

COMDTINST M6220.12  
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COMMANDANT INSTRUCTION M6220.12

Subj: COAST GUARD PANDEMIC INFLUENZA FORCE HEALTH PROTECTION  
POLICY

Ref: (a) Contingency Preparedness Planning Manual (CPPM) Vol I, Planning Doctrine and Policy, COMDTINST M3010.11 (series)  
(b) Coast Guard Contingency Preparedness System (CPS), COMDTINST 3010.22  
(c) Technical Guide: Practices for Respiratory Protection, COMDTINST M6260.2(series)  
(d) Medical Manual, COMDTINST M6000.1(series)  
(e) Coast Guard Telecommuting Program, COMDTINST 12630.1  
(f) Privacy Act of 1974, 5 U.S.C. § 522a  
(g) Privacy Incident Response, Notification, and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5

1. PURPOSE. This Manual establishes policy, assigns responsibilities, and provides instructions on force health protection for Coast Guard (CG) Active Duty (AD), Selected Reservist (SELRES) and civilian personnel during a highly pathogenic avian influenza (HPAI) outbreak or an influenza pandemic (PI).
2. ACTION. Area, district, and sector commanders, commanders of maintenance and logistics commands, Commander Deployable Operations Group, commanding officers of integrated support commands, commanding officers of headquarters units, assistant commandants for directorates, Judge Advocate General and special staff elements at Headquarters shall ensure compliance with the provisions of this Manual. Internet release is authorized.
3. DIRECTIVES AFFECTED. None.
4. PROCEDURE. No paper distribution will be made of this Manual. Official distribution will be via the Coast Guard Directives System CD-ROM. An electronic version will be

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located on the Information and Technology (CG-612) websites at <http://cgcentral.uscg.mil/> (once in CG Central, click on the resources tab then directives) and <http://www.uscg.mil/directives>. This Manual will also be made available via the Commandant (CG-112) Publications and Directives website at <http://www.uscg.mil/hq/g-w/g-wk/wkh/pubs/index.htm>.

5. **POLICY.** Protecting the health of the CG workforce during an HPAI or PI event is paramount to preserving CG operational mission effectiveness. This will require dynamic awareness, prevention, and preparedness efforts from all CG personnel. The purpose of this manual is to provide information on various strategies and interventions necessary to protect the health of CG employees during a PI or HPAI outbreak. Local commands should ensure that relevant current and future local Memorandum of Agreement (MOA) / Memorandum of Understanding (MOU) reflect the requirements and constraints in this manual.

- a. Definitions.

- (1) A pandemic is a disease that occurs on a global scale. PI occurs when a new influenza virus emerges in which there is little or no immunity in the human population, begins to cause serious illness, and then spreads easily from person to person worldwide.
- (2) Avian influenza (AI) is an infection caused by avian influenza (bird flu) viruses. These AI viruses occur naturally among birds. Wild birds worldwide, acting as reservoirs, carry a normally harmless form of influenza viruses in their intestines, and wild birds usually do not get sick from them. Unlike most AI viruses, however, this new strain of H5N1 has caused mortality in more than 80 species of wild birds. AI can be very contagious among domestic poultry, and can result in illness and death in some domesticated birds, including chickens, ducks, and turkeys. Infection with AI viruses in domestic poultry causes two main forms of disease that are distinguished by low and high extremes of virulence. The “low pathogenic” form may go undetected and usually causes only mild symptoms (such as ruffled feathers and a drop in egg production). However, the “highly pathogenic” (HPAI) form spreads more rapidly through flocks of poultry. This form may cause disease that affects multiple internal organs and has a mortality rate that can reach 90-100%, often within 48 hours. There is concern that the HPAI H5N1 virus could undergo genetic changes that would result in its ability to be easily transmitted between humans. Since the general population has not been exposed to this HPAI H5N1 influenza virus strain before, a mutation leading to sustained human-to-human transmission could cause a PI event.

- b. Medical care assumptions.

- (1) In a PI event, military and civilian medical treatment facilities may be overwhelmed, particularly by patients with viral and bacterial pneumonia.
- (2) Shortages of medical supplies, food, medical care personnel, support staff, and other important commodities may seriously impede the ability of hospitals to meet the increased demand for medical care.

- (3) In a moderate pandemic, there will be a 25% increase in demand for intensive care and inpatient beds (as estimated by the Centers for Disease Control and Prevention (CDC). Depending on the extent of the pandemic, the demand could be larger.
- (4) Mortuary affairs. Demand for mortuary affairs may be considerable.

## 6. RESPONSIBILITIES.

- a. Commanding Officer (CO) / Officer-in-Charge (OIC) - Force health protection is a COs / OIC responsibility. The CO / OIC is ultimately responsible for their unit's PI force health protection. The CO / OIC must understand that force health protection is one small aspect of total force protection during a PI event. The CO / OIC must have appropriate plans that address non-medical issues such as continuity of operations, security, food services, and logistics. The CO is ultimately responsible for their clinic's Pandemic Influenza Contingency Plan and unit Contingency Plans. Reference (a) is the guiding document for the development of CG Contingency Plans. Approval authority for CGHQ Unit Contingency Plans rests with the specific headquarters program manager (e.g. clinic contingency plans must be approved by Commandant (CG-11)). Commandant (CG-533) facilitates coordination of planning efforts across contingencies. Moreover, contingency plan review is coordinated by the plan owner. Commandant (CG-535) has a role in coordinating exercise of the Contingency Preparedness System (CPS). Additionally, all contingency plan data must be documented in the CPS per reference (b).

(Note: The CG is currently working with the Department of Health and Human Services (DHHS) to distribute the Strategic National Stockpile directly to CG facilities for CG members).

- b. CG clinics – This document also serves as policy for CG clinics to use to develop their clinic specific Pandemic Influenza Contingency Plans. The priorities for CG clinics are force health protection and mission support. All local coordination should be based on these priorities. Each clinic must develop a clinic PI plan modeled after enclosure (1). Each clinic should ensure command involvement with the development and execution of their clinic PI plan. Clinic plans should be reviewed on an annual basis to ensure information in the document is up-to-date. Guidelines for the annual plan review are provided in reference (a). Additionally, the clinic should exercise their plan (e.g. tabletop exercise) on an annual basis. During a PI / HPAI event, critically ill CG AD and SELRES members and their dependents, Auxiliarists and civilians (non-Mission-Critical Personnel and Low Risk Operations) should be referred to the nearest DoD, Veterans Affairs (VA) or civilian facility (as appropriate) for treatment. CG medical clinics may not have the capacity to diagnose and treat all individuals infected with the PI virus. CG medical clinics will focus on force health protection and triage of symptomatic individuals. Force health protection includes providing medical prophylaxis to AD and SELRES members and their families (if indicated), and providing limited evaluation and home-care based treatment (if indicated).

- 7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. Environmental considerations were examined in developing this Manual and are incorporated herein.

8. FORMS / REPORTS. The forms called for in this Manual are available in the USCG Electronic Forms library on the Standard Workstation, or on the Internet: <http://www.uscg.mil/forms/>, CG Central at <http://cgcentral.uscg.mil/> and Intranet at <http://cgweb2.comdt.uscg.mil/CGFORMS/Welcome.htm>. Forms can also be found on the Commandant website at <http://www.uscg.mil/hq/g-w/g-wk/wkh/pubs/index.htm>

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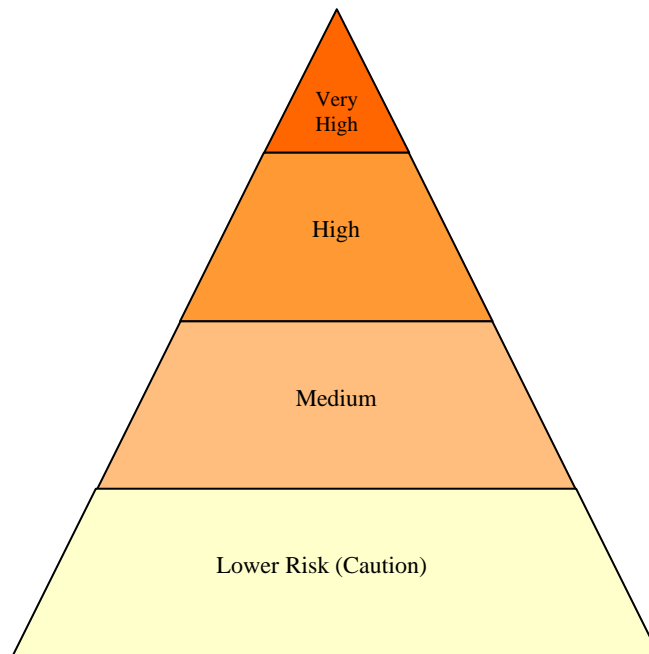
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## CHAPTER 1. OCCUPATIONAL RISK CLASSIFICATION

### A. INTRODUCTION.

Based on guidance issued by the Occupational Safety and Health Administration (OSHA), employees who possess unique skills / certifications that may preclude their timely replacement and who are essential to maintaining the organization's critical functions should be classified as Mission Critical. The second important factor is occupational exposure risk. The Department of Labor and the DHHS produced a document entitled "Guidance on Preparing Workplaces for an Influenza Pandemic." The document identifies four risk zones based on occupational risk (see figure 1 below). OSHA recommends that organizations designate and prioritize Mission Critical and high and very high risk employees to receive antiviral medication and pandemic vaccines (when indicated and available).



