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ADDITIONAL H5N1 CASES WERE CONFIRMED BY SEROLOGICAL TESTING...ALL IDENTIFIED CLOSE CONTACTS INCLUDING THE OTHER MEMBERS OF THE AFFECTED FAMILY AND INVOLVED HEALTH CARE WORKERS REMAIN ASYMPTOMATIC AND HAVE BEEN REMOVED FROM CLOSE MEDICAL OBSERVATION.



PANDEMIC INFLUENZA

# Pandemic Influenza Plan

*Federal Law Enforcement Training Center*

Glynco, Artesia, Charleston and Cheltenham

*Revised August 2008*



Homeland  
Security

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Federal Law Enforcement Training Center  
**Pandemic Influenza Plan**

FLETC Glynco, Artesia, Cheltenham, and Charleston

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**TABLE OF CONTENTS**

	<i>Page</i>
<b>Introduction</b> .....	1
The FLETC Pandemic Influenza Plan .....	1
Scope and Structure of the FLETC Pandemic Influenza Plan .....	2
Goals and Objectives of the FLETC Pandemic Influenza Plan .....	2
<b>Section 1: Command and Control</b> .....	5
1.1 Generally .....	5
1.2 The FLETC Director and Executive Team .....	5
1.3 Activation of the ICS .....	5
1.4 ICS Roles and Responsibilities .....	5
1.5 The FLETC Emergency Operations Center .....	8
1.6 Orders of Succession .....	9
1.7 Delegation of Authorities .....	10
1.8 Alternate Operating Facilities .....	10
1.9 Security Police Communications Center .....	10
1.10 FLETC Early Warning System .....	10
1.11 FLETC Operational Status Telephone Number .....	10
1.12 Responsibilities .....	10
<b>Section 2: Operations</b> .....	15
2.1 Generally .....	15
2.2 Essential Functions .....	15
2.3 Suspension of Training — Generally .....	15
2.4 FLETC Policy on Postponing Training .....	16
2.5 Non-Essential Personnel .....	16
2.6 Additional Criteria For Postponing Training .....	17
2.7 Export Training .....	17
2.8 International Training .....	18
2.9 The Office of Cheltenham Operations .....	19
2.10 NAVAIR Orlando .....	20
2.11 Responsibilities .....	20
<b>Section 3: Logistical Support</b> .....	25
3.1 Generally .....	25
3.2 Use of Volunteers During the Emergency Response .....	25
3.3 Procurement of Resources .....	25
3.4 Contractor Requirements .....	26
3.5 Cafeteria Operations .....	26
3.6 Physical Security .....	27
3.7 Dormitory Management .....	27
3.8 Waste Pickup and Disposal .....	27

	<i>Page</i>
<b>Section 3: Logistical Support</b> <i>(continued)</i>	
3.9 Uniform Issue . . . . .	27
3.10 Decontamination of Supplies and Equipment . . . . .	27
3.11 Dormitories for Support Personnel . . . . .	28
3.12 Janitorial/Custodial Services. . . . .	28
3.13 Transportation Support . . . . .	28
3.14 Information Technology Support . . . . .	28
3.15 Little Rookies Childcare Development Center. . . . .	29
3.16 Construction Contracts . . . . .	29
3.17 Responsibilities. . . . .	29
<b>Section 4: Infection Control</b> . . . . .	37
4.1 Generally. . . . .	37
4.2 Characteristics of Influenza Transmission . . . . .	37
4.3 Infection-Control Measures . . . . .	37
4.4 Social-Distancing Measures . . . . .	39
4.5 Use of Respirators and Surgical Masks — Generally . . . . .	40
4.6 Distribution and Use of Respirators and Surgical Masks . . . . .	42
4.7 Student Travel Restrictions. . . . .	43
4.8 Suspension of Public Events. . . . .	44
4.9 Responsibilities. . . . .	45
<b>Section 5: Vaccines and Antivirals</b> . . . . .	53
5.1 Generally. . . . .	53
5.2 Use of Vaccines. . . . .	53
5.3 Mandatory Vaccinations of Employees . . . . .	53
5.4 Seasonal Influenza Vaccine. . . . .	53
5.5 Use of Antivirals . . . . .	54
5.6 Prophylaxis versus Treatment. . . . .	54
5.7 Background Information on Antivirals. . . . .	54
5.8 Strategies for Antiviral Drug Use . . . . .	55
5.9 Responsibilities. . . . .	55
<b>Section 6: Surveillance and Clinical Guidelines</b> . . . . .	59
6.1 Generally. . . . .	59
6.2 Clinical Guidelines for the Preparedness Phase . . . . .	59
6.3 Criteria for Evaluation of Patients With Possible Novel Influenza . . . . .	59
6.4 Clinical Guidelines for the Implementation Phase . . . . .	60
6.5 Criteria for Evaluation of Patients With Possible Pandemic Influenza . . . . .	60
6.6 Guidance For Medical Workers That Treat Avian Influenza Patients. . . . .	61
6.7 Alternate Clinical Sites . . . . .	61
6.8 Mortuary Services. . . . .	61
6.9 Responsibilities. . . . .	62
<b>Section 7: Critical Incident Stress Management</b> . . . . .	69
7.1 Generally. . . . .	69
7.2 Psychosocial Issues. . . . .	69
7.3 Lessons Learned From Previous Emergencies . . . . .	69
7.4 Responsibilities. . . . .	69

	<i>Page</i>
<b>Section 8: Public Communications</b> .....	73
8.1 Generally .....	73
8.2 Communications Preparedness .....	73
8.3 Preparing a Communications Strategy .....	73
8.4 Dissemination of Vital Information .....	73
8.5 Education .....	74
8.6 Interaction with Local Media .....	74
8.7 Responsibilities .....	74
<b>Section 9: Testing and Evaluation</b> .....	77
9.1 Generally .....	77
9.2 Testing of the FLETC Pandemic Influenza Plan .....	77
9.3 Responsibilities .....	77
<b>Appendices</b> .....	79
<b>Appendix A:</b> Planning Assumptions .....	81
<b>Appendix B:</b> List of Acronyms .....	83
<b>Appendix C:</b> Stages of a Pandemic .....	85
<b>Appendix D:</b> Legal Authorities .....	87
<b>Appendix E:</b> Pandemic Flu Business Letter .....	91
<b>Appendix F:</b> Antivirals and Influenza Overview .....	93
<b>Appendix G:</b> HHS Vaccine Priority Group Recommendations .....	95
<b>Appendix H:</b> Human Influenza A (H5) Domestic Case Screening Form .....	97
<b>Appendix I:</b> Background Information for Communications .....	103
<b>Appendix J:</b> Frequently Asked Questions Regarding Pandemic Influenza ..	105
<b>Appendix K:</b> Influenza Viruses .....	115
<b>Appendix L:</b> Supervisory Actions If Someone Appears Ill With Pandemic Influenza .....	119
<b>Appendix M:</b> Helpful Information for Federal Employees .....	121
<b>Appendix N:</b> Additional Resources .....	125
<b>Index</b> .....	127
<b>Index of Responsibilities</b> .....	131
<b>All FLETC Sites</b> .....	133
<b>FLETC Glynco</b> .....	143
<b>FLETC Artesia</b> .....	160
<b>FLETC Charleston</b> .....	176
<b>FLETC Cheltenham</b> .....	191

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# Introduction

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The Centers for Disease Control and Prevention (CDC) defines an influenza pandemic as:

*“...a global outbreak of disease that occurs when a new influenza A virus appears or ‘emerges’ in the human population, causes serious illness, and then spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or ‘epidemics’ of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that are already in existence among people, whereas pandemic outbreaks are caused by new subtypes or by subtypes that have never circulated among people or that have not circulated among people for a long time.”*

Influenza viruses are unique in their ability to cause sudden illness among humans in all age groups on a global scale. The importance of influenza viruses as biologic threats is due to a number of factors, including the high degree of transmissibility, the presence of a vast reservoir of novel variants (primarily aquatic birds), and the unusual properties of the viral genome. The infamous “Spanish flu” of 1918-1919 was responsible for anywhere from 50 to 100 million deaths worldwide, primarily among young adults. Within the United States, approximately 28% of the population suffered and, while 99% of the Americans survived this 18-month pandemic, it still resulted in 500,000 to 675,000 deaths. Mortality rates associated with recent pandemics of 1957 and 1968 were reduced in part by the use of antibiotic therapy for secondary bacterial infections and aggressive supportive care of infected patients. However, these later pandemics were associated with high rates of morbidity and social disruption. The CDC estimates the economic loss associated with the next pandemic will be in the billions of dollars.

Experts agree that an influenza pandemic is inevitable. For this reason, the President issued the *National Strategy for Pandemic Influenza* in November of 2005 to guide “preparedness and response to an influenza pandemic with the intent of (1) stopping, slowing, or otherwise limiting the spread of a pandemic to the United States; (2) limiting the domestic spread of a pandemic, and mitigating disease, suffering, and death; and (3) sustaining infra-

structure and mitigating impact to the economy and the functioning of society.” Additionally, in May of 2006, the President issued the *Implementation Plan for the National Strategy for Pandemic Influenza* that provides a directive framework to the *National Strategy* and assigns preparedness and response tasks to Federal departments and agencies and describes United States Government expectations of non-Federal entities, including State and local governments, the private sector, international partners, and individuals. The *Implementation Plan for the National Strategy* acknowledges that, because preparedness for a pandemic requires the establishment of infrastructure and capacity — a process that can take years — significant steps must be taken now. Accordingly, in order to prepare for the next pandemic, the Federal Law Enforcement Training Center (FLETC) has developed this Pandemic Influenza Plan (PLAN) for use by all of its current training sites.

## The FLETC Pandemic Influenza Plan

To ease planning and response strategies, the PLAN utilizes the World Health Organization (WHO), Federal Government, and DHS phases by combining them into three periods, which are defined in the following paragraphs. See Appendix C, “Stages of a Pandemic” for detailed information and a table of the DHS planning phases and corresponding planning guidance.

- a. **Preparedness Phase.** During the Preparedness Phase, a novel virus, somewhere in the world, has been detected in humans and the human population is not immune. The novel strain has been found in a small number of people or demonstrates sustained person-to-person transmission causing multiple cases in the same geographic area. This phase may last from days to years.
- b. **Implementation Phase.** During the Implementation Phase, the novel virus causes unusually high rates of morbidity or mortality; and multiple continents are affected; WHO and CDC declare an influenza pandemic is underway. This phase may last from several months to over a year. For

## INTRODUCTION

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- a. purposes of the PLAN, this phase may be further delineated using a four-level system that allows for graduated responses to developing situations. These levels are:

**Level 1.** Level 1 actions will be implemented upon the first *confirmed* case of human-to-human transmission of avian influenza within the United States.

**Level 2.** Level 2 actions will be implemented upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Glynn County (FLETC Glynco) or Eddy/Chaves County (FLETC Artesia) or Charleston County (FLETC Charleston). See Section 2.4 of this Plan, “FLETC Policy on Postponing Training.”

**Level 3.** Level 3 actions will be implemented upon the first *confirmed* case of avian influenza at any specified FLETC facility.

**Level 4.** Level 4 actions will be implemented upon the first *confirmed* case of sustained human-to-human transmission of avian influenza at the FLETC, or upon the declaration of a pandemic in the State of Georgia (FLETC Glynco), State of New Mexico (FLETC Artesia), or State of South Carolina (FLETC Charleston).

- b. **Restoration Phase.** During the Restoration Phase, the number of deaths from influenza and cases of influenza returns to normal. The WHO and CDC declare the pandemic to be over.

food, lodging, and medical attention for an indeterminate amount of time.

However, the Office of Cheltenham Operations (OCH) is unique among FLETC facilities. Tasked with the delivery of advanced law enforcement training programs to Federal, State, and local law enforcement officers, the OCH does so to a non-residential student population. Additionally, OCH has no cafeteria and no FLETC Health Unit. For these reasons, the OCH response to a pandemic influenza event will necessarily be different than those FLETC facilities having residential student populations, and will be focused primarily on workforce protection, versus the care of a residential student population. Accordingly, a streamlined response to any pandemic event will be utilized at the OCH. This streamlined response is contained in its entirety in Section 2 of this PLAN, “Operations.” Specifically, Section 2.9 mandates that an immediate postponement of training operations will be the approach taken at the OCH in response to any pandemic event, utilizing defined parameters outlined in this PLAN. This approach, in combination with the use of social distancing among the FLETC staff at the OCH (e.g., through telework, alternate work schedules, etc.), is believed to be the most effective means of responding to any pandemic event at this facility.

Similarly, FLETC maintains a detachment in Orlando, Florida, at the Naval Air System Command Orlando (NAVAIR), known as the FLETC Orlando Technology Integration and Simulation Team. Specific guidance for these personnel in the event of a pandemic incident is contained in Section 2.10.

### Scope and Structure of the FLETC Pandemic Influenza Plan

The PLAN applies to the FLETC facilities in Glynco, Georgia; Artesia, New Mexico; Charleston, South Carolina; and Cheltenham, Maryland. While the vast majority of the PLAN applies across FLETC facilities, site-specific modifications to the PLAN have been included, where appropriate. Throughout the PLAN, references are routinely made to the FLETC facilities in Glynco, Artesia, and Charleston. These facilities, although distinct in size and activity, generally have the same concerns regarding a pandemic event and potential response: care for a residential student population that includes the potential provision of

### Goals and Objectives of the FLETC Pandemic Influenza Plan

The PLAN will provide response guidelines to an influenza pandemic. Although the PLAN cannot eliminate the disease, it will reduce the impact by enabling FLETC personnel to anticipate, prepare, and respond efficiently to any potential or actual outbreak. The PLAN details necessary activities at all levels across FLETC, and builds upon response-planning efforts for other emergencies, such as hurricanes and other natural disasters. Activities addressed within the PLAN include command and control, infection



control, critical incident stress management, and public communications.

In sum, the PLAN has three (3) ultimate goals:

- a. Ensuring that, when implemented, the PLAN provides for the continued performance of FLETC's essential functions under all circumstances.
- b. To minimize the health, social, and economic impact of a pandemic on the FLETC and Partner Organization staff and students.
- c. To reduce or mitigate disruptions to operations by minimizing the loss of resources and by providing time and orderly recovery from an emergency and the resumption of full service.

To meet these goals, the PLAN will:

- a. Quickly provide accurate, consistent and comprehensive information about influenza and pandemic influenza.
- b. Maximize the use of limited resources.
- c. Monitor the status of the outbreak, both locally and in the surrounding communities.
- d. Collect and organize situational information.
- e. Manage staffing needs and requirements.

- f. Monitor and supply persons in isolation and quarantine.
- g. Maintain an inventory of respirators and other personal protective equipment.
- h. Track the status of and procure essential supplies.
- i. Operate special and temporary facilities.
- j. Manage administrative and financial aspects of the response, among other duties.
- k. Provide mental health and psychological support services.

**It is important to understand that this PLAN will be updated and revised regularly as additional information and guidance become available.** The PLAN should be read and understood prior to an influenza pandemic. However, it is a dynamic document that will be updated to reflect new developments in the understanding of the influenza virus, its spread, treatment, and prevention. The PLAN will also incorporate changes in response roles and improvements in response-planning development through ongoing planning efforts.

Finally, within the body of the PLAN, words importing the masculine gender shall include the feminine.

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# Section 1: Command and Control

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**1.1 Generally.** This section describes the FLETC command and control structure and process in the event of a pandemic influenza. In sum, the FLETC must be prepared to continue operations during any type of threat or emergency, including a pandemic influenza outbreak. The sustained, coordinated efforts required to control pandemic influenza lend themselves to the principles and structure of incident command and management systems. The FLETC utilizes the Incident Command System (ICS), a component of the National Incident Management System (NIMS), which is an effective organizational structure for responding to public health emergencies that addresses public information, planning, operations, logistics, finance, and administration. The ICS shall be comprised of both a Command and General Staff. All planning and coordination organizational concepts, standardized terminology, and operational principles shall comply with NIMS guidelines mandated by Homeland Security Presidential Directive 5. Additionally, command and control procedures will be flexible and adaptable to all pandemic influenza periods and phases identified in this FLETC Pandemic Influenza Plan (PLAN). Finally, the same basic command structure will be in place across the phases, so that roles and responsibilities do not change significantly during the evolution of the pandemic or inter-pandemic periods. Staff and resources will be added to, or removed from, the command structure as the situational needs dictate.

**1.2 The FLETC Director.** The FLETC Director is the final authority for all issues pertaining to the strategic direction of the FLETC in the event of a Pandemic Influenza threat or declared emergency.

**1.2.1 The Executive Team.** The FLETC Executive Team (ET) will assist the FLETC Director, as part of a formal decision-making process, in managing the development and deployment of strategic plans and processes as well as by providing oversight for the implementation of the necessary tactical response.

**1.2.2 The Incident Commander.** In the event of a pandemic influenza response, the Incident Commander (IC) at the appropriate FLETC site will ensure that the FLETC Director and ET members are fully informed of all developments during all phases of that response. This process will allow the FLETC Director, with the assistance from the members of the ET, to formulate decisions regarding an effective emergency response which will then be implemented

by the IC and his or her staff. If circumstances inhibit the FLETC Director and members of the ET from convening as a group in support of the ICS, the IC will ensure that, at a minimum, the FLETC Director and/or the FLETC Deputy Director are fully informed and engaged in all ICS activities. As available, or at the direction of the FLETC Director or Deputy Director, the ET may convene separately from the ICS and provide guidance and support to the ICS.

**1.3 Activation of the ICS.** Whenever the potential for a pandemic influenza threatens the FLETC, the ICS at that particular facility may be activated. The IC will consult with the Director and/or the Deputy Director regarding the decision to activate the ICS and, once a decision is made, will notify the ICS command and general staff accordingly. As a rule, however, any FLETC facility will set up the command and general staff of the ICS once the first suspected (albeit not confirmed) case of avian influenza is identified within the boundaries of a specified FLETC facility. Additional levels of incident command will be initiated as warranted by surveillance information. Upon confirmation of the first case of avian influenza within the boundaries of the FLETC, or upon the declaration of a pandemic in the States of Georgia or South Carolina, the full ICS will be implemented.

**1.4 ICS Roles and Responsibilities.** The ICS structure in the event of a pandemic influenza will consist of a number of individuals responsible for executing a variety of tasks. These individuals will also form the Pandemic Response Team, which shall support the Pandemic Coordinator in the performance of his responsibilities. While a general organizational chart is included within this PLAN, each FLETC site will be responsible for implementing an ICS that is functional at their individual facility. For clarity, however, the ICS at the FLETC sites will typically consist of the following:

**1.4.1 Incident Commander (IC) and Deputy.** The Chief Security Officer (CSO), Security and Emergency Management Division (SEM) will be the IC for any pandemic influenza response undertaken at FLETC Glynco. Similarly, the Deputy Assistant Director (DAD), Office of Artesia Operation (OAO) will be the IC for any response undertaken at FLETC Artesia. At FLETC Charleston, the Security and Emergency Management Specialist (SEMS) will be

the IC for any pandemic influenza response undertaken. The IC will be the Pandemic Coordinator for the FLETC, and will be headquartered in the ICS command post. At FLETC Glynco, this will generally be in the Main Conference Room of Building 94, although an alternate location may be designated should this location be unusable. At FLETC Artesia, the Main Conference Room of Building 25 will be utilized as the ICS Command Post. At FLETC Charleston, the ICS Command Post will be located in Building 61, Room 234, with the second floor conference room of Building 1 serving as an alternative location. Regardless of location, the IC is responsible for setting overall incident-related priorities; allocating critical resources according to priorities; ensuring that incidents are properly managed; ensuring that incident-management objectives are met and do not conflict with each other or with agency policy; identifying and reporting critical resource needs and requirements to the ET; and ensuring that short-term emergency response and recovery operations are coordinated to assist in the transition to full recovery operations. At FLETC Glynco, the DC, Environmental and Safety Division (EVS) shall be the Deputy IC for any pandemic influenza response undertaken. At FLETC Artesia, the DC, Artesia Training Division (ATR) shall act as the Deputy IC, while at FLETC Charleston, the Environmental and Safety Manager (ESM) shall act as the Deputy IC.

## 1.4.2 General Staff Personnel

**1.4.2.1 Operations Section Chief.** At FLETC Glynco, the Deputy Assistant Director (DAD), Office of Operations Support (OOS) will act as the Operations Section Chief for the ICS. At FLETC Artesia, the DC, Artesia Administrative Division (AAD) will act as the Operations Section Chief, while at FLETC Charleston, the Training Division Chief (CHT) will perform these functions. The Operations Section Chief is responsible to the IC for the development and management of all incident-related operational activities. The Operations Section Chief will establish tactical objectives for each operational period, with other section chiefs and unit leaders establishing their own supporting objectives. Within the Operations Section, the following additional units will be formed in support:

- a. **Physical Security Unit**, headed by the Program Manager, Physical Security Program, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia).

- b. **Patient Care Unit**, headed by the DAD, Office of Training Support (OTS) (FLETC Glynco) or the Branch Chief (BC), Administrative Support Branch (ASB) (FLETC Artesia) or an assigned Contract Compliance Specialist (FLETC Charleston).
- c. **Morgue, Decontamination, and Bio-Medical Support Unit**, headed by the BC, Environmental Programs Branch (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the ESM (FLETC Charleston).
- d. **Lodging Assistance and Support Unit**, headed by an individual designated by the DC, Student Services Division (SVC) (FLETC Glynco) or the BC, ASB (FLETC Artesia) or an assigned Contract Compliance Specialist (FLETC Charleston).

**1.4.2.2 Planning Section Chief.** At FLETC Glynco, the DAD, Office of Training Management (OTM) will be assigned as the Planning Section Chief for the ICS, while this same function at FLETC Artesia will be filled by the BC, Programs Management Branch (PMB). At FLETC Charleston, the Charleston Program Analyst will perform this function. The Planning Section Chief is responsible for gathering, evaluating and disseminating information about the incident, developing incident action plans (IAP) for each operational period (generally a 24-hour and/or weekly period), conducting long-range planning, and developing plans for demobilization. The IAP includes the overall incident objectives and strategies established by the ICS. The IAP must adequately address the mission and policy needs of FLETC, as well as interaction between jurisdictions, functional agencies, and private organizations. The IAP also addresses tactical objectives and support activities required for the operational period. The IAP also contains provisions for continuous incorporation of lessons learned as incident-management activities progress and maintaining incident documentation. Within the Planning Section, the following additional units will be formed in support:

- a. **Resources Unit**, headed by the DC, Training Management Division (TMD) and including the Training Resources Coordination Division (TRC) (FLETC Glynco) or the BC, PMB (FLETC Artesia).
- b. **Situation Unit**, headed by the Chief, Design and Construction Branch, Facilities Management Division (FMD) (FLETC Glynco) or the BC,

Masterplan and Construction Branch (MCB) (FLETC Artesia) or by an assigned Project Manager (FLETC Charleston).

- c. **Documentation Unit**, headed by the Program Manager, Personnel Security, Human Resources Division, (HRD) (FLETC Glynco) or the Chief of Administration, OAO (FLETC Artesia).

**NOTE:**

**At FLETC Charleston, the Resources Unit and the Documentation Unit will combined into the Resources and Documentation Unit, headed by the Charleston Support Services Specialist.**

**1.4.2.3 Logistics Section Chief.** The DAD, Office of Assets Management (OAM) will act as the Logistics Section Chief for the ICS for FLETC Glynco. The DC, AAD will act as the Logistics Section Chief for FLETC Artesia, while the Chief, Facilities Operations and Master Planning will perform this function at FLETC Charleston. The Logistics Section Chief is responsible for all service and support requirements of an incident, including obtaining and maintaining essential personnel, facilities, equipment, and supplies. This includes coordination of the allocation of all FLETC resources, such as personnel, facilities, transportation, supplies, equipment maintenance and fuel, food services, communications, and information technology support. Functional units can be established within the logistics section and may include communications units, a medical unit, supply unit, facilities unit, and others as indicated to facilitate span of control. This section is responsible for coordinating service and support for incident personnel. Within the Logistics Section, the following additional units will be formed in support:

- a. **Communications Unit**, headed by the Chief, Information Technology (IT) Operations and Support Division (FLETC Glynco). At FLETC Artesia, this unit will be headed by the MCB Telecommunications Specialist and the ISD IT Specialist, while the Senior Computer Specialist for the Office of Charleston Operations (CHS) will perform these functions at that location.
- b. **Medical and Food Services Unit**, headed by the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or an assigned Contract Compliance Specialist (FLETC Charleston).

- c. **Supply and Ground Transportation Unit**, headed by the DC, Property Management Division (PMD) (FLETC Glynco) or the ASB Property Management Specialist (FLETC Artesia) or the Inventory Management Specialist (FLETC Charleston).

- d. **Facilities Unit**, headed by the DC, FMD (FLETC Glynco) or the BC, MCB (FLETC Artesia) or the assigned Project Manager (FLETC Charleston).

**1.4.2.4 Finance/Administration Section**

**Chief.** The Budget Officer, Chief Financial Officer Directorate (CFO) will act as the Finance/Administration Section Chief (FASC) for the ICS at FLETC Glynco. The DAD, OAO will perform this function at FLETC Artesia, while the Administrative Division Chief (CHA) will do so at FLETC Charleston. The FASC is responsible for finance, procurement, contracting, cost estimates, cost and time monitoring and analysis, and staff and volunteer compensation and claims. In addition to monitoring sources of funding, the FASC will track and report to the IC all financial expenditures as the incident progresses. This allows the IC to forecast the need for additional funds before operations are affected negatively, which is particularly important at the FLETC, where many operational assets are under contract from the private sector. Within the Finance/Administration Section, the following additional units will be formed in support:

- a. **Time Unit**, headed by the DC, Finance Division (FIN)/Deputy Chief Financial Officer.
- b. **Procurement Unit**, headed by the DC, Procurement Division (PRO) (FLETC Glynco) or the ASB Lead Contract Specialist (FLETC Artesia) or an assigned CHS Contracting Officer.
- c. **Compensation Claims Unit**, headed by the Branch Chief (BC), Employee and Labor Relations Branch, HRD (FLETC Glynco) or the Support Services Specialist (FLETC Charleston).
- d. **Cost Unit**, headed by the Deputy Budget Officer, Budget Division (BUD) (FLETC Glynco) or the DAD, PPA (FLETC Artesia).

**1.4.3 Command Staff Personnel**

**1.4.3.1 Public Information Officer.** The Public Information Officer (PIO) for the ICS, known at the FLETC as the Public Affairs Officer (PAO), serves

as the official spokesperson for the FLETC and is responsible for interfacing with the public and media and/or with other state and federal agencies with incident-related information requirements. Regardless of the location, the PIO will, in coordination with the IC and Deputy IC, develop and disseminate accurate and complete information and education on the incident’s cause, size, and current situation; resources committed; and other matters of general interest for both internal and external consumption. The PIO also may perform a key public information-monitoring role. The PIO is backed up by the Assistant Press Officer. The IC must approve the release of all incident-related information. Further information on the functions and responsibilities of the PIO are identified in Section 8, “Public Communications.”

**1.4.3.2 Liaison Officer.** At FLETC Glynco, the Security and Emergency Management Specialist (SEMS) will serve as the Liaison Officer for the ICS. At FLETC Artesia, the DAD, OAO will appoint a representative to act as Liaison Officer, while at FLETC Charleston, the SEMS will appoint such a representative for that facility. The Liaison Officer also serves as the FLETC Emergency Operations Center (EOC) liaison to the Glynn County Emergency Management Agency (EMA) in the Glynn County EOC, or similar emergency management personnel in different locations, such as Artesia or Charleston. On larger incidents or events, representatives from other agencies (usually called agency representatives) may be assigned to the incident to coordinate their agency’s involvement. The Liaison Officer is the point of contact for these agencies and organizations, and/or private entities.

**1.4.3.3 Safety Officer.** At FLETC Glynco, the Branch Chief (BC), Safety Programs Branch (SFB), Environmental and Safety Division (EVS) will act as the Safety Officer for the ICS. At FLETC Artesia, the ASB Environmental Protection Specialist will perform this function. At FLETC Charleston, the ESM will act as the Safety Officer. The Safety Officer monitors safety conditions within incident operations, develops measures for assuring the safety of all assigned personnel, and advises the IC on all matters relating to operational safety, including the health and safety of the ICS response personnel. The IC and supervisors at all levels of incident management are ultimately responsible for the safe conduct of incident-management operations. The Safety Officer is, in turn, responsible to the IC for the set of

systems and procedures necessary to ensure ongoing assessment of hazardous environments and implementation of measures to promote the general safety of incident operations. The Safety Officer has emergency authority to stop and/or prevent unsafe acts during incident operations and may be a member of multi-agency safety efforts. Additionally, the Safety Officer, Operations Section Chief, and Planning Section Chief coordinate closely regarding operational safety and emergency responder health and safety issues. The Safety Officer must also ensure the coordination of safety management functions and issues across FLETC, across State and local agencies, and with private sector and nongovernmental organizations, as necessary.

**1.5 The FLETC Emergency Operations Center.** The EOC serves as the centralized management facility where the FLETC components fulfill emergency response functions and responsibilities. The designated EOC location for FLETC Glynco will be in the Main Conference Room in Building 94. An alternate location (mobile or fixed) may be designated, should the Building 94 EOC location be unusable. At FLETC Artesia, the designated EOC location will be the Main Conference Room in Building 25, although an alternate location may be designated, as necessary.

**NOTE:**  
At FLETC Charleston, the ICS will perform the same role as the EOC during any pandemic response.

**1.5.1 Activation of the EOC.** Whenever the potential for a pandemic influenza threatens the FLETC, the EOC may be activated. The IC will activate the EOC and notify the EOC members accordingly.

**1.5.2 EOC Members and Roles.** The FLETC EOC is composed of the following individuals:

**1.5.2.1 Incident Commander (IC):** The IC will be the CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia). The IC coordinates EOC activities in implementing all FLETC emergency response plans.

**1.5.2.2 Incident Command Staff.** Members of the ICS shall be part of the EOC at the discretion of

the IC, and will assist the IC in coordinating EOC operations, as necessary.

**1.5.2.3 Deputy Assistant Director (DAD), Office of Training Operations (OTO) (FLETC Glynco) or DC, ATR (FLETC Artesia).** The DAD, OTO (FLETC Glynco) or DC, ATR (FLETC Artesia) serves as the EOC Training Directorate (ADT) or Training Division liaison.

**1.5.2.4 Deputy, Chief Information Officer (DCIO).** The DCIO serves as the EOC CIO liaison at FLETC Glynco.

**1.5.2.5 DC, Special Investigations Division (SID) (FLETC Glynco) or DAD Security Specialist (FLETC Artesia).** The DC, SID (FLETC Glynco) or DAD Security Specialist (FLETC Artesia) serves as the EOC SID liaison.

**1.5.2.6 Office of Chief Counsel (OCC) Representative.** The OCC Representative serves as the EOC OCC liaison.

**1.5.2.7 Strategic Planning and Analysis Division (SPA) Representative (FLETC Glynco) or BC, PMB (FLETC Artesia).** The SPA Representative (FLETC Glynco) serves as the EOC SPA liaison. Alternatively, at FLETC Artesia, the BC, PMB serves as the EOC PMB liaison.

**1.5.2.8 Glynn County EOC Representative.** The SEM Representative serves as the FLETC EOC liaison to the Glynn County EMA in the Glynn County EOC.

**1.5.2.9 EOC Recorders.** The EOC Recorders, assigned as available, document completed actions; update situation reports, boards, etc; compile historical files, and distribute information to other FLETC entities (ET, PAO, etc.).

**1.5.2.10 Partner Organization Representatives.** In the event the EOC is convened, all of FLETC's Partner Organizations will be offered the opportunity to have a representative serve as that Agency's liaison.

**1.5.2.11 Other personnel,** as directed.

**1.5.3 The Glynn County EOC (GCEOC) Representative.** A representative from SEM will serve as the FLETC EOC liaison to the Glynn County

**NOTE:**

Throughout the course of any pandemic response initiated by FLETC, the Partner Organizations will have a distinct role to play in the FLETC decision-making process. However, this role will not be accomplished as part of FLETC's ICS. Instead, for the duration of any emergency event, the Director will hold regular meetings with the Partner Organization representatives to ensure they remain fully informed regarding the current situation and FLETC's anticipated response measures. It is through this route that communication and coordination with the Partner Organization representatives will primarily occur, and through which input on the decision-making process can be shared with the Director and the ET.

EMA in the GCEOC, located in the Glynn County Public Safety Complex. This complex is headquartered at 157 Public Safety Boulevard in Brunswick, Georgia. Upon activation of the GCEOC as a result of a possible influenza pandemic, the SEM representative will respond to the complex and provide the FLETC EOC with pertinent information and development reports to support the PLAN. At FLETC Artesia, the DAD, OAO will assign a FLETC EOC liaison to the Eddy/Chaves County EMA. At FLETC Charleston, the ESM will serve as the CHS liaison to the Charleston County EOC.

**1.6 Orders of Succession.** Orders of Succession are essential to FLETC's ability to continue operations and ensure that personnel know who has authority and responsibility if the leadership of any part of the organization is incapacitated or unavailable in an emergency situation. Essential FLETC functions will proceed without interruption regardless of the availability of any single individual. During any period in which any leadership position is vacant, or the person assigned to the position is sick, absent, or otherwise unable to perform the duties, the FLETC official listed highest as a successor (who is present and available for duty) shall perform the leader's duties. Each FLETC manager, supervisor or key official is required to have a written Order of Succession as a contingency for their absence. These are updated periodically and kept on file with the CSO, SEM (FLETC Glynco), with the DAD, OAO in Artesia, and with the CHS Program Analyst in Charleston. All Orders of Succession are required to

be reviewed and updated on an annual basis, or when significant organizational management personnel changes occur.

**1.7 Delegations of Authority.** During certain emergencies, some agencies are automatically granted additional authorities. The FLETC has no additional authorities in place in advance of such emergencies. In the event of an emergency, such as a pandemic influenza, additional authorities may be granted to the FLETC regarding procurement authority, budget expenditure authorities, authority to assign FLETC staff as responders, etc. The FLETC will use such authorities as appropriate, if and when granted.

**1.8 Alternate Operating Facilities.** The identification and preparation of alternate operating facilities and the preparation of personnel for the possibility of an unannounced relocation of essential functions and personnel to these facilities is part of standard continuity of operations planning (COOP). However, because a pandemic presents essentially simultaneous risk everywhere, the use of alternative operating facilities must be considered in a non-traditional way. The planning for pandemic influenza will instead involve alternatives to ESSENTIAL staff relocation/co-location, such as social distancing in the workplace through telecommuting or other means. More information on these measures is provided in Section 4, "Infection Control."

**1.9 Security Police Communications Center.** The FLETC Security Police Communications Center, located in Building 93 (FLETC Glynco) or Building 22 (FLETC Artesia) or Building 61 (FLETC Charleston), will play a major role in communicating to FLETC and Partner Organization staff and students during implementation of the PLAN. Also, Security Police Dispatchers monitor the FLETC and local law enforcement agency radio frequencies and have the capability of monitoring television and internet sites for information in pandemic influenza.

**1.10 FLETC Early Warning System.** At FLETC Glynco, the Early Warning System (EWS) is an audible system designed to notify all personnel at the FLETC Glynco of potential threats to them or operational activities. EWS may be used for other kinds of audible warnings, including live voice broadcasts and short live announcements as needed to advise staff of actions and events at Glynco. Such announcements shall be drafted and overseen by SEM and/or

EVS staff (FLETC Glynco). Each FLETC site has a warning process in place. At FLETC Artesia, the DAD Security Specialist oversees warning announcements, and at FLETC Charleston the SEMS oversees such announcements.

**1.11 FLETC Operational Status Telephone Number.** A 24-hour, toll-free telephone number, the Operational Status Telephone Number, is maintained for staff, students, and other interested parties to have timely access to critical information affecting the operational status of the FLETC. One single telephone number is used for all FLETC sites, with an automated-response capability that will direct the caller to the appropriate facility for relevant updates. The FLETC Operational Status Telephone Number for all FLETC sites is: **1-800-793-5382**.

**1.12 Responsibilities.** The CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston) is responsible for overseeing that portion of the FLETC pandemic influenza response concerning command and control.

#### **1.12.1 Preparedness Phase**

**1.12.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. Ensure that all personnel within their organization have reviewed this PLAN. This includes ensuring that a copy of this PLAN is placed in a location accessible to all personnel within the organization.
- b. Maintain an up-to-date list of all personnel, including emergency contact information (home addresses, spouse's name, and after-hours telephone numbers) for notification and accountability purposes.
- c. Ensure internal plans are in place for orders of succession that are at least three deep per responsibility to take into account a potential rate of absenteeism of up to forty (40) percent.
- d. Ensure internal plans are in place for geographical dispersion of orders of succession, taking into account the regional nature and possibility of different orders of succession, depending on the spread of the pandemic.



**1.12.1.2 The IC (CSO, SEM at FLETC Glynco or DAD, OAO at FLETC Artesia or SEMS at FLETC Charleston) shall:**

- a. Assist in the development and annual update of the FLETC Pandemic Influenza PLAN.
- b. Ensure the Glynn County Police Department (FLETC Glynco) or the Eddy County Sheriff's Department and/or City of Artesia Police Department (FLETC Artesia) or the North Charleston Police Department (FLETC Charleston) are provided a current list of FLETC security interests and their specific locations in the event the FLETC EOC (FLETC Glynco and FLETC Artesia) or ICS (FLETC Charleston) is not staffed.
- c. Ensure the Automated Notification System (ANS) is maintained with up-to-date contact information for all responders, essential personnel and others, as needed.
- d. Ensure Orders of Succession are updated annually, pursuant to FLETC Directive 71-13, *Continuity of Operations Plan* (COOP).
- e. In coordination with the Training Directorate (ADT) (FLETC Glynco), identify ancillary security force personnel for potential deployment in the event of a pandemic response.
- f. In coordination with the DC, HRD (All FLETC sites), and the Support Services Specialist (FLETC Charleston), develop protocols for the establishment of a liberal leave policy for a set period of time and/or a liberal flexi-place policy for same set period of time. See section 4.4.1.3 of this PLAN, "The Determination as to Whether Leave Should be With or Without Pay."
- g. Identify alternate command facilities in the event the Main Conference Room of Building 94 (FLETC Glynco) or Building 25 (FLETC Artesia) or Building 61, Room 234 (FLETC Charleston) is unavailable for use as the EOC. At FLETC Charleston, the second floor conference room of Building 61 has been designated as the primary alternate location. Additionally, develop plans for alternative means of conducting meetings, including teleconference or video-teleconference capabilities.
- h. Ensure the FLETC Security Police Communications Center maintains on file current Notification Lists for the following groups: ET

members, SEM staff, EOC members (or ICS members for FLETC Charleston), class coordinators and Partner Organization and Agency representatives.

- i. Ensure the FLETC Security Police Communications Center maintains the capabilities (e.g., radio, television, telephone, internet, facsimile, etc.) to monitor and receive information regarding up-to-the-minute emergency information on a twenty-four (24) hour basis. As information is received, timely notification of developments will be provided to the IC (CSO, SEM at FLETC Glynco or the DAD, OAO at FLETC Artesia or the SEMS at FLETC Charleston).

**1.12.1.3 The Deputy IC (DC, EVS at FLETC Glynco or DC, ATR at FLETC Artesia or ESM at FLETC Charleston) shall:**

- a. Identify, in advance, appropriate sources of emergency planning information, including key medical response information.
- b. Ensure the PLAN is updated at least annually, or as otherwise required due to changing conditions.
- c. In coordination with the CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston), develop, coordinate, test and exercise the PLAN at least annually.
- d. Fulfill all responsibilities as the Deputy IC in the event of a pandemic influenza response.

**1.12.1.4 All ICS and EOC members shall:**

- a. Review this PLAN in its entirety. Copies of the PLAN are maintained by the Strategic Planning and Analysis Division, and may be accessed through the FLETCnet.
- b. Maintain a copy of this PLAN in a readily-accessible area for reference.
- c. Be prepared to carry out their assigned functions upon activation of the ICS and/or EOC.

**1.12.1.5 The FLETC Office of Chief Counsel shall:**

- a. Review the PLAN to ensure that all actions outlined therein comply with all laws, rules, and regulations.

- a. Be prepared to provide legal advice and guidance on implementation actions taken as part of this PLAN by any FLETC facility.

### 1.12.2 Implementation Phase

**1.12.2.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall**, upon notification that the PLAN is being implemented, institute all response measures as outlined in this PLAN.

**1.12.2.2 The IC (CSO, SEM at FLETC Glynco or DAD, OAO at FLETC Artesia or SEMS at FLETC Charleston) shall:**

- a. Act as the IC upon activation of the ICS, and perform all responsibilities associated with that assignment.
- b. Upon activation of the FLETC EOC (FLETC Glynco and Artesia), or the ICS (FLETC Charleston), ensure that all EOC/ICS communication systems, supplies, and additional support requirements are established and in working order.
- c. As required, provide updated briefings to the ET and Partner Organization representatives on developments in implementation of the PLAN.
- d. At FLETC Glynco, upon activation of the GCEOC, dispatch the FLETC GCEOC Representative. Similar actions shall be taken at FLETC Artesia, where either the Eddy/Chaves County EOCs are activated. Upon notification by the CCEMA that Glynn County is activating a pandemic response activity, provide notification to the ET (at a minimum, the Director and Deputy Director) and the EOC members. Similar action shall be taken by the IC (FLETC Artesia) upon notification that Eddy/Chaves County is activating a pandemic response activity. Upon activation of the CCEOC, the IC at FLETC Charleston will dispatch the FLETC CHS CCEOC Representative. Upon notification by the CCEMA that Charleston County is activating a pandemic response activity, notification will be provided to the ET or, at a minimum, the AD, FTD.

- e. Monitor key medical and emergency response information sources from multiple sources (e.g., closed-circuit television, internet, radio, etc.), including 1-800-CDC-INFO.
- f. Utilize appropriate communications methods to disperse information to affected FLETC staff and partners, including:
  - 1) FLETCnet and FLETC e-mail.
  - 2) Operational Status Telephone Number (pre-recorded messages via **1-800-793-5382**).
  - 3) Automated Notification System (ANS).
  - 4) EWS live-voice broadcast to notify and direct staff and students.
- g. In coordination with ADT and the Training Innovation and Management Directorate (TIM) (FLETC Glynco), or the ATD (FLETC Artesia), or the CHT and the Program Management Branch (PMG) (FLETC Charleston), determine what actions to take regarding the postponement of training, as well as curtailed training days, reassignments, schedule changes, etc., in accordance with the guidelines promulgated in Section 2 of this PLAN. Provide recommendations on the same to the Executive Team.
- h. If appropriate, establish a liberal leave policy for a set period of time; if appropriate, establish a liberal flexi-place policy for the same or a different set period of time. See section 4.4.1.3 of this PLAN, "The Determination as to Whether Leave Should be With or Without Pay."
- i. Communicate to on-site staff and students what to do if an employee/student is exposed at work/training; is suspected of being ill at work/training; becomes sick at work/training.
- j. Assign previously identified ancillary workforce personnel as workload demands.
- k. Declare a termination of emergency response activities under this PLAN.

**1.12.2.3 All ICS and EOC members shall** carry out their assigned functions upon activation of the ICS and/or EOC.

**1.12.2.4 The FLETC OCC shall** provide legal advice and guidance to the IC and the Executive Team on all actions taken during the Implementation Phase of this PLAN.

### 1.12.3 Restoration Phase

#### 1.12.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### 1.12.3.2 The IC (CSO, SEM at FLETC Glynco or DAD, OAO at FLETC Artesia or SEMS at FLETC Charleston) shall:

- a. In consultation with the Executive Team, terminate all emergency response actions under this PLAN.
- b. Deactivate the ICS and/or EOC, as appropriate.
- c. Announce the termination of all emergency response actions under this PLAN, utilizing appropriate and available media sources (e.g., Operational Status Number; Center News; e-mail and the internet; local radio and television broadcasts; etc.).
- d. Resume normal operations.
- e. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- f. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- g. In coordination with the Deputy IC (DC, EVS at FLETC Glynco or DC, ATR at FLETC Artesia or ESM at FLETC Charleston), modify the PLAN, as appropriate.

#### 1.12.3.3 The Deputy IC (DC, EVS at FLETC Glynco or DC, ATR at FLETC Artesia or ESM at FLETC Charleston) shall:

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- d. In coordination with the IC (CSO, SEM at FLETC Glynco or DAD, OAO at FLETC Artesia or SEMS at FLETC Charleston), modify the PLAN, as appropriate.

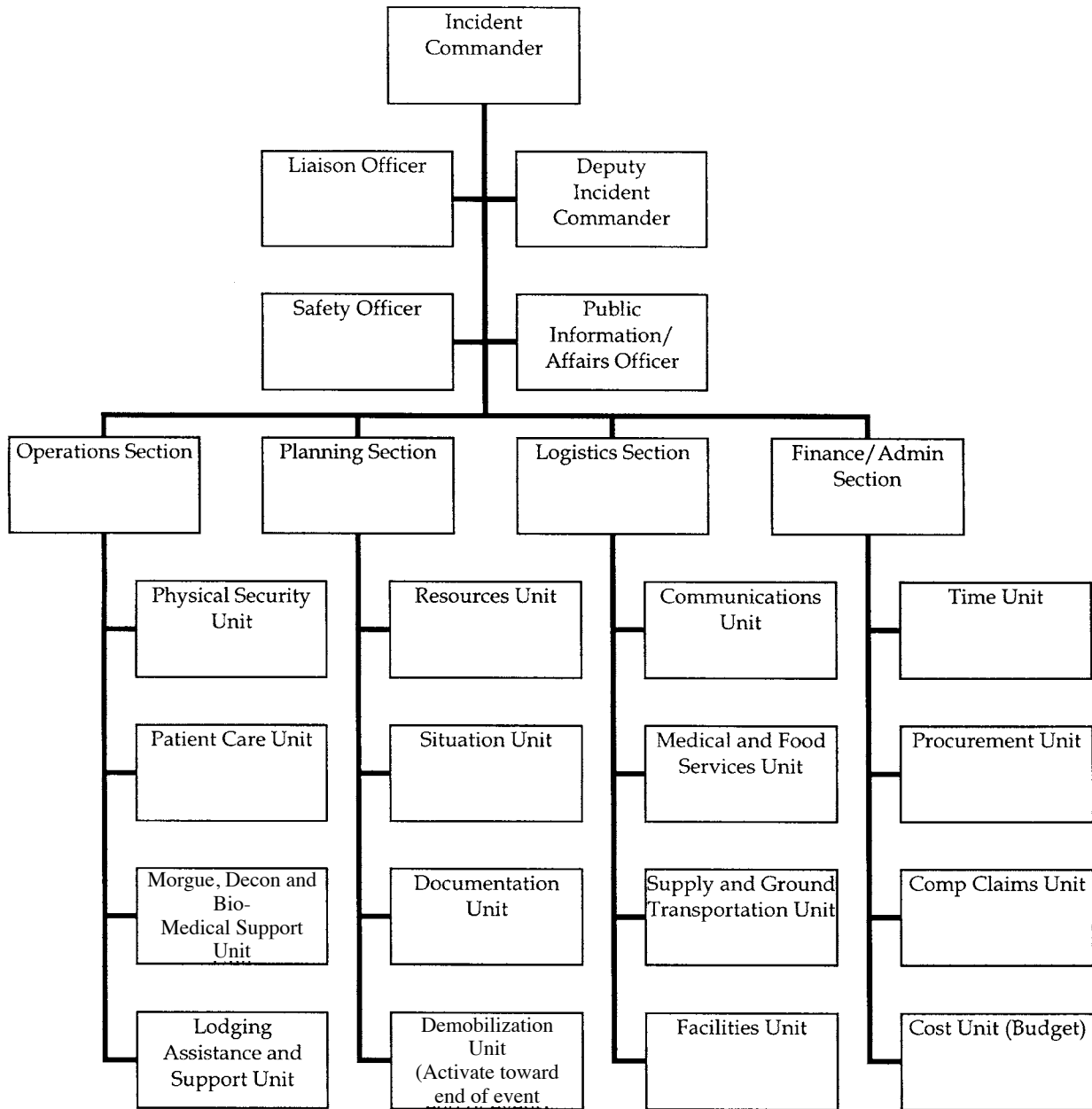
#### 1.12.3.4 All ICS and EOC members shall:

- a. Upon notification that the ICS and/or EOC is/are being deactivated, resume normal assignments.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### 1.12.3.5 The FLETC OCC shall:

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**Pandemic Influenza Plan  
NIMS Structure – Generally**



## Section 2: Operations

**2.1 Generally.** The mission of the Federal Law Enforcement Training Center (FLETC) at Glynco, Georgia; Artesia, New Mexico; Charleston, South Carolina; and Cheltenham, Maryland is to “train those who protect our homeland.” Through training, we prepare law enforcement professionals to fulfill their responsibilities safely and proficiently. The FLETC is charged with ensuring the safety of these law enforcement professionals, the FLETC staff, contractors, Partner Organization and Agency personnel, and visitors while they are assigned to, stationed at, employed by, or visiting the FLETC premises. Maintaining essential functions and services is a vital element in FLETC’s ability to continue operations. Continuity of operations at FLETC may be in jeopardy during a pandemic; therefore, it is important for FLETC to ensure it can execute its essential missions in the event of a threat to its normal continuity of operations. Federal Preparedness Circular (FPC) 65, *Federal Executive Branch Continuity of Operations (COOP)*, provides guidance to Federal Executive Branch departments and agencies for use in developing contingency plans and programs for COOP. COOP planning is intended to ensure the performance of department and agency essential functions across a wide range of all hazards emergencies.

However, the Federal “Implementation Plan for the National Strategy for Pandemic Influenza” acknowledges that an influenza pandemic will require specialized planning beyond that addressed in FPC 65. For that reason, this Section is not intended to replace or supersede the FLETC COOP Plan (FD 71-13, Continuity of Operations Plan). Rather, it is intended to supplement that COOP Plan, bridging the gap between the traditional, all-hazards COOP planning of FPC 65 and the specialized COOP planning required for a pandemic by addressing those considerations, challenges, and elements specific to the dynamic nature of a pandemic.

**2.2 Essential Functions.** To meet Homeland Security Presidential Directive (HSPD)-7, Critical Infrastructure Identification, Prioritization, and Protection requirements and as a component of its critical infrastructure protection (CIP) program, DHS required each of its components to identify and

prioritize its nationally critical functions and services (if any), in coordination with the DHS Project Matrix Team (PMT), Office of the DHS Chief Information Officer. The PMT/FLETC activities at the FLETC resulted in the identification of three functions and services as nationally critical, in rank order. These nationally critical functions and services were then required to be addressed in the FLETC COOP Plan. These nationally critical functions and services, hereafter referred to as essential functions, must continue to be conducted during an emergency. Although the FLETC may perform any or all of its other normal functions during the emergency, these essential functions must be accomplished. The list of FLETC essential functions and the lead element for each are in the table below.

Essential Function	Lead Elements
Provide program management and proactive curriculum development, delivery, and evaluation of basic training Federal Law Enforcement Agencies, in cooperation with the Partner Organizations.	Training Innovation and Management Directorate (TIM), Training Directorate (ADT), and Field Training Directorate (FTD)
Provide program management and proactive curriculum development, delivery, and evaluation of advanced and specialized training for Federal Law Enforcement Agencies, in cooperation with the Partner Organizations.	TIM
Provide training services to State, local, tribal, and campus Law Enforcement Agencies at external sites, or on a space available basis, at the FLETC sites.	Field Training Directorate (FTD)

### 2.3 Postponement of Training – Generally.

If a severe pandemic were to occur in Georgia, New Mexico, South Carolina, or Maryland, decisions on whether to postpone training at any FLETC site will need to be made early in the period of contagion in order to allow those residential students who can do so to return to a home environment where there is a lower risk of pandemic contagion. Having approximately 2,500 to 3,000 students on any given day living in close proximity to each other in dormitories and sharing dining and training facilities presents a tremendous risk for the entire FLETC community

from an easily transmissible virus. Additionally, caring for a large number of ill students would place a tremendous strain on FLETC resources, such as the Health Unit, especially if the FLETC community as a whole was similarly impacted and staff resources were similarly depleted. Finally, in the event of a severe pandemic in any of the four States where FLETC facilities are located, FLETC would likely be required to postpone classes for anywhere from four (4) to eight (8) weeks at that facility. This figure is based upon the fact that the first pandemic influenza wave in 1918 lasted four weeks, while the second wave lasted eight weeks.

#### **2.4 FLETC Policy on Postponing Training.**

The FLETC Director is ultimately responsible for the safety and well-being of all FLETC and Partner Organization staff and students while those individuals are present on any FLETC facility. For that reason, the Director retains the inherent right to exercise his\* discretion at all times when making decisions on postponing training at any FLETC facility. Nevertheless, FLETC's success is ultimately determined by the strength of the partnership that has been established with its Partner Organizations. For that reason, the decision to postpone training at FLETC will generally be made by the Director only after consultation with the Partner Organization representatives. Additionally, this process does not negate a Partner Organization's right to cancel or postpone their own training programs during any actual or threatened pandemic event. Where possible, FLETC will utilize a graduated, layered response to any determination on when to postpone training, and regarding what training (e.g., Center Advanced, Agency Advanced, etc.) to postpone. As with any uncertain situation, hard and fast rules regarding the postponement of training cannot be neatly identified and catalogued. However, as a general rule, the following graduated responses will be used in the determination to postpone training at FLETC:

**2.4.1 Level 1.** Level 1 actions will be implemented upon the first confirmed case of human-to-human transmission of avian influenza within the United States. Upon notification that Level 1 has been reached, all Center Advanced and Agency Advanced Training Programs not currently underway at the FLETC may be postponed, at the discretion of

the Director. When determining whether or not to postpone training, the factors outlined in Section 2.6 (below) shall be considered. All Center and Agency Advanced Training Programs currently underway, as well as all Center Basic and Agency Specific Basic Training Programs, will continue as scheduled, unless additional justifications exist for why these programs should be postponed.

**2.4.2 Level 2.** Level 2 actions will be implemented upon the first suspected case of avian influenza at the FLETC, or the first suspected or confirmed case of avian influenza in Glynn County (FLETC Glynco) or Eddy/Chaves County (FLETC Artesia) or Charleston County (FLETC Charleston). Upon notification that Level 2 has been reached, all Center Advanced and Agency Advanced Training Programs not currently underway at the FLETC will be postponed. Center Advanced and Agency Advanced Training programs currently in session at the FLETC may be postponed at the discretion of the Director. Postponement shall take into consideration the factors outlined in Section 2.6 below. During the Level 2 period, all Center Basic and Agency Specific Basic Training Programs will continue as scheduled, unless additional justifications exist for why these programs should be postponed.

**2.4.3 Level 3.** Level 3 actions will be implemented at a FLETC facility upon the first confirmed case of avian influenza at that FLETC facility. Upon notification that Level 3 has been reached, all Center Advanced and Agency Advanced Training Programs will be postponed, whether currently underway or not. Additionally, all Center Basic and Agency Specific Basic Training Programs, whether currently underway or not, may be postponed, at the discretion of the Director. Postponement shall take into consideration the factors outlined in Section 2.6 below.

**2.4.4 Level 4.** Level 4 actions will be implemented upon the first confirmed case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina. Upon notification that Level 4 has been reached, all training at the FLETC will be postponed until such time as an end to the pandemic wave is declared by the CDC.

**2.5 Non-Essential Personnel.** Upon the implementation of Level 3 actions at a specified facility (the first confirmed case of avian influenza

\* Any reference to the masculine gender also refers to the feminine.

at that FLETC facility), all non-essential personnel will be directed to remain at home, with instructions to monitor the FLETC Operational Status Telephone Number for updates on returning to work. This number is: 1-800-793-5382. This is part of the overall infection-control plan that the FLETC will undertake to prevent the possible human-to-human transmission of a novel influenza virus. More information on this and other infection-control measures may be found in Section 4 of this FLETC Pandemic Influenza Plan (PLAN).

