrict domestic travel as recommended by CDC, HHS, DHS or DOI.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
D. Coordinate disease control actions with local health authorities and other involved agencies.	1. Contact local public health authorities and coordinate the implementation of local plans for disease surveillance and control, as needed by the local or regional situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Respond to employees exhibiting influenza symptoms as work, in accordance with local procedures.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Keep park/cooperator and regional staff informed of local actions for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A2. Regional office staff or the National Incident Management Team may be able to assist in resolving issues or acquiring vaccines.

D2. See the Infection Control Protocols listed in the Reference Material section in the back of this plan.

Objective 2: Continue to perform the agency’s mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Identify all mission-critical functions.	1. Contact mission-critical employees and confirm their status.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.	1. Process emergency personnel actions as needed by the local or regional situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Implement the Continuity of Operations Plans, scaled to meet the situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Prepare/implement a new or modify an existing Continuity of Operations Plan that incorporates these best methods.	1. Implement the new or modified Continuity of Operations Plan as needed to meet the local or regional situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Continue to analyze the local situation, attempt to identify potential changes and plan for contingencies.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Project your park/unit/office’s capacity to maintain essential functions and notify the next higher level of management and the National Incident Management Team of any inability or potential operational failure.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 3: Provide timely and accurate information to employees, management, stakeholders and the public.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop and implement a comprehensive Pandemic Disease Communications Plan.	1. Implement the applicable portions of the local Communications Plan as needed and as coordinated with local health authorities and other agencies.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Establish an easily updated web page that exhibits the status of each park, unit and office.	1. Update the web page as the situation changes or as requested by the region or WASO.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 4: Provide critical resources to assist other agencies in meeting societal needs as required.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.	1. Implement draw-down plans as required by the situation, by requests for critical resources, or by direction from higher authority.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.	1. Respond to requests for availability and status information as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Provide resources as requested in accordance with established draw-down plans.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Begin planning for Incident Management Team and critical resource replacement rotations as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Implement rotations as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A1. Be sure that regions, WASO and (if involved) DOI understand the consequences of each request on local operations. If draw-down plans show that a certain level of requests for critical resources will mean that local park/unit/office activities will be curtailed or that parks will close, be sure that is communicated well before that level is reached.

Objective 5: Restore operations to pre-pandemic levels.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Coordinate with local health authorities to determine when it is safe to return to normal operations.	1. Maintain contact with local public health authorities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Obtain forecasts for the course of the local disease outbreak.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Determine when it is safe			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Assist employees, families and cooperators in returning to normal operations.	1. Take actions to assist employees, families and cooperators in returning to normal operations, as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Take actions needed to replace displaced personnel.	1. Review the list of displaced/affected employees and their specific circumstances.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Take actions to replace employees based on the specific circumstances.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

“Pull-out” Aids

The following pages include documents that can be pulled out of this plan (either physically on paper) or electronically and used to aid in preparing for and responding to pandemic influenza.

The following aids are included:

- Local Level One Action Plan
- Local Level Two Action Plan
- Local Level Three Action Plan
- Fill-in-the-blanks local Resource and Reference Guide
- Infection Prevention Reminder Card

LEVEL ONE ACTION PLAN

Name of Park, Unit or Office:	Prepared by:	Date:
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Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.				
<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Provide vaccinations or anti-viral drugs for emergency employees who perform high-risk activities.	1. Identify emergency employees who perform high risk activities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Contact local public health authorities and determine if these employees meet the requirements for vaccinations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. If they meet requirements, have them listed as local vaccination recipients.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. If they do not meet requirements, determine alternative vaccination sources.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Provide infection prevention information to employees, families and cooperators.	1. Review the sample Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Contact local public health authorities and determine if there is additional information pertinent to the local area.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Complete and distribute the Employee/Cooperator Information Handout with local information.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Provide pandemic influenza training to emergency employees who perform high risk activities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
C. Require the use of infection prevention and control procedures.	1. Review infection prevention and control procedures and determine the supplies and materials that should be on hand.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Order needed supplies to increase the stockpile of hygiene items such as soap, paper towels and cleaning supplies from the normal level to a three month supply			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Ensure that information about infection prevention and control procedures is included in the Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
D. Coordinate disease control actions with local health authorities and other involved agencies.	1. Contact local public health authorities and coordinate local plans for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Inform park/cooperator and regional staff of local plans for disease control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A1. High risk activities include handling sick or dead birds, participating in disease control activities, law enforcement, emergency services (especially EMS), and high-volume public contact.

B1. The sample Employee Information Handout is located in the Reference Material section, located in the back of this plan.

B3. Distribution can be done in any number of ways: paper handout, e-mail attachment, website, etc.

- C1. Infection Control Protocols are located in the Reference Material section, located in the back of this plan. These supplies and materials include soap, paper towels, alcohol sanitizing rubs or cloths, household bleach, Lysol™ and appropriate personal protective equipment (PPE).
- C2. Some authorities recommend having a three-month supply of these supplies and materials on hand.
- C3. Ensure the custodial staff is informed on the safe handling of trash receptacles and the use of disinfectant cleaning products in restrooms, break rooms, drinking fountains and other common areas or facilities. In addition, examine current janitorial cleaning services, food services, and maintenance contracts, including contingency planning, in case those service providers are severely impacted.

Objective 2: Continue to perform the agency's mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Identify all mission-critical functions.	1. Review the functions of the park/unit/office and determine those that are mission-critical.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine those employees that are required to carry out those functions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.	1. Review the working situation of each employee within the context of continuing mission-critical functions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine the best work-situation alternative for each mission-critical employee.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Determine the best way to replace the work of mission-critical employees who may be absent because of the pandemic.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Complete all necessary preliminary actions needed to allow those alternative work situations to be quickly implemented.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Prepare a new or modify an existing Continuity of Operations Plan that incorporates these best methods.	1. Review the park/unit/office's existing Continuity of Operations Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Modify the plan (or create a plan) to manage pandemic conditions and incorporate the alternative work situations listed above.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 2: Continue to perform the agency's mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

General: Pandemics vary in severity. Thus, the situation could be mild or severe and, accordingly, Continuity of Operations Plans need to be flexible.

A1. Obvious mission-critical functions include providing emergency services and protecting resources. However, do not forget critical support functions such as dispatch, payroll, personnel, contracting/procurement, materials distribution and finance.

B1. Determine if the employee absolutely needs to be in the presence of other employees or large groups to accomplish his/her mission-critical function.

B2. Consider alternative locations (such as the employee's home), alternative presence (such as having employees work different shifts with a disinfection of work spaces between shifts) or alternative work procedures (such as meeting via teleconference or computer hook-up rather than in-person).

B3. Consider that employees should be cross-trained to be able to complete the work of other employees who may be absent.

B4. For example, allowing an employee to work at home may require advance computer-security requirements, emergency personnel actions, etc. Or, meeting by computer hook-up may require the advanced installation of specific software or training on internet applications. Ensure there is sufficient IT capacity to permit essential workforce to work remotely. Develop an employee emergency contact plan within the work unit to check on the welfare of those who are ill or attending to family members who are ill.

Objective 3: Provide timely and accurate information to employees, management, stakeholders and the public.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop and implement a comprehensive Pandemic Disease Communications Plan.	1. Review the Servicewide Communications Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine the local actions that are needed to support the Servicewide Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Determine local communications audiences.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Develop a local Communications Plan that satisfies Servicewide, Regional and local requirements			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Establish an easily updated web page that exhibits the status of each park, unit and office.	1. Review the Servicewide Communications Plan to learn how to update the web page.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Determine how your park/unit/office will maintain its status on the web page.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A2. There will be a web page that lists the status of every unit and office of the National Park System (similar to GPRA database pages). The status can be updated via the internet, so be sure that your park/unit/office has the ability to do that.

A3. Don't forget concessioners, cooperative associations, non-profit institutes and other cooperators.

A4. Ensure that this plan can provide emergency notifications of probable or confirmed cases and/or outbreaks to key Federal, State, local, and tribal stakeholders through existing networks as required by the Government-wide Implementation Plan for the National Strategy for Pandemic Influenza.

Objective 4: Provide critical resources to assist other agencies in meeting societal needs as required.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.	1. Review existing draw-down plans			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the plans to meet the current situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.	1. Review the park/unit/office's draw-down plan with the next higher level so that all understand the ramifications of significant resource requests.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review resource availability and ordering procedures with the local component of the interagency dispatch system.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Respond to requests for availability and status information as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Review public health and other legal authorities			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A1. Many parks developed draw-down plans in the aftermath of the 9/11 Terrorist Attacks, when parks were required to send critical resources to other areas such as "icons" and critical infrastructure dams.

A2. Parks/units and offices may have different staffing levels or different responsibilities than when these plans were originally established. Local areas must determine the point when the external assignment of critical resources requires the curtailment or cancellation of local operations, causing areas to close.