**Figure 1: Occupational Risk (Adapted from OSHA)**

For occupational classification, the CG has only one group of employees that would be classified as very high risk – Dental Surgeons (e.g. Dentists). Dental Surgeons should use the same force health protection measures as High Risk employees, with the exception that they are required to use a Positive Air Purifying Respirator (PAPR) during dental procedures. The CG does not classify any employees as medium exposure risk personnel. The majority of CG personnel are either high risk or lower risk.

B. MISSION CRITICAL PERSONNEL.

1. While all employees are important to the CG, there are personnel assigned to critical functions related directly to CG mission-essential functions. Without these personnel, the mission would likely deteriorate and pose a significant degradation in readiness and / or response.
2. Mission-Critical Personnel are defined as CG personnel AD, SELRES, Auxiliarists, and civilians, and their designated replacements and augmenters, assigned to functions whose omission would rapidly and negatively impact the ability of the CG to perform its missions.
3. Civilian Mission-Critical positions are identified by critical function supported and the work performed. The CG Office of Civilian Personnel will provide supplemental guidance for civilians who are classified as Mission Critical Personnel.
4. CG Auxiliarists who work in High Risk Operations should be identified by their Flotilla and as reported by their Flotilla Commander through the chain of leadership and management to the DIRAUX.
5. COs / OICs should identify the Mission-Critical Personnel and their replacements who are attached to their units. COs / OICs should also identify which billets have assigned Mission-Critical Personnel and which billets may be used to replace Mission-Critical Personnel. These personnel and billets should be listed in the commands HPAI / PI plan.

C. HIGH RISK OPERATIONS.

1. High Risk Operations are activities that place CG personnel at an increased risk of exposure to a PI / HPAI virus from a known or likely vector or reservoir, including: infected animals (alive or deceased), infected human being(s) (alive or deceased), or contaminated materials or surfaces.
2. There are personnel who are considered to be Mission-Critical Personnel and who perform High Risk Operations; however, not all Mission-Critical Personnel routinely perform High Risk Operations.
3. The HQ CG Office of Civilian Personnel will provide supplemental guidance for civilians who work in High Risk Operations.
4. CG Auxiliarists who work in High Risk Operations should be identified by their Flotilla and as reported by their Flotilla Commander through the chain of leadership and management to the DIRAUX.
5. COs / OICs should identify the number of personnel in High Risk Operations (and their replacements) who are attached to their units. COs / OICs should also identify which billets have assigned personnel in High Risk Operations (and their replacements) who are attached to their units.

6. To be classified as participating in High Risk Operations, a CG employee must meet at least one of the following criteria:
  - a. Routine exposure to the public requiring close personal contact (e.g. physical proximity of three feet or less, or direct contact as in physical searches of people or their belongings / boarding team activities);
  - b. Direct patient care activities;
  - c. Direct exposure to birds, bird excretions and / or feces, bird by-products, and other potentially infected animals;
  - d. Law enforcement duties (e.g. those requiring close proximity or direct physical contact to infected humans / animals);
  - e. Performance of isolation and / or quarantine enforcement; or
  - f. Performing duties where maintaining social distancing (greater than three feet) is not possible (e.g. operations centers, cutters, training centers, small boat stations, aircraft, etc.).

<b>Table 1: Occupational Risk Classification Matrix<sup>1, 2, 3</sup></b>		
	<b>High Risk</b>	<b>Lower Risk</b>
<b>Mission Critical</b>	Activities Europe / Far East Activities Afloat Units Air Stations Command Center Personnel Deployable Operations Group Environmental Health Officers Healthcare workers (CG and PHS Officers, Health Services Technicians (HS) and Medical Administrator Personnel) Harbor Defense Command Units NESU / ESU Sectors (including Aids to Navigation Teams and Small Boat Stations Training Centers	Commandant Commandant's Immediate Staff Assistant Commandants Directors All Flag Officers and Senior Executive Service (SES) Personnel Commanding Officers Intelligence Personnel Acquisition Personnel Container Inspection Training & Assistance Teams Loran Stations Vessel Traffic Services Food Services Personnel
<b>Non-Mission Critical</b>		Administrative Staff All CG Employees not in the above categories

1 - This list is not exhaustive and allows the CO to interpret as necessary.

2 - Dental Surgeons are classified as very high risk during procedures

3 - Additional staff may be designated as Mission Critical by their immediate supervisor

D. LOW RISK OPERATIONS.

1. Low Risk Operations are activities involving CG personnel who are not routinely at risk of exposure to PI / HPAI viruses and do not meet any of the criteria identified above in the course of their work assignments.
2. CG personnel who routinely perform Low Risk Operations, but are required to conduct High Risk Operations (upon notification) shall be classified as High Risk Operations personnel.

E. SPECIAL POPULATIONS.

1. There are certain CG communities that will require special planning considerations during a PI / HPAI event. Not all standard non-pharmaceutical infection control measures (as defined in Chapter 4 of this Manual) will be implemented by these groups so alternative options need to be explored.
  - a. CG Training Programs. During a PI, social distancing will be paramount to mitigate the spread of the virus. The following CG communities may have difficulty achieving adequate social distancing and will require special planning efforts by the training community:
    - (1) Training Center Cape May
    - (2) Training Center Yorktown
    - (3) Training Center Petaluma
    - (4) Training Center Elizabeth City
    - (5) Special Missions Training Center
    - (6) Aviation Training Center
    - (7) Maritime Law Enforcement Academy
    - (8) CG Academy
  - b. Aviation Community. During an HPAI outbreak, the CG Aviation Community could have unique hazards associated with potential exposure to bird by-products.
    - (1) Guidance for cleanup and disinfecting aviation assets after bird strikes can be found in enclosure (2).
    - (2) CG Aviators could be exposed to aerosolized HPAI viral particles during their flight operations. Use of Personnel Protective Equipment (PPE) in the aviation community has many operational issues. There are currently no evidence-based studies that have been conducted using PPE in an aviation environment. Traditional PPE may not be available for personnel in these communities. For instance, N-95 respirators are not designed for all operational environments / conditions. This operational environment requires special planning efforts by the aviation community.
    - (3) The decision to curtail any air operations due to HPAI or PI threat will be made by the Commandant with consultation with Commandant (CG- 11) regarding the particulars of the current situation.

- c. CG Afloat Community. During a PI event, social distancing will be paramount to mitigate the spread of the virus. CG Afloat communities may have difficulty achieving adequate social distancing. This community requires special planning efforts for due to increased social density. During a PI event, this community should use force health protection interventions listed in this Manual as appropriate.
- d. CG Deployable Operations Group and Boarding Teams. Operational constraints may limit these groups ability to maintain social distancing. Although there are no evidence-based studies that have been conducted using PPE in a maritime environment, PPE should be worn when personnel in these communities have contact with potentially infected poultry and / or infected humans (see Chapter 3). However, traditional PPE may not be available for personnel in these communities. For instance, N-95 respirators are not designed for all operational environments / conditions. This community will require special planning efforts by the appropriate stakeholders.
- e. CG ATON Community. During an HPAI outbreak, the CG ATON Community may encounter infected and / or dead birds (and potentially infected bird by-products to include fecal material, feathers, etc.) during their routine operations.
  - (1) CG guidance regarding cleanup and disinfection of potentially infected surfaces has been previously issued (this guidance is repeated in enclosure (2)).
  - (2) During an HPAI outbreak, the CG ATON community should utilize appropriate force health protection interventions listed in this manual (see Chapter 3).
  - (3) The ATON Community has increased social density environments and will require special planning efforts by the ATON Community due to the challenge of maintaining social distance in that environment.
  - (4) A decision to curtail any ATON operations due to HPAI or PI threat will be made by the Commandant with consultation with Commandant (CG-11) regarding the particulars of the current situation.
- f. CG Emergency Medical Response Personnel. During a PI event, CG emergency response personnel will have unique personal protection requirements.
  - (1) CG first responders, rescue swimmers and other personnel who will be required to perform cardiopulmonary resuscitation shall use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods to prevent contact with oral secretions.
  - (2) Traditional PPE may not be available for all CG first responders. For instance, N-95 respirators are not designed for all operational environments / conditions. This community will require special planning efforts by the appropriate stakeholders.
- g. International Travelers. CG personnel who are traveling to or residing abroad should refer to the U.S. Department of State (DOS) website - <http://www.state.gov/g/avianflu/> in the event of an HPAI outbreak and / or PI

event. This website will provide up-to-date information regarding travel alerts; health precautions or warnings for HPAI or PI infected areas.