**2.6 Additional Criteria for the Postponement of Training.** In addition to the four-level approach outlined above, the following additional criteria will be considered in determining whether any or all training programs at the FLETC should be postponed:

- a. Whether the World Health Organization has declared Phase 6, which means a pandemic period has been reached where there is an increased and sustained transmission in the general United States population.
- b. Confirmation by the Health Unit of a high rate of infectivity, morbidity, and/or mortality either at the FLETC and/or within the local community.
- c. Local public health recommendations to curtail or cancel public activities in the surrounding communities.
- d. Partner Organization recommendations as to whether to continue training at the FLETC, and whether Partner Organization students will be attending.
- e. Additional information that may indicate postponement of training is warranted, such as falling class attendance or students leaving the FLETC.
- f. Rising employee absenteeism.

**2.7 Export Training.** The FLETC mandate is to provide basic law enforcement training for our many Partner Organizations students. While fully committed to fulfilling this mandate, the FLETC also meets the continuing education requirements of advanced law enforcement agents and officers who have now made law enforcement their career. One way in which FLETC accomplishes this important mission is through the provision of law enforcement training that is exported to sites around the country.

It is expected that the Federal government will, upon the first human case of avian influenza in North America, and in accordance with the Implementation Plan for the National Strategy, immediately impose travel restrictions to limit non-essential passenger travel in affected areas. In the absence of such a decision, however, the FLETC shall adhere to the following guidelines in making the determination as to whether to provide non-emergency export training:

- b. Upon a declaration by the CDC of a localized avian influenza outbreak anywhere in the United States, all export training scheduled to be conducted within that affected area will be postponed until such time as the CDC declares an end to the outbreak. The basis for announcing a human outbreak of pandemic potential would consider a number of factors, including the number of individuals affected, the rapidity of the spread, and the virulence of the disease.
- c. Any FLETC instructor or staff member who provided or participated in export training in an affected area in the ten (10) days immediately preceding the CDC declaration shall be immediately sent to the FLETC Health Unit for screening, in accordance with CDC recommendations and the guidance contained in Section 6 of this PLAN.
- d. Any FLETC instructor or staff member who provided or participated in export training and who traveled through an affected area while returning to FLETC in the ten (10) days immediately preceding the CDC declaration shall be sent to the FLETC Health Unit for screening, in accordance with CDC recommendations and the guidance contained in Section 6 of this PLAN. This would include FLETC staff who utilized airline transportation to travel to FLETC and who had a layover in an affected area during that flight. This would also include any FLETC staff who, for any reason, made a stop in the affected area, such as for food, lodging, or gasoline.
- e. Any FLETC instructor or staff who conducted export training and traveled from or passed through an affected area and returns to the FLETC in the ten (10) days immediately following a CDC declaration of an end to the outbreak in that area shall be sent to the FLETC Health Unit for

- a. screening, in accordance with CDC recommendations and the guidance contained in Section 6 of this PLAN.
- b. If, during the screening of any FLETC instructor or staff that falls within one of the above categories, the FLETC Health Unit determines that the FLETC instructor or staff member is suspected of having a novel case of influenza, the steps outlined in Section 6 of this PLAN will be followed.
- c. Additionally, where the requested training is classified as “essential” in nature, the Director, in consultation with the ET, will determine whether to allow such export training to continue.

**2.8 International Training.** In addition to providing law enforcement training within the continental United States, the FLETC also has the responsibility for providing training on an international scale at multiple locations around the world, including International Law Enforcement Academies (ILEA) in Gaborone, San Salvador, Budapest, and Bangkok. The FLETC Office of International Training and Technical Assistance (ITT) provides oversight for the administration and delivery of these international law enforcement training programs. ITT also coordinates the attendance of international students at FLETC courses in the United States.

The *Implementation Plan for the National Strategy* identifies numerous measures the United States would adopt to prevent the spread of avian influenza into this country from overseas. These measures include working with other countries to implement host country pre-departure screening; initiating United States en route and arrival screening at United States ports of entry; consideration of travel or routing restrictions from the affected area and for countries that do not have adequate pre-departure screening; and implementing protocols to manage or divert inbound international flights with suspected cases of pandemic influenza and prepare to limit domestic ports of entry to manage increased demand for screening, as needed. For these reasons, the decision to conduct international training may not be one that the FLETC can control.

In the absence of such measures, however, the FLETC will rely upon multiple sources of information to determine whether international training shall

continue. Initially, as part of their avian influenza communication responsibilities, the CDC provides travel advisories for individuals to utilize in making a determination as to whether to travel to a foreign country. These recommendations will be one source of information utilized by FLETC in determining whether international travel by FLETC staff, be it for training or other purposes, will be permitted.

Additionally, in the event the CDC has made recommendations that may impact on international training, the ITT will consult with embassies in the host country, as well as with ILEA management, where possible, to assess the impact an influenza event may be having in those countries. This consultation will allow FLETC to obtain useful information regarding the situation in a given country that may not necessarily be reflected in a generic CDC advisory. Thus, the decision on whether to conduct international training will be based upon a consideration of CDC recommendations, embassy insight, and first-hand assessments of the situation by ILEA management.

The following are CDC recommendations for travelers to consider before, during, and after travel to any international area affected by H5N1 avian influenza:

**2.8.1 Before Departing on Travel**

- a. Be sure you are up to date with all your routine vaccinations, and see your doctor or health-care provider, ideally 4-6 weeks before travel, to get any additional vaccination medications or information you may need.
- b. Assemble a travel health kit containing basic first aid and medical supplies. Be sure to include a thermometer and alcohol-based hand gel for hand hygiene. See the “Travelers Health Kit” page in “Health Information for International Travel” for other suggested items. This information may be located at the following: <http://www2.ncid.cdc.gov/travel/yb/utis/ybGet.asp?section=reccs&obj=travelers-health-kit.htm>.
- c. Identify in-country health-care resources in advance of your trip.
- d. Check your health insurance plan or get additional insurance that covers medical evacuation in case you become sick. Information about medical evacuation services is provided on the United States Department of State web page



Medical Information for Americans Traveling Abroad, at: [http://travel.state.gov/travel/tips/health/health\\_1185.html](http://travel.state.gov/travel/tips/health/health_1185.html).

- e. Visit CDC's Travelers' Health website at <http://www.cdc.gov/travel> to educate yourself and others who may be traveling with you about any disease risks and CDC health recommendations for international travel in areas you plan to visit. For other information about avian influenza, see CDC's Avian Influenza website, which is located at <http://www.cdc.gov/flu/avian/index.htm> and the official United States government website for pandemic influenza, which is located at <http://www.pandemicflu.gov/>.

### 2.8.2 During Travel to an Affected Area

- a. Avoid all direct contact with poultry, including touching well-appearing, sick, or dead chickens and ducks. Avoid places such as poultry farms and bird markets where live poultry are raised or kept, and avoid handling surfaces contaminated with poultry feces or secretions.
- b. As with other infectious illnesses, one of the most important preventive practices is careful and frequent handwashing. Cleaning your hands often with soap and water removes potentially infectious material from your skin and helps prevent disease transmission. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.
- c. All foods from poultry, including eggs and poultry blood, should be cooked thoroughly. Egg yolks should not be runny or liquid. Because influenza viruses are destroyed by heat, the cooking temperature for poultry meat should be 74°C (165°F).
- d. If you become sick with symptoms such as a fever accompanied by a cough, sore throat, or difficulty breathing, or if you develop any illness that requires prompt medical attention, a United States consular officer can assist you in locating medical services and informing your family or friends. Inform your health-care provider of any possible exposures to avian influenza. See "Seeking Health Care Abroad" in "Health Information for International Travel" for more information about what to do if you become ill while abroad, located at <http://www2.ncid.cdc.gov/travel/yb/utills/ybGet.asp?section=reccs&obj=care-abroad.htm>. You

should defer further travel until you are free of symptoms, unless traveling locally for medical care.

- e. Some countries have instituted health monitoring techniques, such as temperature screenings, at ports of entry of travelers arriving from areas affected by avian influenza. Please consult the Embassy of your travel destination country if you have any questions.

### 2.8.3 After You Return From an Affected Area

- a. Monitor your health for ten (10) days.
- b. If you become ill with a fever plus a cough, sore throat, or trouble breathing during this 10-day period, consult a health-care provider. Before you visit a health-care setting, tell the provider the following: (a) your symptoms, (b) where you traveled, and (c) if you have had direct contact with poultry or close contact with a severely ill person. This way, he can be aware that you have traveled to an area reporting avian influenza.
- c. Do not travel while ill, unless you are seeking medical care. Limiting contact with others as much as possible can help prevent the spread of an infectious illness.

**2.9 The Office of Cheltenham Operations.** The Office of Cheltenham Operations (OCH) is unique among FLETC facilities. Tasked with the delivery of advanced law enforcement training programs to Federal, State, and local law enforcement officers, OCH does so to a non-residential student population. For that reason, the OCH response to a pandemic influenza event will necessarily be different than those FLETC facilities having residential student populations, and will be focused primarily on workforce protection. At the OCH, the postponement of training operations will likely be based upon events occurring in the surrounding communities, rather than any identified case of influenza spread by staff or students. Accordingly, decisions regarding the continuation of training operations at the OCH will be guided by the following:

- a. Upon the first *suspected or confirmed* case of avian influenza in Southern Maryland or the metropolitan Washington, D.C. area, all advanced training programs not currently underway at

the Cheltenham facility *will* be postponed. For those training programs currently in session at the OCH, a decision on whether to postpone that training will be made by the DAD, OCH, in consultation with the Director, Deputy Director, and the AD, FTD.

- b. Upon the declaration of a pandemic in the State of Maryland or Washington, D.C., all training at the OCH, whether scheduled or underway, *will* be postponed until such time as an end to the pandemic is declared by the CDC. At this time, all non-essential personnel will be directed to remain at home, with instructions to monitor the OCH Operational Status Telephone Number for updates on returning to work. This number is: **1-800-793-5382**.

**2.10 NAVAIR Orlando.** As discussed earlier, FLETC maintains a detachment in Orlando, Florida at the Naval Air System Command Orlando (NAVAIR). This detachment, the FLETC Orlando Technology Integration and Simulation Team, is located on-board a United States Navy installation, and will be guided in the event of a pandemic incident by the actions taken by the Base Commander. For example, should the Base Commander mandate that non-essential personnel remain at home, or should he mandate the wearing of PPE, the team will comply with that guidance. Throughout the event, the team will be responsible for maintaining contact through the appropriate chain of command with the Assistant Director, TIM.

**2.11 Responsibilities.** The Office of Training Management (OTM), TIM is responsible for overseeing that portion of the FLETC pandemic influenza response concerning the continuation of training at the FLETC Glynco. The Training Resources Coordination Division (TRC) (FLETC Glynco), or the PMB (FLETC Artesia), or the CHT, in coordination with the PMG (FLETC Charleston) is responsible for coordinating any necessary training schedule revisions due to an emergency situation, such as a pandemic influenza, that impacts FLETC and Partner Organization staff and students. In carrying out this mandate, TRC (FLETC Glynco) or PMB (FLETC Artesia) or PMG (FLETC Charleston) is responsible for coordinating training schedule revisions with the Training Management Division (TMD), TIM; the Training Directorate (ADT); and/or the Partner Organization representatives.

## 2.11.1 Preparedness Phase

### 2.11.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:

- a. Establish a list of essential personnel required to ensure the continuity of mission-critical operations at the FLETC.
- b. Establish a list of essential functions that are required to be performed to ensure the continuity of mission-critical operations at the FLETC.

**2.11.1.2 The DAD, OTO (FLETC Glynco) or BC, PMB (FLETC Artesia) or the DAD, CHS (FLETC Charleston) shall,** in coordination with the DC, TMD and the DC, TRC (FLETC Glynco), or the DC, ATR (FLETC Artesia), or the AD, FTD (FLETC Charleston) develop plans for providing essential training at alternate FLETC sites (e.g., Charleston or Artesia), should FLETC Glynco, Artesia, or Charleston be unable to host them (e.g., in the event that *Level 4* actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.

### 2.11.1.3 The DAD, OCH (FLETC Cheltenham) or DAD, OAO (FLETC Artesia) or DAD, CHS (FLETC Charleston) shall:

- a. Develop plans to ensure the Operational Status Telephone Number is activated and updated, as necessary, in the event of a pandemic event.
- b. Ensure the Operational Status Telephone number is made available to all OCH or OAO employees.
- c. Develop plans to ensure that essential operations, such as time and attendance, security, etc., may be continued during any pandemic event.

**2.11.1.4 The DC, FLETC Office of International Training and Technical Assistance (ITT) (FLETC Glynco only) shall** monitor CDC travel advisories for information that may impact FLETC's international training efforts.

**2.11.1.5 The DC, TMD (FLETC Glynco) or BC, PMB (FLETC Artesia) or BC, PMG (FLETC Charleston) shall:**

- a. Ensure that all student contact information is current and complete so as to facilitate the timely control and accountability of the student population in the event of a pandemic influenza outbreak.
- b. Ensure that internal TMD (FLETC Glynco) or PMB (FLETC Artesia) or PMG (FLETC Charleston) communication plans are current and accessible to all TMD, PMB or PMG staff members, as appropriate, so that accurate and timely information can be provided to the student population.
- c. In coordination with the CSO, SEM and the DC, EVS (FLETC Glynco and Artesia), or the ESM (FLETC Charleston), ensure that all pertinent informational and educational materials on pandemic influenza (e.g., posters, pamphlets, etc.) are made accessible to the FLETC student population.
- d. In coordination with TRC and ADT (FLETC Glynco), or the ATR (FLETC Artesia), or TRC and the AD, FTD (FLETC Charleston), develop information on possible alternatives for providing essential training at alternate FLETC sites (e.g., Charleston or Artesia), should FLETC Glynco, Artesia, or Charleston be unable to host them (e.g., in the event that *Level 4* actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Manual 71-13, Continuity of Operations Plan.
- e. In coordination with the FTD, develop plans for conducting limited training at other FLETC sites, should any FLETC facility be unable to host training for a limited period of time.
- f. Develop protocols, in coordination with the DC, TRC (FLETC Glynco), or the DC, ATR (FLETC Artesia), or the CHA (FLETC Charleston), to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

**2.11.1.6 The DC, TRC (FLETC Glynco) or DC, ATR (FLETC Artesia) or BC, PMG (FLETC Charleston) shall:**

- a. In coordination with the DC, TMD (All FLETC sites) and the Deputy Assistant Director (DAD), Office of Training Operations (OTO) (FLETC Glynco), or the BC, PMB and DAD, OAO (FLETC Artesia), or the DAD, CHS (FLETC Charleston), develop plans for providing essential training at alternate FLETC sites (e.g., Charleston), should FLETC Glynco or Artesia be unable to host them (e.g., in the event that *Level 4* actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.
- b. Develop protocols, in coordination with the DC, TMD (FLETC Glynco), or the BC, PMB (FLETC Artesia), or the CHA (FLETC Charleston), to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

**2.11.1.7 The DC, SVC (FLETC Glynco) or BC, ASB (FLETC Artesia) or CHA (FLETC Charleston) shall:**

- a. In coordination with the FLETC Health Units, develop plans for the additional screening requirements of FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.
- b. The CHA (FLETC Charleston) shall also develop protocols, in coordination with the BC, PMG, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

**2.11.2 Implementation Phase**

**2.11.2.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. Implement plans to ensure functions essential to the continuity of FLETC operations are executed.
- b. Ensure that all instructors and staff who provided export training in an area affected by avian influenza, or who traveled from or through such an area, are immediately sent to the appropriate

FLETC Health Units for screening upon their return.

- c. Upon notification that **Level 3** actions are being initiated (first confirmed case of avian influenza within the boundaries of FLETC), release all non-essential personnel, with instructions to monitor the FLETC Operational Status Telephone Number for updates on returning to work. This number is: **1-800-793-5382**.

**2.11.2.2 The DAD, OCH (FLETC Cheltenham) or the DAD, CHS (FLETC Charleston) shall:**

- a. Postpone all advanced training not currently underway at the OCH or CHS upon notification that the first **suspected or confirmed** case of avian influenza has occurred in Southern Maryland or the metropolitan Washington, D.C. area (FLETC Cheltenham), or in Charleston, South Carolina or the surrounding areas (FLETC Charleston).
- b. Determine, in consultation with the Director, Deputy Director, and AD, FTD, whether to postpone advanced training currently underway at the OCH or CHS, as appropriate, upon notification that the first **suspected or confirmed** case of avian influenza has occurred in Southern Maryland or the metropolitan Washington, D.C. area (FLETC Cheltenham), or in Charleston, South Carolina or the surrounding areas (FLETC Charleston).
- c. Postpone all training at the OCH or the CHS, as appropriate, upon the declaration of a pandemic in the State of Maryland or Washington, D.C. (FLETC Cheltenham), or in the State of South Carolina (FLETC Charleston).
- d. Upon the declaration of a pandemic in the State of Maryland or Washington, D.C. (FLETC Cheltenham), or in the State of South Carolina (FLETC Charleston), ensure that all non-essential personnel are directed to remain at home, with instructions to monitor the OCH Operational Status Telephone Number for updates on returning to work.
- e. Ensure the OCH Operational Status Telephone Number is updated, as necessary, to ensure accurate information is available to the OCH employees.
- f. Ensure that essential operations, such as time and attendance, security, etc., continue to be performed during any pandemic event.

**2.11.2.3 The DC, ITT shall** determine, based on CDC travel advisories, as well as consultation with embassies in host countries and ILEA management, whether to conduct international training.

**2.11.2.4 The DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Maintain constant liaison with the Partner Organizations that have students participating in basic training programs so that accurate and timely information regarding any FLETC pandemic response is provided.
- b. Provide students with pertinent guidance on implementation of the PLAN and continuously monitor student status.
- c. Utilize alternative communication platforms (e.g., cellular phones, dedicated websites, etc.) for communicating the pandemic and training program status to TMD (FLETC Glynco), PMB (FLETC Artesia), or PMG (FLETC Charleston) personnel and Partner Organizations and students.
- d. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) for necessary student evacuation from the specified FLETC facility and return to duty, should alternative training operations commence.

**2.11.2.5 The DC, TRC (FLETC Glynco) or DC, ATR (FLETC Artesia) or BC, PMG (FLETC Charleston) shall:**

- a. Provide recommendations on training postponements to the Incident Commander at the appropriate facility for decision by the Executive Team, based upon the initiation of Level 1-4 actions.
- b. Implement, as necessary, any recommendations on training postponements made by the Executive Team.
- c. Collect and monitor all necessary data on student population to ensure scheduled training is constantly coordinated with the DC, TMD (FLETC Glynco), or the BC, PMB (FLETC Artesia), or the CHT (FLETC Charleston), and reported, as required, to SVC (FLETC Glynco), ASB (FLETC Artesia), or CHA (FLETC Charleston) and other decision-making personnel.

- d. Coordinate with the CIO Directorate to ensure that vital records and databases will be duplicated by a secondary electronic source that will not be affected by corruption or loss of the primary source.
- e. Coordinate with the DC, TMD and the DAD, OTO (FLETC Glynco), or the BC, PMB and the DAD, OAO (FLETC Artesia), or the CHT and CHA (FLETC Charleston) to ensure that essential training resources (e.g., facilities and instructors) are available for the continuation of training.

**2.11.2.6 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall**, in coordination with the FLETC Health Units, ensure that medical screening is conducted for FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.

### 2.11.3 Restoration Phase

**2.11.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, and Program Managers (as applicable) shall** resume normal operations within their organizations upon notice that emergency response activities at the FLETC are being terminated.

**2.11.3.2 The DAD, OTO (FLETC Glynco) or the DAD, CHS (FLETC Charleston) shall:**

- a. Coordinate with the DC, TRC and the DC, TMD (FLETC Glynco) to ensure resumption of normal operations in a timely manner. At FLETC Charleston, the DAD, CHS shall coordinate with the SEMS, EMS, CHT, CHA, and PMG to ensure resumption of normal operations occurs in a timely fashion.
- b. Coordinate with the DC, TRC, the DC, TMD (FLETC Glynco), or the CHT and PMG (FLETC Charleston), as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training, or will be required to start from the beginning upon the resumption of training.
- c. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.

- d. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**2.11.3.3 The DAD, OCH (FLETC Cheltenham) shall:**

- a. Resume normal operations as soon as practicable.
- b. Coordinate with the Partner Organizations to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training, or will be required to start from the beginning upon the resumption of training.
- c. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- d. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**2.11.3.4 The DC, ITT shall:**

- a. Resume international training operations, as soon as practicable.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**2.11.3.5 The DC, TMD (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Notify TMD (FLETC Glynco), ATR (FLETC Artesia), or PMG (FLETC Charleston) personnel, as appropriate, and Partner Organization staff and students of the termination of emergency response activities under the PLAN.
- b. Coordinate with the DC, TRC and the DAD, OTO (FLETC Glynco), or the BC, PMB and the DAD, OAO (FLETC Artesia), or the DAD, CHS and all Division Chiefs (FLETC Charleston), to ensure resumption of normal operations in a timely manner.
- c. Coordinate with the DC, TRC, the DAD, OTO (FLETC Glynco), or the BC, PMB and DAD, OAO (FLETC Artesia), or the DAD, CHS and

CHT (FLETC Charleston), as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training or will be required to start from the beginning upon the resumption of training.

- d. Provide raw student data (numbers in all categories) to the Evaluation and Analysis Division for analysis and trends.
- e. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- f. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**2.11.3.6 The DC, ATR (FLETC Artesia) shall:**

- a. Coordinate with Partner Organization representatives to determine if the necessary student population is available to support specific training programs.
- b. Ensure that all training postponed is re-scheduled.

**2.11.3.7 The DC, TRC shall:**

- a. Coordinate with Partner Organization representatives to determine if the necessary student population is available to support specific training programs.

- b. Notify TRC personnel and Partner Organization staff and students of the termination of emergency response activities under the PLAN.
- c. Coordinate with the DC, TMD and the DAD, OTO to ensure resumption of normal operations in a timely manner.
- d. Coordinate with the DC, TMD, the DAD, OTO, and the Partner Organizations to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training or will be required to start from the beginning upon the resumption of training.
- e. Ensure that all training postponed is re-scheduled.
- f. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- g. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**2.11.3.8 The DC, SVC (FLETC Glynco) or BC, ASB (FLETC Artesia) or CHA (FLETC Charleston) shall:**

- a. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- b. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

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# Section 3: Logistical Support

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**3.1 Generally.** Sustaining critical services during a pandemic will be crucial to keeping FLETC functioning and emergency supplies and resources flowing. Recent emergency events, such as Hurricane Katrina, graphically demonstrated the consequences when an agency is unable to procure enough resources to match the rate at which commodities are being consumed. Accordingly, for purposes of any pandemic response, FLETC must develop the capacity to conduct a large-scale logistics operation that will supplement, and if necessary, replace existing support systems. Planning efforts need to assess systemic efforts (i.e., warehousing, logistics, etc.) and support the development of contingency plans to address a lack of critical services and delivery of essential commodities, such as gasoline, food, and medical supplies.

**3.2 Use of Volunteers During the Emergency Response.** Many essential services provided at the FLETC, such as food services, housekeeping, and security, are performed by contract personnel. FLETC intends to continue to rely upon that support during a pandemic event, utilizing contract modifications as necessary. However, for planning purposes, the FLETC Pandemic Influenza Plan (PLAN) must assume and prepare for the possibility that some percentage of contract employees (perhaps as high as 40 percent) may be absent from work for extended periods at the height of a pandemic wave. These absences may be due to employees who care for the ill; are under voluntary home quarantine due to an ill household member; care for children dismissed from school; feel safer at home; or are ill or incapacitated by the virus. In such instances, FLETC staff must be prepared, and may be required, to augment, and perhaps even replace, those normally responsible for performing essential functions, such as trash disposal. Unlike other potential emergency situations that occur without warning, organizations can plan for a pandemic. Under normal conditions, if employees are on annual or sick leave, alternates are normally designated to provide back-up in the staff member's absence. To supplement the current workforce for conditions of significant absenteeism associated with a pandemic, FLETC will cross-train and prepare ancillary workforce members (e.g., contractors, employees in other job titles/descriptions, etc.)

to maintain daily functionality in the presence of anticipated staffing shortages.

Accordingly, the identification and recruitment of volunteers from among the FLETC staff to serve in various capacities during the implementation of this PLAN must play an integral role in FLETC's planning efforts. The recruitment and deployment of volunteers is an important component of emergency preparedness and response. In such events, these individuals have the opportunity to offer and use specialized skills and expertise that might otherwise go untapped. Volunteers may serve in various roles, including supplemental security support, provision of healthcare, and augmentation of transportation assets and food service, as necessary.

In support of emergency preparedness and response, it is necessary to create and maintain volunteer lists. Maintaining these volunteer lists in the event of a Pandemic requires flexibility; therefore, FLETC functions that may require ancillary support will be placed within the province of a Directorate at Glynco, a Branch at Artesia, or a Division at Charleston. For example, where volunteers are needed to supplement the FLETC Security Force during a pandemic event, the requirement for providing the necessary volunteer personnel will fall upon the Training Directorate (ADT) (FLETC Glynco), the ATR (FLETC Artesia), or CHT (FLETC Charleston). Similarly, where volunteers are needed to deliver meals to quarantined students, the responsibility for identifying and providing volunteers to accomplish that function will fall to the Training Innovation and Management (TIM) Directorate, due to their student support functions. Alternatively, at FLETC Artesia, meal delivery to quarantined students will be a shared responsibility of the AAD and the ATR, due to personnel concerns. Finally, at FLETC Charleston, the CHA will provide this support, as necessary.

**3.3 Procurement of Resources.** There are a number of contract services that may be considered as "essential" during any pandemic influenza outbreak. Additionally, each contract may have a potential change that will be required to prepare for any pandemic influenza response. Each of these contracts has an Office of Primary Responsibility

(OPR) that works with the Procurement Division (PRO) in the administration of the contract. Where a contract modification is necessary to support any portion of the PLAN:

- a. The OPR is responsible for developing a detailed description of the contract changes proposed for incorporation into each specific contract and submitting the description, along with a government estimate, to procurement for coordination with the respective contractors.
- b. After the receipt of funding and description of contract changes from the OPR, a 60-90 day period is required for contractor proposal development, negotiations, and contract modification for specified contingency support.
- c. The most practical approach to incorporating the required contingency support would be the inclusion of a separately priced Contract Line Item (CLIN) for this support. The Contingency CLINs must be funded to allow for immediate implementation of Contingency Support.

**3.4 Contractor Requirements.** Contractors providing a service to the FLETC will be expected to use all means at their disposal to continue to provide such services during periods of crisis. These services will be provided in accordance with the terms and conditions of the contract or until released by the Contracting Officer. To support this requirement, the FLETC will develop and implement plans and procedures to provide reasonable assurance of the continuation of essential services using contractor employees or other personnel resources. Further, the DC, PRO will ensure that contracting officers at all FLETC facilities provide contractors with a copy of the *Pandemic Flu Business Letter*, cosigned on December 6, 2005 by Secretary Chertoff, and attached to this PLAN (Appendix E). Contractors will also be required to complete the attached *Pandemic Influenza Planning Checklist for Businesses* developed by the Department of Health and Human Services. This Checklist can be updated Quarterly or Semi-Annually. The checklist may be reviewed and downloaded at: <http://www.pandemicflu.gov/plan/businesschecklist.html>. FLETC should also consider identifying contractor employees that have recurring face-to-face contact with FLETC staff and students so that those individuals can be immunized annually as a preventative measure unless immunizations are precluded due to allergies or other health issues.

Contracts designated as “Essential Services/Support” will include the requirement for the development of a staffing/manning plan to ensure that the contractor will be adequately staffed during times of high absenteeism. The contingency staffing/manning plan should also identify replacements for Key Employees (Project Manager) in the event of extended absences. Although many contracts require a “Contingency Plan”, this requirement does not specifically address a pandemic influenza outbreak. Accordingly, these contracts will need to be modified to include this requirement. In all cases, the DC, PRO (through contracting officers at all FLETC facilities) will ensure that contracts are modified to include that contract personnel receive:

- a. Personal protective equipment from their employers.
- b. Training on the proper use of this equipment.
- c. Designated immunizations prior to reporting to any FLETC facility, unless immunizations are precluded due to allergies or other health issues.
- d. Bio-hazardous waste training in those situations where the contract may require handling waste products.

In addition to providing support by modifying existing contracts, PRO will also provide purchasing support to establish pandemic influenza contingency stockpiles that exceeds the ordering thresholds of the Government Purchase Card. Simplified Acquisition support personnel can procure required commodities items, such as personal protective equipment. A restocking plan and vendor list should be developed by FLETC OPR’s to ensure continued support during implementation and restoration phases.

**3.5 Cafeteria Operations.** While it is expected that the number of residential students present at the FLETC facilities would be reduced as the threat of a pandemic grows, it is suggested in the *Implementation Plan for the National Strategy for Pandemic Influenza* that the Federal government may, in the event of a pandemic, impose travel restrictions to prevent the spread of the virus. For this reason, the FLETC recognizes that some residential students may need to remain on Center, and must ensure that essential services, such as food provision, continue throughout the course of the event.



To the extent practicable, cafeteria operations in Building 75 (FLETC Glynco), Building 26 (FLETC Artesia), or Building 43 (FLETC Charleston) will continue throughout the course of any threatened or actual pandemic event. Modifications to the existing food services contract will be the preferred method of ensuring continual food services, and must address a variety of issues, such as staggered meal times; biohazard handling practices for disposable napkins and dishware; and the use of personal protective equipment by food service workers. Additional measures would also be implemented in the event of a threatened or actual pandemic event, including the decontamination of supplies and the use of portable handwashing stations at the entrances to Buildings 75, 26, or 43, as appropriate.

Should contractor staff be unable to perform the duties of cooking and serving food for those FLETC and Partner Organization staff and students who remain at the FLETC during any pandemic event, the use of boxed meals or other pre-packaged meals (e.g., meals-ready-to-eat) will be utilized. Building 75 (FLETC Glynco), Building 26 (FLETC Artesia), or Building 43 (FLETC Charleston) will continue to be the primary location for meal provision. For students who are kept in isolation during this period, meals will be delivered to their rooms either by the food service contractor or FLETC staff. In such a case, TIM (FLETC Glynco), ATR (FLETC Artesia), or CHA (FLETC Charleston) will be responsible for providing volunteers to assist in providing this food.

**3.6 Physical Security.** In the event of a pandemic event, ensuring the physical security requirements of FLETC are met will be a challenge. The protection of critical facilities and equipment, as well as numerous additional support responsibilities that will inevitably be required, are paramount to a successful pandemic response. Should an ancillary workforce be required to support Security Officers, the CSO, SEM will coordinate with DAD, OTO (ADT) for that support at FLETC Glynco. At FLETC Artesia, the DAD Security Specialist will consult with the DAD, OAO for this security support, while at FLETC Charleston, the SEMS will coordinate with CHT for this support.

**3.7 Dormitory Management.** To ensure that dormitory services continue to be provided in the event of a pandemic response, modifications to both the Dormitory Management Services contract and the Off-Center lodging contracts will be required.

These modifications will include such requirements as extending coverage at the front desk; adding sanitizing solutions to the contractor-provided consumable supplies list; and disinfecting the rooms of ill students following their departure.

**3.8 Waste Pickup and Disposal.** The importance of ensuring that trash service continues during any pandemic event is self-evident. Accordingly, trash service through the standard contract will remain in effect. The OPRs for the Refuse Service contract are the Facilities Management Division (FMD) (FLETC Glynco) and the BC, MCB (FLETC Artesia). The OPR for the Refuse Service contract at FLETC Charleston is contained within the BOSS Contract. Should ancillary support for refuse pickup be required at FLETC Glynco, the DC, FMD shall coordinate with the DAD, OOS to ensure that additional support is provided. Alternatively, should such support be required at FLETC Artesia, the BC, MCB shall coordinate with the DAD, OAO to ensure it is provided. If FLETC is unable to remove trash collected during a pandemic event from the Center, any trash collected will be either (a) taken to a designated location and incinerated, or (b) taken to a designated location and stored until such time as removal can be accomplished.

**3.9 Uniform Issue.** To ensure that laundry and linen support will be available during the course of any FLETC pandemic response, modifications to the Uniform Issue contract at all facilities will be required. These modifications will address such issues as increased laundry support for FLETC-procured linens to supplement or replace dormitory linens; increased laundry pickup; and possible revisions to the laundry process to include disinfecting procedures.

**3.10 Decontamination of Supplies and Equipment.** During the course of any pandemic event, goods and equipment brought within the confines of FLETC from outside sources will require decontamination. Upon the initiation of *Level 3* actions (upon the first *confirmed* case of avian influenza at the FLETC), multiple decontamination sites will be established at the affected FLETC location, including sites at the main gates, commercial gates, Health Units, and any dormitory designated for students in isolation. Mandatory decontamination of all goods and equipment will begin upon the initiation of *Level 4* actions (upon the first *confirmed* case

of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina, as appropriate). At FLETC Glynco, the DC, EVS, in coordination with the CSO, SEM, will be responsible for ensuring that decontamination procedures are developed and implemented. At FLETC Artesia, the BC, ASB, in coordination with the DAD Security Specialist, will ensure decontamination procedures are developed and implemented. At FLETC Charleston, the SEMS, in coordination with the ESM, shall perform these functions.

Should FLETC be placed under quarantine, the following decontamination procedures will be implemented:

- a. All supplies will be delivered through Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 672 (FLETC Charleston), where a decontamination team and supply unit will be standing by to off-load the vehicles.
- b. All vehicles will be off-loaded, and all supplies will be decontaminated and placed in alternate vehicles that are authorized entrance onto the Center for distribution.
- c. All trucks delivering supplies and goods to any affected FLETC facility will be decontaminated prior to leaving the facility, as will any other emergency vehicles authorized to enter or leave the facility during this period.

**3.11 Dormitories for Support Personnel.** In the event that the FLETC is required to cease operations and implement a quarantine on all FLETC and Partner Organization personnel that are at the FLETC, lodgings and other items will be required to support these individuals. Because of multiple dormitory facilities across FLETC, an attempt will be made, to the extent possible, to provide lodging for all remaining FLETC and Partner Organization personnel in one of those buildings. Additionally, personal hygiene kits (i.e., overnight kits) will be stockpiled in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston) and provided, if necessary, to those individuals required to remain at the affected FLETC facility.

**3.12 Janitorial/Custodial Services.** Modifications to the Janitorial/Custodial Services contract will also be necessary in the event of a pandemic

influenza. Normal daily cleaning procedures for environmental surfaces shall be followed using an EPA-registered hospital grade detergent-disinfectant labeled as avian influenza disinfectant. Current custodial contracts will be reviewed to ensure that cleaning disinfectants used meet this standard. Additionally, other modifications shall address issues such as the handling of bio-hazardous waste generated around FLETC; increased cleaning requirements for door handles, restrooms, etc.; and decreased cleaning frequency for lower priority requirements.

**3.13 Transportation Support.** Transportation support in the event of an emergency will be continued, albeit in a much lesser capacity. In addition to normal support requirements, such as transporting students to the cafeteria, transportation support may also be utilized to ensure emergency transportation to local hospitals and for delivering meals to students who are being kept in isolation. Additionally, transportation support to local airports will continue, although staggered times may be implemented to reduce the potential for spread of any infectious disease. Again, contractor support will be relied upon to the extent practicable. Should that support become unavailable, at FLETC Glynco, the DAD, OTS (TIM) shall coordinate with the DAD, OTO (ADT) to provide driver support to ensure essential transportation continues during any pandemic event. At FLETC Artesia, the DC, ATR shall coordinate with the BC, ASB to provide driver support for continuation of essential transportation, while the same actions at FLETC Charleston will be the responsibility of the CHA, in coordination with the DAD, CHS and the CHT.

**3.14 Information Technology Support.** Minimizing workplace exposure to pandemic influenza can be facilitated in a number of ways, including developing policies and strategies for isolating and excusing employees who become ill at work; allowing unscheduled and non-punitive leave for employees with ill household contacts; restricting business-related travel to affected geographic areas; and establishing guidelines for when employees who have become ill can return to work. More information on the use of infection-control measures may be found in Section 4 of this PLAN, Infection Control. One method of social distancing that the FLETC will utilize to reduce the spread of any influenza virus would be the use of telecommuting by employees. This strategy requires that information technology

(IT) solutions be capable of supporting implementation of the PLAN. For example, the use of web-based solutions, such as websites, will be critical to the overall effectiveness of this PLAN. By allowing remote access to these sites, FLETC can ensure that ESSENTIAL staff and students have the ability to stay informed and educated about what is expected of them during any pandemic event. Additionally, IT support must ensure that employees who remain at home in a telecommuting status have the ability to work from home and remotely access the information they need to perform their duties. For these reasons, the Chief Information Officer Directorate (CIO), in coordination with the on-site IT Specialists at the FLETC field sites, must review current IT infrastructure and ensure that the FLETC has the ability to support ESSENTIAL staff telecommuting in the event of a pandemic event.

**3.15 Little Rookies Childcare Development Center.** One group that has been identified as being most susceptible, historically, during any influenza pandemic is children. Accordingly, any decision regarding the mandatory closing of the FLETC childcare center at Glynco, Little Rookies, must necessarily take this factor into account. For that reason, the initiation of *Level 3* actions (upon the first *confirmed* case of avian influenza at the FLETC) shall result in the closing of the childcare center until such time as the decision is made to terminate the emergency response.

**3.16 Construction Contracts.** Upon the initiation of *Level 4* actions (upon the first *confirmed* case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), all construction contract work will be postponed, in accordance with Federal Acquisition Regulations 42, until such time as emergency response actions under this PLAN are terminated.

### 3.17 Responsibilities

#### 3.17.1 Preparedness Phase

**3.17.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** ensure that accurate and lists of personnel at the Center are maintained at all times.

#### 3.17.1.2 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:

- a. Oversee Security Police preparedness operations.
- b. Coordinate with the DAD, OTO (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the DAD, CHS (FLETC Charleston) to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- c. Ensure training in emergency preparedness and response of all Security personnel, all non-Security emergency responders, and all personnel (non-responders) at the appropriate level for each.
- d. Coordinate with the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) to develop decontamination procedures to be utilized at the affected FLETC facility in the event of a pandemic influenza response.
- e. Coordinate with the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) to ensure locations are identified at various points within the boundaries of the appropriate FLETC facility for decontamination operations.
- f. Coordinate with the DAD, CIO (FLETC Glynco) or the MCB Telecommunications Specialist (FLETC Artesia) or the IT Specialist (FLETC Charleston) to establish communications and information technology infrastructure to support ESSENTIAL staff telecommuting.
- g. Coordinate with the DC, PRO (FLETC Glynco) or the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify the Security Services contract, as appropriate, to address the following:
  - 1) Increased security along the perimeter of the appropriate FLETC facility.
  - 2) Security personnel used as part of decontamination teams.
  - 3) Security personnel used as quarantine and isolation teams.
  - 4) Security personnel used as escort teams.

**3.17.1.3 The DAD, OTO (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the CHT (FLETC Charleston) to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- b. Coordinate with the DAD, OTS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA and CHT (FLETC Charleston) to identify and supplement transportation assets in the event such support is required.

**3.17.1.4 The DAD, OTS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall coordinate with the DAD, OTO (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the SEMS and CHT (FLETC Charleston) to identify and supplement transportation assets in the event such support is required.**

**3.17.1.5 The DAD, OOS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall coordinate with the DC, FMD (FLETC Glynco) or the BC, MCB (FLETC Artesia) or the ESM and Facilities Manager (FLETC Charleston) to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service during a pandemic event.**

**3.17.1.6 The DAD, CIO shall coordinate with the CSO, SEM (FLETC Glynco) or the MCB Telecommunications Specialist (FLETC Artesia) or the IT Specialist and SEMS (FLETC Charleston) to establish communications and information technology infrastructure to support staff telecommuting.**

**3.17.1.7 The DC, SVC (FLETC Glynco) or BC, ASB (FLETC Artesia) or CHA (FLETC Charleston) shall:**

- a. Coordinate with the DC, PRO (FLETC Glynco) or the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
  - 1) Special boxed menu that addresses special nutritional requirements for those who may be unable to consume normal foods.

- 2) Food services in the event that staff shortages occur based upon an influenza outbreak, to include the use of boxed or pre-packaged meals.
- 3) Meals delivered to students kept in isolation.
- 4) Pre-packaged, plastic utensils at all meals.
- 5) Bio-hazard handling practices for disposable napkins and other products.
- 6) Space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.
- 7) Food vendor support strategy, in the event that delivery of food supplies is delinquent.
- 8) Staggering meal times to reduce the number of individuals in the cafeteria at any one time.
- 9) Personal protective equipment provided and maintained in the event its use is mandated for all food service personnel.
- b. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:
  - 1) Extended dorm clerk desk coverage for twenty-four (24) hour support.
  - 2) Development of an isolation plan for students assigned to the dormitories. This responsibility shall also be coordinated with the DC, TRC and the DC, SPA (FLETC Glynco) or the DC, ATR (FLETC Artesia).
  - 3) A reduction in the frequency and level of room cleaning.
  - 4) Disinfection of dormitory rooms of departing ill students or students who have been cleared by healthcare personnel.
  - 5) Incorporation of special linen cleaning requirements.
  - 6) Adding sanitizing solution to the consumable supplies list.
  - 7) Ensuring rooms will be made available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.

- c. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Uniform Issue contract to provide for the following support:
    - 1) Increased laundry support for FLETC-procured linens to supplement or replace dormitory linens.
    - 2) Verification that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.
    - 3) Revision of the laundry process to include disinfecting procedures.
    - 4) Increased laundry pickup to seven (7) days per week.
  - d. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Transportation and Driver Services contract to provide for the following:
    - 1) Additional driver personnel in the event of an emergency.
    - 2) Emergency transportation to local hospitals (coordinate with FLETC Health Units).
    - 3) Airport transportation (as appropriate) to reduce the amount of students on the bus at any one time.
- 3.17.1.8 The DC, PRO (FLETC Glynco) and the appropriate field site, ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) shall:**
- a. Ensure that all contracts designated as “Essential Services/Support” include the requirement for the development of a staffing/manning plan to ensure that the contractor will be adequately staffed during times of high absenteeism.
  - b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
    - 1) A special boxed menu that addresses special nutritional requirements for special needs.
    - 2) Contingency food service plans in the event that staff shortages occur based to include the use of boxed or pre-packaged meals.
    - 3) Delivery of meals to students in isolation.
    - 4) Implementation of the use of pre-packaged, plastic utensils at all meals.
    - 5) The implementation of bio-hazard handling practices for disposable napkins and other products.
    - 6) The implementation of space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.
    - 7) Development of a food vendor support strategy, in the event that delivery of food supplies is delinquent.
    - 8) Development of protocols for staggering meal times to reduce the number of individuals in the cafeteria at any one time.
    - 9) Ensure that personal protective equipment is provided and maintained in the event its use is mandated for all food service personnel.
  - c. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) to review and modify the Security Services contract, as appropriate, to address the following:
    - 1) Increase security along the perimeter of the appropriate FLETC facility.
    - 2) Security personnel as part of decontamination teams.
    - 3) Security personnel as quarantine and isolation teams.
    - 4) Security personnel as escort teams.
  - d. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:
    - 1) Extend dorm clerk desk coverage for twenty-four (24) hour support.
    - 2) Develop an isolation plan for students assigned to the dormitories. This responsibility shall also be coordinated with the DC, TRC and the DC, SPA.
    - 3) Reduce frequency and level of room cleaning.

- 4) Disinfect dormitory rooms of departing ill students or students who have been cleared by healthcare personnel.
  - 5) Incorporate special linen cleaning requirements.
  - 6) Add sanitizing solution to the consumable supplies list.
  - 7) Ensure rooms are available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.
- a. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the Uniform Issue contract to provide for the following support:
    - 1) Increase FLETC-procured linens to supplement or replace dormitory linens.
    - 2) Verify that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.
    - 3) Revise the laundry process to include disinfecting procedures.
    - 4) Increase laundry pickup to seven (7) days per week.
  - b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the Transportation and Driver Services contract to provide for the following support:
    - 1) Provision of additional driver personnel in the event of an emergency.
    - 2) Modification of the transportation schedule to include emergency transportation to local hospitals (coordinate with appropriate FLETC Health Units).
    - 3) Utilization of staggered trips to and from airports to reduce the amount of students on the bus at any one time.
  - c. Coordinate with the DC, FMD (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:
    - 1) A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.
    - 2) An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.
    - 3) The addition of requirements to use high efficiency particulate air filters for cleaning.
    - 4) The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <http://www.epa.gov/pesticides/factsheets/avian.htm>.

**3.17.1.9 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Ensure that plans are developed for the installation of handwashing stations at all entrances to Building 75 (FLETC Glynco), Building 26 (FLETC Artesia), or Building 43 (FLETC Charleston), as appropriate, upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Glynn County or Eddy/Chaves County or Charleston County).
- b. Ensure that plans are developed to provide biohazard waste bags at all entrances to Building 75 (FLETC Glynco), Building 26 (FLETC Artesia), or Building 43 (FLETC Charleston), as appropriate.
- c. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) to develop decontamination procedures to be utilized at the FLETC in the event of a pandemic influenza response.
- d. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) to ensure locations are identified at various points within the boundaries of FLETC for decontamination operations.
- e. Ensure that necessary equipment for decontamination operations is maintained and stored in designated locations.

**3.17.1.10 The DC, PMD (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Ensure that sufficient personal hygiene kits are stockpiled in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, for distribution to FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- b. Ensure plans are developed to maintain vehicle fuel for all FLETC vehicles at affected locations.
- c. Ensure plans are developed for providing vehicles to distribute supplies at the affected FLETC location in the event that decontamination procedures are required.

**3.17.1.11 The DC, FMD (FLETC Glynco) or the BC, MCB (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Refuse Service contract to provide for continuation of services in the event of an emergency.
- b. Coordinate with the DAD, OOS (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the Facilities Branch Chief (FLETC Charleston) to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service.
- c. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site representative, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:
  - 1) A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.
  - 2) An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.

- 3) The addition of requirements to use high efficiency particulate air filters for cleaning.
- 4) The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <http://www.epa.gov/pesticides/factsheets/avian.htm>.

**3.17.1.12 The DC, TRC (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Coordinate with the DC, SVC, the DC, PRO, and the DC, SPA (FLETC Glynco), or the BC, ASB (FLETC Artesia), or the Contracting Officer (FLETC Charleston), in the development of an isolation plan for students assigned to dormitories.
- b. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site representative, the BC, ASB (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Off-Center Lodging Contracts to provide for the following:
  - 1) A reduction in the frequency and level of room cleaning.
  - 2) Disinfection of rooms of departing ill students or students who have been cleared by healthcare personnel.
  - 3) Incorporation of special linen cleaning requirements.
  - 4) Adding sanitizing solution to the consumable supplies list.

**3.17.1.13 The DC, SPA (FLETC Glynco only) shall:**

- a. Coordinate with the DC, SVC, the DC, PRO, and the DC, TRC in the development of an isolation plan for students assigned to dormitories.
- b. Coordinate with the DC, SVC and the DC, PRO to review and modify the current Food Services contract, as appropriate, to ensure the implementation of space utilization for the entire facility, in order to reduce close proximity seating arrangements.

**3.17.2 Implementation Phase**

**3.17.2.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** ensure that, in the event of a quarantine of the FLETC, all personnel including Partner Organizations, contractors, and students are accounted for daily throughout the duration of the quarantine.

**3.17.2.2 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Oversee the First Responder Team in dealing with any emergency responses necessary in the event of a pandemic influenza outbreak.
- b. Maintain physical security at all decontamination sites once decontamination procedures commence.
- c. Ensure that security personnel provide assistance, as requested, during the conduct of decontamination procedures.

**3.17.2.3 The DC, PRO (FLETC Glynco) and the appropriate field site representative, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) shall:**

- a. Direct on-site contractors to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.
- b. Upon the initiation of *Level 4* actions (upon the first *confirmed* case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), postpone all construction contract work, in accordance with Federal Acquisition Regulations 42, until such time as emergency response actions under this PLAN are terminated.

**3.17.2.4 The DC, EVS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Ensure that handwashing stations are installed at all entrances to Building 75 (FLETC Glynco),

Building 26 (FLETC Artesia), or Building 43 (FLETC Charleston), as appropriate, upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Glynn County or in Eddy/Chaves County or Charleston County).

- b. Ensure that bio-hazard waste bags are provided at all entrances to Building 75 (FLETC Glynco), Building 26 (FLETC Artesia), or Building 43 (FLETC Charleston), as appropriate.
- c. Ensure that all bio-hazard waste bags are collected daily and disposed of in accordance with the FLETC Bio-Hazardous Waste Plan.
- d. Upon the initiation of *Level 3* actions (upon the first *confirmed* case of avian influenza at the affected FLETC location), set up decontamination sites at pre-determined locations.
- e. Upon the initiation of *Level 4* actions (upon the first *confirmed* case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), begin mandatory decontamination of all goods and equipment entering the facility.
- f. Ensure decontamination teams are assembled and provided at all decontamination sites.
- g. Ensure that all goods and supplies brought onto the affected FLETC location are decontaminated in accordance with developed procedures.
- h. Ensure that all vehicles entering or leaving the affected FLETC location are decontaminated in accordance with developed procedures.

**3.17.2.5 The DC, PMD (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Distribute, as necessary, personal hygiene kits to FLETC and Partner Organization personnel required to remain at the affected FLETC location during a quarantine.
- b. Ensure vehicle fuel remains available for all FLETC vehicles at the affected facility.
- c. Ensure personnel are provided to assist in the off-load and decontamination of goods, equipment, and vehicles in the event that *Level 4* actions (upon the first *confirmed* case of sustained



human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina) are initiated.

**3.17.2.6 The DC, TRC (FLETC Glynco) shall:**

- a. In coordination with the DC, SPA, ensure a list of vacant rooms is provided to the CSO, SEM for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- b. In coordination with the DC, SPA, ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

**3.17.2.7 The BC, ASB (FLETC Artesia) shall:**

- a. Ensure a list of vacant rooms is provided to the DAD Security Specialist (FLETC Artesia) for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- b. Ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

**3.17.2.8 The CHA (FLETC Charleston) shall:**

- a. Ensure a list of vacant rooms is provided to the SEMS (FLETC Charleston) for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC Charleston.
- b. Ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

**3.17.2.9 The DC, SPA (FLETC Glynco) shall:**

- a. In coordination with the DC, TRC, ensure a list of vacant rooms is provided to the CSO, SEM for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- b. In coordination with the DC, TRC, ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

**3.17.3 Restoration Phase**

**3.17.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** resume normal operations.

**3.17.3.2 The CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.2 The DAD, OTO shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.3 The DAD, OTS shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.4 The DAD, OOS shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.5 The DAD, CIO shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.6 The DAD, CHS shall:**

**1.3.17.3.7 The DC, SVC (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the CHT (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.7 The DC, EVS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.8 The DC, PRO (FLETC Glynco) and the appropriate field site representative, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer(s) (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.9 The DC, PMD (FLETC Glynco) or the CHA (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.10 The DC, FMD (FLETC Glynco) or the BC, MCB (FLETC Artesia) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.11 The DC, TRC (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**3.17.3.12 The DC, SPA (FLETC Glynco) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

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# Section 4: Infection Control

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**1 Generally.** All organizations, whether government or private sector, large or small, are supported by three primary assets: people; communications; and physical infrastructure. Unlike other catastrophic events, an influenza pandemic will not directly affect the communications or physical infrastructure of an organization, but an influenza pandemic *will* directly affect an organization's people. Therefore, it is critical that the FLETC anticipate the potential impact of an influenza pandemic on personnel (both staff and students), and consequently, the organization's ability to continue its essential training functions. As part of that planning, FLETC must ensure that reasonable measures are in place to protect the health of all personnel during a pandemic. Generally speaking, there are two categories of safe workplace practices: (1) contact interventions, such as substituting teleconferences for face-to-face meetings, telecommuting, social-distancing techniques, and the implementation of liberal leave policies for persons with sick family members, which may eliminate or reduce the likelihood of contact with infected individuals; and (2) transmission interventions, such as careful attention to cough and sneeze etiquette and hand hygiene, which may reduce the likelihood that contacts with other people will lead to disease transmission. These safe workplace practices may have varying costs and benefits, and be more or less appropriate or feasible in different settings. Some degree of both contact and transmission interventions will be utilized by the FLETC in the event that a pandemic response is required.

**4.2 Characteristics of Influenza Transmission.** Understanding the characteristics of influenza transmission is important in order to assess the threat pandemic influenza poses to personnel in the workplace, as well as the efficacy and practicality of potential protective measures. Human influenza virus is transmitted from person-to-person primarily via virus-laden large droplets (particles >5  $\mu\text{m}$  in diameter) that are generated when infected persons cough, sneeze, or speak. These large droplets can then be directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., typically within 3 feet of) the droplet source. Transmission also may occur through direct and indirect contact with infectious

respiratory secretions. Patients with influenza typically become infectious after a latent period of about 1 to 1.5 days and prior to becoming symptomatic. At about 2 days, most infected persons will develop symptoms of illness although some remain asymptomatic throughout their infection. This is important because even seemingly healthy asymptomatic individuals in early stages of influenza could be infectious to others.

**4.3 Infection Control Measures.** A pandemic may come in waves, each lasting weeks or months. Not all susceptible individuals will be infected in the first wave of a pandemic. Therefore, preventing transmission by limiting exposure during the first wave may offer several advantages. First, by limiting exposure, people who are not infected during the first wave may have an increased chance of receiving virus-specific vaccine as it becomes available. Second, if the virus becomes less virulent over time, individuals who fall ill in subsequent waves may have milder illness. Third, limiting exposure and delaying transmission will change the shape of the epidemic curve and mitigate the social and economic impact of a pandemic by reducing the total number of people who become ill. Within the FLETC, the systematic application of infection-control and social-distancing measures during a pandemic should reduce employee-to-employee disease transmission rates, increase employee safety and confidence, and possibly reduce absenteeism. Given the characteristics of influenza transmission, a few simple infection-control measures may be effective in reducing the transmission of infection.

**4.3.1 Self-Protection.** Individual action is perhaps the most important element of pandemic preparedness and response. There are four simple steps all people can take to protect themselves and their families from influenza viruses.

- a. First, people should cover their mouths when they cough or sneeze, preferably with a tissue, that should then be disposed of in a trash can. If no tissues are available, people should cough or sneeze into their upper sleeve, not their hands. Additionally, people should keep their hands away from their face to prevent the spread of

organisms from the hands to vulnerable areas, such as the eyes, nose, and mouth.

- b. Second, people should be diligent about washing their hands after coughing or sneezing; caring for a sick person; using the bathroom; and handling garbage or animal waste. People should either wash their hands in warm, soapy water for at least 10-15 seconds, or use a hand sanitizer. Hand washing will be facilitated by making hand hygiene facilities and products readily available throughout all FLETC facilities. Antibacterial handwashing products do not appear to offer an advantage over soap and water in most settings for removing influenza virus from hands. Accordingly, for the duration of a pandemic, the deployment of infection-control measures will require the ready availability throughout FLETC of soap and water, hand sanitizer, tissues and waste receptacles, and environmental cleaning supplies.
- c. Third, people should keep their living and work areas clean. These areas should be cleaned with household detergents, such as dishwashing liquid; laundry detergent; or hand soap. Surfaces, such as desks, should also be sanitized with bleach or alcohol. More information on cleaning and the use of sterilizing agents is provided below.
- d. Finally, contact with an infected person increases an individual's risk of catching H5N1 avian influenza. For that reason, limiting contact between infected and uninfected people is essential to preventing the spread of H5N1 avian influenza. Accordingly, people should consider social-distancing measures, such as avoiding crowds; limiting their travel; traveling to and from work during off-peak hours, if possible; and working from home, if permitted. Persons who are around individuals with influenza-like symptoms should maintain spatial separation of at least three feet from that individual; turn their head away from direct coughs or sneezes; and wash their hands (with soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

**4.3.2 Cleaning of Facilities and Equipment.**

Given the concern regarding the spread of influenza through contaminated objects and surfaces, additional measures may be required to minimize the

transmission of the virus through surfaces such as sinks, handles, railings and counters. Transmission from contaminated hard surfaces is unlikely, but influenza viruses may live up to two days on such surfaces. Surfaces that are frequently touched with hands should be cleaned at least daily during community outbreaks. As part of this PLAN, all FLETC sites will implement procedures for cleaning facilities during an outbreak and develop procedures for employees to follow to keep work areas clean (i.e., disinfecting phones, keyboards, personal items).

