MCO 6220.1
PS
NOV 0 6 2009

MARINE CORPS ORDER 6220.1

From: Commandant of the Marine Corps
To: Distribution List

Subj: USMC PANDEMIC INFLUENZA (PI) RESPONSE PLAN

Ref: (a) CJCS Planning Order (PLANORD), 14 November 2005
            (NOTAL)
        (b) Strategic Planning Guidance (SPG), Fiscal Years 2008-
            2013, 1 March 2006 (NOTAL)
        (c) CDRUSNORTHCOM Concept Plan (CONPLAN) 3551-09,
            Pandemic Influenza, 19 March 2009 (NOTAL)
        (d) National Strategy for Pandemic Influenza
            Implementation Plan, May 2006
        (e) DOD Implementation Plan for Pandemic Influenza, May
            2006
        (f) CDRUSNORTHCOM CONPLAN 3591-07, Pandemic Influenza
            25 July 2007 (NOTAL)
        (g) CDRUSNORTHCOM Global Synchronization Planning
            Directive (NOTAL)
        (h) CJCS PLANORD, 20 April 2007 (NOTAL)
        (i) DOD Directive 6200.3, "Emergency Health Powers on
            Military Installations," May 12, 2003
        (j) DOD Directive 6200.04, "Force Health Protection
            (FHP)," October 9, 2004
        (k) BUMEDINST 3440.10, "Navy Medicine Force Health
            Protection (FHP) Emergency Management Program (EMP),"
            November 20, 2008
        (l) BUMEDINST 6200.17, "Public Health Emergency Officers
            (PHEO)," October 17, 2006
        (m) CDRUSNORTHCOM Plan Review and Evaluation Matrix
            (NOTAL)
        (n) SECNAV M-5210.1
        (o) UnderSecretary of Defense (Policy) Memorandum dtd
            16 Jun 09

DISTRIBUTION STATEMENT A: Approved for public release;
distribution is unlimited.

Encl: (1) Installation Disease Containment Plan Template
       (2) Operational Reporting
       (3) Duties and Responsibilities Checklist, Public Health
           Emergency Officer (PHEO)
       (4) Medical Treatment Facility (MTF) PI Preparedness and
           Response Checklist
       (5) Continuity of Operations (COOP) PI Preparedness and
           Response Checklist
       (6) Workplace PI Preparedness and Response Checklist
       (7) Individual and Family PI Preparedness and Response
           Checklist
       (8) Personal Protective Equipment (PPE) Matrix
       (9) PI Handbook for Commanders and Managers

1. Situation

    a. General

        (1) Background on Pandemic Influenza (PI)

            (a) The threat of PI has serious national security
implications for the United States. Because humans have little
or no immunity to a new virus, PI occurs with substantially
higher sickness and mortality rates than normal influenza.
Three human pandemics occurred in the 20th century, each
resulting in illness in approximately 30% of the world
population and death in 0.2% to 2% of those infected. Using
this historical information and current models of disease
transmission, it is projected that a modern pandemic could lead
to the deaths of 200,000 to 2 million Americans and could cause
30-40% work absenteeism.

            (b) Influenza viruses with pandemic potential are
novel or new influenza viruses with the following
characteristics: the virus is easily spread among humans; it
spreads globally in a short period of time; and a majority of
the human population is susceptible to infection and severe
disease. According to the World Health Organization (WHO), it
is only a matter of time before the emergence of a highly lethal
PI virus is possible, with significant health, economic, and
security ramifications.

            (c) No currently developed influenza vaccine can be
depended upon to immunize against the next pandemic strain and
an effective vaccine could take six months to develop.

(d) A pandemic differs from most natural or manmade disasters in nearly every respect. The impact of a severe pandemic is more comparable to a global war than an isolated disaster such as a hurricane, earthquake or an act of terrorism. PI will affect all communities. Exact consequences are difficult to predict in advance because the biological characteristics of the virus are not known. Similarly, the role of the federal government in a pandemic response will differ based on the pandemic's morbidity and mortality rates.

(e) Secondary effects of a PI could cause significant health, economic, and security ramifications; potentially including large-scale social unrest due to fear of infection or concerns about safety among individuals, their families, and their associates.

b. Strategic Guidance

(1) Reference (a) directed Combatant Commanders (CCDRs) to conduct execution-level planning for Department of Defense (DOD) response to PI. The planning order directs CCDRs to address Force Health Protection (FHP) and defense support of civil authorities (DSCA) in each Geographic Combatant Commander's (GCC) Area of Responsibility (AOR), as well as support to Humanitarian Assistance/Disaster Relief (HA/DR) operations to prepare and respond to the effects of PI.

(2) Reference (b) directed Commander, United States Northern Command (CDRUSNORTHCOM) and the other CCDRs to develop individual plans to respond to PI. Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3110.01F, Joint Strategic Capabilities Plan Fiscal Year 2006, of 1 September 2006 (superseded by CJCSI 3110.01G) directed CDRUSNORTHCOM to prepare a Concept Plan (CONPLAN) to synchronize worldwide planning to mitigate and contain the effects of PI. Reference (c) directly supports references (d) and (e) for PI. It is designed to coordinate the DOD PI planning effort and synchronize the decentralized execution of the GCCs' theater campaign CONPLANs as the supported commanders. The functional CCDRs, Services, and DOD Agencies are supporting commanders or agencies. Reference (f) outlines overarching guidance for mitigating and containing the effects of PI. Specific tasks, based on the task list in reference (e), are listed in reference (g).

(3) Preparing and responding to PI will require an active, layered defense. This active, layered defense is global,

and integrates U.S. capabilities seamlessly in the forward
regions of the world, the approaches to the U.S. territory, and
within the United States. It is a defense in depth which
includes assisting partner countries to prepare for and detect
an outbreak, and to respond and manage the key second-order
effects that could lead to an array of challenges. The top
priorities are the protection of DOD forces (comprised of the
military, DOD civilians, and contractors performing critical
roles) as well as the associated resources necessary to maintain
mission readiness and the ability to meet our strategic
objectives. Priority consideration is given to protect the
health of DOD beneficiaries and dependents. Reference (e)
assigns tasks to primary and supporting offices within the
Department of Defense to accomplish tasks specified in reference
(d). The Marine Corps will incorporate references (c and f)
tasks appropriate to their respective geographical and
functional responsibilities in their planning efforts.

(4) Reference (h) designated CDRUSNORTHCOM as the lead
CCDR responsible for planning and synchronizing the DOD global
response to an influenza pandemic, in conjunction with CCDRs,
Services, and DOD Agencies.

c. WHO Phases. WHO phases reflect virus driven trigger
points. Reference (c) has defined six phases, before and during
PI, that are linked to the characteristics of a new influenza
virus and its spread throughout the population. This
characterization represents a useful starting point for
discussion about Federal Government actions, and true to its
international acceptance, links overseas DOD networks to partner
nation understanding of the virus. DOD's relationship with WHO
is primarily unofficial and indirect. WHO phasing constructs
are:

(1) Inter-Pandemic Period (period of time between
pandemics)

(a) WHO Phase 1. In Phase 1, no viruses circulating
among animals have been reported to cause infections in humans.

(b) WHO Phase 2. In Phase 2, an animal influenza
virus circulating among domesticated or wild animals is known to
have caused infection in humans, and is therefore considered a
potential pandemic threat.

(2) <u>PI Alert Period</u>

(a) <u>WHO Phase 3</u>. In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among human necessary to cause a pandemic.

(b) <u>WHO Phase 4</u>. Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks". The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

(c) <u>WHO Phase 5</u>. Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

(3) <u>PI Period (pandemic period)</u>

(a) <u>WHO Phase 6</u>. Phase 6 is characterized by community level outbreaks in at least one other country on a different WHO region in addition to the criteria defined in WHO Phase 5. Designation of this phase will indicate that a global pandemic is under way.

d. <u>U.S. Government (USG) Stages</u>. USG Stages are trigger points that reflect geography driven triggers tied to when potential federal responses will take effect:

5

(1) <u>Stage 0</u> - New domestic animal outbreak in at-risk country.

(2) <u>Stage 1</u> - Suspected human outbreak from animals overseas.

(3) <u>Stage 2</u> - Confirmed human outbreak overseas.

(4) <u>Stage 3</u> - Widespread human outbreaks at multiple locations overseas.

(5) <u>Stage 4</u> - First human case in North America

(6) <u>Stage 5</u> - Spread throughout the United States.

(7) <u>Stage 6</u> - Recovery and preparation for subsequent waves.

   e. <u>CONPLAN 3551</u>. Reference (c), identifies six phases that delineate when DOD actions will occur in response to PI. The following phase descriptions reflect USNORTHCOM response to PI:

(1) <u>Phase 0 - Shape</u> - Incorporates planning, surveillance, and engagement activities to shape perceptions and influence behavior.

(2) <u>Phase 1 - Prevent</u> - Support USG efforts to prevent or limit the spread of the virus.

(3) <u>Phase 2 - Contain</u> - Take measures to protect USNORTHCOM population in the localized region(s) while maintaining the freedom of action to conduct assigned missions, and as directed, support USG efforts to contain the new virus within a limited area in order to prevent a pandemic and gain time for implementation of additional pandemic preparedness measures.

(4) <u>Phase 3 - Interdict</u> - Take broader measures to protect the USNORTHCOM population while maintaining the freedom of action to conduct assigned missions, and as directed, support USG efforts to delay or halt a PI wave.

(5) <u>Phase 4 - Stabilize</u> - Protect the USNORTHCOM key population, maintain freedom of action to conduct assigned

missions and within capabilities, and as directed, support USG in mitigating the pandemic effects in order to ensure governments and communities are capable of maintaining social order, maintain critical infrastructure, and minimize human suffering.

(6) Phase 5 - Recover - Conduct force reconstitution operations and as directed support USG efforts to re-establish normal support conditions with key partners.

f. Potential Impact of PI on the U.S. Marine Corps

(1) Potential impact of PI on operations may be significant. If 40% of personnel are absent because they are either sick, caring for the sick, or unwilling to risk exposure, there would be a tremendous impact on the ability to execute current plans. It can be assumed that military movements will be constrained and host countries may limit or prevent freedom of movement of sick personnel or transit through their country. However, throughout PI outbreak, forces must remain dominant across the full spectrum of military operations, preserving combat capabilities in order to deter and/or engage adversaries in any theater around the world. If directed, support of civil authorities during PI will be accomplished using forces available and not committed to other priorities providing for the nation's defense.

(2) Environment. PI must be viewed as an environment to operate within, vice an event or a traditional enemy. This environment, which may last more than a year, will have significant operational consequences. The impacts of PI across the nation and the world will limit support usually provided by the Federal Government and DOD to nations, states and communities, especially when balanced with protection of military capabilities through FHP.

(3) Personnel. Large portions of the overall key population may contract the influenza virus over the lifespan of the pandemic. Competing demands for low-density units (e.g., medical, mortuary) will decrease the range of options available for support. Limited civilian and military medical care options for military forces and their dependents (both CONUS and OCONUS) will increase the stress.

(4) Transportation. There will likely be a significant reduction in transportation capacity affecting

acquisition/distribution capabilities. Civil aviation support to strategic deployment will be reduced. Interstate transport of material and equipment to aerial ports or seaports of debarkation (Airport of Debarkation/Seaport of Debarkation (APOD/ SPOD)) and international land crossings may decrease. Access to goods OCONUS may be reduced. Therefore, assets may be asked to offset private sector shortfalls at ports, in transportation, or providing security. Movement restrictions imposed by national, State or local public health/medical personnel or national policies to slow the spread of a PI may have the potential to impact operations.

(5) U.S. Marine Corps Support. The first priority for the Marine Corps in the event of PI is to protect and preserve the operational effectiveness of our forces worldwide. We will prevent/inhibit an overwhelming epidemic within the Marine Corps by providing sufficient personnel, equipment, facilities, materials, and pharmaceuticals to care for forces, civilian personnel, dependents, and beneficiaries (including contractors overseas). The second priority is to sustain mission assurance for Marine Corps missions and to maintain the ability to meet our strategic objectives. Additionally, we will respond quickly and effectively to the requests of civil authorities in the event of PI to save lives, prevent human suffering, and provide security, within capabilities, when directed by the President of the United States (POTUS) or the Secretary of Defense (SecDef). In foreign areas, Marine Corps elements will plan, prepare, and support as directed by Geographical Combatant Commanders (GCCs) in accordance with existing procedures to include applicable international agreements.

g. Threat. The primary threat for this plan is the emergence of PI with effects similar to the 1918 Pandemic. These effects will have negative impacts on Marine Corps readiness (e.g., training, manning, equipping and deploying the force) potentially allowing opportunistic adversarial aggression. WHO has identified H5N1 (avian influenza) and H1N1 (swine influenza) as potential candidates for the next PI. PI is analogous to a traditional environmental hazard except that it is global in scope. Just as a chemical, biological, radiological, and nuclear (CBRN) environment is a hazard to be dealt with while accomplishing an assigned mission; PI will pose a similar challenge with the potential for producing a greater number of casualties.

(1) The primary characteristics of the threat during PI is the virus' ability to reproduce within a host, its relatively

indiscriminate attack rate and ability to exploit the abundant natural hosts, its ability to mutate quickly, and its ability to easily transmit human-to-human. The high transmissibility and rapid onset of severe morbidity can result in large numbers of people becoming sick or absent simultaneously.

(2) Impact of the pandemic threat may cause political, social, economic instability and degradation of military readiness. While adversarial forces will be infected, their readiness and operational capability may not be impacted in the same manner or at the same time as U.S. and allied forces. The degree to which countries can mitigate morbidity and mortality during the PI and reintegrate recovering individuals into society will have a considerable impact on military force capabilities. Countries with more advanced and robust health care systems will be better able to mitigate many of the PI effects.

(3) Key security concerns that would arise from the political, social and economic instabilities as discussed above include opportunistic aggression, opportunities for violent extremists to acquire WMD, reduced partner capacity during and after PI, instability resulting from a humanitarian disaster, and decreased production and distribution of essential commodities. The prevalence of PI coupled with political, social and economic instability may result in reduced security capabilities, providing an opportunity for international military conflict, increased terrorist activity, internal unrest, political and or economic collapse, humanitarian crises, and dramatic social change.

    h. Assumptions. Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic virus before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. Marine Corps planning efforts assume the following:

(1) Susceptibility to the PI virus will be universal.

(2) Efficient and sustained person-to-person transmission signals are indication of an imminent pandemic.

(3) PI in the United States will result in 20-35 percent of the population becoming ill, 3 percent of those infected being hospitalized, and a case fatality rate of 0.2 to 2.0 percent over the course of the pandemic.

(4) 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.

(5) While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medication for treatment, this proportion may be higher in the next pandemic.

(6) A vaccine (PI specific strain) will not be available for distribution for a minimum of 4-6 months after the clinical confirmation of sustained human-to-¬-human PI transmission. Once a vaccine is developed, current production capability is limited to 1% per week of the total U.S. vaccine required. Foreign manufacturers are not expected to support U.S. demand. Prioritization will be required.

(7) Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by order of magnitude between more and less severe scenarios. Risk groups cannot be predicted with certainty.

(8) 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 the fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the week before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.

(9) The influenza incubation period (time from exposure to signs and symptoms of disease) is typically 2 days.

(10) Persons who become infected may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness.

(11) Children will play a major role in the transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well.

(12) On average, infected persons will transmit infection to approximately two other people.

(13) Epidemics will last 6 to 8 weeks in affected communities.

(14) Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

(15) An efficient human-to-human outbreak will most likely occur outside of the United States and may not be contained effectively.

(16) Not all parts of the world will be affected at the same time or affected to the same degree.

(17) Developed countries will be quicker in preparing for, detecting, and responding to outbreaks than less developed countries.

(18) If PI starts outside the United States, it will enter the United States at multiple locations and spread quickly to other parts of the country.

(19) Some coalition partners, allies, and Host Nation (HN) governments will request military assistance and training from the USG for PI preparedness, surveillance, detection, and response.

(20) HN support to U.S. forces will be impacted by PI at a rate proportional to the impact of PI on the HN's general population.

(21) DOD can expect requests from interagency partners to support civilian mortuary affairs operations.

(22) State, Local, tribal and HN jurisdictions will be overwhelmed and unable to provide or ensure the provision of essential commodities and services.

(23) Infected people, confirmed (when possible) or suspected, will not be transported to any facilities beyond the affected area unless their medical condition demands movement.

(24) International and interstate transportation will be restricted to contain the spread of the virus.

(25) A layered mix of voluntary and mandatory individual, unit and installation-based public health measures, such as limiting public gatherings, closing schools, social distancing, protective sequestration, personal hygiene measures, and masking can limit transmission and reduce illness and death if implemented before or at the onset of the event. Quarantine, isolation and other movement restrictions are essential for a successful containment operation.

(26) The provision of routine security services for the protection of critical infrastructure will require Federal augmentation.

(27) DOD will support security and possibly staffing of national critical infrastructure at all levels (e.g., air traffic control, security for national critical infrastructure, etc.).

(28) Medical Treatment Facilities (MTF) will potentially be overwhelmed by DOD patients, dependents, and beneficiaries, necessitating outsourcing and alternate care facilities after outsourcing. DOD treatment of military personnel and other beneficiaries may be prioritized, with changes in priorities and altered standards of medical care during the PI.

(29) MTF and other installation support functions will be short staffed due to the use of some uniformed providers providing support elsewhere.

(30) DOS will request DOD support for selective Non-Combatant Evacuation (NEO) of designated non-infected individuals from areas abroad experiencing outbreaks. This will only be conducted after all other methods of extraction have been exhausted by DOS and only when directed by the SecDef. As stated in the DOD Implementation Plan this will only cover areas experiencing outbreaks. Outbreaks being defined in the National Implementation Plan as an epidemic limited to a localized area.

(31) Some military movements, basing, over flight as well as support to coalition operations, may be restricted by other countries. If DOS is going to request DOD support of NEO operations, DOS will obtain diplomatic clearances and country access required for military support of NEO operations.

(32) DOD will be called upon to assist in the transportation of AMCITS living abroad if deemed necessary by public health officials or the DOS.

(33) In accordance with existing agreements, and in limited circumstances, under Immediate Response Authority, DOD will provide support to local communities' medical efforts with personnel, equipment, pharmaceuticals, supplies, and facilities within DOD capabilities, as requested.

(34) Under applicable authorities, DOD will assist civil authorities in the event of a pandemic.

(35) DOD reliance on "just-in-time" procurement will compete adversely with U.S. and foreign civilian businesses for availability of critical supplies.

(36) DOD Title 10 Reserve Component forces will need to be quickly mobilized to provide surge capabilities, especially in the areas of transportation, command and control, communications, engineering, logistics, force protection, maintenance, aviation and security.

(37) DOS Shelter-in-Place policy will be followed unless other conditions (e.g., civil disturbance or political instability force an evacuation). If a Shelter-in-Place policy is not feasible, DOD, will be called upon to assist in the transportation of AMCITS living abroad if deemed necessary.

(38) DOS/United States Agency for International Development (USAID) will request support from DOD to provide Humanitarian Assistance/Disaster Relief support to the international community.

(39) NGB forces, minus those subject to the needs of national security (e.g., CCMRF units called to Title 10 status), will remain in place to provide support to the Governors of the individual states.

(40) OCONUS operational commitments will continue at current levels through the next several years and troop rotations will be impacted.

(41) There will be no increase in overall programmed DOD force structure.

(42) A surge in private demand for consumer goods (stockpiling) will cause DOD shortfalls.

(43) There will be a significant reduction in civilian transportation capacity that could affect DOD acquisition/distribution.

(44) A PI environment will minimize the patient evacuation effectiveness of National Disaster Medical System (NDMS) due to limited movement and a wide range of pandemic impact.

i. Friendly. The potential scope of PI is enormous, and the response to PI will involve many organizations. Accordingly, it is critical to establish communications linkages, liaison requirements, authorities, and agreements necessary to facilitate a rapid, coordinated interagency and international response to PI. Further, these roles and coordination must be in effect in advance of a PI event. Federal Departments and Agencies include:

(1) U.S. Department of Health and Human Services (HHS). The Secretary of HHS will be the primary agency coordinating the overall public health and medical response efforts across all federal departments and agencies and serve. as the principal federal spokesperson for the U.S. Government PI health issues.

(2) U.S. Department of Homeland Security (DHS). The Secretary of Homeland Security, will coordinate the Federal response to save lives, maintain confidence in the government, sustain critical infrastructure, and recover from PI in the 54 States, territories, and possessions.

(3) U.S. Department of Agriculture (USDA). The Secretary of USDA is responsible for overall coordination of veterinary response to a domestic animal outbreak of PI virus or virus with PI potential and ongoing surveillance for influenza in domestic animals and animal products.

(4) U.S. Department of State (DOS). The Secretary of State is responsible for the coordination of the international preparation and response, including persuading other nations to join our efforts to contain or slow the spread of PI virus, helping to limit the adverse impacts on trade and commerce, coordinating our efforts to assist other nations that are impacted by the PI, and interdiction with all official and non-official American Citizens (AMCITs) overseas.

j. <u>Legal and Policy Considerations</u>. Significant legal and policy issues could arise during operations in a PI environment.

(1) <u>Emergency Health Powers (EHP)</u>. To protect military and civilian personnel and DOD property, EHP, reference (i), enables the restriction of movement, the use of containment strategies (e.g., isolation, quarantine, social distancing) as well as medical evacuation and treatment. Installation Commanders are authorized upon consultation with their designated Public Health Emergency Officer (PHEO) to invoke these powers. Commanders at OCONUS locations may be restricted in the execution of these powers by HN laws and applicable international agreements. GCCs and the Marine Corps will ensure unity of effort in the implementation of EHP in the GCCs AORs and that the implementation of EHP does not violate applicable law and/or policy.

(2) <u>Force Health Protection (FHP)</u>. Under existing FHP policy, reference (j), a CCDR's responsibility/authority for FHP is limited to assigned or attached forces under the current forces for and to its subordinate commands/headquarters. COCOMs, Services, and DOD Agencies will ensure unity of effort in the implementation of FHP in the GCC's AOR. Under current FHP policy, Services retain existing FHP authorities and responsibilities. SecDef may, under extreme circumstances, choose to transfer to a CCDR authority for FHP over all DOD personnel within their AOR.

(3) <u>Defense Support of Civil Authorities (DSCA)</u>. As directed by SecDef, CCDR will provide support to civil authorities. CCDRs in coordination with their Staff Judge Advocate will ensure that the support complies with applicable legal authorities and/or policy.

(4) <u>International Support</u>. COCOMs tasked to provide foreign humanitarian assistance or disaster relief to foreign countries within their AOR will, in coordination with their Staff Judge Advocate, ensure that it is done in accordance with applicable international agreements, laws and policies.

(5) <u>Standing Rules of Engagement (SROE) and Standing Rules for the Use of Force (SRUF)</u> will apply during a response to PI. In addition, any COCOM theater specific ROE and SecDef approved mission specific RUF will remain in effect. GCCs may augment the SROE/SRUF as necessary by submitting a request for mission specific ROE/RUF to the CJCS. National Guard Forces

performing in a non-federalized status are governed by their respective State's ROE/RUF. These will probably differ from the rules governing Title 10 forces.

(6) The Federal Government has legal authority to prioritize distribution of vaccines and antivirals.

(7) Defense Production Act authorizes the Federal Government to require manufacturers to give priority for goods and services necessary or appropriate to promote the national defense.

(8) Commander USNORTHCOM will provide assessments and recommendations to the SecDef through the Joint Staff on PI related resource and policy decisions in other AORs that may impact Homeland Defense (HLD) and DSCA within the USNORTHCOM AOR.

k. Limitations. Reference (o) provides implementing instructions for release and sharing of unclassified portions of PI and DSCA plans with non-DOD planning partners, to include Federal, State (including the National Guards of the several States), local, and tribal agencies as well as private sector entities and Host Nation agencies.

2. Mission. The U.S. Marine Corps prepares for, responds to, and recovers from PI in order to ensure continuity of Title 10 United States Code (U.S.C.) responsibilities, and provides combat ready forces worldwide. When directed, the U.S. Marine Corps supports the USG PI efforts.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Minimize the impact of PI on the Marine Corps while simultaneously supporting, within capabilities, the USG domestic and international PI efforts.

(a) Key Tasks

1. Medical surveillance, analysis & reporting/dissemination.

2. Force Health Protection.

3. Assure capability to project & sustain combat power.

<u>4</u>.   Support the USG PI response.

<u>5</u>.   Coordinate and synchronize PI planning.

(b) <u>Essential Tasks</u>

<u>1</u>.   Force Health Protection.

<u>2</u>.   Assure capability to project & sustain combat power.

<u>3</u>.   Coordinate and synchronize PI planning.

(c) <u>End State</u>.   MARFORS maintain operational effectiveness.

(d) <u>Strategic Objectives</u>.   The effects of PI are mitigated, forces maintain freedom of movement worldwide and U.S. partners have assurance of support.

(e) <u>Desired Effects</u>.   The effects of PI are mitigated and contained, and MARFORS are able to continue to operate in support of national interests.

(2) <u>Concept of Operations</u>

(a) The center of gravity (COG) will be the installation.   Installation Commanders will plan and execute in coordination with HN, State, local, tribal and private sector entities.   Installations will initiate coordination with other military installations within a 100 mile radius.

(b) The Marine Corps executes this plan in accordance with reference (f).

(c) <u>DOD Global Synch Phases</u>.   This plan follows a six-phased construct: Shape, Prevent, Contain, Interdict, Stabilize, and Recover.   The Marine Corps executes this plan based upon observable and verifiable WHO conditions rather than WHO Pandemic phase declarations which may degrade rapid Marine Corps responses within a PI environment.   Simultaneous execution of tasks from different phases may occur.

<u>1</u>.   <u>Shape Phase (0)</u>:   Phase 0 occurs in an inter-pandemic period (WHO phase 1 and 2 conditions) and is a continuous phase incorporating adaptive planning, routine

surveillance and engagement activities to assure and solidify collaborative relationships, shape perceptions, and influence behavior in order to be prepared for a new influenza viral subtype. Phase 0 includes education and training for the Marine Corps key population and in coordination with GCCs, HNs, interagency, and international partners.

a. Key Tasks

(1) Develop and exercise plans in coordination with external planning partners, both DOD and non-DOD, synchronize plans with GCCs.

(2) Conduct threat surveillance in support of Marine Corps activities, facilities, and Key Population.

b. Priority of Effort. Surveillance.

c. Secondary Effort. Plan development and coordination.

d. Triggers (Phase 0 > Phase 1)

(1) Indications and warnings of human infection(s) with a new subtype with no human-to-human spread, or at most, rare instances of human-to-human spread to a close contact.

(2) WHO declares its Phase 3 conditions.

e. Phase 0 ends upon receipt of information of human infection(s) with a new influenza viral subtype but no human-to-human spread, or at most rare instances of spread to a close contact (similar to WHO Phase 3 and USG Stage 1 conditions).

2. Prevent Phase (1): Phase 1 begins upon receipt of information of human infection(s) with a new influenza viral sub-type but no human-to-human spread, or at most, rare instances of spread to a close contact (similar to WHO phase 3 conditions). During Phase 1, the Marine Corps supports GCC and USG efforts to prevent or limit the spread of the virus.

a. Key Tasks

    (1) Continue to monitor global infections to identify PI.

    (2) Train the force on protective measures for PI.

    (3) Equip the force with appropriate PPE.

    (4) Equip the force to facilitate shelter-in-place requirements.

    (5) Educate and rehearse PI FHP mitigation actions and response plans.

    (6) Enhance external coordination to include Public Affairs.

        b. Priority of Effort. Actions to prepare for and respond to potential pandemic, to include:

    (1) Training / equipping.

    (2) Educate Key Population.

    (3) Planning.

    (4) Opening Strategic Communication.

        c. Secondary Effort. Actions to maintain situational awareness, to include:

    (1) Interagency / international coordination.

    (2) Surveillance

    d. Triggers (Phase 1 > Phase 2)

    (1) Indications and warnings identify small cluster(s) with limited human-to human transmission but spread is highly localized, suggesting virus is not well adapted to humans.

    (2) WHO declares its Phase 4 conditions.

<u>e</u>.   Phase 1 ends upon receipt of information of small cluster(s) with limited human-to-human transmissions but the spread is highly localized suggesting the virus is not well adapted to humans (WHO Phase 4 conditions).

<u>3</u>.   <u>Contain Phase (2)</u>:   Phase 2 begins upon receipt of information of small cluster(s) with limited human-to-human transmission but the spread is highly localized suggesting the virus is not well adapted to humans (similar to WHO phase 4 conditions).   During Phase 2, Marine Corps organizations will take measures to protect the Marine Corps key population in the localized region(s) while maintaining the freedom of action to conduct assigned missions.   As directed, Marine Corps organizations will support GCC and USG efforts to contain the new virus within a limited area in order to prevent a pandemic and gain time for implementation of additional pandemic preparedness measures.

<u>a</u>.   <u>Key Tasks</u>

(<u>1</u>) Pre-position key capabilities to protect MARFORS.

(<u>2</u>) Support USG PI mitigation efforts to contain the virus.

(<u>3</u>) Continue medical surveillance.

(<u>4</u>) In coordination with GCCs, implement FHP and community mitigation measures in affected regions.

(<u>5</u>) Sustain external coordination to include Public Affairs (PA).

<u>b</u>.   <u>Priority of Effort</u>.   Support USG containment efforts while maintaining freedom of movement to conduct assigned missions.

<u>c</u>.   <u>Secondary Effort</u>.   Preparation for potential pandemic by initiating release and distribution of PI medical stockpile material.

<u>d</u>.   <u>Triggers (Phase 2 > Phase 3)</u>

(<u>1</u>) Indications and warnings of larger cluster(s) but human-to-human spread still localized suggesting

the virus is becoming increasingly better adapted to human efforts, not yet fully transmissible.

(<u>2</u>) WHO declares or moves to its Phase 5.

<u>e</u>. <u>Triggers (Phase 2 > Phase 1)</u>. No new cluster(s) identified with decrease in cases in identified cluster(s).

<u>f</u>. Phase 2 ends when indications and warnings identify large clusters of human-to-human transmission or when the outbreak is contained with no additional cases in an (the) identified region(s) (similar to WHO phase 5 conditions)

<u>4</u>. <u>Interdiction Phase (3)</u>: Phase 3 begins when indications and warnings identify large clusters of human-to-human transmission in (the) affected region(s) (similar to WHO phase 5 conditions). During Phase 3, Marine Corps organizations take broader measures to protect the Marine Corps key population while maintaining the freedom of action to conduct assigned missions. As directed, Marine Corps organizations will support the GCC and USG efforts to delay or halt a pandemic influenza wave.

<u>a</u>. <u>Key Tasks</u>

(<u>1</u>) Continue to support GCC and USG PI mitigation efforts.

(<u>2</u>) Continue medical surveillance.

(<u>3</u>) In coordination with GCCs continue and refine FHP and community mitigation measures in affected regions.

(<u>4</u>) Continue and refine external coordination to include PA.