- (1) CG personnel assigned OCONUS should follow standard force health protection measures. Due to degradation of logistics systems in the event of PI, these personnel are expected to stockpile appropriate PPE (Chapter 4 and enclosure (3) provide additional recommendations on stockpiling estimates).
  - (2) The DOS has asked its embassies and consulates to consider preparedness measures that take into consideration the fact that travel into or out of a country may not be possible, safe, or medically advisable during a pandemic. Embassy stocks cannot be made available to private American citizens abroad and they encourage people living in an area with outbreaks of H5N1 to prepare appropriately.
  - (3) CG members traveling to foreign countries should take into account countries that have reported the HPAI virus or PI. Travelers are advised to monitor the DHHS / CDC ([www.cdc.gov](http://www.cdc.gov)) and the World Health Organization (WHO) (<http://www.who.int/en/>) websites for the latest information.
2. CG personnel with dependents. During a PI event, the DHHS may recommend dismissal of students from school (including public and private schools as well as colleges and universities) and school based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing.
- a. Depending on the severity of a PI event, CG Child Development Centers and home based child care programs may be closed. During the alert stage of an influenza pandemic, the Commandant (CG-11) will issue guidance regarding closure of CG Child Development Centers.
  - b. All CG personnel with dependent minors in school and / or childcare programs should develop family care plans that will address their childcare needs. Additional guidance regarding family plans can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov) or [www.ready.gov](http://www.ready.gov).
  - c. Commands must be aware that family care issues may impact personnel availability despite the existence of family care plans.

## CHAPTER 2. FORCE HEALTH PROTECTION TRAINING

### A. MANDATORY TRAINING.

There are five Avian and Pandemic Training Modules which are posted on the Coast Guard Learning Portal in the Health and Safety section (<https://learning.uscg.mil/>)

1. DHS Avian and Pandemic Influenza Training - All personnel - The purpose of this e-Learning course is to provide information regarding avian and pandemic influenza. Topics covered include differentiating between types of influenza, typical symptoms, and protective behaviors you can take for you and your family. This course is mandatory for all Coast Guard personnel. Currently, it is required to be taken one time in your Coast Guard career.
2. Coast Guard Avian and Pandemic Influenza Training – All personnel - The purpose of this e-Learning course is to provide information regarding avian and pandemic influenza. Topics covered include differentiating between types of influenza, typical symptoms, protective behaviors you can take for you and your family, defining the DHS Pandemic Influenza phases, describing the Centers for Disease Control and Prevention’s Pandemic Influenza Severity Index, and defining which Coast Guard populations have the greatest risk of exposure to both avian and pandemic influenza. This course is mandatory for all Coast Guard personnel. Currently, it is required to be taken on an annual basis.
3. Coast Guard Avian and Pandemic Influenza Training – Boarding Team & DOG - The purpose of this e-Learning course is to enhance your awareness of avian and pandemic influenza. Differentiating between the types of influenza, recognizing symptoms, and performing protective behaviors are reviewed. Key actions are described which will help to protect Boarding Team and DOG members from exposure to both avian and pandemic influenza. This course is mandatory only for Coast Guard boarding team members and DOG personnel. Currently, it is required to be taken on an annual basis.
4. Coast Guard Avian and Pandemic Influenza Training – ATON Community - The purpose of this e-Learning course is to enhance your awareness of avian and pandemic influenza. Differentiating between the types of influenza, recognizing symptoms, and performing protective behaviors are reviewed. Key actions are described which will help to protect ATON members from exposure to highly pathogenic avian influenza (HPAI) (H5N1). This course is mandatory only for Coast Guard ATON members. Currently, it is required to be taken on an annual basis.
5. Coast Guard Avian and Pandemic Influenza Training – Healthcare Community - The purpose of this e-Learning course is to enhance your awareness of avian and pandemic influenza. Differentiating between the types of influenza, recognizing symptoms, and performing protective behaviors are reviewed. Topics covered include the role of the Coast Guard Clinic, the function of medical surveillance systems, preparatory actions and practices, the use of personal protective

equipment, personnel responsibilities, and contingency plan implementation. This course is mandatory only for Coast Guard healthcare personnel (i.e. all clinic staff including support staff and all health services technicians). Currently, it is required to be taken on an annual basis.

B. ADDITIONAL RESOURCES.

1. DoD Resources - During a PI event, the DoD's mission is to preserve the U.S. combat capabilities and readiness and to support U.S. government efforts to save lives. An informational Army video, "Pandemic Flu: Taking Action" is available at <http://usachppm.apgea.army.mil/news/influenzaWebsite/pages/toolbox.htm> DoD also has created the Pandemic Influenza Watch board. DoD's website [<http://fhp.osd.mil/aiWatchboard/index.jsp>] provides:
  - a. Information about AI and PI, including recent outbreaks;
  - b. DoD's plans on managing an AI / PI event
  - c. How AI and PI can affect service members' and civilians' health.
2. DHHS PI website - This website [<http://www.pandemicflu.gov>] provides one stop access to U.S. government PI and AI information. It has planning information for specific communities including: federal, state & local, individual, workplace, school, and healthcare.
3. Additional resources on HPAI and PI include: the Coast Guard Operational Medicine Division, the Maintenance and Logistics Commands (k), Coast Guard clinics, and Safety and Environmental Health Office Detachments.



**CHAPTER 3. FORCE HEALTH PROTECTION REQUIREMENTS**

**A. INTRODUCTION.**

This section provides planning considerations and guidance for protecting the health of CG employees in the event of an HPAI outbreak or PI. The use of certain force health protection interventions (e.g. use of PPE) will be dictated by certain triggers. For HPAI, CG personnel with frequent exposure to birds or bird by-products will begin using PPE if there is an HPAI outbreak in their area of operations. Commandant (CG-11) will issue an ALCOAST or other message to the affected community during an HPAI outbreak. The CDC will determine the pandemic severity index for the entire country (see Figure 2) and depending on the severity of the virus, Commandant (CG-11) will provide recommendations to CG personnel on specific workplace interventions. This information will be disseminated to CG Personnel via an ALCOAST or alternative means.

**Figure 2: Pandemic Severity Index (Adapted from the CDC)**

Pandemic Severity Index	WHO Phase 6, US Government Stage 3	WHO Phase 6, US Government Stage 4 & 1 <sup>st</sup> Human Case in the United States	WHO Phase 6, US Government Stage 5 and 1 <sup>st</sup> Laboratory Confirmed Cluster in State or Region
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby	Standby/Activate	Activate

**Alert:** Notification of critical systems and personnel of their impending activation.

**Standby:** Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.

**Activate:** Implementation of the community mitigation strategy.

B. INFLUENZA TRANSMISSION.

1. **Droplet Transmission.** Droplet transmission involves contact of the mucous membranes of the eye, nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated by an infected person during coughing, sneezing, or talking. Transmission via large-particle droplets requires close contact between source and recipient persons because droplets do not remain suspended in the air and generally travel only short distances (about 3 feet). Special air handling and ventilation are not required to prevent droplet transmission. On the basis of epidemiologic patterns of disease transmission, large droplet transmission—via coughing and sneezing—is considered a major route of seasonal influenza transmission.
2. **Airborne Transmission.** Airborne transmission occurs by dissemination of small particles or droplet nuclei through the air. Localized airborne transmission may occur over short distances (e.g., in the same room) via droplet nuclei or particles that are small enough to be inhaled.
3. **Aerosol-generating procedures.** It is likely that some aerosol-generating medical procedures (e.g., endotracheal intubation, open suctioning, dental procedures, nebulizer treatment, bronchoscopy) could increase the potential for generation of small aerosols in the immediate vicinity of the patient. Although this mode of transmission has not been evaluated for influenza, given what is known about these procedures, additional precautions for healthcare personnel who perform aerosol-generating procedures on influenza patients are warranted.
4. **Contact Transmission (Direct and via Fomites).** Contact transmission of influenza may occur through direct contact with contaminated hands, skin or surfaces.
5. All CG Clinics should post signs as soon as possible that demonstrate good hygiene practices to help prevent / control transmission and dissemination of small particles and droplets involved in influenza transmission.

C. RESPIRATORY PROTECTION.

1. **Respiratory Protection.** For this policy, respiratory protection is defined as a National Institute for Occupational Safety and Health (NIOSH)-approved N-, P-, or R- 95, 99, or 100 disposable filtering face pieces with N-95 as the minimum respiratory protection device required. Respiratory protection shall be used only as the last form of protection where the work environment or activity CANNOT support the use of social distancing.
2. **Respiratory Supplies.** DHS / USCG has purchased a limited amount of N-95 respirators for CG personnel in High Risk Operations and Mission-Critical Personnel. Areas shall determine, based on the number of personnel who perform High Risk Operations (and their replacements) and the personnel numbers designated as Mission-Critical Personnel (and their replacements), the appropriate quantities and type of N-95, or higher, respirator level. Planning factors shall account for the need to replenish supplies using the assumptions in enclosure (3).