B4. Law enforcement personnel assigned to other agencies and jurisdictions must receive a specific deputization for their law enforcement duties. This deputization is subject to limits imposed by Federal law and liability coverage provided by the other agencies and jurisdictions. Even special deputy status with the U. S. Marshal Service may not provide authority to enforce state law or liability coverage. See D.O./R.M.-9 (Law Enforcement) for details or consult your Regional Chief Ranger or Law Enforcement Specialist.

Objective 5: Restore operations to pre-pandemic levels.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Coordinate with local health authorities to determine when it is safe to return to normal operations.	1. Contact local public health authorities and determine local plans for ending disease control requirements.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Communicate the conditions under which normal operations may be resumed to employees and cooperators.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Assist employees, families and cooperators in returning to normal operations.	1. Prepare a list of actions that could assist employees, families and cooperators in returning to normal operations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Take actions needed to replace displaced personnel.	1. Review the Employee Assistance Toolkit produced following Hurricane Katrina.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Prepare a list of applicable actions that could be taken to replace displaced personnel.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

LEVEL TWO ACTION PLAN

Name of Park, Unit or Office:	Prepared by:	Date:
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Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.				
<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Provide vaccinations or anti-viral drugs for emergency employees who perform high-risk activities.	1. Contact local public health authorities to schedule employees for vaccinations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Have employees vaccinated.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. If local vaccination efforts fail, activate the alternative vaccination sources.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Provide infection prevention information to employees, families and cooperators.	1. Review the previously distributed Employee/Cooperator Information Handout and revise if needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Re- distribute the revised Employee/Cooperator Information Handout .			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Review pandemic influenza training to emergency employees who perform high risk activities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Begin actively monitoring websites to determine if the situation warrants moving to a Level Three response or take other appropriate actions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Require the use of infection prevention and	1. Implement infection prevention and control procedures as described in the Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
control procedures.	2. Restrict international travel as recommended by CDC, HHS, DHS or DOI.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
D. Coordinate disease control actions with local health authorities and other involved agencies.	1. Contact local public health authorities and coordinate the initiation of local plans for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Inform park/cooperator and regional staff of local actions for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

B4. Pertinent websites include at <http://www.PandemicFlu.gov>, <http://www.cdc.gov/flu>, http://www.nps.gov/public_health/ and http://www.nps.gov/public_health/intr/index.htm (click on "NPS Avian Influenza Information").

Objective 2: Continue to perform the agency's mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Identify all mission-critical functions.	1. Review the previously listed mission-critical functions and employees.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the list as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.	1. Review the working situation and potential replacement decisions made under Level One.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the working situation and potential replacement decisions made under Level One to meet changes in personnel and conditions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Prepare to implement the decisions made.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Rush to completion any remaining preliminary actions needed to allow those alternative work situations to be quickly implemented.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Prepare a new or modify an existing Continuity of Operations Plan that incorporates these best methods.	1. Review the new or modified Continuity of Operations Plan completed under Level One.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 3: Provide timely and accurate information to employees, management, stakeholders and the public.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop and implement a comprehensive Pandemic Disease Communications Plan.	1. Review the Servicewide Communications Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review the local Communications Plan.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Revise the local Communications Plan as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Test the local Communications Plan as possible.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	5. Implement the applicable portions of the local Communications Plan as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	6. Begin actively monitoring websites to determine if the situation warrants moving to a Level Three response or take other appropriate actions.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Establish an easily updated web page that exhibits the status of each park, unit and office.	1. Review the procedures for updating the web page.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. As a practice run, update the web page to show your park/unit/office's current status.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A6. Pertinent websites include at <http://www.PandemicFlu.gov>, <http://www.cdc.gov/flu>, http://www.nps.gov/public_health/ and http://www.nps.gov/public_health/intr/index.htm (click on "NPS Avian Influenza Information").

Objective 4: Provide critical resources to assist other agencies in meeting societal needs as required.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop/implement a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.	1. Review existing draw-down plans			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Revise the plans to meet the current situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.	1. Review the park/unit/office's draw-down plan with the next higher level so that all understand the ramifications of significant resource requests.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review resource availability and ordering procedures with the local component of the interagency dispatch system.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Respond to requests for availability and status information as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 5: Restore operations to pre-pandemic levels.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Coordinate with local health authorities to determine when it is safe to return to normal operations.	1. Review local plans for ending disease control requirements with local public health authorities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Remind employees and cooperators the conditions under which normal operations may be resumed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Assist employees, families and cooperators in returning to normal operations.	1. Review the list of actions that could assist employees, families and cooperators in returning to normal operations.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Take actions needed to replace displaced personnel.	1. Review the Employee Assistance Toolkit produced following Hurricane Katrina.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Review the list of applicable actions that could be taken to replace displaced personnel.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

LEVEL THREE ACTION PLAN

Name of Park, Unit or Office:	Prepared by:	Date:
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Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

Strategy	Tasks	Assigned To:	Target Date	Status
A. Provide vaccinations or anti-viral drugs for emergency employees who perform high-risk activities.	1. Complete the vaccination of local emergency employees with high-risk duties.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Resolve any remaining vaccination issues.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Provide infection prevention information to employees, families and cooperators.	1. Re- distribute the revised Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Answer specific questions employees may have about infection prevention and distribute to all employees and cooperators.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Require the use of infection prevention and control procedures.	1. Continue using infection prevention and control procedures as described in the Employee/Cooperator Information Handout.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Restrict domestic travel as recommended by CDC, HHS, DHS or DOI.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 1: Protect employees, families, cooperators and the public to the greatest degree possible.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
D. Coordinate disease control actions with local health authorities and other involved agencies.	1. Contact local public health authorities and coordinate the implementation of local plans for disease surveillance and control, as needed by the local or regional situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Respond to employees exhibiting influenza symptoms as work, in accordance with local procedures.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Keep park/cooperator and regional staff informed of local actions for disease surveillance and control.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A2. Regional office staff or the National Incident Management Team may be able to assist in resolving issues or acquiring vaccines.

D2. See the Infection Control Protocols listed in the Reference Material section in the back of this plan.

Objective 2: Continue to perform the agency's mission-critical functions.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Identify all mission-critical functions.	1. Contact mission-critical employees and confirm their status.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Determine the best methods for performing those functions under pandemic conditions, including the use of emergency personnel actions.	1. Process emergency personnel actions as needed by the local or regional situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Implement the Continuity of Operations Plans, scaled to meet the situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Prepare/implement a new or modify an existing Continuity of Operations Plan that incorporates these best methods.	1. Implement the new or modified Continuity of Operations Plan as needed to meet the local or regional situation.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Continue to analyze the local situation, attempt to identify potential changes and plan for contingencies.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Project your park/unit/office's capacity to maintain essential functions and notify the next higher level of management and the National Incident Management Team of any inability or potential operational failure.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 3: Provide timely and accurate information to employees, management, stakeholders and the public.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop and implement a comprehensive Pandemic Disease Communications Plan.	1. Implement the applicable portions of the local Communications Plan as needed and as coordinated with local health authorities and other agencies.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Establish an easily updated web page that exhibits the status of each park, unit and office.	1. Update the web page as the situation changes or as requested by the region or WASO.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Objective 4: Provide critical resources to assist other agencies in meeting societal needs as required.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Develop a draw down plan that establishes a relationship between the number of critical resources not available (either because of external assignment or illness) and the level of park operations.	1. Implement draw-down plans as required by the situation, by requests for critical resources, or by direction from higher authority.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Respond to requests for critical resources on a case-by-case basis, using the draw-down plan to determine the ability to release resources.	1. Respond to requests for availability and status information as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Provide resources as requested in accordance with established draw-down plans.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Begin planning for Incident Management Team and critical resource replacement rotations as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	4. Implement rotations as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

Notes:

A1. Be sure that regions, WASO and (if involved) DOI understand the consequences of each request on local operations. If draw-down plans show that a certain level of requests for critical resources will mean that local park/unit/office activities will be curtailed or that parks will close, be sure that is communicated well before that level is reached.

Objective 5: Restore operations to pre-pandemic levels.