<u>b</u>. <u>Priority of Effort</u>. Necessary preparations to ensure freedom of action to conduct assigned missions in face of impending pandemic.

<u>c</u>. <u>Secondary Effort</u>. Support to USG efforts and preparation actions to ensure Continuity of Operations (COOP).

    d. Triggers (Phase 3 > Phase 4)

       (1) Indications and warnings of increased and sustained transmission in general population.

       (2) WHO declares Phase 6.

    e. Triggers (Phase 3 > Phase 2). Decrease in reported cases in identified clusters or no new clusters.

    f. Phase 3 ends upon receipt of information that highly lethal, influenza virus is spreading efficiently from human-to-human, signaling a failure of containment and interdiction actions within a region(s) (similar to WHO phase 6 conditions) or when the outbreak is contained with no additional cases in the identified region(s).

    5. Stabilize Phase (4): Phase 4 begins upon receipt of information the PI virus is spreading globally from human-to-human signaling a failure of containment and interdiction actions (similar to WHO phase 6 conditions). During Phase 4, Marine Corps organizations will protect Marine Corps key population in order to maintain freedom of action to conduct assigned missions and within capabilities, as directed, support USG in mitigating the pandemic effects in order to ensure governments and communities are capable of maintaining social order, maintain critical infrastructure, and to minimize human suffering.

    a. Key Tasks

       (1) Maintain mission assurance.

       (2) Continue to support GCC and USG PI mitigation efforts.

       (3) Increase medical surveillance and analysis.

       (4) Enhance protection and treatment of key population.

       (5) Maintain COOP in PI environment.

       (6) Continue and refine external coordination to include PA.

b. <u>Priority of Effort</u>. Protect Key Population while maintaining mission assurance and protection of USG vital national interests.

c. <u>Secondary Effort</u>. Support to other USG PI efforts and actions to maintain COOP.

d. <u>Triggers (Phase 4 > Phase 5)</u>

(<u>1</u>) Declining case incident rates.

(<u>2</u>) Indications of pandemic wave slowing.

(<u>3</u>) Conditions that allow reestablishment of USG / HN functions without Marine Corps support.

e. Phase 4 ends upon receipt of information that case incidence is decreasing, indicating the slowing of the pandemic wave and conditions begin to allow reestablishment of governments' functions without Marine Corps support.

<u>6</u>. <u>Recover Phase (5)</u>: Phase 5 begins upon receipt of information that case incidence is decreasing, indicating the slowing of the pandemic wave. During Phase 5, Marine Corps conducts force reconstitution operations and as directed will support GCC and USG efforts to re-establish normal support conditions with key partners.

a. <u>Key Tasks</u>

(<u>1</u>) Prepare for next wave (3 waves in 18 months)

(<u>2</u>) Posture MARFORS and capabilities to execute Title 10 responsibilities.

(<u>3</u>) Capture and implement lessons learned.

(<u>4</u>) Continue and refine external coordination to include PA.

b. <u>Priority of Effort</u>. Redeploy Marine response forces as directed.

c. <u>Secondary Effort</u>. Redeploy and Reconstitute.

d. <u>Triggers</u>

(<u>1</u>) Conditions set for return to interpandemic phase.

(<u>2</u>) Indications for subsequent wave.

<u>e</u>. Phase 5 ends when normal support relations are in place, Marine Corps PI response forces are reconstituted and reset, and conditions allow for a return to the inter-pandemic conditions or back to a previous phase.

b. <u>Tasks</u>

(1) <u>Deputy Commandant, Plans Policies and Operations</u>

(a) Serve as the lead office on PI planning and response matters for the Marine Corps. Appoint a full-time PI Planner to serve as the POC for all PI issues.

(b) Provide policy and planning guidance to enable the development of Regional and Installation Disease Containment Plans (DCP) with PI annexes.

(c) Provide policy and planning guidance to enable the development and maintenance of a Pandemic Response annex to the HQMC Continuity of Operations (COOP) Plan.

(d) Provide policy and procedural guidance for PI reporting to include:

(1) Immediate OPREP-3/SIR

(2) Monthly SITREP during phases 0/1

(3) Weekly SITREP during phase 2

(4) Daily SITREP during phases 3/4/5

(e) In coordination with Health Services (HS), HQMC, provide policy and planning guidance for the implementation of the Novel Influenza Vaccine Immunization Program (NIVIP).

(f) In coordination with Health Services (HS), HQMC, provide policy and planning guidance for the implementation of Novel Influenza Pre-Deployment Screening.

(g) In coordination with Manpower and Reserve Affairs (M&RA), establish guidelines and procedures for the recall of Reserve personnel with critical skill sets in accordance with policy guidance from the Office of the Assistant Secretary of Defense Reserve Affairs (OSD(RA)).

(h) Assist MARFORNORTH in coordinating with USNORTHCOM to ensure that policy and plans are developed and synchronized with reference (f).

(i) Assist MARFORS and Installations in synchronizing their DCP with corresponding GCC PI CONPLANs.

(j) Review MARFORS and Installation DCP every six months in accordance with reference (s) with an emphasis on refinements necessary due to significant changes in strategy, risk or tolerance of risk, assumptions, U.S. capabilities, enemy and/or adversary intent or capabilities or resources.

(2) Director of Health Services HQMC

(a) Advise the Commandant of the Marine Corps (CMC) and his operational and medical staff concerning PI FHP priorities necessary to ensure COOP throughout PI.

(b) Coordinate policies, plans, procedures, and guidelines with the Bureau of Medicine and Surgery (BUMED) as provided in references (k) and (l), to fully employ the resources of Navy Medicine and mitigate the PI impacts upon Marine Corps Installations and Operations. Specifically, PI coordination must address Marine Corps dependencies upon BUMED controlled assets, such as garrison MTF and public health support, to ensure:

1. Public Health Emergency Officers (PHEOs) are properly allocated and trained to support Marine Corps Installation Commanders.

2. FHP program elements are consistent with FHP measures aligned by phase, in accordance with reference (j).

3. Community mitigation guidance is provided to affected Marine Corps installations, including the procedures and guidelines for using PPE, imposing quarantine or isolation, and screening and/or transporting patients with ILI.

4. Access to healthcare resources is provided for affected and eligible military/DOD personnel and family members at all Marine Corps installation MTFs.

5. MTFs that operate on Marine Corps installations perform daily influenza surveillance and trend analysis in accordance with DOD policy, and report evidence of potentially emerging pandemic threats to all affected installation commanders and higher headquarters.

6. Immunization of military units and key critical personnel is initiated once a licensed vaccine is available and supplies and distribution are adequate.

7. Occupational Environmental Health Survey (OEHS) assessments are conducted, as appropriate.

8. Theater distribution and tracking plans for antivirals, vaccines, ventilators, and other medical supplies/equipment for the GCCs is appropriately developed and executed.

9. Adequate stocks and sourcing of medical material are maintained in accordance with Annex Q, of reference (f).

10. Plans are in place to activate and deploy medical personnel to augment/support appropriate PI related medical operations as directed by higher authority. Plans must include provisions for mental health, mortuary affairs, and screening criteria at aero-medical evacuation hubs and ports of debarkation.

11. A 30-day supply of antivirals and other essential medical supplies are pre-positioned at each installation MTF to support key populations.

12. Adverse events following a vaccine and/or antiviral administration are tracked and reported.

(3) Deputy Commandant, Manpower and Reserve Affairs

(a) Develop military/civilian personnel policy and guidance to address the following in the event of PI:

1. Wounded Warrior care.

2. Telework.

26

<u>3</u>. Child care.

<u>4</u>. Financial assistance.

<u>5</u>. Educational needs.

<u>6</u>. Locator assistance.

<u>7</u>. Family employment.

<u>8</u>. Recall from TAD/Leave.

<u>9</u>. Retiree recall.

<u>10</u>. Stop Loss.

<u>11</u>. Stop Movement.

<u>12</u>. Implementation of Safe Haven.

(b) Conduct a formal review of all USMCR Units and Individual Augmentees to determine which personnel would not be available for activation during a pandemic due to the critical nature of their civilian occupations. At a minimum this study shall be broken out by state, category of recall, skills set and shall specifically address the impact on anticipated PI operations. This study is due 180 days after OSD(RA) releases its policy for utilization of the National Guard and Reserves during a pandemic. Results of this analysis will be provided to the Joint Staff, United States Joint Forces Command (USJFCOM), National Guard Bureau (NGB) and Marine Forces Reserve.

(c) In coordination with OSD and OPM, develop policy and advise Marine Corps leadership on civilian (appropriated fund and non-appropriated fund) personnel work flexibilities, limitations, and responsibilities during preparation for, response to, and recover from PI. Scope of task includes, but is not limited to; work hours, telework, social distancing, liberal leave (with or without pay), and other non-pharmaceutical FHP measures.

(d) In coordination with the Deputy Commandant, Installation and Logistics, authorize emergency hiring and contracting authorities to fill critical personnel shortages during and after PI.

(e) Conduct PI reporting in accordance with enclosure (2) of this Order to include:

<u>1</u>.   Immediate OPREP-3/SIR

<u>2</u>.   Monthly SITREP during phases 0/1

<u>3</u>.   Weekly SITREP during phase 2

<u>4</u>.   Daily SITREP during phases 3/4/5

(4) <u>Director, Intelligence</u>

(a) Develop and disseminate policies regarding intelligence support to PI.

(b) Track global influenza spread.

(c) Provide threat indications, warning and assessments relating to PI.

<u>1</u>.   Intelligence efforts will be focused by Priority Intelligence Requirements (PIRs), and associated Essential Elements of Information (EEI) and Observables (OBS).

<u>2</u>.   Assigned and attached units will submit information of intelligence value as soon as possible and pass critical information via the most expeditious means available.

(d) Monitor secondary and tertiary effects of PI on state and non-state actors.

(e) Develop and maintain interagency and international relationships to share PI information, including communications.

(5) <u>Deputy Commandant, Installations and Logistics</u>

(a) In coordination with Deputy Commandant, PP&O, operate as integral partners to define, develop, and implement appropriate PI preparedness and response capabilities.

(b) Analyze and provide support for critical infrastructure protection of critical maintenance, supply, and logistics process, facilities, and assets against PI.

(c) In conjunction with DLA, identify critical supplies, goods or services that require priority delivery from industry/suppliers to ensure COOP and sustainment of key population.

(d) Ensure Mortuary Affairs (MA) plans address fatality management assistance in the collection of ante-mortem information and Deoxyribonucleic Acid (DNA) samples in order to insure proper identification of remains, and advise personnel and families as needed regarding the process.

(e) Ensure guidance exists to address temporary housing during PI.

(f) In coordination with the Deputy Commandant, Manpower and Reserve Affairs, authorize emergency hiring and contracting authorities to fill critical personnel shortages during and after PI.

(6) <u>Director, C4</u>. Be prepared to provide Command, Control, Communication and Computers (C4) assets, personnel and expertise upon request to COCOMs, Joint Task Forces (JTF), Joint Communications Control Centers (JCCC), MARFORs, and Installations in the event of a PI.

(7) <u>Deputy Commandant, Combat Development and Integration/Commanding General, Marine Corps Combat Development Command</u>

(a) Identify the roles and responsibilities regarding how studies, analysis, assessments and lessons learned for PI will be requested, the reporting format required and the appropriate recipients; as well as, how the information will be used to improve plans and response capabilities.

(b) Conduct PI reporting in accordance with enclosure (2) of this Order to include:

<u>1</u>. Immediate OPREP-3/SIR.

<u>2</u>. Monthly SITREP during phases 0/1.

<u>3</u>. Weekly SITREP during phase 2.

<u>4</u>. Daily SITREP during phases 3/4/5.

29

(8) <u>Chaplain of the Marine Corps</u>

(a) Provide religious activity support and guidance in the event of a PI.

(b) Identify areas in the DCP that require or recommend Chaplain Service (CS) support, such as MA and Medical Services. Describe procedures to ensure religious support during emergency situations.

(c) Clearly identify the boundaries of service in the event of PI so as to avoid inadvertent spread of the disease.

(d) Within existing capabilities, surge pastoral care and religious support for both living and deceased Marine Corps personnel.

(9) <u>Deputy Commandant, Program and Resources</u>

(a) Identify resource shortfalls to OSD, as applicable, to ensure execution of Shape Phase (Phase 0) and Prevent Phase (Phase 1), and to begin preparation of remaining phases.

(b) Capture costs during all PI phases for the ultimate reimbursement from the primary agency.

(10) <u>Staff Judge Advocate to the CMC</u>

(a) In coordination with GCCs, ensure unity of effort in the implementation of Emergency Health Powers (EHP) in each GCC AOR and that the implementation of EHP does not violate applicable law and/or policy.

(b) Advise the CMC regarding policy and legislative issues and changes that will affect support to affected active and reserve component personnel and family members.

(c) Ensure compliance with annex E, appendix 4 of reference (c).

(11) <u>Director, Headquarters, U.S. Marine Corps Public Affairs</u>

(a) Develop a comprehensive internal and external public affairs (PA) strategy (as directed) that supports the DOD objectives and is synchronized with reference (c).

(b) Ensure clear, effective and coordinated risk communication, before and during a pandemic. Communicate /disseminate public health advisories, strategic communication themes and other messages consistent with Assistant Secretary of Defense for Public Affairs (ASD(PA)) and Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs (ASD(HD&ASA)) guidance, National and DOD policy and guidance.

(12) <u>Commander, Training and Education Command</u>. In coordination with Health Services HQMC, develop and disseminate specific training materials that stress preventive measures during PI. Ensure these training materials are used during Initial Entry Level Training for both officer and enlisted students.

(13) <u>Commanding Officer, Headquarters Battalion, HQMC</u>. Conduct PI reporting in accordance with enclosure (2) of this Order to include:

(a) Immediate OPREP-3/SIR.

(b) Monthly SITREP during phases 0/1.

(c) Weekly SITREP during phase 2.

(d) Daily SITREP during phases 3/4/5.

(14) <u>Commander, Marine Forces North</u>

(a) Coordinate with USNORTHCOM in its execution of USNORTHCOM CONPLAN 3551-09, "Pandemic Influenza Plan", via reference (f), to ensure synchronization with reference (c).

(b) Synchronize staff actions with USMC Supporting Establishment Commands and all USMC attached and assigned forces to USNORTHCOM, in support of reference (c).

(15) <u>Commanders, Marine Forces</u>

(a) Be advised that installations may be challenged to sustain mission and life support operations in an environment of degraded civil infrastructure and limited external support for three separate 90-day periods irregularly interspersed over a time frame of 18 to 24 months.

(b) Establish installation level PI working group. Appoint appropriate core membership (to include tenants).

31

(c) Conduct situational assessment and gap analysis to identify mitigations, shortfalls and vulnerabilities.

(d) In coordination with supporting MTF, develop a DCP with PI Annexs conforming in scope and format to enclosure (1), to prevent, protect against, respond to and recover from PI affecting the installation and its key population and critical infrastructures. Ensure DCP is coordinated and synchronized with USNORTHCOM and other GCCs, other geographically proximate (100 mile radius) service installations, and regional, State and local first responder emergency planning, and health authorities. Ensure installation plans prepare and exercise PI prevention, response and recovery with external partners.

(e) In coordination with DC PP&O, develop and maintain a Pandemic Response annex / enclosure within existing COOP plans to include:

1. Risk communications.

2. Alternative work schedules.

3. Telework.

4. Social distancing.

5. Isolation / quarantine.

6. Geographic dispersion.

7. Alternate operating locations.

8. Personal protective equipment (PPE).

9. Delegations of authority.

10. Orders of succession.

11. Cross training of personnel.

12. Travel restrictions.

13. Personnel accountability.

14. Vaccinations / antivirals.

(f) Conduct PI reporting in accordance with enclosure (2) of this Order to include:

1. Immediate OPREP-3/SIR.

2. Monthly SITREP during phases 0/1.

3. Weekly SITREP during phase 2.

4. Daily SITREP during phases 3/4/5.

(g) Program and budget (to include POM inputs) necessary resources to maintain and execute the DCP. Ensure funding is requested and allocated for external coordination consistent with desired external coordination effects and corresponding capabilities shortfalls. Ensure installation tenants program and budget necessary resources to maintain and execute their internal PI Plans.

(h) Establish and maintain appropriate Memorandums of Understanding (MOUs) and Mutual Aid Agreements (MAAs) with HN, local, State, tribal, Federal and HN civil authorities, private sector organizations and other federal facilities to address local support that either party might provide for immediate response to homeland emergencies. Ensure that Marine Corps commitments under MOUs/MAAs are consistent with relevant regulatory and statutory requirements, including specific funding authorities. Coordinate all new or re-validated MOUs/MAAs with appropriate organizations.

(i) Develop and actively provide PI preparedness information tailored to Key Population in the local area. Ensure PHEO provides guidance for developing and implementing movement restrictions, individual protection, and social distancing strategies (including unit shielding, vessel sortie, cancellation of public gatherings, drill, ceremonies, training, etc.) within their installations, and stations. Advise DOD personnel and beneficiaries living off-installation should comply with local community containment guidance with respect to activities not directly related to the installation.

(j) When directed, receive, store, secure, maintain, and distribute PPE/vaccines and anti-virals for a pandemic threat in coordination with GCC and ASD(HA) prioritization guidance.

(k) Be prepared to conduct as situational appropriate, DSCA or HA/DR including but not limited to the following activities:

1. <u>General Public Safety and Security, to include but not limited to</u>:

a. Assist with building evacuations and shelter-in-place notifications.

b. Assist with the protection of emergency responder and other workers operating in a high-threat environment.

c. Conduct surveillance to assist in public safety and security efforts, and provide technology support, as appropriate.

d. Determine security support requirements and jointly determine resource priorities.

e. Execute security measures for quarantine and certain public health laws, including but not limited to isolation and other restriction of movement measures per approved ROE.

f. Provide expertise and coordination for security planning efforts and conducting technical assessments (e.g., vulnerability assessments, risk analyses)

2. <u>Food and Water Security, to include but not limited to</u>:

a. Assist in determining the location and status of suspected contaminated food supplies (may include conducting epidemiological investigations).

b. Assist in mobilization and staging of food supplies, including facilities and personnel to offload, store, allocate, and reload for shipment to food preparation/distribution sites within the disaster area.

3. Pharmaceutical Security, to include but not limited to providing physical security for vaccines and anti-virals in support of civil authorities.

4. Emergency Management, to include but not limited to:

a. Alert, notify, and assist with situation reports and assessments to regional and field components during a disaster/emergency.

b. Identify and implement compatible resource tracking systems when possible.

c. Provide CBRNE subject matter experts and technical resources for planning and decision-making.

5. Mass Care Housing and Human Services, to include but not limited to:

a. Assist in establishing priorities and coordinating the transition of mass care operations with recovery activities.

b. Ensure water, ice, and other emergency commodities and services requirements are delivered to appropriate entities.

c. Provide assistance for the short and long-term housing needs of victims.

d. Provide assistance in constructing temporary shelter facilities in the affected area, as required.

e. Provide mass care functions including overall coordination, shelter, feeding, emergency first aid, disaster welfare information, bulk distribution, and other activities to support emergency needs of victims.

f. Support various services impacting individuals and households, including a coordinated system to address victims' incident related recovery efforts through crisis counseling and other supportive services.

6. Public Health and Medical Services, to include but not limited to:

a. Health Surveillance (Conduct field studies and investigations; Enhance surveillance systems to monitor the health of the general population and special

high-risk populations; and identify diseases for which quarantine is appropriate).

b. Medical Care Personnel (Provide available personnel for support in hospital care and outpatient services to victims who become seriously ill or injured; and Provide available personnel with immediate medical response capabilities).

c. Provide Health/Medical Equipment and Supplies and Behavioral Health Care.

d. Patient Evacuation and Patient Care Services (Provide available personnel to support inpatient hospital care and outpatient services to victims who become seriously ill or injured regardless of location and provide contagious casualty support, including isolation, quarantine, and restriction of movement).

7. Support mass fatality management.

i. Support USDA animal eradication.

(1) On order, restrict travel and personnel movement to areas experiencing PI outbreak. Ensure mission essential personnel entering such areas are provided with antiviral prophylaxis and vaccines, when available, and individual PPE. Personnel restriction is necessary to avoid moving unexposed personnel into an area experiencing an outbreak and/or to avoid allowing potentially infectious personnel to return to a PI-free area.

(m) On order, cancel or postpone all non-critical operations, exercises, or activities in areas with confirmed, sustained, human-to-human transmission of PI.

(n) On order, implement policy and procedures for the NIVIP.

(o) On order, implement policy and procedure for Novel Influenza Pre-Deployment Screening.

(16) Commander, Marine Forces Reserve

(a) Develop DCPs with PI Annexs conforming in scope and format to enclosure (1), to prevent, protect against, respond to and recover from PI affecting the Reserve Centers, Reserve Support Units and its key population and critical

infrastructures. Ensure DCP is coordinated and synchronized with USNORTHCOM and other GCCs, other geographically proximate (100 mile radius) service installations, and regional, State and local first responder emergency planning, and health authorities. Ensure plans prepare and exercise PI prevention, response and recovery with external partners.

(b) In coordination with DC PP&O, develop and maintain a Pandemic Response Annex / Enclosure within existing COOP plans to include:

<u>1</u>. Risk communications.

<u>2</u>. Alternative work schedules.

<u>3</u>. Telework.

<u>4</u>. Social distancing.

<u>5</u>. Isolation / quarantine.

<u>6</u>. Geographic dispersion.

<u>7</u>. Alternate operating locations.

<u>8</u>. Personal protective equipment (PPE).

<u>9</u>. Delegations of authority.

<u>10</u>. Orders of succession.

<u>11</u>. Cross training of personnel.

<u>12</u>. Travel restrictions.

<u>13</u>. Personnel accountability.

<u>14</u>. Vaccinations / antivirals.

(c) Conduct PI reporting in accordance with enclosure (2) of this Order to include:

<u>1</u>. Immediate OPREP-3/SIR.

<u>2</u>. Monthly SITREP during phases 0/1.

<u>3</u>. Weekly SITREP during phase 2.

<u>4</u>. Daily SITREP during phases 3/4/5.

(d) Prepare for HQMC submission to USNORTHCOM, an assessment based upon OSD(RA) policy of which Marine Corps Reserve forces should not be available for activation given a PI situation, under appropriate authorities, due to the critical nature of their civilian occupations (first responders, health and medical professionals, transportation industry, critical infrastructure sustainment, etc.). At a minimum this study should be broken out by State, category of recall, skills set and specifically address the impact on anticipated DOD PI response operations.

(e) Be prepared to provide Marine Corps Reserve forces to conduct the following types of operations within a PI environment:

<u>1</u>. Transportation

<u>2</u>. Command and control

<u>3</u>. Communication

<u>4</u>. Engineer

<u>5</u>. Logistics

<u>6</u>. Force Protection

<u>7</u>. Maintenance

<u>8</u>. Aviation

<u>9</u>. Security

(f) On order, implement policy and procedure for Novel Influenza Pre-Deployment Screening.

c. <u>Coordinating Instructions</u>

(1) This plan is effective for planning upon receipt, and for execution on order.

(2) Enclosures (3) - (9) provide PI preparedness and response checklists, evaluation matrix, and handbooks to enhance PI planning efforts and facilitate execution of this Order.

(3) HQMC agencies COOP PI response roles and responsibilities are outlined in Annex E to HQMC COOP Plan - Pandemic Response.

(4) All PI DSCA will be provided on a reimbursable basis unless the operation was ordered by the POTUS or reimbursement is waived by the SecDef. Support provided under Immediate Response Authority should be on a cost-reimbursable basis, if possible. Marine Corps organizations will capture costs during all phases of the PI for possible reimbursement from the Primary Agencies.

(5) CDRUSNORTHCOM and CDRUSPACOM shall be the coordinating authorities for any PI DSCA operations in their respective Joint Operations Areas (JOAs).

(6) MARFORS shall become OPCON to GCCs upon arrival. All MARFORS allocated to COCOM JOAs can expect to undergo the JRSOI process.

(7) Commanders responding under Immediate Response Authority or Imminently Serious Condition Authority will notify Marine Corps Operations Center within 1 hour. For responses within the NORTHCOM JOA, Marine Corps Operations Center will, within 1 hour of receipt, notify the NORAD-USNORTHCOM Operations Center and the National Military Command Center (NMCC) in accordance with reference (c).

(8) Director, HQMC PA is the HQMC agent and delegating authority for the Marine Corps response to all media inquiries concerning Marine Corps PI operations. Any Marine Corps response must take into account possible media contribution to GCCs mitigation efforts in support of the Primary Agencies.

(9) Direct Liaison Authority (DIRLAUTH). DIRLAUTH is authorized with Marine Corps organizations listed in plan for the purposes of planning, synchronizing, and execution of this plan. Within USNORTHCOM JOA, Commanders, MARFORS are authorized DIRLAUTH with State, local, tribal and private sector planning partners. Outside of USNORTHCOM JOA, Marine Corps defers DIRLAUTH with HNs to CCDRs. In all cases, keep HQMC informed.

4. Administration and Logistics

a. Commanders/Commanding Officers shall ensure adequate staff and budget are provided to implement a comprehensive PI plan to meet the requirements of this Order.

b.   Commanders shall publish local implementing guidance and appropriate supplemental policies. Such guidance must be consistent with this Order, but commanders may implement more detailed rules to meet their needs. CCDR Concept Plans and guidance shall be integrated into appropriate orders, training, educational programs, SOPs and deployment checklists.
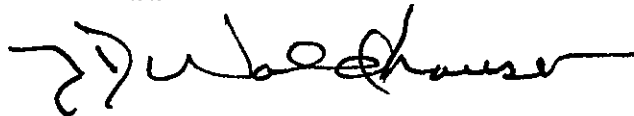
c.   Installations are the supported commands for PI preparation and planning. Tenant units and organizations are the supporting commands.

d.   Installation DCP are not authorized for destruction. Per reference (n), Commanders/Commanding Officers shall maintain all plans until a records disposition is established.

5.   Command and Signal

a.   Command. This Order is applicable to the Marine Corps Total Force.

b.   Signal. This Order is applicable the date signed.

T. D. WALDHAUSER
Deputy Commandant
Plans, Policies and Operations

DISTRIBUTION: PCN 10209391000

Standard Format and Attachments for an Installation Disease
Containment Plan (DCP) in Support of the DOD Global Pandemic
Influenza Concept Plan (CONPLAN 3551)

1. General. The installation DCP should provide detailed
procedures, information and guidance to prepare for and respond
to disease outbreaks, whether naturally occurring or due to
biological attacks, to protect installation personnel and
critical resources. This DCP will support sustainment of
mission operations during disease outbreaks, if required. The
DCP should be maintained in an executable state via periodic
updates. When available, lessons learned from exercises and
real-world events, should be incorporated into the plan.

2. Plan Components. Three specific components are generally
necessary for the DCP: the table of contents, the basic plan,
and the attachments (annexes, appendices and/or tabs).

3. The Basic Plan. Installation plans will follow the format
as outlined below. The basic plan will contain, at a minimum,
nine sections: references, tasked organizations, situation,
threat, key assumptions, mission, execution, administration and
logistics, and command and control. Installation planners may
add additional sections as required. Keep the basic plan brief;
save the detailed information for the attachments. Where
applicable, the DCP may reference other installation plans (e.g.,
installation security plan, medical contingency response plan)
rather than restate the information.

3.1. References. List applicable DoD, Services, and
installation-specific guidance, as well as any other references
required to execute the plan.

3.2 Tasked Organizations. Identify installation organizations
tasked to support this plan. Identify the size and breakout of
the installation population. Include assigned Services units,
tenant units, geographically-separated units, joint or coalition
forces, military civilians, civilian contractors, military
dependents, host nation or third country civilians, and guests.

3.2.1. Supporting Forces. Identify military units or
organizations outside of the installation that support this plan.

3.2.2. Supporting Organizations. Identify non-military
organizations identified for support via memorandums of
agreement (MOAs) or mutual aid agreements (MAAs).

3.3. <u>Situation</u>. Describe the most probable conditions for implementing this plan. Identify other plans that are likely to be implemented concurrently with this plan.

3.3.1. <u>Threat</u>. Identify the biological threat to the installation. Consider enemy and terrorist use of biological agents as well as naturally occurring disease outbreaks.

3.3.2. <u>Key Assumptions</u>. Outline major planning assumptions used in DCP development.

3.4. <u>Mission</u>. Outline the basic purpose of the plan. Include the mission of the installation. Address the likelihood and circumstances that may require the installation to continue operations during a biological attack or disease outbreak. If assigned, attached, or transitioning forces must sustain mission operations, address impacts to the plan.

3.5. <u>Execution</u>. Identify the authority to execute the plan and the general process for implementation. Highlight the major tasks each installation organization and/or functional community must perform to carry out the plan.

3.5.1. <u>Phasing Structure</u>. Identify distinct transition points in the plan where significant changes occur (e.g., threat, lead organization, level of effort). Include information as to how transitions will take place, to include reporting requirements.

3.5.2. <u>Limiting Factors (LIMFACs)</u>. Identify factors that may significantly impact execution of the plan. Specify how often LIMFACs will be reviewed and updated.

3.6. <u>Administration and Logistics</u>. Identify how key installation organizations are to be supported and what support they must provide for themselves, or to others. In general terms, outline the sources for equipment and supplies required for plan execution and sustainment. Address organic resources, those available via MOAs/MAAs, and those available via other means (e.g., Time Phase Force Deployment Data (TPFDD)). Additionally, identify local support conditions that adversely affect plan implementation. Resources required for plan execution but not currently available should be identified as LIMFACs.

3.7. <u>Command and Control (C2)</u>. Identify command relationships both internal and external to the installation. List installation control centers used in the plan along with the individual or organization responsible for their operation. Outline the succession of command and provisions for continuity

of command. Include provisions for C2 of supporting forces and organizations. Outline methods of communications to be used.

4. Annexes. The DCP will include, at a minimum, the following annexes. Installation planners may add additional annexes as required. Where applicable, annexes may reference other installation plans (e.g., installation security plan, medical contingency response plan) rather than restate the information.

4.1. Detection, Sampling and Identification of Biological Agents

4.1.1. Identify detection, sampling and identification resources available on the installation as well as resources assumed to be available through MOA/MAAs. Identify vulnerabilities in the detection and identification capabilities based on the installation specific threat. Suggested areas of focus include:

4.1.2. Create procedures for the revision of detector operations mode and sampling tempo IAW the force protection condition, trigger event, or outbreak.

4.1.3. Create threat-specific environmental sampling plan.

4.1.4. Create threat-specific water surveillance and testing plan.

4.1.5. Create threat-specific food surveillance and testing plan.

4.1.6. Identify laboratories (national, reference, and sentinel) available for presumptive and confirmatory analysis. Outline their capabilities and limitations. Include documentation requirements for identified labs, and the anticipated timeline between installation submission of sample(s) and receipt of results.

4.2. Medical Surveillance

4.2.1. Outline installation medical surveillance procedures.

4.2.2. Include generic templates for use during contact tracing and epidemiological investigations that address specific symptoms/diseases.