**4.3.3 Sterilizing Procedures.** H5N1 avian influenza is killed by alcohol and bleach. Cleaning furniture, work areas, food preparation areas, etc., with household detergents (for example, dishwashing liquid, laundry detergent, or hand soap) followed by a sterilizing solution, such as alcohol or bleach, is recommended. For example, the disinfection of material contaminated with blood and bodily fluids should be done with household laundry bleach. When doing so, a three quarters (3/4) cup of bleach should be diluted into one gallon of water. When using bleach in this fashion, it is important to remember the following points: first, this mixture should be used in a well-ventilated area. Second, gloves should be worn while using or handling the bleach. And third, only bleach should be mixed with the water. Alternatively, when sterilizing smooth metal surfaces, tabletops, and other surfaces on which bleach cannot be safely used, rubbing alcohol should be utilized. The rubbing alcohol (70-90% isopropyl alcohol) should be used straight from the bottle, not diluted with water. Items with lower alcohol concentrations, such as whiskey, vodka, and rum will not be effective as sterilizing agents. As with the bleach solution mentioned earlier, rubbing alcohol should be used in a well-ventilated area and should not be inhaled. It is flammable and toxic, so it should be kept away from heat sources, electrical equipment, flames, and hot surfaces. Finally, the rubbing alcohol should be allowed to dry completely prior to utilizing the surface.

**4.3.4 Minimizing Workplace Exposure.**

Minimizing workplace exposure to pandemic influenza can be facilitated by encouraging employees who are ill to stay home from work and by developing policies and strategies for isolating and excusing employees who become ill at work; allowing unscheduled and non-punitive leave for employees with ill household contacts; restricting

business-related travel to affected geographic areas; and establishing guidelines for employees who have become ill to return to work.

**4.4 Social Distancing Measures.** Depending on the severity of a pandemic, and its anticipated effects on the functioning of FLETC’s critical infrastructure, FLETC may institute general measures to promote social distancing and the disaggregation of disease transmission networks. Within the workplace, social-distancing measures could take the form of guidelines modifying the frequency and type of face-to-face encounters that occur between employees (e.g., moratoriums on hand-shaking, substitution of teleconferences for face-to-face meetings, staggered breaks, posting of infection-control guidelines in prominent locations, etc.); policies establishing flexible work hours or worksite, including telecommuting **where practicable**; and promotion of social distancing between employees and customers.

Some social-distancing measures, such as the recommendation to maintain three feet of spatial separation between individuals or to otherwise limit face-to-face contact, may be adaptable to certain work environments and in appropriate settings should be sustainable indefinitely at comparatively minimal cost. Other public health interventions (e.g., implementation of “snow day” restrictions) may increase rates of absenteeism and result in disruption of workflows and productivity. Low-cost or sustainable social-distancing measures should be introduced within the workplace immediately after an outbreak begins, and FLETC must prepare for the possibility of measures that have the potential to disrupt their continuity of operations. Decisions as to how and when to implement these community measures will be made on a case-by-case basis by the Incident Commander at the affected FLETC location.

**4.4.1 Issues Involving FLETC and Partner Organization Staff.** Where FLETC and/or Partner Organization staff are suspected of having a novel influenza virus at any FLETC facility, numerous issues are raised in how that matter must be addressed.

**4.4.1.1 Requiring Medical Examinations.** The Rehabilitation Act of 1973, Public Law 93-112, as amended, limits an employer’s right to require a medical examination. The Act also prohibits discrimination against an employee with a “disability” or one

who is regarded as having a disability. Because of its relatively short-term nature, it is highly unlikely that a court would find that infection with avian influenza would be a disability under the Rehabilitation Act. During a pandemic, assuming that diagnostic tests have been developed, the FLETC or its Partner Organizations may wish to require diagnostic examinations for employees suspected of having, or having been exposed to, avian influenza. In general, a medical examination can only be required if it is “job-related and consistent with business necessity.” According to Equal Employment Opportunity Commission guidance, this means that the employer must have “a reasonable belief, based on objective evidence, that (1) an employee’s ability to perform essential job functions will be impaired by a medical condition; or (2) an employee will pose a direct threat due to a medical condition.” The latter basis would probably apply to a situation in which the agency has objective reason to believe that an employee has been exposed to avian influenza. Assuming that avian influenza is as virulent as is currently feared, a carrier could certainly be considered a “direct threat” to the health of others. Objective reasons to believe an employee constitutes a direct threat theoretically could include observing the employee displaying flu symptoms, or learning from another credible source that the employee has been exposed to flu.

**4.4.1.2 Requiring an Employee to Remain Off the Job.** The legal standard for requiring an employee to stay off the job is the same as that for requiring a medical examination. If the agency has reasonable cause to believe an employee poses a direct threat, the agency may require the employee to stay home until the threat has passed. The agency may require the employee to stay off the job if it determines that the employee in fact poses a direct threat, or if the employee refuses to submit to a medical examination that will permit a determination of that question. How long that would be would depend upon what is then known about the life cycle of the avian influenza in humans, and in particular what the period of contagion is. The agency must return the employee to work when the employee provides evidence that he no longer poses a direct threat.

**4.4.1.3 The Determination as to Whether Leave Should Be With or Without Pay.** While an agency is legally permitted to place employees on leave without pay (or permit them to use their

own leave) when it requires employees to stay home for health or safety reasons, typically agencies have provided administrative leave instead. This is a good practice to follow in the case of pandemic influenza, for several reasons. Under some agencies' policies, a suspension for more than fourteen (14) days is considered an "adverse action" whether or not the suspension is for disciplinary purposes, and it triggers a process that permits the employee to be on paid administrative leave pending the outcome of the process. Since the agency would have to provide administrative leave with pay if it sends an employee home for longer than fourteen (14) days, it is probably good practice to provide administrative leave with pay for the initial fourteen (14) days as well. In addition, placing symptomatic or exposed employees on paid administrative leave will encourage employees to report their symptoms or exposure to the agency, thereby making the workplace safer for those employees who remain at the agency. Based upon the above, employees at the FLETC who are required to remain home for health reasons will be placed on paid administrative leave.

**4.4.2 Isolation of Students.** Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized healthcare to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.

Preventing influenza transmission requires limiting interactions between influenza cases and others. Influenza cases should be admitted to a healthcare facility/hospital for the purpose of isolation, especially during early stages of the pandemic, only if their clinical condition warrants, or if isolation in their dormitory or alternate facility cannot be achieved effectively. For purposes of the FLETC Pandemic Influenza Plan (PLAN), the following isolation policy, which is based on the CDC's suggested hierarchical approach in healthcare facilities, will be implemented to the extent possible:

- a. Any student who is *suspected of or confirmed as having* a novel strain of influenza will be referred to local healthcare providers for treatment or

placed in isolation at the FLETC. This decision will be made based upon the recommendations of on-site FLETC Health Unit personnel at the affected location.

- b. When possible, students identified as suspected or confirmed as having influenza will be placed in a private (or isolation) room. This may necessitate the movement of students from one room or dormitory to another.
- c. If an isolation room is not available for a student, the student should be placed in a room with a patient(s) with suspected or confirmed influenza (cohorting). When a private room is not available and cohorting is not possible, a spatial separation of at least three (3) feet should be maintained between the infected patient and other patients or visitors. Special air handling and ventilation is not necessary, and the door may remain open.
- d. When students with and without influenza must be placed in a room together, FLETC will avoid including uninfected patients most susceptible to influenza complications.
- e. When multiple influenza patients are admitted, the number of staff having contact with infected patients will be minimized by assigning all influenza patients to a single or small group of personnel, who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).
- f. When numerous cases are identified, FLETC will place all patients with documented or suspected influenza in one designated location (e.g., a single dormitory), and assign vaccinated healthcare personnel to work in that location. Additionally, FLETC Security personnel will be assigned to this designated area to control access to and from the building.
- g. Meals and other essential services will be provided to students while in isolation.
- h. Once a student has been medically cleared by healthcare personnel, the student will be relocated, if necessary, to another dormitory room.

**4.5 Use of Respirators and Surgical Masks – Generally.** According to the World Health Organization, the use of personal protective equipment, such as respirators and surgical masks, may reduce, but not eliminate, the possibility of becoming infected with avian influenza. Accordingly, the

use of respirators and surgical masks by FLETC and Partner Organization staff and students will be a central part of FLETC's overall response to any threatened or actual pandemic event. For a complete list of personal protective equipment to be stockpiled at FLETC in the event of pandemic influenza, refer to paragraph 4.9.1.2.

**4.5.1 Definitions.** For clarity during the below discussion of respirators and surgical masks, the following definitions are provided:

- a. Respirators.** During a pandemic event, FLETC intends to utilize N-95 respirators for certain segments of the staff, as explained in detail below. An N-95 respirator is one of nine classes of particulate respirators approved by the National Institute of Occupational Safety and Health (NIOSH). NIOSH-approved disposable particulate respirators are rated, and named, according to their ability to filter out 95%, 99% or 99.97% (essentially 100%) of small, inhalable particles, as well as according to their resistance to oil. A respirator rated an "N" is not resistant to oil. N-95 respirators fit closely to form a tight seal over the mouth and nose; must be fit-tested and adjusted to one's face; and must be safely removed and discarded.
- b. Surgical Masks.** During a pandemic event, the majority of FLETC and Partner Organization staff and students will be provided surgical masks to utilize. Masks that provide protection against pathogens carried by large respiratory droplets that can contaminate the mucous membranes are commonly known as surgical masks. These masks are worn by surgeons and other operating room personnel to prevent organisms in their noses and mouths from falling into the sterile field and potentially causing surgical site infections. Surgical masks also provide protection against body fluid splashes to the nose and mouth. These masks are designed to cover the mouth and nose loosely; are usually strapped behind the head; and are made of soft materials that are comfortable to wear. However, since these masks do not have a sealing surface and only fit loosely, they do not protect the user from respiratory particles.
- c. Cough and Sneeze Etiquette.** Cough and sneeze etiquette involves covering one's nose and mouth with a handkerchief, disposable tissue, or the crux of the elbow when coughing

or sneezing. FLETC and Partner Organization staff and students shall use and advise others with whom they come into contact to use these methods in order to minimize cross-contamination between people and potentially avoidable surface contamination.

- d. Hand Hygiene.** Appropriate hand hygiene involves the use of water, liquid soap, friction (vigorous rubbing), and disposable towels or hand driers. FLETC and Partner Organization staff and students shall wash their hands frequently, when feasible, particularly following activities such as:
  - 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) Coughing or sneezing into the hands; or
  - 4) Using common-use items, such as door knobs, elevator buttons, etc.

**4.5.2 Use of Respirators at FLETC.** The possible additional protective effect of N-95 respirators over surgical masks in community settings, such as that presented at the FLETC, is unknown. Respirators may offer extra protection in exceptional circumstances, such as prolonged exposure to a coughing person at close range in an unventilated area. However, use of respirators is only one component of personal safety during an influenza pandemic. The effectiveness of respirators to protect against exposure to infectious airborne particles depends on proper fitting, wearing, and use, awareness of limitations, safe removal, and safe disposal. Individuals who use respirators improperly may believe they will be protected although they are not. In addition, some individuals may not be capable of using a respirator because of age and size, disability, or other reasons (e.g., facial hair that impedes a tight fit). For others, there may be medical contraindications (e.g., chronic breathing difficulties). Accordingly, wearers of respirators need to be aware of the following:

- a. Disposable N-95 respirators are not intended to be reused. They are designed to be used only once and then discarded in a sanitary fashion.
- b. Modifications of or home treatment of respirators with bleach or other chemicals is dangerous, since it can injure the wearer and/or damage the respirator.

- c. The effectiveness and safety of commercially available respirators that have been pretreated with antimicrobial substances are unknown.

**4.5.3 Use of Surgical Masks at FLETC.** There is little information on the modern use of surgical masks for the control of influenza in community settings, such as the FLETC, where clear indicators for use are not present as they are in occupational settings. No controlled studies exist. Most influenza transmission during a pandemic will occur in community settings where exposures might be difficult to avoid, as is true for transmission of all respiratory viruses. Common sense suggests that wearing a surgical mask might be helpful for individuals who are not ill, but must be in crowded settings, although limited data exists to support this idea. As noted previously, the use of surgical masks (and respirators) is only one component of infection-control practices that limit contact between infected and non-infected persons. During an influenza pandemic, surgical masks should be used in conjunction with additional interventions, such as cough and sneeze etiquette, hand hygiene, and avoidance of large gatherings, which are known to prevent the spread of infection. The decision to utilize surgical masks at the FLETC is based on the following factors:

- a. The likelihood of exposure, including the frequency and duration of face-to-face contact with large numbers of persons, which results in an increased likelihood of contact with persons with influenza-like illness.
- b. The risk of severe illness from pandemic influenza, which is dependent upon (a) whether an individual is at increased risk for complications (e.g., persons with certain underlying medical conditions, such as cardiopulmonary disease or an immunodeficiency disorder), and (b) the ultimate clinical epidemiology of the pandemic influenza strain (e.g., the risk of morbidity and mortality for different age groups and subpopulations).

**4.5.4 Guiding Principles for Use of Respirators and Surgical Masks.** During a pandemic event, persons at the FLETC who wear respirators or surgical masks should be advised of the following:

- a. Respirator or surgical mask use should not take the place of prevention interventions, such as cough and sneeze etiquette, hand hygiene, and avoidance of large gatherings.

- b. To offer protection, respirators and surgical masks need to be worn correctly and consistently throughout the time they are used.
- c. Wearing a respirator or surgical mask incorrectly, or removing or disposing of it improperly, could allow contamination of the hands or mucous membranes of the wearer or others, causing disease transmission.
- d. Prior to donning (putting on) a respirator or surgical mask, wash hands thoroughly with soap and water or use an alcohol-based hand sanitizer to reduce the possibility of inadvertent contact between contaminated hands and mucous membranes.
- e. If worn in the presence of infectious persons, a respirator or surgical mask may be contaminated with infectious material; therefore, touching the outside of the device should be avoided.
- f. The respirator or surgical mask should be removed carefully, without touching the face.
- g. After the respirator or surgical mask has been removed, wash hands thoroughly again with soap and water or use an alcohol-based hand sanitizer.
- h. Further information on the wearing of respirators and surgical masks can be found at either of the below websites: <http://www.cdc.gov/ncidod/sars/respirators.htm> and <http://www.cdc.gov/niosh/npptl/topics/respirators/factsheets/respirators.html#f>.

**4.6 Distribution and Use of Respirators and Surgical Masks.** During the implementation of any pandemic response, the distribution and use of respirators and surgical masks by FLETC and Partner Organization staff and students shall be as follows:

- a. Pursuant to the Occupational Safety and Health Administration’s respiratory protection standard, 29 Code of Federal Regulations Part 1910.134, all respirators must be certified by the National Institute of Occupational Safety and Health, and may only be used within a complete respiratory program that includes fit-testing, training, and other requirements. Because of these requirements, the use of N-95 respirators by FLETC staff will be limited to only those employees who have been determined to be most at risk in the event of a pandemic response. This includes:



- 1) Personnel assigned to EVS (FLETC Glynco) or the ESM (FLETC Charleston);
  - 2) Personnel assigned to SEM (FLETC Glynco);
  - 3) Personnel assigned to perform Security and Emergency Management functions at all FLETC locations.
  - 4) Personnel assigned to ASB (FLETC Artesia) and
  - 5) Personnel assigned to the FLETC Health Units at all locations.
- b. The FLETC (EVS) will ensure that adequate stockpiles of N-95 respirators are maintained for provision to, and support of, the personnel listed above in the event of a pandemic response.
  - c. Surgical masks will be utilized for all other FLETC and Partner Organization staff and students.
  - d. Upon the initiation of **Level 1** actions (upon the first **confirmed** case of human-to-human transmission of avian influenza in the United States), respirators and surgical masks will be moved from storage in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, to designated locations on-board the affected FLETC site in anticipation of distribution to FLETC and Partner Organization staff and students at that location.
  - e. Upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Glynn County or in Eddy/Chaves County or Charleston County), respirators and surgical masks will be distributed to FLETC and Partner Organization staff and students for possible use in the event of a threatened or actual pandemic event.
  - f. Upon the initiation of **Level 3** actions (upon the first **confirmed** case of avian influenza at a specified FLETC location), the use of respirators and surgical masks will be mandated for all FLETC and Partner Organization staff and students at that location.
  - g. The mandatory use of respirators and surgical masks will continue until such time as all emergency response activities have been terminated.

**NOTE:**

Currently, a number of policy papers related to pandemic influenza are under review by various entities within DHS. One such paper, Policy Paper 3.2, addresses whether PPE use among DHS personnel may be mandated, as it is in the FLETC Pandemic Influenza Plan. That policy paper has been reviewed by both the DHS Office of General Counsel and the Office of Civil Rights and Civil Liberties, with review by the Private Sector Office still underway. Changes to this Plan may be necessitated by the final action on Policy Paper 3.2.

**4.7 Student Travel Restrictions.** There are a variety of measures that can be implemented to help limit the spread of an infectious disease across local populations and reduce an individuals' risk for infection. One such measure is a restriction on travel, which can reduce the transmission of a disease by limiting the proximity of individuals and reducing interaction within and across social networks. Recent recommendations by the World Health Organization encourage countries to focus their efforts to contain the spread of a pandemic at national and community levels, rather than at international borders. These recommendations will provide the basis for the implementation of restrictions on student travel in the event of a threatened or actual pandemic event.

**4.7.1 Travel From or Through Affected Areas in the United States.** It is expected that the Federal government will, upon the first human case of avian influenza in North America, and in accordance with the *Implementation Plan for the National Strategy*, immediately impose travel restrictions to limit non-essential passenger travel in affected areas. In the absence of such a decision, however, the FLETC shall adhere to the following guidelines:

- a. Upon a declaration by the CDC of a localized avian influenza outbreak anywhere in the United States, students scheduled to attend any training program at any FLETC facility who would be traveling from those affected areas shall be prohibited from doing so, until such time as the CDC declares an end to the outbreak in the area. The basis for announcing a human outbreak of pandemic potential would consider a number of factors, including the number of individuals affected, the rapidity of the spread, and the virulence of the disease.

- b. Any student from an affected area who has arrived at a FLETC facility in the ten (10) days immediately preceding the CDC declaration shall be immediately sent to the on-site FLETC Health Unit for screening, in accordance with CDC recommendations and the guidance contained in Section 6 of this PLAN.
- c. Any student who traveled through an affected area and arrived at the FLETC in the ten (10) days immediately preceding the CDC declaration shall be sent to the on-site FLETC Health Unit for screening, in accordance with CDC recommendations and the guidance contained in Section 6 of this PLAN. This would include students who utilized airline transportation to travel to FLETC and who had a layover in an affected area during that flight. This would also include any student who, for any reason, made a stop in the affected area, such as for food, lodging, or gasoline.
- d. Any student who travels from or has passed through an affected area and arrives at a FLETC facility in the ten (10) days immediately following a CDC declaration of an end to the outbreak in that area shall be sent to the on-site FLETC Health Unit for screening, in accordance with CDC recommendations and the guidance contained in Section 6 of this PLAN.

If, during the screening of any student that falls within one of the above categories, the on-site FLETC Health Unit determines that the student is suspected of having a novel case of influenza, the steps outlined in Section 6 of this PLAN will be followed.

**4.7.2 Student Restrictions While at the FLETC.** As a member of the local community, the FLETC has a responsibility to ensure that it takes proactive, responsible steps to prevent the possible spread of any infectious disease from the FLETC into the surrounding community. At the same time, the FLETC is tasked with ensuring the health and well-being of a residential student population that averages between 2,500 and 3,000 students daily. This responsibility requires that the FLETC be prepared to implement social-distancing measures in an effort to prevent the spread of any infectious disease from the surrounding communities into the boundaries of the FLETC. The most effective way of accomplishing these measures is through the use of travel restrictions on the FLETC student population.

Accordingly:

- a. Upon the initiation of **Level 3** actions (upon the first **confirmed** case of avian influenza at a specified FLETC facility), the Director may, at his discretion, impose a mandatory restriction on travel for students residing at the FLETC. In such an event, all non-emergency travel by residential students off the FLETC campus will be restricted. Any such decision will be made with the input of the Executive Team and the Partner Organization representatives. Where this event occurs at one of FLETC's field sites, this determination shall be made with the input of the AD, FTD and the DAD at the affected site.
- b. Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), a mandatory restriction on travel for students residing at the affected FLETC facility will be issued.

Notwithstanding the above, any student travel restrictions implemented by FLETC in response to a pandemic event must take into consideration the very real possibility that staff and students from some of the Partner Organizations, such as Customs and Border Protection, may be ordered by their headquarters to deploy and assist other geographical locations in any potential nationwide pandemic response that is instituted. In such an event, FLETC is committed to working with and supporting our Partner Organizations through the provision of necessary logistical support, such as assisting Partner Organization students with transportation to airports in Savannah, Jacksonville, Roswell, or Charleston for follow-on deployment by their Agency.

**4.8 Suspension of Public Events.** The decision to cancel public events at any FLETC facility will be made by the Director, in coordination with the Executive Team. Where this decision affects one of FLETC's field sites, this determination shall be made with the input of the DAD at the affected site. As a general rule, however, once FLETC initiates **Level 3** actions at any FLETC facility (upon the first confirmed case of avian influenza at the FLETC), all public gatherings and events at that facility will be cancelled. This would include all social events, such as graduation ceremonies, staff after-hours, class

parties, etc.

**4.9 Responsibilities.** The DC, EVS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) is responsible for overseeing that portion of the FLETC pandemic influenza response regarding the implementation of infection-control measures. However, FLETC and Partner Organizations staff and students are responsible for preventing the spread of influenza during any outbreak by following the guidance provided within this document, and ensuring compliance with other associated guidance that may be provided by the FLETC.

#### 4.9.1 Preparedness Phase

**4.9.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. Maintain an up-to-date list of all personnel, including emergency contact information (home addresses, spouse's name, and after-hours telephone numbers) for notification and accountability purposes.
- b. Familiarize themselves with the following FLETC Directives:
  - 1) FD 66-00, Time and Attendance;
  - 2) FD 66-10, Alternative Work Schedule Program;
  - 3) FD 66-11, Telework and Flexiplace Work Program; and
  - 4) FD 66-30, Absence and Leave.
- c. Consistent with the guidelines of those FLETC Directives listed above, ensure internal policies are in place to promote social distancing between employees and customers in the event of a pandemic influenza outbreak. These policies shall address:
  - 1) The establishment of alternative work schedules, including both flexible work schedules and alternative work schedules;
  - 2) The use of telecommuting by eligible employees; and
  - 3) The use of guidelines modifying the frequency and type of face-to-face encounters that occur between employees, such as moratoria on handshaking; the substitution of teleconferences for face-to-face meetings; staggered breaks; etc.).

**4.9.1.2 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Ensure that internal plans are in place to provide for the continuation of environmental and safety responsibilities in the event of a pandemic influenza outbreak.
- b. Answer all employee questions regarding infection-control practices that may be utilized to prevent the spread of influenza in the workplace.
- c. Ensure that EVS orders and has on stock in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, an adequate supply of the following personal protective equipment (PPE) in the event of a pandemic event:
  - 1) N-95 Disposable Respirators;
  - 2) Surgical Masks;
  - 3) Impermeable, Non-Latex Gloves;
  - 4) Splash Goggles;
  - 5) Tyvek/Saranex Suits;
  - 6) Bleach;
  - 7) Isopropyl-Alcohol Sanitizing Gel; and
  - 8) Bio-Medical Waste Bags.
- d. Coordinate with the DC, PMD and the DC, SPA (FLETC Glynco), or the BC, ASB (FLETC Artesia), or the CHA (FLETC Charleston), to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- e. Coordinate with the DC, PMD (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to develop protocols to ensure that all PPE stored in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, is distributed in a timely and comprehensive manner upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Glynn County or in Eddy/Chaves County or Charleston County).
- f. Ensure that educational materials (e.g., posters, pamphlets, etc.) on pandemic influenza are made available to all FLETC and Partner Organization staff and students at the appropriate location.

These materials shall include information on such aspects of influenza planning as infection control, social-distancing measures, and personal protection for employees and family members.

- g. Ensure that pandemic influenza awareness training is made available to all FLETC and Partner Organization staff and students at all FLETC locations through the use of various media, including computer-based training modules. This training shall include information on infection-control measures; prompt self-diagnosis; signs and symptoms of influenza; modes of transmission; risk avoidance; universal hygiene practices; and the use of face masks and/or respirators for symptomatic individuals.
- h. Educate FLETC and Partner Organization staff and students at all FLETC locations on the basic infection-control principles for preventing the spread of influenza and the management strategies for the containment of pandemic influenza.
- i. Monitor adherence to recommended infection-control practices to prevent exposure to, and transmission of, pandemic influenza during the Preparedness and Implementation Phases of this PLAN.

**4.9.1.3 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Provide advice and guidance for FLETC and Partner Organization staff and students on the development of personal protection plans for the care and security of their families.
- b. In coordination with the DC, PRO (FLETC Glynco) and the appropriate field site representative, or the BC, ASB (FLETC Artesia) or the Contracting Officer (FLETC Charleston), review and modify the Security Services contract, as necessary, to:
  - 1) Require contract security personnel to wear PPE and receive designated immunizations.
  - 2) Provide for increased security forces at any designated isolation facility.
  - 3) Escort healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility.
- c. Ensure that plans are developed to secure the FLETC facility in the event a curfew of students is ordered.

- d. Develop policies for restricting travel to geographic areas affected by a novel strain of influenza, evacuating staff/students from an affected area when an outbreak begins, and guidance for employees returning from affected areas. CDC travel recommendations will be utilized for this planning effort.

**4.9.1.4 The DC, HRD (FLETC Glynco) shall:**

- a. Ensure that all FLETC Directives on telecommuting, alternate work schedules, etc., are kept current with the OPM guidance on those topics contained in OPM’s, “Human Capital Planning for Pandemic Influenza,” dated September 12, 2006.
- b. Ensure that all FLETC and OPM guidance on telecommuting, alternative work schedules, etc., are maintained and accessible to FLETC and Partner Organization staff at all FLETC locations.
- c. Ensure that, in the event OPM issues supplementary or other guidance on telecommuting, alternate work schedules, etc., those modifications are published for FLETC and Partner Organization staff and incorporated into existing FLETC Directives as soon as possible.
- d. Ensure that all OPM guidance on the use of administrative leave for persons suspected of having a novel strain of influenza, including avian influenza, is accurately reflected in this PLAN.
- e. Ensure that any changes to current OPM guidance on the use of administrative leave for persons suspected of having a novel strain of influenza, including avian influenza, are published for FLETC and Partner Organization staff and incorporated into existing FLETC Directives as soon as possible.

**4.9.1.5 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Develop protocols to ensure that recommendations regarding isolation of students made by the FLETC Health Unit on the basis of a suspected or confirmed case of avian influenza are immediately forwarded to the following:
  - 1) The CSO, SEM (FLETC Glynco only);

- 2) The DC, EVS (FLETC Glynco only);
  - 3) The DC, TMD (FLETC Glynco only);
  - 4) The DAD Security Specialist (FLETC Artesia only);
  - 5) The SEMS (FLETC Charleston only);
  - 6) The ESM (FLETC Charleston only); and
  - 7) The BC, PMG (FLETC Charleston only).
- b. Coordinate with the DC, PRO (FLETC Glynco) and the appropriate field site representative, the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to modify the food services contract to require the contractor to ensure protocols are in place for the delivery of food (e.g., boxed lunches) and water to designated dormitories in the event that students are isolated in their rooms.
  - c. Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services and supplies required in support of this PLAN.
  - d. Coordinate with the DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) to develop plans to address additional screening requirements of students who may be traveling to FLETC through affected areas.

**4.9.1.6 The DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Coordinate with the DC, TRC and the DC, SPA (FLETC Glynco), or the DC, ATR (FLETC Artesia), or the CHA (FLETC Charleston) to develop protocols to track housing locations for both sick and well students throughout the duration of any pandemic response.
- b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to develop protocols to coordinate any necessary transportation of students to hospitals and treatment centers, as necessary.
- c. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to develop protocols to coordinate any medical support or food delivery to students in isolation.

- d. Develop protocols to ensure that travel restrictions on students coming to all FLETC facilities are implemented.
- e. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), as well as with the appropriate FLETC Health Units, to develop plans to address additional screening requirements of students who may be traveling to any FLETC facility through affected areas.

**4.9.1.7 The DC, TRC (FLETC Glynco) or the DC, ATR (FLETC Artesia) shall develop protocols, in coordination with the DC, TMD and the DC, SPA (FLETC Glynco), or the BC, PMB (FLETC Artesia), to track housing locations for both sick and well students throughout the duration of any pandemic response.**

**4.9.1.8 The DC, PMD (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Coordinate with the DC, EVS and the DC, SPA (FLETC Glynco), or the ASB Environmental Protection Specialist (FLETC Artesia), or the ESM (FLETC Charleston) to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- b. Coordinate with the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) to develop protocols to ensure that all PPE stored in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, is distributed in a timely and comprehensive manner upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Glynn County or Eddy/Chaves County or Charleston County).
- c. Identify essential PMD (FLETC Glynco) or ASB Property Management (FLETC Artesia) or Inventory Management Specialist (FLETC Charleston) functions and other critical inputs (e.g., suppliers/vendors, contractor services, and logistics) required to maintain property management operations by location (Glynco, Washington D.C., Artesia, Cheltenham, Charleston, and Gaborone) during a pandemic outbreak.

- d. Develop and plan for scenarios likely to result in an increase or decrease in demand for PMD (FLETC Glynco) or ASB Property Management (FLETC Artesia) or Inventory Management Specialist (FLETC Charleston) services during a pandemic (e.g., the need for hygiene supplies, need for mail distribution, etc.).
- e. Store and maintain pandemic flu supplies for the appropriate FLETC facility (e.g., PPE, drinking water, etc.).
- f. Store and maintain emergency overnight kits for staff who may be required to stay at any affected FLETC location for an extended period of time.

**4.9.1.9 The DC, PRO (FLETC Glynco) or the Contracting Officer (FLETC Charleston) shall:**

- a. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to modify the food services contract to require the contractor to ensure protocols are in place for the delivery of food (e.g., boxed lunches) and water to designated dormitories in the event that students are isolated in their rooms.
- b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.

**NOTE:**

**The medical services contract is a centralized contract. Accordingly, the Contracting Officer for medical services is located at FLETC Glynco, and all modifications to this contract at any site will be addressed by that Contracting Officer, not one based at FLETC Charleston.**

- c. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) to review and modify the Security Services contract, as necessary, to:
  - 1) Require contract security personnel to wear PPE and receive designated immunizations.

- 2) Provide for increased security forces at any designated isolation facility.
- 3) Escort healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility.

**4.9.1.10 The DC, SPA (FLETC Glynco) shall:**

- a. Coordinate with the DC, EVS and the DC, PMD to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- b. Coordinate with the DC, TRC and the DC, TMD to develop protocols to track housing locations for both sick and well students throughout the duration of any pandemic response.

**4.9.2 Implementation Phase**

**4.9.2.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. To the extent practicable, and based upon the operational status of the FLETC facility at the time, implement social-distancing measures, including potentially:
  - 1) The use of alternative work schedules;
  - 2) The use of telecommuting by employees; and
  - 3) The modification of face-to-face encounters between employees.
- b. Ensure that any employee *suspected of or confirmed as having* a novel strain of influenza is placed on administrative leave with pay.
- c. Upon notification that *Level 3* actions have been initiated (upon the first *confirmed* case of avian influenza at a specified FLETC location), ensure that PPE wear is mandated for all personnel.
- d. Ensure that all employees adhere to the provisions of this Section regarding the wearing of PPE, including surgical masks.
- e. Ensure that cleaning of equipment and supplies in personal workspaces is emphasized and accomplished.

**4.9.2.2 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Upon notification that **Level 2** actions have occurred (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Glynn County or Eddy/Chaves County or Charleston County), ensure that stores of PPE are distributed to all FLETC and Partner Organization staff and students.
- b. As necessary, ensure that all personnel at the affected FLETC location that are required to wear the N-95 respirator are provided mandatory training and fit-testing prior to the use of the device. Use of the N-95 respirator and inclusion in a medical surveillance program will be as outlined in FLETC Directive 70-09, "Safety Programs Manual."
- c. Ensure that all personnel who are issued surgical masks are provided hands-on training on the proper "donning" and "doffing" of those masks.
- d. Ensure that all personnel who are issued N-95 respirators or surgical masks are provided training on the proper disposal of the respirator or mask as bio-medical waste.
- e. Ensure that bio-medical waste bags are provided to all FLETC components and Partner Organizations, along with instructions on their use, in accordance with the FLETC Bio-Medical Waste Plan.
- f. Ensure that pick-up schedules are developed with each FLETC component and Partner Organization for proper disposal of bio-medical waste bags in coordination with the FLETC Health Unit.
- g. Update pandemic influenza infection-control guidance and ensure dissemination to FLETC and Partner Organization staff and students as indicated according to the virulence, transmissibility, incubation period, period of communicability, and drug susceptibility of the identified pandemic influenza strain.
- h. Coordinate with the DC, PMD (FLETC Glynco) or the ASB Property Management Specialist (FLETC Artesia) or the CHA (FLETC Charleston) to ensure that sufficient supplies are ordered, stockpiled, and received from Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, throughout the duration of any emergency response.

**4.9.2.3 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Ensure that Security personnel are assigned to any designated isolation facility to control access into or out of the building.
- b. Ensure that Security personnel escort all health-care and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility, providing access to necessary rooms and areas, as required.
- c. Ensure that all curfew requirements are enforced.

**4.9.2.4 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (Contract Compliance Specialists at FLETC Charleston) shall:**

- a. Ensure that medical staff visits occur daily for any students required to remain in an isolation room or facility.
- b. Ensure that all medical staff who conduct visits with students restricted to isolation rooms comply with all requirements for room visits outlined in Section 6 of this PLAN.
- c. Ensure that food and water is delivered daily to any students required to remain in an isolation room or facility.
- d. Ensure that all personnel responsible for delivering food and water to students restricted to isolation rooms comply with all PPE requirements outlined in this Section.
- e. Coordinate with the DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the Contracting Officer (FLETC Charleston), as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

**4.9.2.5 The DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Coordinate with the DC, TRC and the DC, SPA (FLETC Glynco), or the DC, ATR (FLETC Artesia), or the CHA (FLETC Charleston), to track housing locations for both sick and well students. This information will be available for provision to the on-scene IC and Partner

Organizations daily, as well as the on-site FLETC Health Unit personnel.

- b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) for any necessary transportation for students to hospitals and treatment centers when required.
- c. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) for any medical support or food delivery to students in isolation.
- d. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

**4.9.2.6 The DC, TRC (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Track housing locations for both sick and well students throughout the course of the emergency response. At FLETC Glynco, this task shall be coordinated with the DC, TMD and the DC, SPA.
- b. Ensure information on housing locations for both sick and well students is made available for provision to the on-scene IC and Partner Organizations daily.

**4.9.2.7 The DC, PMD (FLETC Glynco) or the ASB Property Management Specialist (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Ensure that all pandemic influenza supplies are distributed in a timely and efficient manner, when required.
- b. Ensure that emergency overnight kits for staff that may be required to stay on Center for an extended period of time are distributed in a timely and efficient manner, when required.

**4.9.2.8 The DC, HRD (FLETC Glynco) shall** provide advice and guidance on all personnel matters, including the use of administrative leave with pay for ill employees.

**4.9.2.9 The DC, PRO shall** direct the on-site FLETC Health Unit contractor to provide support as

previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.

**4.9.2.10 The DC, SPA (FLETC Glynco) shall** coordinate with the DC, TRC and the DC, TMD to track housing locations for both sick and well students. This information will be available for provision to the Incident Commander and Partner Organizations daily, as well as the FLETC Health Unit personnel.

**4.9.3 Restoration Phase**

**4.9.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** resume normal operations as soon as practicable upon notification that emergency response actions have been terminated.

**4.9.3.2 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Ensure that all bio-medical waste has been disposed of in accordance with the FLETC Bio-Medical Waste Program.
- c. Ensure that all necessary PPE is re-ordered and re-stocked in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate, or other alternative sites.
- d. Conduct an after-action review of actions taken pursuant to the PLAN to identify and correct any actions necessary.
- e. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.3 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.



- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.4 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Coordinate with the DC, TRC and the DC, SPA (FLETC Glynco), or the DC, ATR (FLETC Artesia), or the Contract Compliance Specialist (FLETC Charleston), to ensure that housing locations for all students return to normal operations.
- c. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- d. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.5 The DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Ensure that all basic and advanced training students present at the affected FLETC location during the implementation of the PLAN are accounted for. Where a student remains unaccounted for, notification to the on-scene Incident Commander and the Partner Organization to which the student belongs shall take place immediately.
- c. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- d. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.6 The DC, TRC (FLETC Glynco) or the DC, ATR (FLETC Artesia) shall:**

- a. Coordinate with the DC, SVC and the DC, SPA (FLETC Glynco), or the BC, ASB (FLETC Artesia), to ensure that housing locations for all students return to normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.

- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.7 The DC, PMD (FLETC Glynco) or the ASB Property Management Specialist (FLETC Artesia) or the Inventory Management Specialist (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Ensure that all necessary PPE re-ordered following the termination of emergency response actions is re-stocked in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate.
- c. Ensure that all necessary pandemic flu supplies expended during the emergency response at the FLETC are re-ordered and re-stocked in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate.
- d. Ensure that all emergency overnight kits for staff that were expended during the emergency response are re-ordered and re-stocked in Building 2400 (FLETC Glynco), Building 30 (FLETC Artesia), or Building 61 (FLETC Charleston), as appropriate.
- e. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- f. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.8 The DC, PRO (FLETC Glynco) or the Contracting Officer (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**4.9.3.9 The DC, HRD (FLETC Glynco) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- d. Modify, as appropriate, all FLETC Directives dealing with personnel matters encountered during the course of the emergency response. These would include:
  - 1) FD 66-00, Time and Attendance;
  - 2) FD 66-10, Alternative Work Schedule

- Program;
- 3) FD 66-11, Telework and Flexiplace Work Program; and
- 4) FD 66-30, Absence and Leave.

**4.9.3.10 The DC, SPA (FLETC Glynco) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- d. Coordinate with the DC, SVC and the DC, TRC to ensure that housing locations for all students return to normal operations.

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# Section 5: Vaccines and Antivirals

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**5.1 Generally.** Past pandemics have been characterized by multiple waves of disease: a first wave lasting six to eight weeks, followed by second and third waves several months later. Although it is not possible to predict how quickly a novel virus could arrive in the United States, the planning time horizon could be short. The current influenza vaccine manufacturing procedure is a complex process that requires six to eight months before large amounts of vaccine are available. Ordinarily vaccine virus strains for the annual influenza season are selected in January/February for vaccine distribution in August/September. This vaccine would not be effective against a newly emerged pandemic virus strain. A new virus strain might not appear during the winter months, when influenza viruses normally circulate, but could emerge as a threat at any time of year.

**5.2 Use of Vaccines.** Under ideal conditions, abundant stocks of effective vaccine and vaccination supplies would be available to the FLETC prior to any pandemic, allowing rapid deployment of vaccination sites across all FLETC sites and resulting in close to universal coverage. Unfortunately, because of the long production period required, vaccine may not be available prior to the arrival of the novel virus in the United States. If vaccine is available, it is likely to be in short supply. Further, the number of persons who may be protected by vaccination depends on the manufacturing capacity, the amount of antigen per dose needed for a protective immune response, and the number of doses required. A higher antigen concentration and/or two doses may be needed for pandemic vaccine where a person has no previous exposure to the influenza subtype and lacks any immunity. The first dose may confer some immunity, but immunologic response after a single dose is believed to be poor. Therefore, a second dose would likely need to be given approximately thirty (30) days after the first. This would lengthen the time it would take to achieve high levels of immunity in the population. However, when the same novel virus reappears in the second and third pandemic waves several months later, vaccine will likely be available. Influenza vaccine will be of significant value in preventing morbidity and mortality during the latter stages of a pandemic. Because of the anticipated vaccine shortage in the first 6 to 8 months

of a pandemic, the CDC recommends that initial supplies be administered in a prioritized manner to targeted groups. Accordingly, any FLETC stockpile of vaccination that may be accumulated will be used to immunize priority groups based on supply level.

**5.3 Mandatory Vaccinations of Employees.** Assuming that the FLETC could obtain a supply of vaccine for its employees, the question exists whether the agency could require employees to be vaccinated as a condition of continued employment. Normally a new requirement of this type would be considered a change in the terms and conditions of employment, and, historically, these types of changes have not been imposed on existing employees. Moreover, vaccinations are frequently dangerous for certain populations, and the risk of liability in the event of death or injury resulting from a vaccination is very real. Employees injured by a vaccine would likely be limited to their remedies under Federal Employees Compensation Act. If the agency were to vaccinate non-employees (for example, employees' family members), those individuals injured by the vaccine could potentially bring a claim against the agency under the Federal Tort Claims Act (FTCA). Claims over \$2,500 under the FTCA are paid by the Federal Judgment Fund, not by the agency's own funds. Accordingly, OPM has advised that, at the current time, an agency should not attempt to mandate the vaccination of employees, but should instead comply with whatever State or Federal programs may exist at the time of the pandemic.

**5.4 Seasonal Influenza Vaccine.** The vaccine for the annual influenza season, while ineffective against the novel strain, would be of value in preventing secondary infection with the previously circulating virus strains. The FLETC will, therefore, continue to encourage and expand the annual influenza vaccination program. Increasing routine, annual vaccination coverage will reduce the annual toll of influenza and will sharpen FLETC's distribution abilities in the event of a pandemic influenza. Nevertheless, the implication of the above is that while vaccination remains important, planners must be mindful that other strategic responses, such as maintaining strict infection-control practices and managing clinical surge capacity, may be equally or

more important, especially during the initial stages of the pandemic.

**5.5 Use of Antivirals.** At present, antiviral drugs are the only specific medical intervention targeting influenza that will potentially be available during the initial pandemic response. During a pandemic, antiviral drugs are likely to play an important, but limited role. The existing supply and surge capacity for production of antiviral drugs is inadequate. It is therefore critical that planning activities address three key issues: procurement, distribution, and targeted use of antivirals. Further, antiviral drug use should not be considered as a strategy for altering the overall course of a pandemic, but may help with protection for essential personnel and treatment for some individuals. Finally, antiviral use should not begin until the pandemic influenza virus has been detected at the FLETC.

**5.6 Prophylaxis versus Treatment.** Influenza antivirals can be used for prophylaxis or treatment. “Prophylaxis” uses an influenza antiviral drug to prevent infection in a susceptible individual. The drug must be given for the entire duration of possible exposure. “Treatment” with influenza antiviral drugs is used to both shorten the duration and limit complications of an established infection. Treatment is most effective if started within the first forty-eight (48) hours of illness. The FLETC strategy for antiviral agents in a pandemic will emphasize “treatment” over “prophylaxis,” which will make the most efficient use of any stockpile of antivirals the FLETC shall accumulate prior to a pandemic event.

**5.7 Background Information on Antivirals.** Four antiviral agents are approved for *treatment* of influenza: amantadine, rimantadine, zanamivir, and oseltamivir. While a more complete overview of these antivirals is provided in Appendix F, the following chart generally describes the drugs and their usefulness.

As noted, all of the agents, except for zanamivir, are approved for prophylactic (preventive care) use. The adamantane derivatives, amantadine and rimantadine, are also approved for treatment and prophylaxis of influenza A. When administered for treatment within forty-eight (48) hours of illness onset, controlled studies have found that both drugs are effective in decreasing viral shedding and reducing the duration of illness of influenza A by approximately one day compared with placebo. When used for prophylaxis during annual influenza outbreaks, amantadine and rimantadine generally have been approximately 70%-90% effective in preventing symptomatic illness caused by influenza A. To be effective, prophylaxis must be continued until exposure has ceased. The adamantanes are considered best suited for prophylaxis because of the high potential for viral resistance to emerge during treatment, the potential supply, and their cost.

Neuraminidase inhibitors (oseltamivir and zanamivir) are effective against influenza A and B, and may be better suited for treatment than the adamantanes because of the potential for viral resistance when adamantanes are used for therapy. Oseltamivir can also be used for prophylaxis. When treatment is initiated within forty-eight (48) hours of illness onset, both drugs are effective in decreasing shedding and reducing the duration of symptoms of influenza by approximately one to two days compared with placebo.

Distribution of drugs for therapy is a challenge given the limited amount available and the need to initiate the course of treatment within forty-eight (48) hours of the onset of symptoms. The choice of which antiviral medications to use, and whether to use for treatment or prophylaxis, will vary depending on the susceptibility of the influenza virus strain, the epidemiology of the disease, and medication availability. As noted above, however, the FLETC strategy will emphasize treatment over prophylaxis, unless the developments necessitate a revision of that strategy.

Drug	Effective Agent	Approved Use	Approved Age Groups
Amantadine	Influenza A	Prophylaxis and Treatment	Persons ≥ 1 year of age
Rimantadine	Influenza A	Prophylaxis	Persons ≥ 1 year of age
Rimantadine	Influenza A	Treatment	Persons ≥ 13 years of age
Oseltamivir	Influenza A and B	Prophylaxis and Treatment	Persons ≥ 1 year of age
Zanamivir	Influenza A and B	Treatment	Persons ≥ 7 years of age

## 5.8 Strategies for Antiviral Drug Use.

- a. Because antiviral drug supply is limited, planning for the use of antiviral drugs will be based on defined goals and identified priority groups targeted to achieve those goals.
- b. The duration of prophylaxis is estimated to be six to eight weeks if used while influenza is circulating in a community or may be longer. Because prophylaxis would be provided to a group of people who were at risk of exposure to the pandemic virus and its consequences, many of those who receive prophylaxis may not become infected and may not have become ill even in its absence. Therefore, for a given quantity of antiviral drugs, prophylaxis should be targeted to very specific and limited groups of people; treatment is generally considered a more efficient strategy than prophylaxis on a population-wide basis.
- c. Use of adamantanes for therapy can lead to the development and subsequent spread of resistant influenza viruses.
- d. The effectiveness of antiviral drug therapy when started more than forty-eight (48) hours after onset of influenza symptoms is usually decreased; therefore, initiation of treatment with antiviral medications more than forty-eight (48) hours after onset should generally be reserved for special circumstances, such as severe illness.
- e. The United States Department of Health and Human Services has devised general recommendations on target groups for the use of antiviral medications during a pandemic when supply is limited. That guidance is contained in Appendix G. These recommendations will generally provide the guidance for FLETC's prioritization efforts regarding the use of antivirals. However, during an actual pandemic, these recommendations and resulting use of antiviral medications may change based on the characteristics of the virus (e.g., transmissibility, virulence, initial geographic distribution, age-specific attack rates, and complication rates), antiviral drug effectiveness, and antiviral medication supply.

**5.9 Responsibilities.** The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA and ESM (FLETC Charleston) in coordination with the respective, on-site FLETC Health Unit, is responsible for overseeing that portion of the FLETC

pandemic influenza response regarding the use of vaccines and antivirals.

### 5.9.1 Preparedness Phase

**5.9.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** promote and encourage the use of the annual influenza vaccine.

**5.9.1.2 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA and ESM (FLETC Charleston), in coordination with the on-site FLETC Health Unit, shall:**

- a. Continue to advertise, promote, and maximize the use of the annual influenza vaccine.
- b. Identify alternative vaccination sites that may be utilized during a pandemic event. At FLETC Glynco, this shall be coordinated with the DC, SPA.
- c. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) in reviewing national recommendations (Appendix G) for pandemic influenza vaccinations and develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.
- d. Provide annual vaccination and antiviral estimates to the FLETC Health Unit contractor to ensure sufficient stockpiles of such medications are maintained at the FLETC.
- e. Coordinate with the DC, PRO (FLETC Glynco) in reviewing and modifying, as appropriate, the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
- f. Ensure contingency plans are developed for the ordering, storage, and distribution of vaccine (if and when available) and antiviral stockpiles. Copies of these plans should be provided to the CSO, SEM, the DC, PRO, and the DC, BUD at FLETC Glynco. At FLETC Charleston, copies of these plans shall be provided to the SEMS, the Contracting Officer, and the CHA. These plans shall address the following issues:

## SECTION 5: VACCINES AND ANTIVIRALS

- 1) Identification of suppliers, supply quantities, and necessary lead time.
  - 2) Ensuring a sufficient supply of vaccines (if and when available) and antivirals are stockpiled to support FLETC and Partner Organization staff and students at the site in the event of a pandemic event.
  - 3) Ensuring plans are in place to track vaccine and antiviral usage.
  - 4) Ensuring that plans are in place to monitor any vaccination and/or antiviral stockpile to ensure supplies have not expired.
  - 5) Identifying alternate vaccination sites that may be utilized during a pandemic event.
- a. Monitor updated national guidelines from the CDC or other organizations on the appropriate use of antivirals during a pandemic and make recommendations, as appropriate, for modifications to this FLETC Pandemic Influenza Plan (PLAN).
  - b. Identify and stockpile any additional medications that may be necessary in the event of a pandemic event. Where necessary, coordinate with the DC, PRO for necessary modifications to the medical services contract.
  - c. Participate in any training, testing and exercises regarding the PLAN at all FLETC locations.

### 5.9.1.3 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:

- a. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), as well as the on-site FLETC Health Unit, to monitor the availability of prevention measures, including vaccinations and antivirals.
- b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), as well as the on-site FLETC Health Unit, to develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.

### 5.9.1.4 The DC, PRO (FLETC Glynco) or the Contracting Officer (FLETC Charleston) shall:

- a. Ensure that, in the event of a pandemic influenza outbreak, “essential” contract services are identified. Contractors that provide “essential” services will be required to plan for periods of high absenteeism so that continued support will be provided.
  - b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to ensure that existing contracts for healthcare support are modified to meet essential mission requirements during implementation of this PLAN.
  - c. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
  - d. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the medical services contract to provide for the identification and stockpiling of any additional medications (e.g., antibiotics, decongestants, etc.) that may be necessary in the event of a pandemic event.
- NOTE:**

**The medical services contract is a centralized contract. Accordingly, the Contracting Officer for medical services is located at FLETC Glynco, and all modifications to this contract at any site will be addressed by that Contracting Officer, not one based at FLETC Charleston.**
- e. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to ensure that procurement support is provided to ensure a sufficient stockpile of vaccinations (if available) and antivirals are obtained for use at the FLETC.
  - f. Develop a vendor/source listing that identifies multiple vendors from whom identified vaccines (if available) and antivirals may be obtained. This includes identifying whether the establishment of Blanket Purchase Agreements should be pursued.
  - g. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA

(FLETC Charleston) to modify the medical services contract to require influenza vaccinations for essential contractor employees.

**5.9.1.5 The DC, SPA (FLETC Glynco) shall**, in coordination with the DC, SVC, identify alternative vaccination sites that may be utilized during a pandemic event.

## **5.9.2 Implementation Phase**

**5.9.2.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** ensure that their personnel are provided the opportunity to obtain vaccines and antivirals, as determined by the FLETC Health Unit.

**5.9.2.2 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), in coordination with the on-site FLETC Health Unit, shall:**

- a. Activate the vaccine and antiviral drug distribution system.
- b. Utilize, as necessary, alternate vaccination sites to facilitate distribution of antivirals among FLETC and Partner Organization staff and students at the affected location.

**5.9.2.3 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall** ensure that physical security measures are implemented, as necessary, at all primary and alternative vaccination sites at the FLETC.

**5.9.2.4 The DC, PRO (FLETC Glynco) and the appropriate field site representative, the Contracting Officer (FLETC Charleston) shall** provide procurement support, as required, to the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), as well as the on-site FLETC Health Unit to ensure continuity of operations.

## **5.9.3 Restoration Phase**

**5.9.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable),**

**and Partner Organization Representatives shall** resume normal operations.

**5.9.3.2 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), in coordination with the on-site FLETC Health Unit, shall:**

- a. Resume normal operations.
- b. Restock, as necessary, all vaccines and antivirals expended during the pandemic event.
- c. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- d. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**5.9.3.3 The DC, EVS (FLETC Glynco) shall:**

- a. Resume normal operations.
- b. Incorporate any lessons learned on vaccine and antiviral usage into subsequent versions of this PLAN.

**5.9.3.4 The DC, PRO (FLETC Glynco) and the appropriate field site representative, the Contracting Officer (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons-learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**5.9.3.5 The DC, SPA (FLETC Glynco) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**5.9.3.6 The BC, ASB (FLETC Artesia) shall:**

- a. Resume normal operations.

- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**5.9.3.7 The DAD Security Specialist (FLETC Artesia) shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.



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# Section 6: Surveillance and Clinical Guidelines

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**6.1 Generally.** An essential requirement of any effective pandemic response is a well-functioning pre-pandemic influenza surveillance system. While the CDC coordinates national influenza surveillance in the United States, the prompt detection of the first case of a new influenza subtype at the FLETC may provide the opportunity to slow the spread of the disease even if a pandemic cannot be prevented. Additionally, surveillance data will be critical to help guide implementation of control measures at the FLETC, such as use of PPE, social distancing, continuity of training, and initiating vaccine and/or antiviral usage in defined target groups. For that reason, surveillance of individual cases presenting to any FLETC Health Unit is vital to the FLETC Pandemic Influenza Plan (PLAN). Notification of influenza is not mandated because of the large number of cases that occur each year with a non-specific clinical presentation and no routine laboratory confirmation. However, during a pandemic response, the CDC may declare the circulating strain causing the pandemic a “disease of public health significance,” requiring healthcare providers to report cases to state health departments.

This section provides clinical procedures for the screening, assessment, and management of patients with suspected novel influenza during the Preparedness and Implementation Phases, and for patients with suspected pandemic influenza during the Implementation Phase. It is intended to assist the FLETC in rapidly identifying (through various means) and isolating any person infected with a novel strain of influenza virus. This section is designed to serve as a guide for clinicians, with the understanding that the management of influenza is based primarily on sound clinical judgment regarding the individual patient.

**6.2 Clinical Guidelines for the Preparedness Phase.** During the Preparedness Phase, the primary goal of rapid detection is to quickly identify and contain cases of novel influenza. For that reason, once the “human-to-human” spread of a new strain of influenza is confirmed within the United States, surveillance efforts at all FLETC locations must intensify. To limit the need to evaluate an overwhelming

number of patients, the screening criteria should be specific, relying on a combination of clinical and epidemiologic features. Although febrile respiratory illnesses are one of the most common indications for medical evaluation, particularly during the winter, during the Preparedness Phase, human cases of novel influenza are expected to be quite rare.

**6.3 Criteria for Evaluation of Patients With Possible Novel Influenza.** The following criteria are based on the features of recent avian influenza A (H5N1) cases, but are intended for use in evaluating suspected cases of infection with any novel influenza A virus strain. These criteria will be updated as additional data becomes available. During the Preparedness Phase, human infections with novel influenza A viruses will be an uncommon cause of influenza-like illnesses (e.g., temperature of >38°C, plus either sore throat, or cough, with dyspnea as an additional criteria). Therefore, both clinical and epidemiological criteria should be met. To assist in this evaluation process and to ensure consistency, all FLETC Health Units shall utilize the *CDC’s Human Influenza A (H5) Domestic Case Screening Form* (Appendix H) for the screening of all FLETC and Partner Organization staff and students.

**6.3.1 Clinical Criteria.** Any suspected case of human infection with a novel influenza virus must first meet the following clinical criteria:

- a. Severe illness, such as someone requiring hospitalization with an influenza-like illness, including pneumonia.
- b. Mild to moderate illness, which includes a fever (temperature >38° C or 100.4° F) and either a sore throat, cough, or dyspnea.

**6.3.2 Epidemiologic Criteria.** Epidemiologic investigations should be initiated to identify how suspected human cases of novel influenza virus became infected, assess the clinical impact of the disease, and determine the risk that infected persons, or their environment, may represent for others. Proper contact investigations should also be initiated in order to prevent further transmission, identify potential new cases, and provide appropriate

treatment and/or clinical treatment. Although the incubation period for seasonal influenza ranges from one (1) to four (4) days, the incubation periods for novel types of influenza are currently unknown and might be longer. Therefore, the maximum interval between potential exposure and symptom onset is set conservatively at ten (10) days. Exposure risks fall into two categories: travel and occupational.