<i>Strategy</i>	<i>Tasks</i>	<i>Assigned To:</i>	<i>Target Date</i>	<i>Status</i>
A. Coordinate with local health authorities to determine when it is safe to return to normal operations.	1. Maintain contact with local public health authorities.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Obtain forecasts for the course of the local disease outbreak.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	3. Determine when it is safe			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
B. Assist employees, families and cooperators in returning to normal operations.	1. Take actions to assist employees, families and cooperators in returning to normal operations, as needed.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
C. Take actions needed to replace displaced personnel.	1. Review the list of displaced/affected employees and their specific circumstances.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	2. Take actions to replace employees based on the specific circumstances.			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed
	<i>Other Tasks:</i>			<input type="checkbox"/> Underway <input type="checkbox"/> Completed

PANDEMIC INFLUENZA LOCAL RESOURCE AND REFERENCE GUIDE

<i>Name of Park/Unit/Office:</i>	<i>Prepared by: :</i>	<i>Date:</i>
----------------------------------	-----------------------	--------------

1. Key Park Personnel		
<i>Name</i>	<i>Function</i>	<i>Location/Contact Information</i>

2. Key Regional Office Contacts		
<i>Name</i>	<i>Purpose of Contact</i>	<i>Location/Contact Information</i>

3. Local Health Authorities		
<i>Name</i>	<i>Organization</i>	<i>Authority/Jurisdiction</i>

Issues to be Coordinated:

<input type="checkbox"/> Vaccinations <input type="checkbox"/> Local Situation <input type="checkbox"/> Reporting Suspected Cases <input type="checkbox"/> Planned Actions <input type="checkbox"/> Contingencies	<input type="checkbox"/> Other:
---	---------------------------------

Contact Information:

4. Other Cooperating Agencies

<i>Name</i>	<i>Organization</i>	<i>Authority/Jurisdiction</i>

Issues to be Coordinated:

Local Situation
 Other:
 Planned Actions
 Contingencies

Contact Information:

<i>Name</i>	<i>Organization</i>	<i>Authority/Jurisdiction</i>

Issues to be Coordinated:

Local Situation
 Other:
 Planned Actions
 Contingencies

Contact Information:

<i>Name</i>	<i>Organization</i>	<i>Authority/Jurisdiction</i>

Issues to be Coordinated:

Local Situation
 Other:
 Planned Actions
 Contingencies

Contact Information:

INFECTION PREVENTION REMINDER CARD

Slowing the spread of a pandemic is very important to us as individuals, families and as a nation. Time will allow development of a vaccine, so our health care system will be better able to meet your needs with each passing day. Simple steps are effective... take them!

Prepare

Stay healthy!	<p>It is always a good idea to practice good health habits.</p> <ol style="list-style-type: none"> 1. Eat a balanced diet. Be sure to eat a variety of foods, including plenty of vegetables, fruits, and whole grain products. Drink lots of water and go easy on salt, sugar, alcohol, and saturated fat. 2. Exercise on a regular basis and get plenty of rest. 3. Stop smoking. Some research studies show an increase in influenza infections among smokers. There is a higher mortality rate for smokers than nonsmokers.
Stay informed!	<p>Know what is happening globally, nationally and locally.</p> <ol style="list-style-type: none"> 1. Reliable, accurate, and timely information is available at www.pandemicflu.gov and www.nps.gov/public_health/ 2. Look for information on your local and state government Web sites. Links are available www.cdc.gov/other.htm#states. 3. Listen to local and national radio, watch news reports on television, and read your newspaper and other sources of printed and Web-based information.
Be ready to care for yourself and your family!	<ol style="list-style-type: none"> 1. Store a supply of water and food. During a pandemic if you cannot get to a store, it will be important for you to have extra supplies on hand. 2. Have nonprescription drugs and health supplies on hand, including pain relievers, stomach remedies, cold medicines, fluids with electrolytes, and vitamins. See http://www.pandemicflu.gov/planguide/checklist.html for a checklist. 3. 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.

Avoid Infection

1. Avoid close contact with people who are sick.
2. When you feel the onset of sickness, keep your distance from others.
3. Make good hygiene a habit:
 - Avoid touching your eyes, nose, or mouth. Germs live a long time on surfaces such as desks. They are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth.
 - Wash hands frequently with soap and water.
 - Proper hand washing means:
 - First wet your hands and apply liquid or clean bar soap. Place the bar soap on a rack and allow it to drain.
 - Next rub your hands vigorously together and scrub all surfaces.
 - Continue for 10 - 15 seconds. It is the soap combined with the scrubbing action that helps dislodge and remove germs.
 - Rinse well and dry your hands.
 - Cover your mouth and nose with a tissue when you cough or sneeze. As simple as this sounds, it is a crucial step in stopping the spread of disease by airborne droplets.
 - Wash your hands after coughing or sneezing to reduce the contamination of surfaces.
 - Alcohol based hand cleaners can be used as a temporary measure.
4. Avoid sharing telephones, keyboards, pens etc.

Reference Materials

The following pages include various reference materials that can be used in the development of local plans.

The reference materials include:

- Infection Control Protocols
- Sample Employee/Cooperator Information Handout
- Sample local Communications Plan
- Special Considerations for Continuity of Operations
- Human Resource Staffing, Pay and Other Flexibilities
- Contact List for State Public Health Epidemiologists
- List of U. S. Public Health Service Consultants Assigned to the National Park Service
- Public Health Legal Authorities

Infection Control Protocols

Employee Safety and Health. The following information is taken from the Department of the Interior Pandemic Influenza Plan.

The safety and health recommendations below are applicable to situations when pandemic influenza is occurring in the U.S.

Precautions for specific jobs, such as handling animal potentially infected with Highly Pathogenic Avian Influenza (HPAI) should be implemented when there is a risk of transmission from wildlife. This will likely occur prior to the virus having the capability of sustained person to person transmission, but will remain an issue following pandemic spread

The USGS Field Guide to Wildlife Diseases can be found at:
http://www.nwhc.usgs.gov/publications/wildlife_health_bulletins/WHB_05_03.jsp.

1. Recommendations for General Employee Workforce:

A. Personal Protective Equipment: At this time CDC does not recommend the routine use of masks or other personal protective equipment by well persons in the community.

B. Hand washing: 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. The influenza virus is readily inactivated by soap and water. Waterless alcohol-based 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. Place alcohol-based hand sanitizers at the entrance of facilities.

(1) Hand hygiene is an important step in preventing the spread of infectious diseases, including influenza. Post signs in restrooms during phase 5 of pandemic alert to increase awareness and emphasize hand washing. Hand hygiene can be performed with soap and warm water or by using waterless alcohol-based hand sanitizers. Wash hands for a minimum of 15-20 seconds.

(2) Basic hygiene measures should be reinforced and people should be encouraged to practice them to minimize potential influenza transmission. Use disposable single use tissues for wiping noses; Covering nose and mouth when sneezing and coughing; Hand washing after coughing, sneezing or using tissues; and emphasize importance of keeping hands away from the mucous membranes of the eyes and nose.

C. Cleaning and Disinfecting:

(1) HVAC system should be cleaned and maintained in optimal operating condition.

(2) Telephone handsets and computer keyboards and work surfaces should be cleaned daily.

(3) Disinfectant solutions should be applied to all common areas, counters, railing, washbasins, toilets, urinals daily.

- (4) Wear non-latex disposable gloves while disinfecting surfaces;
- (5) Clean contaminated areas of dirt, dust, and debris, and THEN, disinfect;
- (6) Dispose of disposable cloth wipes after use;
- (7) After removing gloves, thoroughly wash hands with soap and water.

D. Social Distancing: Social distancing refers to strategies to reduce the frequency of contact between people. Generally it refers to mass gatherings but the same strategies can be made in the workplace setting.

(1) Working from home will be imperative during an outbreak. Essential personnel should avoid working in groups when possible during outbreak to avoid cross infection.

(2) Where feasible, shift changes should be managed to allow a time interval between shifts so that the worksite can be ventilated and cleaned.

(3) Social distancing strategies include:

(5) Avoid meeting people face to face - use telephone, video conferencing and the internet to conduct business as much as possible- even when participants are in the same building.

(6) Avoid any unnecessary travel and cancel or postpone non-essential meetings/gatherings/ workshops/ training sessions.

(7) If possible, arrange for employees to work from home or work flex hours to avoid crowding at the workplace.

(8) Avoid public transport or public crowds.

(9) Encourage employees to avoid recreational or other activities where they might come into contact with infectious people.

(10) Encourage all employees to be immunized with the up-to-date seasonal influenza vaccine. This may reduce secondary infections during an outbreak.

(11) Stay home when you are sick.

(12) Follow safe practices at home or in public when you are sick.

2. Employees with elevated risk (not limited to those listed below):

A. Employees working with animals potentially infected with HPAI: DOI personnel who may have direct/prolonged contact with known or potentially infected animals such as field biologists, wildlife inspectors, law enforcement:

(1) Personal Protective Equipment: Identify PPE supply sources and costs for supplying DOI personnel who have direct/prolonged contact with known or

potentially infected animals and procure such items.

(a) 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.

(b) 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.

(c) Wear splash goggles to protect the mucus membranes of eyes.

(d) Wear NIOSH approved N-95 respirators. Workers must be fit-tested and medically cleared prior to wearing a respirator.

(2) Work Practices: Personnel who have direct and prolonged contact with known or potentially infected animals should utilize the following safe work practices:

(a) Do not eat, drink, or smoke while handling animals.