4.2.3. Specify team composition for contact tracing and epidemiological investigation teams.

4.2.4. Identify training requirements for non-Public Health personnel assisting with rapid contact tracing and epidemiological investigation teams.

4.2.5. Outline procedures for conduct of epidemiological investigations.

4.2.6. Outline the self-monitoring plan for installation personnel. Consider required supplies, educational materials or other types of aid necessary for personnel self-monitoring to determine onset of symptoms and guidance on when and how to use.

4.2.7. Outline medical surveillance capabilities of local laboratories and hospitals.

4.2.8. Outline procedures and limitations on providing and/or requesting information from the local medical communities.

4.3. Medical Intervention and Treatment

4.3.1. Identify the planning factors to estimate the number of installation personnel requiring medical intervention and/or treatment in the event of a biological incident.

4.3.2. Describe the installation vaccination and prophylaxes distribution and administration plan. Include required stockpiles for vaccines and prophylaxes. Consider follow-on monitoring of the effects to personnel after administration.

4.3.3. Identify PPE requirements for healthcare providers and patients in medical treatment facilities.

4.3.4. Address the update of immunization records.

4.3.5. Plan for behavioral casualty triage and management.

4.3.6. Outline the biological triage plan.

4.4. Individual and Collective Protection

4.4.1. Address Individual Protective Equipment (IPE) and Personal Protective Equipment (PPE) requirements and the distribution plan for installation population. Consider unique requirements for forces transiting the installation (TPFDD).

4.4.2. Specify collective or shelter-in-place protection measures applicable to the biological threat(s).

4.4.3. Identify tasked organizations to support shelter operations, to include roles and responsibilities, resources required, etc.

4.5. Security

4.5.1. Identify the steps to enhance perimeter surveillance in response to biological intelligence warning or actual event.

4.5.2. Outline contacts and procedures for conduct of investigation if outbreak is suspected to be the result of a terrorist attack. Address chain of custody requirements.

4.5.3. Identify procedures to collaborate with local law enforcement/military authorities.

4.5.4. Consider possible FPCON adjustments based on biological threats or events.

4.5.5. Identify the procedures that will be used to secure and control access into and out of quarantine/isolation facilities.

4.5.6. Specify the procedures that will be used to provide security for transfer of laboratory samples/specimens.

4.5.7. Describe the steps to conduct an installation water and food vulnerability assessment. Develop associated plan for the protection of installation food and water supplies.

4.5.8. Outline rules for the use of force for enforcement of security requirements during response to biological incidents.

4.6. Logistics and Supply

4.6.1. Outline the steps taken to ensure availability of supplies and laboratory test kits for performing epidemiological investigations.

4.6.2. Identify logistic requirements necessary to support each phase of a biological response and identify sources available to support taskings.

4.6.3. Outline procedures for the expeditious access to the Strategic National Stockpile (SNS) or War Reserve Materiel (WRM) supplies.

4.7. Decontamination

4.7.1. Provide decontamination capabilities and recommendations based on threat biological agents.

4.7.2. Identify contamination avoidance and contamination control measures available to reduce the requirement for decontamination.

4.7.3. Identify resources required to execute decontamination activities. Address decontamination requirements for patients, medical personnel, responders, mission equipment, and facilities.

4.7.4. Outline contamination control procedures for the MTF and all identified quarantine/isolation facilities.

4.8. Restriction of Movement

4.8.1. General

4.8.1.1. Identify anticipated installation-specific application of ROM (i.e., use of facilities for quarantine and isolation operations, lock down the installation and allow individuals to move freely within the fence, sector the installation and limit movement between sectors, etc.).

4.8.1.2. Identify roles and responsibilities for implementing and maintaining ROM.

4.8.2. Quarantine and Isolation

4.8.2.1. Identify facilities for use in quarantine and isolation operations. Identify additional resources required once quarantine/isolation is initiated. Include procedures for initiating quarantine/isolation operations.

4.8.2.2. Identify the steps to provide monitoring, medicine and medical care to personnel in isolation.

4.8.2.3. Identify the steps to provide monitoring, medicine and medical care to personnel in quarantine.

4.8.2.4. Outline a working quarantine plan for use when mission operations must continue. Address the active monitoring of personnel in working quarantine.

4.8.2.5. Identify IPE/PPE requirements for occupants of quarantine/isolation facilities.

4.8.2.6. Identify appropriate infection control measures within isolation facilities (Standard Precautions, Airborne Precautions, Contact Precautions, Droplet Precautions), Ref: CDC Recommendations for Isolation Precautions in Hospitals.

4.8.2.7. Describe the procedures to distribute basic needs materials and services during quarantine and/or isolation. Address food and water needs (consider unique nutritional requirements for ill personnel), shelter needs, social needs, religious requirements, and sanitary needs to include laundry, bathing, and waste management requirements. Consider special requirements for contaminated laundry and waste.

4.8.2.8. Describe the plan to secure and control access into and out of quarantine/isolation facilities.

4.8.3. Other

4.8.3.1. Outline the steps required for dispersion of mission essential personnel to alternate housing facilities/shelters.

4.8.3.2. Describe the procedure to implement social distancing measures to reduce risk of person-to-person transmission of disease (e.g., minimize personal contact with others).

4.8.3.3. Describe the process to limit ingress and/or egress to the installation or limit access to certain sectors of the installation. Consider who will be permitted access to and from the installation or sector.

4.8.3.4. Identify non-essential installation facilities such as schools, commissary, exchange, gymnasiums, and movie theaters. Prioritize these facilities for closure or transition to quarantine/isolation facilities.

4.9. Emergency Communications. Both the medical community and public affairs have responsibilities in communicating biological warfare information to select audiences on an ongoing basis and during a biological crisis. Include both medical community and public affairs products in this attachment describing, at a minimum:

4.9.1. Medical Community Emergency Communications. Note: Medical community will coordinate emergency communications plans and procedures with installation functional experts, as required.

4.9.1.1. Preparation and Pre-Event Communications

4.9.1.1.1. Include plan to produce, coordinate, and disseminate materials to inform installation population on biological threats, possible mitigation actions, and recommended readiness activities. Consider the following information:

4.9.1.1.1.1. Overview of medical support available in the event of a biological incident. Items to address include mass

prophylaxis, triage, and referral for specialty care through TRICARE resources, clinic capabilities, and support from local community medical facilities.

4.9.1.1.1.2. Creation of flyers, trifolds, website information, posters, and Command information materials that describe the health effects of biological weapons and agents and medical measures to mitigate risk.

4.9.1.1.1.3. Medical facility contact information and reporting procedures.

4.9.1.1.1.4. Biological-unique medical precautions that may occur including possible decontamination stations, quarantine, isolation, and restriction of movement options.

4.9.1.1.1.5. The need for all personnel and families to remain calm post-event and to not panic. Medical personnel will expand services on base to meet requirements. The Medical Community is here to serve and support them.

4.9.1.1.1.6. Psychological information regarding individuals' stress-related responses to biological incidents to include what people should expect and best practice recommendations for mitigation.

4.9.1.1.1.7. Importance of self-monitoring procedures during a biological incident.

4.9.1.1.2. Establish a telecommunications plan for hotlines and other services (Ref CDC SARS Appendix D5).

4.9.1.1.3. Coordinate with public affairs to ensure medical accuracy of counter-biological risk communications materials.

4.9.1.1.4. Support installation Unit Commander's Calls, as required, to provide general information on biological threats and anticipated installation response.

4.9.1.1.5. Create and maintain emergency notification rosters for appropriate national, state, and local medical agencies (FEMA, CDC, host nation, USAMRIID, local hospitals, etc.).

4.9.1.2. Trans-Event Communications

4.9.1.2.1. Outline plan to keep installation population informed throughout the biological event(s). Address:

4.9.1.2.1.1. Biological agent of interest with associated symptoms, persons at risk, health impacts, and suggested actions.

4.9.1.2.1.2.   Expected incident/outbreak duration.

4.9.1.2.1.3.   Expected length of stay for quarantined/isolated personnel.

4.9.1.2.1.4.   Disease containment principles and procedures.

4.9.1.2.1.5.   Appropriate protective equipment and medical self treatments options.

4.9.1.2.1.6.   Mass prophylaxis plan execution.

4.9.1.2.1.7.   Triage plan.

4.9.1.2.2.   Include procedures to notify personnel subject to quarantine and/or isolation.

4.9.1.2.3.   Include procedures to notify families of those subject to quarantine and/or isolation.

4.9.1.2.4.   Include procedures for the expeditious contact and notification of installation personnel. Consider the non-military base population (visitors, civilians, dependents, host-nationals).

4.9.1.2.5.   Address unique communications requirements for forces transitioning through the installation.

4.9.1.2.6.   Identify numbers and specialties of medical personnel required to support the installation public affairs effort.

4.9.1.2.7.   Include procedures to coordinate with public affairs to ensure accuracy of medical information in risk communications.

4.9.2.   Public Affairs Emergency Communications. Attach the public affairs C-BW Risk Communication Plan that includes, at a minimum:

4.9.2.1.   Preparation and Pre-Event Communications

4.9.2.1.1.   Address requirements and procedures to educate PA personnel on crisis communications fundamentals for biological emergencies.

4.9.2.1.2.   Identify activities, with associated themes and messages, to build installation and community confidence that the installation is prepared for a biological attack or naturally occurring disease outbreak. Consider:

4.9.2.1.2.1.   Media engagement activities.

4.9.2.1.2.2.   Public briefings.

4.9.2.1.2.3.   Installation newspaper articles.

4.9.2.1.2.4.   Commander's calls.

4.9.2.1.3.   Establish a telecommunications plan for hotlines and other services.

4.9.2.2.   Trans-Event Communications

4.9.2.2.1.   Include emergency public affairs biological templates/notices that can be tailored based on key audience and the specifics of the crisis.   Consider:

4.9.2.2.1.1.   Press releases.

4.9.2.2.1.2.   Command Information products.

4.9.2.2.1.3.   Public Service announcements.

4.9.2.2.1.4.   Web content.

4.9.2.2.2.   Outline procedures to coordinate information with installation medical experts to ensure accuracy of information.

4.9.2.2.3.   Outline procedures to track public requests for information.

4.9.2.2.4.   Include procedures for the stand up and sustainment of the Public Affairs Operations Center to support a biological crisis.   Address number and expertise requirements for staffing.

4.9.2.2.5.   Include installation procedures for public release of information during a biological event.   Address expected media queries and releasable information.   Consider:

4.9.2.2.5.1.   Information regarding the cause of the event.

4.9.2.2.5.2.   Actions the installations is undertaking in response.

4.9.2.2.5.3.   Numbers of personnel affected.

4.9.2.2.5.4.   Potential impact to the local community.

4.9.2.2.5.5.   Recommended actions to mitigate the threat and reduce risk.

4.9.2.2.6. Include procedures for the stand up and sustainment of the installation Public Affairs Center to support a biological crisis. Address numbers and expertise requirements for staffing. Address plan to inform affected population that the center is operational.

4.9.2.2.6.1. Include procedures to initiate the Services Hotline. Address information content for dissemination during a biological incident.

4.9.2.2.6.2. Provide talking points to Services spokespeople as necessary.

4.9.2.2.6.3. Refresh installation leadership on biological Risk Communication procedures.

4.10. <u>Transportation Support</u>

4.10.1. Describe the plan for the transport of samples/ specimens to appropriate laboratories for presumptive and confirmatory identification (Ref. CDC, Laboratory Network for Biological Terrorism). Include personnel protection and transportation security requirements. Address anticipated timeline requirements. Address laboratory documentation and handling requirements.

4.10.2. Address the transport of those subject to quarantine/isolation, medical personnel providing care, security personnel, and resupply requirements. Consider special requirements for the transport of exposed, symptomatic, and contagious personnel.

4.10.3. Describe procedures for the transport of contaminated waste.

4.10.4. Identify transportation requirements associated with contamination avoidance and decontamination activities.

4.11. <u>Mortuary Affairs</u>

4.11.1. Describe procedures for handling remains that were exposed to biological agents or contamination. Address potential requirements to inter biologically contaminated bodies using proper handling procedures.

4.11.2. Identify agencies tasked to support mortuary affairs such as chaplain, legal, etc.

4.12. <u>Reporting Requirements</u>. Identify requirements and procedures for the reporting of biological events. Consider

development of pre-formatted or pre-addressed messages for OPREP-3 and NBC Warning and Reporting System (NBCWRS). Consider developing templates with agent-specific information for warning and notification messages in advance of an actual event. At a minimum, address:

4.12.1. Higher headquarters.

4.12.2. Lateral units.

4.12.3. Local public health officials.

4.13. Mental Health

4.13.1. Describe procedures to identify and manage individuals who are behavioral casualties.

4.13.2. Identify the process to provide assistance to mitigate the psychological impact of quarantine / isolation on individuals.

4.14. Legal Considerations

4.14.1. Address legal requirements for placing personnel in quarantine/isolation. Consider all installation population to include civilians, dependents, and visitors on the base.

4.14.2. Identify areas of the plan that require or recommend legal be involved in decision making or plan execution. Include things such as treatment of civilian casualties, notification to different populations, etc.

4.15. Personnel Augmentation

4.15.1. Identify pool of medical augmentees (consider: vaccine support, contact tracing, active monitoring of quarantine, isolation support).

4.15.2. Identify pool of security augmentees (consider: enforcement of quarantine and/or isolation, installation security).

4.15.3. Develop procedures to request augmentation through DoD or local, state, or federal agencies, as necessary.

5. Disease Specific Annexes. Identify disease-specific requirements based on unique characteristics of specific diseases, such as contagiousness and infectivity.

5.1. <u>Pandemic Influenza</u>. This Annex should provide detailed procedures, information and guidance to prepare for and respond to Pandemic Influenza (PI). Develop this Annex IAW CONPLAN 3551, applicable COCOM/Service Component supporting PI plans, and other applicable HHQ guidance. Reference items in the base IPBB, where applicable. The PI Annex must undergo periodic updates, as required, to maintain synchronization with CONPLAN 3551, applicable AOR plans, and other HHQ policy and guidance. When available, lessons learned from exercises and real-world events, should be incorporated into the plan.

5.1.1. <u>References</u>. List applicable PI-specific references required for the planning and execution of installation PI response.

5.1.2. <u>Situation</u>

5.1.2.1. <u>Threat</u>.

5.1.2.1.1. <u>Background on Pandemic Influenza</u>. Include background information from CONPLAN 3551 and applicable AOR plans.

5.1.2.1.2. <u>Potential Impact of a PI on the DOD</u>. Include impact information from CONPLAN 3551 and applicable AOR plans.

5.1.2.1.3. <u>Potential Impact of a PI on Service Forces in the AOR</u>. Include impact information as identified in applicable COCOM and Service Component CONPLANs.

5.1.2.1.4. <u>Potential Impact of a PI on the Installation</u>. Identify the possible impacts to the military installation based on location, population, mission, and infrastructure. Consider how the impact might change based on differing pandemic severities.

5.1.2.2. <u>Key Assumptions</u>. Outline major planning assumptions used in installation PI preparedness.

5.1.2.2.1. Include all assumptions from DOD CONPLAN 3551.

5.1.2.2.2. Include any additional assumptions from the applicable COCOM PI CONPLAN.

5.1.2.2.3. Include any additional assumptions from the applicable Service Component supporting plan.

5.1.2.2.4. Installation-level planning factors. Identify specific planning factors, taken from key assumptions and HHQ

guidance, that were used in developing the installation PI plan. The following will be included as a minimum:

5.1.2.2.4.1. The installation will be faced with two waves of PI outbreak. Each wave will last 12 weeks. There will be a minimum of 90 days between waves.

5.1.2.2.4.2. 30% of the installation key population will become ill.

5.1.2.2.4.3. 40% of the installation will be absent from work.

5.1.2.2.4.4. 50% of the ill will seek treatment.

5.1.2.2.4.5. 3% of the ill will require hospitalization.

5.1.2.2.4.6. 1% of the ill will die.

5.1.2.2.4.7. The incubation period for PI (time from when an individual is exposed to when he begins to show symptoms) is 48 hours. Infected adults can shed virus (infect others) 24 hours before they become symptomatic. Infected adults remain contagious for 5 days.

5.1.2.2.4.8. Infected children (age x and below) can shed virus xx hours before they become symptomatic. Infected children remain contagious for xx days.

5.1.3. Mission. Outline the purpose and goals of installation PI preparedness and response. Ensure the mission is synchronized with the DOD Global PI CONPLAN and applicable COCOM/Service Component PI plans.

5.1.4. Execution

5.1.4.1. Concept of Operations. Describe the general methodology the installation will follow to prepare for and respond to a PI outbreak.

5.1.4.1.1. Commander's Intent. The commander's intent is a broad vision, stated succinctly of how the commander intends to conduct the operation. Must state Purpose, Method and desired End State.

5.1.4.1.1.1. Purpose. Outline the "why" of the installation PI plan.

5.1.4.1.1.2. Method. Outline, in general terms, how the installation commander visualizes achieving success with the PI plan.

5.1.4.1.1.3. <u>End State</u>. Outline the expected outcome environment for the installation based on successful execution of the PI plan.

5.1.4.1.1.4. <u>Objectives</u>. Describe the overarching objectives guiding the development and implementation of the installation PI plan.

5.1.4.1.1.5. <u>Priority Effects List</u>. Outline the identified priority effects to achieve the installation objectives. At a minimum, the following priority effects will be included:

5.1.4.1.1.5.1. <u>Effect 1. Virus does not impair key population</u>. The PI virus does not adversely impact active duty military personnel and their dependents, DOD civilians, mission essential contractors, and DOD beneficiaries such that overall installation readiness falls below established thresholds. Factors influencing absenteeism in a PI environment include member illness, concern for families, and worried well. Of particular concern is loss of special skill sets required to sustain critical installation missions. An included nested effect requires prioritization of installation key population for Force Health Protection measures to ensure the virus does not impair the operational readiness of units.

5.1.4.1.1.5.2. <u>Effect 2. Virus does not preclude execution of critical installation missions</u>. The PI virus does not degrade installation critical capabilities beyond that required for mission accomplishment. Forces are adequate in number, sufficiently healthy, and possess the requisite training/skill sets to perform all assigned critical missions.

5.1.4.1.1.5.3. <u>Effect 3. Virus does not negate installation critical capabilities or supporting infrastructure</u>. The PI virus does not degrade installation critical capabilities and supporting infrastructure enough to prevent installation forces from being deployable, sustainable, and available to protect the nation's vital interests, as directed. Installation critical capabilities and supporting infrastructures are not degraded enough to compromise mission assurance or mission execution. Critical capabilities are mission dependent. Degradation does not prevent expedient reconstitution of installation assets.

5.1.4.1.1.5.4. <u>Effect 4. Installation, HHQ, state, tribal, and local partners synchronize planning, response, and communications</u>. In support of the DOD objectives, the installation synchronizes its efforts with HHQ, state, tribal, and local partners in mitigating the impact of the PI virus. Installation response measures, taken in concert with the local

community, will aggressively protect the key population and gain time for implementation of additional measures. The installation will harmonize its strategic and risk communications with HHQ. The installation maintains freedom of action to conduct assigned critical missions.

5.1.4.2. <u>Phasing Structure</u>. Identify the various phasing structures that affect installation PI preparedness and response.

5.1.4.2.1. World Health Organization (WHO) Phases.

5.1.4.2.2. U. S. Government (USG) Stages.

5.1.4.2.3. <u>DOD Phases</u>.

5.1.4.2.3.1. <u>Phase 0 - Shape Phase</u>. Include a description of Phase 0.

5.1.4.2.3.1.1. <u>Commander's Intent</u>

5.1.4.2.3.1.2. <u>SECDEF Intent</u>. Include SECDEF's intent for Phase 0 from CONPLAN 3551.

5.1.4.2.3.1.3. <u>Combatant Commander's Intent</u>. Include commander's intent for Phase 0 from applicable COCOM PI CONPLAN.

5.1.4.2.3.1.4. <u>Service Component Commander's Intent</u>. Include commander's intent for Phase 0 from applicable Service Component PI supporting plan.

5.1.4.2.3.1.5. <u>Installation Commander's Intent</u>. Include installation commander's intent for Phase 0.

5.1.4.2.3.2. <u>Timing</u>. Describe when this phase will occur and how the installation will determine the need to be in this phase. Include guidance on what drives a change from Phase 0 to Phase 1.

5.1.4.2.3.3. <u>Phase Objective and Desired Effects</u>. Include information from HHQ plans, as required. Outline installation objectives and desired effects for Phase 0.

5.1.4.2.3.4. <u>Execution</u>. Insert applicable execution summary information from HHQ plans. Supplement, as required, to include installation-specific information.

5.1.4.2.3.5. <u>Key Tasks</u>. Identify key installation tasks for Phase 0. Consider identifying an OPR for each task and reference section of the installation plan that outlines the details for task accomplishment. Based on HHQ guidance, the

following tasks will be included as a minimum. Supplement as required based on AOR plans and installation commander guidance.

5.1.4.2.3.5.1. Identify and train a primary and alternate (at a minimum) Public Health Emergency Officer in accordance with AFI 10-2603.

5.1.4.2.3.5.2. Establish/maintain communications with local, state, federal/host nation, military and public health officials/providers and other agencies/organizations as appropriate.

5.1.4.2.3.5.3. Conduct routine health surveillance to enhance situational awareness (e.g., determine baseline and normal perturbations).

5.1.4.2.3.5.4. Model, develop, review and evaluate installation force health protection plans and community mitigation measures (including isolation, quarantine, protective sequestration, social distancing, restriction of movement, directly observed therapy protocols for antiviral medications and risk communication).

5.1.4.2.3.5.5. Identify installation requirements for essential supplies and personnel.

5.1.4.2.3.5.6. Review legal/policy issues relating to installation PI response.

5.1.4.2.3.5.7. Conduct Emergency Medical Services (EMS)/first responder coordination and planning.

5.1.4.2.3.5.8. Perform screening and testing for influenza and other respiratory pathogens.

5.1.4.2.3.5.9. Incorporate veterinary assets with the surveillance and response activities associated with avian outbreaks, as applicable.

5.1.4.2.3.5.10. Identify any PI-unique modifications required for the installation incident command and response structure.

5.1.4.2.4. Phase 1 - Prevent Phase. Include a description of Phase 1.

5.1.4.2.4.1. Commander's Intent

5.1.4.2.4.1.1. SECDEF Intent. Include SECDEF's intent for Phase 1 from CONPLAN 3551.

5.1.4.2.4.1.2. Combatant Commander's Intent. Include commander's intent for Phase 1 from applicable COCOM PI CONPLAN.

5.1.4.2.4.1.3. Service Component Commander's Intent. Include commander's intent for Phase 1 from applicable Service Component PI supporting plan.

5.1.4.2.4.1.4. Installation Commander's Intent. Include installation commander's intent for Phase 1.

5.1.4.2.4.2. Timing. Describe when this phase will occur and how the installation will determine the need to be in this phase. Include guidance on what drives a change from Phase 1 to a subsequent phase (0 or 2).

5.1.4.2.4.3. Phase Objective and Desired Effects. Include information from HHQ plans, as required. Outline installation objectives and desired effects for Phase 1.

5.1.4.2.4.4. Execution. Insert applicable execution summary information from HHQ plans. Supplement, as required, to include installation-specific information.

5.1.4.2.4.5. Key Tasks. Identify key installation tasks for Phase 1. Consider identifying an OPR for each task and reference section of the installation plan that outlines the details for task accomplishment. Based on HHQ guidance, the following tasks will be included as a minimum (in addition to applicable Phase 0 key tasks). Supplement as required based on AOR plans and installation commander guidance.

5.1.4.2.4.5.1. Refine, expand, evaluate and exercise existing PI plans, guidance and programs, to include force health protection (FHP) measures, to evaluate and identify personal protective equipment (PPE) requirements, targeted layered containment/community mitigation strategies, potential logistical gaps/excesses and potential disconnects within and among the installation, HHQ, and state, tribal, and local partners.

5.1.4.2.4.5.2. Acquire, maintain and rotate sufficient supplies and material needed to maintain a healthy force (i.e. food, potable water, fuel, etc.) during a pandemic.

5.1.4.2.4.5.3. Assess availability of installation vaccines, antivirals, antibiotics, supplies and equipment and report shortfalls/gaps to HHQ.

5.1.4.2.4.5.4.   Identify/report number of personnel in each DOD antiviral/vaccine prioritized tier group to higher headquarters in order to establish requirements for anti-virals/vaccines.

5.1.4.2.4.5.5.   Hold PI-related educational and informational sessions for health/medical and other response personnel.

5.1.4.2.4.5.6.   Develop plans and procedures for receipt, transport, storage, security and distribution of PPE, pre-pandemic vaccines, vaccines (when available), anti-virals, antibiotics, supplies and equipment.

5.1.4.2.4.5.7.   Conduct daily public health surveillance and communications/reporting routines, to include monitoring of suspected human-to-human transmission cases, as applicable.

5.1.4.2.4.5.8.   Develop and conduct limited awareness information/education targeting base populace.

5.1.4.2.4.5.9.   Identify alternate medical treatment facilities

5.1.4.2.4.5.10.   Identify quarantine facilities.

5.1.4.2.4.5.11.   Verify and test surveillance reporting networks and procedures and confirm/update points of contact.

5.1.4.2.5.   Phase 2 - Contain Phase.   Include a description of Phase 2.

5.1.4.2.5.1.   Commander's Intent

5.1.4.2.5.1.1.   SECDEF Intent.   Include SECDEF's intent for Phase 2 from CONPLAN 3551.

5.1.4.2.5.1.2.   Combatant Commander's Intent.   Include commander's intent for Phase 2 from applicable COCOM PI CONPLAN.

5.1.4.2.5.1.3.   Service Component Commander's Intent.   Include commander's intent for Phase 2 from applicable Service Component PI supporting plan.

5.1.4.2.5.1.4.   Installation Commander's Intent.   Include installation commander's intent for Phase 2.

5.1.4.2.5.2.   Timing.   Describe when this phase will occur and how the installation will determine the need to be in this phase. Include guidance on what drives a change from Phase 2 to a subsequent phase (1 or 3).

5.1.4.2.5.3. Phase Objective and Desired Effects. Include information from HHQ plans, as required. Outline installation objectives and desired effects for Phase 2.

5.1.4.2.5.4. Execution. Insert applicable execution summary information from HHQ plans. Supplement, as required, to include installation-specific information.

5.1.4.2.5.5. Key Tasks. Identify key installation tasks for Phase 2. Consider identifying an OPR for each task and reference section of the installation plan that outlines the details for task accomplishment. Based on HHQ guidance, the following tasks will be included as a minimum (in addition to applicable key tasks from earlier phases). Supplement as required based on AOR plans and installation commander guidance.

5.1.4.2.5.5.1. Prepare to receive DOD established stockpiles. Ensure adequate security to prevent loss or pilferage

5.1.4.2.5.5.2. Prepare to provide mass immunization and care for potentially large numbers of patients.

5.1.4.2.5.5.3. Prepare to implement targeted layered containment and community mitigation measures to include possible quarantine when directed.

5.1.4.2.5.5.4. Prepare to screen DOD dependents from outside of the geographic PI-containment area engaged in early return to US, as applicable.

5.1.4.2.5.5.5. Screen personnel leaving affected region, as applicable. Develop and implement isolation and quarantine strategy options for screened personnel.

5.1.4.2.5.5.6. Enhance/expand ongoing public health surveillance and communications/reporting routines, to include monitoring of suspected human-to-human transmission cases.

5.1.4.2.5.5.7. Develop, plan, and test processes to deliver essential goods to personnel assigned to home care or quarantine.

5.1.4.2.5.5.8. Begin inventory of essential supplies to include medical, food, water and infection control material.

5.1.4.2.5.5.9. Issue public information notices to continue and expand public education.

5.1.4.2.5.5.10. Develop and establish volunteer networks. Include planning for training, security access, and communications with volunteers.

5.1.4.2.5.5.11. Develop and provide mandatory country specific Force Health Protection (FHP) briefs and evaluate need to issue PPE and anti-virals to forces deploying to high risk locations currently in Phase 3 or Phase 4.

5.1.4.2.5.5.12. Conduct redeployment medical screening of all forces returning from Phase 3 or Phase 4 afflicted areas as appropriate.

5.1.4.2.5.5.13. Establish installation coordination and crisis response structures. Ensure coordination with state, tribal, and local partners.

5.1.4.2.5.5.14. Continue issuing public information notices and conduct public education on plans and individual/family preparedness and response.

5.1.4.2.5.5.15. Plan for alternate service delivery strategies and activities for children and youth for periods when social distancing measures are enacted (e.g., on-line, telephone, or drive thru book or movie check-out, PPE and hand washing/sanitizing capabilities at movie theaters, arcades, shopping facilities, etc.).

5.1.4.2.5.5.16. Register requirements through medical supply chain/TLAMMs for projected vaccines, antivirals, antibiotics, supplies and equipment.

5.1.4.2.5.5.17. Exercise and coordinate with TLAMMs to validate procedures for receipt, transport, storage/management, security and distribution of PPE, anti-virals, antibiotics and vaccines.

5.1.4.2.5.5.18. Verify/report changes in the number of personnel in each DOD antiviral/vaccine prioritized tier group to higher headquarters in order to establish requirements for anti-virals/vaccines.

5.1.4.2.5.5.19. Train appropriate personnel on the use of of JPTA and JMeWs, as applicable.

5.1.4.2.5.5.20. Develop/promulgate guidance to protect installation mortuary affairs personnel.

5.1.4.2.6. <u>Phase 3 - Interdict Phase</u>. Include a description of Phase 3.

5.1.4.2.6.1. <u>Commander's Intent</u>

5.1.4.2.6.1.1. <u>SECDEF Intent</u>. Include SECDEF's intent for Phase 3 from CONPLAN 3551.

5.1.4.2.6.1.2. Combatant Commander's Intent. Include commander's intent for Phase 3 from applicable COCOM PI CONPLAN.

5.1.4.2.6.1.3. Service Component Commander's Intent. Include commander's intent for Phase 3 from applicable Service Component PI supporting plan.

5.1.4.2.6.1.4. Installation Commander's Intent. Include installation commander's intent for Phase 3.

5.1.4.2.6.2. Timing. Describe when this phase will occur and how the installation will determine the need to be in this phase. Include guidance on what drives a change from Phase 3 to a subsequent phase (2 or 4).

5.1.4.2.6.3. Phase Objective and Desired Effects. Include information from HHQ plans, as required. Outline installation objectives and desired effects for Phase 3.

5.1.4.2.6.4. Execution. Insert applicable execution summary information from HHQ plans. Supplement, as required, to include installation-specific information.

5.1.4.2.6.5. Key Tasks. Identify key installation tasks for Phase 3. Consider identifying an OPR for each task and reference section of the installation plan that outlines the details for task accomplishment. Based on HHQ guidance, the following tasks will be included as a minimum (in addition to applicable key tasks from earlier phases). Supplement as required based on AOR plans and installation commander guidance.