**6.3.2.1 Travel Risks.** Persons have a travel risk if they have:

- a. Recently visited or lived in an area affected by highly pathogenic avian influenza A outbreaks in domestic poultry or where a human case of novel influenza has been confirmed.
- b. Had direct contact with poultry, which includes touching birds (be it well-appearing, sick, or dead); touching poultry feces or surfaces contaminated with feces; or consuming uncooked poultry products (including blood) in an effected area.
- c. Had close contact with a person with confirmed or suspected novel influenza. Close contact with a person from an infected area with confirmed or suspected novel influenza is defined as being within 3 feet (1 meter) of that person during their illness. Because specific testing for human infection with avian influenza A (H5N1) might not be locally available in an affected area, persons reporting close contact in an affected area with a person suffering from a severe, yet unexplained, respiratory illness should also be evaluated. Health Unit staff must remain vigilant during patient triage for a potential second wave of influenza. Updated listings of areas affected by avian influenza A (H5N1) and other current/recent novel strains are provided on numerous websites, including the CDC's ([www.cdc.gov/flu](http://www.cdc.gov/flu)).

**6.3.2.2 Occupational Risks.** Persons at occupational risk for infection with a novel strain of influenza include:

- a. Persons who work on farms or live poultry markets or who process or handle poultry infected with known or suspected avian influenza viruses.
- b. Workers in laboratories that contain live animal or novel influenza viruses.
- c. Healthcare workers in direct contact with a

suspected or confirmed novel influenza case.

**6.4 Clinical Guidelines for the Implementation Phase.** During the Implementation Phase, the primary goal of rapid detection is to appropriately identify and triage cases of pandemic influenza. During this period, the on-site FLETC Health Units, as well as local outpatient clinics and emergency departments, might be overwhelmed with suspected cases, restricting the time and resources available for evaluation. In addition, if the pandemic influenza virus exhibits transmission characteristics similar to those of seasonal influenza viruses, illnesses will likely spread throughout the community too rapidly to allow the identification of obvious exposures or contacts. Evaluation will therefore focus predominantly on clinical and basic laboratory findings, with less emphasis on laboratory diagnostic testing (which may be in short supply) and epidemiologic criteria. Nevertheless, clinicians in communities without pandemic influenza activity might consider asking patients about recent travel from a community with pandemic influenza activity or close contact with a suspected or confirmed pandemic influenza case.

**6.5 Criteria for Evaluation of Patients With Possible Pandemic Influenza.** During the Preparedness and Implementation Phases, the following criteria should be utilized in evaluating patients:

**6.5.1 Clinical Criteria.** Suspected cases of pandemic influenza virus infection should meet the following criteria:

- a. Fever (temperature of >38°C or >100.4°F), plus one or more of the following: sore throat, cough, or dyspnea.
- b. Although past influenza pandemics have most frequently resulted in respiratory illness, the next pandemic influenza virus strain might present with a different clinical syndrome. During a pandemic, updates on other clinical presentations will be provided at various websites, including [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/).

**6.5.2 Epidemiologic Criteria.** During the Pandemic Phase, an exposure history will be marginally useful for clinical management when disease is widespread in a community. In addition, there will be a relatively high likelihood that any case of influenza-like illness during that time period will be pandemic

influenza. Once pandemic influenza has arrived in a particular locality, *clinical criteria will be sufficient for classifying the patient as a suspected pandemic influenza case.*

## 6.6 Guidance For Medical Workers That Treat Avian Influenza Patients

**6.6.1 Initial Presentation at any FLETC Health Unit.** All patients, whether staff or student, who present to any FLETC Health Unit with a fever and respiratory symptoms should be managed according to the CDC's recommendations for respiratory hygiene and cough and sneeze etiquette and questioned regarding their recent travel history. More information on these procedures may be found at <http://www.cdc.gov/flu/professionals/infection-control/resphgiene.htm>.

**6.6.2 Treatment Following Isolation of Patients.** It has not yet been determined that avian influenza can be spread from person to person. However, due to the potential risk of human to human infection, isolation precautions for medical workers identical to those recommended for Severe Acute Respiratory Syndrome should be implemented when evaluating all patients isolated at any FLETC facility that are diagnosed with, or under evaluation for, avian influenza (H5N1). These precautions include:

- a. **Standard Precautions.** Health workers should pay careful attention to hand hygiene before and after all patient contact.
- b. **Contact Precautions.** Health workers should use gloves and gowns for all patient contact.
- c. **Eye Protection.** Health workers should wear eye protection when within three (3) feet of the patient.
- d. **Airborne Precautions.** The CDC has recommended that the minimum requirement for airborne precautions is a disposable particulate respirator (e.g., N-95, N-99, or N-100) used in accordance with 29 Code of Federal Regulations Part 1910.134 for respiratory protection programs. Workers must be fit-tested for the model and size respirator they wear and must be trained to fit-check for facepiece to face seal when entering the room.
- e. **Transportation Precautions.** If transport of movement of the patient is necessary, health workers should ensure the patient wears a surgical mask. If a mask cannot be tolerated, the most practical measures possible should be used to contain respiratory secretions.

**6.7 Alternate Clinical Sites.** If an influenza pandemic causes severe illness in large numbers of people, local hospital and clinic capacity might be overwhelmed. In that case, non-traditional alternative sites for triage/patient care may need to be established (e.g., the gymnasium, Student Center, dormitories, etc.). While it may not be desirable to provide care and treatment of influenza patients in a site not normally used for providing medical care, it may be necessary during a pandemic. Establishing triage/treatment facilities in non-traditional sites is a significant task requiring resolution of numerous issues, including who will have responsibility for operating the site and how will it be supervised, staffed, supplied and equipped. Further, the success of even the best planned non-traditional triage and/or treatment site will hinge on the effective use of public service announcements that clearly explain the rationale for and the advantages of using the site to the community. The site selected for an alternate treatment facility must accommodate the following infection-control and patient-care needs:

- a. Bed capacity and spatial separation of patients.
- b. Facilities and supplies for hand hygiene
- c. Lavatory and shower capacity for large numbers of patients
- d. Food services (refrigeration, food handling, and preparation)
- e. Medical services
- f. Staffing for patient care and support services
- g. PPE supplies
- h. Cleaning/disinfection supplies
- i. Environmental services (linen, laundry, waste)
- j. Safety and security.

**6.8 Mortuary Services.** Planning for an influenza pandemic must necessarily include preparation for a potential mass fatality event. Management of the dead is one of the most difficult aspects of disaster response, and a pandemic influenza, in particular, has the potential to cause a large number of deaths. A pandemic may overwhelm local systems that care for the deceased. Consequently, the responsibility for the immediate response may fall on the FLETC and its professional staff. "The absence of specialist advice or mass fatality planning amplifies the problems, often resulting in the mismanagement of human

remains. This is significant because the way victims are treated has a profound and long-lasting effect on the mental health of survivors and communities. In addition, correct identification of the dead has legal significance for inheritance and insurance that can impact on families and relatives for many years after a disaster.” “Management of Dead Bodies After Disasters: A Field Manual for First Responders,” Introduction (2006). Within the PLAN, the provision of mortuary services will be carried out in accordance with the guidance contained in the publication, “Management of Dead Bodies After Disasters: A Field Manual for First Responders.”

**6.9 Responsibilities.** The SVC (FLETC Glynco) or the ASB (FLETC Artesia) or the CHA (FLETC Charleston), in coordination with the on-site FLETC Health Unit, are responsible for overseeing that portion of the FLETC pandemic influenza response regarding clinical operations and guidelines.

### 6.9.1 Preparedness Phase

**6.9.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** monitor personnel within their organizations for any signs of suspected novel influenza and report such signs immediately to the on-site FLETC Health Unit for advice and guidance.

**6.9.1.2 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (Contract Compliance Specialist at FLETC Charleston), in coordination with the on-site FLETC Health Unit, shall:**

- a. Maintain an up-to-date list of all on-site FLETC Health Unit personnel, including emergency contact information (home addresses, spouse’s name, and after-hours telephone numbers) for notification and accountability purposes.
- b. Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to extend the core hours of the on-site FLETC Health Unit to twenty-four (24) hours a day.
- c. Ensure that Health Unit personnel at all FLETC locations have access to EPI-X, the Epidemic Information Exchange ([www.CDC.gov/epix](http://www.CDC.gov/epix)) and are trained in its use.
- d. Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the FLETC Health Unit to designate a point of contact for coordination with State and local public health officials to facilitate the sharing of information during all pandemic influenza phases.
- e. Develop protocols for communicating with local health department and hospital emergency rooms.
- f. Develop protocols for communicating patient status to the DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) for Partner Organization notification.
- g. Coordinate with the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) to develop protocols for reporting FLETC and Partner Organization staff and student illnesses to the Office of the Chief Medical Officer (OCMO), consistent with the guidance from that office.
- h. Coordinate with the DC, PRO (FLETC Glynco) to modify the medical services contract to include briefings/education on preventative practices.
- i. Identify a point of contact to coordinate the identification of volunteers who may be utilized to augment Health Unit personnel in the event of an emergency response. These volunteers may possess a variety of backgrounds, including as emergency medical technicians, military corpsman, and/or persons trained in advanced first-aid.
- j. Develop contingency plans to provide FLETC Health Unit services to on-site FLETC and Partner Organization staff and students in the event the Health Unit physician and/or supporting staff are incapacitated. These plans should include the identification of backup physicians and medical staffing.
- k. Coordinate with the DC, PRO (FLETC Glynco) to modify the medical services contract to increase medical staff manning.
- l. Ensure that all FLETC Health Unit personnel at all FLETC locations are trained on the proper investigation of suspected influenza cases, utilizing the criteria set forth in this Section.

- m. Ensure that a sufficient supply of “Flu Test Kits” are available at the on-site FLETC Health Unit.
- n. Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the on-site FLETC Health Unit to develop plans to track and report influenza-related visits to the Health Unit for internal use and reporting to local health departments.
- o. Identify points of contact for all FLETC Health Unit personnel at local hospitals and emergency rooms, urgent care centers, the CDC, and Federal Occupation Health.
- p. Monitor any information from the CDC regarding virologic, epidemiologic, and clinical findings associated with new influenza variants isolated, and implement those changes, as necessary.
- q. Coordinate with the DC, EVS (FLETC Glynco) or the ESM (FLETC Charleston) to identify and stockpile any required PPE, including respirators, masks, and protective clothing.
- r. Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require on-site FLETC Health Unit contractor employees to wear PPE during the performance of their duties at FLETC.
- s. Identify and stockpile any disinfectants and cleaning supplies required in the event of a pandemic event.
- t. Identify a range of supplies and medications, including antibiotics and IV fluids, and ensure sufficient quantities are stockpiled for use in the prevention of and exposure to influenza.
- u. Coordinate with the DC, EVS (FLETC Glynco) or the ESM (FLETC Charleston) to ensure an adequate supply of bio-medical waste bags are maintained within the appropriate FLETC Health Units.
- v. Coordinate with the DC, EVS (FLETC Glynco) or the ESM (FLETC Charleston) to ensure that an adequate supply of bottled water for use at the Health Unit or alternative sites is maintained at all times.
- w. Identify and stockpile additional beds, cots, mattresses, pillows, linens, and other items for deployment to alternative clinical facilities.
- x. Coordinate the storage of additional beds, cots, mattresses, pillows, linens, and other items with the DC, PMD (FLETC Glynco) or the ASB Property Management Specialist (FLETC Artesia) or the Inventory Management Specialist (FLETC Charleston).
- y. Ensure a strategy has been developed for the triaged-distribution of stockpiled supplies and medication.
- z. Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.
- aa. Upon discovering that an on-site FLETC or Partner Organization staff member or student meets both the clinical and epidemiologic criteria for a *suspected* case of novel influenza:
  - 1) Notify the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) for possible implementation of a pandemic event response.
  - 2) Take appropriate action, depending upon whether the suspected case involves a FLETC or Partner Organization employee or whether it involves a student at the FLETC.
    - (a) Where a FLETC or Partner Organization employee is suspected of carrying novel influenza, refer the employee to local healthcare providers for treatment. These providers will be responsible, in coordination with State and local public health authorities, to order and supervise clinical laboratory testing.
    - (b) Where a FLETC student is suspected of carrying novel influenza, determine whether referral to local healthcare providers for treatment is appropriate, based upon a physician’s clinical assessment of risk and whether adequate precautions can be taken at the FLETC to prevent the potential spread of infection. Notify the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) of this recommendation, and implement isolation procedures, if required, in accordance with the

## SECTION 6: SURVEILLANCE AND CLINICAL GUIDELINES

steps identified in Section 4 regarding possible hospitalization or isolation of personnel.

### NOTE:

The preceding section provides that determinations on referral of students suspected of carrying novel influenza to local healthcare providers for treatment will be based upon a “physician’s clinical assessment of risk ....” In the event of a pandemic event, the possibility exists that, due to staffing shortages, a physician may not be available. Where such a situation exists, and FLETC does not have the benefit of an on-site physician, this clinical assessment may be performed by mid-level practitioners or Registered Nurses who are assisting FLETC in their response.

- 3) Notify the local health department of the possibility of a novel influenza case.
  - 4) Initiate antiviral treatment as soon as possible, consistent with the guidance provided in Section 5 of the PLAN, *even though confirmation of novel influenza has not been confirmed*.
  - 5) Implement all infection-control measures, as required by Section 4 of the PLAN.
  - 6) Monitor the status of any FLETC or Partner Organization staff member or student who meets both the clinical and epidemiologic criteria for a suspected case of novel influenza to determine whether this has been confirmed.
- ab. Upon discovering that an on-site FLETC or Partner Organization staff member or student has been **confirmed** as having a case of novel influenza, take the following steps:
- 1) Notify the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) for possible implementation of a pandemic event response.
  - 2) Notify the local health department of a confirmed case of novel influenza.
  - 3) For those students in isolation at any FLETC facility, continue antiviral treatment, consistent with the guidance provided in Section 5 of the PLAN.
  - 4) Continue implementation of all infection-control measures, as identified in Section 4 of the PLAN.
- ac. Provide advice and guidance to all on-site FLETC and Partner Organization staff and students on actions to take in the event novel influenza is suspected.

**6.9.1.3 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall** coordinate with the DC, PRO (FLETC Glynco) or the ASB Contract Specialist (FLETC Artesia) or the Contracting Officer (FLETC Charleston) to review and modify, as appropriate, the Security Services contract to provide for increased security requirements at the appropriate FLETC Health Unit and all designated alternative clinical sites.

**6.9.1.4 The DC, PRO (FLETC Glynco) shall:**

- a. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to review and modify, as appropriate, the medical services contract to include the following:
- 1) Extending the core hours of the on-site FLETC Health Unit to twenty-four (24) hours a day.
  - 2) Increased medical staff manning. If necessary, consider supplementing CasePro staff with Federal Occupational Health staff.
  - 3) Designating a point of contact for coordination with State and local public health officials to facilitate the sharing of information during all pandemic influenza phases.
  - 4) Medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.
  - 5) Requiring the on-site FLETC Health Unit to develop plans to track and report influenza-related visits to the Health Unit for internal use and reporting to local health departments.
  - 6) Requiring all on-site FLETC Health Unit contractor employees to wear PPE during the performance of their duties at the FLETC, when appropriate. It shall be appropriate for FLETC Health Unit contractor employees to

wear PPE when administering to individuals with known or suspected symptoms of novel influenza, and when there is a likelihood that they will come in contact with blood or air-borne pathogens.

- b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) to ensure that procurement support is provided in obtaining critical medical equipment for the on-site FLETC Health Unit.
- c. Develop a vendor/source listing that identifies multiple vendors for identified critical supplies and services required by the on-site FLETC Health Unit. This includes identifying critical services for which Blanket Purchase Agreements may be desirable.
- d. Ensure that procurement support is provided for stockpiling pandemic influenza supplies/materials required by the on-site FLETC Health Unit. This includes determining lead times and various sources to develop a restocking plan for essential/critical supplies.
- e. Coordinate with the CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) to review and modify, as appropriate, the Security Services contract to provide for increased security requirements at the Health Unit and all designated alternative clinical sites

**6.9.1.5 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), as well as the on-site FLETC Health Units, to develop protocols to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office.
- b. Develop temporary mortuary services at all FLETC locations in the event local community mortuary support is unavailable.
- c. Review current inventory of mortuary service supplies (e.g., body bags) and ensure a sufficient stockpile of these materials are obtained and stored in the event of an emergency response.

**6.9.2 Implementation Phase**

**6.9.2.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, ensure that infection-control measures identified in Section 4 of this PLAN are implemented at that location.
- b. Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, prepare to potentially modify operations as outlined in Section 2 of this PLAN at that location.

**6.9.2.2 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), in coordination with the on-site FLETC Health Unit, shall:**

- a. Ensure all FLETC Health Unit personnel maintain an awareness of information promulgated via EPI-X, so that they can stay apprised of the current situation and any updated guidance promulgated by the CDC.
- b. As necessary, coordinate the deployment of volunteers to assist in the rendering of medical care during the course of the response.
- c. Coordinate with the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- d. Notify the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) to arrange for the collection and disposal of any bio-medical waste.
- e. Notify the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC

Artesia) or the ESM (FLETC Charleston) of any deaths, so that morgue services can be undertaken, if necessary.

**6.9.2.3 The CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of any specified FLETC facility, institute response actions as identified in this PLAN at that location.
- b. Upon notification that an on-site FLETC or Partner Organization staff member or student meets both clinical and epidemiologic criteria for a suspected case of novel influenza, report that event to the ET and Partner Organization staff and initiate actions in accordance with this PLAN at that location.
- c. Activate the command and general staff of the ICS in preparation for possible activation of the full ICS.
- d. Provide a twenty-four hour a day physical security presence at the FLETC Health Unit and all designated alternative clinical sites.

**6.9.2.4 The DC, PRO shall** direct the on-site FLETC Health Unit contractor to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.

**6.9.2.5 The DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the BC, PMG (FLETC Charleston) shall:**

- a. Upon notification that an on-site Partner Organization student meets both clinical and epidemiologic criteria for a suspected or confirmed case of novel influenza, notify the Partner Organization Agency Representative immediately.
- b. Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, prepare to potentially modify operations as outlined in Section 2 of this PLAN at that location.

**6.9.2.6 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, ensure that implementation of infection-control measures is initiated at that location, in accordance with Section 4 of this PLAN.
- b. Coordinate with the DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), as well as the on-site FLETC Health Units, to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- c. Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.
- d. Ensure that mortuary services are provided, as necessary.

**6.9.3 Restoration Phase**

**6.9.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall,** upon notification that the emergency response has been terminated, resume normal operations as soon as practicable.

**6.9.3.2 The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston), in coordination with the on-site FLETC Health Unit, shall:**

- a. Resume normal operations.
- b. Restock, as necessary, all supplies and equipment expended during the event.
- c. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- d. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.



**6.9.3.3 The DC, TMD (FLETC Glynco) or the BC, PMB (FLETC Artesia) or the DAD, CHS (FLETC Charleston) shall:**

- a. Upon notification that the emergency response has been terminated, notify all Partner Organization representatives and resume normal operations, consistent with the guidance provided in Section 2 of this PLAN.
- b. Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**6.9.3.4 The DC, PRO shall:**

- a. Resume normal operations.
- b. Conduct an after-action review to examine lessons learned that might be applied to future

emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.

- c. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**6.9.3.5 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Resume normal operations.
- b. Upon notification that the emergency response has been terminated, cease mortuary services, as practicable.
- c. Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.

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# Section 7: Critical Incident Stress Management

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**7.1 Generally.** The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to all of those involved. Critical stress levels (e.g., those levels at which an individual is unable to function effectively in the position they occupy because of a disturbing event) may reach varying degrees of severity among those at the FLETC throughout the duration of the pandemic response, as well as the recovery phases of a pandemic. These critical stress levels may persist for more than a year. Experience with disaster relief efforts suggests that enhanced workforce support activities, such as increased monitoring of employee health and well-being and the increased use of confidential telephone support lines, can help responders remain effective and proactive during emergencies. Special planning is therefore needed to ensure that all FLETC and Partner Organization staff and students are prepared to maximize personal resilience and professional performance during any response to a pandemic influenza. It is both DHS and FLETC policy to offer debriefing services to employees involved in or affected by a traumatic incident in order to prevent or minimize the potential for psychological injury.

**7.2 Psychosocial Issues.** In the event of a pandemic influenza response, psychosocial services must be established that will assist FLETC and Partner Organization staff manage emotional stress during the response and resolve related personal, professional, and family issues. Psychosocial issues that might need to be addressed include, but are not limited to, illness and death among colleagues and family members; prolonged separation from family; concern about children and other family members; and the constant stress and pressure to keep performing daily functions in the face of uncertainty. These issues may be exacerbated by a lack of information; rumors, misconceptions, or conspiracy theories; infection-control procedures that limit personal contact or hinder communications; and the belief that medical resources are not available or being fairly distributed.

**7.3 Lessons Learned From Previous Emergencies.** While all emergency response efforts are

unique, certain lessons can be learned from previous situations, such as the 2004-2005 Tsunami Relief Effort. Some of these lessons learned include:

- a. It is difficult to prepare responders for everything they might encounter.
- b. Even seasoned responders can face situations and issues that cause uneasiness and distress.
- c. Concerns about family and friends rank high on responders' list of priorities.
- d. Timely, accurate, and candid information should be shared to facilitate decision-making.
- e. Self-help activities (e.g., getting enough rest) are essential to mission completion.
- f. Responders do not need to face response challenges alone. They may share their experiences with buddies, teammates, family members, and colleagues.

**7.4 Responsibilities.** The Critical Incident Stress Management (CISM) Division is responsible for overseeing that portion of the FLETC pandemic influenza response regarding the psychological and emotional health of all FLETC and Partner Organization staff and students. Additionally, CISM-trained personnel will be utilized at the field sites to assist in this important task. However, ensuring the personal, social, and emotional well-being of FLETC and Partner Organization staff and students during the course of any pandemic event is necessarily a management function. Thus, a successful workforce support response will require a high degree of senior management attention and involvement.

## 7.4.1 Preparedness Phase

**7.4.1.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** ensure that all personnel within their respective organizations are kept fully informed of all services provided by CISM, and that employees are permitted a reasonable amount of time to take advantage of these services, within the bounds of operational capabilities.

**7.4.1.2 The Division Chief, CISM, shall:**

- a. Develop workforce support materials in both hardcopy and electronic format to educate and inform employees at all FLETC locations about the emotional response they might experience or observe in their colleagues and families during an influenza pandemic and techniques for coping with these emotions.
- b. Develop and establish a FLETC workforce resilience program within CISM to assist FLETC and Partner Organization personnel at all FLETC locations in preparing for, coping with, and recovering from the special social and psychological challenges of emergency work. This program should include information for CISM personnel on the following aspects of a pandemic influenza response:
  - 1) Cognitive, physiological, behavioral, and emotional symptoms that might be exhibited by those at the FLETC during any pandemic influenza response, including symptoms that might indicate severe mental disturbance.
  - 2) Self-care in the field (i.e., actions to safeguard physical and emotional health and maintain a sense of control and self-efficacy).
  - 3) Cultural differences (e.g., professional, educational, etc.) that may affect communication during an emergency response.
  - 4) The potential impact of a pandemic on special populations, such as children or the elderly.
- c. Develop training for FLETC and Partner Organization supervisors at all FLETC locations on strategies for recognizing signs of stress among employees and for maintaining a supportive work environment.
- d. Educate employees about the importance of developing “family communication plans” so that family members can maintain contact during an emergency. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- e. Educate employees about workforce support services that are available during an emergency, including confidential behavioral health services and employee assistance programs. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.

- f. Participate in all exercises and tests of the FLETC Pandemic Influenza Plan (PLAN).

**7.4.2 Implementation Phase**

**7.4.2.1 The Division Chief, CISM, shall:**

- a. Monitor employee emotional and social health and well-being during the Implementation Phase, and provide updates to the CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston).
- b. In coordination with the FLETC Health Units, monitor employee health during the Implementation Phase. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- c. Establish “rest and recuperation” sites for employee use during the pandemic phase. The sites may be stocked with healthy snacks and relaxation materials (e.g., music, relaxation, tapes, movies, etc.), as well as pamphlets or notices about workforce support services. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- d. In coordination with the PAO, distribute informational material on available workforce support services to all FLETC locations.
- e. Ensure confidential telephone support lines are established and staffed full-time. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- f. In coordination with the CIO, explore the use of confidential web-cams for reaching out to employees confined to home.
- g. In coordination with the PAO, ensure that the available workforce support services are published via the FLETC pandemic influenza website and local closed circuit television capabilities (SSIN-Ch.97). CISM-trained personnel at the field sites shall assist in carrying out this responsibility.

**7.4.2.2 The PAO shall:**

- a. In coordination with the DC, CISM, ensure the distribution of informational material on available workforce support services utilizing various media, including websites, Center News items, etc. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.

- b. In coordination with the DC, CISM, ensure that the available workforce support services are published via the FLETC pandemic influenza website and local closed circuit television capabilities (SSIN-Ch. 97). CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- d. Conduct an ongoing evaluation of the after-effects of the pandemic on the FLETC and Partner Organization employees' health, morale, and productivity.
- e. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**7.4.3 Restoration Phase**

**7.4.3.1 The DC, CISM, shall:**

- a. Resume normal operations.
- b. Conduct an after-action review with all CISM employees to examine lessons learned that might be applied to future emergency responses.
- c. Provide ongoing access to post-event psychosocial support services for FLETC and Partner Organization employees.

**7.4.3.2 The DC, EVS shall**

- a. Resume normal operations.
- b. Modify the PLAN, as necessary, based upon the input of the DC, CISM.

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# Section 8: Public Communications

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**8.1 Generally.** The massive scope and broad reach of a pandemic event will make it exceedingly difficult for any affected FLETC facility to ensure the dissemination of accurate, consistent information. For that reason, the availability and distribution of timely, accurate and appropriate information among the FLETC community will be a primary focus of the FLETC pandemic influenza response. Equally important will be the accuracy and consistency of information that is communicated to the FLETC community prior to the start of a pandemic event. An effective risk communication strategy serves to keep employees properly informed and to mitigate potential panic as a pandemic unfolds. FLETC and Partner Organization personnel must understand the very real threat of an influenza pandemic, the steps that the FLETC is taking to prepare for such an event, as well as the steps that they, as individuals, can take to prepare themselves. Research has shown that access to timely and accurate information greatly enhances the ability of people to deal with a crisis such as an influenza pandemic. By preparing as much as possible ahead of time, FLETC and its Partner Organizations can improve their ability to provide the needed information in an effective manner.

**8.2 Communications Preparedness.** Communications preparedness for an influenza pandemic follows seven key risk communications concepts.

- a. When health risks are uncertain, as likely will be the case during an influenza pandemic, people need information about what is known and unknown, as well as interim guidance to formulate decisions to help protect their health and the health of others.
- b. Coordination of message development and release of information among federal, state, and local health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- c. Guidance to FLETC staff and students about how to protect themselves and their family members and colleagues is an essential component of crisis management.

- d. Information provided to the public should be technically correct and succinct without seeming patronizing.
- e. Information presented during an influenza pandemic should minimize speculation and avoid over-interpretation of data, overly confident assessments of investigations and control measures.
- f. An influenza pandemic will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and news media.
- g. Timely and transparent dissemination of accurate, science-based information about pandemic influenza and the progress of the response can build public trust and confidence.

### **8.3 Preparing a Communications Strategy.**

The impact of a pandemic on FLETC and Partner Organization staff, students, and their families can potentially be tremendous. FLETC and Partner Organization staff and students are likely to be anxious, a fact that will contribute more to high rates of absenteeism and the “worried well” population. Accordingly, the Preparedness Phase is the ideal time to raise awareness and knowledge of pandemic influenza. Doing so, however, may prove challenging. For instance, in the absence of pandemic influenza, it may be difficult to generate interest in pandemic influenza. In addition, the need to inform and educate all FLETC and Partner Organization personnel about the threat of a pandemic must be balanced against the possibility that a pandemic may not occur for many years and may or may not be severe. Risk communication strategies, such as acknowledging uncertainty, can help establish appropriate and balanced messages.

### **8.4 Dissemination of Vital Information.**

Information dissemination can be accomplished in several ways. Information about pandemic influenza and links to other electronic sites will be made available on the FLETC Net and at a dedicated pandemic influenza website. Center News items will be issued to highlight plans and other developments, and FLETC will maintain a telephone hotline to address

public concerns. Finally, staff meetings and other internal communication tools may be utilized to communicate information and emergency actions and procedures.

**8.5 Education.** Various educational activities will also play an important role in pre-event communications. These educational offerings will increase awareness of the threat of pandemic influenza among the FLETC community, and will be accomplished by various methods, including computer-based training modules, Center News items, and closed-circuit television notices. Both prior to and during a pandemic, preparations must be accomplished to answer certain basic questions. Many of these questions can be anticipated and answers prepared in advance. Although circumstances will dictate the answers in many cases, anticipating questions will greatly improve the effectiveness of the response to questions. Additionally, the CDC will make a number of materials available before and during an influenza pandemic, which can be utilized as part of the overall communications strategy for the FLETC. These materials will include:

- a. Basic communication materials (such as question and answer sheets and fact sheets) on influenza, influenza vaccine, anti-viral agents, and other relevant topics in various languages.
- b. General preventive measures such as “do’s and don’ts” for the general public.
- c. Information and guidelines for healthcare providers.
- d. Training modules (Web-based, printed, and video).
- e. Presentations, slide sets, videos, documentaries.
- f. Symposia on surveillance, treatment and prophylaxis.

**8.6 Interaction with Local Media.** During a pandemic event, news media coverage will likely be a mix of positive and critical coverage. For that reason, the Public Affairs Officer (PAO) must ensure that timely, accurate information is communicated across all tiers of jurisdiction (e.g., local, state, regional, and national).

**8.7 Responsibilities.** The PAO, located at FLETC Glynco, will serve as the lead public affairs official, as spokesperson for the FLETC, and will

communicate with the public, media and other agencies concerning general information about any pandemic influenza event. The lead public affairs official will coordinate with the DHS Press Secretary or Deputy Press Secretary to coordinate matters in the event of a pandemic. Each field site has a Public Affairs Representative who shall assist the PAO in performing associated functions at those locations. Ensuring that the FLETC and Partner Organization staff and students receive accurate information during any pandemic influenza outbreak is critical. Accordingly, the PAO will act as the centralized point of contact for any release of information, whether internal to FLETC or external to it. Again, the Public Affairs Representatives at the field sites will coordinate with the PAO on this responsibility. In this way, FLETC can ensure that any information released is accurate, coordinated, timely, and easy to understand. All public information must be cleared through the PAO and approved by the IC at the affected location prior to public dissemination.

### 8.7.1 Preparedness Phase

#### 8.7.1.1 The PAO (FLETC Glynco) or the Public Affairs Representatives (field sites) shall:

- a. Act as the PIO for the ICS at FLETC Glynco.
- b. Designate an Assistant Press Officer to act as the backup for the PIO as part of the ICS.
- c. Maintain up-to-date contact lists for all media.
- d. Maintain key contact lists for emergency communications for both FLETC and local officials.
- e. In coordination with the CIO Directorate, establish and maintain a website devoted to increasing knowledge on pandemic influenza through the dissemination of information on that topic. This website will be developed and located on the PAO intranet site, as well as a direct link on the FLETC Net Home Page.
- f. In coordination with the DC, EVS, develop prepared public health messages and responses to anticipated frequently asked questions that can be quickly adapted depending upon the specifics of the event. Appendices E and F can be utilized to assist in this effort. These messages will be utilized across all FLETC locations to ensure that accurate, consistent information is provided by any affected FLETC location.



- g. In coordination with the DC, EVS, utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.
- h. Establish an emergency hotline number (FLETC Operational Status Information Number) that may be used to disseminate information to FLETC and Partner Organization personnel and students.
- i. Develop a specific, consistent plan to promptly identify and address rumors and misinformation among FLETC and Partner Organization staff. This may include the use of e-mail, facsimile machines, and the internet.
- j. Develop internal procedures for responding to demands for media information from local or non-local sources.
- k. Develop internal procedures for the regular release of updated information to the public. This will include accurate, rapid, and complete information about influenza activity at the FLETC.
- l. Participate in all exercises and tests of the FLETC Pandemic Influenza Plan.

**8.7.1.2 The DC, EVS, shall** coordinate with the PAO (FLETC Glynco) in the development of prepared public health messages and responses to anticipated frequently asked questions that can be quickly adapted depending upon the specifics of the event. Appendices E and F can be utilized to assist in this effort. These messages will be utilized across all FLETC locations to ensure that accurate, consistent information is provided by any affected FLETC location.

## 8.7.2 Implementation Phase

**8.7.2.1 The PAO (FLETC Glynco) or the Public Affairs Representatives (field sites) shall:**

- a. Act as the centralized point of contact for the release of any information to FLETC and Partner Organization staff and students, as well as to any agency outside FLETC (e.g., local media and community leaders). Where the affected location is FLETC Artesia, Cheltenham, or Charleston, the Public Affairs Representatives shall coordinate with the PAO on the release of any information from those sites.

- b. Ensure accurate and timely information is provided to the Incident Commander (CSO, SEM at FLETC Glynco or the DAD, OAO at FLETC Artesia or the SEMS at FLETC Charleston) for briefing the Executive Team.
- c. Provide daily briefings, as requested, by the Incident Commander.
- d. Coordinate all pandemic influenza media messages to ensure consistency, and disseminate those messages in a timely and accurate fashion to the FLETC and local communities via various media (e.g., newspapers, television, radio, FLETC Net, etc.).
- e. Monitor news media reports and public inquiries to identify emerging issues, rumors, and misperceptions and respond accordingly.
- f. Activate the emergency hotline telephone number and ensure the number is made available through various media to all FLETC and Partner Organization staff and students.

**8.7.2.2 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall** ensure that all releases of information, whether internally to FLETC and Partner Organization staff or students, or externally to the local media, are coordinated through the PAO prior to release for accuracy and consistency.

**8.7.2.3 The DC, EVS (FLETC Glynco) or the DC, ATR (FLETC Artesia) or the ESM (FLETC Charleston) shall** coordinate with the PAO (FLETC Glynco) and the Public Affairs Representative (field sites) to utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.

**8.7.2.4 The CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston) shall** approve, as the Incident Commander, the release of all information regarding the FLETC pandemic influenza response, to persons or organizations both internal and external to FLETC. The PAO at FLETC Glynco shall be involved in all decisions regarding the release of information during a pandemic event, regardless of the event's location.

**8.7.3 Restoration Phase**

**8.7.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. Participate in all after-action reviews to examine lessons learned regarding emergency communications that might be applied to future emergency responses.
- b. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**8.7.4.1 The PAO shall:**

- a. Conduct an after-action review with all PAO employees, to include the Public Affairs Representatives at any affected field site, to examine

lessons learned that might be applied to future emergency responses.

- b. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**8.7.4.2 The DC, EVS, shall:**

- a. Participate in all after-action reviews to examine lessons learned regarding emergency communications that might be applied to future emergency responses.
- b. Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- c. In coordination with the PAO, review the use of prepared messages and make modifications to those messages, as required, for future usage at all FLETC locations.

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# Section 9: Testing and Evaluation

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**9.1 Generally.** Testing, training, and exercising of operational capabilities are essential to assessing, demonstrating, and improving the ability of organizations to execute their emergency response plans and programs during an emergency. Pandemic influenza emergency plans should test, train, and exercise sustainable social-distancing techniques that reduce person-to-person interactions within the workplace.

**9.2. Testing of the FLETC Pandemic Influenza Plan.** The complex nature of pandemic planning will require a series of on-going exercises to maintain proper readiness. Across the FLETC, tabletop exercises will be conducted annually utilizing various scenarios and participants. Once roles and main operational concepts have been established and tested via tabletop exercises, functional and/or full-scale exercises may be needed to test the emergency response organizational structure in “real time” and include the efficacy of the process and communication flow within and outside of this structure.

**9.3 Responsibilities.** The CSO, SEM and the DC, EVS (FLETC Glynco), the DAD Security Specialist and the ASB Environmental Protection Specialist (FLETC Artesia), and the SEMS and ESM (FLETC Charleston) are responsible for ensuring that testing and exercising of the PLAN is accomplished annually.

**9.3.1 Assistant Directors, Deputy Assistant Directors, Divisions Chiefs, Branch Chiefs, Program Managers (as applicable), and Partner Organization Representatives shall:**

- a. Participate, as requested, in all testing of the PLAN.

- b. Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.

**9.3.2 The CSO, SEM (FLETC Glynco) or the DAD Security Specialist (FLETC Artesia) or the SEMS (FLETC Charleston) shall:**

- a. Assist the DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) in developing, coordinating, testing and exercising the PLAN at least annually.
- b. Participate in all testing of the PLAN.
- c. Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.
- d. Participate in GCEMA or other local emergency management agency exercises, as appropriate.

**9.3.3 The DC, EVS (FLETC Glynco) or the ASB Environmental Protection Specialist (FLETC Artesia) or the ESM (FLETC Charleston) shall:**

- a. Develop, coordinate, test and exercise the PLAN at least annually.
- b. Participate in all testing and exercising of the PLAN.
- c. Modify, as appropriate, the PLAN based on the results of the testing and exercising of the PLAN.

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# APPENDICES

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# Appendix A:

## Planning Assumptions

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For purposes of the FLETC Pandemic Influenza Plan (PLAN), the following assumptions will be made. These assumptions are based primarily upon those utilized in the HHS Pandemic Influenza Plan.

- a. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- b. There will be a need for heightened global, national and local surveillance.
- c. FLETC will not be able to rely heavily upon State or Federal assistance to support local response efforts.
- d. Nevertheless, it will be important to coordinate pandemic strategies with surrounding counties to provide a more effective emergency response.
- e. Susceptibility to the pandemic influenza subtype will be universal.
- f. The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- g. Of those who become ill with influenza, 50% will seek outpatient medical care.
- h. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios.
- i. Risk groups for severe and fatal infections cannot be predicted with certainty. During the annual fall and winter influenza season, infants and the elderly, persons with chronic illnesses, and pregnant women are usually at higher risk of complications from influenza infections. In contrast, in the 1918 pandemic, most deaths occurred among young, previously healthy adults.
- j. The incubation period (the time between acquiring the infection until becoming ill) for influenza averages is usually 1-3 days. This PLAN assumes this period would be the same for a novel strain that is transmitted between people by respiratory secretions.
- k. Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first 2 days of illness. Children will shed the greatest amount of virus and, therefore, are likely to pose the greatest risk for transmission.
- l. On average about two (2) secondary infections (e.g., pneumonia, urinary tract infections, etc.) will occur as a result of transmission from someone who is ill. Some estimates from past pandemics have been higher, with up to about three (3) secondary infections per primary case.
- m. Antiviral medications will be in extremely short supply. Use of local supplies of antiviral medications will be prioritized based on current national guidelines.
- n. A vaccine for the pandemic influenza strain will likely not be available for six (6) to eight (8) months following the emergence of a novel virus.
- o. As with antiviral medications, as vaccine becomes available, it will be distributed and administered by FLETC based on current national guidelines.
- p. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social-distancing strategies and public education to control the spread of the disease in the county.
- q. There will be an increased demand for urgent medical care services at the FLETC.
- r. The FLETC Health Unit will have to modify their operational structure to respond to higher patient volume and maintain the functionality of critical systems.

- s. The FLETC Health Unit may have to respond to increased demands for service while the medical workforce experience up to forty (40) percent absenteeism.
- t. Infection-control measures specific to management of influenza patients will need to be developed and implemented at the FLETC Health Unit and in out-patient care settings, such as isolation dormitories.
- u. Alternative healthcare sites may need to be developed to relieve demand on the FLETC Health Unit.
- v. Social-distancing strategies aimed at reducing the spread of the infection, such as postponement of classes, closing the Student Center and other public gathering areas, and cancelling any public events, may be implemented during a pandemic.
- w. In an affected community, a pandemic outbreak will last about six (6) to eight (8) weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.
- x. The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the United States during 20th century pandemics occurred in the fall and winter. Experience from the 1957 pandemic may be instructive in that the first United States cases occurred in June but no community outbreaks occurred until August and the first wave of illness peaked in October.



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# Appendix B: List of Acronyms

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AAD – Artesia Administrative Division	DHS – Department of Homeland Security
ADT – Training Directorate	EOC – Emergency Operations Center
ANS – Automated Notification System	EPI-X – Epidemic Information Exchange
ASB – Artesia Administrative Branch	ESM – Environmental and Safety Manager
ATR – Artesia Training Division	ET – Executive Team
BC – Branch Chief	EVB – Environmental Programs Branch
BUD – Budget Division	EVS – Environmental and Safety Division
CCEPD – Charleston County Emergency Preparedness Division	EWS – Early Warning System
CCEOC – Charleston County Emergency Operations Center	FASC – Finance/Administration Section Chief
CDC – Centers for Disease Control and Prevention	FIN – Financial Division
CFO – Chief Financial Officer Directorate	FLETC – Federal Law Enforcement Training Center
CHA – Charleston Administrative Division Chief	FMD – Facilities Management Division
CHS – Office of Charleston Operations	FTD – Field Training Directorate
CHT – Charleston Training Division Chief	GCEMA – Glynn County Emergency Management Agency
CIO – Chief Information Officer Directorate	GCEOC – Glynn County Emergency Operations Center
CISM – Critical Incident Stress Management Division	HHS – Department of Health and Human Services
CLIN – Contract Line Item	HRD – Human Resources Division
COOP – Continuity of Operations	HSC – Homeland Security Council
CSO – Chief Security Officer	IAP – Incident Action Plans
DAD – Deputy Assistant Director	IC – Incident Commander
DC – Division Chief	ICS – Incident Command System
DCIO – Deputy, Chief Information Officer	ILI – Influenza-Like Illness

## APPENDIX B: LIST OF ACRONYMS

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IT – Information Technology	PIO – Public Information Officer
ITT – International Training and Technical Assistance	PMB – Artesia Program Management Branch
MCB – Masterplan and Construction Branch	PMD – Property Management Division
NIMS – National Incident Management System	PMG – Charleston Program Management Branch
NMED – New Mexico Environmental Department	PO – Partner Organization
OAM – Office of Assets Management	PPA – Policy and Projects Analyst
OAQ – Office of Artesia Operations	PPE – Personal Protective Equipment
OCC – Office of Chief Counsel	SCEOP – South Carolina Emergency Operations Plan
OCGA – Official Code of Georgia Annotated	SEM – Security and Emergency Management Division
OCH – Office of Cheltenham Operations	SEMS – Security and Emergency Management Specialist
OCMO – Office of the Chief Medical Officer	SFB – Safety Programs Branch
OOS – Office of Operations Support	SID – Special Investigations Division
OPM – Office of Personnel Management	SPA – Strategic Planning and Analysis Division
OPR – Office of Primary Responsibility	SVC – Student Services Division
OTA – Office of Training Applications	TID – Training Innovation Division
OTO – Office of Training Operations	TIM – Training Innovation and Management Directorate
OTM – Office of Training Management	TMD – Training Management Division
OTS – Office of Training Support	TRC – Training Resources Coordination Division
PA – Partner Agencies	WHO – World Health Organization
PAO – Public Affairs Office	
PHERA – Public Health Emergency Response Act	

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# Appendix C:

## Stages of a Pandemic

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In 2005, the World Health Organization (WHO) redefined the six phases of a pandemic in its ongoing effort to provide guidance to the international community and to national governments regarding pandemic preparedness and response. The WHO matrix has specific alert periods based on the evolving phases of the disease. For national governments, there are numerous implications each time the WHO declares a pandemic change. For instance, when the pandemic alert is raised to Phase 5, the WHO directs affected countries to implement real-time monitoring of essential resources, designate special status (i.e., state of emergency) to affected areas, and commence with healthcare triage arrangements.

The United States Pandemic Implementation Plan details a complementary United States-specific matrix for Federal response stages. For the United States, the Secretary of Health and Human Services (HHS) recommends to the President the current specific United States pandemic response stage in coordination with the global alert phase. In practice, the severity, speed, and reach of a pandemic may blur the distinction between the various alert phases, underscoring the need for flexibility.

The Department of Homeland Security (DHS) plan of action addressed both external and internal responsibilities. First, the Secretary, as the principal Federal official for domestic incident management, is charged with ensuring that the Department effectively coordinates the myriad of Federal, State, local, tribal and private sector pandemic activities to ensure a coherent national response. The Secretary must also ensure that DHS integrates and synchronizes

its own outwardly focused actions for the various phases of a pandemic such as additional screening, transportation, border and medical requirements.

Second, in order for DHS to maintain the capability required to carry out this coordination, synchronization, and mission essential functions and services, Federal departments and agencies will comply with the roles and responsibilities identified in the National Pandemic Strategy and the Homeland Security Council (HSC) Implementation Plan. Among the mission essential functions and services that must be sustained throughout a pandemic is ensuring continuity of the department's overall mission, which includes actions to prevent the exploitation of the pandemic, and its effects on border security, transportation security, and critical infrastructure protection.

The Secretary has established a phasing construct that combines the approach taken by the HSC in the Interagency Implementation Plan for the *National Strategy for Pandemic Influenza* along with unique additional homeland security operational requirements. These phases are not time sequenced; any of them may be activated independently, or all may be ongoing simultaneously.

The five DHS planning phases and their corresponding planning guidance are detailed in the table below. The DHS Phases are aligned with the World Health Organization (WHO) phases and the Federal Government Response Stages for comparison and alignment of efforts.

**APPENDIX C: STAGES OF A PANDEMIC**

WHO Phases		Federal Government Response Stages		DHS Response Stages	
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country		
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.				
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country	1	Outbreak in animals within North America
		1	Suspected human outbreak overseas		
4	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas	2	Sustained human-to-human outbreak overseas. It combines elements of the HSC's Stages 1, 2, and 3, which all pertain to the confirmation and spread of a human-to-human outbreak overseas.
5	Larger cluster(s), but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).				
6	Pandemic Phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas	4	First wave global or North American pandemic. This phase is directly equivalent to the HSC's Stage 5: Spread in the United States.
		4	First human case in North America		
		5	Spread throughout the United States		
		6	Recover and preparation for subsequent waves		
		3	First human case in North America	3	Sustained human-to-human outbreak within North America. This phase is directly equivalent to the HSC's Stage 4: First case(s) in North America.
		4	Spread throughout the United States	4	First wave global or North American pandemic. This phase is directly equivalent to the HSC's Stage 5: Spread in the United States.
		5	Recover and preparation for subsequent waves	5	Follow-on waves, global and North America. This phase encompasses the HSC's Stage 6: Recovery, but includes the notion that the preparation and response to iterative waves of a pandemic may include different actions as than the first wave of the pandemic as immunity is acquired and communities adapt.

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# Appendix D: Legal Authorities

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Numerous Federal and state statutes authorize relevant public health actions to address pandemic influenza. Knowledge of these authorities is essential for planning and implementing an effective response to an influenza pandemic.

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

Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Title 42 U.S.C. §§ 5121 et seq.), the Federal Emergency Management Agency (FEMA), Department of Homeland Security, is authorized to coordinate the activities of Federal agencies in response to a Presidential declaration of a major disaster or emergency, with HHS having the lead for health and medical services. The President may also declare an emergency under the National Emergencies Act (Title 50 U.S.C. §§ 1601 et seq.). The PHS Act provides additional authorities for core activities of HHS that will be needed to plan and implement an emergency response. For example, Sections 301, 319F-1, 402, and 405 of the PHS Act authorize the HHS Secretary to conduct and support research. Section 351 of the PHS Act and provisions of the Federal Food, Drug, and

Cosmetics Act authorize the Secretary and the FDA to regulate vaccine development and production. Infrastructure support for preventive health services such as immunization activities, including vaccine purchase assistance, is provided under section 317 of the PHS Act. Section 319F-2 of the PHS Act authorizes the Secretary, in coordination with the Secretary of Homeland Security, to maintain the Strategic National Stockpile.

Section 361 authorizes the Secretary to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state or possession into any other State or possession. CDC administers these regulations as they relate to quarantine of humans. Diseases for which individuals may be quarantined are specified by Executive Order; the most recent change to the list of quarantinable diseases was the April 1, 2005 Executive Order 13375, which amended the Executive Order 13295 by adding “influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic” to the list.

Other provisions in Title III of the PHS Act permit HHS to establish quarantine stations, provide care and treatment for persons under quarantine, and provide for quarantine enforcement. Section 311 of the PHS Act provides for Federal-state cooperative activities to enforce quarantine and plan and carry out public health activities. Section 311 also authorizes the Secretary to make available the resources of the PHS to help control epidemics and deal with other public health emergencies. HHS may also engage in certain international activities under section 307 of the PHS Act. Title 42 U.S.C. § 97, which provides that the Secretary of Health and Human Services may request that Customs, Coast Guard, and military officers aid in the execution of quarantines imposed by states.

The Secretary also has the authority to implement disease control measures in Indian country,

if necessary (Title 25 U.S.C. § 198, § 231; Title 42 U.S.C. § 2001). Indian Tribes, like states, are sovereign entities with police power authority to enact their own disease control rules and regulations. Tribal law should be consulted as well. Further, HHS has broad authority to coordinate vaccine development, distribution, and use activities under section 2102 of the PHS Act, describing the functions of the National Vaccine Program. The Secretary has authority for health information and promotion activities under Title XVII and other sections of the PHS Act. HHS can provide support to states and localities for emergency health planning under Title III of the PHS Act.

Both Federal and state statutes may apply to specific interventions that would be implemented to control a pandemic. For example, within the State of Georgia, the Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace (Official Code of Georgia Annotated (OCGA) 38-3-51). The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that he believes should be prohibited in order to maintain life and health.

Additionally, the Georgia State Health Director is mandated to enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health (OCGA 31-2-1, 31-12-2, 31-12-3, 31-12-and 31-3-12). The Director also shall investigate outbreaks and epidemics of disease and advise Local Health Officers in Georgia about measures to prevent and control outbreaks. The Director shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency and the local board of health has failed to act with sufficient promptness or efficiency, or is unable to act for reasons beyond its control. The Director has the same authority as local health officers but will not exercise that authority unless: (a) the Local Health Officer fails or is unable to do so; (b) by agreement with the Local Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it.

Further, the jurisdiction of the local Board of Health is coextensive with the boundaries of the county

(OCGA 31-2-1, 31-12-2, 31-12-3, 31-12-and 31-3-12). The local Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction. The Board shall enforce through the Local Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the State Health Director. The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations.

Likewise, Mayors may proclaim a state of civil emergency within their City when, in the judgment of the Mayor, extraordinary measures are necessary to protect public peace, safety and welfare. Under a state of civil emergency, the Mayor may impose curfews, close any or all business establishments, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, direct the use of all public and private health, medical and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property.

A Local Health Officer in Georgia acts under the direction of the local Board of Health (OCGA 31-2-1, 31-12-2, 31-12-3, 31-12 and 31-3-12). The Local Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his jurisdiction. The Local Health Officer shall, when necessary, conduct investigations and institute disease-control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a healthcare provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary,

and require notification of additional conditions of public health importance occurring within the jurisdiction. The Local Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. Prior to taking action, the Local Health Officer shall consult with the State Health Director, the superintendent of the school district, or the chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action. The Local Health Officer's powers are not contingent on a proclamation of emergency by the county Executive or an executive head of a city or town.

Similarly, in the State of New Mexico, the New Mexico Public Health Emergency Response Act (PHERA), 12-10A-1 to 12-10A-19 New Mexico Statutes Annotated 1978, was signed into law on April 6, 2003. A copy of this Act may be obtained at: <http://www2a.cdc.gov/phlp/docs/nmh0231.pdf>. This law provides the state of New Mexico with the ability to manage public health emergencies; prepare for a public health emergency; and access to appropriate care, if needed, for an indefinite number of infected, exposed or endangered people in the event of a large-scale public health and medical emergency. The PHERA authorizes the New Mexico Department of Health Secretary, in coordination with the New Mexico Secretary of Public Safety and the Director of the Office of Homeland Security, to utilize health-care facilities for public use and to inspect, regulate, or ration medical resources, and sets forth procedures for isolation or quarantine.

Finally, the State of South Carolina maintains an Emergency Operations Plan in which Annex 25-H identifies roles, authorities, and procedures for any type of emergency or mass-casualty situation. Under the direction of the State Department of Health and Environmental Control, eight public health regions serve the citizens of South Carolina. Each health region has developed a mass casualty plan in cooperation with county and local government officials, healthcare providers, and the first responder community. Under the direction of the South Carolina Emergency Management Division, the State-level response to a mass-casualty situation would primarily involve coordination. Further, the authority for operations in response to a mass casualty-producing incident in the State of South Carolina is derived from three main sources. The first is the State of South Carolina Executive Order Number 2003-12, which authorizes emergency operations under the State Emergency Operations Plan. The second authority has its basis in the traditional Health Powers held by the Commissioner of the Department of Health and Environmental Control. Those powers include the ability to declare a Public Health Emergency and issue Public Health Orders under traditional public health authority. Third, after a mass casualty-producing incident, the Governor may invoke the Emergency Health Powers Act. The Emergency Health Powers Act, 44-4-100, South Carolina Code of Laws, gives extraordinary powers to the Commissioner of the Department of Health and Environmental Control so that he may issue extraordinary Public Health orders, including ordering quarantine, isolation, school closings, and cancellation of public gatherings in order to protect the public from disease or other public health threats. A copy of this Act may be obtained at <http://www.scstatehouse.net/CODE/t44c004.htm>.

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# Appendix E:

## Pandemic Flu Business Letter

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December 6, 2005

President Bush recently announced the Administration's National Strategy for Pandemic Influenza, a copy of which is enclosed. This strategy is geared toward preparing the country for the possibility of an influenza pandemic. As with any of the risks that we face as a country -- including natural disasters and the ongoing possibility of another terrorist attack -- it is imperative that all segments of society be prepared for such a threat. We are writing to you today on behalf of the Departments of Commerce, Health and Human Services, and Homeland Security to enlist your support in encouraging preparedness for such an event within the business community. We are requesting that you, as a business leader, focus on the need for planning within your organization for the possibility of an influenza pandemic.

It is important to note from the outset that there is not a human influenza pandemic at this time, nor can we say that a pandemic is imminent. However, as the President has noted, a new strain of influenza virus (H5N1) has been found in birds in Asia, and it has been shown that this virus can infect humans. If the virus mutates in certain ways, it is possible that it could lead to a pandemic. Because this threat does exist, we think it important for you to be knowledgeable about the risks associated with the threat of an influenza pandemic and, in turn, to be adequately prepared for the possibility of a pandemic that would have significant social and economic costs.

In order to safeguard against the threat of a pandemic and to mitigate the effects of a pandemic should one occur, President Bush has outlined a coordinated government strategy that includes the establishment of a new international partnership on Avian and Pandemic Influenza, the stockpiling of vaccines and antiviral medications, expansion of our early-warning systems here and abroad, and new initiatives for local and state level preparedness against the threat of a pandemic.

As we undertake these efforts, we are asking for your assistance as well. In order to ensure maximum preparedness, your business should develop specific plans for the ways that you would protect your employees and maintain operations during a pandemic. Companies that provide critical infrastructure services, such as power and telecommunications, also have a special responsibility to plan for continued operation in a crisis and should plan accordingly. As with any catastrophe, having a contingency plan is essential.

We are asking for your assistance in preparing your organization for the possibility of an Avian Flu Pandemic. In addition to the National Strategy, we have enclosed some guidelines developed by the Centers for Disease Control and Prevention for preparing for the prospect of an influenza pandemic. These materials include a checklist to assist you in the planning for a pandemic outbreak as well as other comparable catastrophes. For ongoing informational updates in both preparing for and reacting to the possible onset of a pandemic, we also encourage you to go to the Federal Government's pandemic-related website: [pandemicflu.gov](http://pandemicflu.gov). This site will be continually updated with the latest information.