3. High Risk Operators & Mission Critical Personnel. Issuance and wear of respiratory protection devices shall be provided primarily to personnel performing High Risk Operations (and their replacements), and designated Mission-Critical Personnel (and their replacements).
4. Use and Disposal. Disposable filtering face pieces (e.g. N-95 respirators) are authorized for one-time use. Standard precautions are recommended for disposal of solid waste (medical and non-medical) that might be contaminated with PI virus:
  - a. Contain and dispose of contaminated waste in accordance with facility-specific procedures and / or local or State regulations for handling and disposal of medical waste, including used needles and other sharps, and non-medical waste.
  - b. Discard as routine waste used patient-care supplies that are not likely to be contaminated (e.g., paper wrappers).
  - c. Wear disposable gloves when handling waste. Perform hand hygiene after removal of gloves.
5. Fit-testing. Per 29 CFR 1910.134, the OSHA Respiratory Protection Program, requires the CG to medically screen, train, and fit-test (on an annual basis) AD and SELRES CG personnel designated to wear a N-95 respirator per reference (c). Further guidance regarding fit testing civilian personnel will be issued by the CG HQ Civilian Personnel Office. Personnel who have not been trained or fit tested in wearing a N-95 respirator can follow guidance provided in reference (c).
6. CG personnel with the proper fit testing equipment and training will conduct fit-testing on all CG personnel who are assigned to High Risk Operations (and their replacements) and / or who are Mission Critical (and their replacements).
7. The CG Occupational Medicine Surveillance and Evaluation Program database shall be used to track personnel who are required to use an N-95 respirator. Additionally, these personnel must meet the programmatic requirements for respiratory wear (e.g. completion of the OSHA Medical Evaluation Respiratory Questionnaire found in Chapter 12, reference (d)).

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**CHAPTER 4. NON-PHARMACOLOGIC REQUIREMENTS****A. SOCIAL DISTANCING.**

Social Distancing is defined as maintaining a distance of 3 feet or greater from someone suspected of having symptoms associated with an influenza-like illness (ILI). ILI is an illness that may or may not be influenza, however the individual has influenza-like symptoms (e.g. fever, chills, cough, sneezing and muscle aches). CG personnel shall use social distancing as the first form of force health protection whenever possible. This may include, for example, isolating persons with ILI in designated areas or rooms away from CG personnel or members of the public.

**B. COUGH AND SNEEZE ETIQUETTE.**

Cough and sneeze etiquette is defined as covering the nose and mouth, while coughing or sneezing, with tissue or preferably with the crux of the elbow. Note: after sneezing or coughing into tissue use appropriate hand hygiene. CG personnel shall use appropriate cough and sneeze etiquette.

1. Using appropriate cough & sneeze etiquette will minimize infective droplets, if any, from being released and suspended in the air for others to inhale or for surfaces to be contaminated.
2. Per current CDC recommendations ([www.cdc.gov](http://www.cdc.gov)), surgical masks (not N-95 respirators) should be made available and placed on all individuals exhibiting ILI who come in contact with anyone.

**C. HAND HYGIENE.**

Hand hygiene is defined as the use of water, liquid soap, and disposable towels to remove dirt, bacteria, and viruses from the hands. If hand washing is not feasible during CG operations, hand sanitizers / alcohol-based gels shall be used. It is recommended that hand sanitizer / alcohol based gels contain at least 60% ethyl alcohol. Proper use of hand sanitizers shall be in accordance with the manufacturer's instructions. CG personnel shall wash their hands frequently (for at least 20 seconds), when feasible, AFTER the following activities:

1. Handling material or contact with a surface that may have been contaminated by others;
2. Physical contact with an infected or potentially infected individual;
3. Using common items;
4. Sneezing or coughing;
5. Before food preparation;
6. After using the toilet;
7. Before and after eating.

**D. SURFACE DISINFECTION / DECONTAMINATION.**

The Environmental Protection Agency (EPA) has a list of products that are registered and labeled as effective against viruses and these should be used during normal daily cleaning procedures in areas where exposure to birds (or bird products) infected with HPAI and in areas where surfaces contaminated with the PI virus are likely. The following link has a list of EPA-registered disinfectants – [http://www.epa.gov/pesticides/factsheets/avian\\_flu\\_products.htm](http://www.epa.gov/pesticides/factsheets/avian_flu_products.htm)

1. Custodial services should be made aware of these products and cleaning practices, and be required to document their use of EPA-registered disinfectants (it is a requirement to use EPA-registered disinfectants during an influenza pandemic).
2. Normal daily cleaning procedures for environmental surfaces should be followed using an EPA-registered disinfectant labeled as effective against the influenza virus following the manufacturer’s recommended concentration (if mixing is required).
3. Current custodial contracts and cutter allowance lists should be reviewed to ensure that cleaning disinfectants used meet this standard. Additionally, all future custodial contracts should include language to meet this standard.

**E. PERSONAL PROTECTIVE EQUIPMENT (PPE).**

The minimum required PPE for CG personnel involved in High Risk Operations include the following: Respiratory Protection; Water Impermeable Disposable Gloves; Safety Splash Goggles; Disposable Coveralls and hand sanitizers.

1. The CG has stockpiled PPE in one central location for CG Mission Critical Personnel and personnel involved in High Risk Operations. PPE should be pre-positioned at units for high risk operations and units with mission critical personnel. If Commands want to purchase their own PPE, they should follow the assumption planning estimates in enclosure (3). Due to the limitation of supplies, Commandant (CG-11) will pre-position PPE Push Packs at certain high risk units including 66 ATON units, 33 CG clinics and 10 Air Stations. As supplies permit, units that do not receive pre-positioned PPE Push Packs will receive PPE from the CG stockpile when authorized by Commandant (CG-11).
2. The PPE Push Packs will contain – N-95 respirators, goggles, gloves, garments and hand sanitizers.
3. Because the supply of PPE will be limited and replenishment may not be possible, prioritization guidelines are necessary. CG Headquarters Commandant (CG-11) will release PPE to CG units based upon the following prioritization tiers:

<b>Tier 1</b>	CG personnel assigned to high-risk operations
<b>Tier 2</b>	CG mission-critical personnel
<b>Tier 3</b>	All other Active Component or mobilized Reserve Component personnel

4. The release of PPE will depend on the U.S. Government Stage. In the event the supply of PPE is not limited, PPE will be made available to additional CG personnel not on this prioritization list based upon their exposure risk. If supplies of PPE are exhausted, units must emphasize the use of other non-pharmacologic measures such as social-distancing, hand washing, cough and sneeze etiquette.

F. LOW RISK OPERATIONS.

Non-pharmacologic requirements for personnel conducting Low Risk Operations during an influenza pandemic shall include:

1. Telecommuting from home or an alternate work site. Telecommuting may not be a viable alternative due to electronic system limitations.
2. Alternate work schedule to avoid busy public commuting times.
3. Other arrangements as determined by the CG.

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## CHAPTER 5. PHARMACOLOGIC REQUIREMENTS

### A. SEASONAL INFLUENZA VACCINE.

For HPAI, unvaccinated personnel should receive the current season's influenza vaccine to reduce the possibility of dual infection with avian and human influenza viruses. The resultant hybrid virus could be highly transmissible among people and lead to widespread infections.

1. All Active Duty and Selected Reserve (SELRES) members must receive the seasonal influenza vaccine every year.
2. All civilian and auxiliary personnel are highly encouraged to obtain the seasonal influenza vaccine.
3. All Active Duty and SELRES members' influenza immunizations must be entered into the Medical Readiness Reporting System (MRRS) per Chapter 6, of reference (d).

### B. PRE-PANDEMIC INFLUENZA VACCINE.

1. The most effective method of preventing or limiting illness caused by PI is immunization. Use of a pre-pandemic vaccine may offer some degree of protection or it may serve as a suitable primer for a pandemic-specific vaccine.
2. After the Food and Drug Administration (FDA) licenses a specific pre-pandemic vaccine and upon determination that there is sustained human-to-human transmission, Commandant (CG-11) may approve the implementation of an immunization program involving high risk and mission critical personnel. Due to its limited supply, the pre-pandemic vaccine should be used to help preserve operational effectiveness and will not be administered to the general beneficiary population until sufficient quantities are available.

### C. PANDEMIC INFLUENZA VACCINE.

1. For a new pandemic strain of influenza, the Vaccines and Related Biological Products Advisory Committee (VRBPAC), a federal advisory committee to the FDA, will make recommendations regarding emergency manufacture of a new influenza vaccine, probably a monovalent vaccine to counter the strain causing the pandemic.
2. The expected interval from a decision to make a new vaccine to initial distribution of the vaccine is 6 to 9 months. In a pandemic situation, the FDA may or may not choose to allow the vaccine containing pandemic strain to be included under existing vaccine licenses.
3. Regardless of whether a PI vaccine is provided as an FDA-licensed product or under an Emergency Use Authorization, all potential recipients will be given information on the vaccine, its contents, and its risk and benefits, in accordance with FDA requirements, CDC guidance, and national standards. Documentation of informed consent is not required for administration of a licensed vaccine.

However providers must ensure that they document that a Vaccine Information Statements (VIS) was given. Vaccine administration will be determined according to vaccine availability, operational considerations and the pandemic phase.