5.1.4.2.6.5.1. Provide comprehensive exposure surveillance for all forces deploying in support of operations or conducting consequence management at home installations. Exposure surveillance will be employed to conduct retrospective analysis in order to improve the FHP of future operations, prepare/protect potentially unimpacted areas, and support follow-up medical care to previously deployed forces.

5.1.4.2.6.5.2. Conduct an initial occupational and environmental health assessment. The initial assessment should identify additional Occupation/Environmental Health and Safety (OEHS) requirements, if required.

5.1.4.2.6.5.3. Be prepared to modify installation response based on declaration of outbreak severity IAW the pandemic severity index (PSI).

5.1.4.2.6.5.4. Conduct screening of installation personnel, to include transiting forces. Direct isolation and/or quarantine of personnel, as required.

5.1.4.2.6.5.5. Implement appropriate installation targeted layered containment measures.

5.1.4.2.6.5.6. Consider implementation of COOP based on geographic threat.

5.1.4.2.6.5.7. Stand-up the installation Emergency Operations Center to enhance installation situational awareness and monitor PI preparations.

5.1.4.2.6.5.8. Implement installation specific self-reporting procedures.

5.1.4.2.6.5.9. Implement medical screening for all forces returning from countries suspected of human-to-human transmission, to include obtaining contact history and conducting febrile screening.

5.1.4.2.6.5.10. Finalize and review installation guidance/SOPs for implementation of social distancing measures, isolation and quarantine.

5.1.4.2.6.5.11. Identify and train the personnel required to staff a MTF 24-hour hotline.

5.1.4.2.6.5.12. Complete inventories and mobilization of medical supplies, food, water and infection control supplies (to support in-hospital care, alternate care, isolation and quarantine facilities).

5.1.4.2.6.5.13. BPT to implement procedures for receipt, transport storage/management, security and distribution of PPE, vaccines (when available), antivirals, antibiotics, supplies and equipment.

5.1.4.2.6.5.14. Increase liaison between installation and local Public Health (PH), law enforcement, hospital response, senior military leaders (GCC, Service, Installation Commanders) and local civilian political leaders.

5.1.4.2.6.5.15. Integrate information available to identify personnel & families that require support for home care.

5.1.4.2.6.5.16. Review and BPT to implement social distancing measures in coordination with local authorities (e.g., closing installation theaters, bowling alleys & other non-essential

services, providing drive thru prescription/medical materiel
options, library and school closures, etc.).

5.1.4.2.6.5.17. Provide education material to base populace on
public health measures related to both seasonal and pandemic
influenza.

5.1.4.2.6.5.18. Prepare for GCC AOR-wide infection control
through education and notifications regarding measures affecting
public transportation, air travel, and public gatherings.

5.1.4.2.6.5.19. BPT to issue personnel advisories and implement
social distancing and "sheltering" concepts. This may include
restricting personnel from attending public gatherings such as
religious services, funerals, weddings, closing installation
theaters, bowling alleys & other non-essential services, and
implementing alternate work/school schedules. Continue public
information and education campaigns regarding value of self-
imposed social distancing.

5.1.4.2.6.5.20. Validate final list of essential personnel;
prepare and disseminate related notification documents.

5.1.4.2.6.5.21. Exercise notification of contact lists,
including established unit/organization volunteer networks.

5.1.4.2.6.5.22. BPT implement new installation access
procedures by use of DOD identification card scanners to limit
human-to human contact.

5.1.4.2.6.5.23. BPT activate select volunteer network chains to
support deliveries of essential goods.

5.1.4.2.6.5.24. BPT issue PPE IAW CDC and HHQ guidance.

5.1.4.2.6.5.25. BPT implement daily MEDSITREPS/reporting up
chain of command.

5.1.4.2.6.5.26. BPT implement use of JPTA and JMeWS.

5.1.4.2.7. Phase 4 - Stabilize Phase. Include a description of
Phase 4.

5.1.4.2.7.1. Commander's Intent

5.1.4.2.7.1.1. SECDEF Intent. Include SECDEF's intent for
Phase 4 from CONPLAN 3551.

5.1.4.2.7.1.2. Combatant Commander's Intent. Include
commander's intent for Phase 4 from applicable COCOM PI CONPLAN.

5.1.4.2.7.1.3. Service Component Commander's Intent. Include commander's intent for Phase 4 from applicable Service Component PI supporting plan.

5.1.4.2.7.1.4. Installation Commander's Intent. Include installation commander's intent for Phase 4.

5.1.4.2.7.2. Timing. Describe when this phase will occur and how the installation will determine the need to be in this phase. Include guidance on what drives a change from Phase 4 to a subsequent phase (3 or 5).

5.1.4.2.7.3. Phase Objective and Desired Effects. Include information from HHQ plans, as required. Outline installation objectives and desired effects for Phase 4.

5.1.4.2.7.4. Execution. Insert applicable execution summary information from HHQ plans. Supplement, as required, to include installation-specific information.

5.1.4.2.7.5. Key Tasks. Identify key installation tasks for Phase 4. Consider identifying an OPR for each task and reference section of the installation plan that outlines the details for task accomplishment. Based on HHQ guidance, the following tasks will be included as a minimum (in addition to applicable key tasks from earlier phases). Supplement as required based on AOR plans and installation commander guidance.

5.1.4.2.7.5.1. For Pandemic Severity Index 2 or 3:

5.1.4.2.7.5.1.1. Declare installation public health emergency.

5.1.4.2.7.5.1.2. Initiate active surveillance for cases.

5.1.4.2.7.5.1.3. Continue to increase and expand public information and education campaigns.

5.1.4.2.7.5.1.4. Prepare and notify of impending cancellation/ suspension of non- essential events and services, or alternate availability/access to essential goods and services.

5.1.4.2.7.5.1.5. Send out notifications to continue informing all concerned, including the public, regarding preparations and intent to implement increased social distancing measures.

5.1.4.2.7.5.1.. Activate, as needed, operation of volunteer networks to support operations.

5.1.4.2.7.5.1.7. Implement travel restrictions and recommend civilians living on post voluntarily follow restrictions, to reduce chance of acquiring or spreading PI.

5.1.4.2.7.5.1.8. Direct social distancing on all forms of mass transit (limit seating to every other seat and wearing of PPE, IAW CDC and HHQ guidance).

5.1.4.2.7.5.1.9. Limit military flights to/from regions designated safe. Conduct preflight screening for febrile respiratory illness including temperature and signs and symptoms of illness. Screen arriving and departing passengers. Require infection control during air travel.

5.1.4.2.7.5.1.10. Restrict installation personnel from using Commercial Air Travel unless necessary to meet mission requirements.

5.1.4.2.7.5.1.11. Limit private bus, ferry and other boat travel.

5.1.4.2.7.5.1.12. Direct social distancing for taxi use and minimize travel within cities, between cities/regions.

5.1.4.2.7.5.1.13. Implement Infection Control Measures.

5.1.4.2.7.5.1.14. Distribute masks, gloves, provide training/fit testing IAW CDC and HHQ guidance.

5.1.4.2.7.5.1.15. Identify "clean" care facilities/locations.

5.1.4.2.7.5.1.16. Quarantine asymptomatic exposed individuals and BPT isolate and treat sick individuals.

5.1.4.2.7.5.1.17. Enforce general infection control measures during public transportation, air travel, and at public gatherings and provide Individual hand washing & stations placed at public facilities. Utilize personal antimicrobial hand sanitizers when soap and hot water hand washing facilities are not accessible/available.

5.1.4.2.7.5.1.18. Conduct screening for personnel with symptoms at the entrance into key installation facilities.

5.1.4.2.7.5.1.19. Establish screening checkpoints at installation entry points.

5.1.4.2.7.5.1.20. Establish screening checkpoints at key areas such as commissaries, dining facilities and essential public

gatherings and random points at non essential areas such as shoppettes and exchanges.

5.1.4.2.7.5.1.21. Implement new installation access procedures by use of DOD identification card scanners to limit human-to human contact.

5.1.4.2.7.5.1.22. Cancel all public gatherings on installations to include but not limited to religious services, holiday celebrations, sporting events, movies, and weddings.

5.1.4.2.7.5.1.23. BPT close public facilities (i.e. schools, day care centers, non essential gov/military activities). BPT implement installation COOP plans. Implement alternate, key/essential work schedules and quarantine, as necessary.

5.1.4.2.7.5.1.24. BPT implement social distancing measures in commissaries and exchanges by limiting size of groups in these facilities.

5.1.4.2.7.5.1.25. Continue distribution of masks, gloves, thermometers etc. In accordance with CDC and HHQ guidance. Continue training/fit testing.

5.1.4.2.7.5.1.26. Continue operation of quarantine and isolation facilities and support home care requirements.

5.1.4.2.7.5.1.27. Maintain continuous wear of PPE by first responders and clinic/hospital personnel, IAW CDC and HHQ guidance.

5.1.4.2.7.5.2. For Pandemic Severity Index 4 or 5:

5.1.4.2.7.5.2.1. Declare installation public health emergency.

5.1.4.2.7.5.2.2. Operate Emergency Operations Center continuously. Increase staffing to Crisis level manning.

5.1.4.2.7.5.2.3. Cancel/suspend all non essential events and services.

5.1.4.2.7.5.2.4. Implement alternate strategies to provide essential goods and services (e.g., delivery, drive through, scheduled pick-up of pre-ordered goods, etc.) to ensure basic life support of homebound personnel/families, isolation and quarantine facilities, alternate care locations, clinics and MTFs. Essential goods and services include food, water, basic medical supplies (PPE, first aid supplies), prescription drugs/pharmaceuticals (e.g., insulin, chemotherapy drugs, medical gases), and may include specialized public information

notices for personnel with language, accessibility, or other impairments.

5.1.4.2.7.5.2.5.   Implement full activation of unit volunteer network.

5.1.4.2.7.5.2.6.   Restrict Active Duty personnel from using public transportation unless it's essential to meet mission requirements.

5.1.4.2.7.5.2.7.   Cancel non-essential regional private bus, ferry and other boat travel.

5.1.4.2.7.5.2.8.   Limit Car Travel to Mission essential travel.

5.1.4.2.7.5.2.9.   Complete distribution of masks, gloves, thermometers etc. IAW CDC and HHQ guidance. Ensure training/fit testing complete.

5.1.4.2.7.5.2.10.   Provide daily public information/status updates using a variety of media and giving consideration to non-English speaking groups and special needs population (elderly or immobile, blind, deaf and hard of hearing, etc.).

5.1.4.2.7.5.2.11.   Deliver essential goods to isolation and quarantine locations, clinics and MTFs. These goods may include food, water, basic medical supplies (ie, PPE, first aid supplies)

5.1.4.2.7.5.2.12.   Distribute replacement stocks of PPE IAW CDC and HHQ guidance. Conduct training/fit testing as required.

5.1.4.2.7.5.2.13.   Continue quarantine and isolation procedures. Ensure Enforcement on quarantine and isolation personnel assigned to these categories. BPT adjust guidelines for community, work space or facility.

5.1.4.2.7.5.2.14.   Monitor individuals in Transmission zone(s) – Options include phone calls, home visits, via web/e-mail and video where possible.

5.1.4.2.8.   Phase 5 – Recovery Phase. Include a description of Phase 5.

5.1.4.2.8.1.   Commander's Intent

5.1.4.2.8.1.1.   SECDEF Intent. Include SECDEF's intent for Phase 5 from CONPLAN 3551.

5.1.4.2.8.1.2.   Combatant Commander's Intent. Include commander's intent for Phase 5 from applicable COCOM PI CONPLAN.

5.1.4.2.8.1.3. Service Component Commander's Intent. Include commander's intent for Phase 5 from applicable Service Component PI supporting plan.

5.1.4.2.8.1.4. Installation Commander's Intent. Include installation commander's intent for Phase 5.

5.1.4.2.8.2. Timing. Describe when this phase will occur and how the installation will determine the need to be in this phase. Include guidance on what drives a change from Phase 5 to a previous phase (0 to 4).

5.1.4.2.8.3. Phase Objective and Desired Effects. Include information from HHQ plans, as required. Outline installation objectives and desired effects for Phase 5.

5.1.4.2.8.4. Execution. Insert applicable execution summary information from HHQ plans. Supplement, as required, to include installation-specific information.

5.1.4.2.8.5. Key Tasks. Identify key installation tasks for Phase 5. Consider identifying an OPR for each task and reference section of the installation plan that outlines the details for task accomplishment. Based on HHQ guidance, the following tasks will be included as a minimum (in addition to applicable key tasks from earlier phases). Supplement as required based on AOR plans and installation commander guidance.

5.1.4.2.8.5.1. Expect gradual return to normal operation as situation dictates (1st wave of outbreak has passed).

5.1.4.2.8.5.2. Evaluate effectiveness of FHP measures for use in future waves/pandemics

5.1.4.2.8.5.3. Assess feasibility of easing/reversing phases back to normal FHP status/measures.

5.1.4.2.8.5.4. Ensure all personnel complete post-deployment FHP requirements.

5.1.4.2.8.5.5. When feasible rescind public health emergency declaration.

5.1.4.2.8.5.6. Continue to monitor and assess for follow on waves.

5.1.4.2.8.5.7. Stress the importance of good hygiene and infection control to installation through education programs.

5.1.4.2.8.5.8. BPT to re-implement FHP measures as required.

5.1.4.2.8.5.9. Document lessons learned and adjust installation level plans appropriately in anticipation of next wave of pandemic.

5.1.4.2.8.5.10. Establish and publicize bereavement support groups, conduct public memorials, acknowledging installation losses to pandemic.

5.1.4.2.8.5.11. Conduct recovery and reconstitution operations.

5.1.5. Roles and Responsibilities. The roles and responsibilities contained in this format template are not all inclusive. However, the included information has been specifically directed by HHQ PI guidance and policy. Therefore, the following information MUST be included.

5.1.5.1. Installation Commander

5.1.5.1.1. Ensure the PI Annex to the installation plan is synchronized with CONPLAN 3551 and includes AOR-specific requirements as directed by the GCC.

5.1.5.1.2. As directed by the GCC, be prepared to provide Health Service Support (HSS) to indigenous civilians on an emergency basis, or resources permitting, when community/host nation medical infrastructure is insufficient to support its population and no other alternatives are available to relieve pain and suffering.

5.1.5.1.3. Develop guidance for allocating scarce installation medical resources during mass casualty events.

5.1.5.1.4. BPT provide installation medical assets to support PI contingency operations as directed by the GCC.

5.1.5.1.5. Ensure appropriate installation personnel meet pre- and post-deployment force health protection measures.

5.1.5.1.6. Ensure installation PI planning, training, and exercise activities are conducted in conjunction with state, tribal, and local partners to the maximum extent possible.

5.1.5.1.7. BPT implement targeted layered containment and community mitigation measures to include possible quarantine.

5.1.5.1.8. Ensure installation PI planning and response procedures are supported by sufficient command and control capabilities.

5.1.5.1.9. Where operationally feasible, establish policies for adopting flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts) in the event of a pandemic.

5.1.5.1.10. Identify facilities, other than the hospital and/or clinic, where mass vaccination, antiviral administration, and patient care can be accomplished.

5.1.5.1.11. Ensure installation plan accounts for mental health and chaplain support for emergency workers.

5.1.5.1.12. Ensure installation mission essential functions are adequately addressed in the PI plan and that the specifics outlined in the DOD Implementation Plan for PI, Annex D are covered.

5.1.5.1.13. Establish orders of succession for key leadership positions. Ensure personnel identify to fill key positions are adequately trained to fill the position.

5.1.5.2. <u>Medical Group Commander</u>

5.1.5.2.1. Establish a clear medical command and control architecture for use in a PI environment.

5.1.5.2.2. Develop installation plans for the identification, purchase, storage, management, and distribution of medical supplies for sustainment during the installation PI response.

5.1.5.2.3. BPT treat DOD government and contractor civilians who are deployed with U.S. forces and working in the AOR.

5.1.5.2.4. BPT treat NGO and PVO personnel under an established reciprocal or cost reimbursement agreement basis.

5.1.5.2.5. BPT treat infectious noncombatant patients in the event they cannot be moved or transferred to civilian or host nation medical facilities.

5.1.5.2.6. BPT initiate immunization of the key population once a licensed vaccine is available.

5.1.5.2.7. Coordinate the use of other DOD, community and/or host nation, medical treatment facility assets commensurate with the phase of the operation.

5.1.5.2.8. Track and report any adverse events following vaccine and/or antiviral administration in accordance with existing policies and guidelines. Ensure GCC/SG is included in the reporting chain.

5.1.5.2.9. Ensure installation MTF performs daily influenza-like illness surveillance and trend analysis and reporting IAW DOD policy.

5.1.5.2.10. Ensure appropriately trained installation public health or preventive medicine professionals monitor the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).

5.1.5.2.11. Ensure installation has ready access to a 10-day supply of approved antivirals and other essential medical supplies to support the key population.

5.1.5.2.12. Ensure adequate stockage and sourcing of PPE for medical staff and other coming into contact with PI patients.

5.1.5.2.13. Ensure MTF performs periodic inventory review and update of supplies that will be in high demand during an influenza pandemic.

5.1.5.2.14. Ensure the MTF has proper administrative measures in place for the detection of PI, prevention of its spread, and management of its impact on the facility and staff.

5.1.5.2.15. Ensure MTF has criteria and methods for measuring compliance with PI response measures (e.g., infection control practices, case reporting, patient placement, healthcare worker illness surveillance).

5.1.5.2.16. Ensure MTF has procedures for the receipt, storage, and distribution of assets received from Federal stockpiles.

5.1.5.2.17. Ensure the needs of special populations are addressed in installation PI planning.

5.1.5.2.18. BPT provide mass immunization and care for potentially large numbers of patients.

5.1.5.2.19. BPT screen, isolate, and recommend quarantine strategy options for personnel transiting and/or departing the installation.

5.1.5.2.20. Ensure MTF PI preparedness stocks are maintained in accordance with the FDA's Shelf Life Extension Program (SLEP).

5.1.5.3. Public Health Emergency Officer (PHEO)

5.1.5.3.1. During plan development and in all phases, provide installation commander with estimates on the health and

environment threats associated with PI, and recommended countermeasures and training for the key population.

5.1.5.3.2. Coordinate appropriate veterinary service support for PI operations.

5.1.5.3.3. Ensure installation-level and facility-level public health education programs are established consistent with the makeup of the key population.

5.1.5.3.4. Incorporate planning suggestions for state, tribal, and local partners (including health departments and healthcare facilities) into installation PI planning.

5.1.5.3.5. Coordinate installation FHP measures and resource requirements with Service and GCC PI planners.

5.1.5.3.6. Coordinate the use of other DOD, community and/or host nation, medical treatment facility assets commensurate with the phase of the operation.

5.1.5.3.7. Ensure Occupational and Environmental Health Surveillance (OEHS) assessments are conducted as required.

5.1.5.3.8. During installation PI exercises and training, evaluate the installation's FHP measures, PPE requirements, targeted layered containment strategies, and community mitigation strategies for completeness and synchronization with HHQ guidance and policy.

5.1.5.4. Mission Support Group Commander

5.1.5.4.1. Develop installation plans for the identification, purchase, storage, management, and distribution of non-medical supplies for sustainment during the installation PI response.

5.1.5.4.2. Ensure installation PI plan addresses adequate availability of essential supplies, services, and contracts.

5.1.5.5. Judge Advocate.

5.1.5.6. Public Affairs

5.1.5.6.1. Ensure clear, effective and coordinated risk communication before, during, and after a pandemic.

5.1.6. Coordinating Instructions

5.1.6.1. Personnel suspected of having PI will be masked and isolated as soon as recognized.

5.1.6.2. Personnel suspected of having PI exposure will be masked and quarantined as soon as recognized.

5.1.6.3. Personnel known to have PI will not required decontamination.

5.1.7. <u>Administration and Logistics</u>. Identify how key installation organizations are to be supported and what support they must provide for themselves or to others in a PI environment.

5.1.8. <u>Command and Control (C2)</u>. Identify any command relationships both internal and external to the installation that are unique to the installation response in a PI environment.

5.1.8.1. <u>Delegation of Authority</u>. Establish delegations of authority to ensure all installation personnel know who has authority to make key decisions in a COOP situation.

5.1.8.1.1. Outline which installation positions must be at least three deep to account for the expected high rates of illness and absenteeism. Identify personnel, by position rather than name, to backfill these positions.

5.1.8.2. <u>Orders of Succession</u>. Establish an order of succession for key installation leadership positions. Identify the orders of succession by position or title, rather than name, and ensure they are at least three deep per key position.

5.1.9. <u>Tabs</u>. The installation PI Annex will contain Tabs that generally align with the Annexes in the DoD Global PI CONPLAN and supporting COCOM PI CONPLANs. Where appropriate, PI Tabs may reference information from the base Installation Biological Preparedness Plan. Installations may include additional Tabs as desired, or as directed by HHQ plans. At a minimum, the following Tabs will be included:

5.1.9.1. <u>Tab B - Intelligence</u>. At a minimum, this Tab will address the following information:

5.1.9.1.1. To Be Determined based on CONPLAN 3551.

5.1.9.2. <u>Tab C - Operations</u>. At a minimum, this Tab will address the following information:

5.1.9.2.1. Identify and prioritize installation essential missions and functions that must be maintained in a pandemic environment. Determine if any essential mission can be redistributed or transferred to other locations/installations.

5.1.9.2.2. Outline the installation processes to maintain essential functions, services, and COOP in a PI environment for a sustained period of six to eight weeks.

5.1.9.2.3. Identify alternate operating locations for critical installation missions.

5.1.9.2.4. Address the impact of absenteeism and social distancing on COOP and the potential impact on the key population's resiliency given the possible scarcity of critical resources (e.g., antivirals, immunizations, food, water, etc.)

5.1.9.2.5. Identify potential 2nd and 3rd order effects of a PI outbreak on the installation's ability to sustain operations, maintain installation support requirements, and provide force health protection to the key population. Outline the installation's plan to mitigate these effects.

5.1.9.3. <u>Tab D - Logistics</u>. At a minimum, this Tab will address the following information:

5.1.9.3.1. Identify critical supplies, goods or services that require priority delivery from industry/suppliers to ensure COOP and sustainment of key population. Outline the installation's plan, coordinated with HHQ and DLA, to obtain these supplies in a PI environment.

5.1.9.3.2. Consider the effect of a pandemic on essential contract and support services to the installation. Outline mitigation strategies to ensure continued support in a pandemic environment. Ensure installation PI plan addresses adequate availability of essential supplies, services, and contracts. IAW requirements as outlined in the DOD Implementation Plan for PI, Annex D.

5.1.9.3.3. Outline the methodology and materials the installation will use to equip the key population for protection against the new strain of virus.

5.1.9.3.4. Outline the installation plan to re-deploy, as required, and reconstitute the installation between PI waves.

5.1.9.4. <u>Tab E - Personnel</u>. At a minimum, this Tab will address the following information:

5.1.9.4.1. Outline installation human capital plans for a pandemic environment. Consider:

5.1.9.4.1.1. Compensation for nonessential and essential employees.

5.1.9.4.1.2. Normal and Mandatory sick leave.

5.1.9.4.1.3. Family medical leave.

5.1.9.4.1.4. Installation telework policy.

5.1.9.4.1.5. Procedures for processing grievances.

5.1.9.4.2. Outline the installation plan for cross-training personnel to facilitate continuation of essential missions and functions in a PI environment.

5.1.9.4.3. Outline the installation personnel accountability system for a pandemic environment.

5.1.9.5. Tab F - Public Affairs. At a minimum, this Tab will address the following information:

5.1.9.5.1. Outline how the installation will communicate with the key population during a pandemic.

5.1.9.5.2. Outline how the installation will communicate with its state, tribal, and local partners during a pandemic.

5.1.9.5.3. Outline procedures that ensure installation public affairs themes and messages are consistent with DOD and HHQ policy and guidance.

5.1.9.6. Tab J - Home Preparedness Planning. At a minimum, this Tab will address the following information:

5.1.9.6.1. To Be Determined based on CONPLAN 3551.

5.1.9.7. Tab K - Command, Control, Communications, and Computer Systems. At a minimum, this Tab will address the following information:

5.1.9.7.1. Identify measures to ensure effective communications at the tactical and operational levels in support of DoD personnel and civil authorities.

5.1.9.7.2. Outline the installation plan to ensure the functionality of critical communications systems in a pandemic environment. Consider connectivity to HHQ, internal organizations, and external partners.

5.1.9.7.3. Identify installation communications capabilities to support telework in a pandemic environment.

5.1.9.7.4. Outline the installation plan to identify, protect, and ensure availability of vital records and databases, that is, electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a COOP situation.

5.1.9.8. <u>Tab M - Restriction of Movement</u>. At a minimum, this Tab will address the following information:

5.1.9.8.1. Installation social distancing plan. Address, at a minimum:

5.1.9.8.1.1. The general installation population.

5.1.9.8.1.2. Social distancing in mission essential operations.

5.1.9.8.1.3. Procedures to notify key population of social distancing implementation.

5.1.9.8.2. <u>Quarantine</u>. Address, at a minimum:

5.1.9.8.2.1. Quarantine locations and facilities. Address group quarantine, home quarantine, and work quarantine.

5.1.9.8.2.2. Requirements for quarantine support (e.g., security, food, PPE, etc)

5.1.9.8.2.3. Procedures for subjecting individuals to quarantine, monitoring them during quarantine, and removing them from quarantine.

5.1.9.8.3. <u>Isolation</u>. Address, at a minimum:

5.1.9.8.3.1. Isolation locations and facilities. Address the different isolation options for those not requiring hospitalization, including on-base isolation and home isolation.

5.1.9.8.3.2. Requirements for isolation support (e.g., security, food, PPE, etc)

5.1.9.8.3.3. Procedures for subjecting individuals to isolation, monitoring them during isolation, and removing them from isolation.

5.1.9.9. <u>Tab Q - Health Services</u>. At a minimum, this Tab will address the following information:

5.1.9.9.1. Outline detailed installation FHP measures, by phase, IAW guidance outlined in CONPLAN 3551, Annex Q. Supplement, as

required, based on AOR-specific and installation commander guidance.

5.1.9.9.2. Outline how the installation will conduct PI medical surveillance in support of installation activities, facilities, and key population.

5.1.9.9.3. Outline how the installation will protect the key population during an Influenza Pandemic. Especially consider those critical to mission essential functions.

5.1.9.9.4. Outline procedures to ensure FHP support to any COCOM or Joint HQ on the installation is prioritized commensurate with Service HQ to ensure COOP at all levels.

5.1.9.9.5. Outline specific force health protection measures and community mitigation measures that the installation will take, by phase, to mitigate and contain the effects of a PI. Plan and coordinate FHP implementation with HHQ, other military installations in close proximity, and state, tribal, and local partners.

5.1.9.9.6. Outline procedures for the management of staff who become ill in the workplace. Ensure procedures are IAW requirements as outlined in the DoD Implementation Plan for PI, Annex D.

5.1.9.10. Tab R - Reports. At a minimum, this Tab will address the following information:

5.1.9.10.1. To Be Determined based on CONPLAN 3551.

5.1.9.10.2. Address the installation procedures for collecting and reporting costs incurred during all PI phases.

5.1.9.11. Tab S - Education, Training, and Exercises. At a minimum, this Tab will address the following information:

5.1.9.11.1. Address the requirement for the installation to exercise its PI preparedness biennially, at a minimum.

5.1.9.11.2. Address the requirement for the installation to exercise with other DOD components and state, tribal, and local partners to the maximum extent possible.

5.1.9.11.3. Outline the methodology and materials the installation will use to train the key population on protective measures against the new strain of virus.

5.1.9.12. <u>Tab T - HHQ, State, Tribal, and Local Partner
Coordination</u>. At a minimum, this Tab will address the following
information:

5.1.9.12.1. Include the statement that the installation will be
prepared to provide assistance to civil authorities as directed
by HHQ.

5.1.9.12.2. Outline the installation procedures to ensure the
installation IPBB is shared with other military installations in
the AOR, to include sister Service installations.

5.1.9.12.3. Outline installation methodology to coordinate with
state, tribal, and local organizations to promote efforts to
assure continuity of installation critical assets in a PI
environment.

5.1.9.12.4. Outline installation plan to support local
governments and utilities to ensure uninterrupted flow of
essential services to the installation.

5.1.9.13. <u>Tab X - Execution Checklists</u>. At a minimum, this Tab
will address the following information:

5.1.9.13.1. To Be Determined based on CONPLAN 3551.

5.1.9.14. <u>Tab Y - Strategic Communication</u>. At a minimum, this
Tab will address the following information:

5.1.9.14.1. Outline procedures that ensure installation
strategic communications efforts are consistent with DOD and HHQ
policy and guidance.

5.1.9.15. Tab Z - Distribution.

5.2. <u>Smallpox</u>. TBD by Service.

5.3. <u>SARS</u>. TBD by Service.

6. <u>Disease Containment Execution Checklists</u>. Include
checklists developed for quick and effective installation
response to biological events.

7. <u>MOAs/MAAs</u>. Include memoranda of agreement and mutual aid
agreements developed to provide reciprocal assistance to, and
receive reciprocal assistance from, local authorities and
organizations.

8. <u>Geographically-Separated Unit (GSU) Support</u>. Identify unique requirements associated with the support of installation GSU(s) in the preparation for and response to a biological event.

9. <u>Essential Elements of Friendly Information</u>. Identify applicable EEFIs, relating to the preparation for and response to a biological event that may expose sensitive installation vulnerabilities, intelligence, capabilities, plans, and/or procedures.

10. <u>Maps and Charts</u>. Include applicable products for use in preparing for and responding to a biological event.

Operational Reporting

1. <u>Purpose</u>. This enclosure sets forth the reporting procedures and formatting required to support the execution of CONPLAN 3551-09. It describes the OPREP-3, monthly, weekly and daily reporting requirements as they pertain to the various phases of CONPLAN 3551-09.

2. <u>Types of Reports</u>

    a. <u>OPREP-3</u>. This report will be used for any significant PI event that warrants immediate notification to the CMC.

        (1) <u>OPREP-3 Thresholds</u>

            (a) Initial confirmed novel influenza case within a command (e.g., installation) or military treatment facility (MTF).

            (b) Initial confirmed cluster (>25 cases) suggestive of novel PI.

            (c) Significant mission impact (actual or probable) resulting from PI outbreak.

            (d) PI causing or potentially causing an adverse impact to potential DSCA forces allocated or to anticipated DSCA missions.

            (e) Other pandemic related incidents of significant interest as determines by the reporting organization.