Thank you for playing an important role in this effort. Should you have any questions regarding preparing your business for a pandemic, please contact our offices through the following staff:

Julie Goon — Senior Advisor to the Secretary,  
Department of Health and Human Services  
(202) 401-0063

Dan McCardell — Director, Office of Business  
Liaison, Department of Commerce  
(202) 482-1360

James Caverly — Director, Infrastructure Partnerships  
Division, Department of Homeland Security  
(202) 282-8291

Sincerely,

Michael Chertoff  
Secretary of Homeland Security

Michael O. Levitt  
Secretary of Health and Human Services

Carlos M. Gutierrez  
Secretary of Commerce

# Appendix F:

## Antivirals and Influenza Overview

<p style="text-align: center;"><b>Amantadine</b></p> <p style="text-align: center;">Manufactured under the trade name Symmetrel® by Endo Laboratories</p> <p style="text-align: center;">Also available in generic form</p>	<ul style="list-style-type: none"> <li>• Used to treat uncomplicated illnesses due to influenza A in individuals 1 year of age and older (must be given within two days of illness onset).</li> <li>• Used prophylactically to reduce chance of getting influenza A in individuals 1 year of age and older (approximately 70%-90% effective).</li> <li>• Available in tablet or syrup form.</li> <li>• Adverse reactions reported most frequently include nervousness, anxiety, nausea, dizziness, and insomnia.</li> <li>• More serious but less frequent side effects, including behavioral changes, delirium, hallucinations, agitation, and seizures, have been observed among individuals with renal insufficiency, seizure disorders, certain psychiatric disorders, and older individuals.</li> <li>• Should not be used for patients with untreated angle closure glaucoma because of anticholinergic effects.</li> <li>• To reduce the emergence of antiviral drug-resistant viruses, amantadine therapy for treatment of influenza should be discontinued as soon as clinically warranted, typically after 3-5 days of treatment or within 24-48 hours after disappearance of signs and symptoms.</li> </ul>
<p style="text-align: center;"><b>Rimantadine</b></p> <p style="text-align: center;">Manufactured under the trade name Flumadine® by Forest Pharmaceuticals, Inc.</p>	<ul style="list-style-type: none"> <li>• Used to treat uncomplicated illnesses due to influenza A in individuals 13 years of age and older (must be given within two days of illness onset).</li> <li>• Used prophylactically to reduce chance of getting influenza in individuals 1 year of age and older (approximately 70%-90% effective).</li> <li>• Available in tablet or syrup form.</li> <li>• Adverse events reported most frequently include insomnia, dizziness, headache, nervousness, fatigue, nausea, vomiting, anorexia, dry mouth, abdominal pain, and asthenia.</li> <li>• More serious but less frequent side effects, including behavioral changes, delirium, hallucinations, agitation, and seizures, have been observed among individuals with renal insufficiency, seizure disorders, certain psychiatric disorders, and older individuals.</li> <li>• To reduce the emergence of antiviral drug-resistant viruses, rimantadine therapy for treatment of influenza should be discontinued as soon as clinically warranted, typically after 3-5 days of treatment or within 24-48 hours after disappearance of signs and symptoms.</li> </ul>

**APPENDIX F: ANTIVIRALS AND INFLUENZA OVERVIEW**

<p style="text-align: center;"><b>Zanamivir</b></p> <p style="text-align: center;">Manufactured under the trade name Relenza® by Glaxo Wellcome, Inc.</p>	<ul style="list-style-type: none"> <li>• Used to treat uncomplicated illnesses due to influenza A and B in individuals 7 years of age and older (must be given within two days of illness onset).</li> <li>• Not approved for use to prevent the flu or to decrease the risk of transmitting the virus to others.</li> <li>• Available as a dry powder, inhaled orally twice a day from a plastic device included in the package with the medication.</li> <li>• Some patients, especially those with asthma or chronic obstructive pulmonary disease (COPD), have had bronchospasms or serious breathing problems after using zanamivir.</li> <li>• Zanamivir is not recommended for patients with underlying airway disease; if physicians prescribe it after careful consideration of risks and benefits, the drug should be prescribed under careful monitoring and supportive care, including the availability of fast-acting bronchodilators.</li> <li>• Side effects, in addition to bronchospasms, may include headache, diarrhea, nausea, bronchitis, cough, sinus inflammation, infections of the ear, nose, and throat, and dizziness.</li> <li>• Recommended duration of treatment is 5 days.</li> </ul>
<p style="text-align: center;"><b>Oseltamivir</b></p> <p style="text-align: center;">Manufactured under the trade name Tamiflu® by Roche Laboratories, Inc.</p>	<ul style="list-style-type: none"> <li>• Used to treat uncomplicated illnesses due to influenza A and B in individuals 1 year of age and older (must be given within two days of illness onset).</li> <li>• Used prophylactically to reduce the chance of getting influenza A or B in individuals 1 year of age and older (approximately 70%-90% effective).</li> <li>• Available in capsule or oral suspension form.</li> <li>• Possible side effects include nausea and vomiting. Side effects are similar whether oseltamivir is taken for treatment or prophylaxis.</li> <li>• Recommended duration of treatment is 5 days.</li> </ul>

Adapted from Appendix I of the Virginia Department of Health Pandemic Influenza Plan (6/2005). Information was taken from: Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices. MMWR2004;53(RR06):1-39.

# Appendix G: HHS Vaccine Priority Group Recommendations

Tier	Subtier	Population	Rationale
1	A	<ul style="list-style-type: none"> <li>Vaccine and antiviral manufacturers and others essential to manufacturing and critical support</li> <li>Medical workers and public health workers who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators</li> </ul>	<ul style="list-style-type: none"> <li>Need to assure maximum production of vaccine and antiviral drugs.</li> <li>Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios). There is little surge capacity among healthcare sector personnel to meet increased demand.</li> </ul>
	B	<ul style="list-style-type: none"> <li>Persons &gt; 65 years with 1 or more influenza high-risk conditions, not including essential hypertension</li> <li>Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension</li> <li>Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year</li> </ul>	<ul style="list-style-type: none"> <li>These groups are at high risk of hospitalization and death. Excludes elderly in nursing homes and those who are immunocompromised and would not likely be protected by vaccination.</li> </ul>
	C	<ul style="list-style-type: none"> <li>Pregnant women</li> <li>Household contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine</li> <li>Household contacts of children &lt; 6 months old</li> </ul>	<ul style="list-style-type: none"> <li>In past pandemics and for annual influenza, pregnant women have been at high risk; vaccination will also protect the infant who cannot receive vaccine.</li> <li>Vaccination of household contacts of immunocompromised and young infants will decrease risk of exposure and infection among those who cannot be directly protected by vaccination.</li> </ul>
	D	<ul style="list-style-type: none"> <li>Public health emergency response workers critical to pandemic response</li> <li>Key government leaders</li> </ul>	<ul style="list-style-type: none"> <li>Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities.</li> <li>Preserving decision-making capacity also critical for managing and implementing a response.</li> </ul>

**APPENDIX G: HHS VACCINE PRIORITY GROUP RECOMMENDATIONS**

<b>Tier</b>	<b>Subtier</b>	<b>Population</b>	<b>Rationale</b>
2	A	<ul style="list-style-type: none"> <li>• Healthy persons 65 years and older</li> <li>• Persons 6 months to 64 years with 1 high-risk condition</li> <li>• Persons 6-23 months old, healthy</li> </ul>	<ul style="list-style-type: none"> <li>• Groups that are also at increased risk but not as high risk as population in Tier 1B.</li> </ul>
	B	<ul style="list-style-type: none"> <li>• Other public health emergency responders</li> <li>• Public safety workers including police, fire, 911 dispatchers, and correctional facility staff; utility workers essential for maintenance of power, water, and sewage system functioning</li> <li>• Transportation workers transporting fuel, water, food, and medical supplies, as well as public ground transportation workers</li> <li>• Telecommunications/IT for essential network operations and maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Includes critical infrastructure groups that have impact on maintaining health (e.g., public safety or transportation of medical supplies and food); implementing a pandemic response; and on maintaining societal functions.</li> </ul>
3		<ul style="list-style-type: none"> <li>• Older key government health decision-makers</li> <li>• Funeral directors/embalmers</li> </ul>	<ul style="list-style-type: none"> <li>• Other important societal groups for a pandemic response but of lower priority.</li> </ul>
4		<ul style="list-style-type: none"> <li>• Healthy persons 2-64 years not included in above categories</li> </ul>	<ul style="list-style-type: none"> <li>• All persons not included in other groups based on objective to vaccinate all those who want protection.</li> </ul>

\* From Part 1; Appendix H of the Department of Health and Human Services Pandemic Influenza Plan

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**Appendix H:  
Human Influenza A (H5)  
Domestic Case Screening Form**

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**Human Influenza A (H5)**

**Human Influenza A (H5) Domestic Case Screening Form**

CDC Case ID: \_\_\_\_\_

<b>1. Reported By</b>			
Date reported to state or local health department: ___ / ___ / ___ - ___ - ___ m m d d y y y y		State/ local Assigned Case ID: _____	
Last Name: _____		First Name: _____	
State: _____	Affiliation: _____	Email: _____	
Phone 1: _____	Phone 2: _____	Fax: _____	
<b>2. Patient Information</b>			
City of Residence: _____		County: _____	State: _____
Age at onset: _____	<input type="checkbox"/> Year(s) <input type="checkbox"/> Month(s)	Race: <i>(Choose One)</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Sex: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic	
<b>3. Optional Patient Information</b>			
Last Name: _____		First Name: _____	
<b>4. Signs and Symptoms</b>			
A. Date of symptom onset:      ___ / ___ / ___ - ___ - ___ m m d d y y y y			
B. What symptoms and signs did the patient have during the course of illness? (check all that apply)			
<input type="checkbox"/> Fever > 38° C (100.4° F)	<input type="checkbox"/> Feverish (temperature not taken)	<input type="checkbox"/> Conjunctivitis	
<input type="checkbox"/> Cough	<input type="checkbox"/> Headache	<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Other (specify): _____		
C. Was a chest X-ray or chest CAT scan performed?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes*, did the patient have radiographic evidence of pneumonia or respiratory distress syndrome (RDS)?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No <input type="checkbox"/> Unknown



**APPENDIX H: HUMAN INFLUENZA A (H5) DOMESTIC CASE SCREENING FORM**

Influenza A (H5) Domestic Case Screening Form 1.0  
(continued from previous page)

**Epidemiologic Risk Factors**

CDC Case ID:

5. Travel/Exposures					
A. In the 10 days prior to illness onset, did the patient travel to any of the countries listed in the table below? If yes*, please fill in arrival and departure dates for all countries that apply.			<input type="checkbox"/> Yes* <input type="checkbox"/> No** <input type="checkbox"/> Unknown **If patient did not travel outside U.S., skip to question 6.		
Country	Arrival Date	Departure Date	Country	Arrival Date	Departure Date
<input type="checkbox"/> Afghanistan			<input type="checkbox"/> Myanmar (Burma)		
<input type="checkbox"/> Bangladesh			<input type="checkbox"/> Nepal		
<input type="checkbox"/> Brunei			<input type="checkbox"/> North Korea		
<input type="checkbox"/> Cambodia			<input type="checkbox"/> Oman		
<input type="checkbox"/> China			<input type="checkbox"/> Pakistan		
<input type="checkbox"/> Hong Kong			<input type="checkbox"/> Papua New Guinea		
<input type="checkbox"/> India			<input type="checkbox"/> Philippines		
<input type="checkbox"/> Indonesia			<input type="checkbox"/> Saudi Arabia		
<input type="checkbox"/> Iran			<input type="checkbox"/> Singapore		
<input type="checkbox"/> Iraq			<input type="checkbox"/> South Korea		
<input type="checkbox"/> Israel			<input type="checkbox"/> Syria		
<input type="checkbox"/> Japan			<input type="checkbox"/> Taiwan		
<input type="checkbox"/> Jordan			<input type="checkbox"/> Thailand		
<input type="checkbox"/> Laos			<input type="checkbox"/> Turkey		
<input type="checkbox"/> Lebanon			<input type="checkbox"/> Viet Nam		
<input type="checkbox"/> Macao			<input type="checkbox"/> Yemen		
<input type="checkbox"/> Malaysia					
For the questions 5B to 5E, <b>In the 10 days prior to illness onset, while in the countries listed above . . .</b>					
B. Did the patient come within 1 meter (3 feet) of any live poultry or domesticated birds (e.g. visited a poultry farm, a household raising poultry, or a bird market)?			<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If Yes*					
C. Did patient touch any recently butchered poultry?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
D. Did the patient visit or stay in the same household with anyone with pneumonia or severe flu-like illness?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
E. Did the patient visit or stay in the same household with a suspected human influenza A(H5) case?*			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
F. Did the patient visit or stay in the same household with a known human influenza A(H5) case?*			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
* SEE Influenza A (H5): Interim U.S. Case Definitions					

**APPENDIX H: HUMAN INFLUENZA A (H5) DOMESTIC CASE SCREENING FORM**

Influenza A (H5) Domestic Case Screening Form 1.0  
(continued from previous page)

CDC ID:

<b>6. Exposure for Non Travelers</b>	
For patients whom did not travel outside the U.S., <b>In the 10 days prior to illness onset</b> , did the patient visit or stay in the same household with a traveler returning from one of the countries listed above who developed pneumonia or severe flu-like illness?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes*, was the contact a confirmed or suspected H5 case patient?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes*: CDC ID: _____ STATE ID: _____	

**Laboratory Evaluation**

<b>7. State and local level influenza test results</b>	
<b>Specimen 1</b>	
<input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL) <input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____	Date Collected: __ / __ / __ __ __ __ m m d d y y y y
Test Type: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test*	Result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza (type unk) <input type="checkbox"/> Negative <input type="checkbox"/> Pending
*Name of Rapid Test: _____	
<b>Specimen 2</b>	
<input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL) <input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____	Date Collected: __ / __ / __ __ __ __ m m d d y y y y
Test Type: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test*	Result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza (type unk) <input type="checkbox"/> Negative <input type="checkbox"/> Pending
*Name of Rapid Test: _____	
<b>Specimen 3</b>	
<input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL) <input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____	Date Collected: __ / __ / __ __ __ __ m m d d y y y y
Test Type: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test*	Result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza (type unk) <input type="checkbox"/> Negative <input type="checkbox"/> Pending
*Name of Rapid Test: _____	





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# Appendix I:

## Background Information for Communications

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The language, timing, and detail of key messages will depend on a number of factors, including demographics and group psychological profiles of intended audiences, available or preferred media, and urgency. However, the following points may help communications professionals adapt appropriate health messages related to an influenza pandemic:

- a. By definition, pandemic influenza will result from a new influenza A subtype against which humans have limited or no natural immunity. Pandemic influenza virus infection, therefore, is likely to cause serious, possibly life-threatening disease in greater numbers, even among previously healthy persons, than occurs during seasonal interpandemic influenza outbreaks.
- b. Global influenza pandemics are unpredictable events, presenting challenges for communication.
- c. Global and domestic surveillance, coupled with laboratory testing, are vital to identifying new influenza A subtypes virus strains with pandemic potential.
- d. The threat of a pandemic may be heightened when a highly pathogenic avian influenza A virus spreads widely among birds and infects other animals, including humans. The strains can mutate or adapt and give rise to a strain that spreads easily from person to person in a sustained manner, causing a pandemic.
- e. Illness and death may be much higher during a pandemic than during annual seasonal community influenza outbreaks; pandemics can also occur in waves over several months.
- f. It could take many months to develop an effective pandemic influenza vaccine and immunize substantial numbers of people. Antiviral medications for treatment or prevention of pandemic influenza could have an important interim role, but may also be in short supply. Consequently, practical and common sense measures, such as frequent hand washing, covering your mouth and nose while sneezing or coughing, and staying home from work or school if you are ill with influenza-like illness, may be important to help prevent the spread of pandemic influenza.
- g. Although travel restrictions and isolation and quarantine procedures may limit or slow the spread of pandemic influenza in its earliest stages, these measures are likely to be much less effective once the pandemic is widespread. Alternative population containment measures (e.g., cancellation of public events) may be necessary.
- h. The United States is preparing for pandemic influenza by:
  - 1) Developing a coordinated national strategy to prepare for and respond to an influenza pandemic.
  - 2) Educating healthcare workers about pandemic influenza diagnosis, case management, and infection-control practices.
  - 3) Refining global and domestic pandemic influenza surveillance systems.
  - 4) Developing guidelines for minimizing transmission opportunities in different settings.
  - 5) Expanding supplies of antiviral medications in the Strategic National Stockpile and establishing guidelines for their use.
  - 6) Developing candidate vaccines and establishing plans for the rapid development, testing, production, and distribution of vaccines that may target specific pandemic influenza strains.
  - 7) Developing materials that states and localities can adapt as guidance for use during an influenza pandemic.

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# Appendix J:

## Frequently Asked Questions

### Regarding Pandemic Influenza

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#### 1. What is “the Flu”?

Influenza, also called the “flu”, is caused by a virus. The virus is an organism too small to be seen by the naked eye. The virus is shaped like a ball with two types of “spikes”, an “H” spike and an “N” spike, sticking out of the ball’s surface. A flu virus can have one of fifteen different “H” proteins and one of 9 different “N” proteins. Unlike the protein you eat, these proteins are not good for you. Scientists name the flu viruses by indicating which “H” protein is present and which “N” protein is present. For example, the virus that caused the 2003-2004 flu was named H3N2. These “spikes” help the flu virus attach to the cells in your body. Once attached, the virus puts its genetic material into your cells and uses your cells to help make more virus particles. It is this process that makes you ill.

#### 2. What is Pandemic Influenza?

Pandemic influenza is a global outbreak, caused by a new influenza virus. This new virus may spread easily, possibly causing serious illness and death. Because many people are at risk, serious consequences are also possible. Historically, pandemic influenza has caused widespread harm and death. Pandemic influenza is different from seasonal influenza, which people typically refer to as “the flu.” While seasonal outbreaks are caused by viruses that are already among people, pandemic influenza is caused by an influenza virus that is new to people. Generally speaking, pandemic influenza is likely to affect many more people than seasonal influenza. The timing and consequences of pandemic influenza are also difficult to predict, since flu viruses are constantly changing. However, pandemic influenza has occurred three times in the last century, the most serious of which occurred in 1918 and killed tens of millions of people worldwide. Preparing now can limit the effects of pandemic influenza. The World Health Organization, the

United States Department of Health and Human Services, and countries throughout the world have developed emergency plans for a pandemic influenza. Additionally, informed public participation and cooperation will be needed for effective public health efforts. Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.

#### 3. How is Pandemic Influenza Different From Seasonal Flu?

Pandemic influenza is caused by an influenza virus that is new to people. Alternatively, seasonal flu is caused by viruses that are already among people. Because pandemic influenza may begin with an existing influenza virus that has changed, fewer people would be immune to the virus. Additionally, unlike seasonal flu, the timing of an influenza pandemic is difficult to predict. While seasonal flu occurs every year, usually during winter, pandemic influenza has happened only about 30 times in recorded history. Further, influenza pandemics could last longer than the typical flu season. For example, it is generally anticipated that an H5N1 avian flu pandemic would probably come in waves. In each wave, about one-quarter (1/4) of the population could be infected. People who become ill in the first wave could also become sick in later waves. Each wave could last about 8-12 weeks, and the period between waves could vary between 8-20 weeks. Most likely, an H5N1 avian influenza pandemic would have at least three waves and could last for over twelve (12) months. Finally, an influenza pandemic is likely to be more severe than seasonal flu, affecting more people over a broader set of the population. With seasonal flu, those most at risk of serious illness are the very young, the very old, and the very sick. Alternatively, in a pandemic influenza, people of every age may be at risk of serious illness. Additionally, with

seasonal flu, most people recover within one or two weeks without requiring medical treatment. With pandemic influenza, some people will not recover, even with medical treatment.

**4. Have There Been Influenza Pandemics Before?**

Influenza pandemics have occurred throughout recorded history. About 30 influenza pandemics have been recorded, three of which occurred in the last century. The most recent influenza pandemic was Hong Kong Influenza in 1968-1969. The severity of influenza pandemics has varied. As noted previously, the 1918 pandemic killed tens of millions of people worldwide. Deaths from the 1968-1969 Pandemic were about the same as for seasonal influenza. It is difficult to predict how the next influenza pandemic will compare to the past. The severity of a pandemic influenza will necessarily depend on the virus that causes it. Additionally, while increased travel and greater populations could speed the spread of pandemic influenza, better detection and medical treatments could lessen the effects of an influenza pandemic.

**5. What Are the Chances There Will Be Pandemic Influenza Again?**

It is safe to assume that pandemic influenza will occur again. That said, however, it is difficult to predict when the next pandemic will occur and how severe it will be. Influenza viruses are always changing, and occasionally a new virus emerges that can spread easily among humans. Scientists are concerned that “bird flu” (H5N1 avian influenza) in Asia could change, causing pandemic influenza. The virus is spreading to birds and other animals in new regions, and has already infected some people, causing severe illness and death. Fortunately, only in rare cases has the virus spread from one person to another. The United States and other countries are preparing to respond to pandemic influenza. The Department of Health and Human Services and others are developing supplies of vaccines and medicines, and the United States has been working with the World Health Organization and other countries to strengthen detection and response to outbreaks. Preparedness efforts are ongoing at the national, state, and local level.

**6. How Much Warning Will We Have in the United States If a Pandemic Starts?**

The amount of warning we have in the United States if a pandemic starts depends on a couple of factors. First, warning time will depend on where the new virus starts. New influenza viruses often originate in Asia. However, many experts believe that the worst recorded outbreak of pandemic influenza — the 1918 pandemic — started in the United States. Second, warning time will depend on how soon the virus is identified. Pandemic influenza is caused by an influenza virus that is new to people. Many viruses circulate in animals, but don’t cause disease in most humans. The virus must spread easily among people to become pandemic influenza. For these reasons, the effectiveness of control measures will depend on where the new virus starts. If the new virus starts in Asia, limitations on travel, such as those used for SARS, may delay entry into the United States. However, it is unlikely that control measures will prevent pandemic influenza from entering the United States. Preparing now can limit the spread and effects of pandemic influenza.

**7. How Fast Would Pandemic Influenza Spread?**

When pandemic influenza begins, it is likely to spread very rapidly. Influenza is a contagious disease of the lungs, and usually spreads by infected people coughing and sneezing. Most people will have little or no immunity to pandemic influenza. Importantly, efforts to prepare for pandemic influenza are continuing. Public health officials are building on existing disease outbreak plans, including those developed for SARS, and researchers are working to produce additional vaccine more quickly. Countries are working together to improve detection and tracking of influenza viruses. Public participation and cooperation will be important to the response effort. Severe pandemic influenza could produce changes in daily life, including limits on travel and public gatherings. Informed public participation and cooperation will help public health efforts. People should stay informed about pandemic influenza and be prepared as they would for any emergency.



**8. How Many People Are Likely to Get Sick in a Pandemic?**

The consequences of pandemic influenza are difficult to predict. During a pandemic many people will be infected. One-third of the people in the United States got sick during the 1918 pandemic. Historically, most people who get sick will recover, although having many people ill can be highly disruptive to daily life. In general, some people are at greater risk for illness and death. People who already have a health problem are often at higher risk, as are people with weakened immune systems (for example, transplant patients). Older people tend to be at higher risk from certain diseases.

**9. How Worried Should People Be About Pandemic Influenza?**

At the current time, preparing and staying informed are the best responses to any threat of pandemic influenza. Right now, there is no pandemic influenza in the United States or the world. However, preparing now can limit the effects of pandemic influenza. One way that people can stay informed is through the following website: [www.pandemicflu.gov](http://www.pandemicflu.gov). The United States and other countries are preparing to respond to pandemic influenza. The Department of Health and Human Services and others are developing supplies of vaccines and medicines, and the United States is working with the World Health Organization and other countries to strengthen monitoring and response to outbreaks. Individuals, communities, and businesses can also take steps to prepare for pandemic influenza. Individuals should stay informed about pandemic influenza and prepare as they would for any emergency. Businesses should prepare or review their emergency plans. And communities should prepare as for other public health emergencies.

**10. Could Terrorists Make and Spread An Influenza Virus For a Pandemic?**

Experts believe it highly unlikely that pandemic influenza could result from terrorism. Instead, it is generally believed that other types of terrorist activities, such as bombings, are more likely. Developing a pandemic influenza virus would require extraordinary scientific skill, and

sophisticated scientific equipment and other resources. As noted earlier, preparing now can limit the effects of pandemic influenza — regardless of the source. Public health agencies throughout the world are preparing for pandemic influenza — regardless of the source. The World Health Organization, the United States Department of Health and Human Services, and countries throughout the world are building on existing plans, including those developed for SARS. Researchers are working to produce more vaccine more quickly, and a coordinated international effort is underway to improve detection and tracking of influenza viruses.

**11. What Should the Public Know About Pandemic Influenza Now?**

Pandemic influenza is a global outbreak caused by a new influenza virus. The virus may spread easily, possibly causing serious illness and death. Because so many people are at risk, serious consequences are possible. Historically, pandemic influenza has caused widespread harm. Scientists are confident that an outbreak of pandemic influenza will occur again. There have been three influenza pandemics in the last century, including an outbreak in 1918 that killed tens of millions of people worldwide. Unfortunately, scientists are uncertain when a new pandemic will occur and how severe it may be, as influenza viruses are always changing: new influenza viruses emerge or old ones re-emerge that can spread easily. Preparing now can limit the effects of pandemic influenza. All individuals should stay informed about pandemic influenza and prepare as they would for any emergency.

**12. What Should People Do If There Is An Outbreak of Pandemic Influenza?**

People should stay informed about prevention and control actions. Public health officials will share information about prevention and control actions. Information about prevention and control actions will be shared in a variety of ways, including through the CDC Hotline (1-800-CDC-INFO) and [www.pandemicflu.gov](http://www.pandemicflu.gov). Informed public participation and cooperation will be needed for public health efforts. Additionally, people should use information about prevention and control actions to care for

themselves and their loved ones. Public health officials will provide information on the signs and symptoms of the specific disease. People should practice good health habits, including eating a balanced diet and getting sufficient rest, and should discuss individual health concerns with their healthcare provider, health department, or other trusted sources. Finally, people should take common-sense actions to keep from spreading germs. This would include covering their coughs and sneezes, and washing their hands frequently. People should stay away from sick people as much as possible, and if they themselves become sick, should stay away from others as much as possible.

**13. How Do New Influenza Viruses Come About?**

Influenza viruses are always changing. Changes can occur whenever the virus reproduces. The virus reproduces in those who have influenza, and these changes can affect how the disease works in the body. The most common changes are small changes called “drift.” Drift is why influenza vaccine is changed every year. Scientists are always tracking these changes in influenza viruses, and drift usually results in an influenza to which some people have immunity. Occasionally, large changes occur that produce a pandemic influenza. Major changes are called “shift” and can result in a new type of influenza virus. Shift can result in the re-emergence of an old type of influenza virus, and is the type of change most likely to cause pandemic influenza.

**14. Will People With Strong Immune Systems Be Immune to Pandemic Influenza?**

Almost no one will be immune to a pandemic influenza virus. Pandemic influenza comes from a virus that is new to people. Immunity to a virus can come from vaccination. People who recover from the disease will be immune to it. During a pandemic many people will be infected. As mentioned earlier, one-third of the people in the United States got sick during the 1918 pandemic. While, historically, most people who get sick recover, having many people ill can greatly disrupt daily life. Preparing and staying informed are the best responses now. Currently, there is no pandemic influenza in the United States, or the world. However, preparing now

can limit the effects of pandemic influenza. You can stay informed through [www.pandemicflu.gov](http://www.pandemicflu.gov).

**15. Is the United States Prepared For An Influenza Pandemic?**

Steps have already been taken to prepare for the possibility of an influenza pandemic in the United States. Specifically, Federal, state, and local governments have developed comprehensive plans for just such an event. The United States has started storing test vaccine and medicine, and is working with the World Health Organization and other countries to strengthen monitoring and response. Efforts to prepare for pandemic influenza are ongoing. Public health officials are building on experience, such as from SARS and Hurricane Katrina, and researchers are working to produce additional vaccine more quickly. There are also international efforts to improve worldwide monitoring of influenza viruses. Public participation and cooperation will be important to the response effort. In a pandemic, travel and public gatherings could be limited, and other emergency measures, such as quarantine, might be needed. People should stay informed and be prepared for this emergency as they would for any other emergency.

**16. Are State and Local Governments Prepared For Pandemic Influenza?**

For some time now, State and local governments have been preparing for pandemic influenza. State and local governments have plans for various emergencies (for example, snow storms and earthquakes), and they are developing, improving, and testing their plans for pandemic influenza. Further, the United States Department of Health and Human Services, as well as other federal agencies, are providing funding, advice, and other support. Nonetheless, an influenza pandemic could still have serious effects. Vaccine might be in limited supply in the early stages of pandemic influenza, and hospitals are likely to be overwhelmed. Other public health measures might be required such as limiting travel and public events. Public health officials already have some systems to help be ready for pandemic influenza. For example, vaccines for H5N1 and drugs to treat infection have been

stockpiled, and there are several systems for rapidly sharing emergency health information. And, a worldwide network of laboratories is in place to detect and track influenza viruses.

**17. Who Else Should Be Preparing For Pandemic Influenza?**

By preparing now, people can help protect themselves and their families later. Individuals should keep a supply of essential supplies at home (such as food, water, medicine), as for any emergency. People can volunteer with local organizations to help in emergency response. And people should stay informed about pandemic influenza through 1-800-CDC-INFO or [www.pandemicflu.gov](http://www.pandemicflu.gov). Of course, as in other emergencies, pandemic influenza could affect everyday life. Schools and businesses might be closed during pandemic influenza. Travel could be limited during a pandemic, and there may be spot shortages during an influenza pandemic. However, many types of organizations are also preparing for pandemic influenza. Hospitals are planning how to deal with many sick people in a pandemic. Non-Government Organizations, such as the Red Cross, are planning their response to pandemic influenza. Businesses are making or improving plans to continue operations in an emergency.

**18. What Can Communities Do To Prepare For Pandemic Influenza?**

In preparing for pandemic influenza, communities can assess the resources they have to meet the challenges of pandemic influenza. Planning for pandemic influenza can be built on existing emergency plans. Communities should consider all the partners that might be able to help in a pandemic, and should plan to ensure the delivery of basic services without outside help. Additionally, communities should identify their special needs and unique features. They can develop a list of resources and groups that might be at higher risk during pandemic influenza. Communities can also identify possible barriers to communication, and should consider their unique features that may affect how they respond. Finally, communities should coordinate and test plans for pandemic influenza. These plans should be coordinated with Federal and State pandemic influenza plans and, as part of

the plan, communities should prepare to provide care for a large number of people during a pandemic. Any plan developed should be tested and corrected to improve response to pandemic influenza.

**19. What Can Individuals Do To Prepare For Pandemic Influenza?**

At this time, preparing and staying informed about pandemic influenza are the best responses. As mentioned earlier, right now there is no pandemic influenza in the United States or the world. Preparing now can limit the effects of pandemic influenza. If pandemic influenza starts, public health officials will provide more specific information as the circumstances of the pandemic become known. Remember that vaccine might be in short supply in the early stages of an influenza pandemic, and people should anticipate that daily life could change for a while, such as school closings and travel limitations. But people who prepare now for pandemic influenza can help protect themselves and their families later. Preparatory steps should include keeping a supply of essential supplies at home, such as food, water, medicine, and a thermometer. People should prepare as they would for any emergency that affects large segments of society, such as an earthquake or blizzard.

**20. What is Bird Flu (H5N1 Avian Influenza)?**

Bird flu is a disease of wild and domesticated birds, although this type of influenza can also infect other animals and people. Since the 1990s, bird flu outbreaks have occurred across the world, with the virus spreading to birds and other animals in new regions. Unfortunately, this virus has infected some people. Although fairly rare, human cases have been reported in various countries around the globe. Most human cases probably came from direct contact with infected birds or their droppings. The United States Government is watching closely for any person-to-person spread of bird flu and, so far, there has been only limited person-to-person spread. The United States Department of Health and Human Services, the World Health Organization, and many others are working together and watching for changes in the virus that could lead to easier spread.

**21. How Many People Have Gotten Bird Flu (H5N1 Avian Influenza)?**

According to the World Health Organization, as of March 2006, there have been 186 human cases of bird flu, and more than half of those who contract bird flu (105) have died from the disease. Most human cases come from contact with infected birds, and new cases are expected as bird flu occurs in new regions. Additionally, there may be more human cases than have been reported. Disease-tracking methods sometimes miss cases, and mild cases may not be recognized or reported. To date, most outbreaks of bird flu (H5N1) have occurred in developing countries, where tracking of the disease can be more difficult. For these reasons, the World Health Organization and many nations are working to improve disease-tracking methods. Resources are being devoted to monitoring and detection. Healthcare workers in Asia are being trained to use test kits. Disease experts from many nations are working on this effort.

**22. How Does Bird Flu (H5N1 Avian Influenza) Get From Birds to Humans?**

Bird flu is a disease of wild and farm birds. However, this type of influenza can also infect other animals and people. Since the 1990s, bird flu outbreaks have occurred in Asia and Europe. The United States Government is watching for changes in the bird flu virus that could lead to easier spread between people. Although rare, human cases of bird flu have been reported. A few reports are linked to drinking uncooked poultry blood, but most human cases probably came from direct contact with infected birds or their droppings. There is worldwide coordination to control the spread of bird flu. Steps being taken include: monitoring flocks for bird flu; keeping possibly infected birds separate from others; and killing sick and potentially infected birds.

**23. Given Concerns About Bird Flu, Is It Safe To Buy and Eat Chicken and Duck in the United States?**

It is safe to eat properly-cooked poultry in the United States. First, H5N1 (the bird flu from Asia) has not been found in the United States. Second, cooking destroys germs, including the bird flu virus. Third, the United States bans

imports of poultry from areas with bird flu. Additionally, there is worldwide coordination to control the spread of bird flu, including monitoring flocks and killing those birds that are sick or possibly infected. As usual, you should take steps to control the spread of germs from poultry. To avoid any possibility of getting sick, follow safe cooking practices: cook chicken or eggs at temperatures above 70 degrees Celsius (158 degrees Fahrenheit); keep raw and cooked foods apart; wash your hands when handling raw foods; clean all cutting boards, counter tops and utensils; do not eat raw, undercooked poultry or poultry products, or raw runny eggs.

**24. What Are the Symptoms of Bird Flu (H5N1 Avian Influenza) in People?**

Symptoms of bird flu are the same as those for other influenza viruses, such as the seasonal flu. In fact, at first, based only on symptoms, an individual cannot tell the difference between bird flu and seasonal flu. A high fever, muscle aches, coughing, and shortness of breath are common symptoms. Human bird flu cases reported to date have usually started very suddenly, with fevers lasting 3-4 days; headaches; severe muscle aches; and general bodily weakness or extreme fatigue. These symptoms are usually accompanied by a dry cough; sore throat; and a runny or stuffy nose. Stomach or intestinal symptoms, such as nausea, vomiting, and diarrhea, are much more common in children than adults. An individual should see a healthcare provider or go to an emergency room immediately if they have any of the following: severe or prolonged (10 days or more) symptoms; difficulty breathing or rapid and painful breathing; bluish skin; dizziness or fainting; the return of a fever or cough after symptoms have improved; dehydration; a cough with yellow mucus or saliva; severe or persistent vomiting; or a worsening of an existing serious medical conditions (e.g., heart or lung disease, diabetes, cancer, etc.).

**25. How Are Patients With Bird Flu (H5N1 Avian Influenza) Treated?**

Antiviral medicines can help lessen the severity of influenza. Antiviral medicines work against a number of types of viruses. Of course, each type of influenza virus must be tested to learn if antiviral medicines work against it. So far, research

shows that some antiviral medicine works against bird flu. Antiviral medicines could be important if bird flu becomes widespread in people. Importantly, the United States has a supply of antiviral medicines, and has ordered more to increase its supplies as part of planning for pandemic influenza. Further, there is a system to distribute these medicines quickly to where they are needed. Bird flu is also treated by supportive care. Supportive care is treatment of the symptoms of a disease (for example, reducing fever). Supportive care includes treating other germs if they infect someone sick with bird flu, as well as treating other medical conditions the patient has, such as heart disease.

**26. Are There Medicines Other Than Vaccines That Can Be Used to Respond to Pandemic Influenza?**

Doctors have ways to treat influenza, including antiviral medicines. Antiviral medicines can be used to lessen the severity of influenza symptoms; lessen the risk of getting influenza; and make infected people less contagious. During pandemic influenza, antiviral medicines will be used, along with other methods, mostly to treat people who have influenza. Healthcare workers will prescribe antiviral medicines if they are the best method for treatment, with antiviral medicines most useful when given soon after symptoms begin. As part of its ongoing planning efforts, the United States Government is increasing its supply of antiviral medicines. Right now, there are enough antiviral medicines in the national stockpile to treat 2.2 million people. More antiviral medicines have been ordered for the national stockpile, and the national goal is to have enough antiviral medicines to respond to major outbreaks. To date, dietary supplements and herbal remedies have not been evaluated or approved by the Food and Drug Administration for H5N1 avian influenza. Because supplements and over-the-counter products can interfere with prescription medicines, consult your healthcare provider before using such products.

**27. How Will Antiviral Medicines Be Used During An Influenza Pandemic?**

As noted previously, during a pandemic, antiviral medicines will be used mainly to treat

people who have influenza. These antiviral medicines can be used to lessen the severity of influenza symptoms and make infected people less contagious. Antiviral medicines can be used to help contain small outbreaks of pandemic influenza. Although most helpful when used in small, well-defined settings, antiviral medicines will be given first to those living in places experiencing an outbreak. In response to a major outbreak, antiviral medicines will be used along with other methods to reduce or prevent spread of influenza. Antiviral medicines can also be used to prevent influenza among those exposed to the disease. Antiviral medicines may be given to those in close contact with influenza patients, which could include family members and healthcare workers. Finally, antiviral medicines may be given to those who traveled or worked with an infected person.

**28. How Well Will Antiviral Medicines Work Against Pandemic Influenza?**

For many years, antiviral medicines have helped people with different kinds of flu get better by keeping viruses from reproducing in the body. Tamiflu® and Relenza® are two well-known brands of antiviral medicines. While antiviral medicines have been effective in treating humans with bird flu, there have been reported cases where a person with bird flu did not respond to antiviral medicines. So not all antiviral medicines are effective against all strains of influenza. Additionally, testing must continue, because influenza viruses change all the time. Pandemic influenza is caused by an influenza virus that is new to people. However, the United States is working with the World Health Organization and other countries to strengthen detection and tracking of new influenza viruses, and to continue testing antiviral medicines against influenza viruses.

**29. How Much Antiviral Medicine is Currently Available?**

Right now, the national supply has enough antiviral medicines to treat 2.2 million people. This national stockpile of antiviral medicines will be used mainly to treat people with influenza, but may be used to stop the spread of influenza from infected persons to others. The stockpile may

also be used to help contain small outbreaks. The United States Government is increasing its supply of antiviral medicines. The national plan (<http://www.hhs.gov/pandemicflu/plan/>), a joint effort of producers and buyers of antiviral medicines, set up a schedule for increasing the stockpile of antiviral medicines. Further, the United States Government and industry are working together to build supplies of antiviral medicines. Two of the most effective antiviral medicines today are Tamiflu and Relenza, and scientists are working to make new antiviral medicines. Ultimately, the national goal is to have enough antiviral medicines to respond to major outbreaks.

### **30. Should Individuals Get Antiviral Medicines and Keep Them in Case of Pandemic Influenza?**

The supply of antiviral medicines is limited. Few companies make antiviral medicines. Antiviral medicines are given out only by prescription and, usually, drug stores have only a small supply on hand. Additionally, there are risks in keeping antiviral medicines at home. Because there can be serious side effects, antiviral medicines should be taken under the care of a doctor. Like any medicine, some people can use antiviral medicines and others should not, because the medicine may harm them. Further, antiviral medicines may not work well if stored improperly. Preparing and staying informed are the best responses now.

### **31. How Would Antiviral Medicines Be Dispensed in an Emergency?**

Local, state, and federal health agencies have plans for giving out medicines in an emergency. These plans involve governmental organizations, the Red Cross, and other local groups, and explain how medicines will be given to the public in different types of emergencies. The plans also provide guidance on how to meet the needs of daily life in an emergency, such as getting food, water, and medicine to people who need it. Further, these plans are being tested and improved, with cities, states, and the nation conducting exercises to test their plans. Where appropriate, the plans get updated based on research and exercises, and when new things are learned from real disasters. Finally, plans for

giving out medicines in an emergency emphasize local needs and resources, including how to handle those with special needs and available resources that can help give out medicines in an emergency. To learn more about the plans in your area, contact your local health department.

### **32. Four Simple Things You Can Do To Protect Yourself and Your Family**

There are four simple steps all people can take to protect themselves and their families from influenza viruses. First, people should cover their mouths when they cough or sneeze, preferably with a tissue, that should then be disposed of in a trash can. If no tissues are available, people should cough or sneeze into their upper sleeve, not their hands. Second, people should be diligent about washing their hands after coughing or sneezing; caring for a sick person; using the bathroom; and handling garbage or animal waste. People should either wash their hands in warm, soapy water for at least 10-15 seconds, or use a hand sanitizer. Third, people should keep their living and work areas clean. These areas should be cleaned with household detergents, such as dishwashing liquid; laundry detergent; or hand soap. Surfaces, such as desks, should also be sanitized with bleach or alcohol. More information on the use of sterilizing agents is provided in the next slide. Finally, people should keep their distance from others to prevent spread of H5N1 avian influenza. Contact with an infected person increases an individual's risk of catching H5N1 avian influenza. Limiting contact between infected and uninfected people will help prevent the spread of H5N1 avian influenza. For these reasons, people should consider social-distancing measures, such as avoiding crowds; limiting their travel; traveling to and from work during off-peak hours, if possible; and working from home, if permitted.

### **33. Cleaning and Sterilizing**

H5N1 avian influenza is killed by alcohol and bleach. Cleaning furniture, work areas, food preparation areas, etc., with household detergents (for example, dishwashing liquid, laundry detergent, or hand soap) followed by a sterilizing solution, such as alcohol or bleach, is recommended. For example, the disinfection

of material contaminated with blood and bodily fluids should be done with household laundry bleach. When doing so, a three quarters (3/4) cup of bleach should be diluted into one gallon of water. When using bleach in this fashion, it is important to remember the following points: first, this mixture should be used in a well-ventilated area; second, gloves should be worn while using or handling the bleach; third, only bleach should be mixed with the water. Alternatively, when sterilizing smooth metal surfaces, tabletops, and other surfaces on which bleach cannot be safely used, rubbing alcohol should be utilized. The rubbing alcohol should be used straight from the bottle, not diluted with water. Items with lower alcohol concentrations, such as whiskey, vodka, and rum, will not be effective as sterilizing agents. As with the bleach solution mentioned earlier, rubbing alcohol should be used in a well-ventilated area and should not be inhaled. It is flammable and toxic, so it should be kept away from heat sources, electrical equipment, flames, and hot surfaces. Finally, the rubbing alcohol should be allowed to dry completely prior to utilizing the surface.

#### **34. The Use of Personal Protective Equipment**

According to the World Health Organization, the use of personal protective equipment, such as respirators and surgical masks, may reduce,

but not eliminate, the possibility of becoming infected with H5N1 avian influenza. Certain individuals, such as healthcare workers, should wear personal protective equipment. Family members or others people who care for H5N1 avian influenza-infected patients should wear a mask and disposable latex or plastic gloves. H5N1 avian influenza patients should wear a mask when in contact with other people. While there is some debate about whether or not masks are effective for everyday use, it is clear that wearing masks will not cause harm. The preferred type of mask is an N-95 respirator, which can be purchased at local hardware or retail stores or through medical supply companies. A second option is a surgical mask. Surgical masks and gloves can typically be purchased at local drug stores. When masks are utilized, they should be discarded after 4-6 hours of use. Masks should not be shared or re-used. Used masks should be placed in a sealed plastic bag and thrown away with other household trash. If an individual decides to wear a mask, it should be worn properly. This includes securing the ties behind the head or placing elastic bands behind the ears; fitting the flexible band at the top of the mask to the bridge of your nose; and fitting the mask snugly to your face and below your chin. Finally, remember that the use of personal protective equipment does not replace the basic sanitary measures previously discussed, such as hand washing.

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# Appendix K:

## Influenza Viruses

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Influenza is an illness caused by viruses that infect the respiratory tract in humans. The agent of pandemic influenza is the influenza virus, which is also responsible for causing seasonal influenza, known by most persons as the flu. Signs and symptoms of influenza infection include rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough, and intense body aches followed by extreme fatigue. Influenza is a highly-contagious illness and can be spread easily from one person to another. It is spread through contact with droplets from the nose and throat of an infected person during coughing and sneezing. The period between exposure to the virus and the onset of illness is usually one to five days. Although most people infected with flu recover, it is still responsible for approximately 36,000 deaths and 226,000 hospitalizations each year in the United States. Influenza is not an endemic disease (i.e., one that is prevalent in or peculiar to a particular locality, region, or people), and in the Northern Hemisphere usually occurs in annual epidemics from December to April.

There are two types of influenza viruses which cause significant disease in humans: type A and type B. Influenza A viruses are unique because they can infect both humans and animals and are usually associated with more severe illness than type B influenza viruses. Influenza viruses mutate frequently, resulting in an antigenic drift or a shift. Antigenic drift is a minor change caused by mutation that results in the emergence of a new strain within a subtype. Drifts can occur in both type A and B influenza viruses. Antigenic shift, associated with influenza pandemics, is a major change caused by genetic recombination that results in the emergence of a novel virus strain that has not previously infected humans. Antigenic shift occurs only in influenza type A viruses. Type A viruses are further divided into subtypes based on the specific hemagglutinin (H) and neuraminidase (N) proteins on the virus surface. Currently, two subtypes of A viruses are in worldwide circulation in humans: H3N2 and H1N1. The emergence of both of these subtypes in the 20th century led to separate pandemics. For example, the 1918 pandemic

resulted from the emergence and spread of the H1N1 virus while the 1968 pandemic was associated with the H3N2 virus. The 1957 pandemic was associated with the emergence and spread of the H2N2 virus; however, this virus subtype stopped circulating in 1968. Influenza pandemics are believed to have occurred for at least 300 years at unpredictable intervals.

### A. Influenza Pandemics

Pandemics of influenza are extreme infectious disease outbreaks. Although many infectious disease outbreaks (e.g., Severe Acute Respiratory Syndrome [SARS], Ebola, HIV, or West Nile Virus) can cause devastation, these infections are typically limited in their spread to either localized areas or regions, or to at-risk populations. Pandemic influenza, by contrast, is an explosive global event in which most, if not all, populations worldwide are at risk for infection and illness. In past pandemics, influenza viruses have spread worldwide within months and are expected to spread even more quickly today given modern travel patterns. It is the sheer scope of influenza pandemics, with their potential to rapidly spread and overwhelm societies and cause illnesses and deaths among all age groups, which distinguishes pandemic influenza from other emerging infectious disease threats and makes pandemic influenza one of the most feared emerging infectious disease threats.

Pandemic influenza is a unique public health emergency. No one knows when the next influenza pandemic will occur. However, when it does occur, it will be with little warning. Since the novel virus may be identified in any region of the world, experts believe that we will have between one to six months between the identification of a novel influenza virus and the time that widespread outbreaks begin to occur in the United States. Outbreaks are expected to occur simultaneously throughout much of the nation, preventing relocation of human and material resources. An influenza pandemic will likely occur in multiple waves. The effect of the initial wave on

individual communities will be relatively prolonged (as long as six to eight weeks), when compared to the minutes-to-hours observed in most natural disasters. The next pandemic could have a devastating impact on the health and well-being of the American public.

## **B. Why Influenza Pandemics Occur**

### *1. Drift and Shift*

An important feature of influenza viruses that helps to explain much of their epidemiological patterns is the ability and propensity of these viruses to modify (drift) or replace (shift) two key viral proteins, hemagglutinin and neuraminidase, on the viral surface. Because these proteins are the main targets for the immune system, changes in these proteins can have minor to profound effects on the antigenicity of influenza viruses.

#### a) Drift

Influenza viruses can change through antigenic drift, which is a process in which mutations to the virus genome produce changes in the viral H or N. Drift is a continuous ongoing process that results in the emergence of new strain variants. The amount of change can be subtle or dramatic, but eventually one of the new variant strains becomes dominant, usually for a few years, until a new variant emerges and replaces it. In essence, drift affects the influenza viruses that are already in worldwide circulation. This process allows influenza viruses to change and re-infect people repeatedly through their lifetime, and is the reason the influenza virus strains in vaccine must be updated each year.

#### b) Shift

In contrast to drift, pandemic viruses arise through a process known as antigenic shift. In this process, the surface existing viral H and N proteins are not modified, but are replaced by significantly different H and Ns. Since influenza A viruses that bear new (or novel) H or H/N combinations are perceived by immune systems as new, most people do not have pre-existing antibody protection to these novel viruses. This is one of the reasons that pandemic viruses can have such severe impact on the health of populations.

## **C. Animal Reservoirs**

Novel influenza viruses occasionally emerge among humans as part of the natural ecology and biology of influenza viruses. Wild birds are considered the reservoir for influenza viruses because more influenza A subtypes (15) circulate among wild birds than humans or other animal species. Normally, animal influenza viruses do not infect humans. However, avian influenza viruses can sometimes cross this barrier and directly infect humans. This was demonstrated in 1997, when an outbreak of avian influenza A (H5N1) viruses infected both domestic poultry and humans in Hong Kong, leading to 18 hospitalizations and 6 deaths. Since then, other outbreaks of avian viruses (such as H9N2 in 1999, H7N2 in 2002, H7N7 in 2003, and H5N1 again in 2004) have occurred and been found to directly infect people. Fortunately, these avian viruses lacked the ability to spread easily from person-to-person and therefore did not precipitate larger outbreaks or a pandemic.

Pandemic viruses can also arise when some of the genes from animal influenza viruses mix or reassort with some of the genes from human influenza viruses to create a new hybrid influenza virus. This can occur when a single animal (for example, a pig or possibly a person) is simultaneously co-infected by both a human influenza virus and an avian influenza virus. In this situation, genes from the human and avian viruses can reassort and create a virus with the surface proteins derived from the avian virus (hence, creating a new subtype), and the internal proteins derived from the human virus, enhancing the transmissibility of the hybrid virus. The process of reassortment is not theoretical. Reassorted viruses have been frequently identified and are thought to have been responsible for the 1957 and 1968 pandemic viruses.

## **D. Distinguishing Pandemic From Seasonal Influenza**

Several epidemiological features distinguish pandemic influenza from seasonal influenza. Pandemics of influenza are unusual events and their timing cannot be predicted. For example, only three pandemics occurred in the 20th century (1918, 1957, and 1968). The infrequency and unpredictable timing of these events is explained by the fact that influenza pandemics occur only when a new (or novel)

influenza A virus emerges and spreads globally. By definition, most people have never been exposed to these viruses and therefore are susceptible to infection by them. In contrast, seasonal influenza virus strain variants are modified versions of influenza A viruses that are already in widespread circulation. Therefore, there is usually some level of pre-existing immunity to strain variants. Because of the frequent appearance of new variants, virus strains contained in seasonal interpandemic trivalent influenza vaccines must be updated annually.

### **E. Impact of Influenza and Influenza Pandemics**

An annual influenza season in the United States, on average, results in approximately 36,000 deaths, 226,000 hospitalizations, and between \$1 billion and \$3 billion in direct costs for medical care. This impact occurs because influenza infections result in secondary complications such as pneumonia, dehydration, and worsening of chronic lung and heart problems. Despite the severity of influenza epidemics, it is sobering to understand that the effects of seasonal influenza are moderated because most individuals have some underlying degree of immunity to recently-circulating influenza viruses, either from previous infections or from vaccination. It is clear that pandemic influenza has the potential to pose disease control challenges unmatched by any other natural or intentional infectious disease event. Pandemic influenza viruses have demonstrated their ability to spread worldwide within months, or weeks, and to cause infections in all age groups. While the ultimate number of infections, illnesses, and deaths is unpredictable, and could vary tremendously depending on multiple factors, it is nonetheless certain that without adequate planning and preparations, an influenza pandemic in the 21st century has the potential to cause enough illnesses to overwhelm current public health and medical care capacities at all levels, despite the vast improvements made in medical technology during the 20th century.

This combination of factors suggests that the next pandemic may lead to more illnesses occurring more quickly than in the past, overwhelming countries and health systems that are not adequately prepared. The 1957 pandemic, during an era with much less globalization, spread to the United States within 4-5 months of its detection in China, and the 1968

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

### **F. H5N1 Avian Influenza**

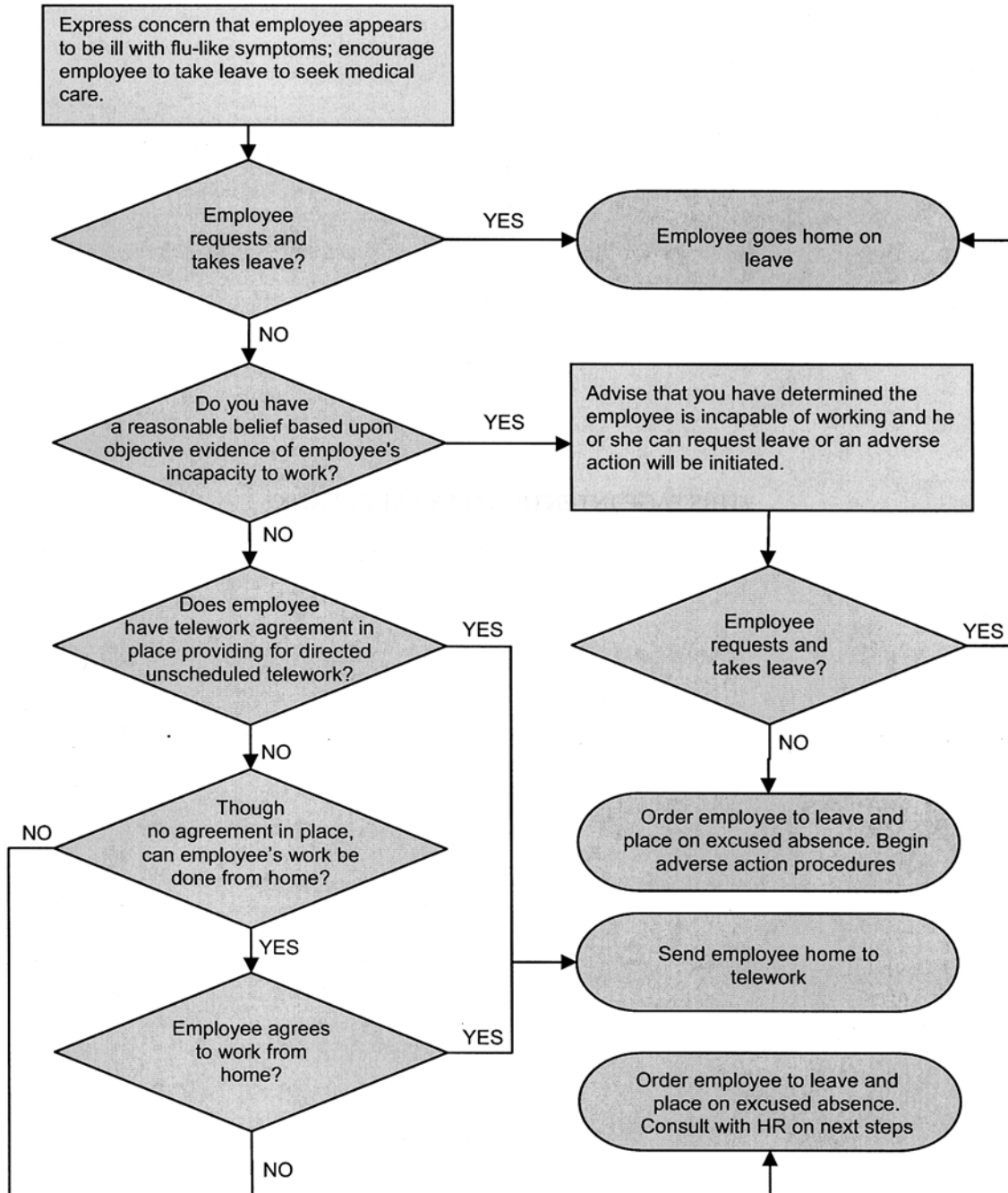
Although it is unpredictable when the next pandemic will occur and what strain may cause it, the continued and expanded spread of a highly pathogenic — and now endemic — avian H5N1 virus across much of eastern Asia, Russia, and eastern Europe represents a significant pandemic threat. Human avian H5N1 influenza infection was first recognized in 1997 when it infected 18 people in Hong Kong, causing 6 deaths. Concern has increased in recent years as avian H5N1 infections have killed poultry flocks in countries throughout Asia and in parts of Europe. Since 2003, over 100 human H5N1 cases have been diagnosed in Thailand, Vietnam, Cambodia, and Indonesia. The H5N1 virus circulating in Asia has raised concerns about the potential for a pandemic because:

1. The avian H5N1 virus is widespread and endemic in much of Asia with spread to Russia and Europe.
2. The avian H5N1 virus is becoming more deadly in a growing number of bird species and mammals.