(b) Use EPA-registered disinfectant or 1% household bleach mixture (1.2 oz or about 8 teaspoons household bleach to 1 gallon of potable water); Decontaminate and properly dispose of potentially infectious material including carcasses.

(c) Clean exposed surfaces and field equipment of dirt, dust, and debris, and THEN, disinfect;

(d) Work outdoors or in well-ventilated areas;

(e) Obtain vaccination for seasonal influenza;

(f) After PPE removal, thoroughly wash hands and then face with soap and water.

(g) After contact with infected or exposed birds or other animals, contact with contaminated surfaces, or after removing gloves wash hands with soap and water for 15-20 seconds or use an alcohol-based gel.

(h) When HPAI is detected in wildlife in North American, follow the latest guidance from CDC for prophylactic medications and precautions for employees working with wild birds in areas where the virus has been detected, particularly during disease control operations.

(i) Monitor your health for clinical signs of influenza infection during and for one week after your last exposure to potentially infected birds. Contact your healthcare provider if you develop fever, flu-like symptoms or conjunctivitis (eye inflammation). Inform them prior to arrival that you have potentially been exposed to the influenza virus.

(3) Training: Provide employees with training on 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.

B. Emergency Medical Personnel; Law Enforcement; First Responders; or other employees with close contact with symptomatic persons suspected of having pandemic influenza:

(1) Personal Protective Equipment: Identify PPE supply sources and costs for supplying DOI personnel who have direct/prolonged contact with infected persons and procure such items.

(a) Wear disposable gloves and gown for patient contact.

- (b) Wear eye protection to prevent droplets from contacting eyes. Some evidence indicates transmission may occur via small droplets contacting eyes.
- (c) Wear NIOSH approved particulate respirator (minimum of N-95).

(2) Work Practices:

- (a) Obtain vaccination for seasonal influenza;
- (b) After contact with infected persons or contact with contaminated surfaces, or after removing gloves wash hands with soap and water for 15-20 seconds or use an alcohol-based gel.
- (c) Maintain minimum of 3 feet separation from potentially infectious person when possible.
- (d) Practice frequent and thorough hand washing.
- (e) Follow the latest guidance from CDC and WHO for prophylactic medications for employees providing medical treatment or who are otherwise in contact with persons suspected of being infectious with pandemic influenza.
- (f) Monitor your health for clinical signs of influenza infection during and for one week after your last contact with a potentially infected person. Contact your healthcare provider if you develop fever, flu-like symptoms or conjunctivitis (eye inflammation). Inform them prior to arrival that you have potentially been exposed to the influenza virus.
- (g) Patient management: Follow recommendations in "Droplet, Contact and Airborne Precautions" from CDC (http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) which include: patient use of surgical mask to minimize transmission via aerosolized droplets; and patient placement and transport.

(3) Training: Provide employees with training on 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 infectious person, recognition of symptoms, actions to take if symptomatic at work.

3. Precautions for mission-critical personnel who must report to work during the acute phase of an outbreak when others are working from home.

A. In addition to the precautions in the general employee workforce such as ensuring good personal hygiene, social distancing, and frequent hand washing are followed:

- (1) Develop prioritization and distribution plan for administering antiviral medication or vaccine if sufficient supplies are available. Refer to CDC for guidance when available on this issue.

4. Antiviral Medications and Vaccinations: (awaiting guidance from CDC).

5. Reducing risk of infected persons entering the workplace during Phase 5:

A. Set up prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of influenza.

- B. Post General Infection Control (basic hygiene and hand hygiene) notices at entrances, bulletin boards, meeting rooms, and restrooms.
- C. Ensure employees have adequate supplies such as hand sanitizer, tissues, cleaning supplies.
- D. Employees must stay at home and away from others if they feel onset of symptoms.
- E. Inform employees and limit non-essential travel to areas at WHO Pandemic Level Phase 5 (large clusters of human to human transmission) (refer to <http://www.cdc.gov/travel> for travel advisories and restrictions).

6. Management of Employees with Symptoms at the workplace:

- A. If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they should notify their supervisor and the sick employee should be instructed to leave work and contact their medical provider. They should limit contact with others and not use public transport if at all possible. People who have been in close contact with the symptomatic employee should be informed. If person cannot leave the workplace immediately, have the symptomatic individual wear surgical mask to reduce the transmission of aerosolized droplets.
- B. Advise employees who have been in contact with a symptomatic person need to consider staying home for the duration of the reported incubation period of the disease.
- C. The suspect case's work station should be cleaned and disinfected, as indicated in the section on workplace cleaning.
- D. Advise staff member on how long to stay away from work (CDC will advise on this once the characteristics of the pandemic are known).
- E. Check on the staff member during his/her absence from work.

7. Links for current information on pandemic influenza status in the U.S.

- A. Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/avian/index.htm>
- B. Pandemic Health and Safety: <http://www.pandemicflu.gov/health>
- C. NIOSH: Worker safety and health issues with Pandemic Influenza: <http://www.cdc.gov/niosh/topics/avianflu/>

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

Health and Safety Measures	Proper Conduct	Remarks
A. Influenza immunization	<p>The Centers for Disease Control and Prevention (CDC) recommend Influenza immunization for all children, 6-23 months old, if they are in daycare settings.</p> <p>Employees who have, or are in contact with a person who has, high-risk medical conditions for influenza-related complications also should consider vaccination.</p>	<p>See your doctor for immunization for you and your family. This will not protect you from avian influenza but will provide protection from the flu viruses already circulating in the community.</p>
B. Maintain good health habits	<p>Avoid close contact with people who are sick. Don't sit near someone who is sneezing or coughing unless you are protected.</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.</p> <p>Exercise regularly and drink 6-8 glasses of water daily</p> <p>Avoid unnecessary travel.</p>	<p>Good health habits make your immune system stronger against common sickness</p>
C. Stay home when you are sick	<p>If you are sick, stay at home. Do not return to work until you have no symptoms 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. Follow behavior practices as stated below. Do not allow ill children to attend school or daycare.</p> <p>Inform your doctor of your symptoms. The doctor may not want to see you in his office to prevent spread of infection.</p>	<p>The doctor may prescribe an antiviral drug</p>
D. Safe practices at home and in public when you are sick	<p>Stay in a separate room or if this is not possible, keep the sick person at least 3 feet away from others, especially children.</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>Make sure tissues are available in common areas (if you don't have tissues, cough or</p>	

	sneeze into your upper sleeve, NOT your hands). Always clean hands using hand sanitizer after coughing and sneezing. Avoid touching common surfaces and objects unless your hands have been sanitized. Change toothbrush often or at least after cold or flu to prevent possible re-infection.	
E. Have a contingency plan for essential supplies at home.	Plan to have bottled water and non perishable food at home	The supply chain may be interrupted and stores may have reduced stock of items for sale.
F. Maintain good hand hygiene Hand washing training (Hand washing is a learned habit)	<p>How to wash your hands properly with water and soap</p> <ul style="list-style-type: none"> • Remove jewelry • Wet hands with warm water • Apply clean soap • Vigorously scrub with soap all over your hands and under nails for at least 20 seconds • Rinse hands for at least 10 seconds under warm water • Dry hands completely with paper towel • Turn off tap with paper towel to avoid hands getting dirty again • Throw towel in waste basket <p>How to wash your hands using alcohol- based hand sanitizer:</p> <ul style="list-style-type: none"> • Remove gross soil or contamination with a paper towel. • Wet hands with sanitizer • Rub hands until alcohol is dried. <p>Insist that all family members, especially children, follow strict hand washing practices. Have everyone practice hand washing. This will help you protect yourself and prevent the spread of virus at work, at play and at home</p>	<p>Water alone is not sufficient for proper hand washing.</p> <p>Use hand sanitizer</p>
G. Clean/disinfect surfaces	<p>Clean frequently touched surfaces and objects such as toys, shared items, equipment, desks, phones, door knobs.</p> <p>Disinfect surfaces using disinfectant solution (see Remarks for formula) or 70 % alcohol.</p>	<p>Wear gloves and use disposable wipes.</p> <p>Disinfectants may include 1% solution of household bleach (1.25 oz or about 8 teaspoons of 5.25% sodium hypochlorite</p>

	<p>Apply on surfaces. Allow at least 10 minutes of contact time before rinsing chlorine solution. If alcohol is used, allow it to air dry.</p> <p>Wash linens between being used by others, especially by different children.</p>	<p>solution in 1 gallon of water) for hard, non-porous surfaces; 5% solution of household bleach for porous surfaces; 5% hospital grade Lysol™; or other EPA approved disinfectant.</p> <p>A temperature of at least 71°C (160°F) for a minimum 25 minutes is recommended for hot-water washing of linens.</p> <p>Addition of chlorine bleach provides an extra margin of safety.</p>
<p>H. Educate family in personal hygiene, especially children.</p>	<p>Teach your family frequent and proper hand washing. Use common sanitary practices in public, for example, when handling a grocery cart, wipe the handle before and after use.</p>	
<p>I. Use protective personal equipment when providing direct care to a sick person or in public</p>	<p>Cover your mouth and nose with an N-95 respirator when providing direct care to a sick person. Wear goggles and gloves as an extra margin of safety.</p> <p>Use personal hand sanitizer when 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>During pandemic phases, avoid public.</p>	

Sample Pandemic Influenza Local Employee/Cooperator information Handout

Name of Park/Unit/Office:	Prepared by: :	Date:
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What is this “bird flu?” The H5N1 strain of avian influenza, or “bird flu,” is primarily a disease of domestic poultry that is not native to, or currently present, in North America. It is one of several strains of “bird flu” that is naturally occurring among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, avian influenza is very contagious among birds and can make some domesticated birds (such as chickens, ducks and turkeys) very sick and kill them.