        (2) <u>OPREP-3 Sample Format</u>

UNCLAS (Classify as required)
MSGID/OPREP-3/REPORTING UNIT/001A//
REF/A/TEL/REPORTING UNIT/DTG//
AMPN/REF A IS INITIAL MSG REPORT TO CMC//
FLAGWORD/PINNACLE FOR PI EVENT/-//
TIMELOC/DTG/GEOGRAPHIC LOCATION//
GENTEXT/INCIDENT IDENTIFICATION AND DETAILS OF THE PI EVENT.
MEDICAL ASSESSMENT, OPERATIONAL ASSESSMENT AND COORDINATING
ACTIONS SHALL BE ADDRESSED IN THIS PARAGRAPH.//
RMKS/AMPLIFYING REPORT TO FOLLOW//
DECL/DERI:REPORTING UNIT/DTG//

          Enclosure (2)

b. <u>Situation Reports (SITREPs)</u>. The SITREP is the primary report submitted by the Marine Corps to the NMCC and the NORAD-USNORTHCOM Command Center. This report includes basic information about the PI surveillance network, the PI situation, current and future related activities, and logistical and personnel status and requirements.

(1) <u>Monthly</u>. The purpose of this report is to provide situational awareness on PI matters during Phases 0 and 1. This report will capture exercises, resource requirements, readiness status and any other information that is deemed significant by the reporting command. Required information and recommended format:

CLASSIFICATION (UNCLAS/FOUO) or other classification as required
MSGID/GENADMIN/ORIGINATING ORGANIZATION/CURRENT DATE//
SUBJ/MONTHLY H1N1 SITREP//
REF/A/DOC/CMC WASHINGTON DC/08JUNE2007//
REF/B/USNORTHCOM CONPLAN 3551-09//
REF/C/SECDEF EXORD/281200ZAUG09//
REF/D/DOC/SECDEF MOD 1 TO REF C/010000ZOCT09//
REF/E/DOC/HQMC COOP PLAN, ANNEX E/17 SEP 09//
NARR/REF A IS MCO 3504.2, OPERATIONS EVENT/INCIDENT REPORT
(OPREP-3), THAT DIRECTS UNITS TO SUBMIT SIR REPORTS TO HQMC
(ATTN: MARINE CORPS OPERATIONS CENTER) REGARDING THE DIAGNOSIS
OF ANY DISEASE OR THE EXTENSIVE OUTBREAK OF ANY CONDITION AMONG
PERSONNEL THAT MAY POTENTIALLY DEGRADE THE OPERATIONAL
READINESS OF A UNIT OR INSTALLATION. REF B IS USNORTHCOM
CONPLAN 3551-09 CONCEPT PLAN TO SYNCHRONIZE DOD PANDEMIC
INFLUENZA PLANNING. REF C IS SECDEF APPROVED EXORD THAT DIRECTS
DOD EXECUTION OF USNORTHCOM CONPLAN 3551-09 AND SUPPORTING
PANDEMIC INFLUENZA PLANS IN RESPONSE TO THE INFLUENZA A (H1N1)
OUTBREAK.REF D IS SECDEF-APPROVED MODIFICATION TO DOD SUPPORT TO
INFLUENZA (H1N1) EXORD THAT DIRECTS DOD EXECUTION OF USNORTHCOM
CONPLAN 3551-09 AND SUPPORTING PANDEMIC INFLUENZA OPERATIONAL
PLANS IN RESPONSE TO THE INFLUENZA OUTBREAK. REF E IS ANNEX E TO
THE HQMC COOP PLAN.//
POC/I.A.MARINE1/RANK/POC/-/TEL: DSN XXX-XXXX/TEL: (XXX)XXX-XXX-
XXXX//
POC/I.A.MARINE2/RANK/POC/-/TEL: DSN XXX-XXXX/TEL: (XXX) XXX-
XXXX//
GENTEXT/REMARKS/
1. SITUATION.
    A. INTERAGENCY(IA)/HOST NATION(HN).
        (1) DEGRADATION IN IA CAPABILITIES.
        (2) DEGRADATION IN HN CAPABILITIES IN A PANDEMIC
INFLUENZA (PI) ENVIRONMENT.
2. OPERATIONS.

A. OPERATIONS IMPACT OF PI ON:
    (1) TRAINING.
    (2) MISSION ASSURANCE.
    (3) STRATEGIC COMMUNICATIONS.
    (4) INFORMATION OPERATIONS.
    (5) PUBLIC AFFAIRS.
3. LOGISTICS.
    A. ASSESSMENT OF LOGISTICS POSTURE IN SUPPORT OF PI PLANNING.
    B. PHARMACEUTICAL COUNTER-MEASURES.
    C. MEDICAL COUNTER-MEASURES.
    D. PERSONAL PROTECTIVE EQUIPMENT (PPE).
    E. BUDGET CONSTRAINTS.
    F. ADDITIONAL LOGISTICS CONSTRAINTS/IMPACTS.
4. IMPACT OF PI ON MEDICAL OPERATIONS.
    A. BIO-SURVEILLANCE.
    B. FACILITIES CAPACITY.
    C. STATUS OF QUARANTINE/ISOLATION FACILITIES.
    D. SHORTFALLS.
5. PLANNING.
    A. AOR PI PLANNIING OPERATIONS.
    B. PI EXERCISES.
    C. COORDINATION WITH IA/HN.
6. COMMANDERS MISSION ASSURANCE ASSESSMENT.
7. ADDITIONAL INFORMATION (AS REQUIRED).
8. POC.
9. RANK, NAME, ORGANIZATION, CONTACT NUMBER.

(2) Weekly. The purpose of this report is to provide detailed situational awareness on specific PI incidents during Phase 2. This report will capture resource requirements, potential shortfalls, force health protection measures, readiness status and any information that is deemed significant by the reporting command. This report will contain a commander's estimate with respect to current and projected mission assurance risk assessments. Required information and recommended format:

CLASSIFICATION (UNCLAS/FOUO) or other classification as required
MSGID/GENADMIN/ORIGINATING ORGANIZATION/CURRENT DATE//
SUBJ/WEEKLY H1N1 SITREP//
REF/A/DOC/CMC WASHINGTON DC/08JUNE2007//
REF/B/USNORTHCOM CONPLAN 3551-09//
REF/C/SECDEF EXORD/281200ZAUG09//
REF/D/DOC/SECDEF MOD 1 TO REF C/010000ZOCT09//
REF/E/DOC/HQMC COOP PLAN, ANNEX E/17 SEP 09//
NARR/REF A IS MCO 3504.2, OPERATIONS EVENT/INCIDENT REPORT
(OPREP-3), THAT DIRECTS UNITS TO SUBMIT SIR REPORTS TO HQMC

(ATTN: MARINE CORPS OPERATIONS CENTER) REGARDING THE DIAGNOSIS OF ANY DISEASE OR THE EXTENSIVE OUTBREAK OF ANY CONDITION AMONG PERSONNEL THAT MAY POTENTIALLY DEGRADE THE OPERATIONAL READINESS OF A UNIT OR INSTALLATION. REF B IS USNORTHCOM CONPLAN 3551-09 CONCEPT PLAN TO SYNCHRONIZE DOD PANDEMIC INFLUENZA PLANNING. REF C IS SECDEF APPROVED EXORD THAT DIRECTS DOD EXECUTION OF USNORTHCOM CONPLAN 3551-09 AND SUPPORTING PANDEMIC INFLUENZA PLANS IN RESPONSE TO THE INFLUENZA A (H1N1) OUTBREAK.REF D IS SECDEF-APPROVED MODIFICATION TO DOD SUPPORT TO INFLUENZA (H1N1) EXORD THAT DIRECTS DOD EXECUTION OF USNORTHCOM CONPLAN 3551-09 AND SUPPORTING PANDEMIC INFLUENZA OPERATIONAL PLANS IN RESPONSE TO THE INFLUENZA OUTBREAK. REF E IS ANNEX E TO THE HQMC COOP PLAN.//
POC/I.A.MARINE1/RANK/POC/-/TEL: DSN XXX-XXXX/TEL: (XXX)XXX-XXX-XXXX//
POC/I.A.MARINE2/RANK/POC/-/TEL: DSN XXX-XXXX/TEL: (XXX) XXX-XXXX//
GENTEXT/REMARKS//
1. SITUATION. IAW ESTABLISHED INFORMATION REQUIREMENTS PROVIDE UPDATE TO EXISTING SECDEF DECISION SUPPORT TEMPLATE (DST) OUTLINED CCIR/PIR/FFIR/EEFI.
2. IMPACT OF PI ON:
    A. IMPACT ON MARINE FORCES (COMMANDERS ASSESSMENT).
    B. IMPACT ON C2 STRUCTURE/ORGANIZATION (COMMANDERS ASSESSEMENT).
3. OPERATIONS. OPERATIONS OVERVIEW AND THE IMPACT OF PI ON OPERATIONAL CAPABILITY.
    A. ASSESSMENT NEXT 7 DAYS.
    B. LAND OPERATIONS.
    C. MARITIME OPERATIONS.
    D. TRAINING.
    E. AEROSPACE OPERATIONS.
    F. INFORMATION OPERATIONS.
    G. STRATEGIC COMMUNICATIONS.
    H. PUBLIC AFFAIRS.
4. IAW ANNEX B OF CONPLAN 3551, PROVIDE A STATUS OF THE PI SURVEILLANCE NETWORK.
5. THREAT OUTLOOK AND ASSESSMENT, INTSUM AND DISUM REPORTING
6. EMERGING THREATS WITHIN THE JOA WHICH MAY AFFECT THE REGIONAL BALANCE OF POWER.
7. SUMMARY OF SUSPECT INCIDENTS WITHIN JOA ASSOCIATED WITH THREAT FORCES AND THE IMPACT OF PI ON THEIR ABILITY TO CONDUCT OPERATIONS.
8. CHANGES TO CCIR.
9. LOGISTICS.
    A. IDENTIFICATION OF EMERGING FORCE REQUIREMENTS/UNITS/ASSETS AS VALIDATED AND SOURCED BY FORCE PROVIDER.

B.   IMPACT OF PI ON POINT OF EMBARKATION (POE)/POINT OF DEBARKATION (POD) AND IDENTIFIED JOINT, RECEPTION, STAGING, ONWARD MOVEMENT, AND INTEGRATION (JRSOI) LOCATION AND THE PI IMPACT ON THESE LOCATIONS.

C.   MOVEMENT AND FORCE TRACKING TIMELINE (IMPACT ON MOVEMENT TABLES, FORCE ROTATIONS).

D.   ASSET/CARGO/EQUIPMENT TABLE, (ACTUAL MOVEMENT/FORCE TRACKING TIMELINES).

E.   COMMAND EXPECTATIONS FOR ADDITIONAL FORCE/ASSET SOURCING.

F.   FACILITIES (CRITICAL INFRASTRUCTURE/BASE SUPPORT INSTALLATIONS/OPERATIONAL STAGING AREAS).

G.   LOGISTICS SHORTFALLS ATTRIBUTED TO PI ENVIRONMENT.

H.   STATUS OF PERSONAL PROTECTIVE EQUIPMENT.

I.   STATUS OF QUARANTINE/ISOLATION FACILITIES.

10.   MEDICAL.

A.   FORCE HEALTH PROTECTION.

B.   STATUS OF MEDICAL FACILITIES (INCLUDE BIO-SURVEILLANCE/TREATMENT CAPACITY).

C.   SHORTFALLS.

D.   ASSESSMENT NEXT 7 DAYS.

11.   COMMUNICATIONS.

A.   OVERVIEW OF IMPACT OF PI ON COMMUNICATIONS.

B.   COMMUNICATION SHORTFALLS.

12.   PERSONNEL.

A.   TOTAL TROOP STRENGTH.

B.   OPERATIONAL READINESS/COMBAT EFFECTIVENESS.

C.   CASUALTY DATA.

(1) DEATHS.

(2) HOSPITALIZED.

(3) TREATED FOR H1N1.

(4) PERSONNEL SHORTFALLS.

13.   COMMANDERS MISSION ASSURANCE ASSESSMENT.

14.   ADDITIONAL INFORMATION (AS REQUIRED).

15.   POC.

16.   RANK, NAME, ORGANIZATION, CONTACT NUMBER.

(3) <u>Daily</u>. The purpose of this report is to provide specific situational awareness on PI events during Phases 3, 4 and 5. This report will contain a commander's estimate with respect to current and projected mission assurance risk assessments, ability to conduct assigned missions/force projection and implementation of force health protection measures as they affect the key population within the AOR and host nation support. Required information and recommended format:

CLASSIFICATION (UNCLAS/FOUO) or other classification as required
MSGID/GENADMIN/ORIGINATING ORGANIZATION/CURRENT DATE//
SUBJ/DAILY H1N1 SITREP//
REF/A/DOC/CMC WASHINGTON DC/08JUNE2007//
REF/B/USNORTHCOM CONPLAN 3551-09//
REF/C/SECDEF EXORD/281200ZAUG09//
REF/D/DOC/SECDEF MOD 1 TO REF C/010000ZOCT09//
REF/E/DOC/HQMC COOP PLAN, ANNEX E/17 SEP 09//
NARR/REF A IS MCO 3504.2, OPERATIONS EVENT/INCIDENT REPORT
(OPREP-3), THAT DIRECTS UNITS TO SUBMIT SIR REPORTS TO HQMC
(ATTN: MARINE CORPS OPERATIONS CENTER) REGARDING THE DIAGNOSIS
OF ANY DISEASE OR THE EXTENSIVE OUTBREAK OF ANY CONDITION AMONG
PERSONNEL THAT MAY POTENTIALLY DEGRADE THE OPERATIONAL
READINESS OF A UNIT OR INSTALLATION. REF B IS USNORTHCOM
CONPLAN 3551-09 CONCEPT PLAN TO SYNCHRONIZE DOD PANDEMIC
INFLUENZA PLANNING. REF C IS SECDEF APPROVED EXORD THAT DIRECTS
DOD EXECUTION OF USNORTHCOM CONPLAN 3551-09 AND SUPPORTING
PANDEMIC INFLUENZA PLANS IN RESPONSE TO THE INFLUENZA A (H1N1)
OUTBREAK.REF D IS SECDEF-APPROVED MODIFICATION TO DOD SUPPORT TO
INFLUENZA (H1N1) EXORD THAT DIRECTS DOD EXECUTION OF USNORTHCOM
CONPLAN 3551-09 AND SUPPORTING PANDEMIC INFLUENZA OPERATIONAL
PLANS IN RESPONSE TO THE INFLUENZA OUTBREAK. REF E IS ANNEX E TO
THE HQMC COOP PLAN.//
POC/I.A.MARINE1/RANK/POC/-/TEL: DSN XXX-XXXX/TEL: (XXX)XXX-XXX-
XXXX//
POC/I.A.MARINE2/RANK/POC/-/TEL: DSN XXX-XXXX/TEL: (XXX) XXX-
XXXX//
GENTEXT/REMARKS//
1.   SITUATION. IAW ESTABLISHED INFORMATION REQUIREMENTS PROVIDE
UPDATE TO EXISTING SECDEF DECISION SUPPORT TEMPLATE (DST)
OUTLINED CCIR/PIR/FFIR/EEFI.
2.   IMPACT OF PI ON.
     A.   IMPACT ON MARINE FORCES (COMMANDERS ASSESSMENT).
     B.   IMPACT ON C2 STRUCTURE/ORGANIZATION (COMMANDERS
ASSESSEMENT).
3.   OPERATIONS. OPERATIONS OVERVIEW AND THE IMPACT OF PI ON
OPERATIONAL CAPABILITY.
     A.   ASSESSMENT NEXT 7 DAYS.
     B.   LAND OPERATIONS.
     C.   MARITIME OPERATIONS.
     D.   TRAINING.
     E.   AEROSPACE OPERATIONS.
     F.   INFORMATION OPERATIONS.
     G.   STRATEGIC COMMUNICATIONS.
     H.   PUBLIC AFFAIRS.
4.   IAW ANNEX B OF CONPLAN 3551, PROVIDE A STATUS OF THE PI
SURVEILLANCE NETWORK.
5.   THREAT OUTLOOK AND ASSESSMENT, INTSUM AND DISUM REPORTING

6. EMERGING THREATS WITHIN THE JOA WHICH MAY AFFECT THE REGIONAL BALANCE OF POWER.

7. SUMMARY OF SUSPECT INCIDENTS WITHIN JOA ASSOCIATED WITH THREAT FORCES AND THE IMPACT OF PI ON THEIR ABILITY TO CONDUCT OPERATIONS.

8. CHANGES TO CCIR.

9. LOGISTICS.

    A. IDENTIFICATION OF EMERGING FORCE REQUIREMENTS/UNITS/ASSETS AS VALIDATED AND SOURCED BY FORCE PROVIDER.

    B. IMPACT OF PI ON POINT OF EMBARKATION (POE)/POINT OF DEBARKATION (POD) AND IDENTIFIED JOINT, RECEPTION, STAGING, ONWARD MOVEMENT, AND INTEGRATION (JRSOI) LOCATION AND THE PI IMPACT ON THESE LOCATIONS.

    C. MOVEMENT AND FORCE TRACKING TIMELINE (IMPACT ON MOVEMENT TABLES, FORCE ROTATIONS).

    D. ASSET/CARGO/EQUIPMENT TABLE, (ACTUAL MOVEMENT/FORCE TRACKING TIMELINES).

    E. COMMAND EXPECTATIONS FOR ADDITIONAL FORCE/ASSET SOURCING.

    F. FACILITIES (CRITICAL INFRASTRUCTURE/BASE SUPPORT INSTALLATIONS/OPERATIONAL STAGING AREAS).

    G. LOGISTICS SHORTFALLS ATTRIBUTED TO PI ENVIRONMENT.

    H. STATUS OF PERSONAL PROTECTIVE EQUIPMENT.

    I. STATUS OF QUARANTINE/ISOLATION FACILITIES.

10. MEDICAL.

    A. FORCE HEALTH PROTECTION.

    B. STATUS OF MEDICAL FACILITIES (INCLUDE BIO-SURVEILLANCE/TREATMENT CAPACITY).

    C. SHORTFALLS.

    D. ASSESSMENT NEXT 7 DAYS.

11. COMMUNICATIONS.

    A. OVERVIEW OF IMPACT OF PI ON COMMUNICATIONS.

    B. COMMUNICATION SHORTFALLS.

12. PERSONNEL.

    A. TOTAL TROOP STRENGTH.

    B. OPERATIONAL READINESS/COMBAT EFFECTIVENESS.

    C. CASUALTY DATA.

        (1) DEATHS.

        (2) HOSPITALIZED.

        (3) TREATED FOR H1N1.

        (4) PERSONNEL SHORTFALLS.

13. COMMANDERS MISSION ASSURANCE ASSESSMENT.

14. ADDITIONAL INFORMATION (AS REQUIRED).

15. POC.

16. RANK, NAME, ORGANIZATION, CONTACT NUMBER.

3. <u>Requirement</u>. MARFORCOM/MARFORPAC/MARFORRES/MCCDC/MCI EAST/MCI WEST/M&RA/HQBN, HQMC will provide a monthly situation

report to HQMC (ATTN:MARINE CORPS OPERATIONS CENTER) by 1200 EST on the last day of the month beginning on 31 OCT 09 for Phase 0 & Phase 1. If Phase 2 is implemented, weekly situation reports will be submitted each Friday by 1200 EST. If phase 3, 4, or 5 are implemented, daily situation reports will be submitted each day by 1200 est.

4. <u>Classification</u>: All pandemic influenza reporting classifications will be kept at for official use only level whenever possible. however, upgraded classification may be necessary based on situation and circumstances. Classification determination will be made by the reporting unit. All classified reports will be marked accordingly with overall classification and appropriate portion markings.
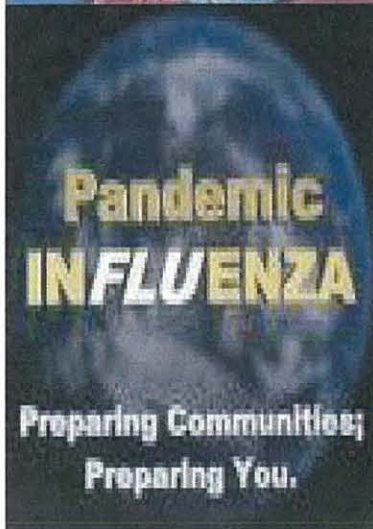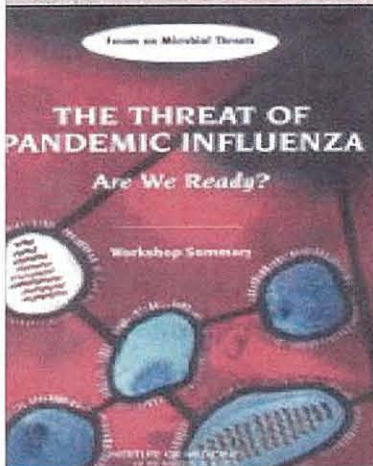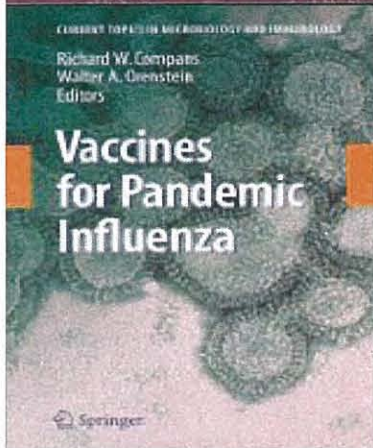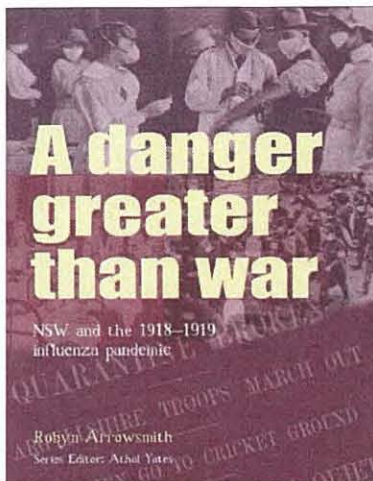
Pandemic Influenza

Preparedness and Response

Duties and Responsibilities

Public Health Emergency Officer

(PHEO)

Public Health Emergency Officer (PHEO)

- The PHEO is the frontline responder on a military installation in a Public Health Emergency (PHE), whether of natural, technologic, or terrorist cause. PHEOs are responsible for providing commanders with guidance and recommendations on preparing for, responding to, and recovering from a PHE. The advice provided by PHEOs must be consistent with current medical, scientific, and public health knowledge, and must consider the population at risk, command critical missions, and processes and procedures of military and national response plans.

- A PHEO shall be a senior health professions military officer or DOD civilian employee affiliated with the command, or the commander of a higher level or associated command and should be the command surgeon, local equivalent, hospital commander, or senior leader with experience and training in functions essential to effective PHE management.

- PHEOs should have a Master of Public Health, 2 years experience in public health, preventative medicine, or environmental health, and significant operational experience. However, other officers with a strong public health background who can meet PHEO competencies with additional training can serve as PHEOs.

- PHEO major areas of responsibility:

  - **Situational Awareness of Public Health Threat**

Not Started	In Progress	Completed	
◯	◯	◯	• Ensure relevant surveillance and information systems are monitored.
◯	◯	◯	• Establish installation-level rapid notification of suspected or confirmed cases of quarantinable diseases to the PHEO.
◯	◯	◯	• Establish processes for sharing information on suspected or confirmed cases with local, tribal, state, federal or host nation public health authorities.

Not Started	In Progress	Completed	
○	○	○	• Ensure PHEO accessibility 24/7:
○	○	○	• Develop phone triage protocol to process reports.
○	○	○	• Enlist a cadre of responders available within 30 minutes of receiving report/call.
○	○	○	• Ensure Medical Health Services (MHS) and Laboratory Response Network (LRN) procedures and protocols are in compliance.
○	○	○	• Ensure all reportable suspected and confirmed cases are reported following current policy.
○	○	○	• Ensure that active and passive systems monitor inpatient and outpatient data sources to detect cases and clusters of public health significance in all covered populations.
○	○	○	• Maintain contact with Service and DOD sources of expert epidemiologic support.
○	○	○	• Oversee hospital surveillance of quarantinable diseases, including:
○	○	○	• Quarantine of groups of exposed people.
○	○	○	• Containment measures that apply to specific sites.

• **Declaration of a PHE**

Not Started	In Progress	Completed
○	○	○

• Ensure decision algorithms for declaration of a PHE are developed, trained, and executed.

Not Started	In Progress	Completed
○	○	○

• Ensure that PHE declaration results in appropriate notification procedures.

Not Started	In Progress	Completed
○	○	○

• Advise appropriate strategy for containment (individual and community-based):

Not Started	In Progress	Completed
○	○	○

• Short-term, voluntary home curfew.

Not Started	In Progress	Completed
○	○	○

• Suspension or restriction of group assembly.

Not Started	In Progress	Completed
○	○	○

• Cancellation of public events.

Not Started	In Progress	Completed
○	○	○

• Closure of public places.

Not Started	In Progress	Completed
○	○	○

• Restriction of travel or shelter-in-place.

Not Started	In Progress	Completed
○	○	○

• "Cordon Sanitaire."

Not Started	In Progress	Completed
○	○	○

• Ensure a process to handle quarantine exemptions.

Not Started	In Progress	Completed
○	○	○

• Establish procedures for medical evaluation and isolation of those who exhibit signs of illness.

Not Started	In Progress	Completed	• Develop protocols for monitoring and enforcing quarantine procedures.
○	○	○	

Not Started	In Progress	Completed	• Address psychological health support needs.
○	○	○	

Not Started	In Progress	Completed	• Ensure protection of persons, including medical examination, testing, vaccination, and treatment.
○	○	○	

Not Started	In Progress	Completed	• Establish guidelines for termination of a PHE.
○	○	○	

• **Provide Expertise and Consultation to the Commander**

Not Started	In Progress	Completed	• Advise installation and other commanders on medical/public health aspects of a public disease emergency and disease containment strategies.
○	○	○	

Not Started	In Progress	Completed	• Educate commanders on specific quarantinable and other diseases of concern.
○	○	○	

Not Started	In Progress	Completed	• Advise on public health and disease outbreak emergency response policies, plans, procedures, and guidelines in support of command and control capabilities to properly respond to disasters, public health emergencies, and disease outbreaks.
○	○	○	

Not Started	In Progress	Completed	• Advise Medical Treatment Facility (MTF) commanders on preparedness, prevention, response, exercise, and training activities.
○	○	○	

Not Started	In Progress	Completed	
◯	◯	◯	• Institute emergency response programs for public health and disease outbreaks on military installations to include active and Reserve component installations, Reserve Centers, armories, as appropriate in CONUS.
◯	◯	◯	• Recommend a PHE be declared (and appropriately implement vaccination, quarantine, and social distancing when necessary).
◯	◯	◯	• Maintain essential services and mission capability.
◯	◯	◯	• Advise on public health measure for mass care functions.

• **Epidemiologic Outbreak Investigation**

Not Started	In Progress	Completed	
◯	◯	◯	• Identify contacts and conduct contact training.
◯	◯	◯	• Remain current on all aspects of procedures for quarantinable and other diseases of interest.
◯	◯	◯	• Establish a coordination process and procedure for outbreak investigations with military, State, and local health officials, security, and investigative agencies as appropriate.
◯	◯	◯	• Conduct and support epidemiological investigations, and coordinate investigations with civilian authorities.

Not Started	In Progress	Completed	• Establish containment measures for individuals, including:
◯	◯	◯	

Not Started	In Progress	Completed	• Patient Isolation.
◯	◯	◯	

Not Started	In Progress	Completed	• Management of Contacts.
◯	◯	◯	

Not Started	In Progress	Completed	• Participate in PHE exercises and drills and incorporate lessons learned into plans.
◯	◯	◯	

Not Started	In Progress	Completed	• Plan for provision of care in non-hospital settings.
◯	◯	◯	

Not Started	In Progress	Completed	• Ensure that public health surveillance for infectious diseases and injuries - including events that might indicate terrorist activity - is timely and complete, and reporting of suspected terrorist events is integrated with evolving, comprehensive networks of the national public health surveillance system.
◯	◯	◯	

• **Guidance on Diagnosis, Treatment, and Prophylaxis of Those Infected or Potentially Exposed**

Not Started	In Progress	Completed	• Maintain currency on Service, MHS, and other policy guidance (DHHS, FDA) regarding disease diagnosis, treatment, and prophylaxis.
◯	◯	◯	

Not Started	In Progress	Completed	• Develop strategies for "just-in-time" (JIT) training of non-critical staff and others who are involved in diagnosis, treatment, and medical care for exposed and potentially exposed.
◯	◯	◯	

Not Started	In Progress	Completed
○	○	○

• Ensure appropriate infection control practices to prevent disease spread.

Not Started	In Progress	Completed
○	○	○

• Identify and isolate all potential patients.

Not Started	In Progress	Completed
○	○	○

• Consider implementation shielding, cancellation of public events, and "snow days."

Not Started	In Progress	Completed
○	○	○

• Improvise prioritization of services in the event of reduced staffing.

Not Started	In Progress	Completed
○	○	○

• Establish parameters and capabilities to execute a "community triage" program.

Not Started	In Progress	Completed
○	○	○

• Ensure the needs of special populations are addressed through the provisions of appropriate information and assistance, to include children, disabled, and institutionalized.

Not Started	In Progress	Completed
○	○	○

• Reference Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) altered standards of care that may need to be addressed, such as staff ratio in a declared PHE.

Not Started	In Progress	Completed
○	○	○

• Ensure development of mass vaccination and mass chemoprophylaxis distribution plans or annexes.

• **Support Development of Plans and Exercises for Emergency Health Powers**

Not Started	In Progress	Completed
○	○	○

• Ensure medical facilities have procedures to detect, prevent spread, and manage impact of quarantinable diseases that build on existing operational and National preparedness plans.

Not Started	In Progress	Completed
○	○	○

- Coordinate with local public health, community, health care facilities at the local, State, regional, and country/Federal level as response partners for a PHE.

Not Started	In Progress	Completed
○	○	○

- Identify potential isolation and quarantine facilities.

Not Started	In Progress	Completed
○	○	○

- Plans for "clinics" and "hotlines."

Not Started	In Progress	Completed
○	○	○

- Ensure MTFs have PI staffing contingency plans.

Not Started	In Progress	Completed
○	○	○

- Ensure installations participate in planning, training, and exercise activities with other agencies.

Not Started	In Progress	Completed
○	○	○

- Encourage COCOM components to participate in similar operations with the host nation (HN) as requested.

Not Started	In Progress	Completed
○	○	○

- Develop operational objectives for PHE response.

Not Started	In Progress	Completed
○	○	○

- Prepare for on-site assistance from DOD and others, including: technical and emergency response personnel.

Not Started	In Progress	Completed
○	○	○

- Prepare for on-site assistance from DOD and others, including:

Not Started	In Progress	Completed
○	○	○

- Technical and Emergency Response personnel.