3. Wild birds and domestic ducks may be infected asymptotically, providing a reservoir for infection of other domestic poultry species.
4. The virus is able to transmit directly from birds to some mammals and in some circumstances to people.
5. There is sporadic spread directly from animals to humans with suspected human-to-human transmission in rare instances.
6. Genetic studies confirm that H5N1, like other influenza viruses, is continuing to change and evolve.

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

# Appendix L: Supervisory Actions If Someone Ap- pears Ill With Pandemic Influenza



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# Appendix M:

## Helpful Information for Federal Employees

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In early 2006, President George W. Bush issued, “Implementation Plan for the National Strategy for Pandemic Influenza,” a document that directed each Federal department and agency to develop a comprehensive preparedness plan in the event of an outbreak of pandemic influenza in the United States.

Under the President’s direction, the U.S. Office of Personnel Management is charged with providing guidance to Federal employees and agencies on human capital management strategies, pay and leave policies, alternative work arrangements such as telework, and important health information.

This document seeks to provide handy, easily-comprehensible information Federal employees should have in the wake of an outbreak of pandemic influenza.

### What Is Pandemic Influenza?

A pandemic influenza is a flu virus that occurs over a wide geographic area and affects an exceptionally significant portion of the population. According to the Centers for Disease Control and Prevention, three conditions must be met for a pandemic to begin:

1. A new influenza virus subtype must emerge for which there is little or no human immunity;
2. This new influenza virus subtype must spread easily among humans and continue spreading with little or no interruption; and
3. This subtype must infect humans and cause illness.

The most feared form of influenza with the potential to cause a pandemic is known by scientists as Avian Flu (H5N1 strain) — one of many different types of influenza viruses that predominantly infect birds, but in rare cases can be contracted by humans.

Human exposure to the virus has so far been mostly limited to portions of Asia and Africa. Birds infected with the disease have been found throughout a wider range, however. Although the spread of this virus to humans has been extremely limited, the virus itself continues to evolve, and is difficult to treat. There is no vaccine for this virus or any of its sub-strains. Should the virus evolve into a strain that could be contracted in a fashion similar to that of common influenza, it would likely spread rapidly. You can get additional information by visiting the Federal Government’s official Pandemic Website at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### Maintaining Government During a Pandemic Influenza

President Bush and the Office of Personnel Management are committed to maintaining a working Government should a pandemic influenza strike the United States. Plans and strategies have been developed to ensure continuous operation of Federal agencies and authorities.

The Office of Personnel Management has worked to ensure Federal employees have easy-to-access information on the ways a pandemic influenza can affect them and what options they have. Federal employees may be especially concerned about how a pandemic influenza outbreak could affect their jobs, their livelihood, and their families.

The following pages are designed to offer you information on how a pandemic influenza might affect you, the Federal employee, and how you can prepare and protect yourself.

### What Are My Work Options?

Pandemic influenza may cause you to be unable to work from your office, or have obligations outside the office due to illness which prevent you from going

to work. This could be for any number of reasons. It could be that you, or close family members, are ill or contagious.

There are alternative work arrangements offered in the Federal Government designed to give you the flexibility you need to balance work and family responsibilities. These include flexible and compressed work schedules and telework arrangements.

**1. Flexible Work Schedules**

Flexible work schedules (FWS) allow you — with supervisory approval — to choose your work arrival and departure time and FWS day off within limits set by your agency. Flexible work schedules enable you to select and alter your schedule to better fit personal needs and help balance your work and family responsibilities. More information on flexible work schedules is available at [www.opm.gov/oca/WORKSCH/HTML/AWSFWS.asp](http://www.opm.gov/oca/WORKSCH/HTML/AWSFWS.asp).

**2. Compressed Work Schedules**

Compressed work schedules are fixed work schedules that allow you — with supervisory approval — to complete your basic 80-hour biweekly work requirement in fewer than 10 workdays. Arrival and departure times under a compressed work schedule do not vary from one pay period to the next. More information is available at [www.opm.gov/oca/WORKSCH/HTML/AWSCWS.asp](http://www.opm.gov/oca/WORKSCH/HTML/AWSCWS.asp).

**3. Telework**

In the event of a pandemic, one way to slow the spread of disease is for people to avoid contact with each other, an approach known as “social distancing.” Workplaces may provide opportunities for the infection to spread, so in the event of a pandemic, Federal employees who are able to do so may wish to work from home.

The Federal Government has a strong telework program in place. All agencies have telework policies, and many employees have agreements in place that allow them to work from home or from another location convenient to their home a few times per week or per month.

To prepare for a pandemic, explore the possibility of telework for social-distancing purposes. If you are currently teleworking, discuss how to handle a pandemic scenario with your manager and make any necessary changes in your agreement. Individuals not currently teleworking should discuss with their manager the possibility of emergency telework, should it become necessary, and consider entering into an agreement. You should practice telework regularly enough to know that systems work and there is a comfort level in working from a remote location.

For more information, “A Guide to Telework in the Federal Government” is available at <http://www.opm.gov/pandemic/agency2a-guide.pdf>.

**What if I get sick?**

If you or a close family member gets sick, you have several different leave options available.

**1. Sick Leave**

Most Federal employees who fall ill may request to use their accrued sick leave while they recuperate or care for a loved one. You may also consider using sick leave if health authorities or a healthcare provider determines your exposure to pandemic influenza virus jeopardizes the health of others even if you have not fallen ill yourself.

**2. Annual Leave**

You also have the option of requesting the use of normally accrued annual leave during a pandemic health crisis. This option would most likely be used when you anticipate a longer absence than your available sick leave hours would enable you to take. For example, if you accrued 35 hours of sick time banked, and you need 9 or 10 working days (72-80 hours) to recuperate from the flu, you may use annual leave for the remainder of the time you need to be out.

In addition to annual leave, you may use any earned compensatory time off, earned compensatory time off for travel, or earned credit hours. Contact your agency for specific policies in this regard.



3. Voluntary Leave Transfer and Leave Bank Programs

A pandemic influenza outbreak can strike without warning. You may find you do not have enough accrued sick or annual leave to adequately care for yourself or others or to maintain your distance if you've been exposed to illness. The voluntary leave transfer and leave bank programs allow you to receive donated annual leave from fellow employees. Each Federal agency must have a voluntary leave transfer program in place, and some Federal agencies also have voluntary leave banks. Check with your agency for more information about these programs.

4. Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act gives you the right to take up to 12 weeks of leave without pay for a serious health condition or to care for your spouse, son, daughter, or parent. You have the option of substituting any accrued annual or sick leave (as applicable) for any unpaid leave under this program.

For more information on the leave options available to you, consult with your agency's human resources office or visit [www.opm.gov/pandemic](http://www.opm.gov/pandemic).

**What about Pay?**

In the event of a flu outbreak, you may be asked to work non-traditional hours, evening hours, or on weekends or Federal holidays. In these cases, you may be eligible for premium pay.

A wealth of information is available regarding the different types of premium pay offered by the Federal Government. The following Websites provide detailed information. You should also check with your agency's human resources office for information and programs specific to your agency.

1. Overtime Pay

For information on Overtime Pay, visit [www.opm.gov/oca/pay/HTML/FACTOT.asp](http://www.opm.gov/oca/pay/HTML/FACTOT.asp).

Night Pay for General Schedule Employees

For information on Night Pay for General Schedule Employees, visit [www.opm.gov/oca/pay/HTML/NIGHT.asp](http://www.opm.gov/oca/pay/HTML/NIGHT.asp).

2. Sunday Premium Pay

For information on Sunday Premium Pay, visit [www.opm.gov/oca/worksch/HTML/sunday.htm](http://www.opm.gov/oca/worksch/HTML/sunday.htm).

3. Federal Holiday Pay

For information on Federal Holiday Pay, visit [www.opm.gov/oca/WORKSCH/HTML/HOLIDAY.asp](http://www.opm.gov/oca/WORKSCH/HTML/HOLIDAY.asp).

4. Evacuation Pay

Your agency may order you to evacuate your office and work from home (or at an alternative location) during a pandemic health crisis. For more information on evacuation payments during a pandemic health crisis, visit [www.opm.gov/oca/pay/HTML/EVAC.htm](http://www.opm.gov/oca/pay/HTML/EVAC.htm)

5. Shelter in Place

In the event of a pandemic influenza outbreak, it is possible that you may be unable to evacuate from your workplace. In fact, you may find yourself in a quarantine situation, depending on the virulence and spread of the disease. In these cases, you may be required to "shelter in place." Sheltering in place simply means remaining in your home, office, or other alternate location for the duration of the crisis.

Circumstances may warrant sheltering in place in your office. Your agency has protocols for such a situation if the need should arise. Ask your supervisor for more information about the procedures in place at your agency.

**Coping with Pandemic Influenza**

To date, the only known manner in which avian flu can be contracted by humans is through contact with infected poultry or surfaces contaminated with secretions or excretions from infected birds.

You cannot contract avian influenza from properly handled and cooked poultry and eggs. In fact, according to the Centers for Disease Control and Prevention, even if poultry and eggs were infected with the virus, proper cooking would kill it.

Recent studies have shown that cooking methods already recommended by the U.S. Department of Agriculture and the Food and Drug Administration for poultry and eggs to prevent other infections will destroy influenza viruses as well. See the following websites for additional information: ([www.cdc.gov/flu/avian/professional/possible-exposure.htm](http://www.cdc.gov/flu/avian/professional/possible-exposure.htm); [www.cdc.gov/flu/avian/gen-info/facts.htm](http://www.cdc.gov/flu/avian/gen-info/facts.htm); [www.cfsan.fda.gov/~dms/avfluza.html](http://www.cfsan.fda.gov/~dms/avfluza.html)).

To stay safe, the following advice is offered for the safe handling and cooking of poultry:

1. Wash your hands with soap and warm water for at least 20 seconds before and after handling raw poultry and eggs;
2. Clean cutting boards and other utensils with soap and hot water to keep raw poultry from contaminating other foods;
3. Use a food thermometer to make sure you cook poultry to a temperature of at least 165 degrees Fahrenheit; and
4. Cook eggs until whites and yolks are firm.

### How do I know if I have Avian Influenza?

According to the Centers for Disease Control and Prevention ([www.pandemicflu.gov/general](http://www.pandemicflu.gov/general)), it is difficult to diagnose cases of avian influenza based on symptoms alone. Laboratory tests are required to effectively diagnose cases of the H5N1 strain.

Common symptoms of H5N1 influenza may include fever, cough, sore-throat, possible eye infection (conjunctivitis), pneumonia, or acute respiratory distress. These symptoms are mostly identical to common types of influenza. However, the H5N1 strain is much more virulent, and resistant to common treatments.

Although the odds of contracting H5N1 presently are extremely low, these symptoms could be signs of another type of influenza infection. All forms of influenza are serious and should be treated promptly.

### Common Sense Tips

Flu prevention begins by taking some common sense steps to keep you and your family safe. As stated previously, H5N1 can currently be spread to humans only through direct contact with infected fowl or their secretions. However, these simple tips can help prevent the spread of most viruses ([www.cdc.gov/flu/workplace](http://www.cdc.gov/flu/workplace)):

1. Cover your mouth and nose when you sneeze or cough.
2. Clean your hands often with warm water and soap. If soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers. Keep a supply on hand at your home or office.
3. Avoid touching your eyes, nose, or mouth. Most infections occur when germs are picked up through touching infected surfaces and then ingested into the body through an orifice.
4. Stay home when you are sick and see a doctor when needed. If you do happen to be sick, you can play an important role in controlling the spread of the disease by maintaining your distance from others.
5. Maintain habits that promote good health. Get plenty of sleep at night, be physically active, manage stress, drink plenty of fluids, and eat nutritious foods.

The most important point to remember as a Federal employee is that while you and your family are in no immediate danger, we must be prepared for any situation. Should a pandemic of avian influenza occur, the disease will spread rapidly and could disrupt the lives of billions of people throughout the world. Working together, we can ensure America is ready.

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# Appendix N: Additional Resources

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## General Information

World Health Organization Epidemic and Pandemic Alert and Response Site

[www.who.int/csr/disease/influenza](http://www.who.int/csr/disease/influenza)

United States Government's Pandemic Influenza Site

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

Center for Disease Control and Prevent Influenza Site

[www.cdc.gov/flu/](http://www.cdc.gov/flu/)

National Institute of Allergy and Infectious Diseases Recent Developments in NIAID Pandemic Influenza Research Site

[www.niaid.nih.gov/dmid/influenza/pandemic.htm](http://www.niaid.nih.gov/dmid/influenza/pandemic.htm)

Department of Health and Human Services Vaccine Site

[www.hhs.gov/nvpo/influenza\\_vaccines.html](http://www.hhs.gov/nvpo/influenza_vaccines.html)

## Surveillance

Recommendations on Evaluating Persons With Suspected Novel Virus

<http://www.hhs.gov/pandemicflu/plan/pdf/S01.pdf>

Case Detection and Management in the Pre-Pandemic and Pandemic Periods

<http://www.hhs.gov/pandemicflu/plan/pdf/S01.pdf>

CDC Human Influenza Case Screening and Report Form

<http://www.hhs.gov/pandemicflu/plan/pdf/S01.pdf>

## Laboratory

Guideline for Collecting and Shipping Specimens for Influenza Diagnosis

<http://www.hhs.gov/pandemicflu/plan/pdf/S02.pdf>

## Healthcare

Hospital Pandemic Influenza Activity Triggers

<http://www.hhs.gov/pandemicflu/plan/pdf/S03.pdf>

## Infection Control

Home Care Infection Control Guidance for Pandemic Influenza Patients and Household Members

<http://www.hhs.gov/pandemicflu/plan/pdf/S05.pdf>

## Community Disease Control

Evaluation of Homes and Facilities for Isolation and Quarantine

<http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf>

Summary of Infection Control Recommendations for Care of Patients With Pandemic Influenza

<http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf>

Graded Implementation of Community Disease Control Measures

<http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf>

## Travel-Related Risk

Travel-Related Influenza Response Matrices

<http://www.hhs.gov/pandemicflu/plan/pdf/S09.pdf>

Inbound and Outbound Travel Screening Matrix

<http://www.hhs.gov/pandemicflu/plan/pdf/S09.pdf>

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# Index

## A

Artesia Administrative Branch (ASB) Contract Specialist 29, 30, 31, 33, 34, 36, 47, 64, 163, 164, 165, 171, 172

Artesia Administrative Branch (ASB) Environmental Protection Specialist 8, 29, 32, 45, 47, 48, 50, 62, 65, 66, 67, 77, 132, 163, 164, 165, 166, 168, 173, 174

Artesia Administrative Branch (ASB) Lead Contract Specialist 7

Artesia Administrative Branch (ASB) Property Management Specialist 7, 47, 48, 49, 50, 51, 63, 167, 174, 175

Artesia Training Directorate (ADT) 9, 11, 12, 15, 20, 21, 25, 27, 28, 131, 143, 144, 155, 160, 176

Assistant Director, Field Training Directorate 12, 20, 21, 22, 44, 177, 187, 191

Assistant Director, Training Innovation and Management Directorate (AD, TIM) 20

Assistant Directors (as applicable) 10, 12, 13, 20, 21, 23, 29, 34, 35, 45, 48, 50, 55, 57, 62, 65, 66, 69, 75, 76, 77, 141, 142

Assistant Press Officer 8, 74, 139, 140

## B

Branch Chief, Administrative Support Branch (BC, ASB) 6, 7, 21, 22, 23, 24, 28, 30, 31, 32, 33, 34, 35, 36, 45, 46, 47, 48, 49, 50, 51, 55, 56, 57, 62, 64, 65, 66, 131, 156, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174

Branch Chief, Charleston Program Management Branch (BC, PMG) 12, 21, 22, 23, 36, 47, 49, 51, 62, 66, 177, 181, 183, 184, 189, 190

Branch Chief, Environmental Programs Branch (BC, EVB) 6

Branch Chief, Masterplan and Construction Branch (BC, MCB) 7, 27, 30, 33, 36, 164, 171

Branch Chief, Programs Management Branch (BC, PMB) 6, 9, 20, 21, 22, 23, 36, 47, 49, 51, 62, 66, 67, 161, 162, 165, 166, 168, 169, 170

Branch Chief, Safety Programs Branch (BC, SFB) 8

Branch Chiefs (as applicable) 10, 12, 13, 20, 21, 23, 29, 34, 35, 45, 48, 50, 55, 57, 62, 65, 66, 69, 75, 76, 77, 141, 142

## C

Charleston Administrative Division Chief (CHA) 7, 21, 22, 23, 24, 25, 27, 28, 30, 31, 32, 33, 34, 35, 36, 45, 46, 47, 48, 49, 50, 51, 55, 56, 57, 62, 64, 65, 66, 131, 166, 176, 177, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190

Charleston (CHS) Contracting Officer 7, 26, 29, 30, 31, 33, 34, 36, 46, 47, 48, 49, 51, 55, 56, 57, 64, 166, 176, 177, 179, 182, 183, 185, 188

Charleston (CHS) Program Analyst 6, 9

Charleston Training Division Chief (CHT) 6, 12, 20, 22, 23, 24, 25, 27, 28, 30, 36, 131, 176, 177, 181, 187, 189, 190

Chief, Design and Construction Branch, Facilities Management Division (FMD) 6, 7

Chief, Facilities Operations and Master Planning 7

Chief Financial Officer Directorate (CFO) 7

Chief Information Officer Directorate (CIO) 23, 29, 70, 74, 134, 139, 140, 157, 162, 189

Chief, Information Technology (IT) Operations and Support Division 7

Chief of Administration, Office of Artesia Operations (OAO) 7

Chief Security Officer, Security and Emergency Management Division (CSO, SEM) 5, 8, 9, 10, 11, 12, 13, 21, 27, 28, 29, 30, 31, 32, 34, 35, 46, 48, 49, 50, 55, 56, 57, 63, 64, 65, 66, 70, 75, 77, 131, 132, 133, 134, 136, 137, 138, 139, 140, 143, 144, 145, 146, 148, 151, 152, 153, 155, 157, 158, 169

Contract Compliance Specialist 6, 7, 51, 62, 186

## D

Deputy Assistant Director, Chief Information Officer Directorate (DAD, CIO) 29, 30, 36, 133, 143

Deputy Assistant Director, Office of Artesia Operations (DAD, OAO) 5, 7, 8, 9, 10, 11, 12, 13, 20, 21, 23, 27, 35, 66, 70, 75, 131, 134, 139, 140, 160, 161, 162

Deputy Assistant Director, Office of Assets Management (DAD, OAM) 7

- Deputy Assistant Director, Office of Charleston Operations (DAD, CHS) 20, 21, 22, 23, 28, 29, 36, 67, 176, 187, 189, 190
- Deputy Assistant Director, Office of Cheltenham Operations (DAD, OCH) 20, 22, 23, 191
- Deputy Assistant Director, Office of Operations Support (DAD, OOS) 6, 27, 30, 33, 35, 148, 158
- Deputy Assistant Director, Office of Training Management (DAD, OTM) 6
- Deputy Assistant Director, Office of Training Operations (DAD, OTO) 9, 20, 21, 23, 24, 27, 28, 29, 30, 35, 143, 156, 157, 158, 159
- Deputy Assistant Director, Office of Training Support (DAD, OTS) 6, 28, 30, 35, 158, 159
- Deputy Assistant Director, Policy and Projects Analyst (DAD, PPA) 7
- Deputy Assistant Director (DAD) Security Specialist 6, 9, 10, 27, 28, 29, 30, 31, 32, 34, 35, 46, 47, 48, 49, 50, 55, 56, 57, 58, 63, 64, 65, 77, 132, 162, 163, 164, 165, 166, 167, 168, 171, 173
- Deputy Assistant Directors (as applicable) 10, 12, 13, 20, 21, 23, 29, 34, 35, 44, 45, 48, 50, 55, 57, 62, 65, 66, 69, 75, 76, 77, 141, 142
- Deputy Budget Officer 7
- Deputy Chief Financial Officer 7
- Deputy, Chief Information Officer (DCIO) 9
- Division Chief, Artesia Administrative Division (DC, AAD) 6, 7
- Division Chief, Artesia Training Division (DC, ATR) 6, 9, 11, 13, 20, 21, 22, 23, 24, 28, 29, 30, 33, 36, 47, 49, 50, 51, 75, 161, 162, 163, 164, 165, 169, 170, 171
- Division Chief, Budget Division (DC, BUD) 55, 152
- Division Chief, Critical Incident Stress Management Division (DC, CISM) 70, 71, 134, 139, 148
- Division Chief, Environmental and Safety Division (DC, EVS) 6, 11, 13, 21, 28, 29, 32, 34, 36, 45, 46, 47, 48, 50, 57, 62, 63, 65, 66, 67, 71, 74, 75, 76, 77, 131, 132, 135, 139, 140, 143, 144, 145, 146, 147, 148, 150, 151, 152, 153, 154, 155, 168, 169, 174, 181, 186
- Division Chief, Facilities Management Division (DC, FMD) 7, 27, 30, 32, 33, 36, 137, 148, 158
- Division Chief, Finance Division (DC, FIN) 7
- Division Chief, Human Resources Division (DC, HRD) 11, 46, 50, 52, 143, 149, 160, 176
- Division Chief, Office of International Training and Technical Assistance (DC, ITT) 20, 22, 23, 191
- Division Chief, Procurement Division (DC, PRO) 7, 26, 29, 30, 31, 33, 34, 36, 46, 47, 48, 50, 51, 55, 56, 57, 62, 63, 64, 66, 67, 135, 136, 137, 138, 143, 144, 148, 151, 152, 153, 156, 162, 165, 166, 167, 179, 180, 182, 183, 184
- Division Chief, Property Management Division (DC, PMD) 7, 33, 34, 36, 45, 47, 48, 49, 50, 51, 63, 135, 146, 147, 150, 153
- Division Chief, Special Investigations Division (DC, SID) 9
- Division Chief, Strategic Planning and Analysis Division (DC, SPA) 30, 31, 33, 35, 36, 45, 47, 48, 49, 50, 51, 52, 55, 57, 135, 136, 146, 150, 151, 154, 155, 154, 155, 156, 157, 158, 161, 189
- 57, 135, 136, 146, 150, 151, 154, 155, 156, 157, 165, 171, 172, 182
- Division Chief, Student Services Division (DC, SVC) 6, 7, 21, 22, 23, 24, 30, 31, 32, 33, 36, 46, 47, 48, 49, 50, 51, 52, 55, 56, 57, 62, 64, 65, 66, 131, 135, 136, 137, 138, 143, 146, 147, 151, 152, 153, 154, 155, 156, 157
- Division Chief, Training Management Division (DC, TMD) 6, 20, 21, 22, 23, 24, 47, 48, 49, 50, 51, 62, 66, 67, 135, 136, 151, 152, 154, 155, 156, 157, 158, 161, 189
- Division Chief, Training Resources Coordination Division (DC, TRC) 20, 21, 22, 23, 24, 30, 31, 33, 35, 36, 47, 48, 49, 50, 51, 52, 135, 136, 151, 154, 155, 156, 157, 158, 172
- Divisions Chiefs (as applicable) 10, 12, 13, 20, 21, 23, 29, 34, 35, 45, 48, 50, 55, 57, 62, 65, 66, 69, 75, 76, 77, 141, 142, 190

**E**

- Emergency Operations Center (EOC) Members 8, 11, 12, 13, 133, 143, 144, 160
- Emergency Operations Center (EOC) Representative 9, 12, 144, 160, 177
- Environmental and Safety Manager (ESM) 6, 8, 9, 11, 13, 21, 28, 29, 30, 32, 34, 36, 43, 45, 47, 48, 50, 55, 62, 63, 65, 66, 67, 75, 77, 131, 132, 176, 177, 178, 179, 180, 181, 183, 184, 186, 189

**F**

- Facilities Branch Chief 33, 182
- Field Training Directorate (FTD) 15, 21, 155, 169, 189

FLETC Deputy Director 5  
 FLETC Director 5, 131

**I**

Incident Command System (ICS)  
 members 8, 11, 12, 13, 133,  
 176  
 Information Technology (IT)  
 Specialist 7, 29, 30, 176  
 Inventory Management  
 Specialist 7, 47, 48, 51, 63,  
 183, 184

**M**

Masterplan and Construction  
 Branch (MCB) Telecommu-  
 nications Specialist 7, 29, 30,  
 163

**O**

Office of Chief Counsel (OCC)  
 11, 12, 13, 135  
 Office of Chief Counsel (OCC)  
 Representative 9  
 Office of the Chief Medical  
 Officer (OCMO) 62, 65, 66,

146, 147, 152, 154, 166, 168,  
 173, 174, 180, 181, 184, 186

**P**

Partner Organization Representa-  
 tives 9, 10, 11, 12, 13, 16, 20,  
 21, 24, 29, 34, 35, 44, 45, 48,  
 50, 55, 57, 62, 65, 66, 67, 69,  
 75, 76, 77, 131, 141, 142, 143,  
 144, 155, 156, 157, 160, 162,  
 170, 176, 177, 187, 190  
 Program Manager, Personnel  
 Security, Human Resources  
 Division (HRD) 7  
 Program Manager, Physical  
 Security Program, SEM 6  
 Program Managers (as appli-  
 cable) 6, 7, 10, 12, 13, 20, 21,  
 23, 29, 34, 35, 45, 48, 50, 55,  
 57, 62, 65, 66, 69, 75, 76, 77,  
 141, 142  
 Public Affairs Officer (PAO) 7,  
 9, 70, 74, 75, 76, 132, 134,  
 139, 140, 145, 146, 147, 148,  
 161, 178  
 Public Affairs Representative  
 74, 75, 76, 132, 139, 140,  
 147, 162, 181  
 Public Information Officer (PIO)  
 7, 8, 74, 139, 140

**S**

Security and Emergency  
 Management (SEM) Repre-  
 sentative 9  
 Security and Emergency  
 Management Specialist  
 (SEMS) 5, 8, 10, 11, 12, 13, 23,  
 27, 28, 29, 30, 31, 32, 34, 35,  
 46, 47, 48, 49, 50, 55, 56, 57,  
 63, 64, 65, 66, 70, 75, 77, 131,  
 132, 134, 139, 140, 166, 176,  
 177, 178, 179, 181, 183, 184,  
 185, 187  
 Senior Computer Specialist 7  
 Strategic Planning and Analysis  
 Division (SPA) Representa-  
 tive 9  
 Support Services Specialist 7,  
 11, 176

**T**

Training Innovation and  
 Management Directorate  
 (TIM) 12, 15, 20, 25, 27, 28,  
 131, 144  
 Training Resources Coordination  
 Division (TRC) 6, 20, 21, 24,  
 131, 155, 157, 189

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# Index of Responsibilities

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**This “Index of Responsibilities” has been created to act as a quick reference guide for the various operating elements to assist in meeting their individual responsibilities for the three phases (preparation, implementation and restoration) that are referred to in the Center’s Pandemic Influenza Plan (PI Plan). Please note that this index has further separated the responsibilities by each FLETC operating site (Glynco, Artesia and Charleston). It is recommended that everyone take the time to read the entire PI Plan and that this index be utilized only for its intended purpose.**

## COMMAND AND CONTROL

The FLETC Director is the final authority for all issues pertaining to the strategic direction of the FLETC in the event of a Pandemic Influenza threat or declared emergency. The FLETC Executive Team (ET) assists the FLETC Director, as part of a formal decision-making process, in managing the development and deployment of strategic plans and processes, as well as providing oversight of the necessary tactical response. The CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston) is responsible for overseeing that portion of the FLETC pandemic influenza response concerning command and control.

## OPERATIONS

The Office of Training Management (OTM), TIM is responsible for overseeing that portion of the FLETC pandemic influenza response concerning the continuation of training at the FLETC Glynco. The Training Resources Coordination Division (TRC) (FLETC Glynco), or the PMB (FLETC Artesia), or the CHT, in coordination with the PMG (FLETC Charleston) is responsible for coordinating any necessary training schedule revisions due to an emergency situation, such as a pandemic influenza, that impacts FLETC and Partner Organization staff and students. In carrying out this mandate, TRC (FLETC Glynco) or PMB (FLETC Artesia) or PMG (FLETC Charleston) is responsible for coordinating training schedule revisions with the Training Management Division (TMD), TIM; the Training Directorate (ADT); and/or the Partner Organization representatives.

## LOGISTICAL SUPPORT

Please refer to the various individual FLETC operating elements for information and guidance as it relates to this section.

## INFECTION CONTROL

The DC, EVS (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA (FLETC Charleston) is responsible for overseeing that portion of the FLETC pandemic influenza response regarding the implementation of infection-control measures. However, FLETC and Partner Organizations staff and students are responsible for preventing the spread of influenza during any outbreak by following the guidance provided within this document, and ensuring compliance with other associated guidance that may be provided by the FLETC.

## VACCINES AND ANTIVIRALS

The DC, SVC (FLETC Glynco) or the BC, ASB (FLETC Artesia) or the CHA and ESM (FLETC Charleston) in coordination with the respective, on-site FLETC Health Unit, is responsible for overseeing that portion of the FLETC pandemic influenza response regarding the use of vaccines and antivirals.

## SURVEILLANCE AND CLINICAL GUIDELINES

The SVC (FLETC Glynco) or the ASB (FLETC Artesia) or the CHA (FLETC Charleston), in coordination with the on-site FLETC Health Unit, are responsible for overseeing that portion of the FLETC pandemic influenza response regarding clinical operations and guidelines.

## CRITICAL INCIDENT STRESS MANAGEMENT

The Critical Incident Stress Management (CISM) Division is responsible for overseeing that portion of the FLETC pandemic influenza response regarding the psychological and emotional health of all FLETC and Partner Organization staff and students. Additionally, CISM-trained personnel will be utilized at the field sites to assist in this

important task. However, ensuring the personal, social, and emotional well-being of FLETC and Partner Organization staff and students during the course of any pandemic event is necessarily a management function. Thus, a successful workforce support response will require a high degree of senior management attention and involvement.

**PUBLIC COMMUNICATIONS**

The PAO, located at FLETC Glynco, will serve as the lead public affairs official, as spokesperson for the FLETC, and will communicate with the public, media and other agencies concerning general information about any pandemic influenza event. The lead public affairs official will coordinate with the DHS Press Secretary or Deputy Press Secretary to coordinate matters in the event of a pandemic. Each field site has a Public Affairs Representative who shall assist the PAO in performing associated functions at those locations. Ensuring that the

FLETC and Partner Organization staff and students receive accurate information during any pandemic influenza outbreak is critical. Accordingly, the PAO will act as the centralized point of contact for any release of information, whether internal to FLETC or external to it. Again, the Public Affairs Representatives at the field sites will coordinate with the PAO on this responsibility. In this way, FLETC can ensure that any information released is accurate, coordinated, timely, and easy to understand. All public information must be cleared through the PAO and approved by the IC at the affected location prior to public dissemination.

**TESTING AND EVALUATION**

The CSO, SEM and the DC, EVS (FLETC Glynco), the DAD Security Specialist and the ASB Environmental Protection Specialist (FLETC Artesia), and the SEMS and ESM (FLETC Charleston) are responsible for ensuring that testing and exercising of the PLAN is accomplished annually.

**ALL FLETC SITES**

**Deputy Assistant Director, Chief Information Office Directorate  
(DAD, CIO)**

**PREPARATION PHASE**

LOGISTICAL SUPPORT

- Coordinate with the CSO, SEM to establish communications and information technology infrastructure to support staff telecommuting.

**RESTORATION PHASE**

LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**All ICS and EOC Members**

**PREPARATION PHASE**

COMMAND AND CONTROL

- Review this PLAN in its entirety. Copies of the PLAN are maintained by the Strategic Planning and Analysis Division, and may be accessed through the FLETCnet.
- Maintain a copy of this PLAN in a readily-accessible area for reference.
- Be prepared to carry out their assigned functions upon activation of the ICS and/or EOC.

**IMPLEMENTATION PHASE**

COMMAND AND CONTROL

- Carry out their assigned functions upon activation of the ICS and/or EOC.

**RESTORATION PHASE**

COMMAND AND CONTROL

- Upon notification that the ICS and/or EOC is/are being deactivated, resume normal assignments.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# ALL FLETC SITES

## Division Chief, Critical Incident Stress Management (DC, CISM)

### PREPAREDNESS PHASE

#### CRITICAL INCIDENT STRESS MANAGEMENT

- Develop workforce support materials in both hardcopy and electronic format to educate and inform employees at all FLETC locations about the emotional response they might experience or observe in their colleagues and families during an influenza pandemic and techniques for coping with these emotions.
- Develop and establish a FLETC workforce resilience program within CISM to assist FLETC and Partner Organization personnel at all FLETC locations in preparing for, coping with, and recovering from the special social and psychological challenges of emergency work. This program should include information for CISM personnel on the following aspects of a pandemic influenza response:
  1. Cognitive, physiological, behavioral, and emotional symptoms that might be exhibited by those at the FLETC during any pandemic influenza response, including symptoms that might indicate severe mental disturbance.
  2. Self-care in the field (i.e., actions to safeguard physical and emotional health and maintain a sense of control and self-efficacy).
  3. Cultural differences (e.g., professional, educational, etc.) that may affect communication during an emergency response.
  4. The potential impact of a pandemic on special populations, such as children or the elderly.
- Develop training for FLETC and Partner Organization supervisors at all FLETC locations on strategies for recognizing signs of stress among employees and for maintaining a supportive work environment.
- Educate employees about the importance of developing “family communication plans” so that family members can maintain contact during an emergency. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- Educate employees about workforce support services that are available during an emergency, including confidential behavioral health services and employee assistance programs. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- Participate in all exercises and tests of the PLAN.

### IMPLEMENTATION PHASE

#### CRITICAL INCIDENT STRESS MANAGEMENT

- Monitor employee emotional and social health and well-being during the Implementation Phase, and provide updates to the CSO, SEM (FLETC Glynco) or the DAD, OAO (FLETC Artesia) or the SEMS (FLETC Charleston).
- In coordination with the FLETC Health Units, monitor employee health during the Implementation Phase. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- Establish “rest and recuperation” sites for employee use during the pandemic phase. The sites may be stocked with healthy snacks and relaxation materials (e.g., music, relaxation, tapes, movies, etc.), as well as pamphlets or notices about workforce support services. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- In coordination with the PAO, distribute informational material on available workforce support services to all FLETC locations.
- Ensure confidential telephone support lines are established and staffed full-time. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- In coordination with the CIO, explore the use of confidential web-cams for reaching out to employees confined to home.
- In coordination with the PAO, ensure that the available workforce support services are published via the FLETC pandemic influenza website and local closed circuit television capabilities (SSIN-Ch.97). CISM-trained personnel at the field sites shall assist in carrying out this responsibility.

### RESTORATION PHASE

#### CRITICAL INCIDENT STRESS MANAGEMENT

- Resume normal operations.
- Conduct an after-action review with all CISM employees to examine lessons learned that might be applied to future emergency responses.
- Provide ongoing access to post-event psychosocial support services for FLETC and Partner Organization employees.
- Conduct an ongoing evaluation of the after-effects of the pandemic on the FLETC and Partner Organization employees’ health, morale, and productivity.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# ALL FLETC SITES

## The FLETC Office of Chief Counsel

### PREPARATION PHASE

#### COMMAND AND CONTROL

- Review the PLAN to ensure that all actions outlined therein comply with all laws, rules, and regulations.
- Be prepared to provide legal advice and guidance on implementation actions taken as part of this PLAN by any FLETC facility.

### IMPLEMENTATION PHASE

#### COMMAND AND CONTROL

- Provide legal advice and guidance to the IC and the Executive Team on all actions taken during the Implementation Phase of this PLAN.

### RESTORATION PHASE

#### COMMAND AND CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Division Chief, Strategic Planning and Analysis Division (DC, SPA)

### PREPARATION PHASE

#### LOGISTICAL SUPPORT

- Coordinate with the DC, SVC, the DC, PRO, and the DC, TRC in the development of an isolation plan for students assigned to dormitories.
- Coordinate with the DC, SVC and the DC, PRO to review and modify the current Food Services contract, as appropriate, to ensure the implementation of space utilization for the entire facility, in order to reduce close proximity seating arrangements.

#### INFECTION CONTROL

- Coordinate with the DC, EVS and the DC, PMD to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- Coordinate with the DC, TRC and the DC, TMD to develop protocols to track housing locations for both sick and well students throughout the duration of any pandemic response.

#### VACCINES AND ANTIVIRALS

- In coordination with the DC, SVC, identify alternative vaccination sites that may be utilized during a pandemic event.

(continued)

**ALL FLETC SITES**

**Division Chief, Strategic Planning and Analysis Division  
(DC, SPA) – Continued**

**IMPLEMENTATION PHASE**

LOGISTICAL SUPPORT

- In coordination with the DC, TRC, ensure a list of vacant rooms is provided to the CSO, SEM for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- In coordination with the DC, TRC, ensure that the list of rooms occupied by FLETC and Partner Organization

personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

- Coordinate with the DC, TRC and the DC, TMD to track housing locations for both sick and well students. This information will be available for provision to the Incident Commander and Partner Organizations daily, as well as the FLETC Health Unit personnel.

**RESTORATION PHASE**

INFECTON CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- Coordinate with the DC, SVC and the DC, TRC to ensure that housing locations for all students return to normal operations.

VACCINES AND ANTIVIRALS

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**Division Chief, Procurement Division (DC, PRO)**

**PREPARATION PHASE**

LOGISTICAL SUPPORT

- Ensure that all contracts designated as “Essential Services/Support” include the requirement for the development of a staffing/manning plan to ensure that the contractor will be adequately staffed during times of high absenteeism.
- Coordinate with the DC, SVC to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
  1. A special boxed menu that addresses special nutritional requirements for special needs.
  2. Contingency food service plans in the event that staff shortages occur based to include the use of boxed or pre-packaged meals.
  3. Delivery of meals to students in isolation.
  4. Implementation of the use of pre-packaged, plastic utensils at all meals.
  5. The implementation of bio-hazard handling practices for disposable napkins and other products.
  6. The implementation of space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.
  7. Development of a food vendor support strategy, in the event that delivery of food supplies is delinquent.

8. Development of protocols for staggering meal times to reduce the number of individuals in the cafeteria at any one time.

9. Ensure that personal protective equipment is provided and maintained in the event its use is mandated for all food service personnel.

- Coordinate with the CSO, SEM to review and modify the Security Services contract, as appropriate, to address the following:

1. Increase security along the perimeter of the appropriate FLETC facility.
2. Security personnel as part of decontamination teams.
3. Security personnel as quarantine and isolation teams.
4. Security personnel as escort teams.

- Coordinate with the DC, SVC to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:

1. Extend dorm clerk desk coverage for twenty-four (24) hour support.
2. Develop an isolation plan for students assigned to the dormitories. This responsibility shall also be coordinated with the DC, TRC and the DC, SPA.
3. Reduce frequency and level of room cleaning.

*(continued)*

# ALL FLETC SITES

## Division Chief, Procurement Division (DC, PRO) — *Continued*

### **PREPARATION PHASE (continued)**

4. Disinfect dormitory rooms of departing ill students or students who have been cleared by healthcare personnel.
  5. Incorporate special linen cleaning requirements.
  6. Add sanitizing solution to the consumable supplies list.
  7. Ensure rooms are available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.
- Coordinate with the DC, SVC to review and modify, as appropriate, the Uniform Issue contract to provide for the following support:
    1. Increase FLETC-procured linens to supplement or replace dormitory linens.
    2. Verify that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.
    3. Revise the laundry process to include disinfecting procedures.
    4. Increase laundry pickup to seven (7) days per week.
  - Coordinate with the DC, SVC to review and modify, as appropriate, the Transportation and Driver Services contract to provide for the following support:
    1. Provision of additional driver personnel in the event of an emergency.
    2. Modification of the transportation schedule to include emergency transportation to local hospitals (coordinate with appropriate FLETC Health Units).
    3. Utilization of staggered trips to and from airports to reduce the amount of students on the bus at any one time.
  - Coordinate with the DC, FMD to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:
    1. A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.
    2. An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.
    3. The addition of requirements to use high efficiency particulate air filters for cleaning.
    4. The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <http://www.epa.gov/pesticides/factsheets/avian.htm>.
- INFECTION CONTROL**
- Coordinate with the DC, SVC to modify the food services contract to require the contractor to ensure protocols are in place for the delivery of food (e.g., boxed lunches) and water to designated dormitories in the event that students are isolated in their rooms.
  - Coordinate with the DC, SVC to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.
- Coordinate with the CSO, SEM to review and modify the Security Services contract, as necessary, to:
    1. Require contract security personnel to wear PPE and receive designated immunizations.
    2. Provide for increased security forces at any designated isolation facility.
    3. Escort healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility.
- VACCINES AND ANTIVIRALS**
- Ensure that, in the event of a pandemic influenza outbreak, “essential” contract services are identified. Contractors that provide “essential” services will be required to plan for periods of high absenteeism so that continued support will be provided.
  - Coordinate with the DC, SVC to ensure that existing contracts for healthcare support are modified to meet essential mission requirements during implementation of this PLAN.
  - Coordinate with the DC, SVC to review and modify, as appropriate, the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
  - Coordinate with the DC, SVC to review and modify, as appropriate, the medical services contract to provide for the identification and stockpiling of any additional medications (e.g., antibiotics, decongestants, etc.) that may be necessary in the event of a pandemic event.
  - Coordinate with the DC, SVC to ensure that procurement support is provided to ensure a sufficient stockpile of vaccinations (if available) and antivirals are obtained for use at the FLETC.
  - Develop a vendor/source listing that identifies multiple vendors from whom identified vaccines (if available) and antivirals may be obtained. This includes identifying whether the establishment of Blanket Purchase Agreements should be pursued.
  - Coordinate with the DC, SVC to modify the medical services contract to require influenza vaccinations for essential contractor employees.
- SURVEILLANCE AND CLINICAL GUIDELINES**
- Coordinate with the DC, SVC to review and modify, as appropriate, the medical services contract to include the following:
    1. Extending the core hours of the on-site FLETC Health Unit to twenty-four (24) hours a day.
    2. Increased medical staff manning. If necessary, consider supplementing CasePro staff with Federal Occupational Health staff.
    3. Designating a point of contact for coordination with State and local public health officials to facilitate the sharing of information during all pandemic influenza phases.

(continued)

# ALL FLETC SITES

## Division Chief, Procurement Division (DC, PRO) — *Continued*

### PREPARATION PHASE (continued)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>4. Medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.</li> <li>5. Requiring the on-site FLETC Health Unit to develop plans to track and report influenza-related visits to the Health Unit for internal use and reporting to local health departments.</li> <li>6. Requiring all on-site FLETC Health Unit contractor employees to wear PPE during the performance of their duties at the FLETC, when appropriate. It shall be appropriate for FLETC Health Unit contractor employees to wear PPE when administering to individuals with known or suspected symptoms of novel influenza, and when there is a likelihood that they will come in contact with blood or air-borne pathogens.</li> </ul> | <ul style="list-style-type: none"> <li>• Coordinate with the DC, SVC to ensure that procurement support is provided in obtaining critical medical equipment for the on-site FLETC Health Unit.</li> <li>• Develop a vendor/source listing that identifies multiple vendors for identified critical supplies and services required by the on-site FLETC Health Unit. This includes identifying critical services for which Blanket Purchase Agreements may be desirable.</li> <li>• Ensure that procurement support is provided for stock-piling pandemic influenza supplies/materials required by the on-site FLETC Health Unit. This includes determining lead times and various sources to develop a restocking plan for essential/critical supplies.</li> <li>• Coordinate with the CSO, SEM to review and modify, as appropriate, the Security Services contract to provide for increased security requirements at the Health Unit and all designated alternative clinical sites</li> </ul> |
|---|---|

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Direct on-site contractors to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.
- Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), postpone all construction contract work, in accordance with Federal Acquisition Regulations 42, until such time as emergency response actions under this PLAN are terminated.

#### INFECTION CONTROL

- Direct the on-site FLETC Health Unit contractor to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.

#### VACCINES AND ANTIVIRALS

- Provide procurement support, as required, to the DC, SVC, as well as the on-site FLETC Health Unit to ensure continuity of operations.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Direct the on-site FLETC Health Unit contractor to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.

### RESTORATION PHASE

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### VACCINES AND ANTIVIRALS

- Resume normal operations.
- Conduct an after-action review to examine lessons-learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.



# ALL FLETC SITES

## Public Affairs Officer (PAO)

### PREPARATION PHASE

**PUBLIC COMMUNICATIONS**

- Act as the PIO for the ICS at FLETC Glynco.
- Designate an Assistant Press Officer to act as the backup for the PIO as part of the ICS.
- Maintain up-to-date contact lists for all media.
- Maintain key contact lists for emergency communications for both FLETC and local officials.
- In coordination with the CIO Directorate, establish and maintain a website devoted to increasing knowledge on pandemic influenza through the dissemination of information on that topic. This website will be developed and located on the PAO intranet site, as well as a direct link on the FLETC Net Home Page.
- In coordination with the DC, EVS, develop prepared public health messages and responses to anticipated frequently asked questions that can be quickly adapted depending upon the specifics of the event. Appendices E and F can be utilized to assist in this effort. These messages will be utilized across all FLETC locations to ensure that accurate, consistent information is provided by any affected FLETC location.
- In coordination with the DC, EVS, utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.
- Establish an emergency hotline number (FLETC Operational Status Information Number) that may be used to disseminate information to FLETC and Partner Organization personnel and students.
- Develop a specific, consistent plan to promptly identify and address rumors and misinformation among FLETC and Partner Organization staff. This may include the use of e-mail, facsimile machines, and the internet.
- Develop internal procedures for responding to demands for media information from local or non-local sources.
- Develop internal procedures for the regular release of updated information to the public. This will include accurate, rapid, and complete information about influenza activity at the FLETC.
- Participate in all exercises and tests of the FLETC Pandemic Influenza Plan.

### IMPLEMENTATION PHASE

**CRITICAL INCIDENT STRESS MANAGEMENT**

- In coordination with the DC, CISM, ensure the distribution of informational material on available workforce support services utilizing various media, including websites, Center News items, etc. CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- In coordination with the DC, CISM, ensure that the available workforce support services are published via the FLETC pandemic influenza website and local closed circuit television capabilities (SSIN-Ch. 97). CISM-trained personnel at the field sites shall assist in carrying out this responsibility.
- Incident Commander (CSO, SEM at FLETC Glynco or the DAD, OAO at FLETC Artesia or the SEMS at FLETC Charleston) for briefing the Executive Team.

**PUBLIC COMMUNICATIONS**

- Act as the centralized point of contact for the release of any information to FLETC and Partner Organization staff and students, as well as to any agency outside FLETC (e.g., local media and community leaders). Where the affected location is FLETC Artesia, Cheltenham, or Charleston, the Public Affairs Representatives shall coordinate with the PAO on the release of any information from those sites.
- Provide daily briefings, as requested, by the Incident Commander.
- Coordinate all pandemic influenza media messages to ensure consistency, and disseminate those messages in a timely and accurate fashion to the FLETC and local communities via various media (e.g., newspapers, television, radio, FLETC Net, etc.).
- Monitor news media reports and public inquiries to identify emerging issues, rumors, and misperceptions and respond accordingly.
- Activate the emergency hotline telephone number and ensure the number is made available through various media to all FLETC and Partner Organization staff and students.

### RESTORATION PHASE

**PUBLIC COMMUNICATIONS**

- Conduct an after-action review with all PAO employees, to include the Public Affairs Representatives at any affected field site, to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# ALL FLETC SITES

## Public Affairs Representatives (Field Sites)

### PREPARATION PHASE

#### PUBLIC COMMUNICATIONS

- Act as the PIO for the ICS at FLETC Glynco.
- Designate an Assistant Press Officer to act as the backup for the PIO as part of the ICS.
- Maintain up-to-date contact lists for all media.
- Maintain key contact lists for emergency communications for both FLETC and local officials.
- In coordination with the CIO Directorate, establish and maintain a website devoted to increasing knowledge on pandemic influenza through the dissemination of information on that topic. This website will be developed and located on the PAO intranet site, as well as a direct link on the FLETC Net Home Page.
- In coordination with the DC, EVS, develop prepared public health messages and responses to anticipated frequently asked questions that can be quickly adapted depending upon the specifics of the event. Appendices E and F can be utilized to assist in this effort. These messages will be utilized across all FLETC locations to ensure that accurate, consistent information is provided by any affected FLETC location.
- In coordination with the DC, EVS, utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.
- Establish an emergency hotline number (FLETC Operational Status Information Number) that may be used to disseminate information to FLETC and Partner Organization personnel and students.
- Develop a specific, consistent plan to promptly identify and address rumors and misinformation among FLETC and Partner Organization staff. This may include the use of e-mail, facsimile machines, and the internet.
- Develop internal procedures for responding to demands for media information from local or non-local sources.
- Develop internal procedures for the regular release of updated information to the public. This will include accurate, rapid, and complete information about influenza activity at the FLETC.
- Participate in all exercises and tests of the FLETC Pandemic Influenza Plan.

### IMPLEMENTATION PHASE

#### PUBLIC COMMUNICATIONS

- Act as the centralized point of contact for the release of any information to FLETC and Partner Organization staff and students, as well as to any agency outside FLETC (e.g., local media and community leaders). Where the affected location is FLETC Artesia, Cheltenham, or Charleston, the Public Affairs Representatives shall coordinate with the PAO on the release of any information from those sites.
- Ensure accurate and timely information is provided to the Incident Commander (CSO, SEM at FLETC Glynco or the DAD, OAO at FLETC Artesia or the SEMS at FLETC Charleston) for briefing the Executive Team.
- Provide daily briefings, as requested, by the Incident Commander.
- Coordinate all pandemic influenza media messages to ensure consistency, and disseminate those messages in a timely and accurate fashion to the FLETC and local communities via various media (e.g., newspapers, television, radio, FLETC Net, etc.).
- Monitor news media reports and public inquiries to identify emerging issues, rumors, and misperceptions and respond accordingly.
- Activate the emergency hotline telephone number and ensure the number is made available through various media to all FLETC and Partner Organization staff and students.

# ALL FLETC SITES

**Assistant Directors, Deputy Assistant Directors, Divisions Chiefs,  
Branch Chiefs, Program Managers (as applicable), and  
Partner Organization Representatives**

## **PREPAREDNESS PHASE**

### COMMAND AND CONTROL

- Ensure that all personnel within their organization have reviewed this PLAN. This includes ensuring that a copy of this PLAN is placed in a location accessible to all personnel within the organization.
- Maintain an up-to-date list of all personnel, including emergency contact information (home addresses, spouse’s name, and after-hours telephone numbers) for notification and accountability purposes.
- Ensure internal plans are in place for orders of succession that are at least three deep per responsibility to take into account a potential rate of absenteeism of up to forty (40) percent.
- Ensure internal plans are in place for geographical dispersion of orders of succession, taking into account the regional nature and possibility of different orders of succession, depending on the spread of the pandemic.

### OPERATIONS

- Establish a list of essential personnel required to ensure the continuity of mission-critical operations at the FLETC.
- Establish a list of essential functions that are required to be performed to ensure the continuity of mission-critical operations at the FLETC.

### LOGISTICAL SUPPORT

- Ensure that accurate and lists of personnel at the Center are maintained at all times.

### INFECTION CONTROL

- Maintain an up-to-date list of all personnel, including emergency contact information (home addresses, spouse’s name, and after-hours telephone numbers) for notification and accountability purposes.
- Familiarize themselves with the following FLETC Directives:
  1. FD 66-00, Time and Attendance;
  2. FD 66-10, Alternative Work Schedule Program;

3. FD 66-11, Telework and Flexiplace Work Program; and
4. FD 66-30, Absence and Leave.

- Consistent with the guidelines of those FLETC Directives listed above, ensure internal policies are in place to promote social distancing between employees and customers in the event of a pandemic influenza outbreak. These policies shall address:
  1. The establishment of alternative work schedules, including both flexible work schedules and alternative work schedules;
  2. The use of telecommuting by eligible employees; and
  3. The use of guidelines modifying the frequency and type of face-to-face encounters that occur between employees, such as moratoria on handshaking; the substitution of teleconferences for face-to-face meetings; staggered breaks; etc.).

### VACCINES AND ANTIVIRALS

- Promote and encourage the use of the annual influenza vaccine.

### SURVEILLANCE AND CLINICAL GUIDELINES

- Monitor personnel within their organizations for any signs of suspected novel influenza and report such signs immediately to the on-site FLETC Health Unit for advice and guidance.

### CRITICAL INCIDENT STRESS MANAGEMENT

- Ensure that all personnel within their respective organizations are kept fully informed of all services provided by CISM, and that employees are permitted a reasonable amount of time to take advantage of these services, within the bounds of operational capabilities.

### TESTING AND EVALUATION

- Participate, as requested, in all testing of the PLAN.
- Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.

## **IMPLEMENTATION PHASE**

### COMMAND AND CONTROL

- Ensure that all personnel within their organization have reviewed this PLAN. This includes ensuring that a copy of this PLAN is placed in a location accessible to all personnel within the organization.
- Maintain an up-to-date list of all personnel, including emergency contact information (home addresses, spouse’s name, and after-hours telephone numbers) for notification and accountability purposes.

- Ensure internal plans are in place for orders of succession that are at least three deep per responsibility to take into account a potential rate of absenteeism of up to forty (40) percent.
- Ensure internal plans are in place for geographical dispersion of orders of succession, taking into account the regional nature and possibility of different orders of succession, depending on the spread of the pandemic.

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# ALL FLETC SITES

**Assistant Directors, Deputy Assistant Directors, Divisions Chiefs,  
Branch Chiefs, Program Managers (as applicable), and  
Partner Organization Representatives — *Continued***

## **IMPLEMENTATION PHASE (continued)**

### OPERATIONS

- Establish a list of essential personnel required to ensure the continuity of mission-critical operations at the FLETC.
- Establish a list of essential functions that are required to be performed to ensure the continuity of mission-critical operations at the FLETC.

### LOGISTICAL SUPPORT

- Ensure that accurate and lists of personnel at the Center are maintained at all times.

### INFECTION CONTROL

- Maintain an up-to-date list of all personnel, including emergency contact information (home addresses, spouse's name, and after-hours telephone numbers) for notification and accountability purposes.
- Familiarize themselves with the following FLETC Directives:
  1. FD 66-00, Time and Attendance;
  2. FD 66-10, Alternative Work Schedule Program;
  3. FD 66-11, Telework and Flexiplace Work Program; and
  4. FD 66-30, Absence and Leave.
- Consistent with the guidelines of those FLETC Directives listed above, ensure internal policies are in place to promote social distancing between employees and customers in the event of a pandemic influenza outbreak. These policies shall address:
  1. The establishment of alternative work schedules, including both flexible work schedules and alternative work schedules;

2. The use of telecommuting by eligible employees; and
3. The use of guidelines modifying the frequency and type of face-to-face encounters that occur between employees, such as moratoria on handshaking; the substitution of teleconferences for face-to-face meetings; staggered breaks; etc.).

### VACCINES AND ANTIVIRALS

- Promote and encourage the use of the annual influenza vaccine.

### SURVEILLANCE AND CLINICAL GUIDELINES

- Monitor personnel within their organizations for any signs of suspected novel influenza and report such signs immediately to the on-site FLETC Health Unit for advice and guidance.

### CRITICAL INCIDENT STRESS MANAGEMENT

- Ensure that all personnel within their respective organizations are kept fully informed of all services provided by CISM, and that employees are permitted a reasonable amount of time to take advantage of these services, within the bounds of operational capabilities.

### TESTING AND EVALUATION

- Participate, as requested, in all testing of the PLAN.
- Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.

## **RESTORATION PHASE**

### COMMAND AND CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

### OPERATIONS

- Resume normal operations within their organizations upon notice that emergency response activities at the FLETC are being terminated.