#### D. ANTIVIRAL DRUGS

1. **Tamiflu® stockpile:** The CG has begun to stockpile Tamiflu® (oseltamivir), which is used to prevent and treat seasonal influenza and may be effective against HPAI (H5N1) and PI.
  - a. The CG will stockpile Tamiflu® with the DoD at a central location.
  - b. The CG will also pre-position Tamiflu® at 13 Coast Guard clinics that have assigned pharmacists. Coast Guard clinics will have enough Tamiflu® to support approximately 10% of their population at risk (Mission Critical Personnel and personnel in High Risk Operations).
  - c. Tamiflu® may be transported to different locations depending on the overall risk and mission. The authority to release all or portions of the CG centrally and locally stockpiled Tamiflu® is vested with Commandant (CG-11).
  - d. Commandant (CG-11) will consult with the respective MLC (k) to determine appropriate implementation. Upon approval, the Defense Supply Center Philadelphia (DSCP) will initiate Tamiflu® shipments using standard medical logistics supply chain processes.
  - e. For dependents of CG military personnel, the primary source for Tamiflu® will be the Strategic National Stockpile (SNS). Local MOA's / MOU's are not needed for dependents to access the SNS. Additionally, a limited supply of Tamiflu® may be available for dependents from CG clinics.
2. **Treatment.** Antiviral effectiveness in treating pandemic illness is assumed to be similar to that for seasonal influenza. There will likely not be an accurate point-of-care diagnostic test available. Diagnosis of PI illness will be based on clinical findings. CG providers will provide appropriate treatment as resources allow, based on the prevailing clinical standards. Tamiflu®, 75 mg twice a day for 5 days is the current treatment regimen for acute illness. Some clinical benefit may be realized with initiation of therapy up to one week following onset of symptoms.
3. **Outbreak or Operational Prophylaxis.** CG personnel assigned to high risk operations and mission critical personnel will receive outbreak or operational prophylaxis. Maintaining CG operations will be essential, thus (in the absence of an appropriate vaccine), CG high risk operators and mission critical personnel may be prescribed 75 mg of Tamiflu® once a day for the duration of the likely exposure. The use of prolonged or large-scale prophylaxis should be targeted and limited. Reliance on this mode of prophylaxis will quickly exhaust antiviral supplies.

4. Post-exposure prophylaxis. This can be accomplished by administering a low dose of Tamiflu® over a prolonged period or a higher dose over a shorter period (the exact dosing regimen should be decided on a case by case basis). For prolonged dosing, the current recommendation is 75 mg of Tamiflu® once a day for 10 days. To be effective this should be initiated at the same time the index case begins treatment. Providing post-exposure prophylaxis in households, workplaces and schools is referred to as Targeted Antiviral Prophylaxis (TAP) or outbreak prophylaxis. Protecting high risk operators, mission critical personnel, and their family members with antiviral medication would decrease absenteeism and improve maintenance of essential CG missions, including health care services.

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**CHAPTER 6. CIVILIAN FORCE HEALTH PROTECTION INTERVENTIONS****A. CIVILIAN EMPLOYEES AFFECTED BY EMERGENCY SITUATIONS.**

The CG guide on *Questions and Answers for Civilian Employees Affected by Emergency Situations* can be found at <http://www.uscg.mil/hq/cgpc/cpm/home/Emergency.htm>. This guide addresses numerous topics including: pay, leave, work schedules, telework, reporting into the office, evacuation orders, and travel. Information on returning employees to work after an emergency is also discussed in this guide. Additional information can be found at <http://www.opm.gov/pandemic/>.

**B. TELEWORK.**

Telework arrangements should be made with the employee's supervisor based upon critical program needs. Telework may not be a viable alternative due to system limitations. Supervisors need to use individual discretion and take into consideration employee skills and abilities and access to necessary equipment and information. CG telework policy is found in reference (e). Exceptions to this guidance may be made during pandemic influenza emergency situations.

**C. ALTERNATE WORK SCHEDULES.**

Compressed Work Schedules (CWS) For Coast Guard Members COMTDINST M5330.9 authorizes the use of Compressed Work Schedules (CWS) and Flexible Work Schedules (FWS). These work schedules allow employees to work 80 hours in a pay period under a work schedule different than the typical eight hour a day, 5 day a week schedule. Schedules may be adjusted as necessary according to critical program needs. Exceptions to this guidance may be made during pandemic influenza emergency situations.

**D. ASSISTANCE PROGRAM.**

The CG Employee Assistance Program (EAP) is available to all employees and their family members. The EAP is a professional counseling and referral service designed to help with personal, job, or family problems. The program is voluntary, free, confidential, and available 24 hours a day, seven days a week. Counselors are available to help employees assess problems, meet with family members, provide short term counseling, and assist employees in finding other resources. Employees should be encouraged by management to contact EAP at 1-800-222-0364 if services are needed.

**E. INCIDENT MANAGEMENT PROGRAM.**

All suspected work-related civilian infection cases will be tracked through the OMSEP in Chapter 3. of reference (d). Civilian employees who believe they have a work related injury or illness must file the appropriate workers' compensation forms (e.g., CA-1 or CA-2) with their supervisor who will coordinate with the Command Staff Advisor.

F. HUMAN CAPITAL ISSUES.

OPM's Agency Guidance – Human Capital Management Policy for a Pandemic Influenza provides guidance on unique employee and labor relations issues that may arise in a pandemic health crisis. The OPM guidance can be found on their website at <http://www.opm.gov/pandemic/agency/index.asp> and includes guidance on such issues as:

1. Keeping employees away from the workplace;
2. Requiring employees to work;
3. Leave issues;
4. Labor relations;
5. Hiring flexibilities;
6. Pay flexibilities;
7. Overseas employees;
8. Alternative work arrangements.

G. INDIVIDUAL AND FAMILY EMERGENCY PREPAREDNESS PLANNING.

1. An important and often overlooked facet of employee preparedness is the development of a family emergency preparedness plan. The Commandant encourages everyone to take some simple steps to prepare for and respond to potential emergencies. It is important to think about the challenges that CG employees and their families might face, particularly if a pandemic event becomes severe (CDC pandemic severity 4 or 5). To ensure CG employees save time in finding their answers to this challenge, it is recommended that they visit [www.pandemicflu.gov](http://www.pandemicflu.gov) to obtain reliable, accurate, and timely information. This website also provides checklists and fill-in sheets for family health information and emergency contact information to help guide family planning and preparation.
2. DHS also maintains the Ready America website (<http://www.ready.gov>) that provides advice on basic individual and family preparedness. Ready America asks individuals to do three key things: get an emergency supply kit, make a family emergency plan, and be informed about the different type of emergencies that could occur and their appropriate responses.

H. PRIVACY CONSIDERATIONS.

Even during a PI event, personally identifiable information (PII), to include medical data, should be handled in accordance with reference (f). Unintended disclosure or compromise of an individual's PII constitutes a privacy incident. Personnel shall immediately report suspected or confirmed privacy incidents to the unit Commanding Officer upon discovery in accordance with reference (g).

# USCG SAMPLE CLINIC



# PANDEMIC INFLUENZA CONTINGENCY PLAN

Enclosure (1) to COMDTINST M6220.12



I. **SURVEILLANCE**

1. **Pandemic Influenza Response Coordinator** - The Chief, Health Services Division (CHSD) is responsible for appointing the Pandemic Influenza Response Coordinator. He or she will be the primary point of contact for the MLC (k) and HQ Commandant (CG-11). During an influenza pandemic, the Pandemic Influenza Response Coordinator will be responsible for communicating critical information to clinic staff members and Independent Duty Health Technicians (IDHS) assigned to his or her area of operations. Clinics should identify the Pandemic Influenza Response Coordinator and two alternates.

Pandemic Influenza Response Coordinator contact information:

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

City / State: \_\_\_\_\_

Alternate #1 - Pandemic Influenza Response Coordinator contact information:

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

City / State: \_\_\_\_\_

Alternate #2 - Pandemic Influenza Response Coordinator contact information:

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

City / State: \_\_\_\_\_

2. **Public Health Advisories** - The Pandemic Influenza Response Coordinator will receive public health advisories (federal and state), through the MLC(k) or from

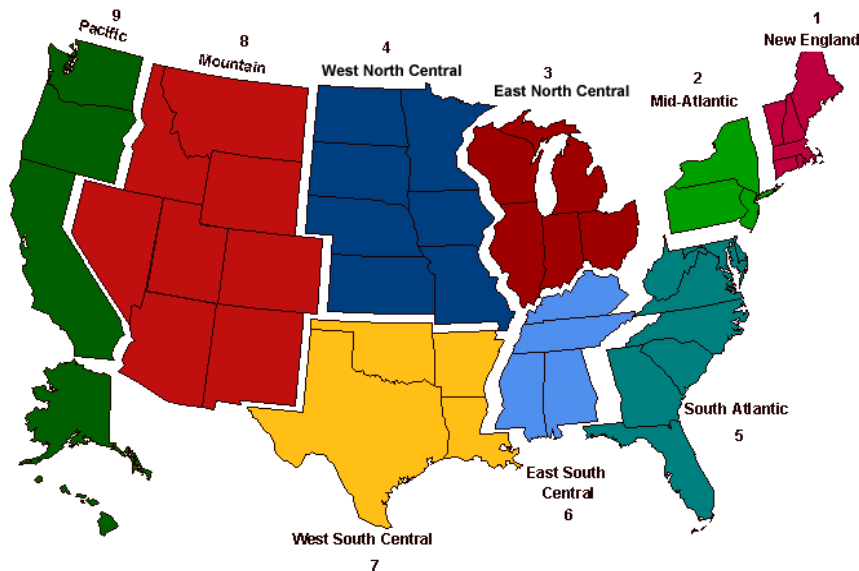
the Preventive Medicine Officer Commandant (CG-1121) when pandemic influenza is in the United States and when it is nearing his or her geographic area (e.g. state and / or city).