What is the danger to humans? Confirmed cases of human infection from several subtypes of avian influenza, including the H5N1 strain, have been reported since 1997. Most cases resulted from close contact with infected domestic poultry or surfaces contaminated with secretion/excretions from infected birds. To date, transmission from one ill person to another person has been reported very rarely, and transmission has not been observed to continue beyond one person.

However, influenza viruses are constantly changing and the “bird flu” might adapt over time to become a human flu. When a newly adapted virus has not previously infected humans, there is little or no immune protection in the human population. Therefore, the virus may gain the capacity to spread easily from person to person, causing a pandemic (worldwide outbreak of disease). Flu viruses newly adapted to humans also tend to be more virulent, causing more severe illness.

What is pandemic influenza? Pandemic influenza is a global outbreak caused by a new influenza virus. The virus may spread easily, possibly causing serious illness and death. Because so many people are at risk, serious consequences are possible. Historically, pandemic influenza can cause widespread illness and death. Pandemic influenza is different from seasonal influenza (or “the flu”). Seasonal outbreaks of the flu are caused by viruses that are already among people. Pandemic influenza is caused by an influenza virus that is new to people. Pandemic influenza is likely to affect many more people than seasonal influenza.

What are some of the likely effects of a pandemic? Some of the most likely effects are:

- There will be several waves of outbreaks in the U. S., each lasting from 6 to 8 weeks.
- During each wave, approximately 30% of working adults will be ill, and up to 40% of children.
- During each wave, absenteeism may reach 40% (because of illness and healthy people acting as caregivers to ill people).
- Federal, state or local health authorities may order quarantine, social-distancing or other disease control measures.
- Parks and offices may have to be shut down.
- Emergency personnel rules may be in effect (e.g., liberal leave, administrative leave, work-at-home, etc.)
- Infection control protocols may require implementation of some form of continuity of operations plan.
- Critical resources (such as law enforcement personnel) may be reassigned to assist other agencies in meeting societal needs, such as quarantine enforcement.

What has the National Park Service done to prepare for pandemic influenza? The Washington Office and Regions have completed a [Pandemic Influenza Preparation and Response Plan](#) (available at www.nps.gov/public_health/) that outlines specific actions in preparation for a pandemic. In addition, every park, every unit and every office (including regional offices and the Washington Office) have completed (or are completing) local Action Plans that outline the actions needed for various scenarios.

These scenarios are described as “levels.” They are:

- Level One: Novel influenza virus causes wildlife and domestic bird morbidity and mortality, with an ability to infect humans (this is the present world situation as this plan is being prepared).
- Level Two: Sustained human disease transition anywhere in the world (other than North America).
- Level Three: Human-to-human transmission is occurring in North America.

For each “level” there is an appropriate local “Action Plan.” These plans focus on the following:

- Protection of employees, cooperators and the public.
- Education of employees and communications systems.
- Continuity of operations in the face of high absenteeism, newly imposed infection control protocols and the likely external assignment of critical resources (such as law enforcement personnel).
- Response to requests for the external assignment of critical resources.

What are the symptoms of bird flu (H5N1 Avian Influenza) in people? Symptoms of bird flu are like those for other influenza viruses:

- A high fever that lasts for several days.
- Muscle aches occur and feel worse if they are touched.
- Coughing and shortness of breath are common.

What is planned locally? [add local information here].

Where can I get additional information? Excellent sources of information can be found at <http://www.PandemicFlu.gov> and <http://www.cdc.gov/flu>. Additional information about National Park Service pandemic plans can be found at http://www.nps.gov/public_health/ or http://www.nps.gov/public_health/intr/index.htm (click on “NPS Avian Influenza Information”).

Sample Pandemic Influenza Local Communications Plan

Name of Park/Unit/Office:

Prepared by::

Date:

Key Messages Identified:

1. Status of Illness in the Local Area
2. Status of Park Facilities
3. Reporting Procedures for Employees
4. Personal Protection Equipment and Procedures in Effect
5. _____

Stakeholders Identified

- Radio Station(s): _____; _____;
_____;
- Television Station(s) _____; _____;
_____;
- Newspaper(s): _____;
- Regional Office
- Regional or National Incident Management Team
- Park Employees
 - Volunteers
 - Co-operator & Association Staff
 - Concessions Employees
- In-holders and Park Residents
- Chambers of Commerce
- Visitors Bureau
- _____
- _____

Communications Channels Selected

- Park's Visitor Information Recording/Voice Mail Tree
- Posters at Entry Points and Trail Heads
- Park Web Site
- Employee Information Recorded Line
- Press Release
- Telephone Call Down Tree
- Personal Contact(s)
- Park Traveler Information Messages
- _____
- _____
- _____

More Information

Employees and Cooperating Associations Should Contact:

- Their Supervisor and if unavailable:
 - Secondary Contact: _____
 - Third Contact: _____
- Park Dispatch by calling () ___ - _____
- Incident Information by calling () ___ - _____
- _____

Press Organizations Should Contact:

- _____ by calling () ___ - _____
- _____ by calling () ___ - _____
- _____ by calling () ___ - _____

Work Notes

Special Considerations for Continuity of Operations during Pandemic Influenza

Plans and Procedures	<ul style="list-style-type: none"> ▪ Plans must be capable of maintaining sustained essential operations until normal business activity can be reconstituted, which may be longer than the 30 days upon which COOP plans have been made to this date. Parks/units/offices will need to continue operations indefinitely until the situation returns to normal. ▪ Plans need to incorporate the need for redundancy. ▪ Plans need to include a sliding scale of implementation depending on the severity of the situation. ▪ Plans need to be flexible enough to meet varying situations. ▪ Review and update plans to ensure essential services can be provided if employee absenteeism reaches 40 percent or higher.
Delegations of Authority	<ul style="list-style-type: none"> ▪ Plan for delegations of authority that are at least three deep per responsibility to take into account the expected rate of absenteeism. ▪ Consider geographical dispersion of delegations of authority, taking into account the regional nature of an outbreak.
Orders of Succession	<ul style="list-style-type: none"> ▪ Plan for orders of successions that are at least three deep per position to take into account the expected rate of absenteeism. ▪ Plan for geographical dispersion of orders of succession, taking into account the regional nature and possibility of different orders of succession depending on the spread of the pandemic. ▪ Build depth in essential functions: <ul style="list-style-type: none"> ○ Cross-train employees ○ Identify available retirees and former employees ○ Develop 'mutual aid' agreements for essential services with other parks.
Operating Facilities	<ul style="list-style-type: none"> • Consider geographically rotating essential services and operations. • Expand the capacity to conduct essential functions and services from a remote location (e.g., home.) • For those functions which require being in an office: <ul style="list-style-type: none"> - Review requirements to keep buildings safe and available: <ul style="list-style-type: none"> - Limit meetings - use web meetings. - Avoid sharing of equipment such as telephones, pens and keyboards - Require frequent cleaning of surfaces and hands. - Limit office use to healthy employees. - Use available space to disperse employees. ▪ Temporarily 'mothball' other facilities and back up data to prevent damage.
Alternate Operating Facilities	<ul style="list-style-type: none"> ▪ Determine which essential functions and services can be conducted from a remote location (e.g., home) and those that need to be performed at a designated department or agency facility. ▪ Review logistical support to keep buildings and facilities open.
Park or Office Closure	<ul style="list-style-type: none"> ▪ Consider closing the park to the public because of travel restrictions/quarantine or lack of staff. ▪ Consider closing business offices. ▪ Remember, people may seek refuge in parks.