Not Started	In Progress	Completed	• Centers for Disease Control and Prevention.
○	○	○	

Not Started	In Progress	Completed	• Strategic National Stockpile (SNS) personnel.
○	○	○	

Not Started	In Progress	Completed	• National Disaster Medical System (NDMS) teams.
○	○	○	

Not Started	In Progress	Completed	• Emergency Medical Response (EMR) teams.
○	○	○	

Not Started	In Progress	Completed	• Other specialized response teams.
○	○	○	

Not Started	In Progress	Completed	• Plan for emergency credentialing.
○	○	○	

• **Logistics/Acquisition of Medical Countermeasures and Personal Protective Equipment (PPE)**

Not Started	In Progress	Completed	• Conduct a capacity assessment defining the resources, including the identification of health care and quarantine surge capacity resource shortfalls, requirements for specific diseases, and installation population.
○	○	○	

Not Started	In Progress	Completed	• Establish plans and systems for providing mass distribution of medications and other appropriate supplies to care for potentially large numbers of patients and maintain quarantine population.
○	○	○	

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Ensure appropriate surge-capacity capability to sustain health care delivery and health medical support in quarantine situations.

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Distribute vaccines and anti-viral medications following appropriate plans and guidance.

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Identify principle material requirements for PI, include vaccines, anti-viral/anti-bacterial drugs, ventilators, and PPE.

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Coordinate purchases of drugs and vaccine through the Defense Supply Center Philadelphia (DSCP).

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Maintain procedures for the receipt, storage, and distribution of assets received from Federal stockpiles.

• **Conduct Risk Communication**

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Pre-draft messages for PHE situation scenarios which should include such information as disease progression, movement restriction rationale, availability, and location of support services.

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Pre-plan venues, methods, locations, times, and communicators of information related to the PHE.

Not Started   In Progress   Completed
　　○　　　　　　○　　　　　　○

• Ensure public information and education on disease of concern is communicated clearly, early, and repeatedly.

Not Started	In Progress	Completed
O	O	O

• Notify and communicate with the population during the PHE.

Not Started	In Progress	Completed
O	O	O

• Identify language-specific materials for educating patients, family, and the community.

Not Started	In Progress	Completed
O	O	O

• Establish "community triage" communications capabilities, including hotlines.

Not Started	In Progress	Completed
O	O	O

• In coordination with the appropriate PAO, release the:

Not Started	In Progress	Completed
O	O	O

• Declaration of a PHE and its termination.

Not Started	In Progress	Completed
O	O	O

• Steps individuals should take to protect themselves.

Not Started	In Progress	Completed
O	O	O

• Actions taken to control or mitigate the emergency.

• **Coordination with the State, local, HN and Allied Force Health and other Officials**

Not Started	In Progress	Completed
O	O	O

• Establish working relationships with PHE management agencies, emergency medical services (EMS), medical, health, behavior care providers, fire, law enforcements, other Federal, State, local response organizations, local emergency planning committees, humanitarian and volunteer organizations, academic institutions, and other pertinent agencies and organizations.

Not Started   In Progress   Completed
   ○   ○   ○

● Maintain familiarity with State and HNs in disease reporting, quarantine, and other disease containment strategies and how they apply to installation population and activities.

Not Started   In Progress   Completed
   ○   ○   ○

● Coordinate planning and execution of medical and public health aspects of disease containment strategies with local officials.

Not Started   In Progress   Completed
   ○   ○   ○

● Ensure individuals subject to Restriction of Movement (ROM) are provided written notice of the reason for ROM as soon as feasible, as well as the plan of examination, testing, and/or treatment.

Not Started   In Progress   Completed
   ○   ○   ○

● Develop a system so that all non-military personnel subject to ROM who contest the reason have the opportunity to present information supporting exemption or release to the commander within 8 hours of receipt.

Not Started   In Progress   Completed
   ○   ○   ○

● Participate in local, Statewide, and regional PHE plans, exercises, and drills.

Not Started   In Progress   Completed
   ○   ○   ○

● Partner with law enforcement regarding enforcement, quarantine process, and procedures.

Not Started   In Progress   Completed
   ○   ○   ○

● Provide education to first responders and others in the use of PPE.
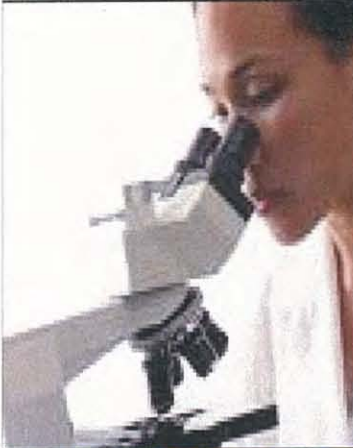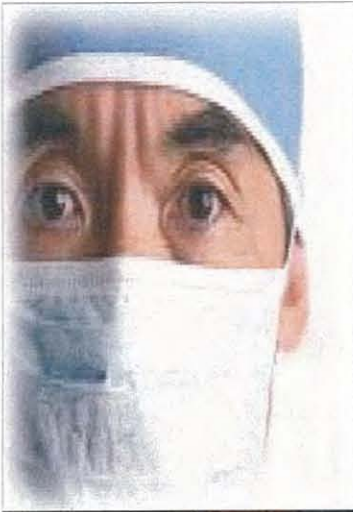
Pandemic Influenza

Preparedness and Response

Medical Treatment Facility

(MTF)

MTF Pandemic Influenza Planning Checklist

• Experts at the World Health Organization (WHO) and elsewhere believe that the world is now closer to another pandemic influenza (PI) than at any time since 1968.

• Planning for PI is critical for ensuring a sustainable healthcare response. This checklist was developed to help MTFs assess and improve their preparedness for responding to PI. Because of differences among MTFs (e.g., characteristics of the patient population, size of the MTF/community, scope of services), each MTF will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one of several tools for evaluating current plans or in developing a comprehensive PI plan. Additional information can be found at www.flu.gov.

• An effective plan will incorporate information from state, regional, tribal and local health departments, emergency management agencies/authorities, MTF associations and suppliers of resources. In addition, MTFs should ensure that their PI plans comply with applicable state and federal regulations and with standards set by accreditation organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Comprehensive pandemic influenza planning can also help facilities plan for other emergency situations.

• **Structure for planning and decision making**

Not Started   In Progress   Completed
○   ○   ○

• PI has been incorporated into disaster planning and exercises for the MTF.

Not Started   In Progress   Completed
○   ○   ○

• A multidisciplinary planning committee has been identified to specifically address PI preparedness planning and preparedness testing.

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

● Primary and backup responsibility has been assigned for coordinating preparedness planning. (Insert names, titles and contact information)

● Primary:

● (Name) _____

● (Title) _____

● (Contact info) _____

● Backup:

● (Name) _____

● (Title) _____

● (Contact info) _____

Not Started   In Progress   Completed

○   ○   ○

● Members of the planning committee include (as applicable to each setting) the following: (Check categories below that apply and develop a list of committee members with the name, title, and contact information for each personnel category checked below, and attach to this checklist.)

Not Started   In Progress   Completed

○   ○   ○

● MTF Administration.

Not Started   In Progress   Completed

○   ○   ○

● Legal counsel/risk management.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	• Infection control/epidemiology.
○	○	○	

Not Started	In Progress	Completed	• Disaster Coordinator.
○	○	○	

Not Started	In Progress	Completed	• Public Relations Coordinator, Public Information Officer.
○	○	○	

Not Started	In Progress	Completed	• Medical staff (e.g., internal medicine, pediatrics, MTFist, infectious disease).
○	○	○	

Not Started	In Progress	Completed	• Nursing administration.
○	○	○	

Not Started	In Progress	Completed	• Human Resources (e.g., personnel, including Equal Employment Opportunities).
○	○	○	

Not Started	In Progress	Completed	• Facility personnel representative.
○	○	○	

Not Started	In Progress	Completed	• Occupational Health.
○	○	○	

Not Started	In Progress	Completed	• Physical Therapy.
○	○	○	

Not Started	In Progress	Completed	• Intensive care.
○	○	○	

Not Started	In Progress	Completed	• Emergency Department.
○	○	○	

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	• Respiratory Therapy.
○	○	○	

Not Started	In Progress	Completed	• Diagnostic Imaging (Radiology).
○	○	○	

Not Started	In Progress	Completed	• Discharge Planning.
○	○	○	

Not Started	In Progress	Completed	• Staff development.
○	○	○	

Not Started	In Progress	Completed	• Engineering and maintenance.
○	○	○	

Not Started	In Progress	Completed	• Environmental services.
○	○	○	

Not Started	In Progress	Completed	• Central (sterile) services.
○	○	○	

Not Started	In Progress	Completed	• Security.
○	○	○	

Not Started	In Progress	Completed	• Dietary (food) services.
○	○	○	

Not Started	In Progress	Completed	• Pharmacy services.
○	○	○	

Not Started	In Progress	Completed	• Information technology.
○	○	○	

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Purchasing agent/materials management.

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Laboratory services.

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Expert consultants (e.g., ethicist, mental/behavioral professionals).

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Other member(s) as appropriate (e.g., volunteer services, community representative, clergy, local coroner, medical examiner, morticians).

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Points of contact for information on PI planning resources have been identified within local, state and tribal health departments and the state hospital association (insert names, titles, and contact information.)

• Local health department:

• (Name) _____

• (Title) _____

• (Contact info) _____

• State health department:

• (Name) _____

• (Title) _____

• (Contact info) _____

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

- Points of contact for information on PI planning resources have been identified within local, state and tribal health departments and the state hospital association (insert names, titles, and contact information.)

- State MTF association:

- (Name) _____

- (Title) _____

- (Contact info) _____

- Tribal health association:

- (Name) _____

- (Title) _____

- (Contact info) _____

Not Started   In Progress   Completed

○   ○   ○

- Local, regional or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact, have been identified. (Insert name, title and contact information for each)

- City:

- (Name) _____

- (Title) _____

- (Contact info) _____

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

• Local, regional or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact, have been identified. (Insert name, title and contact information for each)

• County:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Other regional (and/or tribal):

• (Name) _____

• (Title) _____

• (Contact info) _____

Not Started   In Progress   Completed

○   ○   ○

• Local or regional PI planning groups have been contacted for information on coordinating the facility's plan with other PI plans.

• **Development of a written PI plan**

Not Started   In Progress   Completed

○   ○   ○

• Copies of relevant sections of the HHS Pandemic Influenza Plan (available at www.hhs.gov/pandemicflu/plan/) and policy documents that may be forthcoming (available at www.flu.gov) have been obtained and reviewed for incorporation into the facility's plan.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed
◯	◯	◯

• Copies of relevant sections of other available plans (i.e., state, tribal, regional, or local) have been obtained and reviewed for incorporation into the facility's plan.

Not Started	In Progress	Completed
◯	◯	◯

• HQMC.

Not Started	In Progress	Completed
◯	◯	◯

• MARFOR.

Not Started	In Progress	Completed
◯	◯	◯

• Installation.

Not Started	In Progress	Completed
◯	◯	◯

• State.

Not Started	In Progress	Completed
◯	◯	◯

• Regional.

Not Started	In Progress	Completed
◯	◯	◯

• Local.

Not Started	In Progress	Completed
◯	◯	◯

• Tribal.

Not Started	In Progress	Completed
◯	◯	◯

• A copy of the facility plan and other relevant materials are available in Administration and Infection Control. (List other locations where information is available, including facility intranet sites and attach to this checklist.)

MTF Pandemic Influenza Planning Checklist

Not Started In Progress Completed

◯   ◯   ◯

• The plan includes strategies for collaborating with local and regional planning and response groups and MTFs and other healthcare facilities in order to coordinate response efforts at the community level (e.g., staffing, material and other resources, triage algorithms, etc.).

Not Started In Progress Completed

◯   ◯   ◯

• The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used, including the delegation of authority to carry out the plan 24/7.

Not Started In Progress Completed

◯   ◯   ◯

• The plan stratifies implementation of specific actions on the basis of the WHO Pandemic Phases, US Government Pandemic Stages, DOD Pandemic Phases (USNORTHCOM CONLAN 3551-07) and the pandemic severity index level worldwide, in the United States and at the local level. (See section IV and Appendix 3 of the "Community Strategy for Pandemic Influenza Mitigation" at www.flu.gov/plan/community/commitigation.html.)

Not Started In Progress Completed

◯   ◯   ◯

• Responsibilities of key personnel and departments within the facility related to executing the plan have been described.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	• Personnel who will serve as back-up (e.g., B team) for key personnel roles have been identified.
◯	◯	◯	

Not Started	In Progress	Completed
◯	◯	◯

• A tabletop simulation exercise or other exercises have been developed to test the plan.

• Date performed (_____)

• Date performed (_____)

Not Started	In Progress	Completed
◯	◯	◯

• A full scale drill/exercise has been developed to test the plan.

• Date performed (_____)

Not Started	In Progress	Completed
◯	◯	◯

• The plan is updated regularly and includes current contact information and lessons learned from exercises and drills.

Not Started	In Progress	Completed
◯	◯	◯

• The facility plan includes the elements listed in #3 below.

• **Elements of a PI plan**

Not Started	In Progress	Completed
◯	◯	◯

• A plan is in place for surveillance and detection of PI in facility patients and staff.

Not Started   In Progress   Completed

◯   ◯   ◯

• A method for performing and reporting syndromic surveillance for persons with influenza-like illness has been tested and evaluated during the regular influenza season in preparation for using the system for PI surveillance. MTF sites for syndromic surveillance should include the emergency department, MTF clinics, and occupational health. Surveillance reports are sent to MTF epidemiology/infection control personnel and to the local health authority. (The frequency of reporting should be determined by the local health authority and reflect the pandemic severity level, as well as any applicable federal or state recommendations.)

Not Started   In Progress   Completed

◯   ◯   ◯

• Responsibility has been assigned for monitoring public health advisories (federal and state) and for updating the pandemic response coordinator and members of the PI planning committee when PI has been reported in the United States and is nearing the geographic area.

• Primary:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Backup:

• (Name) _____

• (Title) _____

• (Contact info) _____

Not Started   In Progress   Completed

○   ○   ○

• A written protocol has been developed for monitoring and reporting seasonal influenza-like illness among MTF sized patients, volunteers, and staff (e.g., weekly or daily number of patients and staff with influenza-like illness). (Having a system for tracking illness trends during seasonal influenza will ensure that the MTF can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.) Information on the clinical signs and diagnosis of influenza is available at www.cdc.gov/flu).

Not Started   In Progress   Completed

○   ○   ○

• A protocol has been developed for the evaluation and diagnosis of MTF sized patients and/or staff with symptoms of PI. Information on the clinical signs and diagnosis of influenza is available at www.cdc.gov/flu.

Not Started   In Progress   Completed

○   ○   ○

• A protocol has been developed for the management of persons with possible PI who are seen in the emergency department, MTF clinics, or are transferred from another facility or referred for MTF prioritization by an admitting physician. The protocol includes criteria for detecting a possible case, the diagnostic work-up to be performed, infection control measures to be implemented, medical treatment, and directions for notifying infection control.

Not Started   In Progress   Completed

○   ○   ○

• Protocols include triggers for different levels of action that are based on the Pandemic Severity Index (See www.flu.gov or www.cdc.gov/flu.)

Not Started   In Progress   Completed

○   ○   ○

• A system is in place to monitor for and internally review healthcare-associated transmission of seasonal influenza among patients and staff in the facility. Information used from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will be necessary for assessing PI transmission.)

Not Started   In Progress   Completed

○   ○   ○

• A facility communication plan has been developed and is coordinated with the local health authority. For more information, see www.hhs.gov/pandemicflu/plan.

Not Started   In Progress   Completed

○   ○   ○

• Key public health points of contact for communication during PI have been identified.

• Local Health Department:

• (Name) _____

• (Title) _____

• (Contact info) _____

• State Health Department:

• (Name) _____

• (Title) _____

• (Contact info) _____

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

◯   ◯   ◯

• Key public health points of contact for communication during PI have been identified.

• Regional Health Department:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Tribal Health Department:

• (Name) _____

• (Title) _____

• (Contact info) _____

Not Started   In Progress   Completed

◯   ◯   ◯

• Responsibility has been assigned for communications with public health authorities (i.e., case reporting, status updates) during a pandemic.

• Primary:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Backup:

• (Name) _____

• (Title) _____

• (Contact info) _____

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Responsibility has been assigned for communicating with the public.

• Clinical spokesperson:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Public Relations spokesperson:

• (Name) _____

• (Title) _____

• (Contact info) _____

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Methods of communicating with the public (e.g., public service announcements (PSAs), message mapping) and the subjects that will be addressed have been discussed.

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Plans and responsibilities for communicating with MTF staff, volunteers, and private medical staff have been developed. Anticipate employee fear/anxiety and plan communications accordingly.

Not Started   In Progress   Completed
  ◯   ◯   ◯

• Plans and responsibilities for communication with patients and their family members have been developed.

Not Started   In Progress   Completed
  ◯   ◯   ◯

• The types of communication needs (e.g., staff and community updates) and methods of communication (e.g., intranet, PSAs, and newspaper reports) have been identified and are appropriate for individuals with visual, hearing, or other disabilities, or limited English proficiency.

MTF Pandemic Influenza Planning Checklist NOV 0 6 2009

Not Started   In Progress   Completed

○   ○   ○

- Responsibility has been assigned for internal communications with staff regarding the status and impact of PI in the MTF.

  - Primary:

  - (Name) _____

  - (Title) _____

  - (Contact info) _____

  - Backup:

  - (Name) _____

  - (Title) _____

  - (Contact info) _____

Not Started   In Progress   Completed

○   ○   ○

- A list has been created of other healthcare entities, including their points of contact, within the region (e.g., other MTFs, long-term care and residential facilities, local MTF's emergency medical services, clinics, relevant community organizations [including those involved with disaster preparedness]) with which it will be necessary to maintain communication in real-time and be able to report information in a timely and accurate manner during a pandemic (Insert location of the list of contacts and attach a copy to the pandemic plan:)

  - Location of list:

  - _____

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

• The facility has been represented in discussions with other MTFs regarding local plans for inter-facility communication during a pandemic.

Not Started   In Progress   Completed

○   ○   ○

• A plan is in place to provide education and training for personnel and information for patients and visitors to ensure that the implications of and basic prevention and control measures for PI are understood. (For more information and resources see www.cdc.gov/flu).

Not Started   In Progress   Completed

○   ○   ○

• A person has been designated with responsibility for coordinating education and training on PI (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). (Insert name, title and contact information.)

• Primary:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Backup:

• (Name) _____

• (Title) _____

• (Contact info) _____

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

• Current and potential opportunities for long-distance (e.g., Web-based) and local (e.g., health department- or MTF-sponsored) influenza training programs have been identified. (See www.cdc.gov/flu).

Not Started   In Progress   Completed

○   ○   ○

• Language, format (i.e., prepared for individuals with visual, hearing or other disabilities) and reading-level appropriate materials for clinical and non-clinical personnel have been identified to supplement and support education and training programs (e.g., materials available through state and federal public health agencies and through professional organizations), and a plan is in place for obtaining these materials.

Not Started   In Progress   Completed

○   ○   ○

• Education and training for MTF personnel includes information on differences in pandemic influenza infection prevention and control measures if necessary and are provided in languages and format (i.e., prepared for individuals with visual, hearing or other disabilities) appropriate for MTF personnel. Regular education and training should include, but not be limited to: training in Standard and Droplet Precautions; use of respiratory protection; social distancing and respiratory hygiene/cough etiquette.

Not Started   In Progress   Completed

○   ○   ○

• Education and training includes information on the MTFs PI plan, including relevant personnel policies, and operational changes that will occur once the plan is implemented.

Not Started   In Progress   Completed

○   ○   ○

• A plan has been established for expediting the identification of, credentialing and training of non-facility staff brought in from other locations within the region to provide patient care when the MTF reaches a staffing crisis.

Not Started   In Progress   Completed

○   ○   ○

• Informational materials (e.g., brochures, posters) on PI and relevant MTF policies (e.g., visitation) have been developed or identified for patients and their families. These materials are language format (i.e., prepared for individuals with visual, hearing or other disabilities) and reading-level appropriate and a plan is in place to disseminate these materials to MTF patients and visitors.

Not Started   In Progress   Completed

○   ○   ○

• A plan has been developed for triage (e.g., initial patient evaluation) and admission of patients during a pandemic that includes the following:

Not Started   In Progress   Completed

○   ○   ○

• A designated location, separate from other clinical triage and evaluation areas, (utilizing the principles of social distancing) for the triage of patients with possible PI.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	
○	○	○	• Assigned responsibility to specifically-trained healthcare personnel overseeing the triage process.
○	○	○	• Use of signage to direct and instruct patients with possible PI on the triage process that is language, format (i.e., prepared for individuals with visual, hearing or other disabilities) and reading-level appropriate.
○	○	○	• A telephone triage system for prioritizing patients who require a medical evaluation (i.e., those patients whose severity of symptoms or risk for complications necessitate being seen by a physician).
○	○	○	• Criteria for prioritizing admission of patients to those in most critical need.
○	○	○	• Coordination with local emergency medical services and 9-1-1 services for transport of suspected flu patients.
○	○	○	• A method to specifically track admissions and discharges of patients with PI.
○	○	○	• A plan has been developed to address the needs of specific patient populations that may be disproportionately affected during a pandemic or that may need services normally not provided by the MTF (e.g., pediatric and adult MTFs may need to extend services to other populations).

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	
○	○	○	• Populations to consider:
○	○	○	• Children and their families.
○	○	○	• Frail elderly and their caretakers.
○	○	○	• Young adults.
○	○	○	• Patients with chronic diseases (e.g., diabetes, hemodialysis).
○	○	○	• Physically or mentally challenged / individuals with disabilities.
○	○	○	• Pregnant women.
○	○	○	• Immunocompromised children and adults.
○	○	○	• Others. (specify) _____
○	○	○	• Issues to consider:
○	○	○	• Clinical expertise available.
○	○	○	• Need for specialized equipment, medical devices, and medications.
○	○	○	• Transportation.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	
◯	◯	◯	• Mental health concerns.
◯	◯	◯	• Need for social services.
◯	◯	◯	• Translation services/medical interpreters.
◯	◯	◯	• Cultural issues affecting behavioral response.
◯	◯	◯	• A plan has been developed for facility access during a pandemic that includes the following:
◯	◯	◯	• Criteria and protocols for modifying admission criteria on the basis of current bed capacity.
◯	◯	◯	• Criteria and protocols for closing the facility to new admissions and referrals to other facilities.
◯	◯	◯	• Criteria and protocols for limiting or restricting visitors to the MTF, including specific plans for communicating with patients' families about MTF rules for visiting family members.
◯	◯	◯	• A contingency plan has been developed in the event of MTF quarantine in conjunction with local jurisdictions to ensure quarantine is enforced and necessary supplies, equipment, and basic necessities can be delivered and maintained.

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

- A plan has been developed for facility security during a pandemic that includes the following:

Not Started   In Progress   Completed

○   ○   ○

- MTF security personnel input into procedures for enforcing facility access controls.

Not Started   In Progress   Completed

○   ○   ○

- Plans for facilitating identification (e.g., special badges) of non-facility healthcare personnel and volunteers by security staff and facilitating their access to the facility when deployed.

Not Started   In Progress   Completed

○   ○   ○

- The identity of key and essential personnel who would have access to the facility during a pandemic.

Not Started   In Progress   Completed

○   ○   ○

- Recruitment and training of additional security personnel (e.g., local police, national guard) that is coordinated by the local health authority.

Not Started   In Progress   Completed

○   ○   ○

- Plans for establishing a controlled, orderly, flow of patients within the facility.

Not Started   In Progress   Completed

○   ○   ○

- An infection control plan that includes the following is in place for managing MTF patients with pandemic influenza: (For the most recent information on pandemic influenza infection control recommendations for staff in a healthcare setting, see www.pandemicflu.gov/plan/healthcare/maskguidancehc.html.)

Not Started   In Progress   Completed
   ◯   ◯   ◯

• An infection control policy that requires healthcare personnel to use at a minimum Standard Precautions (www.cdc.gov/ncidod/dhqp/gl_isolation _standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation _droplet.html) with symptomatic patients.

Not Started   In Progress   Completed
   ◯   ◯   ◯

• A communication plan is developed to inform all MTF staff and employees about appropriate need for and use of infection control measures, social distancing practices, and personal protective equipment.

Not Started   In Progress   Completed
   ◯   ◯   ◯

• Use of respiratory protection (i.e., N-95 or higher-rated respirator as feasible) by personnel who are performing aerosol-generating procedures (e.g., bronchosocopy, endotrachael intubation, open suctioning of the respiratory tract). Use of N-95 respirators for other direct care activities involving patients with confirmed or suspected pandemic influenza is also prudent. If supplies of N-95 or higher-rated respirators are not available, surgical masks can provide benefits against large droplet exposures. (Additional guidance available at www.pandemicflu.gov/plan/healthcare/m askguidancehc.html.)

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed
◯	◯	◯

• A strategy for implementing Respiratory Hygiene/Cough Etiquette throughout the MTF. (For information, see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm.)

Not Started	In Progress	Completed
◯	◯	◯

• A plan for cohorting patients with known or suspected PI in designated units or areas of the facility.

Not Started	In Progress	Completed
◯	◯	◯

• Responsibility has been assigned for regularly monitoring www.flu.gov for updates/revisions of infection control recommendations and implementing recommended changes. Once a PI virus is detected and its transmission characteristics are known, HHS/CDC will provide updated guidance on any need to modify infection control recommendations. Any changes to current recommendations will be published on www.flu.gov.

• Primary:

• (Name) _____

• (Title) _____

• (Contact info) _____

• Backup:

• (Name) _____

• (Title) _____

• (Contact info) _____

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed
◯	◯	◯

• A plan for monitoring adherence to infection control procedures and for monitoring the effectiveness of the infection control plan.

Not Started	In Progress	Completed
◯	◯	◯

• The facility's human resource and payment policies should be reviewed to identify and eliminate language that may encourage staff to work when ill or even when they are symptomatic with influenza-like illness and especially when they are within the period of communicability. An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:

Not Started	In Progress	Completed
◯	◯	◯

• A liberal/non-punitive sick leave policy that addresses the needs of ill and symptomatic personnel and facility staffing needs during various levels of a pandemic health crisis. The policy considers the following:

Not Started	In Progress	Completed
◯	◯	◯

• The handling of personnel who develop symptoms while at work.

Not Started	In Progress	Completed
◯	◯	◯

• Allowing and encouraging ill people to stay home until no longer infectious.

Not Started	In Progress	Completed
◯	◯	◯

• When personnel may return to work after having PI.

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

O   O   O

• Personnel who need to care for family members who become ill or affected by closed care centers.

Not Started   In Progress   Completed

O   O   O

• Personnel who must stay home to care for children if schools and childcare centers close.

Not Started   In Progress   Completed

O   O   O

• A plan to educate staff and volunteers to self-assess and report symptoms of pandemic influenza before reporting for duty; consider a phone triage system similar to that used for patients.

Not Started   In Progress   Completed

O   O   O

• A list of mental/behavioral health, community and faith-based resources that will be available to provide counseling to personnel during a pandemic.

Not Started   In Progress   Completed

O   O   O

• A system to track annual influenza vaccination of personnel. (Having a system in place to track annual vaccination will facilitate documentation and tracking of PI vaccine in personnel.)

Not Started   In Progress   Completed

O   O   O

• A plan for managing personnel who at the time of a pandemic are at increased risk for influenza complications 7 (e.g., pregnant women, immunocompromised workers, employees 65 yrs of age and over). A plan might include, for example, placing them on administrative leave, altering their work location, or other appropriate alternative.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	• A vaccine and antiviral use plan has been developed. (For useful information on this subject see www.hhs.gov/pandemicflu/plan).
○	○	○	

Not Started	In Progress	Completed	• CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
○	○	○	

Not Started	In Progress	Completed	• Local and/or state health departments and the MTF have agreed upon the MTFs role, if any, in a large scale program to distribute vaccine and antivirals to the general population.
○	○	○	

Not Started	In Progress	Completed	• A list has been developed of key healthcare and other personnel who are essential for maintaining MTF operations during PI who would be the first priority for influenza vaccination.
○	○	○	

Not Started	In Progress	Completed	• A plan is in place for expediting administration of influenza vaccine to patients as recommended by the state health department.
○	○	○	

Not Started	In Progress	Completed	• A plan is in place for expediting provision of antiviral prophylaxis/treatment to patients as recommended by the state health department.
○	○	○	

Not Started	In Progress	Completed	
◯	◯	◯	• A plan is in place for expediting administration of influenza vaccine to staff as recommended by the state health department.
◯	◯	◯	• A plan is in place for expediting provision of antiviral prophylaxis/treatment to staff as recommended by the state health department.
◯	◯	◯	• The vaccine/antiviral plan considers the following:
◯	◯	◯	• How decisions on allocation of limited vaccine or antivirals will be made.
◯	◯	◯	• How persons who receive antiviral prophylaxis/treatment will be followed for adverse events.
◯	◯	◯	• Security issues have been identified and addressed in the influenza vaccine and antivirals use plans.
◯	◯	◯	• Issues related to surge capacity during a pandemic have been addressed and discussed with the local and/or State health department and other PI planning partners.
◯	◯	◯	• Healthcare services.

Not Started   In Progress   Completed

○   ○   ○

• Plans include strategies for maintaining the MTFs core missions and continuing to care for patients with chronic diseases (e.g., hemodialysis and infusion services), women giving birth, emergency services, and other types of required care unrelated to influenza.

Not Started   In Progress   Completed

○   ○   ○

• Criteria have been developed for determining when to cancel elective admissions and surgeries.

Not Started   In Progress   Completed

○   ○   ○

• Plans for shifting healthcare services away from the hospital, e.g., to home care or pre-designated alternative care facilities, have been discussed with local, state, tribal, or regional planning contacts.

Not Started   In Progress   Completed

○   ○   ○

• Ethical issues concerning how decisions will be made in the event healthcare services must be prioritized and allocated (e.g., decisions based on probability of survival) have been discussed.

Not Started   In Progress   Completed

○   ○   ○

• A procedure has been developed for communicating changes in hospital status to health authorities and the public.

Not Started   In Progress   Completed

○   ○   ○

• Staffing.

Not Started   In Progress   Completed

○   ○   ○

• A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services on the basis of essential facility operations.

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed
   ◯   ◯   ◯

• The contingency staffing plan considers how health professions students assigned to the facility will be utilized.

Not Started   In Progress   Completed
   ◯   ◯   ◯

• A plan has been developed for utilizing non-facility volunteer staff, such as those who may be made available through a State Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) to provide patient care when the hospital reaches a staffing crisis.

Not Started   In Progress   Completed
   ◯   ◯   ◯

• The contingency staffing plan includes a strategy for training of non-facility volunteers (e.g., retired clinicians, trainees) and includes a procedure for rapid credentialing/privileging (consistent with the JCAHO disaster privileging standard MS.4.110) and badging for easy identification by security and access to the facility when deployed.

Not Started   In Progress   Completed
   ◯   ◯   ◯

• The contingency staffing plan includes a strategy for cross-training and reassignment of personnel to support critical services.

Not Started   In Progress   Completed
   ◯   ◯   ◯

• The contingency staffing plan considers alternative strategies for scheduling work shifts in order to enable personnel to work longer hours without becoming overtired.

Not Started   In Progress   Completed
  ◯   ◯   ◯

- Responsibility has been assigned for conducting a daily assessment of staffing status and needs during PI.