### LOGISTICAL SUPPORT

- Resume normal operations.

### INFECTION CONTROL

- Resume normal operations as soon as practicable upon

notification that emergency response actions have been terminated.

### VACCINES AND ANTIVIRALS

- Resume normal operations.

### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that the emergency response has been terminated, resume normal operations as soon as practicable.

### PUBLIC COMMUNICATIONS

- Participate in all after-action reviews to examine lessons learned regarding emergency communications that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC GLYNCO

## Chief Security Officer, Security and Emergency Management Division (CSO, SEM)

### PREPARATION PHASE

#### OPERATIONS

- Assist in the development and annual update of the PLAN.
- Ensure the Glynn County Police Department are provided a current list of FLETC security interests and their specific locations in the event the FLETC EOC is not staffed.
- Ensure the Automated Notification System (ANS) is maintained with up-to-date contact information for all responders, essential personnel and others, as needed.
- Ensure Orders of Succession are updated annually, pursuant to FLETC Directive 71-13, *Continuity of Operations Plan* (COOP).
- In coordination with the Training Directorate (ADT), identify ancillary security force personnel for potential deployment in the event of a pandemic response.
- In coordination with the DC, HRD, develop protocols for the establishment of a liberal leave policy for a set period of time and/or a liberal flexi-place policy for same set period of time. See section 4.4.1.3 of this PLAN, "The Determination as to Whether Leave Should be With or Without Pay."
- Identify alternate command facilities in the event the Main Conference Room of Building 94 is unavailable for use as the EOC. Additionally, develop plans for alternative means of conducting meetings, including teleconference or video-teleconference capabilities.
- Ensure the FLETC Security Police Communications Center maintains on file current Notification Lists for the following groups: ET members, SEM staff, EOC members, class coordinators and Partner Organization and Agency representatives.
- Ensure the FLETC Security Police Communications Center maintains the capabilities (e.g., radio, television, telephone, internet, facsimile, etc.) to monitor and receive information regarding up-to-the-minute emergency information on a twenty-four (24) hour basis. As information is received, timely notification of developments will be provided to the IC (CSO, SEM).
- Coordinate with the DC, EVS to ensure locations are identified at various points within the boundaries of the appropriate FLETC facility for decontamination operations.
- Coordinate with the DAD, CIO to establish communications and information technology infrastructure to support ESSENTIAL staff telecommuting.
- Coordinate with the DC, PRO to review and modify the Security Services contract to address the following:
  1. Increased security along the perimeter of the FLETC facility.
  2. Security personnel used as part of decontamination teams.
  3. Security personnel used as quarantine and isolation teams.
  4. Security personnel used as escort teams.

#### INFECTION CONTROL

- Provide advice and guidance for FLETC and Partner Organization staff and students on the development of personal protection plans for the care and security of their families.
- In coordination with the DC, PRO and the appropriate field site representative, review and modify the Security Services contract, as necessary, to:
  1. Require contract security personnel to wear PPE and receive designated immunizations.
  2. Provide for increased security forces at any designated isolation facility.
  3. Escort healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility.
- Ensure that plans are developed to secure the FLETC facility in the event a curfew of students is ordered.
- Develop policies for restricting travel to geographic areas affected by a novel strain of influenza, evacuating staff/ students from an affected area when an outbreak begins, and guidance for employees returning from affected areas. CDC travel recommendations will be utilized for this planning effort.

#### VACCINES AND ANTIVIRALS

- Coordinate with the DC, SVC, as well as the on-site FLETC Health Unit, to monitor the availability of prevention measures, including vaccinations and antivirals.
- Coordinate with the DC, SVC, as well as the on-site FLETC Health Unit, to develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.

#### LOGISTICAL SUPPORT

- Oversee Security Police preparedness operations.
- Coordinate with the DAD, OTO to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- Ensure training in emergency preparedness and response of all Security personnel, all non-Security emergency responders, and all personnel (non-responders) at the appropriate level for each.
- Coordinate with the DC, EVS to develop decontamination procedures to be utilized at the affected FLETC facility in the event of a pandemic influenza response.

(continued)

# FLETC GLYNCO

## Chief Security Officer, Security and Emergency Management Division (CSO, SEM) – *Continued*

### PREPARATION PHASE (continued)

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Coordinate with the DC, PRO to review and modify the Security Services contract to provide for increased security requirements at the appropriate FLETC Health Unit and all designated alternative clinical sites.

#### TESTING AND EVALUATION

- Assist the DC, EVS in developing, coordinating, testing and exercising the PLAN at least annually.

- Participate in all testing of the PLAN.
- Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.
- Participate in GCEMA or other local emergency management agency exercises.

### IMPLEMENTATION PHASE

#### OPERATIONS

- Act as the IC upon activation of the ICS, and perform all responsibilities associated with that assignment.
- Upon activation of the FLETC EOC, ensure that all EOC communication systems, supplies, and additional support requirements are established and in working order.
- As required, provide updated briefings to the ET and Partner Organization representatives on developments in implementation of the PLAN.
- Upon activation of the GCEOC, dispatch the FLETC GCEOC Representative. Upon notification by the GCEMA that Glynn County is activating a pandemic response activity, provide notification to the ET (at a minimum, the Director and Deputy Director) and the EOC members.
- Monitor key medical and emergency response information sources from multiple sources (e.g., closed-circuit television, internet, radio, etc.), including 1-800-CDC-INFO.
- Utilize appropriate communications methods to disperse information to affected FLETC staff and partners, including:
  1. FLETCnet and FLETC e-mail.
  2. Operational Status Telephone Number (pre-recorded messages via **1-800-793-5382**).
  3. Automated Notification System (ANS).
  4. EWS live-voice broadcast to notify and direct staff and students.
- In coordination with ADT and the Training Innovation and Management Directorate (TIM), determine what actions to take regarding the postponement of training, as well as curtailed training days, reassignments, schedule changes, etc., in accordance with the guidelines promulgated in Section 2 of this PLAN. Provide recommendations on the same to the Executive Team.
- If appropriate, establish a liberal leave policy for a set period of time; if appropriate, establish a liberal flexi-place policy for the same or a different set period of time. See section 4.4.1.3 of this PLAN, “The Determination as to Whether Leave Should be With or Without Pay.”

- Communicate to on-site staff and students what to do if an employee/student is exposed at work/training; is suspected of being ill at work/training; becomes sick at work/training.
- Assign previously identified ancillary workforce personnel as workload demands.
- Declare a termination of emergency response activities under this PLAN.

#### LOGISTICAL SUPPORT

- Oversee the First Responder Team in dealing with any emergency responses necessary in the event of a pandemic influenza outbreak.
- Maintain physical security at all decontamination sites once decontamination procedures commence.
- Ensure that security personnel provide assistance, as requested, during the conduct of decontamination procedures.

#### INFECTIO CONTROL

- Ensure that Security personnel are assigned to any designated isolation facility to control access into or out of the building.
- Ensure that Security personnel escort all healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility, providing access to necessary rooms and areas, as required.
- Ensure that all curfew requirements are enforced.

#### VACCINES AND ANTIVIRALS

- Ensure that physical security measures are implemented, as necessary, at all primary and alternative vaccination sites at the FLETC.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of any specified FLETC facility, institute response actions as identified in this PLAN at that location.

*(continued)*

# FLETC GLYNCO

## Chief Security Officer, Security and Emergency Management Division (CSO, SEM) — *Continued*

### IMPLEMENTATION PHASE (continued)

- Upon notification that an on-site FLETC or Partner Organization staff member or student meets both clinical and epidemiologic criteria for a suspected case of novel influenza, report that event to the ET and Partner Organization staff and initiate actions in accordance with this PLAN at that location.
- Activate the command and general staff of the ICS in preparation for possible activation of the full ICS.
- Provide a twenty-four hour a day physical security presence at the FLETC Health Unit and all designated alternative clinical sites.

**PUBLIC COMMUNICATIONS**

- Approve, as the Incident Commander, the release of all information regarding the FLETC pandemic influenza response, to persons or organizations both internal and external to FLETC. The PAO shall be involved in all decisions regarding the release of information during a pandemic event, regardless of the event’s location.

### RESTORATION PHASE

**OPERATIONS**

- In consultation with the Executive Team, terminate all emergency response actions under this PLAN.
- Deactivate the EOC.
- Announce the termination of all emergency response actions under this PLAN, utilizing appropriate and available media sources (e.g., Operational Status Number; Center News; e-mail and the internet; local radio and television broadcasts; etc.).
- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the Deputy IC (DC, EVS), modify the PLAN.

**LOGISTICAL SUPPORT**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**INFECTON CONTROL**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Division Chief, Environmental and Safety Division (DC, EVS)

### PREPARATION PHASE

**COMMAND AND CONTROL**

- Identify, in advance, appropriate sources of emergency planning information, including key medical response information.
- Ensure the PLAN is updated at least annually, or as otherwise required due to changing conditions.
- In coordination with the CSO, SEM, develop, coordinate, test and exercise the PLAN at least annually.
- Fulfill all responsibilities as the Deputy IC in the event of a pandemic influenza response.

**LOGISTICAL SUPPORT**

- Ensure that plans are developed for the installment of handwashing stations at all entrances to Building 75, upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Glynn County).
- Ensure that plans are developed to provide bio-hazard waste bags at all entrances to Building 75.
- Coordinate with the CSO, SEM to develop decontamination procedures to be utilized at the FLETC in the event of a pandemic influenza response.

*(continued)*

# FLETC GLYNCO

Division Chief, Environmental and Safety Division  
(DC, EVS) – *Continued*

## PREPARATION PHASE (continued)

- Coordinate with the CSO, SEM to ensure locations are identified at various points within the boundaries of FLETC for decontamination operations.
- Ensure that necessary equipment for decontamination operations is maintained and stored in designated locations.

### INFECTION CONTROL

- Ensure that internal plans are in place to provide for the continuation of environmental and safety responsibilities in the event of a pandemic influenza outbreak.
- Answer all employee questions regarding infection-control practices that may be utilized to prevent the spread of influenza in the workplace.
- Ensure that EVS orders and has on stock in Building 2400 an adequate supply of the following personal protective equipment (PPE) in the event of a pandemic event:
  1. N-95 Disposable Respirators;
  2. Surgical Masks;
  3. Impermeable, Non-Latex Gloves;
  4. Splash Goggles;
  5. Tyvek/Saranex Suits;
  6. Bleach;
  7. Isopropyl-Alcohol Sanitizing Gel; and
  8. Bio-Medical Waste Bags.
- Coordinate with the DC, PMD and the DC, SPA to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- Coordinate with the DC, PMD to develop protocols to ensure that all PPE stored in Building 2400 is distributed in a timely and comprehensive manner upon the initiation of Level 2 actions (upon the first suspected case of avian influenza at the FLETC, or the first suspected or confirmed case of avian influenza in Glynn County).
- Ensure that educational materials (e.g., posters, pamphlets, etc.) on pandemic influenza are made available to all FLETC and Partner Organization staff and students at the appropriate location. These materials shall include information on such aspects of influenza planning as infection control, social-distancing measures, and personal protection for employees and family members.
- Ensure that pandemic influenza awareness training is made available to all FLETC and Partner Organization staff and students at all FLETC locations through the use of various media, including computer-based training modules. This

training shall include information on infection-control measures; prompt self-diagnosis; signs and symptoms of influenza; modes of transmission; risk avoidance; universal hygiene practices; and the use of face masks and/or respirators for symptomatic individuals.

- Educate FLETC and Partner Organization staff and students at all FLETC locations on the basic infection-control principles for preventing the spread of influenza and the management strategies for the containment of pandemic influenza.
- Monitor adherence to recommended infection-control practices to prevent exposure to, and transmission of, pandemic influenza during the Preparedness and Implementation Phases of this PLAN.

### SURVEILLANCE AND CLINICAL GUIDELINES

- Coordinate with the DC, SVC, as well as the on-site FLETC Health Units, to develop protocols to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office.
- Develop temporary mortuary services at all FLETC locations in the event local community mortuary support is unavailable.
- Review current inventory of mortuary service supplies (e.g., body bags) and ensure a sufficient stockpile of these materials are obtained and stored in the event of an emergency response.

### PUBLIC COMMUNICATIONS

- Coordinate with the PAO in the development of prepared public health messages and responses to anticipated frequently asked questions that can be quickly adapted depending upon the specifics of the event. Appendices E and F can be utilized to assist in this effort. These messages will be utilized across all FLETC locations to ensure that accurate, consistent information is provided by any affected FLETC location.

### TESTING AND EVALUATION

- Develop, coordinate, test and exercise the PLAN at least annually.
- Participate in all testing and exercising of the PLAN.
- Modify the PLAN based on the results of the testing and exercising of the PLAN.

(continued)



# FLETC GLYNCO

## Division Chief, Environmental and Safety Division (DC, EVS) – *Continued*

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Ensure that handwashing stations are installed at all entrances to Building 75 upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Glynn County).
- Ensure that bio-hazard waste bags are provided at all entrances to Building 75.
- Ensure that all bio-hazard waste bags are collected daily and disposed of in accordance with the FLETC Bio-Hazardous Waste Plan.
- Upon the initiation of **Level 3** actions (upon the first **confirmed** case of avian influenza at the affected FLETC location), set up decontamination sites at pre-determined locations.
- Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), begin mandatory decontamination of all goods and equipment entering the facility.
- Ensure decontamination teams are assembled and provided at all decontamination sites.
- Ensure that all goods and supplies brought onto the affected FLETC location are decontaminated in accordance with developed procedures.
- Ensure that all vehicles entering or leaving the affected FLETC location are decontaminated in accordance with developed procedures.

#### INFECTION CONTROL

- Upon notification that **Level 2** actions have occurred (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Glynn County), ensure that stores of PPE are distributed to all FLETC and Partner Organization staff and students.
- As necessary, ensure that all personnel at the affected FLETC location that are required to wear the N-95 respirator are provided mandatory training and fit-testing prior to the use of the device. Use of the N-95 respirator and inclusion in a medical surveillance program will be as outlined in FLETC Directive 70-09, "Safety Programs Manual."
- Ensure that all personnel who are issued surgical masks are provided hands-on training on the proper "donning" and "doffing" of those masks.

- Ensure that all personnel who are issued N-95 respirators or surgical masks are provided training on the proper disposal of the respirator or mask as bio-medical waste.
- Ensure that bio-medical waste bags are provided to all FLETC components and Partner Organizations, along with instructions on their use, in accordance with the FLETC Bio-Medical Waste Plan.
- Ensure that pick-up schedules are developed with each FLETC component and Partner Organization for proper disposal of bio-medical waste bags in coordination with the FLETC Health Unit.
- Update pandemic influenza infection-control guidance and ensure dissemination to FLETC and Partner Organization staff and students as indicated according to the virulence, transmissibility, incubation period, period of communicability, and drug susceptibility of the identified pandemic influenza strain.
- Coordinate with the DC, PMD to ensure that sufficient supplies are ordered, stockpiled, and received from Building 2400 throughout the duration of any emergency response.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, ensure that implementation of infection-control measures is initiated at that location, in accordance with Section 4 of this PLAN.
- Coordinate with the DC, SVC as well as the on-site FLETC Health Units, to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.
- Ensure that mortuary services are provided, as necessary.

#### PUBLIC COMMUNICATIONS

- Coordinate with the PAO and the Public Affairs Representative to utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.

(continued)

# FLETC GLYNCO

## Division Chief, Environmental and Safety Division (DC, EVS) – Continued

### RESTORATION PHASE

#### COMMAND AND CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the IC (CSO, SEM), modify the PLAN, as appropriate.

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Ensure that all bio-medical waste has been disposed of in accordance with the FLETC Bio-Medical Waste Program.
- Ensure that all necessary PPE is re-ordered and re-stocked in Building 2400 or other alternative sites.
- Conduct an after-action review of actions taken pursuant to the PLAN to identify and correct any actions necessary.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### VACCINES AND ANTIVIRALS

- Resume normal operations.
- Incorporate any lessons learned on vaccine and antiviral usage into subsequent versions of this PLAN.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Resume normal operations.
- Upon notification that the emergency response has been terminated, cease mortuary services, as practicable.
- Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.

#### CRITICAL INCIDENT STRESS MANAGEMENT

- Resume normal operations.
- Modify the PLAN, as necessary, based upon the input of the DC, CISM.

#### PUBLIC COMMUNICATIONS

- Participate in all after-action reviews to examine lessons learned regarding emergency communications that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the PAO, review the use of prepared messages and make modifications to those messages, as required, for future usage at all FLETC locations.

## Division Chief, Facilities Management Division (DC, FMD)

### PREPARATION PHASE

#### LOGISTICAL SUPPORT

- Coordinate with the DC, PRO and the appropriate field site to review and modify, as appropriate, the Refuse Service contract to provide for continuation of services in the event of an emergency.
- Coordinate with the DAD, OOS to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service.
- Coordinate with the DC, PRO and the appropriate field site representative to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:

1. A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.
2. An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.
3. The addition of requirements to use high efficiency particulate air filters for cleaning.
4. The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <http://www.epa.gov/pesticides/factsheets/avian.htm>.

### RESTORATION PHASE

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC GLYNCO

**Division Chief, Human Resources Division (DC, HRD)**

## **PREPARATION PHASE**

**LOGISTICAL SUPPORT**

- Ensure that all FLETC Directives on telecommuting, alternate work schedules, etc., are kept current with the OPM guidance on those topics contained in OPM’s, “Human Capital Planning for Pandemic Influenza,” dated September 12, 2006.
- Ensure that all FLETC and OPM guidance on telecommuting, alternative work schedules, etc., are maintained and accessible to FLETC and Partner Organization staff at all FLETC locations.
- Ensure that, in the event OPM issues supplementary or other guidance on telecommuting, alternate work schedules, etc., those modifications are published for FLETC

and Partner Organization staff and incorporated into existing FLETC Directives as soon as possible.

- Ensure that all OPM guidance on the use of administrative leave for persons suspected of having a novel strain of influenza, including avian influenza, is accurately reflected in this PLAN.
- Ensure that any changes to current OPM guidance on the use of administrative leave for persons suspected of having a novel strain of influenza, including avian influenza, are published for FLETC and Partner Organization staff and incorporated into existing FLETC Directives as soon as possible.

## **IMPLEMENTATION PHASE**

**INFECTION CONTROL**

- Provide advice and guidance on all personnel matters, including the use of administrative leave with pay for ill employees.

## **RESTORATION PHASE**

**INFECTION CONTROL**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

- Modify, as appropriate, all FLETC Directives dealing with personnel matters encountered during the course of the emergency response. These would include:
  1. FD 66-00, Time and Attendance;
  2. FD 66-10, Alternative Work Schedule Program;
  3. FD 66-11, Telework and Flexiplace Work Program; and
  4. FD 66-30, Absence and Leave.

# FLETC GLYNCO

## Division Chief, Property Management Division (DC, PMD)

### PREPARATION PHASE

#### LOGISTICAL SUPPORT

- Ensure that sufficient personal hygiene kits are stockpiled in Building 2400 for distribution to FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- Ensure plans are developed to maintain vehicle fuel for all FLETC vehicles at affected locations.
- Ensure plans are developed for providing vehicles to distribute supplies at the affected FLETC location in the event that decontamination procedures are required.

#### INFECTION CONTROL

- Coordinate with the DC, EVS and the DC, SPA to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- Coordinate with the DC, EVS to develop protocols to ensure that all PPE stored in Building 2400 is distributed in a timely and comprehensive manner upon the

initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Glynn County).

- Identify essential PMD functions and other critical inputs (e.g., suppliers/vendors, contractor services, and logistics) required to maintain property management operations by location (Glynco, Washington D.C., Artesia, Cheltenham, Charleston, and Gaborone) during a pandemic outbreak.
- Develop and plan for scenarios likely to result in an increase or decrease in demand for PMD services during a pandemic (e.g., the need for hygiene supplies, need for mail distribution, etc.).
- Store and maintain pandemic flu supplies for the appropriate FLETC facility (e.g., PPE, drinking water, etc.).
- Store and maintain emergency overnight kits for staff who may be required to stay at any affected FLETC location for an extended period of time.

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Distribute, as necessary, personal hygiene kits to FLETC and Partner Organization personnel required to remain at the affected FLETC location during a quarantine.
- Ensure vehicle fuel remains available for all FLETC vehicles at the affected facility.
- Ensure personnel are provided to assist in the off-load and decontamination of goods, equipment, and vehicles in the event that **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza

at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina) are initiated.

#### INFECTION CONTROL

- Ensure that all pandemic influenza supplies are distributed in a timely and efficient manner, when required.
- Ensure that emergency overnight kits for staff that may be required to stay on Center for an extended period of time are distributed in a timely and efficient manner, when required.

### RESTORATION PHASE

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Ensure that all necessary PPE re-ordered following the termination of emergency response actions is re-stocked in Building 2400.

- Ensure that all necessary pandemic flu supplies expended during the emergency response at the FLETC are re-ordered and re-stocked in Building 2400.
- Ensure that all emergency overnight kits for staff that were expended during the emergency response are re-ordered and re-stocked in Building 2400.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC GLYNCO

## Division Chief, Student Services Division (DC, SVC)

### PREPARATION PHASE

#### OPERATIONS

- In coordination with the FLETC Health Units, develop plans for the additional screening requirements of FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.

#### LOGISTICAL SUPPORT

- Coordinate with the DC, PRO to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
  1. Special boxed menu that addresses special nutritional requirements for those who may be unable to consume normal foods.
  2. Food services in the event that staff shortages occur based upon an influenza outbreak, to include the use of boxed or pre-packaged meals.
  3. Meals delivered to students kept in isolation.
  4. Pre-packaged, plastic utensils at all meals.
  5. Bio-hazard handling practices for disposable napkins and other products.
  6. Space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.
  7. Food vendor support strategy, in the event that delivery of food supplies is delinquent.
  8. Staggering meal times to reduce the number of individuals in the cafeteria at any one time.
  9. Personal protective equipment provided and maintained in the event its use is mandated for all food service personnel.
- Coordinate with the DC, PRO and the appropriate field site, to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:
  1. Extended dorm clerk desk coverage for twenty-four (24) hour support.
  2. Development of an isolation plan for students assigned to the dormitories. This responsibility shall also be coordinated with the DC, TRC and the DC, SPA.
  3. A reduction in the frequency and level of room cleaning.
  4. Disinfection of dormitory rooms of departing ill students or students who have been cleared by health-care personnel.
  5. Incorporation of special linen cleaning requirements.
  6. Adding sanitizing solution to the consumable supplies list.
  7. Ensuring rooms will be made available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.
- Coordinate with the DC, PRO and the appropriate field site, to review and modify the Uniform Issue contract to provide for the following support:
  1. Increased laundry support for FLETC-procured linens to supplement or replace dormitory linens.

2. Verification that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.
  3. Revision of the laundry process to include disinfecting procedures.
  4. Increased laundry pickup to seven (7) days per week.
- Coordinate with the DC, PRO and the appropriate field site, to review and modify the Transportation and Driver Services contract to provide for the following:
    1. Additional driver personnel in the event of an emergency.
    2. Emergency transportation to local hospitals (coordinate with FLETC Health Units).
    3. Airport transportation to reduce the amount of students on the bus at any one time.

#### INFECTION CONTROL

- Develop protocols to ensure that recommendations regarding isolation of students made by the FLETC Health Unit on the basis of a suspected or confirmed case of avian influenza are immediately forwarded to the following:
  1. The CSO, SEM (FLETC Glynco only);
  2. The DC, EVS (FLETC Glynco only);
  3. The DC, TMD (FLETC Glynco only);
- Coordinate with the DC, PRO and the appropriate field site representative, to modify the food services contract to require the contractor to ensure protocols are in place for the delivery of food (e.g., boxed lunches) and water to designated dormitories in the event that students are isolated in their rooms.
- Coordinate with the DC, PRO to review and modify the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services and supplies required in support of this PLAN.
- Coordinate with the DC, TMD to develop plans to address additional screening requirements of students who may be traveling to FLETC through affected areas.

#### VACCINES AND ANTIVIRALS

- Continue to advertise, promote, and maximize the use of the annual influenza vaccine.
- Identify alternative vaccination sites that may be utilized during a pandemic event. At FLETC Glynco, this shall be coordinated with the DC, SPA.
- Coordinate with the CSO, SEM in reviewing national recommendations (Appendix G) for pandemic influenza vaccinations and develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.

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# FLETC GLYNCO

## Division Chief, Student Services Division (DC, SVC) — *Continued*

### PREPARATION PHASE (continued)

- Provide annual vaccination and antiviral estimates to the FLETC Health Unit contractor to ensure sufficient stockpiles of such medications are maintained at the FLETC.
  - Coordinate with the DC, PRO in reviewing and modifying the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
  - Ensure contingency plans are developed for the ordering, storage, and distribution of vaccine (if and when available) and antiviral stockpiles. Copies of these plans should be provided to the CSO, SEM, the DC, PRO, and the DC, BUD at FLETC Glynco. These plans shall address the following issues:
    1. Identification of suppliers, supply quantities, and necessary lead time.
    2. Ensuring a sufficient supply of vaccines (if and when available) and antivirals are stockpiled to support FLETC and Partner Organization staff and students at the site in the event of a pandemic event.
    3. Ensuring plans are in place to track vaccine and antiviral usage.
    4. Ensuring that plans are in place to monitor any vaccination and/or antiviral stockpile to ensure supplies have not expired.
    5. Identifying alternate vaccination sites that may be utilized during a pandemic event.
  - Monitor updated national guidelines from the CDC or other organizations on the appropriate use of antivirals during a pandemic and make recommendations for modifications to this PLAN.
  - Identify and stockpile any additional medications that may be necessary in the event of a pandemic event. Where necessary, coordinate with the DC, PRO for necessary modifications to the medical services contract.
  - Participate in any training, testing and exercises regarding the PLAN.
- SURVEILLANCE AND CLINICAL GUIDELINES**
- Maintain an up-to-date list of all on-site FLETC Health Unit personnel, including emergency contact information (home addresses, spouse’s name, and after-hours telephone numbers) for notification and accountability purposes.
  - Coordinate with the DC, PRO to review and modify, as appropriate, the medical services contract to extend the core hours of the on-site FLETC Health Unit to twenty-four (24) hours a day.
  - Ensure that Health Unit personnel at all FLETC locations have access to EPI-X, the Epidemic Information Exchange ([www.CDC.gov/epix](http://www.CDC.gov/epix)) and are trained in its use.
  - Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the FLETC Health Unit to designate a point of contact for coordination with State and local public health officials to facilitate the sharing of information during all pandemic influenza phases.
  - Develop protocols for communicating with local health department and hospital emergency rooms.
  - Develop protocols for communicating patient status to the DC, TMD for Partner Organization notification.
  - Coordinate with the DC, EVS to develop protocols for reporting FLETC and Partner Organization staff and student illnesses to the Office of the Chief Medical Officer (OCMO), consistent with the guidance from that office.
  - Coordinate with the DC, PRO to modify the medical services contract to include briefings/education on preventative practices.
  - Identify a point of contact to coordinate the identification of volunteers who may be utilized to augment Health Unit personnel in the event of an emergency response. These volunteers may possess a variety of backgrounds, including as emergency medical technicians, military corpsman, and/or persons trained in advanced first-aid.
  - Develop contingency plans to provide FLETC Health Unit services to on-site FLETC and Partner Organization staff and students in the event the Health Unit physician and/or supporting staff are incapacitated. These plans should include the identification of backup physicians and medical staffing.
  - Coordinate with the DC, PRO to modify the medical services contract to increase medical staff manning.
  - Ensure that all FLETC Health Unit personnel are trained on the proper investigation of suspected influenza cases, utilizing the criteria set forth in this Section.
  - Ensure that a sufficient supply of “Flu Test Kits” are available at the on-site FLETC Health Unit.
  - Coordinate with the DC, PRO to review and modify, as appropriate, the medical services contract to require the on-site FLETC Health Unit to develop plans to track and report influenza-related visits to the Health Unit for internal use and reporting to local health departments.
  - Identify points of contact for all FLETC Health Unit personnel at local hospitals and emergency rooms, urgent care centers, the CDC, and Federal Occupation Health.
  - Monitor any information from the CDC regarding virologic, epidemiologic, and clinical findings associated with new influenza variants isolated, and implement those changes, as necessary.
  - Coordinate with the DC, EVS to identify and stockpile any required PPE, including respirators, masks, and protective clothing.
  - Coordinate with the DC, PRO to review and modify, as appropriate, the medical services contract to require on-site

(continued)

# FLETC GLYNCO

## Division Chief, Student Services Division (DC, SVC) — *Continued*

### PREPARATION PHASE (continued)

FLETC Health Unit contractor employees to wear PPE during the performance of their duties at FLETC.

- Identify and stockpile any disinfectants and cleaning supplies required in the event of a pandemic event.
- Identify a range of supplies and medications, including antibiotics and IV fluids, and ensure sufficient quantities are stockpiled for use in the prevention of and exposure to influenza.
- Coordinate with the DC, EVS to ensure an adequate supply of bio-medical waste bags are maintained within the appropriate FLETC Health Units.
- Coordinate with the DC, EVS to ensure that an adequate supply of bottled water for use at the Health Unit or alternative sites is maintained at all times.
- Identify and stockpile additional beds, cots, mattresses, pillows, linens, and other items for deployment to alternative clinical facilities.
- Coordinate the storage of additional beds, cots, mattresses, pillows, linens, and other items with the DC, PMD.
- Ensure a strategy has been developed for the triaged-distribution of stockpiled supplies and medication.
- Coordinate with the DC, PRO (FLETC GlyncO) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.
- Upon discovering that an on-site FLETC or Partner Organization staff member or student meets both the clinical and epidemiologic criteria for a *suspected* case of novel influenza:
  1. Notify the CSO, SEM for possible implementation of a pandemic event response.
  2. Take appropriate action, depending upon whether the suspected case involves a FLETC or Partner Organization employee or whether it involves a student at the FLETC.
    - \* Where a FLETC or Partner Organization employee is suspected of carrying novel influenza, refer the employee to local healthcare providers for treatment. These providers will be responsible, in coordination

with State and local public health authorities, to order and supervise clinical laboratory testing.

- \* Where a FLETC student is suspected of carrying novel influenza, determine whether referral to local healthcare providers for treatment is appropriate, based upon a physician’s clinical assessment of risk and whether adequate precautions can be taken at the FLETC to prevent the potential spread of infection. Notify the CSO, SEM of this recommendation, and implement isolation procedures, if required, in accordance with the steps identified in Section 4 regarding possible hospitalization or isolation of personnel.
- 3. Notify the local health department of the possibility of a novel influenza case.
- 4. Initiate antiviral treatment as soon as possible, consistent with the guidance provided in Section 5 of the PLAN, *even though confirmation of novel influenza has not been confirmed.*
- 5. Implement all infection-control measures, as required by Section 4 of the PLAN.
- 6. Monitor the status of any FLETC or Partner Organization staff member or student who meets both the clinical and epidemiologic criteria for a suspected case of novel influenza to determine whether this has been confirmed.
- Upon discovering that an on-site FLETC or Partner Organization staff member or student has been *confirmed* as having a case of novel influenza, take the following steps:
  1. Notify the CSO, SEM for possible implementation of a pandemic event response.
  2. Notify the local health department of a confirmed case of novel influenza.
  3. For those students in isolation at any FLETC facility, continue antiviral treatment, consistent with the guidance provided in Section 5 of the PLAN.
  4. Continue implementation of all infection-control measures, as identified in Section 4 of the PLAN.
- Provide advice and guidance to all on-site FLETC and Partner Organization staff and students on actions to take in the event novel influenza is suspected.

### IMPLEMENTATION PHASE

#### OPERATIONS

- In coordination with the FLETC Health Units, ensure that medical screening is conducted for FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.

#### INFECTION CONTROL

- Ensure that medical staff visits occur daily for any students required to remain in an isolation room or facility.
- Ensure that all medical staff who conduct visits with students restricted to isolation rooms comply with all

*(continued)*

# FLETC GLYNCO

## Division Chief, Student Services Division (DC, SVC) — *Continued*

### IMPLEMENTATION PHASE (continued)

requirements for room visits outlined in Section 6 of this PLAN.

- Ensure that food and water is delivered daily to any students required to remain in an isolation room or facility.
- Ensure that all personnel responsible for delivering food and water to students restricted to isolation rooms comply with all PPE requirements outlined in this Section.
- Coordinate with the DC, TMD, as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

**VACCINES AND ANTIVIRALS**

- Activate the vaccine and antiviral drug distribution system.
- Utilize, as necessary, alternate vaccination sites to facilitate distribution of antivirals among FLETC and Partner Organization staff and students at the affected location.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Ensure all FLETC Health Unit personnel maintain an awareness of information promulgated via EPI-X, so that they can stay apprised of the current situation and any updated guidance promulgated by the CDC.
- As necessary, coordinate the deployment of volunteers to assist in the rendering of medical care during the course of the response.
- Coordinate with the DC, EVS to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- Notify the DC, EVS to arrange for the collection and disposal of any bio-medical waste.
- Notify the DC, EVS of any deaths, so that morgue services can be undertaken, if necessary.

### RESTORATION PHASE

**OPERATIONS**

- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**LOGISTICAL SUPPORT**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**INFECTION CONTROL**

- Resume normal operations.
- Coordinate with the DC, TRC and the DC, SPA to ensure that housing locations for all students return to normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**VACCINES AND ANTIVIRALS**

- Resume normal operations.
- Restock, as necessary, all vaccines and antivirals expended during the pandemic event.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Resume normal operations.
- Restock, as necessary, all supplies and equipment expended during the event.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.



# FLETC GLYNCO

## Division Chief, Training Management Division (DC, TMD)

### PREPARATION PHASE

#### OPERATIONS

- Ensure that all student contact information is current and complete so as to facilitate the timely control and accountability of the student population in the event of a pandemic influenza outbreak.
- Ensure that internal TMD communication plans are current and accessible to all TMD staff members so that accurate and timely information can be provided to the student population.
- In coordination with the CSO, SEM and the DC, EVS, ensure that all pertinent informational and educational materials on pandemic influenza (e.g., posters, pamphlets, etc.) are made accessible to the FLETC student population.
- In coordination with TRC and ADT, develop information on possible alternatives for providing essential training at alternate FLETC sites (e.g., Charleston or Artesia), should FLETC Glynco, Artesia, or Charleston be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Manual 71-13, Continuity of Operations Plan.
- In coordination with the FTD, develop plans for conducting limited training at other FLETC sites, should

any FLETC facility be unable to host training for a limited period of time.

- Develop protocols, in coordination with the DC, TRC, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

#### INFECTION CONTROL

- Coordinate with the DC, TRC and the DC, SPA to develop protocols to track housing locations for both sick and well students throughout the duration of any pandemic response.
- Coordinate with the DC, SVC to develop protocols to coordinate any necessary transportation of students to hospitals and treatment centers, as necessary.
- Coordinate with the DC, SVC to develop protocols to coordinate any medical support or food delivery to students in isolation.
- Develop protocols to ensure that travel restrictions on students coming to all FLETC facilities are implemented.
- Coordinate with the DC, SVC, as well as with the appropriate FLETC Health Units, to develop plans to address additional screening requirements of students who may be traveling to any FLETC facility through affected areas.

### IMPLEMENTATION PHASE

#### OPERATIONS

- Maintain constant liaison with the Partner Organizations that have students participating in basic training programs so that accurate and timely information regarding any FLETC pandemic response is provided.
- Provide students with pertinent guidance on implementation of the PLAN and continuously monitor student status.
- Utilize alternative communication platforms (e.g., cellular phones, dedicated websites, etc.) for communicating the pandemic and training program status to TMD personnel and Partner Organizations and students.
- Coordinate with the DC, SVC for necessary student evacuation from the specified FLETC facility and return to duty, should alternative training operations commence.

#### INFECTION CONTROL

- Coordinate with the DC, TRC and the DC, SPA to track housing locations for both sick and well students. This information will be available for provision to the on-scene IC and Partner Organizations daily, as well as the on-site FLETC Health Unit personnel.

- Coordinate with the DC, SVC for any necessary transportation for students to hospitals and treatment centers when required.
- Coordinate with the DC, SVC for any medical support or food delivery to students in isolation.
- Coordinate with the DC, SVC as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that an on-site Partner Organization student meets both clinical and epidemiologic criteria for a suspected or confirmed case of novel influenza, notify the Partner Organization Agency Representative immediately.
- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, prepare to potentially modify operations as outlined in Section 2 of this PLAN at that location.

(continued)

# FLETC GLYNCO

## Division Chief, Training Management Division (DC, TMD) — *Continued*

### RESTORATION PHASE

**OPERATIONS**

- Notify TMD personnel and Partner Organization staff and students of the termination of emergency response activities under the PLAN.
- Coordinate with the DC, TRC and the DAD, OTO to ensure resumption of normal operations in a timely manner.
- Coordinate with the DC, TRC and DAD, OTO, as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training or will be required to start from the beginning upon the resumption of training.
- Provide raw student data (numbers in all categories) to the Evaluation and Analysis Division for analysis and trends.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**INFECTION CONTROL**

- Resume normal operations.

- Ensure that all basic and advanced training students present at the affected FLETC location during the implementation of the PLAN are accounted for. Where a student remains unaccounted for, notification to the on-scene Incident Commander and the Partner Organization to which the student belongs shall take place immediately.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Upon notification that the emergency response has been terminated, notify all Partner Organization representatives and resume normal operations, consistent with the guidance provided in Section 2 of this PLAN.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Division Chief, Training Resources Coordination Division (DC, TRC)

### PREPARATION PHASE

**OPERATIONS**

- In coordination with the DC, TMD and the DAD, OTO develop plans for providing essential training at alternate FLETC sites (e.g., Charleston), should FLETC Glynco be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.
- Develop protocols, in coordination with the DC, TMD, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

**LOGISTICAL SUPPORT**

- Coordinate with the DC, SVC, the DC, PRO, and the DC, SPA in the development of an isolation plan for students assigned to dormitories.
- Coordinate with the DC, PRO and the BC, ASB to review and modify, as appropriate, the Off-Center Lodging Contracts to provide for the following:
  1. A reduction in the frequency and level of room cleaning.
  2. Disinfection of rooms of departing ill students or students who have been cleared by healthcare personnel.
  3. Incorporation of special linen cleaning requirements.
  4. Adding sanitizing solution to the consumable supplies list.

**INFECTION CONTROL**

- Develop protocols, in coordination with the DC, TMD and the DC, SPA, to track housing locations for both sick and well students throughout the duration of any pandemic response.

*(continued)*

# FLETC GLYNCO

## Division Chief, Training Resources Coordination Division (DC, TRC) — *Continued*

### IMPLEMENTATION PHASE

#### OPERATIONS

- Provide recommendations on training postponements to the Incident Commander at the appropriate facility for decision by the Executive Team, based upon the initiation of Level 1-4 actions.
- Implement, as necessary, any recommendations on training postponements made by the Executive Team.
- Collect and monitor all necessary data on student population to ensure scheduled training is constantly coordinated with the DC, TMD and reported, as required, to SVC and other decision-making personnel.
- Coordinate with the CIO Directorate to ensure that vital records and databases will be duplicated by a secondary electronic source that will not be affected by corruption or loss of the primary source.
- Coordinate with the DC, TMD and the DAD, OTO to ensure that essential training resources (e.g., facilities and instructors) are available for the continuation of training.

#### LOGISTICAL SUPPORT

- In coordination with the DC, SPA, ensure a list of vacant rooms is provided to the CSO, SEM for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- In coordination with the DC, SPA, ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

#### INFECTION CONTROL

- Track housing locations for both sick and well students throughout the course of the emergency response. At FLETC Glynco, this task shall be coordinated with the DC, TMD and the DC, SPA.
- Ensure information on housing locations for both sick and well students is made available for provision to the on-scene IC and Partner Organizations daily.

### RESTORATION PHASE

#### OPERATIONS

- Coordinate with Partner Organization representatives to determine if the necessary student population is available to support specific training programs.
- Notify TRC personnel and Partner Organization staff and students of the termination of emergency response activities under the PLAN.
- Coordinate with the DC, TMD and the DAD, OTO to ensure resumption of normal operations in a timely manner.
- Coordinate with the DC, TMD, the DAD, OTO, and the Partner Organizations to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training or will be required to start from the beginning upon the resumption of training.
- Ensure that all training postponed is re-scheduled.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.

- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Coordinate with the DC, SVC and the DC, SPA to ensure that housing locations for all students return to normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC GLYNCO

## Deputy Assistant Director, Office of Operations Support (DAD, OOS)

### PREPARATION PHASE

#### LOGISTICAL SUPPORT

- Coordinate with the DC, FMD to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service during a pandemic event.

### RESTORATION PHASE

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Deputy Assistant Director, Office of Training Operations (DAD, OTO)

### PREPARATION PHASE

#### OPERATIONS

- In coordination with the DC, TMD and the DC, TRC develop plans for providing essential training at alternate FLETC sites (e.g., Charleston or Artesia), should FLETC Glynco, Artesia, or Charleston be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.

#### LOGISTICAL SUPPORT

- Coordinate with the CSO, SEM to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- Coordinate with the DAD, OTS to identify and supplement transportation assets in the event such support is required.

### RESTORATION PHASE

#### OPERATIONS

- Coordinate with the DC, TRC and the DC, TMD to ensure resumption of normal operations in a timely manner.
- Coordinate with the DC, TRC, the DC, TMD, as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training, or will be required to start from the beginning upon the resumption of training.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

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# FLETC GLYNCO

Deputy Assistant Director, Office of Training Support (DAD, OTS)

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## ***PREPARATION PHASE***

### LOGISTICAL SUPPORT

- Coordinate with the DAD, OTO to identify and supplement transportation assets in the event such support is required.

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## ***RESTORATION PHASE***

### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC ARTESIA

## Deputy Assistant Director, Office of Artesia Operations (DAD, OAO)

### PREPARATION PHASE

**COMMAND AND CONTROL**

- Assist in the development and annual update of the PLAN.
- Ensure the Eddy County Sheriff’s Department and/or City of Artesia Police Department are provided a current list of FLETC security interests and their specific locations in the event the FLETC EOC is not staffed.
- Ensure the Automated Notification System (ANS) is maintained with up-to-date contact information for all responders, essential personnel and others, as needed.
- Ensure Orders of Succession are updated annually, pursuant to FLETC Directive 71-13, *Continuity of Operations Plan (COOP)*.
- In coordination with the Training Directorate (ADT), identify ancillary security force personnel for potential deployment in the event of a pandemic response.
- In coordination with the DC, HRD, develop protocols for the establishment of a liberal leave policy for a set period of time and/or a liberal flexi-place policy for same set period of time. See section 4.4.1.3 of this PLAN, “The Determination as to Whether Leave Should be With or Without Pay.”
- Identify alternate command facilities in the event the Building 25 is unavailable for use as the EOC. Additionally, develop plans for alternative means of

- conducting meetings, including teleconference or video-teleconference capabilities.
- Ensure the FLETC Security Police Communications Center maintains on file current Notification Lists for the following groups: ET members, SEM staff, EOC members, class coordinators and Partner Organization and Agency representatives.
- Ensure the FLETC Security Police Communications Center maintains the capabilities (e.g., radio, television, telephone, internet, facsimile, etc.) to monitor and receive information regarding up-to-the-minute emergency information on a twenty-four (24) hour basis. As information is received, timely notification of developments will be provided to the IC (DAD, OAO).

**OPERATIONS**

- Develop plans to ensure the Operational Status Telephone Number is activated and updated, as necessary, in the event of a pandemic event.
- Ensure the Operational Status Telephone number is made available to all OCH or OAO employees.
- Develop plans to ensure that essential operations, such as time and attendance, security, etc., may be continued during any pandemic event.

### IMPLEMENTATION PHASE

**COMMAND AND CONTROL**

- Act as the IC upon activation of the ICS, and perform all responsibilities associated with that assignment.
- Upon activation of the FLETC EOC, ensure that all EOC/ICS communication systems, supplies, and additional support requirements are established and in working order.
- As required, provide updated briefings to the ET and Partner Organization representatives on developments in implementation of the PLAN.
- Upon activation of either the Eddy/Chaves County EOCs, dispatch the FLETC EOC Representative.
- Monitor key medical and emergency response information sources from multiple sources (e.g., closed-circuit television, internet, radio, etc.), including 1-800-CDC-INFO.
- Utilize appropriate communications methods to disperse information to affected FLETC staff and partners, including:
  1. FLETCnet and FLETC e-mail.
  2. Operational Status Telephone Number (pre-recorded messages via 1-800-793-5382).

- 3. Automated Notification System (ANS).
- 4. EWS live-voice broadcast to notify and direct staff and students.
- In coordination with the ATD, determine what actions to take regarding the postponement of training, as well as curtailed training days, reassignments, schedule changes, etc., in accordance with the guidelines promulgated in Section 2 of this PLAN. Provide recommendations on the same to the Executive Team.
- If appropriate, establish a liberal leave policy for a set period of time; if appropriate, establish a liberal flexi-place policy for the same or a different set period of time. See section 4.4.1.3 of this PLAN, “The Determination as to Whether Leave Should be With or Without Pay.”
- Communicate to on-site staff and students what to do if an employee/student is exposed at work/training; is suspected of being ill at work/training; becomes sick at work/training.
- Assign previously identified ancillary workforce personnel as workload demands.
- Declare a termination of emergency response activities under this PLAN.

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# FLETC ARTESIA

## Deputy Assistant Director, Office of Artesia Operations (DAD, OAO) — *Continued*

### IMPLEMENTATION PHASE (continued)

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of any specified FLETC facility, institute response actions as identified in this PLAN at that location.
- Upon notification that an on-site FLETC or Partner Organization staff member or student meets both clinical and epidemiologic criteria for a suspected case of novel influenza, report that event to the ET and Partner Organization staff and initiate actions in accordance with this PLAN at that location.
- Activate the command and general staff of the ICS in preparation for possible activation of the full ICS.

- Provide a twenty-four hour a day physical security presence at the FLETC Health Unit and all designated alternative clinical sites.

**PUBLIC COMMUNICATIONS**

- Approve, as the Incident Commander, the release of all information regarding the FLETC pandemic influenza response, to persons or organizations both internal and external to FLETC. The PAO at FLETC Glynco shall be involved in all decisions regarding the release of information during a pandemic event, regardless of the event’s location.

### RESTORATION PHASE

**COMMAND AND CONTROL**

- In consultation with the Executive Team, terminate all emergency response actions under this PLAN.
- Deactivate the ICS and/or EOC, as appropriate.
- Announce the termination of all emergency response actions under this PLAN, utilizing appropriate and available media sources (e.g., Operational Status Number; Center News; e-mail and the internet; local radio and television broadcasts; etc.).
- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.

- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the Deputy IC (DC, ATR), modify the PLAN, as appropriate.

**LOGISTICAL SUPPORT**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Division Chief, Artesia Training Division (DC, ATR)

### PREPARATION PHASE

**COMMAND AND CONTROL**

- Identify, in advance, appropriate sources of emergency planning information, including key medical response information.
- Ensure the PLAN is updated at least annually, or as otherwise required due to changing conditions.
- In coordination with the DAD, OAO, develop, coordinate, test and exercise the PLAN at least annually.
- Fulfill all responsibilities as the Deputy IC in the event of a pandemic influenza response.

at alternate FLETC sites (e.g., Charleston), should FLETC Glynco or Artesia be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.

- Develop protocols, in coordination with the BC, PMB, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

**OPERATIONS**

- In coordination with the DC, TMD and the BC, PMB and DAD, OAO, develop plans for providing essential training

*(continued)*

# FLETC ARTESIA

## Division Chief, Artesia Training Division (DC, ATR) — *Continued*

### PREPARATION PHASE (continued)

#### LOGISTICAL SUPPORT

- Coordinate with the DAD Security Specialist to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- Coordinate with the BC, ASB to identify and supplement transportation assets in the event such support is required.
- Coordinate with the BC, ASB in the development of an isolation plan for students assigned to dormitories.
- Coordinate with the DC, PRO and the BC, ASB to review and modify, as appropriate, the Off-Center Lodging

Contracts to provide for the following:

1. A reduction in the frequency and level of room cleaning.
2. Disinfection of rooms of departing ill students or students who have been cleared by healthcare personnel.
3. Incorporation of special linen cleaning requirements.
4. Adding sanitizing solution to the consumable supplies list.

#### INFECTON CONTROL

- Develop protocols, in coordination with the BC, PMB to track housing locations for both sick and well students throughout the duration of any pandemic response.

### IMPLEMENTATION PHASE

#### OPERATIONS

- Provide recommendations on training postponements to the Incident Commander at the appropriate facility for decision by the Executive Team, based upon the initiation of Level 1-4 actions.
- Implement, as necessary, any recommendations on training postponements made by the Executive Team.
- Collect and monitor all necessary data on student population to ensure scheduled training is constantly coordinated with the BC, PMB, and reported, as required, to ASB and other decision-making personnel.
- Coordinate with the CIO Directorate to ensure that vital records and databases will be duplicated by a secondary electronic source that will not be affected by corruption or loss of the primary source.

- Coordinate with the BC, PMB and the DAD, OAO to ensure that essential training resources (e.g., facilities and instructors) are available for the continuation of training.

#### INFECTON CONTROL

- Track housing locations for both sick and well students throughout the course of the emergency response.
- Ensure information on housing locations for both sick and well students is made available for provision to the on-scene IC and Partner Organizations daily.

#### PUBLIC COMMUNICATIONS

- Coordinate with the Public Affairs Representative to utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.

### RESTORATION PHASE

#### COMMAND AND CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the IC (DAD, OAO), modify the PLAN, as appropriate.

#### OPERATIONS

- Notify ATR personnel, as appropriate, and Partner Organization staff and students of the termination of emergency response activities under the PLAN.
- Coordinate with the BC, PMB and the DAD, OAO to ensure resumption of normal operations in a timely manner.

- Coordinate with the BC, PMB and DAD, OAO, as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training or will be required to start from the beginning upon the resumption of training.
- Provide raw student data (numbers in all categories) to the Evaluation and Analysis Division for analysis and trends.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- Coordinate with Partner Organization representatives to determine if the necessary student population is available to support specific training programs.
- Ensure that all training postponed is re-scheduled.

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# FLETC ARTESIA

## Division Chief, Artesia Training Division (DC, ATR) — *Continued*

### **RESTORATION PHASE** (continued)

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTIOIN CONTROL

- Coordinate with the BC, ASB to ensure that housing locations for all students return to normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Deputy Assistant Director (DAD), Security Specialist

### **PREPARATION PHASE**

#### LOGISTICAL SUPPORT

- Oversee Security Police preparedness operations.
- Coordinate with the DC, ATR to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- Ensure training in emergency preparedness and response of all Security personnel, all non-Security emergency responders, and all personnel (non-responders) at the appropriate level for each.
- Coordinate with the ASB Environmental Protection Specialist to develop decontamination procedures to be utilized at the affected FLETC facility in the event of a pandemic influenza response.
- Coordinate with the ASB Environmental Protection Specialist to ensure locations are identified at various points within the boundaries of the appropriate FLETC facility for decontamination operations.
- Coordinate with the MCB Telecommunications Specialist to establish communications and information technology infrastructure to support ESSENTIAL staff telecommuting.
- Coordinate with the ASB Contract Specialist to review and modify the Security Services contract, as appropriate, to address the following:
  1. Increased security along the perimeter of the FLETC facility.
  2. Security personnel used as part of decontamination teams.
  3. Security personnel used as quarantine and isolation teams.
  4. Security personnel used as escort teams.

#### INFECTIOIN CONTROL

- Provide advice and guidance for FLETC and Partner Organization staff and students on the development of personal protection plans for the care and security of their families.

- In coordination with the BC, ASB, review and modify the Security Services contract, as necessary, to:
  1. Require contract security personnel to wear PPE and receive designated immunizations.
  2. Provide for increased security forces at any designated isolation facility.
  3. Escort healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility.
- Ensure that plans are developed to secure the FLETC facility in the event a curfew of students is ordered.
- Develop policies for restricting travel to geographic areas affected by a novel strain of influenza, evacuating staff/ students from an affected area when an outbreak begins, and guidance for employees returning from affected areas. CDC travel recommendations will be utilized for this planning effort.

#### VACCINES AND ANTIVIRALS

- Coordinate with the BC, ASB, as well as the on-site FLETC Health Unit, to monitor the availability of prevention measures, including vaccinations and antivirals.
- Coordinate with the BC, ASB, as well as the on-site FLETC Health Unit, to develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Coordinate with the ASB Contract Specialist to review and modify, as appropriate, the Security Services contract to provide for increased security requirements at the appropriate FLETC Health Unit and all designated alternative clinical sites.

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# FLETC ARTESIA

## Deputy Assistant Director (DAD), Security Specialist — *Continued*

### PREPARATION PHASE (continued)

#### TESTING AND EVALUATION

- Assist the ASB Environmental Protection Specialist in developing, coordinating, testing and exercising the PLAN at least annually.
- Participate in all testing of the PLAN.
- Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.
- Participate in local emergency management agency exercises, as appropriate.

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Oversee the First Responder Team in dealing with any emergency responses necessary in the event of a pandemic influenza outbreak.
- Maintain physical security at all decontamination sites once decontamination procedures commence.
- Ensure that security personnel provide assistance, as requested, during the conduct of decontamination procedures.

#### INFECTION CONTROL

- Ensure that Security personnel are assigned to any designated isolation facility to control access into or out of the building.
- Ensure that Security personnel escort all healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility, providing access to necessary rooms and areas, as required.
- Ensure that all curfew requirements are enforced.

#### VACCINES AND ANTIVIRALS

- Ensure that physical security measures are implemented, as necessary, at all primary and alternative vaccination sites at the FLETC.

### RESTORATION PHASE

#### INFECTION CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### VACCINES AND ANTIVIRALS

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Branch Chief, Administrative Support Branch (BC, ASB)

### PREPARATION PHASE

#### OPERATIONS

- In coordination with the FLETC Health Units, develop plans for the additional screening requirements of FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.

#### LOGISTICAL SUPPORT

- Coordinate with the DC, ATR to identify and supplement transportation assets in the event such support is required.

- Coordinate with the BC, MCB to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service during a pandemic event.
- Coordinate with the ASB Contract Specialist to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
  1. Special boxed menu that addresses special nutritional requirements for those who may be unable to consume normal foods.

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# FLETC ARTESIA

## Branch Chief, Administrative Support Branch (BC, ASB) — *Continued*

### PREPARATION PHASE (continued)

2. Food services in the event that staff shortages occur based upon an influenza outbreak, to include the use of boxed or pre-packaged meals.
  3. Meals delivered to students kept in isolation.
  4. Pre-packaged, plastic utensils at all meals.
  5. Bio-hazard handling practices for disposable napkins and other products.
  6. Space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.
  7. Food vendor support strategy, in the event that delivery of food supplies is delinquent.
  8. Staggering meal times to reduce the number of individuals in the cafeteria at any one time.
  9. Personal protective equipment provided and maintained in the event its use is mandated for all food service personnel.
- Coordinate with the ASB Contract Specialist to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:
    1. Extended dorm clerk desk coverage for twenty-four (24) hour support.
    2. Development of an isolation plan for students assigned to the dormitories. This responsibility shall also be coordinated with the DC, ATR.
    3. A reduction in the frequency and level of room cleaning.
    4. Disinfection of dormitory rooms of departing ill students or students who have been cleared by health-care personnel.
    5. Incorporation of special linen cleaning requirements.
    6. Adding sanitizing solution to the consumable supplies list.
    7. Ensuring rooms will be made available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.
  - Coordinate with the ASB Contract Specialist to review and modify, as appropriate, the Uniform Issue contract to provide for the following support:
    1. Increased laundry support for FLETC-procured linens to supplement or replace dormitory linens.
    2. Verification that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.
    3. Revision of the laundry process to include disinfecting procedures.
    4. Increased laundry pickup to seven (7) days per week.
  - Coordinate with the ASB Contract Specialist to review and modify, as appropriate, the Transportation and Driver Services contract to provide for the following:
    1. Additional driver personnel in the event of an emergency.
    2. Emergency transportation to local hospitals (coordinate with FLETC Health Units).
    3. Airport transportation (as appropriate) to reduce the amount of students on the bus at any one time.
  - Ensure that sufficient personal hygiene kits are stockpiled in Building 30, as appropriate, for distribution to FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
  - Ensure plans are developed to maintain vehicle fuel for all FLETC vehicles at affected locations.
  - Ensure plans are developed for providing vehicles to distribute supplies at the affected FLETC location in the event that decontamination procedures are required.
- INFECTION CONTROL**
- Develop protocols to ensure that recommendations regarding isolation of students made by the FLETC Health Unit on the basis of a suspected or confirmed case of avian influenza are immediately forwarded to the following:
    1. The DAD Security Specialist.
  - Coordinate with the ASB Contract Specialist to modify the food services contract to require the contractor to ensure protocols are in place for the delivery of food (e.g., boxed lunches) and water to designated dormitories in the event that students are isolated in their rooms.
  - Coordinate with the DC, PRO to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services and supplies required in support of this PLAN.
  - Coordinate with the BC, PMB to develop plans to address additional screening requirements of students who may be traveling to FLETC through affected areas.
  - Coordinate with the ASB Environmental Protection Specialist to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
  - Coordinate with the ASB Environmental Protection Specialist to develop protocols to ensure that all PPE stored in Building 30, as appropriate, is distributed in a timely and comprehensive manner upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Eddy/Chaves County).
  - Identify essential ASB Property Management functions and other critical inputs (e.g., suppliers/vendors, contractor services, and logistics) required to maintain property management operations by location (Glynco, Washington D.C., Artesia, Cheltenham, Charleston, and Gaborone) during a pandemic outbreak.