<p>Workforce</p>	<ul style="list-style-type: none"> ▪ Agencies should identify retired and former employees for potential return to duty ▪ Consider the need for cross-training to ensure essential staff are available to perform functions and services. ▪ Review communication capabilities to provide employees and families with relevant information and advisories about the pandemic, via <ul style="list-style-type: none"> - Hotlines - Web sites - Voice Messaging Systems Alerts.
<p>Interoperable Communications</p>	<ul style="list-style-type: none"> ▪ Planning should aggressively consider the use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDA), and other systems that enable employees to perform essential functions while teleworking.
<p>Deployment and Response</p>	<ul style="list-style-type: none"> ▪ Travel restrictions may impede moving resources to alternative work locations. ▪ Moving resources may require additional coordination and time. ▪ Resources may need to be kept in isolated work groups before mixing with resources from other geographic areas or before returning home. Effective work time may be reduced or length of assignments increased. ▪ Incident infrastructure demands may increase in complexity to support this isolation. ▪ Disease outbreak within an incident ‘camp’ may result in loss of effective resources due to more stringent isolation steps as well as illness.

Human Resource Staffing, Pay and Other Flexibilities

Sources of Information. The following information is from the Department of the Interior Pandemic Influenza Plan. Additional information can be found at <http://www.opm.gov/oca/compmemo/2005/2005-18hb.pdf>, <http://www.opm.gov/oca/compmemo/2005/2005-13.asp> and <http://www.opm.gov/emergency/PDF/ManagersGuide.pdf>.

HUMAN RESOURCES POLICIES

Personnel who provide essential community services will be as likely to become ill during a pandemic as the general public. Agencies and Bureaus need to develop (or review and update) lists of essential personnel. Contingency plans need to be in place 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. Backup 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.

Each agency 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 interact with and impact on human capital management. Agency 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:

- Agency planning and readiness;
- Compensation/Pay Policy;
- Staffing flexibilities;
- Annual leave, Sick leave and Family Medical leave;
- Fitness for duty policy;
- Telework policy;
- Grievance policy,
- Family Assistance Program

Agency Planning and Readiness

A Pandemic event may 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 or evolving threats; conduct regular exercises and simulations; 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 have the authority and responsibility to identify and designate those personnel that they judges to be critical to agency operations in any given emergency situation such as a Pandemic event that prevent employees from reporting for work.

There are no standard definitions or categories in this regard, and Bureau 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 in advance to those so designated, so that they can be prepared to support and sustain agency operations in an emergency.

Dismissal or Closure Procedures

Agencies in the Washington, DC, area should follow the "Washington, DC, Area Dismissal or Closure Procedures" in 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).

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

Because a Pandemic event may severely impact an organization ability to perform mission responsibilities, Bureaus should develop specific dismissal and closure procedures for their organizations throughout the country.

Employees should be encouraged to familiarize themselves with the procedures that have been put into place at their Bureau, as well as the means of notification that a Bureau will use to inform and instruct employees. Communications with employees may include town hall meetings, electronic messages, letters or memorandums.

Bureaus need to develop a protocol for safety and security personnel to maintain communications in an emergency. Department of Interior Personnel Bulletin Number 06-02 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 to government officials, media and the general public on the OPM Website providing guidance on operations during a crisis or emergency. This information is provided as a ready resource for Bureaus to quickly and easily locate information that may assist them in a crisis. The link to OPM's Website is <http://www.opm.gov/emergency/>.

Compensation/Pay Flexibilities

Bureaus have the authority and responsibility to establish work schedules for their employees within general legal and regulatory guidelines. Most 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. Agencies must schedule or reschedule an employee's regularly scheduled administrative workweek so that it corresponds with the employee's actual work requirements for specific days and hours.

Various policies on compensation and pay flexibilities Bureaus may use during an emergency can be located at <http://www.opm.gov/oca/>. 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>.

Staffing Flexibilities

Agencies 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). Current policy guidance issued by the DOI's Office of Human Resources can be found at <http://www.doi.gov/hrm/guidance/curronly.htm>.

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.

Annual Leave, Sick Leave and Family Medical Leave

During a Pandemic situation employees may start demonstrating influenza or influenza-like symptoms in the workplace. Bureaus should ensure policy provides provisions for removal (i.e., mandatory 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. DOI's guidance on Absence and Leave is found at <http://www.doi.gov/hrm/guidance/370dm630.pdf>. Additionally, Personnel Bulletin Number 06-02 can be accessed at <http://www.doi.gov/hrm/guidance/pb06-02.pdf>. Other Interior guidance can be found on the Office of Human Resources policy link at <http://www.doi.gov/hrm/guidance/curronly.htm>. OPM's Leave Administration website provides Fact Sheets, Questions and Answers, regulations and policy at <http://www.opm.gov/oca/leave/index.asp>.

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 need develop policy for employees to be evaluated when it is suspected that they may be unable to safely perform the duties of their position. 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. Information is available on DOI's website at <http://www.doi.gov/hrm/guidance/pml93-15.pdf>.

Questions and answers about the Federal Employees' Compensation Act (FECA) and injury compensation are on the Department of Labor website at <http://dol.gov/esa/regs/compliance/owcp/INDEXofResources.htm>. The site provides information about benefits and coverage under the FECA from the standpoint of the injured worker. It addresses frequently-raised issues in question-and-answer format. It provides information about benefits and coverage under the FECA from the standpoint of the employing agency. It describes the agency's responsibilities with respect to injured workers.

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 (COO) plans. 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>.

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. Here you will find information for employees who think they might like to telecommute (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/>.

Grievance Policy

The Department of Interior (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. Policy guidance is located on the DOI website at <http://www.doi.gov/hrm/guidance/370dm771.pdf>.

Family Assistance Program

The Department of Interior administers a variety of family friendly programs, with policy and guidance available 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 loved ones. OPM partners with Federal agencies to help develop and manage work/life programs that meet the human capital needs of the Federal workforce; and provides the policies and guidance that form the foundation of these programs. OPM's Work/Life website is located at http://www.opm.gov/Employment_and_Benefits/WorkLife/index.asp. Additionally, various leave flexibilities are permitted to accommodate family situations. Bureaus should review appropriate policies when developing guidance for family assistance during emergency situations such as a Pandemic event.

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.

Contact list for State Public Health Epidemiologists

http://www.cste.org/members/state_and_territorial_epi.asp

State Public Health Department websites: <http://www.cdc.gov/doc.do/id/0900f3ec80226c7a/>

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**Legal Authorities Associated with Planning and Response to a Potential Pandemic
April 11, 2006**

Excerpted from: Draft Implementation Plan for the National Strategy for Pandemic Influenza

Homeland Security Presidential Directive-5. Management of Domestic Incidents, February 28, 2003, is intended to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system. In HSPD-5 the President designates the Secretary of Homeland Security as the Principal Federal Official for Domestic Incident management and empowers the Secretary to coordinate Federal resources used in response to or recovery from terrorist attacks, major disasters, or other emergencies in specific cases. The directive assigns specific responsibilities to the Attorney General, Secretary of Defense, Secretary of State, and the Assistants to the President for Homeland Security and National Security Affairs, and directs the heads of all Federal Departments and agencies to provide their "full and prompt cooperation, resources, and support," as appropriate and consistent with their own responsibilities for protecting national security, to the Secretary of Homeland Security, Attorney General, Secretary of Defense, and Secretary of State in the exercise of leadership responsibilities and missions assigned in HSPD-5. The directive also notes that it does not alter, or impede the ability to carry out, the authorities of Federal Departments and agencies to perform their responsibilities under law.

National Response Plan (NRP). In HSPD-5, the President directed the development of a new NRP to align Federal coordination structures, capabilities, and resources into a unified, all discipline, and all-hazards approach to domestic incident management. The NRP, released in December 2004 and fully implemented in April 2005, is an all-discipline, all-hazards plan that establishes a single, comprehensive framework for the management of domestic incidents. It provides the structure and mechanisms for the coordination of Federal support to State, local, and tribal incident managers and for exercising direct Federal authorities and responsibilities. The NRP assists in the important homeland security mission of preventing terrorist attacks within the United States; reducing the vulnerability to all natural and manmade hazards; and minimizing the damage and assisting in the recovery from any type of incident that occurs.

Robert T. Stafford Disaster Relief and Emergency Assistance Act, (1974) (codified as amended at 42 U.S.C. §§ 5121-5206, and scattered sections of 12 U.S.C., 16 U.S.C., 20 U.S.C., 26 U.S.C., 38 U.S.C. (2002)). The Stafford Act establishes programs and processes for the Federal Government to provide disaster and emergency assistance to States, local governments, tribal nations, individuals, and qualified private nonprofit organizations. The provisions of the Stafford Act cover many hazards including natural disasters and terrorist events. In a major disaster or emergency as defined in the Stafford Act, the President "may direct any Federal agency, with or without reimbursement, to utilize its authorities and the resources granted to it under Federal law (including personnel, equipment, supplies, facilities, and managerial, technical, and advisory services) in support of State and local assistance efforts."