- 3. Monitoring Influenza Activity** - The Centers for Disease Control and Prevention (CDC) monitors regional influenza-like illness reported by sentinel physicians (see [www.cdc.gov/flu/weekly/fluactivity.htm](http://www.cdc.gov/flu/weekly/fluactivity.htm)). The Pandemic Influenza Response Coordinator must be aware of which region is within his or her area of operations (see Figure 1). During an influenza pandemic, he or she must check these reports on a weekly basis.

Additionally, the Department of Defense (DoD) provides influenza-like illness surveillance through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) system. During an influenza pandemic, the Preventive Medicine Officer Commandant (CG-1121) will provide periodic reports to the Pandemic Influenza Response Coordinator (via the MLC (k)).

During an influenza pandemic, the Pandemic Influenza Response Coordinator will report unusual cases of influenza-like illness and influenza to the local or state health department. A medical event report will be entered into the Naval Disease Reporting System Internet (NDRSI) and respective clinics and IDHS must call Commandant (CG-1121) for all PI cases (Commandant (CG-1121) will communicate via message traffic when phone notification will no longer be required).

**Figure 1 - Regional Influenza Sites**



**II. COMMUNICATIONS**

1. **Key Public Health Points of Contact** – The Pandemic Influenza Response Coordinator will identify key public health points of contact for pandemic influenza and will establish routine contact with these individuals. The Pandemic Influenza Response Coordinator shall report all suspected, presumptive positive or confirmed cases of influenza pandemic to the respective Coast Guard Commanding Officer / Officer in Charge, to the state / local public health agencies and to the Preventive Medicine Officer Commandant (CG-1121) via the MLC(k). The CDC maintains a list of Quarantine Stations at the following website - [http://www.cdc.gov/ncidod/dq/quarantine\\_stations.htm](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm). Each clinic should identify the nearest Quarantine Station and Quarantine Officer.

Local Health Department  
Contact Information:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 County: \_\_\_\_\_

State Health Department  
Contact Information:

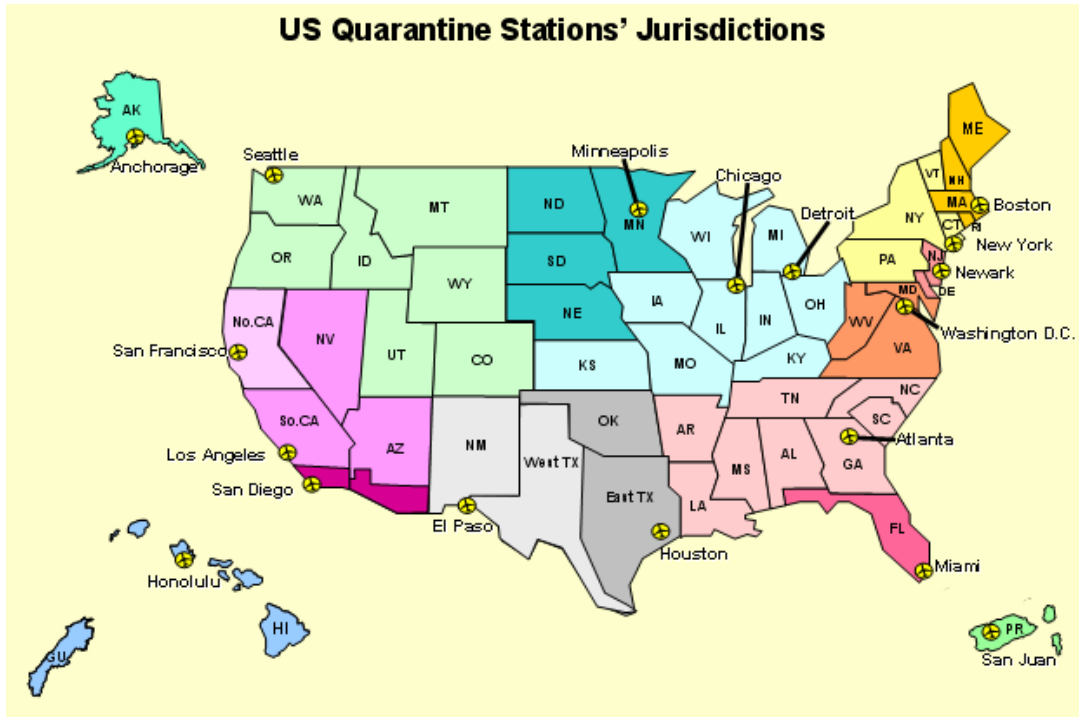
Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 State: \_\_\_\_\_

CG Preventive Medicine Officer  
Contact Information:

Name: \_\_\_\_\_  
 Title: Preventive Medicine Officer  
 Phone: (202) 475-5172  
 Email: [HQS-DG-1st-PandemicFlu](mailto:HQS-DG-1st-PandemicFlu)

CDC Quarantine Officer  
Contact Information:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Station : \_\_\_\_\_



2. **Local Healthcare Entities** – The Pandemic Influenza Response Coordinator will create a list of local healthcare entities and their points of contact (e.g. local hospitals / health facilities, nearest DoD medical treatment facilities (MTFs), emergency medical services, nearest DoD clinical laboratories and relevant community organizations) with whom the clinic anticipates that it will be necessary to maintain communication and coordination during a pandemic.

Name of Hospital: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name of DoD / VHA MTF: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name of EMS: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name of DoD Clinical Laboratory: \_\_\_\_\_

3. **Local & State Planning** – The Pandemic Influenza Response Coordinator will be cognizant of local and state planning efforts. He or she should review local and state pandemic influenza plans on an annual basis (see: <http://www.pandemicflu.gov/plan/states/index.html>). Coast Guard priorities are Force Health Protection and Mission Support. All local coordination should be based on these priorities. Clinics should not offer Coast Guard medical assets for local support without approval of Commandant (CG-11).
4. **DoD Planning** – The Pandemic Influenza Response Coordinator will be cognizant of DoD planning efforts (e.g. local DoD conferences, teleconferences). He or she should review the DoD Pandemic Influenza Watchboard on a periodic basis (see: <http://fhp.osd.mil/aiWatchboard/>).

### **III. EDUCATION & TRAINING**

1. **Pandemic Influenza Training** – The Pandemic Influenza Response Coordinator must ensure that his or her clinic staff and IDHS in his or her AOR have taken the mandatory Department of Homeland Security (DHS) Pandemic Influenza Awareness training and CG AI / PI training. All training must be appropriately tracked and documented with the Training Management Tool.
2. **Health Professional Training** – Coast Guard healthcare professionals should take advantage of additional opportunities for long-distance (e.g. web-based) and local (e.g. health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education and training (e.g., [www.cdc.gov/flu/professionals/training/](http://www.cdc.gov/flu/professionals/training/)). In the event of an influenza pandemic, additional training may be mandated by Commandant (CG-11).
3. **Patient Education** – The Pandemic Influenza Response Coordinator should ensure that informational materials on pandemic influenza are readily available to patients. The DoD brochure entitled, “Pandemic Flu: A Guide for Service Members and Families” will meet this requirement. The brochure is located on the DoD Pandemic Influenza Watchboard (see: <http://fhp.osd.mil/aiWatchboard/>). Additional information from recognized professional medical organizations may augment the DoD pamphlet.

### **IV. PATIENT TRIAGE & PATIENT MANAGEMENT**

1. **Phone Triage** - The Pandemic Influenza Response Coordinator must develop a system for phone triage of patients to determine who requires a medical evaluation in order to limit clinic visits to those that are medically necessary. During a severe influenza pandemic (pandemic severity index = 3 – 5), the Pandemic Influenza Response Coordinator should temporarily cancel non-essential medical visits.
2. **Patient Management**

- a. The Pandemic Influenza Response Coordinator shall ensure clinic providers are cognizant of the DoD Pandemic Influenza: Clinical Guidelines for the Military Health System (see: <http://fhp.osd.mil/aiWatchboard/>). Due to limited clinic resources, most severe cases of suspected or presumptive influenza-like illness should be referred to a local hospital or DoD / VHA treatment facility. However, Coast Guard healthcare providers should be knowledgeable about the evaluation, diagnosis and treatment of suspected / confirmed pandemic influenza cases.
- b. The decision to hospitalize a patient will be based on clinical and epidemiological criteria and whether adequate precautions can be taken at the patient's place of residence to prevent the potential spread of infection. Healthcare providers should follow the guidance in the DoD Pandemic Influenza Clinical Guidelines for proper patient management (see: <http://fhp.osd.mil/aiWatchboard/>).