- Primary:

- (Name) _____

- (Title) _____

- (Contact info) _____

- Backup:

- (Name) _____

- (Title) _____

- (Contact info) _____

Not Started   In Progress   Completed
  ◯   ◯   ◯

- Define criteria for declaring a "staffing crisis" that would enable the use of emergency staffing alternatives.

Not Started   In Progress   Completed
  ◯   ◯   ◯

- Strategies have been developed for supporting personnel whose family and/or personal responsibilities or other barriers prevent them from coming to work (e.g., strategies that take into account the principles of social distancing when schools are closed, care of elders, transportation, reasonable accommodation or state governmental mandate).

MTF Pandemic Influenza Planning Checklist

Not Started   In Progress   Completed

○   ○   ○

• The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis, including the development of memorandums of advanced agreement (MAAs) and memorandums of understanding (MOUs) with regional and tribal healthcare partners.

Not Started   In Progress   Completed

○   ○   ○

• Consumable and durable medical equipment and supplies:

Not Started   In Progress   Completed

○   ○   ○

• Estimates have been made of the quantities of essential patient care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals, diagnostic testing materials) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week pandemic with subsequent eight-week pandemic waves.

Not Started   In Progress   Completed

○   ○   ○

• Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements.

Not Started   In Progress   Completed

○   ○   ○

• A strategy has been developed for how priorities would be made in the event there is a need to allocate limited patient equipment (e.g., ventilators), pharmaceuticals (e.g., antiviral and antibacterial therapy), and other resources.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	
◯	◯	◯	• A plan has been developed to address related shortages of supplies (e.g., intravenous fluids, personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources.
◯	◯	◯	• A list of alternative vendors for medical devices, pharmaceuticals, and contracted services (e.g., laundry, housekeeping, food services) has been developed.
◯	◯	◯	• A plan has been developed for maintaining critical laboratory testing capability in-house and priorities for tests that require shipping; back-up plans are in place for testing services that will remain in-house.
◯	◯	◯	• A process is in place to track and report to public health and other response partners, in real-time, information regarding the status of the hospital and resources available that would identify burden on the system.
◯	◯	◯	• Bed capacity.
◯	◯	◯	• Surge capacity plans include strategies to help increase hospital bed capacity.

MTF Pandemic Influenza Planning Checklist

Not Started ·In Progress   Completed
   ○   ○   ○
• Signed agreements have been established with area hospitals and long-term-care facilities to accept or receive appropriate non-influenza patients who need continued inpatient care to optimize utilization of acute care resources for seriously ill patients.

Not Started In Progress ·Completed
   ○   ○   ○
• Facility space has been identified that could be adapted for use as expanded inpatient beds and this information has been provided to local, regional, and tribal planning contacts.

Not Started In Progress   Completed
   ○   ○   ○
• Plans are in place to increase physical bed capacity (staffed beds), including the equipment, personnel and pharmaceuticals needed to treat a patient with influenza (e.g., ventilators, oxygen, antivirals).

Not Started In Progress   Completed
   ○   ○   ○
• Logistical support has been discussed with local, state, tribal and regional planning contacts to determine the MTFs role in the set-up, staffing, and provision of supplies and in the operation of pre-designated alternate care facilities.

Not Started In Progress   Completed
   ○   ○   ○
• Postmortem care:

Not Started In Progress   Completed
   ○   ○   ○
• A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased patients.

MTF Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed
○	○	○

- An area in the facility that could be used as a temporary morgue has been identified.

Not Started	In Progress	Completed
○	○	○

- Logistical support for the management of the deceased has been discussed with local, state, tribal, or regional planning contacts and local coroners/medical examiners.

| Not Started	In Progress	Completed
○	○	○

- Local morticians have been involved in planning discussions.

Not Started	In Progress	Completed
○	○	○

- Mortality estimates have been used to anticipate and supply needed body bags and shroud packs.

Not Started	In Progress	Completed
○	○	○

- Plans for expanding morgue capacity have been discussed with local, State, tribal and regional planning contacts.
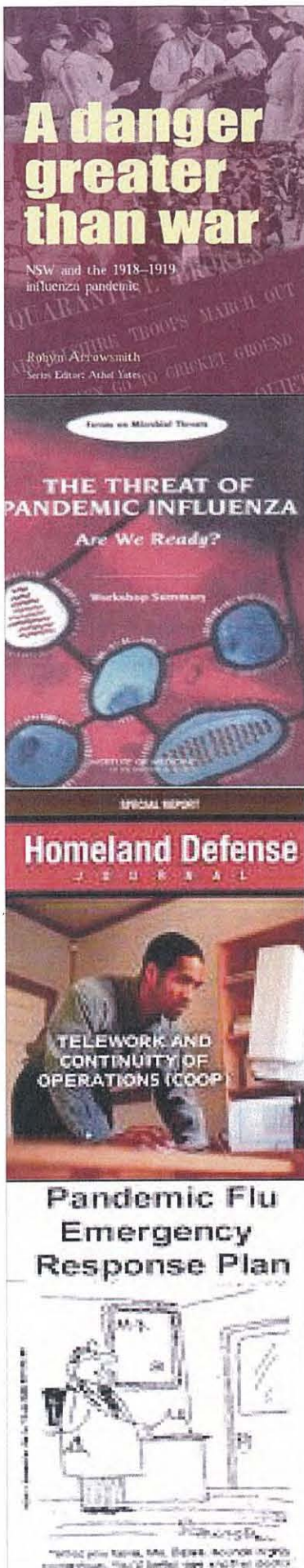
Pandemic Influenza

Preparedness and Response

Continuity of Operations

(COOP)

COOP Pandemic Influenza Planning Checklist

- **Strategic Objective 1.** Throughout pandemic influenza (PI), and in support of HQMC Mission Essential Functions (MEFs), all agencies / personnel must be prepared to perform their high level activities and services, including the initial threat or oncoming first wave, through an actual pandemic health crisis and, if necessary, to help reconstitute governmental functions. To accomplish this objective, the following elements and criteria should be evaluated:

  - Validation of your organizational high level activities.

  - Identification of positions, skills and personnel needed to continue essential services and functions.

  - Documentation of your organizational Delegations of Authority and Lines of Succession.

  - Identification of who needs access to Classified systems.

  - Development and test of a Telework plan.

  - Development and test of a social distancing plan.

  - Personnel accountability.

- **Strategic Objective 2.** People accomplish the mission of Marine Corps agencies, and a potential PI outbreak that could potentially affect up to 40% of the workforce, could compromise the ability of the agencies to accomplish their mission. Agencies must plan to deal with the potential human capital implications. Marine Corps personnel, contractor support, and or their family members, may be infected, exposed or incapacitated. There may also be a need to limit potential exposure. Planning for mission continuity includes the ability of an agency to provide for the well being and care for all personnel prior to, during and following PI.

COOP Pandemic Influenza Planning Checklist

- High-level activities that enable continuation of vital services and responsibilities must be identified. Personnel must be identified and notified of their status as mission essential. To plan for an expected absenteeism rate of up to 40%, pre-establishment of Delegations of Authority and Orders of Succession are vital. Assessment should include:

- **High-Level Activities**

Not Started   In Progress   Completed
   ○   ○   ○

- Does the agency's plan include definitions and identification of essential services and functions needed to sustain agency mission and operations?

Not Started   In Progress   Completed
   ○   ○   ○

- Does the agency's plan include determination of which, if any, essential services and functions, or non-essential operational support functions can be suspended temporarily and for what duration before adversely impacting agency mission (e.g. up to 40 percent absenteeism for two (2) weeks during the peak of a pandemic, and lower levels of absenteeism for a few weeks on either side of the peak).

Not Started   In Progress   Completed
   ○   ○   ○

- Has the agency planned to sustain essential services and functions during a pandemic influenza outbreak, under the following scenarios:

Not Started   In Progress   Completed
   ○   ○   ○

- Workforce reductions (up to 40 percent absenteeism for two weeks during the peak of a pandemic, and lower levels of absenteeism for a few weeks on either side of the peak)?

COOP Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed
◯	◯	◯

• Has the agency developed a broad-based implementation of social distancing policies?

Not Started	In Progress	Completed
◯	◯	◯

• Has the agency identified positions, skills and personnel needed to continue essential services and functions? (For pandemic purposes, essential personnel may include a larger percentage of the agency workforce than identified in COOP planning.)

Not Started	In Progress	Completed
◯	◯	◯

• Has the agency developed a plan to ensure and consider appropriate level of staffing to continue essential functions?

Not Started	In Progress	Completed
◯	◯	◯

• As appropriate, has the agency initiated pre-solicited, signed and standing agreements with contractors and other third parties to ensure fulfillment of mission essential requirements, including contingencies for backup should primary suppliers or contractors be unable to provide required personnel, services or supplies?

Not Started	In Progress	Completed
◯	◯	◯

• Has the agency identified and trained back-up personnel (2-3 deep) to continue essential services and functions, including backup personnel in different geographic locations, as appropriate?

Not Started	In Progress	Completed
◯	◯	◯

• Has the agency established a roster of personnel and back-up personnel, by position, needed to continue essential services and functions?

• **Delegations of Authority**

Not Started   In Progress   Completed   • Were delegations of authority at
   ◯   ◯   ◯   least three deep and communicated to
                                              personnel?

Not Started   In Progress   Completed   • Has the agency established
   ◯   ◯   ◯   delegations of authority to take into
                                              account the expected rate of
                                              absenteeism?

• **Lines of Succession**

Not Started   In Progress   Completed   • Were lines of succession at least
   ◯   ◯   ◯   three deep and communicated to
                                              personnel?

Not Started   In Progress   Completed   • Has the agency established lines
   ◯   ◯   ◯   of succession to take into account
                                              the expected rate of absenteeism?

• HQMC's traditional COOP relocation facilities will
potentially provide minimal relief during PI. The global nature
of PI will render our ability to relocate personnel that
accomplish critical functions away from the disruption moot.
Agencies will identify which functions can be performed from
places other than the traditional office (most likely an
employee's home), and identify the requirements required to
enable those functions to be accomplished.

Comments: _____

_____

_____

COOP Pandemic Influenza Planning Checklist

- **Primary and Alternate Operating Facilities / Worksites**

Not Started   In Progress   Completed

◯   ◯   ◯

- Has the agency developed and implemented a plan to identify adequate alternate worksites (e.g., home or other adequate alternate worksites that maintain social distancing measures), as appropriate, to assure capability to maintain essential services for up to several months during a pandemic.

Not Started   In Progress   Completed

◯   ◯   ◯

- Has the agency identified which essential services and functions can be continued from designated operating facilities or alternative operating facilities (e.g., home or other adequate alternate worksites) and those that need to be performed at a designated department or agency operating facility? (A designated operating facility is an existing agency facility that may remain open during a pandemic with appropriate social distancing for staff that cannot perform their functions remotely and are needed to support the continuation of essential services and functions.)

Comments: _____

_____

_____

_____

• Once agencies identify which activities may be performed at home, capabilities must be provided to support communications requirements.

   • **Telework and Information Technology Capabilities**

Not Started	In Progress	Completed
○	○	○

• Has the agency developed a plan to ensure Telework capability and alternative workplace access for appropriate staff, including personnel supporting essential services and functions?

Not Started	In Progress	Completed
○	○	○

• Has the agency reviewed and revised for all operations, Telework policies and procedures, incorporating latest OPM guidance, as appropriate, including security, infrastructure, user communications, and operations and maintenance?

Not Started	In Progress	Completed
○	○	○

• Has the agency assessed and prioritized current Telework capability (number of employees that can be Telework enabled) to support essential functions and other operations in terms of equipment and telecommunications (i.e., laptops, pre-loaded software, broadband, fax machines, conference call capability, printers, network/remote access capability, help desk support, etc.)?

Not Started	In Progress	Completed
○	○	○

• Has the agency identified an agency Telework coordinator and disseminated contact information agency-wide?

COOP Pandemic Influenza Planning Checklist

Not Started In Progress Completed

○   ○   ○

● Has the agency determined which employees are eligible to Telework and offered Telework arrangements to all eligible personnel?

Not Started In Progress Completed

○   ○   ○

● Has the agency arranged to provide technology support sufficient to meet Telework needs during a pandemic?

Not Started In Progress Completed

○   ○   ○

● Has the agency ensured its telecommunications infrastructure is capable of handling Telework arrangements and securing sensitive information?

Not Started In Progress Completed

○   ○   ○

● Has the agency developed and implemented Telework agreements, and filed such agreements with the Telework coordinator?

Not Started In Progress Completed

○   ○   ○

● Has the agency assessed all Telework policies, guidelines, and requirements for compliance with Federal equal employment opportunity laws that prohibit discrimination on the basis of disability, age, or pregnancy, among others?

Comments: _____

_____

_____

_____

_____

Not Started   In Progress   Completed

   ◯   ◯   ◯

• Has the agency identified the equipment and capabilities required by personnel. For instance personnel designated as mission essential may need full access to NMCI (email, shared drives, applications etc) and will require an NMCI laptop, BURAS access, CAC readers and an Internet connection. Mission essential personnel may require access to Outlook Web Access (OWA) and restricted DOD websites (PKI enabled) and will require CAC readers, a personally owned computer, and an Internet connection. Non-essential personnel may or may not have a requirement for network access. Non-essential personnel for whom it has been determined access to online Navy services is required will require CAC readers, a personally owned computer, and an Internet connection. Those non-essential personnel that do not require access to online NMCI services shall be instructed to remain in contact with organizational personnel via phone.

Comments: _____

_____

_____

_____

_____

_____

Not Started   In Progress   Completed   • Has the agency pre-staged
    ○   ○   ○   necessary equipment to enable
                                             telework, including CAC readers and
                                             NMCI approved CAC software?

Not Started   In Progress   Completed   • Has the agency completed Outlook
    ○   ○   ○   Web Access (OWA) forms, OWA User
                                             Responsibilities and Acknowledgement
                                             Forms, and OWA training?

Not Started   In Progress   Completed   • Does the agency test telework
    ○   ○   ○   capabilities once each month?

• Although PI will not directly affect the physical
infrastructure of an agency, PI will ultimately threaten all
operations by its impact on an agencies' human resources. The
health threat to personnel is the primary threat to maintaining
essential missions and services during a pandemic.

• Education of the workforce regarding health, safety, human
resource issues, personnel responsibilities and actions prior to
a pandemic health crisis is critical. Every media available
should be utilized to pre-position information and keep the
workforce up-to-date on plans and help them understand their
rights and responsibilities.

    • **Human Resources**

Not Started   In Progress   Completed   • Were civilian employees able to
    ○   ○   ○   identify the types of leave available
                                             to them in the event they or their
                                             family members are infected, exposed
                                             or incapacitated, requiring the
                                             employee to stay away from the
                                             regular work site?

COOP Pandemic Influenza Planning Checklist NOV 0 6 2009

Not Started	In Progress	Completed
◯	◯	◯

- Did essential civilian employees have Telework agreements?

Not Started	In Progress	Completed
◯	◯	◯

- Were non essential civilian employees aware of "safe haven" or Telework capabilities during a pandemic health crisis?

Not Started	In Progress	Completed
◯	◯	◯

- Did civilian employees know how to communicate with their supervisors, and supervisors to employees, to check the status, well being and availability of employees for work?

Not Started	In Progress	Completed
◯	◯	◯

- Were civilian employees aware of potential benefits issues and assistance available to them during such an event?

Not Started	In Progress	Completed
◯	◯	◯

- Were employees aware of where they should seek medical treatment and information?

- **Communication to the Workforce**

Not Started	In Progress	Completed
◯	◯	◯

- Is leadership aware of how they will be notified that a pandemic health crisis has occurred or is expected to occur and to put PI COOP plans in action?

Not Started	In Progress	Completed
◯	◯	◯

- How will social distancing techniques be put in place and communicated to the workforce?

• **Protect and Safeguard Personnel**

Not Started	In Progress	Completed
◯	◯	◯

• Were plans in place to mitigate further infection control to prevent the spread of the virus, e.g., has information been communicated regarding methods to prevent the spread of germs?

Not Started	In Progress	Completed
◯	◯	◯

• Does leadership have a plan to identify other staff members that may have potentially been in contact with staff member(s) who became ill?

Not Started	In Progress	Completed
◯	◯	◯

• Are supplies available or personnel aware of methods to decontaminate/clean areas the staff member may have infected that may be used by others?

Not Started	In Progress	Completed
◯	◯	◯

• Is management aware of steps to take to remove a potentially infected civilian employee from the worksite and to ensure the employee is well and not-contagious before returning to the worksite?

Not Started	In Progress	Completed
◯	◯	◯

• Has consideration been given to the potential for utilizing installation medical treatment facilities or Employee Assistance Programs to provide trained health care provider assistance in diagnosing and verifying potential influenza in a civilian employee at the worksite who appears ill?

COOP Pandemic Influenza Planning Checklist

Not Started	In Progress	Completed	
○	○	○	• Are sufficient and available infection control supplies (e.g., hand sanitizers, environmental cleaning supplies and educational materials) available?
○	○	○	• Have contracts been evaluated to determine if modification will be required for housekeeping to clean facilities and equipment?
○	○	○	• Is the Human Resources staff able to provide adequate, proper advice on how to handle civilian employees who become ill in the workplace?
○	○	○	• Does leadership know how to respond to questions on availability of vaccines for civilian employees? Does he or she know where to find those answers?

• Some work must be accomplished at the regular work site. Additionally, some personnel may become ill or be exposed prior to official notification of the onset of a pandemic health crisis. Leadership should be prepared to socially distance personnel at the regular work site in either event.

• **Social Distancing**

Not Started	In Progress	Completed	
○	○	○	• For work that had to be done in the office, were alternative plans made for accomplishing that work?
○	○	○	• Was consideration given to spacing personnel sufficiently apart to promote and support social distancing?

Not Started In Progress Completed   • If personnel are socially
    ◯   ◯   ◯   distanced at the worksite can they
                                       access their files on a shared drive
                                       or otherwise have access to their
   work files if not located at their
                                       regular desk or site?

Not Started In Progress Completed   • Was consideration given to shift
    ◯   ◯   ◯   work to preclude all personnel being
                                       at the regular worksite at the same
                                       time?

Not Started In Progress Completed   • Was consideration given to
    ◯   ◯   ◯   adjusting parking or making other
                                       arrangements for essential personnel
                                       to commute to work using personal
                                       rather than public transportation?

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____
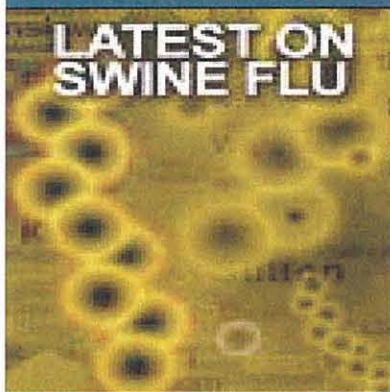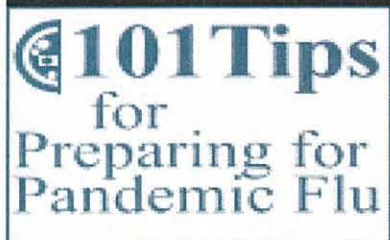
Pandemic Influenza

Preparedness and Response
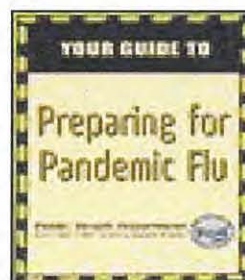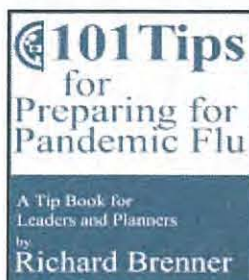
Preparing the Workplace

PREPARING THE WORKPLACE

* A pandemic is a global disease outbreak. Pandemic Influenza (PI) occurs when a new influenza virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. Worldwide PI could have a major effect on the global economy, including travel, trade, tourism, food, consumption and eventually, investment and financial markets. Planning for PI is essential to minimize impact. As with any catastrophe, having a contingency plan is essential.

* In the event of PI, leadership will play a key role in protecting personnel's health and safety. Agencies will likely experience personnel absences. Proper planning will protect personnel and lessen the impact of PI within the agency. As stated in the President's National Strategy for Pandemic Influenza, all stakeholders must plan and be prepared.

* This PI planning guidance / checklist was developed based upon traditional infection control and industrial hygiene practices. This guidance is intended for planning purposes and is not specific to a particular viral strain. Additional guidance may be needed as an actual pandemic unfolds and more is known about the characteristics of the virulence of the virus, disease transmissibility, clinical manifestation, drug susceptibility, and risks to different age groups and subpopulations. This planning guidance should be used to help identify risk levels in workplace settings and appropriate control measures that include good hygiene, cough etiquette, social distancing, the use of personal protective equipment, and staying home from work when ill. Up-to-date information and guidance is available through the
* www.flu.gov website.

PREPARING THE WORKPLACE

• **How a Severe Pandemic Influenza Could Affect the Workplace**

• Unlike natural disasters or terrorist events, PI will be widespread, affecting multiple areas of the United States and other countries at the same time. A pandemic will also be an extended event, with multiple waves of outbreaks in the same geographic area; each outbreak could last from 6 to 8 weeks. Waves of outbreaks may occur over a year or more. Your workplace will likely experience:

  • Absenteeism - A pandemic could affect as many as 40 percent of the workforce during periods of peak influenza illness. Personnel could be absent because they are sick, must care for sick family members or for children if schools or day care centers are closed, are afraid to come to work, or the employer might not be notified that the employee has died.

• **Who Should Plan for a Pandemic**

• To reduce the impact of PI on your operations and personnel, it is important to begin continuity planning for a pandemic now. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of a pandemic with insufficient resources and personnel who might not be adequately trained in the jobs they will be asked to perform. Proper planning will allow agencies to better protect their personnel.

MCO 6220.1
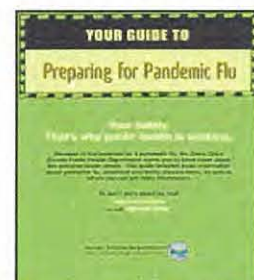
NOV 0 6 2009

- How Influenza Can Spread Between People

- Influenza is thought to be primarily spread through large droplets (droplet transmission) that directly contact the nose, mouth or eyes. These droplets are produced when infected people cough, sneeze or talk, sending the relatively large infectious droplets and very small sprays (aerosols) into the nearby air and into contact with other people. Large droplets can only travel a limited range; therefore, people should limit close contact (within 6 feet) with others when possible. To a lesser degree, human influenza is spread by touching objects contaminated with influenza viruses and then transferring the infected material from the hands to the nose, mouth or eyes. Influenza may also be spread by very small infectious particles (aerosols) traveling in the air. The contribution of each route of exposure to influenza transmission is uncertain at this time and may vary based upon the characteristics of the influenza strain.

- How Agencies Can Protect Their Personnel

- For most agencies, protecting their personnel will depend on emphasizing proper hygiene (disinfecting hands and surfaces) and practicing social distancing. Social distancing means reducing the frequency, proximity, and duration of contact between people to reduce the chances of spreading pandemic influenza from person-to-person. Agencies should implement good hygiene and infection control practices.

- The types of measures that may be used to protect yourself, and your personnel (listed from most effective to least effective) are: engineering controls, administrative controls, work practices, and personal protective equipment (PPE).

- There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. For example, hygiene and social distancing can be implemented relatively easily and with little expense, but this control method requires personnel to modify and maintain their behavior, which may be difficult to sustain.

- **Work Practice Controls**

Not Started   In Progress   Completed
   O   O   O

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, hand sanitizer, disinfectants and disposable towels for personnel to clean their work surfaces.

Not Started   In Progress   Completed   • Encouraging personnel to obtain a
    ◯   ◯   ◯   seasonal influenza vaccine (this
                                             helps to prevent illness from
                                             seasonal influenza strains that may
                                             continue to circulate).

Not Started   In Progress   Completed   • Providing personnel with up-to-date
    ◯   ◯   ◯   education and training on influenza
                                             risk factors, protective behaviors,
                                             and instruction on proper behaviors
                                             (for example, cough etiquette and
                                             care of personal protective
                                             equipment).

Not Started   In Progress   Completed   • Developing policies to minimize
    ◯   ◯   ◯   contacts between personnel.

   • **Administrative Controls**

Not Started   In Progress   Completed   • Developing policies that encourage
    ◯   ◯   ◯   ill personnel to stay at home without
                                             fear of any reprisals.

Not Started   In Progress   Completed   • The discontinuation of unessential
    ◯   ◯   ◯   travel to locations with high illness
                                             transmission rates.

Not Started   In Progress   Completed   • Consider practices to minimize
    ◯   ◯   ◯   face-to-face contact between
                                             personnel such as e-mail, websites
                                             and teleconferences.

PREPARING THE WORKPLACE

Not Started	In Progress	Completed
○	○	○

• Where possible, encourage flexible work arrangements such as telecommuting or flexible work hours to reduce the number of your employees who must be at work at one time or in one specific location.

Not Started	In Progress	Completed
○	○	○

• Developing emergency communications plans. Maintain a forum for answering personnel concerns. Develop Internet based communications if feasible.

• **Engineering Controls**

Not Started	In Progress	Completed
○	○	○

• Installing physical barriers, such as clear plastic sneeze guards.

• **Personal Protective Equipment**

Not Started	In Progress	Completed
○	○	○

• Selected based on the hazard to personnel.

Not Started	In Progress	Completed
○	○	○

• Properly fitted and some must be periodically refitted (e.g., respirators).

Not Started	In Progress	Completed
○	○	○

• Conscientiously and properly worn.

Not Started   In Progress   Completed

○   ○   ○

• Regularly maintained and replaced, as necessary.

Not Started   In Progress   Completed

○   ○   ○

• Properly removed and disposed of to avoid contamination of self, others or the environment.

• **Steps to Reduce the Risk of Exposure to PI in the Workplace**

• The best strategy to reduce the risk of becoming infected with influenza during a pandemic is to avoid crowded settings and other situations that increase the risk of exposure to someone who may be infected. If it is absolutely necessary to be in a crowded setting, the time spent in a crowd should be as short as possible. Some basic hygiene and social distancing precautions that can be implemented in every workplace include the following:

Not Started   In Progress   Completed

○   ○   ○

• Encourage sick personnel to stay at home.

Not Started   In Progress   Completed

○   ○   ○

• Encourage personnel to wash their hands frequently with soap and water or with hand sanitizer if there is no soap or water available. Also, encourage personnel to avoid touching their noses, mouths, and eyes.

Not Started   In Progress   Completed

○   ○   ○

• Encourage your personnel to cover their coughs and sneezes with a tissue, or to cough and sneeze into their upper sleeves if tissues are not available. Everyone should wash their hands or use a hand sanitizer after they cough, sneeze or blow their noses.

Not Started   In Progress   Completed

○   ○   ○

• Personnel should avoid close contact with their coworkers (maintain a separation of at least 6 feet). They should avoid shaking hands and always wash their hands after contact with others. Even if personnel wear gloves, they should wash their hands upon removal of the gloves in case their hand(s) became contaminated during the removal process.

Not Started   In Progress   Completed

○   ○   ○

• Provide personnel with tissues and trash receptacles, and with a place to wash or disinfect their hands.

Not Started   In Progress   Completed

○   ○   ○

• Keep work surfaces, telephones, computer equipment and other frequently touched surfaces and office equipment clean. Be sure that any cleaner used is safe and will not harm your personnel or your office equipment.

Not Started   In Progress   Completed

   O   O   O

• Discourage personnel from using other personnel's phones, desks, offices or other work tools and equipment.

Not Started   In Progress   Completed

   O   O   O

• Minimize situations where groups of people are crowded together, such as in a meeting. Use e-mail, phones and text messages to communicate with each other. When meetings are necessary, avoid close contact by keeping a separation of at least 6 feet, where possible, and assure that there is proper ventilation in the meeting room.

Not Started   In Progress   Completed

   O   O   O

• Reducing or eliminating unnecessary social interactions can be very effective in controlling the spread of infectious diseases. Reconsider all situations that permit or require personnel and visitors (including family members) to enter the workplace. Workplaces which permit family visitors on site should consider restricting/eliminating that option during PI. Work sites with on-site day care should consider in advance whether these facilities will remain open or will be closed, and the impact of such decisions on personnel.
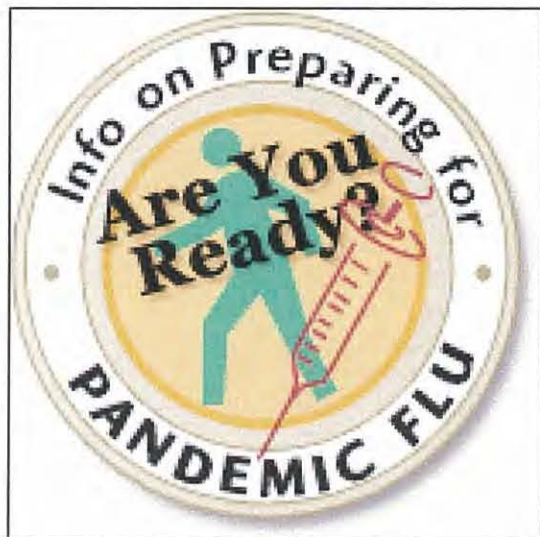
PREPARING THE WORKPLACE

Not Started   In Progress   Completed

◯   ◯   ◯

• Promote healthy lifestyles, including good nutrition, exercise, and smoking cessation. A person's overall health impacts their body's immune system and can affect their ability to fight off, or recover from, an infectious disease.

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Pandemic Influenza

Preparedness and Response

Individual and Family

Individual and Family Planning Checklist

• You can prepare for PI now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of PI on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

• **Plan for PI**

Not Started	In Progress	Completed	
◯	◯	◯	• Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
◯	◯	◯	• Periodically check your regular prescription drugs to ensure a continuous supply in your home.
◯	◯	◯	• Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
◯	◯	◯	• Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
◯	◯	◯	• Volunteer with local groups to prepare and assist with emergency response.

Individual and Family Planning Checklist

Not Started	In Progress	Completed	
O	O	O	• Get involved in your community as it works to prepare for PI.
O	O	O	• To limit the spread of germs and prevent infection:
O	O	O	• Teach your children to wash hands frequently with soap and water, and model the correct behavior.
O	O	O	• Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
O	O	O	• Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.
O	O	O	• Items to have on hand for an extended stay at home:
O	O	O	• Examples of food and non-perishables:
O	O	O	• Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups.
O	O	O	• Protein or fruit bars.
O	O	O	• Dry cereal or granola.

Individual and Family Planning Checklist

Not Started	In Progress	Completed	
○	○	○	• Peanut butter or nuts.
○	○	○	• Dried fruit.
○	○	○	• Crackers.
○	○	○	• Canned juices.
○	○	○	• Bottled water.
○	○	○	• Canned or jarred baby food and formula.
○	○	○	• Pet food.
○	○	○	• Other non-perishable items.
○	○	○	• Examples of medical, health, and emergency supplies:
○	○	○	• Prescribed medical supplies such as glucose and blood-pressure monitoring equipment.
○	○	○	• Soap and water, or alcohol-based (60-95%) hand wash.