The Stafford Act, 42 U.S.C. § 5196(i)(I), authorizes DHS/FEMA to "*procure by condemnation or otherwise, construct, lease, transport, store, maintain, renovate or distribute materials and*

facilities for emergency preparedness." (emphasis added). The term "materials" includes "raw materials, supplies, medicines, equipment, component parts and technical information and processes necessary for emergency preparedness," *id.* § 5195a(5); the term "facilities" includes "buildings, shelters, utilities, and land." *Id.* § 5195(a)(6). The term "emergency preparedness" includes measures to be undertaken in preparation for anticipated hazards, during a hazard, or following a hazard. An influenza pandemic would fit within the broad definition of "hazard." *See, id.* § 5195a(a)(1), 5195a(a)(3).

The National Emergencies Act, 50 U.S.C. §§ 1601-1651 (2003), establishes procedures for Presidential declaration and termination of national emergencies. The act requires the President to identify the specific provision of law under which he or she will act in dealing with a declared national emergency and contains a sunset provision requiring the President to renew a declaration of national emergency to prevent its automatic expiration. The Presidential declaration of a national emergency under the act is a prerequisite to exercising any special or extraordinary powers authorized by statute for use in the event of national emergency.

Emergency Federal Law Enforcement Assistance Act. Upon written request by a Governor, the Attorney General can coordinate and deploy emergency Federal law enforcement assistance to State and local law enforcement authorities. 42 U.S.C. § 10501. Federal law enforcement agencies that are authorized to provide assistance to State and local government officials by enforcing State and local law should be duly deputized to do so under State and local statutes.

The Insurrection Act, 10 U.S.C. 331-335. The President may, upon request of a State legislature, or the Governor when the legislature cannot be convened, send the Armed Forces as necessary to suppress an insurrection against State authority. *Id.* at § 331. Ordinarily requests under this provision specify that the violence cannot be brought under control by State and local law enforcement agencies and the State National Guard troops. In addition, the President may use the Armed Forces or the federalized National Guard as he considers it necessary to suppress any insurrection, domestic violence, unlawful combination or conspiracy if it (1) so hinders the execution of State and Federal law that people are deprived of their rights secured by the Constitution and laws, or (2) opposes or obstructs the execution of Federal law. *Id.* at § 333. The President may also use the Armed Forces of the federalized National Guard to enforce Federal law. *Id.* at 332. This statutory authority is an exception to the Posse Comitatus Act, 18 U.S.C. § 1385 (2002), authorizing the military to make arrests, conduct searches, and perform other traditional law enforcement functions.

Military Support for Civilian Law Enforcement Agencies. The Secretary of Defense may, in accordance with other applicable law, make available any equipment (including associated supplies or spare parts), base facility, or research facility of the DOD to any Federal, State, or local civilian law enforcement official for law enforcement purposes. 10 U.S.C. sec. 372(a). Training and personnel to maintain and operate equipment may also be provided. 10 U.S.C. sec. 373-4.

The Defense Production Act of 1950, (codified as amended by the Defense Production Act Reauthorization of 2003, Pub. L. 108-195, 117 Stat. 2892 (2003) at 50 U.S.C. app. §§ 2061-2170 (2002)), is the primary authority to ensure the timely availability of resources for national defense and civil emergency preparedness and response. Among other things, the DPA authorizes the President to demand that companies accept and give priority to government contracts that the President "deems necessary or appropriate to promote the

national defense." The DPA defines "national defense" to include critical infrastructure protection and restoration, as well as activities authorized by the emergency preparedness sections of the Stafford Act. Consequently, DPA authorities are available for activities and measures undertaken in preparation for, during, or following a natural disaster or accidental or man-caused event.

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, 116 Stat. 294 (2002) (codified in scattered sections of 7 U.S.C., 18 U.S.C., 21 U.S.C., 29 U.S.C., 38 U.S.C., 42 U.S.C., and 47 U.S.C. (2002)), is designed to improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies. Key provisions of the act, 42 U.S.C. § 247d and §300hh among others, address the development of a national preparedness plan by HHS designed to provide effective assistance to State and local governments in the event of bioterrorism or other public health emergencies; operation of the National Disaster Medical System (NDMS) to mobilize and address public health emergencies; grant programs for the education and training of public health professionals and improving State, local, and hospital preparedness for and response to bioterrorism and other public health emergencies; streamlining and clarifying communicable disease quarantine provisions; enhancing controls on dangerous biological agents and toxins; and protecting the safety and security of food and drug supplies.

General Transportation Security Authorities. DHS has broad authority to protect transportation security, including authorities that could keep quarantinable diseases from reaching the United States. The Transportation Security Administration (TSA) is "responsible for security in all modes of transportation." 49 U.S.C. § 114. If the TSA Assistant Secretary "determines that a regulation or security directive must be issued immediately in order to protect transportation security the [Assistant Secretary] shall issue the regulation or security directive without providing notice or an opportunity for comment and without prior approval of the Secretary." 49 U.S.C. § 114(l)(a). Accordingly these provisions provide the authority for TSA to keep a flight destined for the United States from landing in the United States if it is determined that a flight may be transporting persons with a quarantinable disease. These TSA authorities are also sufficiently broad to allow TSA to direct an air carrier to temporarily avoid deplaning its passengers until HHS or other medical authorities can screen the passengers. Finally, pursuant to 49 U.S.C. § 114(q), the Federal Air Marshal Service (FAMS) of TSA has the authority to exercise law enforcement powers in the transportation domain.

Transportation Authorities Relating Specifically to Vessels. In the case of vessels, if there is evidence that a vessel is carrying a person or persons with a quarantinable disease that would present a public health threat to the port if the ship or the person were allowed to enter, the U.S. Coast Guard (USCG) has authority to prevent the vessel from entering a U.S. port or place until the infected person(s) can be dealt with by HHS/CDC personnel so as to prevent the spread of the disease in the United States. 50 U.S.C. §§ 191-195; 33 U.S.C. §§ 1221-1232; 33 C.F.R. part 6; 33C.F.R. § 160.111.

General Border Authorities. DHS has broad authority to protect U.S. borders, including specific statutory provisions designating USCG and CBP to assist in the enforcement of State health laws and Federal quarantine regulations. 42 U.S.C. §§ 97, 268. CBP has general authority pursuant to the customs and immigration laws (e.g., 19 U.S.C. §§482, 1461, 1496, 1589a, 1499, 1581, 1582, 1595a, and 8 U.S.C. §§ 1157, 1357) to examine merchandise, cargo, conveyances and persons upon their entry to and exit from the United States to ensure compliance with U.S. law, and to seize and forfeit conveyances, animals, or other things imported contrary to law or used in the unlawful importation or subsequent transportation of

articles imported contrary to U.S. law. 18 U.S.C. § 545, 19 U.S.C. § 1595a. Section 421 of the Homeland Security Act transferred to the Secretary certain agricultural import and entry inspection functions under the Animal Health Protection Act, including the authority to enforce prohibitions or restrictions on the entry of animals or articles to prevent the entry into the U.S. of livestock disease. Finally, the Secretary of DHS and the Commissioner of U.S. Customs and Border Protection (CBP) may temporarily close ports of entry "when necessary to respond to a national emergency ... or to a specific threat to human life or national interests..." 19 U.S.C. § 1318(b). Such closings would effectively stop the legal entry of persons and conveyances and the legal importation and exportation of articles at those places.

Border Authorities Relating to Travelers. DHS has authority to find inadmissible any alien "who is determined (in accordance with the regulations prescribed by the Secretary of HHS) to have a communicable disease of public health significance." 8 U.S.C. § 1182(a)(1). Under 8 U.S.C. § 1222(a), DHS could detain aliens for the purpose of determining whether they have a communicable disease listed in Section 1182(a). The list of communicable diseases of public health significance as defined in HHS regulations is, however, limited, and does not generally include quarantinable diseases, including pandemic influenza, listed in Executive Order 13295.

Vessels en route to the United States. Section 366 of the PHS Act (42 U.S.C. § 269) requires vessels at foreign ports clearing or departing for the United States to obtain a bill of health from a U.S. consular officer, U.S. Public Health Service officer, or other U.S. medical officer, unless otherwise prescribed in regulations. Historically, a bill of health was a document required from ships in international traffic that set forth the sanitary history and condition of the vessel and, in some cases, the condition of the port during the time of departure. Foreign quarantine regulations in part 71 currently state that a bill of health is not required. Under the CDC's proposed rule, the CDC Director, to the extent permitted by law and in consultation with such other Federal agencies as the Director may deem necessary, would be authorized to require a foreign carrier clearing or departing for a U.S. port to obtain a bill of health from a U.S. consular officer or a medical officer designated for such purpose.

Aliens with pandemic influenza could be excluded pursuant to 8 U.S.C. § 1182(f), which provides that "[w]hen the President finds that the entry of any aliens or of any class of aliens into the United States would be detrimental to the interests of the United States, he may by proclamation, and for such period as he shall deem necessary, suspend the entry of all aliens or any class of aliens as immigrants or nonimmigrants, or impose on the entry of aliens any restrictions he may deem to be appropriate." The President has not delegated the authority to make such a proclamation. Accordingly, if the President determined that the entry of any aliens or class of aliens was detrimental to the interests of the United States, including due to the threatened spread of a pandemic into the United States, he could issue a proclamation suspending such entry and directing enforcement by all Federal agencies.