### **3. Pandemic Influenza Testing**

- a. Rapid Testing. Coast Guard healthcare providers are not expected to definitively diagnose individuals infected with pandemic influenza. As such, diagnostic testing will not be performed. However, in the event that an appropriate rapid antigen test (e.g. capable of specifically identifying an influenza type A viral infection) is developed, Commandant (CG-11) may order rapid diagnostic tests as deemed necessary. In the event that diagnostic testing is approved, clinic personnel must adhere to the laboratory guidelines in the DoD Pandemic Influenza Clinical Guidelines. Because the sensitivity of rapid antigen test might not be optimal, health care providers must take the test's positive and negative predictive values into consideration when interpreting test results.
- b. Confirmatory Testing. All positive and negative rapid antigen influenza test results should be interpreted with caution. All clinics must send these antigen tests to the nearest DoD Laboratory Response Network (LRN) Reference Laboratory for confirmatory testing (e.g. reverse transcriptase polymerase chain reaction (RT-PCR)). DoD LRN Reference Laboratories are listed in the following table.

## DoD LRN Laboratories

Facility	Laboratory Point of Contact (full address, phone number, fax N <sup>o</sup> , email)	Operational Hours
Air Force Institute for Operational Health, Epidemiological Surveillance Division (AFIOH/SDE)	COL Dan Harms, Bldg 54, 6825 16 <sup>th</sup> Street NW, Washington, DC 20306-6000, (202) 782-2514, fax: (202) 782-6022, <a href="mailto:dan.e.harms@us.army.mil">dan.e.harms@us.army.mil</a> Elizabeth A. Macias, Ph.D., Laboratory Director, AFIOH/SDE, 2730 Louis Bauer Drive, Brooks City-Base, TX 78235-5132; Work: 210-536-1271; Mobile: 210-632-1934 Fax:210-536-2638; Email: <a href="mailto:elizabeth.macias@brooks.af.mil">elizabeth.macias@brooks.af.mil</a> Judith Green, Lead Technologist, LRN, AFIOH/SDE, 2730 Louis Bauer Drive, Brooks City-Base, TX 78235-5132; Work: 210-536-4732; Mobile: 210-363-0898; Fax:210-536-2638; Email: <a href="mailto:judith.green@brooks.af.mil">judith.green@brooks.af.mil</a>	Routine operation: 0730-1630, M - F Available for emergency testing 24/7 Emergency Pager: 210-628-5872
Wilford Hall Medical Center (WHMC)	COL Dan Harms, Bldg 54, 6825 16 <sup>th</sup> Street NW, Washington, DC 20306-6000, (202) 782-2514, fax: (202) 782-6022, <a href="mailto:dan.e.harms@us.army.mil">dan.e.harms@us.army.mil</a> Elizabeth A. Macias, Ph.D., Laboratory Director, AFIOH/SDE, 2730 Louis Bauer Drive, Brooks City-Base, TX 78235-5132; Work: 210-536-1271; Mobile: 210-632-1934 Fax:210-536-2638; Email: <a href="mailto:elizabeth.macias@brooks.af.mil">elizabeth.macias@brooks.af.mil</a> Maj Lisa Caulder, Chief, Disease Identification and Management Element, Wilford Hall Medical Center, 2200 Bergquist Dr., Ste 1/MTLLM, Lackland AFB, TX 78236; Work: 210-292-7267; Pager: 210-594-1110; Email: <a href="mailto:lisa.caulder@lackland.af.mil">lisa.caulder@lackland.af.mil</a> Yadira M. Encina, MT (ASCP), Microbiology Supervisor, Wilford Hall Medical Center, 2200 Bergquist Dr., Ste. 1/MTLLM, Lackland AFB, TX 78236; Work: 210-292-7267; Mobile: 210-326-2068; Fax:210-292-5572; Email: <a href="mailto:yadira.encina@lackland.af.mil">yadira.encina@lackland.af.mil</a>	Routine operation: 24 hours/7 days Available for emergency testing 24/7 Emergency Pager: 210-594-0217
Naval Medical Research Center	COL Dan Harms, Bldg 54, 6825 16 <sup>th</sup> Street NW, Washington, DC 20306-6000, (202) 782-2514, fax: (202) 782-6022, <a href="mailto:dan.e.harms@us.army.mil">dan.e.harms@us.army.mil</a> LCDR Sharon West, Defense Medical Standardization Board, 1423 Sultan Drive, Fort Detrick, MD 21702-5013, (301) 619-4099, fax: (301) 619-8528, <a href="mailto:sharon.west@dmsb.detrick.army.mil">sharon.west@dmsb.detrick.army.mil</a> Dr. Joan S. Gebhardt, Naval Medical Research Center, 503 Robert Grant Road, Silver Spring, MD 20910-7500, (301) 319-7519, fax: (301) 319-7513, <a href="mailto:gebhartj@nmrc.navy.mil">gebhartj@nmrc.navy.mil</a> After hours contact number: 240-478-8763	Routine operation: 0700-1800, M – F Available for emergency testing 24/7
Naval Health Research Center	COL Dan Harms, Bldg 54, 6825 16 <sup>th</sup> Street NW, Washington, DC 20306-6000, (202) 782-2514, fax: (202) 782-6022, <a href="mailto:dan.e.harms@us.army.mil">dan.e.harms@us.army.mil</a> LCDR Sharon West, Defense Medical Standardization Board, 1423 Sultan Drive, Fort Detrick, MD 21702-5013, (301) 619-4099, fax: (301) 619-8528, <a href="mailto:sharon.west@dmsb.detrick.army.mil">sharon.west@dmsb.detrick.army.mil</a> CDR Kevin Russell, Naval Health Research Center, PO Box 85122, San Diego, CA 92186-5122, (619)-553-7628, fax: (619) 553-7601, <a href="mailto:russell@nhrc.navy.mil">russell@nhrc.navy.mil</a> After hours contact: 619-553-8400	Routine operation: 0700-1630, M – F Available for emergency testing 24/7

## V. INFECTION CONTROL

1. **Patient Segregation (based on symptoms)** – A specific waiting room location must be designated for patients with ILI symptoms that is segregated from other patients awaiting care. If the waiting room is too small, then a separate area outside of the clinic should be designated (e.g. gymnasium). Signs must be posted directing patients with influenza-like symptoms to report to a designated location for medical evaluation.
2. **Respiratory Hygiene / Cough Etiquette** – Each clinic must have language appropriate signage instructing symptomatic patients on appropriate respiratory hygiene / cough etiquette (e.g. sneeze or cough in the crux of their elbow or use tissues to cover their cough and perform hand hygiene). Respiratory Hygiene / Cough Etiquette signage can be found at the US Army Center for Health Promotion and Preventive Medicine website - <http://chppm-www.apgea.army.mil/news/influenzaWebsite/pages/toolbox.htm> and at the CDC website – [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).

Clinics must distribute surgical masks (not N-95 respirators) to symptomatic patients who are able to wear them, providing facial tissues, receptacles for their disposal and hand hygiene materials in waiting areas and examination rooms. Healthcare personnel should utilize N-95 respirators or positive air purifying respirators (PAPRs) prior to coming in contact with a potentially exposed individual per Chapter 4 of this manual.

3. **Decontamination procedures** - Refer to Enclosure 3 of this manual.

## VI. VACCINE & ANTIVIRAL USE

1. **Vaccine Use** - According to Coast Guard regulations, all Active Duty and Reserve personnel must be vaccinated against seasonal influenza unless granted a medical waiver. Vaccination reduces the chance of Coast Guard personnel becoming infected with seasonal influenza. This will assist healthcare personnel with diagnosing members who present with influenza-like symptoms. Commandant (CG-11) will inform the Pandemic Influenza Response Coordinator (via the MLC (k)) when the vaccine against novel (new strain) influenza viruses is available for use on Mission Critical Personnel and personnel involved in High Risk Operations.
2. **Antiviral Use** – The Pandemic Influenza Response Coordinator will utilize designated antiviral medication for pre-exposure and post-exposure prophylaxis and for treatment of Mission Critical Personnel and personnel involved in High Risk Operations. The Coast Guard will stockpile Tamiflu® with DoD at a central location. Additionally, the Coast Guard will pre-position Tamiflu® at Coast



Guard clinics with assigned pharmacists. Use of Tamiflu® will be coordinated with the MLC (k).

- a. ***Pre-exposure prophylaxis*** - Each clinic must maintain a log of healthcare personnel prescribed antiviral medications, healthcare personnel evaluated and not prescribed antiviral medications, doses dispensed, and adverse effects. Due to limited resources, Commandant (CG-11) will authorize when pre-exposure prophylaxis can be utilized.
- b. ***Post-exposure prophylaxis*** - Conditions for use of antiviral medications for post-exposure prophylaxis include a known or suspected exposure to highly pathogenic influenza A strains for an individual not already on antiviral therapy. Due to limited resources, Commandant (CG-11) will authorize when post-exposure prophylaxis can be utilized.