Individual and Family Planning Checklist

Not Started	In Progress	Completed	
◯	◯	◯	• Medicines for fever, such as acetaminophen or ibuprofen.
◯	◯	◯	• Thermometer.
◯	◯	◯	• Anti-diarrheal medication.
◯	◯	◯	• Vitamins.
◯	◯	◯	• Fluids with electrolytes.
◯	◯	◯	• Cleansing agent/soap.
◯	◯	◯	• Flashlight.
◯	◯	◯	• Batteries.
◯	◯	◯	• Portable radio.
◯	◯	◯	• Manual can opener.
◯	◯	◯	• Garbage bags.
◯	◯	◯	• Tissues, toilet paper, disposable diapers.

Individual and Family Planning Checklist

- **Family Emergency Health Information Sheet**

  - It is important to think about health issues that could arise if an influenza pandemic occurs, and how they could affect you and your loved ones. For example, if a mass vaccination clinic is set up in your community, you may need to provide as much information as you can about your medical history when you go, especially if you have a serious health condition or allergy.

  - Create a family emergency health plan using this information. Fill in information for each family member in the space provided. Like much of the planning for a pandemic, this can also help prepare for other emergencies.

- **Family Member Information**

Family Member	Blood Type	Allergies	Past / Current Medical Conditions	Current Medications / Dosages

Individual and Family Planning Checklist

- **Interim Guidance: Taking Care of a Sick Person in Your Home**

  - H1N1 flu virus infection (formerly known as swine flu) can cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with H1N1 flu. Like seasonal flu, H1N1 flu in humans can vary in severity from mild to severe. Severe disease with pneumonia, respiratory failure and even death is possible with H1N1 flu infection. Certain groups might be more likely to develop a severe illness from H1N1 flu infection, such as pregnant women and persons with chronic medical conditions. Sometimes bacterial infections may occur at the same time as or after infection with influenza viruses and lead to pneumonias, ear infections, or sinus infections.

  - The following information can help you provide safer care at home for sick persons during a flu outbreak or flu pandemic.

- **How the Flu Spreads**

  - The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

  - People with H1N1 flu who are cared for at home should:

Not Started	In Progress	Completed
○	○	○

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.

Individual and Family Planning Checklist

Not Started In Progress Completed

○ ○ ○

• Check with their health care provider about whether they should take antiviral medications.

Not Started In Progress Completed

○ ○ ○

• Stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer, except to seek medical care or for other necessities.

Not Started In Progress Completed

○ ○ ○

• Get plenty of rest.

Not Started In Progress Completed

○ ○ ○

• Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.

Not Started In Progress Completed

○ ○ ○

• Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.

Not Started In Progress Completed

○ ○ ○

• Wear a facemask – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from influenza.

Not Started In Progress Completed

○ ○ ○

• Avoid close contact with others – do not go to work or school while ill.

Individual and Family Planning Checklist

Not Started	In Progress	Completed	
⭘	⭘	⭘	• Be watchful for emergency warning signs that might indicate you need to seek medical attention.
⭘	⭘	⭘	• Get medical care right away if the sick person at home:
⭘	⭘	⭘	• Has difficulty breathing or chest pain.
⭘	⭘	⭘	• Has purple or blue discoloration of the lips.
⭘	⭘	⭘	• Is vomiting and unable to keep liquids down.
⭘	⭘	⭘	• Has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry.
⭘	⭘	⭘	• Has seizures (for example, uncontrolled convulsions).
⭘	⭘	⭘	• Is less responsive than normal or becomes confused.

Comments: _____

_____

_____

Individual and Family Planning Checklist

- **Medications to Help Lessen Symptoms of the Flu**

    - Check with your healthcare provider or pharmacist for correct, safe use of medications.

    - Antiviral medications can sometimes help lessen influenza symptoms, but require a prescription. Most people do not need these antiviral drugs to fully recover from the flu. However, persons at higher risk for severe flu complications, or those with severe flu illness who require hospitalization, might benefit from antiviral medications. Antiviral medications are available for persons 1 year of age and older. Ask your health care provider whether you need antiviral medication.

    - Influenza infections can lead to or occur with bacterial infections. Therefore, some people will also need to take antibiotics. More severe or prolonged illness or illness that seems to get better, but then gets worse again may be an indication that a person has a bacterial infection. Check with your health care provider if you have concerns.

    - Warning! Do not give aspirin (acetylsalicylic acid) to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome. For more information about Reye's syndrome, visit the National Institute of Health website.

        - Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.

        - Children 5 years of age and older and teenagers with the flu can take medicines without aspirin, such as acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®, Nuprin®), to relieve symptoms.

        - Children younger than 4 years of age should NOT be given over-the-counter cold medications without first speaking with a health care provider.

Individual and Family Planning Checklist

- **Medications to Help Lessen Symptoms of the Flu**

    - The safest care for flu symptoms in children younger than 2 years of age is using a cool-mist humidifier and a suction bulb to help clear away mucus.

    - Fevers and aches can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®, Nuprin®) or nonsteroidal anti-inflammatory drugs (NSAIDS). Examples of these kinds of medications include:

Generic Name	Brand Name(s)
Acetaminophen	Tylenol®
Ibuprofen	Advil®, Motrin®, Nuprin®
Naproxen	Aleve

    - Over-the-counter cold and flu medications used according to the package instructions may help lessen some symptoms such as cough and congestion. Importantly, these medications will not lessen how infectious a person is.

    - Check the ingredients on the package label to see if the medication already contains acetaminophen or ibuprofen before taking additional doses of these medications—don't double dose! Patients with kidney disease or stomach problems should check with their health care provider before taking any NSAIDS.

- **Steps to Lessen the Spread of Flu in the Home**

    - When providing care to a household member who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:

Individual and Family Planning Checklist

Not Started	In Progress	Completed	
◯	◯	◯	• Keep the sick person away from other people as much as possible, especially others who are at high risk for complications from PI.
◯	◯	◯	• Remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.
◯	◯	◯	• Have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub. Children may need reminders or help keeping their hands clean.
◯	◯	◯	• Ask your health care provider if household contacts of the sick person—particularly those contacts who may be pregnant or have chronic health conditions—should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu.
◯	◯	◯	• If you are in a high risk group for complications from influenza, you should attempt to avoid close contact (within 6 feet) with household members who are sick with influenza. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable. Infants should not be cared for by sick family members.

Individual and Family Planning Checklist

- **Placement of the Sick Person**

Not Started	In Progress	Completed	
○	○	○	• Keep the sick person in a room separate from the common areas of the house. (For example, a spare bedroom with its own bathroom, if that's possible.) Keep the sickroom door closed.
○	○	○	• Unless necessary for medical care or other necessities, people who are sick with an influenza-like-illness should stay home and minimize contact with others, including avoiding travel, for 7 days after their symptoms begin or until they have been symptom-free for 24 hours, whichever is longer. Children, especially younger children, might potentially be contagious for longer periods.
○	○	○	• If persons with the flu need to leave the home (for example, for medical care), they should wear a facemask, if available and tolerable, and cover their nose and mouth when coughing or sneezing.
○	○	○	• Have the sick person wear a facemask – if available and tolerable – if they need to be in a common area of the house near other persons.
○	○	○	• If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant

- **Protect other persons in the home**

Not Started	In Progress	Completed
○	○	○

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.

Not Started	In Progress	Completed
○	○	○

- If possible, have only one adult in the home take care of the sick person. People at increased risk of severe illness from flu should not be the designated caretaker, if possible.

Not Started	In Progress	Completed
○	○	○

- If you are in a high risk group for complications from influenza, you should attempt to avoid close contact (within 6 feet) with household members who are sick with influenza. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable.

Not Started	In Progress	Completed
○	○	○

- Avoid having pregnant women care for the sick person. (Pregnant women are at increased risk of influenza-related complications and immunity can be suppressed during pregnancy).

Not Started	In Progress	Completed
○	○	○

- Avoid having sick family members care for infants and other groups at high risk for complications of influenza.

Not Started	In Progress	Completed
○	○	○

- All persons in the household should clean their hands with soap and water or an alcohol-based hand rub frequently, including after every contact with the sick person or the person's room or bathroom.

Individual and Family Planning Checklist

Not Started   In Progress   Completed
○   ○   ○

• Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.

Not Started   In Progress   Completed
○   ○   ○

• If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).

Not Started   In Progress   Completed
○   ○   ○

• Antiviral medications can be used to prevent the flu, so check with your health care provider to see if some persons in the home should use antiviral medications.

• **If you are the Caregiver**

Not Started   In Progress   Completed
○   ○   ○

• Avoid being face-to-face with the sick person.

Not Started   In Progress   Completed
○   ○   ○

• When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.

Not Started   In Progress   Completed
○   ○   ○

• Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person or handle used tissues, or laundry.

Individual and Family Planning Checklist

Not Started	In Progress	Completed	
○	○	○	• Talk to your health care provider about taking antiviral medication to prevent the caregiver from getting the flu.
○	○	○	• If you are at high risk of influenza associated complications, you should not be the designated caretaker, if possible.
○	○	○	• If you are in a high risk group for complications from influenza, you should attempt to avoid close contact (within 6 feet) with household members who are sick with influenza. Designate a person who is not at high risk of flu associated complications as the primary caretaker of household members who are sick with influenza, if at all possible. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable.
○	○	○	• Monitor yourself and household members for flu symptoms and contact a telephone hotline or health care provider if symptoms occur.

• **Using Facemasks or Respirators**

Not Started	In Progress	Completed	
○	○	○	• Avoid close contact (less than about 6 feet away) with the sick person as much as possible.

Individual and Family Planning Checklist

Not Started   In Progress   Completed
○   ○   ○

• If you must have close contact with the sick person (for example, hold a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (for example, surgical mask) or N95 disposable respirator.

Not Started   In Progress   Completed
○   ○   ○

• An N95 respirator that fits snugly on your face can filter out small particles that can be inhaled around the edges of a facemask, but compared with a facemask it is harder to breathe through an N95 mask for long periods of time. More information on facemasks and respirators can be found at www.flu.gov.

Not Started   In Progress   Completed
○   ○   ○

• Facemasks and respirators may be purchased at a pharmacy, building supply or hardware store.

Not Started   In Progress   Completed
○   ○   ○

• Wear an N95 respirator if you help a sick person with respiratory treatments using a nebulizer or inhaler, as directed by their doctor. Respiratory treatments should be performed in a separate room away from common areas of the house when at all possible.

Not Started   In Progress   Completed
○   ○   ○

• Used facemasks and N95 respirators should be taken off and placed immediately in the regular trash so they don't touch anything else.

Not Started   In Progress   Completed
  ○   ○   ○

- Avoid re-using disposable facemasks and N95 respirators, if possible. If a reusable fabric facemask is used, it should be laundered with normal laundry detergent and tumble-dried in a hot dryer.

Not Started   In Progress   Completed
  ○   ○   ○

- After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand sanitizer.

- **Household Cleaning, Laundry, and Waste Disposal**

Not Started   In Progress   Completed
  ○   ○   ○

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.

Not Started   In Progress   Completed
  ○   ○   ○

- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

Not Started   In Progress   Completed
  ○   ○   ○

- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.

Individual and Family Planning Checklist

Not Started   In Progress   Completed

   ○   ○   ○

• Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.

Not Started   In Progress   Completed

   ○   ○   ○

• Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Not Started   In Progress   Completed

   ○   ○   ○

• Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.

Comments: _____

_____

_____

_____

_____

_____

_____

Pandemic Influenza

Preparedness and Response

Personnel Protective Equipment

(PPE)

Personal Protective Equipment

• It is recommended that sufficient and accessible infection control supplies and, if needed, PPE to control the spread of disease are provided for your staff and personnel. (Where the leadership has evaluated the work site and determined that PPE is required to be worn, it is the leadership's responsibility to assure that PPE is provided at that site).

• There are various levels of control that can be used to protect personnel including, engineering controls, work practices, administrative controls, and PPE. Some examples of these controls include: barriers/sneeze guards, promoting personal hygiene measures, minimizing face-to-face contact, and gloves/respirators. A combination of these controls is likely to be used by most agencies. Signage in common areas around the workplace encouraging and explaining how to use these controls may increase awareness and good hygiene behavior.

• **Classifying Personnel Exposure to Pandemic Influenza**

• Personnel risks of occupational exposure to influenza during a pandemic may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on whether or not jobs require close proximity to people potentially infected with the pandemic influenza virus, or whether they are required to have either repeated or extended contact with known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.

• To help leadership determine appropriate work practices and precautions, the workplaces and work operations have been divided into four risk zones, according to the likelihood of personnel's' occupational exposure to pandemic influenza. We show these zones in the shape of a pyramid to represent how the risk will likely be distributed. The vast majority of American workplaces are likely to be in the medium exposure risk or lower exposure risk (caution) groups.
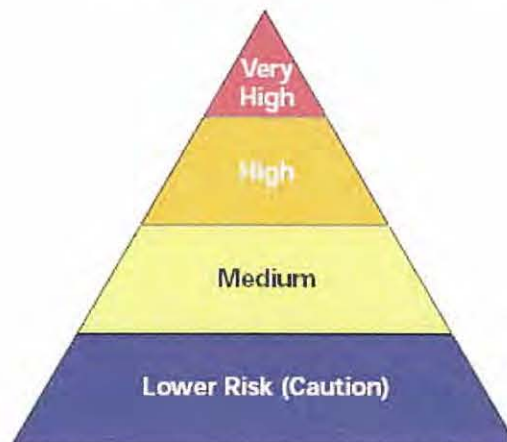
- **Very high exposure risk** occupations are those with high potential exposure to high concentrations of known or suspected sources of pandemic influenza during specific medical or laboratory procedures.

- **High exposure risk** occupations are those with high potential for exposure to known or suspected sources of pandemic influenza virus.

- **Medium exposure risk** occupations include jobs that require frequent, close contact (within 6 feet) exposures to other people such as coworkers, the general public, outpatients, school children, or other such individuals or groups.

- **Lower exposure risk (caution)** occupations are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public. Even at lower risk levels, however, leadership should be cautious and develop preparedness plans to minimize personnel infections.

- Leadership of critical infrastructure and key resource personnel (such as law enforcement, emergency response, or public utility employees) may consider upgrading protective measures for these personnel beyond what would be suggested by their exposure risk due to the necessity of such services for the functioning of society as well as the potential difficulties in replacing them during a pandemic (for example, due to extensive training or licensing requirements).

PPE Item Cost and Planned Rates of Usage

Items	Unit	Unit Cost	Amount Required per Person	Cost per Person for 30 days
Tissues	100/box	$0.90	1 per week	$3.60
Hand Sanitizer	8 oz.	$3.00	1 per week	$12.00
Disinfectant Wipes	35/box	$3.00	1 per week	$12.00
Protective Gowns	each	$1.55	1 per day	$46.50
Disposable Coveralls	each	$1.50	1 per day	$45.00
Goggles	each	$4.00	1 per person	$4.00
Face Shields	each	$3.00	1 per person	$3.00
Gloves	500/box	$25.00	25 per day	$37.50
Surgical Masks	300/box	$60.00	1 per day	$6.00
N-95 Masks	200/box	$200.00	1 per day	$30.00
SAR/PAPR	each	$600.00	1 per person	$600.00

Ensemble Identification and Accompanying PPE

Ensemble 1: Hand sanitizer, tissues, disinfectant wipes

Ensemble 2: Surgical mask, hand sanitizer, tissues, disinfectant wipes

Ensemble 3: N-95, Gloves, hand sanitizer, tissues, disinfectant wipes

Ensemble 4: N-95, gloves, goggles, face shield, protective gowns / coveralls, hand sanitizer, tissues, disinfectant wipes

Ensemble 5: SAR / PAPR, N-95, gloves, goggles, face shield, protective gowns / coveralls, hand sanitizer, tissues, disinfectant wipes

Ensemble Costs	
Ensemble	Cost per person/30 days
1	$27.60
2	$33.60
3	$95.10
4	$148.60
5	$748.60

Level of Risk and Associated Ensemble

Very High Exposure Risk	• Health Care personnel performing aerosol generating procedures on PI patients. Ensemble (5)
	• Laboratory personnel collecting or handling specimens from PI patients. Ensemble (4)
	• Medical Examiners performing autopsies. Ensemble (4)
High Exposure Risk	• Health Care personnel exposed to PI Patients. Ensemble (3)
	• First Responders (EMT, Fire, MP). Ensemble (3)
Medium Exposure Risk	• Security guards. Ensemble (2)
	• Response forces with high-frequency contact with the general public. Ensemble (2)
	• Personnel working in high-density work environments (e.g., COC, EOC, JOC). Ensemble (2)
	• Personnel providing care to ill family members. Ensemble (2)
	• Outpatients seeking treatment at the MTF. Ensemble (2)
Low Exposure Risk	• Personnel with minimal contact with the general public or co-workers. Ensemble (1)
	• General population. Ensemble (1)

Pandemic Influenza Handbook For Commanders and Managers
Civilian Human Capital Information

Introduction

This handbook provides human capital information to assist
commanders and management officials in preparation for a
pandemic influenza outbreak. It further serves as a tool for
management officials by outlining civilian human resources
flexibilities available to assist in planning for the continuity
of operations and maintaining essential functions during a
pandemic outbreak.

Each year in the United States, approximately 5 to 20% of the
population contracts influenza resulting in approximately 36,000
deaths. A pandemic influenza may result in up to a 40%
absenteeism rate that may last six to twelve weeks within a
region where an outbreak is occurring.

Commanders have the responsibility for mission accomplishment
and the well-being of the workforce - both of which could be
seriously impacted by a local outbreak of the influenza virus.
While it is inevitable that members of the workforce will become
infected, there are a number of human resources flexibilities
that can assist commands in maintaining continuity of essential
operations.

Although highlights of civilian human resources programs and
flexibilities are provided in this handbook, more detailed
information is available at the Office of Personnel Management
Pandemic Influenza information website:
http://www.opm.gov.pandemic/index.asp

Commands should monitor official announcements related to a
pandemic influenza health crisis from Federal, State, and/or
local health officials. Appropriate actions should be taken to
prevent the spread of disease in response to guidance from
public health officials.

Preparing for a Pandemic

It is impossible to know in advance whether a particular
influenza virus will lead to a human pandemic. Influenza is
highly contagious and can spread rapidly. After employees
become ill, there will be little time to establish a plan of
action and without preparation, commands will be forced to react
to situations rather than act according to plan. A pandemic

influenza outbreak can compromise the ability of a command to accomplish its mission. Commanders should consider the following in preparing for a possible pandemic situation:

• Involve the following personnel during the planning stages: Human Resources, Emergency Management, Information Technology, Security, Safety, Legal, Finance, union officials, medical professionals, and first line supervisors.

• Establish an emergency plan of action. At a minimum, the plan should address procedures to be taken by personnel and the steps necessary to continue essential operations during a pandemic influenza outbreak.

• Test the plan of action to determine its effectiveness and make any modifications needed.

• Communicate plan of action to the workforce.

Preventive Measures

According to the Centers for Disease Control and Prevention (CDC), influenza is believed to be spread mainly person-to-person through coughing or sneezing of infected people. Preventive measures include:

• Keeping workplaces clean.

• Reminding employees to cover up coughs and sneezes with tissues or upper sleeves and wash hands frequently.

• Avoid touching eyes, nose or mouth.

Workplace posters reminding employees of preventive measures are available at the DOD Disaster Preparedness and Response website: http://www.cpms.osd.mil/disasters/.

Social Distancing

Another option for preventing the spread of the influenza virus among the workforce is the use of social distancing. Social distancing is the public health practice of encouraging people to keep their physical distance from each other during disease outbreaks in order to stop or slow the spread of infection. Such efforts may become necessary, especially where there have not been sufficient immunizations within the workforce.

In a work environment, social distancing can take the form of:

- Expanding the distance between desks.

- Closing the cafeteria and other gathering locations, to the extent possible.

- Canceling conferences and well-attended meetings.

- Conducting meetings via the telephone or video teleconference instead of face-to-face.

- Moving an employee with flu-like symptoms to work apart from the remainder of the workforce.

- Authorizing employees to work at alternative locations (See Telework section).

- Establishing work shifts so there are fewer employees in the work environment at a given time. (See Work Schedule section. Establishment of mandatory shifts solely for social distancing should be considered as a last resort based on the possible disruption caused to the employees' personal lives.)

The key to any social distancing effort is to have employees remain at least 6 feet apart and to avoid handling objects previously handled by other employees.

Personnel Accountability

Contact procedures should be in place to achieve 100% personnel accountability during emergencies. Organizations and employees must be made aware of pre-established report in procedures, phone numbers, and e-mail addresses.

- Commanders should ensure plans and procedures are in place for full accountability of all employees.

- Ensure mechanisms are in place to inform personnel as to the current operating status of commands/activities.

- Call-in information and procedures should be distributed to all employees prior to the need.

- Ensure employees notify supervisors in a timely manner when emergency and/or personal contact information has been changed.

• Conduct call-in exercises to ensure systems and procedures provide expected results.

Telework

Emergency Preparations

Telework is an excellent tool in addressing continued mission accomplishment during a period of pandemic influenza. Telework agreements are particularly important for those employees considered essential for mission accomplishment. Telework Agreements should communicate expectations for regular, ad hoc and emergency telework.

• Sufficient equipment and technical support must be available to provide access and assistance to remote users. IT systems must have the capability to handle increased remote connectivity during a pandemic situation.

• IT and information security must be in place and enforced at the same level whether employees telework or perform duties at the traditional worksite.

• Telework should be utilized/tested on a routine basis to ensure organizations have the capability to function from remote locations.

• In an emergency situation, employees may be asked to telework without a prior telework agreement in place.

• Telework may be approved for the length of time the employee has work to perform at a location other than the traditional worksite.

Telework and Family Care

Employees may need to provide care to sick family members, and/or childcare for children who have been sent home due to the pandemic.

• If the child or sick family member will require minimal care, the employee may telework, if approved, during the time he or she is not providing care to the child or sick family member. The employee must request leave for the remainder of the time.

• If the employee will be providing constant care to a child or a sick family member, telework is not appropriate.

• Employees may also request adjustments to their work schedules in order to perform telework during the time they are not responsible for family care.

Commands should be flexible when determining whether or not an employee can accomplish duties from home while caring for a child or sick family member during a pandemic situation.

Medical Considerations

• Commands must protect employee privacy and refrain from disclosing the identity of infected employees.

• Directing employees for medical evaluation - Medical evaluations may only be required when the position occupied by the employee contains properly developed medical standards or physical requirements, or it is part of an established medical evaluation program. Managers should contact their Human Resources and legal office if they have questions about medical examinations.

• Commands may contact the on-site or local employee health services for resource information regarding transmission of influenza, or any communicable disease, and the precautions that should be taken to reduce the illness' spread in the workplace.

Leave

• Normal leave provisions apply.

• Sick (and annual) leave may be used for personal medical care, family medical care, bereavement, and exposure to a communicable disease.

• Employees exhibiting signs of illness should be reminded of their leave options for seeking medical attention, such as requesting sick or annual leave.

• Sick leave may be granted only when supported by administratively acceptable evidence as determined by management officials. (Generally, a management official may consider an employee's self-certification as to the reason of absence as administratively acceptable evidence, regardless of duration of the absence.) A management official may also require a medical certificate or other administratively acceptable evidence for an absence in excess of 3 workdays, or for a lesser period when management determines it is necessary.

• Sick leave may be appropriate if health authorities (Federal, State, or local) or a health care provider determines that an exposed employee may jeopardize the health of others.

• Sick leave should not be granted to employees for the purpose of caring for a healthy child sent home due to school closures. (Annual leave, other paid time off, or leave without pay should be used for this purpose.

Insufficient Leave Balance

Commands may use the following options for employees with insufficient leave balances during a pandemic, where appropriate:

• Telework.

• Advanced leave.

• Leave donations through the Voluntary Leave Transfer Program.

• Leave Without Pay.

• Excused absence (see Administrative Leave section).

Administrative Leave (Excused Absence)

If a government-wide policy on excused absence is developed in response to a pandemic situation, commands will be notified as soon as possible. Until such time, administrative leave is usually used as the last resort and should only be used for periods of short duration.

• Administrative leave is a paid, non-duty status that does not require the employee's consent or request.

• Employees temporarily prevented from working (e.g., because of installation/workplace closure) may be granted administrative leave if arrangements cannot be made for the employee to telework or work from an alternative duty station.

• Under special circumstances, employees who pose a potential health risk may be placed on administrative leave and ordered to stay away from the workplace, to protect employees and prevent the spread of disease. Prior to granting administrative leave, commands should seek advice from the Human Resource office.

Family and Medical Leave Act (FMLA)

• Employees may invoke entitlement to unpaid leave under FMLA.

• Employees may take up to 12 weeks of leave without pay during a 12-month period for a serious health condition that prevents the employee from performing his or her duties or to care for a spouse, son, daughter, or parent with a serious health condition.

• Employees may substitute their accrued annual and/or sick leave for unpaid leave in accordance with current laws and regulations.

Enforced Leave

• Enforced leave occurs when management officials involuntarily place an employee in a non-duty status, i.e., annual leave, sick leave, or leave without pay. Management officials should NOT place an employee on enforced leave without first consulting with their Human Resources and legal office because such action may constitute an adverse action (constructive suspension) and result in a grievance or an action appealable to the Merit Systems Protection Board.

Management-Employee Relations

Safeguarding the Workforce When an Employee Exhibits Symptoms of Illness

• Express general concern and remind the employee of his or her leave options for seeking medical attention, such as requesting sick leave, annual leave, advanced leave, or leave without pay.

• Use telework if appropriate (See Telework section).

• If other options are not available, place the employee on administrative leave (See Administrative Leave section).

Directing an Employee to Leave the Workplace

• If the employee is physically unable to perform work, or poses a health risk to himself/herself or others.

• Based on objective evidence (statement from medical professional, employee living in a quarantined area, employee admits illness, etc.) only, not suspicion.

• Consider the employee's ability to safely depart the workplace.

• Consult with Human Resources and legal office if considering this action.

Dealing With an Employee Reluctant to Return to the Workplace

• Direct the employee to report to work or provide administratively acceptable medical evidence that continued absence is necessary.

• An employee who fails to report to work or provide administratively acceptable documentation may be charged with absence without leave (AWOL).

• AWOL may result in disciplinary action against the employee.

Work Schedules

Commands may consider work schedule flexibilities to ensure continuity of operations and promote the "social distancing" of employees:

• Activities have the discretion to change an employee's work schedule.

• Work schedule changes must be consistent with law, regulations, and any applicable collective bargaining agreement.

• Alternate work schedules, such as compressed work schedules and flexible work schedules, may be considered.

• Shift work is a mitigation strategy for reducing the spread of germs.

• Activities may require employees to perform overtime work. Overtime pay and premium pay rules still apply during a pandemic.

Pay and Benefits

Certain pay provisions are or may become available during a pandemic emergency. These should aid commands in managing workload and providing assistance to employees. Current

employee benefits will remain in effect throughout the course of any outbreak. In adjusting the schedules of employees to promote social distancing and to provide flexibilities during a pandemic, commands should consider the implications of such adjustments on Overtime Pay, Night Pay, Sunday Pay, and any applicable Holiday Premium Pay.

Annual Premium Pay Cap

- If it is determined that an emergency or mission critical work condition exists under 5 C.F.R. §550.106, employees may be paid under an annual premium pay limitation instead of a biweekly limitation.

- Provides a financial benefit for employees whose premium pay would otherwise cause them to exceed the biweekly limit.

Evacuation Pay

- An agency may order one or more employees to evacuate from their worksite during a pandemic health crisis to a safe haven location.

- During an authorized evacuation, employees may be required to work from designated safe havens. A safe haven is a designated area to which an employee will be evacuated, such as home or an alternate location.

- Evacuation pay is used to ensure employees continue to be paid when standard time and attendance procedures cannot be followed.

- Based on regular rate of pay.

Hazardous Duty Pay (HDP)/Environmental Differential Pay (EDP)

- HDP and EDP are additional payments for job-related exposure to hazards, physical hardships, or working conditions of an unusually severe nature which cannot be eliminated or significantly reduced by preventive measures (e.g., safety equipment, protective clothing).

- There is no authority to pay HDP or EDP to employees for the potential exposure to pandemic influenza.

Benefits

Benefits for Federal employees and eligible family members
remain unchanged during a pandemic influenza. The following OPM
Website has a wealth of information about employee and family
support benefits and policies.
http://www.opm.gov/employment_and_benefits/employeesupport2.asp

Hiring Flexibilities

To ensure the continuity of operations of Marine Corp's critical
and essential functions, commands may utilize a variety of
staffing flexibilities to fill emergency or special staffing
needs by considering excepted appointments; reemploying
annuitants; direct hire authority; contractor personnel;
competitive service appointments of 120 days or less; and the
Reemployment Priority List (RPL).

Additional information regarding staffing flexibilities is
available on OPM's website at
http://www.opm.gov/pandemic/index.asp.

Labor Relations

With almost any action taken by management to address a pandemic
influenza outbreak, there may be associated labor relations
obligations. If possible, these obligations should be addressed
well before the need arises to take emergency measures.

Planning

Activities should begin now to address what steps may be needed
in the event a pandemic influenza outbreak impacts operations.
In formulating your plan, it is strongly recommended that union
representatives serve on any planning committee. Plans may
address such items as telework and associated technology issues,
social distancing, union/employee notification, etc.

Regardless of union involvement on the planning committee, any
final plan will have to be shared with the union, and in most
cases, labor relations obligations must be met
prior to implementation. (Fulfilling your labor relations
obligations may in most cases be delayed if an actual emergency
exists and immediate implementation of a plan is required for
the necessary functioning of the activity.)

Important First Step

One of the first steps to be taken is to review your collective bargaining agreement to determine:

- What authorities have already been negotiated;

- What provisions need to be added; and

- Which provisions may serve to hinder the timely implementation of your plan.

Where additional provisions are needed or where compliance with the contract may hinder implementation of an effective pandemic plan, management should immediately address those matters with the union and seek to make the necessary additions or changes. Where contract provisions need to be modified, the parties can, if appropriate, agree that such changes occur only in the presence of a pandemic-related emergency.

Emergency Actions

Where a plan of action has not been fully formulated, or where negotiations have not been completed and a pandemic outbreak occurs requiring immediate action necessary to address the emergency:

- Management, in most cases, may take unilateral steps to address the emergency prior to fulfilling its labor relations obligations; but

- Unions should be provided as much advance notice as possible and bargaining should commence as soon as practicable with any subsequent agreement receiving retroactive effect to the extent possible.

Important Note - Management's decision to unilaterally implement changes to working conditions based on an "emergency" situation is reviewable in a third party forum via a grievance or unfair labor practice. In other words, while management may determine that an emergency exists, such determination is subject to third party review.

Activities are encouraged to work with their servicing CPACs in addressing the labor relations obligations associated with any pandemic influenza initiative.

Nonappropriated Fund (NAF) Workforce

NAF operates under different personnel policies and regulations than appropriated fund employees. For example, NAF employees are not subject to the statutory biweekly limitation on premium pay.