The Public Health Service Act (PHS), 42 U.S.C. §§ 201 et seq. Among other things, this act provides that the Secretary of HHS may declare a public health emergency under certain circumstances (see 42 U.S.C. § 247d), and that the Secretary is authorized to develop and take such action as may be necessary to implement a plan under which the personnel, equipment, medical supplies, and other resources of the Department may be effectively used to control epidemics of any disease or condition and to meet other health emergencies and problems. (See 42 U.S.C. § 243.) The PHS Act authorizes the Secretary to declare a public health emergency (42 U.S.C. 247d) and to prepare for and respond to public health emergencies (42 U.S.C. 300hh). The Secretary is further empowered to extend temporary

assistance to States or localities to meet health emergencies. During an emergency proclaimed by the President, the President has broad authority to direct the services of the Public Health Service (42 U.S.C. § 217). Under that section, the President is authorized to "utilize the [Public Health] Service to such extent and in such manner as shall in his judgment promote the public interest." Additionally, under 42 U.S.C. §264, the Secretary is authorized to make and enforce quarantine regulations "necessary to prevent the introduction, transmission, or spread of communicable diseases" from foreign countries into the States or possessions, or from one State or possession to another. The diseases for which a person may be subject to quarantine must be specified by the President through an Executive order.

The PHS Act (42 U.S.C. § 241) authorizes the HHS Secretary to conduct and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of research, investigations, experiments, demonstrations, and studies relating to causes, diagnosis, treatment, control and prevention of physical and mental disease and impairments of man.

Section 319(a) of the PHS Act (42 U.S.C. 247d), authorizes the HHS Secretary to declare a public health emergency and "take such action as may be appropriate to respond" to that emergency consistent with his authorities. Appropriate action may include making grants, entering into contracts, and conducting and supporting investigation into the cause, treatment, or prevention of the disease or disorder that presents the emergency. The Secretary's declaration also can be the first step in authorizing emergency use of unapproved products or approved products for unapproved uses under section 564 of the Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3), or waiving certain regulatory requirements of the Department, such as select agents requirements, or—when the President also declares an emergency—waiving certain Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) provisions.

The PHS Act provides additional authorities for core activities of HHS that will be needed to plan and implement an emergency response. For example, Sections 301, 319F-1, 402, and 405 of the PHS Act authorize the HHS Secretary to conduct and support research and development of vaccines and therapeutics. Section 351 of the PHS Act and provisions of the Federal Food, Drug, and Cosmetics Act authorize the Secretary and the Food and Drug Administration (FDA) to regulate vaccine development and production. Infrastructure support for preventive health services such as immunization activities, including vaccine purchase assistance, is provided under section 317 of the PHS Act.

Section 319F-2 of the PHS Act authorizes the Secretary, in coordination with the Secretary of DHS, to maintain the Strategic national Stockpile.

Section 361 of the PHS Act (42 U.S.C. § 264), authorizes the Secretary of HHS to make and enforce regulations necessary 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. Implementing regulations are found at 42 CFR Parts 70 and 71. HHS' CDC administers these regulations as they relate to quarantine of humans. Diseases for which individuals may be quarantined are specified by Executive Order; the most recent change to the list of quarantinable diseases was the April 1, 2005 Executive Order 13375, which amended the Executive Order 13295 by adding "influenza caused by novel or reemerging influenza viruses that are causing, or have the potential to cause, a pandemic" to the list. CDC issued a new proposed rule updating these regulations on November 30, 2005. 70 Fed. Reg. 71892 (www.cdc.gov/ncidod/dq/nprm/index.htm). Other provisions in Title III of

the PHS Act permit HHS to establish quarantine stations, provide care and treatment for persons under quarantine, and provide for quarantine enforcement by DHS and cooperating State and local entities.

Further, HHS has broad authority to coordinate vaccine development, distribution, and use activities under section 2102 of the PHS Act, describing the functions of the National Vaccine Program. The Secretary has authority for health information and promotion activities under Title XVII and other sections of the PHS Act. HHS can provide support to States and localities for emergency health planning under Title III of the PHS Act.

Section 301 of the PHS Act, authorizes the Secretary to conduct, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations and studies relating to the causes, diagnosis, treatment, control and prevention of physical and mental impairments of man, and to collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities.

Under section 1701 of the PHS Act (42 U.S.C. § 300u), the Secretary is authorized to formulate national goals for health information, promotion, health services, and education and to undertake activities, including training, support, planning, and technical assistance, to carry out those goals.

Section 203 of the PHS Act (42 U.S.C. § 204) authorizes the Federal Government to mobilize officers of the USPHS Regular Commissioned Corps and the Reserve Commissioned Corps in times of emergencies.

State and local Quarantines. State and local officials draw their authority to enforce State and local quarantines from State and local law. Under section 311 of the PHS Act, 42 U.S.C. § 243(a), the Secretary of HHS is authorized to accept State and local authorities' assistance in the enforcement of Federal quarantine rules and regulations, and is required to assist State and local authorities in the enforcement of their quarantines and other health regulations.

Customs and Border Protection agents, Immigration and Customs Enforcement special agents and the US Coast Guard and "military officers commanding in any fort or station upon the seacoast" must, at the direction of the HHS Secretary, aid in the execution of such State quarantines and other health laws "according to their respective powers and within their respective precincts." 42 U.S.C. §97.

The President also could use the Insurrection Act (see above) and use the Armed Forces or federalized National Guard to help suppress violence arising out of a State quarantine, as for any other law enforcement activity permitted under the Insurrection Act, 10 U.S.C. §§331-335, provided the requirements for using the Act described above are met (e.g. if the President is asked by a State to assist and if the defiance to the State quarantine orders amounts to an insurrection against State authority that the State cannot handle, see 10 U.S.C. § 331, or widespread unlawful activity that has the effect of depriving people of rights secured by the Constitution and laws) . See 10 U.S.C. §333.

Federal Quarantines. Customs and Border Protection agents, Immigration and Customs Enforcement special agents and the US Coast Guard have specific authority and responsibility to assist with the enforcement of quarantines at ports of entry. 42 U.S.C. § 268. With regard

to other Federal law enforcement officers, the U.S. Marshals Service has the broadest of Federal law enforcement missions, 28 U.S.C. § 565; and, along with other Department of Justice agencies (FBI, DEA, ATF) can be directed by the Attorney General to enforce quarantines. The U.S. Marshals Service can also deputize other Federal law enforcement officers to give them law enforcement powers in circumstances that extend beyond those for which they are otherwise statutorily authorized to exercise them, as was done during Hurricane Katrina.

Under the Insurrection Act the President may direct the military to enforce quarantines, or conduct security functions such as guarding stockpiles and pharmaceuticals, when he finds it necessary to enforce Federal law, see 10 U.S.C. §§ 331-334, or other prerequisites for use of the Act described above are met.

Criminal Sanctions: The violation of Federal quarantine regulations is a crime punishable by a fine of not more \$1,000 or by imprisonment for not more than one year, or both. 42 U.S.C. § 271. Additionally, individuals may be fined up to \$250,000 if a violation of the regulation results in death, or up to \$100,000 if a violation of the regulation does not result in death. 18 U.S.C. §§ 3559, 3571(c).

The Animal Health Protection Act (AHPA) of 2002, 7 U.S.C. 8301 et seq., detailed in Authorities Chapter 7, gives the Secretary a broad range of authorities to use in the event of an outbreak of avian influenza in the United States and to prevent the introduction of such a disease into the United States.

The Poultry Products Inspection Act, 21 U.S.C. 451 et seq. requires the inspection of poultry products and provides for criminal penalties for adulteration and misbranding of poultry products.

Importation of wild bird species parts and products. The importation of these items must comply with conservation laws and treaties enforced by the Department of the Interior, including the Wild Bird Conservation Act, the Migratory Bird Treaty Act of 1918, (16 U.S.C. 703-712), the Endangered Species Act of 1973 (ESA), (16 U.S.C. 1531-1544), which implements the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) (T.I.A.S. 8249); the Lacey Act Amendments of 1981, (16 U.S.C. 3371-3378); and the Bald Eagle Protection Act of 1940, (16 U.S.C. 668-668d). The Department of the Interior (DOI) has the authority to take measures to restrict trade in wild birds based on threats to wildlife populations. In the event of an outbreak of Highly Pathogenic Avian Influenza (HPAI) in domestic or wild exotic birds in the United States, DOI has the authority (under 50 CFR Part 13) to suspend the issuance of export and re-export permits under CITES and the ESA if such action is deemed necessary after coordination with USDA."