## **VII. OCCUPATIONAL HEALTH FOR HEALTH CARE WORKERS**

1. **Surveillance** - Medical surveillance of clinic personnel can help to ensure that workers who are at risk of occupational exposure to novel influenza strains and who develop symptoms receive appropriate medical evaluation and treatment, both for the benefit of their health and to prevent further transmission to others. The Pandemic Influenza Response Coordinator must develop an influenza surveillance system or an employee tracking registry for clinic personnel only. Self-reporting by potentially exposed or symptomatic healthcare personnel is essential. Screen all healthcare personnel for influenza-like symptoms before each daily shift. Symptomatic individuals should be evaluated and excluded from duty accordingly. Employee tracking registries should include a log of healthcare personnel who have been exposed to patients infected with pandemic influenza, absenteeism due to health reasons, and those workers who have been diagnosed and who have recovered from pandemic influenza.
2. **Personal Protective Equipment** – Healthcare personnel must use appropriate personal protective equipment as delineated in Chapter 3 of this manual. Appropriate PPE must be available to reception and triage personnel at initial points of patient encounter.
3. **Antiviral and Vaccine Use** – Follow guidance in Chapter 5 of this manual.
4. **Management of Suspected Exposures** – Healthcare personnel suspected of an exposure to a highly pathogenic influenza A strain should promptly notify their supervisor (if possible) and receive prompt medical evaluation. The supervisor should notify the Pandemic Influenza Response Coordinator of all healthcare personnel who have received a clinical diagnosis of pandemic influenza infection. Healthcare personnel who have been infected with the pandemic influenza virus should not return to work until they are cleared by their healthcare provider.

## **VIII. SURGE CAPACITY**

1. **Staff Shortage** - The Pandemic Influenza Response Coordinator should plan for managing a staff shortage within the clinic due to illness in personnel or their family members. Additionally, he or she should ensure the clinic recall roster is updated on a periodic basis. The Pandemic Influenza Response Coordinator should determine the minimum number and category of personnel necessary to keep the clinic open on a given day.
2. **Family Plans** – The Pandemic Influenza Response Coordinator should encourage their clinic personnel to develop their own family care plans for the care of dependent minors and seniors in the event of community containment measures (e.g. snow days, school closures) are implemented. (See [www.pandemicflu.gov/planguide/familyhelathinfo.html](http://www.pandemicflu.gov/planguide/familyhelathinfo.html)).
3. **Consumable Resources** – The Pandemic Influenza Response Coordinator should ensure the clinic’s consumable resource requirements (e.g. masks, gloves, hand hygiene products, medical supplies) have been estimated. Commandant (CG-11) will stockpile PPE in one central location. A limited number of PPE push packs will be pre-propositioned at each Coast Guard clinic. The contents of the push packs are listed in Chapter 4 of this manual. Due to funding constraints, each clinic will initially have only one push pack. However, as funding and resources permit, Commandant (CG-11) will provide additional push packs to clinics based upon the number of clinic personnel and the size of the clinic’s area of responsibility. Authorization for use of the push packs will be granted by Commandant (CG-11). If there is insufficient PPE, clinic personnel should rely on antiviral medication, respiratory hygiene / hand hygiene and social distancing whenever possible.

## **Guidance for Coast Guard Units Exposed to Bird Guano**

1. Coast Guard activities involving Aids to Navigation (ATON) maintenance and repair frequently expose Coast Guard members to bird guano. Bird guano harbors bacteria, parasites and viruses which can cause various diseases such as cryptococcal disease, histoplasmosis, psittacosis, and avian influenza.
2. The activity putting these communities at risk involves scraping and removing bird guano from ATON to access batteries and lanterns to conduct replacement testing or repair. A Coast Guard member could become infected with these diseases or suffer additional complications by inhaling or directly touching infected bird droppings. Coast Guard Personnel should use health and safety controls to minimize exposure to potentially infectious bird guano.
3. Engineering Controls. If an ATON has a significant amount of bird droppings, attempt to wash it down. However, other safety factors such as the increased slippage on the ATON should be considered in conjunction with weather and sea state conditions.
4. Personal Protective Equipment (PPE). If wash down is not possible due to lack of wash down capability or due to the type of ATON (e.g. day boards or aids in inland waters), PPE should be utilized when removing bird guano.

Recommended PPE are listed below:

- a. N-95 respirators. These disposable filtering face pieces are tested and approved against very small particles such as bacteria and certain viruses. After wearing a disposable N-95 respirator, the respirator should not be reused; it should be promptly discarded. See Chapter 3 for additional guidance.
- b. Chemical Goggles. Non-vented chemical goggles also provide appropriate safety protection for the eyes against flying debris. These goggles will prevent bird guano particulates from directly entering the eyes.
- c. Gloves, leather outer gloves. Nitrile gloves are protective against bacteria, viruses, and some chemicals. Nitrile gloves should never be reused. If the ATON work involves the use of fall protection devices, ladders or use of equipment that may tear a nitrile glove, then working leather outer gloves should be worn over the nitrile gloves.
- d. Outer Protective Garments. When extensive removal of bird guano is required, outer disposable coveralls are recommended for wear over the uniform. However, use of disposable coveralls need to be weighed against other potential hazards such as
  - (1) Hindrance to wear proper fall protection;
  - (2) Heat stress load wearing the coveralls over the duty uniform; or

- (3) Hindrance when wearing a personal flotation device. The proper green amber red (GAR) model shall be used to consider these risks.

5. Safe Work Practices - Removal and Disinfection.

- a. After completing ATON work involving the removal of bird guano, all clothing and equipment should be washed as soon as possible using a suitable detergent / disinfectant.
- b. Boots should be washed thoroughly with a hose or washed in a bucket of water using a scrub brush and a suitable detergent / disinfectant.
- c. Remove disposable gloves and coveralls to avoid contamination of clean body surface area and dispose of properly.
- d. Work gloves should be washed with water.
- e. After removing the bird droppings, use a spray bottle containing a mixture of chlorine bleach (2 cap fulls per quart of water) solution or suitable commercial disinfectant such as Spray 9 to disinfect equipment, goggles, gloves, and boots.
- f. After disinfection, the items should be allowed to air dry. Equipment that may rust may be wiped dry with a disposable towel or cleanable rag after about 5-10 minutes of contact time with the bleach solution.
- g. Soiled uniforms should be bagged separately, and washed promptly using a hot / cold water setting and regular laundry detergent.
- h. Respirators should be worn during the cleaning process until all bird guano has been removed and washed away. After the cleaning process, while still wearing gloves, dispose of the N-95 respirator. Gloves should be the last PPE item to be removed.
- i. After disinfection and removal of PPE, CG members exposed to bird guano should use water, liquid, soap and disposable towels for hand washing.

## Respiratory Protection Devices

### Stockpiling Assumptions

OSHA provided guidance for planning assumptions to estimate the number of respirators and surgical masks an employer should stockpile for an influenza pandemic. See the table below -

*Stockpiling Estimates for Respiratory Protection Devices*

Occupational setting	Proportion of medium or higher risk employees	Number of respirators or facemasks per employee per work shift		Number of respirators or facemasks per employee for a pandemic (120 work days)	
		N95 Respirators (high or very high risk)	Facemasks (medium risk)	N95 Respirators (high or very high risk)	Facemasks (medium risk)
Healthcare					
Hospital	67%	2*	0	240	0
Outpatient office/clinic	67%	4	0	480	0
Long term care	25%	1	3	120	360
Home healthcare	90%	2	4	240	480
Emergency medical services	100%	8	0	960	0
First responders					
Law enforcement	90%	2	2	240	240
Corrections	90%	1	3	120	360
Fire department (non-EMS, career and volunteer)	90%	2	2	240	240
Medium risk employees	**	0	2	0	240

\* Four respiratory protection devices per shift is the estimate used for most healthcare and emergency response settings where employees are in contact throughout the shift with pandemic influenza patients. For example, employees might use one respirator from the start of the shift until a mid-morning break, a second respirator from the break until lunch, a third respirator from lunch to a mid-afternoon break, and the fourth respirator from the mid-afternoon break until the end of the work shift. However, in many sectors, the ability to cohort patients with potential pandemic influenza infection means that not all staff would be in contact with such patients throughout their shift. For this reason, the suggested numbers of respirators is lower per shift than what would be appropriate for an employee in contact with pandemic influenza patients throughout his or her shift. If you do not anticipate being able to cohort pandemic influenza patients, you should use an estimate of four respirators per shift.

\*\* Includes employees in various retail and other settings where frequent and close contact with other people, whose pandemic infection status is unknown, is unavoidable. The purpose of this estimate is for purchasing and stockpiling of respirators and facemasks. During an actual pandemic the distribution of employees exposed at each risk level, and the distribution of respirators and facemasks necessary to protect employees will likely be less at the beginning and end of a pandemic wave and greater during the middle of a wave. These estimates are intended to provide an average over the duration of the pandemic in the absence of a work site-specific pandemic influenza plan.