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# FLETC ARTESIA

## Branch Chief, Administrative Support Branch (BC, ASB) – *Continued*

### PREPARATION PHASE (continued)

- Develop and plan for scenarios likely to result in an increase or decrease in demand for ASB Property Management services during a pandemic (e.g., the need for hygiene supplies, need for mail distribution, etc.).
- Store and maintain pandemic flu supplies for the appropriate FLETC facility (e.g., PPE, drinking water, etc.).
- Store and maintain emergency overnight kits for staff who may be required to stay at any affected FLETC location for an extended period of time.

#### VACCINES AND ANTIVIRALS

- Continue to advertise, promote, and maximize the use of the annual influenza vaccine.
- Identify alternative vaccination sites that may be utilized during a pandemic event.
- Coordinate with the DAD Security Specialist in reviewing national recommendations (Appendix G) for pandemic influenza vaccinations and develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.
- Provide annual vaccination and antiviral estimates to the FLETC Health Unit contractor to ensure sufficient stockpiles of such medications are maintained at the FLETC.
- Coordinate with the DC, PRO (FLETC Glynco) in reviewing and modifying, as appropriate, the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
- Ensure contingency plans are developed for the ordering, storage, and distribution of vaccine (if and when available) and antiviral stockpiles. Copies of these plans should be provided to the SEMS, the Contracting Officer, and the CHA. These plans shall address the following issues:
  1. Identification of suppliers, supply quantities, and necessary lead time.
  2. Ensuring a sufficient supply of vaccines (if and when available) and antivirals are stockpiled to support FLETC and Partner Organization staff and students at the site in the event of a pandemic event.
  3. Ensuring plans are in place to track vaccine and antiviral usage.
  4. Ensuring that plans are in place to monitor any vaccination and/or antiviral stockpile to ensure supplies have not expired.
  5. Identifying alternate vaccination sites that may be utilized during a pandemic event.
- Monitor updated national guidelines from the CDC or other organizations on the appropriate use of antivirals during a pandemic and make recommendations, as appropriate, for modifications to this PLAN.
- Identify and stockpile any additional medications that may be necessary in the event of a pandemic event. Where necessary, coordinate with the DC, PRO for necessary modifications to the medical services contract.
- Participate in any training, testing and exercises regarding the PLAN at all FLETC locations.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Maintain an up-to-date list of all on-site FLETC Health Unit personnel, including emergency contact information (home addresses, spouse's name, and after-hours telephone numbers) for notification and accountability purposes.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to extend the core hours of the on-site FLETC Health Unit to twenty-four (24) hours a day.
- Ensure that Health Unit personnel at all FLETC locations have access to EPI-X, the Epidemic Information Exchange ([www.CDC.gov/epix](http://www.CDC.gov/epix)) and are trained in its use.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the FLETC Health Unit to designate a point of contact for coordination with State and local public health officials to facilitate the sharing of information during all pandemic influenza phases.
- Develop protocols for communicating with local health department and hospital emergency rooms.
- Develop protocols for communicating patient status to the BC, PMB for Partner Organization notification.
- Coordinate with the ASB Environmental Protection Specialist to develop protocols for reporting FLETC and Partner Organization staff and student illnesses to the Office of the Chief Medical Officer (OCMO), consistent with the guidance from that office.
- Coordinate with the DC, PRO (FLETC Glynco) to modify the medical services contract to include briefings/education on preventative practices.
- Identify a point of contact to coordinate the identification of volunteers who may be utilized to augment Health Unit personnel in the event of an emergency response. These volunteers may possess a variety of backgrounds, including as emergency medical technicians, military corpsman, and/or persons trained in advanced first-aid.
- Develop contingency plans to provide FLETC Health Unit services to on-site FLETC and Partner Organization staff and students in the event the Health Unit physician and/or supporting staff are incapacitated. These plans

(continued)

# FLETC ARTESIA

## Branch Chief, Administrative Support Branch (BC, ASB) — *Continued*

### PREPARATION PHASE (continued)

should include the identification of backup physicians and medical staffing.

- Coordinate with the DC, PRO (FLETC Glynco) to modify the medical services contract to increase medical staff manning.
- Ensure that all FLETC Health Unit personnel at all FLETC locations are trained on the proper investigation of suspected influenza cases, utilizing the criteria set forth in this Section.
- Ensure that a sufficient supply of “Flu Test Kits” are available at the on-site FLETC Health Unit.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the on-site FLETC Health Unit to develop plans to track and report influenza-related visits to the Health Unit for internal use and reporting to local health departments.
- Identify points of contact for all FLETC Health Unit personnel at local hospitals and emergency rooms, urgent care centers, the CDC, and Federal Occupation Health.
- Monitor any information from the CDC regarding virologic, epidemiologic, and clinical findings associated with new influenza variants isolated, and implement those changes, as necessary.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require on-site FLETC Health Unit contractor employees to wear PPE during the performance of their duties at FLETC.
- Identify and stockpile any disinfectants and cleaning supplies required in the event of a pandemic event.
- Identify a range of supplies and medications, including antibiotics and IV fluids, and ensure sufficient quantities are stockpiled for use in the prevention of and exposure to influenza.
- Identify and stockpile additional beds, cots, mattresses, pillows, linens, and other items for deployment to alternative clinical facilities.
- Coordinate the storage of additional beds, cots, mattresses, pillows, linens, and other items with the ASB Property Management Specialist.
- Ensure a strategy has been developed for the triaged-distribution of stockpiled supplies and medication.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.
- Upon discovering that an on-site FLETC or Partner Organization staff member or student meets both the clinical and epidemiologic criteria for a *suspected* case of novel influenza:
  1. Notify the DAD Security Specialist for possible implementation of a pandemic event response.
  2. Take appropriate action, depending upon whether the suspected case involves a FLETC or Partner Organization employee or whether it involves a student at the FLETC.
    - \* Where a FLETC or Partner Organization employee is suspected of carrying novel influenza, refer the employee to local healthcare providers for treatment. These providers will be responsible, in coordination with State and local public health authorities, to order and supervise clinical laboratory testing.
    - \* Where a FLETC student is suspected of carrying novel influenza, determine whether referral to local healthcare providers for treatment is appropriate, based upon a physician’s clinical assessment of risk and whether adequate precautions can be taken at the FLETC to prevent the potential spread of infection. Notify the DAD Security Specialist of this recommendation, and implement isolation procedures, if required, in accordance with the steps identified in Section 4 regarding possible hospitalization or isolation of personnel.
  3. Notify the local health department of the possibility of a novel influenza case.
  4. Initiate antiviral treatment as soon as possible, consistent with the guidance provided in Section 5 of the PLAN, *even though confirmation of novel influenza has not been confirmed.*
  5. Implement all infection-control measures, as required by Section 4 of the PLAN.
  6. Monitor the status of any FLETC or Partner Organization staff member or student who meets both the clinical and epidemiologic criteria for a suspected case of novel influenza to determine whether this has been confirmed.
- Upon discovering that an on-site FLETC or Partner Organization staff member or student has been *confirmed* as having a case of novel influenza, take the following steps:
  1. Notify the DAD Security Specialist for possible implementation of a pandemic event response.
  2. Notify the local health department of a confirmed case of novel influenza.
  3. For those students in isolation at any FLETC facility, continue antiviral treatment, consistent with the guidance provided in Section 5 of the PLAN.
  4. Continue implementation of all infection-control measures, as identified in Section 4 of the PLAN.
- Provide advice and guidance to all on-site FLETC and Partner Organization staff and students on actions to take in the event novel influenza is suspected.

(continued)

# FLETC ARTESIA

## Branch Chief, Administrative Support Branch (BC, ASB) — *Continued*

### IMPLEMENTATION PHASE

#### OPERATIONS

- In coordination with the FLETC Health Units, ensure that medical screening is conducted for FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.

#### LOGISTICAL SUPPORT

- Ensure that handwashing stations are installed at all entrances to Building 26 upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Eddy/Chaves County).
- Ensure that bio-hazard waste bags are provided at all entrances to Building 26.
- Ensure that all bio-hazard waste bags are collected daily and disposed of in accordance with the FLETC Bio-Hazardous Waste Plan.
- Upon the initiation of **Level 3** actions (upon the first **confirmed** case of avian influenza at the affected FLETC location), set up decontamination sites at pre-determined locations.
- Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), begin mandatory decontamination of all goods and equipment entering the facility.
- Ensure decontamination teams are assembled and provided at all decontamination sites.
- Ensure that all goods and supplies brought onto the affected FLETC location are decontaminated in accordance with developed procedures.
- Ensure that all vehicles entering or leaving the affected FLETC location are decontaminated in accordance with developed procedures.
- Distribute, as necessary, personal hygiene kits to FLETC and Partner Organization personnel required to remain at the affected FLETC location during a quarantine.
- Ensure vehicle fuel remains available for all FLETC vehicles at the affected facility.
- Ensure personnel are provided to assist in the off-load and decontamination of goods, equipment, and vehicles in the event that **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina) are initiated.
- Ensure a list of vacant rooms is provided to the DAD Security Specialist for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.

- Ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

#### INFECTION CONTROL

- Ensure that medical staff visits occur daily for any students required to remain in an isolation room or facility.
- Ensure that all medical staff who conduct visits with students restricted to isolation rooms comply with all requirements for room visits outlined in Section 6 of this PLAN.
- Ensure that food and water is delivered daily to any students required to remain in an isolation room or facility.
- Ensure that all personnel responsible for delivering food and water to students restricted to isolation rooms comply with all PPE requirements outlined in this Section.
- Coordinate with the BC, PMB, as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

#### VACCINES AND ANTIVIRALS

- Activate the vaccine and antiviral drug distribution system.
- Utilize, as necessary, alternate vaccination sites to facilitate distribution of antivirals among FLETC and Partner Organization staff and students at the affected location.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Ensure all FLETC Health Unit personnel maintain an awareness of information promulgated via EPI-X, so that they can stay apprised of the current situation and any updated guidance promulgated by the CDC.
- As necessary, coordinate the deployment of volunteers to assist in the rendering of medical care during the course of the response.
- Coordinate with the ASB Environmental Protection Specialist to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- Notify the ASB Environmental Protection Specialist to arrange for the collection and disposal of any bio-medical waste.
- Notify the ASB Environmental Protection Specialist of any deaths, so that morgue services can be undertaken, if necessary.

(continued)

# FLETC ARTESIA

## Branch Chief, Administrative Support Branch (BC, ASB) — *Continued*

### RESTORATION PHASE

#### OPERATIONS

- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Coordinate with the DC, ATR to ensure that housing locations for all students return to normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### VACCINES AND ANTIVIRALS

- Resume normal operations.

- Restock, as necessary, all vaccines and antivirals expended during the pandemic event.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Resume normal operations.
- Restock, as necessary, all supplies and equipment expended during the event.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Branch Chief, Programs Management Branch (BC, PMB)

### PREPARATION PHASE

#### OPERATIONS

- In coordination with the DC, ATR, develop plans for providing essential training at alternate FLETC sites (e.g., Charleston), should FLETC Artesia be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.
- Ensure that all student contact information is current and complete so as to facilitate the timely control and accountability of the student population in the event of a pandemic influenza outbreak.
- Ensure that internal PMB communication plans are current and accessible to all PMB staff members, so that accurate and timely information can be provided to the student population.
- In coordination with the CSO, SEM and the DC, EVS, ensure that all pertinent informational and educational

- materials on pandemic influenza (e.g., posters, pamphlets, etc.) are made accessible to the FLETC student population.
- In coordination with the ATR, develop information on possible alternatives for providing essential training at alternate FLETC sites (e.g., Charleston), should FLETC Artesia be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Manual 71-13, *Continuity of Operations Plan*.
- In coordination with the FTD, develop plans for conducting limited training at other FLETC sites, should any FLETC facility be unable to host training for a limited period of time.
- Develop protocols, in coordination with the DC, ATR, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

(continued)

# FLETC ARTESIA

## Branch Chief, Programs Management Branch (BC, PMB) — *Continued*

### PREPARATION PHASE (continued)

**INFECTIO CONTROL**

- Coordinate with the DC, ATR to develop protocols to track housing locations for both sick and well students throughout the duration of any pandemic response.
- Coordinate with the BC, ASB to develop protocols to coordinate any necessary transportation of students to hospitals and treatment centers, as necessary.
- Coordinate with the BC, ASB to develop protocols to coordinate any medical support or food delivery to students in isolation.
- Develop protocols to ensure that travel restrictions on students coming to all FLETC facilities are implemented.
- Coordinate with the BC, ASB, as well as with the appropriate FLETC Health Units, to develop plans to address additional screening requirements of students who may be traveling to any FLETC facility through affected areas.

### IMPLEMENTATION PHASE

**OPERATIONS**

- Maintain constant liaison with the Partner Organizations that have students participating in basic training programs so that accurate and timely information regarding any FLETC pandemic response is provided.
- Provide students with pertinent guidance on implementation of the PLAN and continuously monitor student status.
- Utilize alternative communication platforms (e.g., cellular phones, dedicated websites, etc.) for communicating the pandemic and training program status to PMB personnel and Partner Organizations and students.
- Coordinate with the BC, ASB for necessary student evacuation from the specified FLETC facility and return to duty, should alternative training operations commence.
- Coordinate with the BC, ASB for any necessary transportation for students to hospitals and treatment centers when required.
- Coordinate with the BC, ASB for any medical support or food delivery to students in isolation.
- Coordinate with the BC, ASB as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Upon notification that an on-site Partner Organization student meets both clinical and epidemiologic criteria for a suspected or confirmed case of novel influenza, notify the Partner Organization Agency Representative immediately.
- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, prepare to potentially modify operations as outlined in Section 2 of this PLAN at that location.

**INFECTIO CONTROL**

- Coordinate with the DC, ATR to track housing locations for both sick and well students. This information will be available for provision to the on-scene IC and Partner Organizations daily, as well as the on-site FLETC Health Unit personnel.

### RESTORATION PHASE

**LOGISTICAL SUPPORT**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**INFECTIO CONTROL**

- Resume normal operations.
- Ensure that all basic and advanced training students present at the affected FLETC location during the implementation of the PLAN are accounted for. Where a student remains unaccounted for, notification to the on-scene Incident Commander and the Partner Organization to which the student belongs shall take place immediately.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Upon notification that the emergency response has been terminated, notify all Partner Organization representatives and resume normal operations, consistent with the guidance provided in Section 2 of this PLAN.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.



# FLETC ARTESIA

## Branch Chief, Masterplan and Construction Branch (BC, MCB)

### PREPARATION PHASE

**LOGISTICAL SUPPORT**

- Coordinate with the ASB Contract Specialist to review and modify, as appropriate, the Refuse Service contract to provide for continuation of services in the event of an emergency.
- Coordinate with the DC, ATR to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service.
- Coordinate with the ASB Contract Specialist to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:

1. A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.
2. An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.
3. The addition of requirements to use high efficiency particulate air filters for cleaning.
4. The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <http://www.epa.gov/pesticides/factsheets/avian.htm>.

### RESTORATION PHASE

**LOGISTICAL SUPPORT**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Artesia Administrative Branch (ASB), Contract Specialist

### PREPARATION PHASE

**LOGISTICAL SUPPORT**

- Ensure that all contracts designated as “Essential Services/Support” include the requirement for the development of a staffing/manning plan to ensure that the contractor will be adequately staffed during times of high absenteeism.
- Coordinate with the BC, ASB to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
  1. A special boxed menu that addresses special nutritional requirements for special needs.
  2. Contingency food service plans in the event that staff shortages occur based to include the use of boxed or pre-packaged meals.
  3. Delivery of meals to students in isolation.
  4. Implementation of the use of pre-packaged, plastic utensils at all meals.
  5. The implementation of bio-hazard handling practices for disposable napkins and other products.
  6. The implementation of space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.

7. Development of a food vendor support strategy, in the event that delivery of food supplies is delinquent.
  8. Development of protocols for staggering meal times to reduce the number of individuals in the cafeteria at any one time.
  9. Ensure that personal protective equipment is provided and maintained in the event its use is mandated for all food service personnel.
- Coordinate with the DAD Security Specialist to review and modify the Security Services contract, as appropriate, to address the following:
    1. Increase security along the perimeter of the appropriate FLETC facility.
    2. Security personnel as part of decontamination teams.
    3. Security personnel as quarantine and isolation teams.
    4. Security personnel as escort teams.
  - Coordinate with the BC, ASB to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:
    1. Extend dorm clerk desk coverage for twenty-four (24) hour support.

*(continued)*

# FLETC ARTESIA

## Artesia Administrative Branch (ASB), Contract Specialist — *Continued*

### PREPARATION PHASE (continued)

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| <ul style="list-style-type: none"> <li>2. Develop an isolation plan for students assigned to the dormitories. This responsibility shall also be coordinated with the DC, TRC and the DC, SPA.</li> <li>3. Reduce frequency and level of room cleaning.</li> <li>4. Disinfect dormitory rooms of departing ill students or students who have been cleared by healthcare personnel.</li> <li>5. Incorporate special linen cleaning requirements.</li> <li>6. Add sanitizing solution to the consumable supplies list.</li> <li>7. Ensure rooms are available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.</li> <li>• Coordinate with the BC, ASB to review and modify, as appropriate, the Uniform Issue contract to provide for the following support:             <ul style="list-style-type: none"> <li>1. Increase FLETC-procured linens to supplement or replace dormitory linens.</li> <li>2. Verify that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.</li> <li>3. Revise the laundry process to include disinfecting procedures.</li> <li>4. Increase laundry pickup to seven (7) days per week.</li> </ul> </li> <li>• Coordinate with the BC, ASB to review and modify, as appropriate, the Transportation and Driver Services contract to provide for the following support:</li> </ul> | <ul style="list-style-type: none"> <li>1. Provision of additional driver personnel in the event of an emergency.</li> <li>2. Modification of the transportation schedule to include emergency transportation to local hospitals (coordinate with appropriate FLETC Health Units).</li> <li>3. Utilization of staggered trips to and from airports to reduce the amount of students on the bus at any one time.</li> <li>• Coordinate with the BC, ASB to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:             <ul style="list-style-type: none"> <li>1. A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.</li> <li>2. An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.</li> <li>3. The addition of requirements to use high efficiency particulate air filters for cleaning.</li> <li>4. The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <a href="http://www.epa.gov/pesticides/factsheets/avian.htm">http://www.epa.gov/pesticides/factsheets/avian.htm</a>.</li> </ul> </li> </ul> |
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### IMPLEMENTATION PHASE

LOGISTICAL SUPPORT

- Direct on-site contractors to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.
- Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), postpone all construction contract work, in accordance with Federal Acquisition Regulations 42, until such time as emergency response actions under this PLAN are terminated.

### RESTORATION PHASE

LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC ARTESIA

## Artesia Administrative Branch (ASB) Environmental Protection Specialist

### PREPARATION PHASE

#### LOGISTICAL SUPPORT

- Ensure that plans are developed for the installment of handwashing stations at all entrances to Building 26 upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Eddy/Chaves County).
- Ensure that plans are developed to provide bio-hazard waste bags at all entrances to Building 26.
- Coordinate with the DAD Security Specialist to develop decontamination procedures to be utilized at the FLETC in the event of a pandemic influenza response.
- Coordinate with the DAD Security Specialist to ensure locations are identified at various points within the boundaries of FLETC for decontamination operations.
- Ensure that necessary equipment for decontamination operations is maintained and stored in designated locations.

#### INFECTION CONTROL

- Ensure that internal plans are in place to provide for the continuation of environmental and safety responsibilities in the event of a pandemic influenza outbreak.
- Answer all employee questions regarding infection-control practices that may be utilized to prevent the spread of influenza in the workplace.
- Ensure that EVS orders and has on stock in Building 30 an adequate supply of the following personal protective equipment (PPE) in the event of a pandemic event:
  1. N-95 Disposable Respirators;
  2. Surgical Masks;
  3. Impermeable, Non-Latex Gloves;
  4. Splash Goggles;
  5. Tyvek/Saranex Suits;
  6. Bleach;
  7. Isopropyl-Alcohol Sanitizing Gel; and
  8. Bio-Medical Waste Bags.
- Coordinate with the BC, ASB to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- Coordinate with the BC, ASB to develop protocols to ensure that all PPE stored in Building 30 is distributed in a timely and comprehensive manner upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Eddy/Chaves County).

- Ensure that educational materials (e.g., posters, pamphlets, etc.) on pandemic influenza are made available to all FLETC and Partner Organization staff and students at the appropriate location. These materials shall include information on such aspects of influenza planning as infection control, social-distancing measures, and personal protection for employees and family members.
- Ensure that pandemic influenza awareness training is made available to all FLETC and Partner Organization staff and students at all FLETC locations through the use of various media, including computer-based training modules. This training shall include information on infection-control measures; prompt self-diagnosis; signs and symptoms of influenza; modes of transmission; risk avoidance; universal hygiene practices; and the use of face masks and/or respirators for symptomatic individuals.
- Educate FLETC and Partner Organization staff and students at all FLETC locations on the basic infection-control principles for preventing the spread of influenza and the management strategies for the containment of pandemic influenza.
- Monitor adherence to recommended infection-control practices to prevent exposure to, and transmission of, pandemic influenza during the Preparedness and Implementation Phases of this PLAN.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Coordinate with the BC, ASB, as well as the on-site FLETC Health Units, to develop protocols to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office.
- Develop temporary mortuary services at all FLETC locations in the event local community mortuary support is unavailable.
- Review current inventory of mortuary service supplies (e.g., body bags) and ensure a sufficient stockpile of these materials are obtained and stored in the event of an emergency response.

#### TESTING AND EVALUATION

- Develop, coordinate, test and exercise the PLAN at least annually.
- Participate in all testing and exercising of the PLAN.
- Modify, as appropriate, the PLAN based on the results of the testing and exercising of the PLAN.

(continued)

# FLETC ARTESIA

## Artesia Administrative Branch (ASB) Environmental Protection Specialist – *Continued*

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Upon notification that *Level 2* actions have occurred (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected or confirmed* case of avian influenza in Eddy/Chaves County), ensure that stores of PPE are distributed to all FLETC and Partner Organization staff and students.
- As necessary, ensure that all personnel at the affected FLETC location that are required to wear the N-95 respirator are provided mandatory training and fit-testing prior to the use of the device. Use of the N-95 respirator and inclusion in a medical surveillance program will be as outlined in FLETC Directive 70-09, “Safety Programs Manual.”
- Ensure that all personnel who are issued surgical masks are provided hands-on training on the proper “donning” and “doffing” of those masks.
- Ensure that all personnel who are issued N-95 respirators or surgical masks are provided training on the proper disposal of the respirator or mask as bio-medical waste.
- Ensure that bio-medical waste bags are provided to all FLETC components and Partner Organizations, along with instructions on their use, in accordance with the FLETC Bio-Medical Waste Plan.
- Ensure that pick-up schedules are developed with each FLETC component and Partner Organization for proper disposal of bio-medical waste bags in coordination with the FLETC Health Unit.

- Update pandemic influenza infection-control guidance and ensure dissemination to FLETC and Partner Organization staff and students as indicated according to the virulence, transmissibility, incubation period, period of communicability, and drug susceptibility of the identified pandemic influenza strain.
- Coordinate with the ASB Property Management Specialist to ensure that sufficient supplies are ordered, stockpiled, and received from Building 30 throughout the duration of any emergency response.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, ensure that implementation of infection-control measures is initiated at that location, in accordance with Section 4 of this PLAN.
- Coordinate with the BC, ASB, as well as the on-site FLETC Health Units, to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.
- Ensure that mortuary services are provided, as necessary.

### RESTORATION PHASE

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Ensure that all bio-medical waste has been disposed of in accordance with the FLETC Bio-Medical Waste Program.
- Ensure that all necessary PPE is re-ordered and re-stocked in Building 30 or other alternative sites.
- Conduct an after-action review of actions taken pursuant to the PLAN to identify and correct any actions necessary.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Resume normal operations.
- Upon notification that the emergency response has been terminated, cease mortuary services, as practicable.
- Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.

**FLETC ARTESIA**

**Artesia Administrative Branch (ASB) Property Management Specialist**

**IMPLEMENTATION PHASE**

OPERATIONS

- Ensure that all pandemic influenza supplies are distributed in a timely and efficient manner, when required.
- Ensure that emergency overnight kits for staff that may be required to stay on Center for an extended period of time are distributed in a timely and efficient manner, when required.

**RESTORATION PHASE**

INFECTION CONTROL

- Resume normal operations.
- Ensure that all necessary PPE re-ordered following the termination of emergency response actions is re-stocked in Building 30.
- Ensure that all necessary pandemic flu supplies expended during the emergency response at the FLETC are re-ordered and re-stocked in Building 30.
- Ensure that all emergency overnight kits for staff that were expended during the emergency response are re-ordered and re-stocked in Building 30.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC CHARLESTON

## Security and Emergency Management Division Specialist (SEMS)

### PREPARATION PHASE

#### COMMAND AND CONTROL

- Assist in the development and annual update of the PLAN.
- Ensure the North Charleston Police Department are provided a current list of FLETC security interests and their specific locations in the event the FLETC ICS is not staffed.
- Ensure the Automated Notification System (ANS) is maintained with up-to-date contact information for all responders, essential personnel and others, as needed.
- Ensure Orders of Succession are updated annually, pursuant to FLETC Directive 71-13, *Continuity of Operations Plan (COOP)*.
- In coordination with the Training Directorate (ADT) (FLETC Glynco), identify ancillary security force personnel for potential deployment in the event of a pandemic response.
- In coordination with the DC, HRD and the Support Services Specialist, develop protocols for the establishment of a liberal leave policy for a set period of time and/or a liberal flexi-place policy for same set period of time. See section 4.4.1.3 of this PLAN, “The Determination as to Whether Leave Should be With or Without Pay.”
- Identify alternate command facilities in the event Building 61, Room 234 is unavailable for use as the EOC. The second floor conference room of Building 61 has been designated as the primary alternate location. Additionally, develop plans for alternative means of conducting meetings, including teleconference or video-teleconference capabilities.
- Ensure the FLETC Security Police Communications Center maintains on file current Notification Lists for the following groups: ET members, SEM staff, ICS members, class coordinators and Partner Organization and Agency representatives.
- Ensure the FLETC Security Police Communications Center maintains the capabilities (e.g., radio, television, telephone, internet, facsimile, etc.) to monitor and receive information regarding up-to-the-minute emergency information on a twenty-four (24) hour basis. As information is received, timely notification of developments will be provided to the IC (SEMS).

#### LOGISTICAL SUPPORT

- Oversee Security Police preparedness operations.
- Coordinate with the DAD, CHS to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- Ensure training in emergency preparedness and response of all Security personnel, all non-Security emergency

responders, and all personnel (non-responders) at the appropriate level for each.

- Coordinate with the ESM to develop decontamination procedures to be utilized at the affected FLETC facility in the event of a pandemic influenza response.
- Coordinate with the ESM to ensure locations are identified at various points within the boundaries of the appropriate FLETC facility for decontamination operations.
- Coordinate with the IT Specialist to establish communications and information technology infrastructure to support ESSENTIAL staff telecommuting.
- Coordinate with the Contracting Officer to review and modify the Security Services contract, as appropriate, to address the following:
  1. Increased security along the perimeter of the appropriate FLETC facility.
  2. Security personnel used as part of decontamination teams.
  3. Security personnel used as quarantine and isolation teams.
  4. Security personnel used as escort teams.
- Coordinate with the CHT to identify and supplement the Security Officer workforce with an ancillary workforce to counter staff shortages and increased workload.
- Coordinate with the CHA and CHT to identify and supplement transportation assets in the event such support is required.

#### INFECTION CONTROL

- Provide advice and guidance for FLETC and Partner Organization staff and students on the development of personal protection plans for the care and security of their families.
- In coordination with the Contracting Officer, review and modify the Security Services contract, as necessary, to:
  1. Require contract security personnel to wear PPE and receive designated immunizations.
  2. Provide for increased security forces at any designated isolation facility.
  3. Escort healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility.
- Ensure that plans are developed to secure the FLETC facility in the event a curfew of students is ordered.
- Develop policies for restricting travel to geographic areas affected by a novel strain of influenza, evacuating staff/students from an affected area when an outbreak begins, and guidance for employees returning from affected areas. CDC travel recommendations will be utilized for this planning effort.

(continued)

# FLETC CHARLESTON

## Security and Emergency Management Division Specialist (SEMS) — *Continued*

### PREPARATION PHASE (continued)

#### VACCINES AND ANTIVIRALS

- Coordinate with the CHA as well as the on-site FLETC Health Unit, to monitor the availability of prevention measures, including vaccinations and antivirals.
- Coordinate with the CHA, as well as the on-site FLETC Health Unit, to develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Coordinate with the Contracting Officer to review and modify, as appropriate, the Security Services contract to

provide for increased security requirements at the appropriate FLETC Health Unit and all designated alternative clinical sites.

#### TESTING AND EVALUATION

- Assist the ESM in developing, coordinating, testing and exercising the PLAN at least annually.
- Participate in all testing of the PLAN.
- Make recommendations regarding the modification of the PLAN based on the results of the testing and exercising of the PLAN.
- Participate in GCEMA or other local emergency management agency exercises, as appropriate.

### IMPLEMENTATION PHASE

#### COMMAND AND CONTROL

- Act as the IC upon activation of the ICS, and perform all responsibilities associated with that assignment.
- Upon activation of the FLETC ICS, ensure that all ICS communication systems, supplies, and additional support requirements are established and in working order.
- As required, provide updated briefings to the ET and Partner Organization representatives on developments in implementation of the PLAN.
- Upon activation of the CCEOC, the IC will dispatch the FLETC CHS CCEOC Representative. Upon notification by the CCEMA that Charleston County is activating a pandemic response activity, notification will be provided to the ET or, at a minimum, the AD, FTD.
- Monitor key medical and emergency response information sources from multiple sources (e.g., closed-circuit television, internet, radio, etc.), including 1-800-CDC-INFO.
- Utilize appropriate communications methods to disperse information to affected FLETC staff and partners, including:
  1. FLETCnet and FLETC e-mail.
  2. Operational Status Telephone Number (pre-recorded messages via **1-800-793-5382**).
  3. Automated Notification System (ANS).
  4. EWS live-voice broadcast to notify and direct staff and students.
- In coordination with the CHT and the Program Management Branch (PMG), determine what actions to take regarding the postponement of training, as well as curtailed training days, reassignments, schedule changes, etc., in accordance with the guidelines promulgated in Section 2 of this PLAN. Provide recommendations on the same to the Executive Team.

- If appropriate, establish a liberal leave policy for a set period of time; if appropriate, establish a liberal flexi-place policy for the same or a different set period of time. See section 4.4.1.3 of this PLAN, “The Determination as to Whether Leave Should be With or Without Pay.”
- Communicate to on-site staff and students what to do if an employee/student is exposed at work/training; is suspected of being ill at work/training; becomes sick at work/training.
- Assign previously identified ancillary workforce personnel as workload demands.
- Declare a termination of emergency response activities under this PLAN.

#### LOGISTICAL SUPPORT

- Oversee the First Responder Team in dealing with any emergency responses necessary in the event of a pandemic influenza outbreak.
- Maintain physical security at all decontamination sites once decontamination procedures commence.
- Ensure that security personnel provide assistance, as requested, during the conduct of decontamination procedures.

#### INFECTION CONTROL

- Ensure that Security personnel are assigned to any designated isolation facility to control access into or out of the building.
- Ensure that Security personnel escort all healthcare and other essential personnel (e.g., individuals delivering food, etc.) into any designated isolation facility, providing access to necessary rooms and areas, as required.
- Ensure that all curfew requirements are enforced.

(continued)

# FLETC CHARLESTON

## Security and Emergency Management Division Specialist (SEMS) – *Continued*

### IMPLEMENTATION PHASE (continued)

#### VACCINES AND ANTIVIRALS

- Ensure that physical security measures are implemented, as necessary, at all primary and alternative vaccination sites at the FLETC.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of any specified FLETC facility, institute response actions as identified in this PLAN at that location.
- Upon notification that an on-site FLETC or Partner Organization staff member or student meets both clinical and epidemiologic criteria for a suspected case of novel influenza, report that event to the ET and Partner Organization staff and initiate actions in accordance with this PLAN at that location.

- Activate the command and general staff of the ICS in preparation for possible activation of the full ICS.
- Provide a twenty-four hour a day physical security presence at the FLETC Health Unit and all designated alternative clinical sites.

#### PUBLIC COMMUNICATIONS

- Approve, as the Incident Commander, the release of all information regarding the FLETC pandemic influenza response, to persons or organizations both internal and external to FLETC. The PAO at FLETC Glynco shall be involved in all decisions regarding the release of information during a pandemic event, regardless of the event's location.

### RESTORATION PHASE

#### COMMAND AND CONTROL

- In consultation with the Executive Team, terminate all emergency response actions under this PLAN.
- Deactivate the ICS, as appropriate.
- Announce the termination of all emergency response actions under this PLAN, utilizing appropriate and available media sources (e.g., Operational Status Number; Center News; e-mail and the internet; local radio and television broadcasts; etc.).
- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the ESM, modify the PLAN, as appropriate.

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Environmental and Safety Manager (ESM)

### PREPARATION PHASE

#### COMMAND AND CONTROL

- Identify, in advance, appropriate sources of emergency planning information, including key medical response information.
- Ensure the PLAN is updated at least annually, or as otherwise required due to changing conditions.

- In coordination with the SEMS, develop, coordinate, test and exercise the PLAN at least annually.
- Fulfill all responsibilities as the Deputy IC in the event of a pandemic influenza response.

*(continued)*



# FLETC CHARLESTON

## Environmental and Safety Manager (ESM) – *Continued*

### PREPARATION PHASE (continued)

#### LOGISTICAL SUPPORT

- Ensure that plans are developed for the installment of handwashing stations at all entrances to Building 43 upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected* or *confirmed* case of avian influenza in Charleston County).
- Ensure that plans are developed to provide bio-hazard waste bags at all entrances to Building 43.
- Coordinate with the SEMS to develop decontamination procedures to be utilized at the FLETC in the event of a pandemic influenza response.
- Coordinate with the SEMS to ensure locations are identified at various points within the boundaries of FLETC for decontamination operations.
- Ensure that necessary equipment for decontamination operations is maintained and stored in designated locations.

#### INFECTION CONTROL

- Ensure that internal plans are in place to provide for the continuation of environmental and safety responsibilities in the event of a pandemic influenza outbreak.
- Answer all employee questions regarding infection-control practices that may be utilized to prevent the spread of influenza in the workplace.
- Ensure that EVS orders and has on stock in Building 61 an adequate supply of the following personal protective equipment (PPE) in the event of a pandemic event:
  1. N-95 Disposable Respirators;
  2. Surgical Masks;
  3. Impermeable, Non-Latex Gloves;
  4. Splash Goggles;
  5. Tyvek/Saranex Suits;
  6. Bleach;
  7. Isopropyl-Alcohol Sanitizing Gel; and
  8. Bio-Medical Waste Bags.
- Coordinate with the CHA, to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- Coordinate with the CHA to develop protocols to ensure that all PPE stored in Building 61, as appropriate, is distributed in a timely and comprehensive manner upon the initiation of *Level 2* actions (upon the first *suspected* case of avian influenza at the FLETC, or the first *suspected* or *confirmed* case of avian influenza in Charleston County).
- Ensure that educational materials (e.g., posters, pamphlets, etc.) on pandemic influenza are made available to all FLETC and Partner Organization staff and students at the appropriate location. These materials shall include

information on such aspects of influenza planning as infection control, social-distancing measures, and personal protection for employees and family members.

- Ensure that pandemic influenza awareness training is made available to all FLETC and Partner Organization staff and students at all FLETC locations through the use of various media, including computer-based training modules. This training shall include information on infection-control measures; prompt self-diagnosis; signs and symptoms of influenza; modes of transmission; risk avoidance; universal hygiene practices; and the use of face masks and/or respirators for symptomatic individuals.
- Educate FLETC and Partner Organization staff and students at all FLETC locations on the basic infection-control principles for preventing the spread of influenza and the management strategies for the containment of pandemic influenza.
- Monitor adherence to recommended infection-control practices to prevent exposure to, and transmission of, pandemic influenza during the Preparedness and Implementation Phases of this PLAN.

#### VACCINES AND ANTIVIRALS

- Continue to advertise, promote, and maximize the use of the annual influenza vaccine.
- Identify alternative vaccination sites that may be utilized during a pandemic event.
- Coordinate with the SEMS in reviewing national recommendations (Appendix G) for pandemic influenza vaccinations and develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.
- Provide annual vaccination and antiviral estimates to the FLETC Health Unit contractor to ensure sufficient stockpiles of such medications are maintained at the FLETC.
- Coordinate with the DC, PRO (FLETC Glynco) in reviewing and modifying, as appropriate, the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
- Ensure contingency plans are developed for the ordering, storage, and distribution of vaccine (if and when available) and antiviral stockpiles. Copies of these plans should be provided to the SEMS, the Contracting Officer, and the CHA. These plans shall address the following issues:
  1. Identification of suppliers, supply quantities, and necessary lead time.
  2. Ensuring a sufficient supply of vaccines (if and when available) and antivirals are stockpiled to support FLETC and Partner Organization staff and students at the site in the event of a pandemic event.
  3. Ensuring plans are in place to track vaccine and antiviral usage.

(continued)

# FLETC CHARLESTON

## Environmental and Safety Manager (ESM) – *Continued*

### PREPARATION PHASE (continued)

- 4. Ensuring that plans are in place to monitor any vaccination and/or antiviral stockpile to ensure supplies have not expired.
- 5. Identifying alternate vaccination sites that may be utilized during a pandemic event.
- Monitor updated national guidelines from the CDC or other organizations on the appropriate use of antivirals during a pandemic and make recommendations, as appropriate, for modifications to this PLAN.
- Identify and stockpile any additional medications that may be necessary in the event of a pandemic event. Where necessary, coordinate with the DC, PRO for necessary modifications to the medical services contract.
- Participate in any training, testing and exercises regarding the PLAN at all FLETC locations.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Coordinate with the CHA, as well as the on-site FLETC Health Units, to develop protocols to ensure that FLETC

and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office.

- Develop temporary mortuary services at all FLETC locations in the event local community mortuary support is unavailable.
- Review current inventory of mortuary service supplies (e.g., body bags) and ensure a sufficient stockpile of these materials are obtained and stored in the event of an emergency response.

#### TESTING AND EVALUATION

- Develop, coordinate, test and exercise the PLAN at least annually.
- Participate in all testing and exercising of the PLAN.
- Modify, as appropriate, the PLAN based on the results of the testing and exercising of the PLAN.

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Ensure that handwashing stations are installed at all entrances to Building 43, as appropriate, upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Charleston County).
- Ensure that bio-hazard waste bags are provided at all entrances to Building 43.
- Ensure that all bio-hazard waste bags are collected daily and disposed of in accordance with the FLETC Bio-Hazardous Waste Plan.
- Upon the initiation of **Level 3** actions (upon the first **confirmed** case of avian influenza at the affected FLETC location), set up decontamination sites at pre-determined locations.
- Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina), begin mandatory decontamination of all goods and equipment entering the facility.
- Ensure decontamination teams are assembled and provided at all decontamination sites.
- Ensure that all goods and supplies brought onto the affected FLETC location are decontaminated in accordance with developed procedures.
- Ensure that all vehicles entering or leaving the affected FLETC location are decontaminated in accordance with developed procedures.

#### INFECTON CONTROL

- Upon notification that **Level 2** actions have occurred (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Charleston County), ensure that stores of PPE are distributed to all FLETC and Partner Organization staff and students.
- As necessary, ensure that all personnel at the affected FLETC location that are required to wear the N-95 respirator are provided mandatory training and fit-testing prior to the use of the device. Use of the N-95 respirator and inclusion in a medical surveillance program will be as outlined in FLETC Directive 70-09, "Safety Programs Manual."
- Ensure that all personnel who are issued surgical masks are provided hands-on training on the proper "donning" and "doffing" of those masks.
- Ensure that all personnel who are issued N-95 respirators or surgical masks are provided training on the proper disposal of the respirator or mask as bio-medical waste.
- Ensure that bio-medical waste bags are provided to all FLETC components and Partner Organizations, along with instructions on their use, in accordance with the FLETC Bio-Medical Waste Plan.
- Ensure that pick-up schedules are developed with each FLETC component and Partner Organization for proper disposal of bio-medical waste bags in coordination with the FLETC Health Unit.
- Update pandemic influenza infection-control guidance and ensure dissemination to FLETC and Partner Organization

*(continued)*

# FLETC CHARLESTON

## Environmental and Safety Manager (ESM) – *Continued*

### IMPLEMENTATION PHASE (continued)

staff and students as indicated according to the virulence, transmissibility, incubation period, period of communicability, and drug susceptibility of the identified pandemic influenza strain.

- Coordinate with the CHA to ensure that sufficient supplies are ordered, stockpiled, and received from Building 61, as appropriate, throughout the duration of any emergency response.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, ensure that implementation of infection-control measures is initiated at that location, in accordance with Section 4 of this PLAN.

- Coordinate with the CHA, as well as the on-site FLETC Health Units, to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.
- Ensure that mortuary services are provided, as necessary.

**PUBLIC COMMUNICATIONS**

- Coordinate with the Public Affairs Representative to utilize various means of communication, including websites, the FLETC Net, and SSIN-Ch. 97, to post prepared messages on pandemic influenza.

### RESTORATION PHASE

**COMMAND AND CONTROL**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- In coordination with the IC (SEMS), modify the PLAN, as appropriate.

**LOGISTICAL SUPPORT**

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**INFECTION CONTROL**

- Resume normal operations.
- Ensure that all bio-medical waste has been disposed of in accordance with the FLETC Bio-Medical Waste Program.
- Ensure that all necessary PPE is re-ordered and re-stocked in Building 61, as appropriate, or other alternative sites.
- Conduct an after-action review of actions taken pursuant to the PLAN to identify and correct any actions necessary.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Resume normal operations.
- Upon notification that the emergency response has been terminated, cease mortuary services, as practicable.
- Ensure that all bio-medical waste generated by the on-site FLETC Health Unit is collected and properly disposed of, in accordance with the FLETC Bio-Medical Waste Plan.

## Administrative Division Chief (CHA)

### PREPARATION PHASE

**OPERATIONS**

- In coordination with the FLETC Health Units, develop plans for the additional screening requirements of FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.
- Develop protocols, in coordination with the BC, PMG, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

**LOGISTICAL SUPPORT**

- Coordinate with the SEMS and CHT to identify and supplement transportation assets in the event such support is required.
- Coordinate with the ESM and Facilities Manager to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service during a pandemic event.

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# FLETC CHARLESTON

## Administrative Division Chief (CHA) — *Continued*

### PREPARATION PHASE (continued)

- Coordinate with the Contracting Officer to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:
  1. Special boxed menu that addresses special nutritional requirements for those who may be unable to consume normal foods.
  2. Food services in the event that staff shortages occur based upon an influenza outbreak, to include the use of boxed or pre-packaged meals.
  3. Meals delivered to students kept in isolation.
  4. Pre-packaged, plastic utensils at all meals.
  5. Bio-hazard handling practices for disposable napkins and other products.
  6. Space utilization for the entire facility, in order to reduce close proximity seating arrangements. This task should also be coordinated with the DC, SPA.
  7. Food vendor support strategy, in the event that delivery of food supplies is delinquent.
  8. Staggering meal times to reduce the number of individuals in the cafeteria at any one time.
  9. Personal protective equipment provided and maintained in the event its use is mandated for all food service personnel.
- Coordinate with the Contracting Officer to review and modify, as appropriate, the Dormitory Management Contract to provide for the following:
  1. Extended dorm clerk desk coverage for twenty-four (24) hour support.
  2. Development of an isolation plan for students assigned to the dormitories.
  3. A reduction in the frequency and level of room cleaning.
  4. Disinfection of dormitory rooms of departing ill students or students who have been cleared by health-care personnel.
  5. Incorporation of special linen cleaning requirements.
  6. Adding sanitizing solution to the consumable supplies list.
  7. Ensuring rooms will be made available to affected FLETC and Partner Organization personnel and medical staff in the event of a quarantine of the FLETC.
- Coordinate with the Contracting Officer to review and modify, as appropriate, the Uniform Issue contract to provide for the following support:
  1. Increased laundry support for FLETC-procured linens to supplement or replace dormitory linens.
  2. Verification that disinfecting practices utilized by the contractor for equipment cleaning is sufficient for influenza prevention.
  3. Revision of the laundry process to include disinfecting procedures.
  4. Increased laundry pickup to seven (7) days per week.
- Coordinate with the DC, PRO (FLETC Glynco) and the Contracting Officer to review and modify, as appropriate, the Transportation and Driver Services contract to provide for the following:
  1. Additional driver personnel in the event of an emergency.
  2. Emergency transportation to local hospitals (coordinate with FLETC Health Units).
  3. Airport transportation (as appropriate) to reduce the amount of students on the bus at any one time.
- Ensure that sufficient personal hygiene kits are stockpiled in Building 61 for distribution to FLETC and Partner Organization personnel in the event of a quarantine of the FLETC.
- Ensure plans are developed to maintain vehicle fuel for all FLETC vehicles at affected locations.
- Ensure plans are developed for providing vehicles to distribute supplies at the affected FLETC location in the event that decontamination procedures are required.
- Coordinate with the DC, PRO (FLETC Glynco) and the Contracting Officer to review and modify, as appropriate, the Refuse Service contract to provide for continuation of services in the event of an emergency.
- Coordinate with the Facilities Branch Chief to ensure that an ancillary workforce is identified in the event that the Refuse Service contractor is unable to perform this service.
- Coordinate with the DC, PRO and the Contracting Officer to review and modify, as appropriate, the Janitorial/Custodial Services contract to include the following:
  1. A reduction in janitorial/cleaning frequencies for lower priority requirements, such as vacuuming, etc.
  2. An increase in janitorial/cleaning frequencies for high priority requirements, such as disinfecting restrooms, sinks, door handles, etc.
  3. The addition of requirements to use high efficiency particulate air filters for cleaning.
  4. The use of EPA-registered hospital grade detergent-disinfectant labeled as an avian influenza disinfection. Guidance on EPA-approved products can be obtained at <http://www.epa.gov/pesticides/factsheets/avian.htm>.
- Coordinate with the Contracting Officer, in the development of an isolation plan for students assigned to dormitories.
- Coordinate with the DC, PRO and the Contracting Officer to review and modify, as appropriate, the Off-Center Lodging Contracts to provide for the following:
  1. A reduction in the frequency and level of room cleaning.
  2. Disinfection of rooms of departing ill students or students who have been cleared by healthcare personnel.
  3. Incorporation of special linen cleaning requirements.
  4. Adding sanitizing solution to the consumable supplies list.

### INFECTIOUS CONTROL

(continued)

# FLETC CHARLESTON

## Administrative Division Chief (CHA) — *Continued*

### **PREPARATION PHASE (continued)**

- Develop protocols to ensure that recommendations regarding isolation of students made by the FLETC Health Unit on the basis of a suspected or confirmed case of avian influenza are immediately forwarded to the following:
  1. The SEMS (FLETC Charleston only);
  2. The ESM (FLETC Charleston only); and
  3. The BC, PMG (FLETC Charleston only).
- Coordinate with the DC, PRO and the Contracting Officer to modify the food services contract to require the contractor to ensure protocols are in place for the delivery of food (e.g., boxed lunches) and water to designated dormitories in the event that students are isolated in their rooms.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services and supplies required in support of this Plan.
- Coordinate with the BC, PMG to develop plans to address additional screening requirements of students who may be traveling to FLETC through affected areas.
- Coordinate with the ESM to ensure that alternative supply facilities, along with associated decontamination sites, are identified and stocked, as necessary.
- Coordinate with the ESM to develop protocols to ensure that all PPE stored in Building 61 is distributed in a timely and comprehensive manner upon the initiation of **Level 2** actions (upon the first **suspected** case of avian influenza at the FLETC, or the first **suspected or confirmed** case of avian influenza in Charleston County).
- Identify essential Inventory Management Specialist functions and other critical inputs (e.g., suppliers/vendors, contractor services, and logistics) required to maintain property management operations by location (Glynco, Washington D.C., Artesia, Cheltenham, Charleston, and Gaborone) during a pandemic outbreak.
- Develop and plan for scenarios likely to result in an increase or decrease in demand for Inventory Management Specialist (FLETC Charleston) services during a pandemic (e.g., the need for hygiene supplies, need for mail distribution, etc.).
- Store and maintain pandemic flu supplies for the appropriate FLETC facility (e.g., PPE, drinking water, etc.).
- Store and maintain emergency overnight kits for staff who may be required to stay at any affected FLETC location for an extended period of time.
- Continue to advertise, promote, and maximize the use of the annual influenza vaccine.
- Identify alternative vaccination sites that may be utilized during a pandemic event.
- Coordinate with the SEMS in reviewing national recommendations (Appendix G) for pandemic influenza vaccinations and develop specific priority groups at the FLETC for distribution of vaccines (if and when available) and antivirals in the event of a pandemic influenza outbreak.
- Provide annual vaccination and antiviral estimates to the FLETC Health Unit contractor to ensure sufficient stockpiles of such medications are maintained at the FLETC.
- Coordinate with the DC, PRO (FLETC Glynco) in reviewing and modifying, as appropriate, the medical services contract to add antiviral medications to the on-site FLETC Health Unit Formulary.
- Ensure contingency plans are developed for the ordering, storage, and distribution of vaccine (if and when available) and antiviral stockpiles. Copies of these plans should be provided to the SEMS, the Contracting Officer, and the CHA. These plans shall address the following issues:
  1. Identification of suppliers, supply quantities, and necessary lead time.
  2. Ensuring a sufficient supply of vaccines (if and when available) and antivirals are stockpiled to support FLETC and Partner Organization staff and students at the site in the event of a pandemic event.
  3. Ensuring plans are in place to track vaccine and antiviral usage.
  4. Ensuring that plans are in place to monitor any vaccination and/or antiviral stockpile to ensure supplies have not expired.
  5. Identifying alternate vaccination sites that may be utilized during a pandemic event.
- Monitor updated national guidelines from the CDC or other organizations on the appropriate use of antivirals during a pandemic and make recommendations, as appropriate, for modifications to this PLAN.
- Identify and stockpile any additional medications that may be necessary in the event of a pandemic event. Where necessary, coordinate with the DC, PRO for necessary modifications to the medical services contract.
- Participate in any training, testing and exercises regarding the PLAN at all FLETC locations.

### SURVEILLANCE AND CLINICAL GUIDELINES

- Maintain an up-to-date list of all on-site FLETC Health Unit personnel, including emergency contact information

### VACCINES AND ANTIVIRALS

(continued)

# FLETC CHARLESTON

## Administrative Division Chief (CHA) — *Continued*

### PREPARATION PHASE (continued)

(home addresses, spouse’s name, and after-hours telephone numbers) for notification and accountability purposes.

- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to extend the core hours of the on-site FLETC Health Unit to twenty-four (24) hours a day.
- Ensure that Health Unit personnel at all FLETC locations have access to EPI-X, the Epidemic Information Exchange ([www.CDC.gov/epix](http://www.CDC.gov/epix)) and are trained in its use.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the FLETC Health Unit to designate a point of contact for coordination with State and local public health officials to facilitate the sharing of information during all pandemic influenza phases.
- Develop protocols for communicating with local health department and hospital emergency rooms.
- Develop protocols for communicating patient status to the BC, PMG for Partner Organization notification.
- Coordinate with the ESM to develop protocols for reporting FLETC and Partner Organization staff and student illnesses to the Office of the Chief Medical Officer (OCMO), consistent with the guidance from that office.
- Coordinate with the DC, PRO (FLETC Glynco) to modify the medical services contract to include briefings/education on preventative practices.
- Identify a point of contact to coordinate the identification of volunteers who may be utilized to augment Health Unit personnel in the event of an emergency response. These volunteers may possess a variety of backgrounds, including as emergency medical technicians, military corpsman, and/or persons trained in advanced first-aid.
- Develop contingency plans to provide FLETC Health Unit services to on-site FLETC and Partner Organization staff and students in the event the Health Unit physician and/or supporting staff are incapacitated. These plans should include the identification of backup physicians and medical staffing.
- Coordinate with the DC, PRO (FLETC Glynco) to modify the medical services contract to increase medical staff manning.
- Ensure that all FLETC Health Unit personnel at all FLETC locations are trained on the proper investigation of suspected influenza cases, utilizing the criteria set forth in this Section.
- Ensure that a sufficient supply of “Flu Test Kits” are available at the on-site FLETC Health Unit.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require the on-site FLETC Health Unit to develop

plans to track and report influenza-related visits to the Health Unit for internal use and reporting to local health departments.

- Identify points of contact for all FLETC Health Unit personnel at local hospitals and emergency rooms, urgent care centers, the CDC, and Federal Occupation Health.
- Monitor any information from the CDC regarding virologic, epidemiologic, and clinical findings associated with new influenza variants isolated, and implement those changes, as necessary.
- Coordinate with the ESM to identify and stockpile any required PPE, including respirators, masks, and protective clothing.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to require on-site FLETC Health Unit contractor employees to wear PPE during the performance of their duties at FLETC.
- Identify and stockpile any disinfectants and cleaning supplies required in the event of a pandemic event.
- Identify a range of supplies and medications, including antibiotics and IV fluids, and ensure sufficient quantities are stockpiled for use in the prevention of and exposure to influenza.
- Coordinate with the ESM to ensure an adequate supply of bio-medical waste bags are maintained within the appropriate FLETC Health Units.
- Coordinate with the ESM to ensure that an adequate supply of bottled water for use at the Health Unit or alternative sites is maintained at all times.
- Identify and stockpile additional beds, cots, mattresses, pillows, linens, and other items for deployment to alternative clinical facilities.
- Coordinate the storage of additional beds, cots, mattresses, pillows, linens, and other items with the Inventory Management Specialist.
- Ensure a strategy has been developed for the triaged-distribution of stockpiled supplies and medication.
- Coordinate with the DC, PRO (FLETC Glynco) to review and modify, as appropriate, the medical services contract to include medical staff visits to any isolation and/or quarantine dormitory or facility, as well as any additional medical services identified in this PLAN.
- Upon discovering that an on-site FLETC or Partner Organization staff member or student meets both the clinical and epidemiologic criteria for a *suspected* case of novel influenza:
  1. Notify the SEMS for possible implementation of a pandemic event response.
  2. Take appropriate action, depending upon whether

*(continued)*

# FLETC CHARLESTON

## Administrative Division Chief (CHA) — *Continued*

### PREPARATION PHASE (continued)

the suspected case involves a FLETC or Partner Organization employee or whether it involves a student at the FLETC.

- \* Where a FLETC or Partner Organization employee is suspected of carrying novel influenza, refer the employee to local healthcare providers for treatment. These providers will be responsible, in coordination with State and local public health authorities, to order and supervise clinical laboratory testing.
  - \* Where a FLETC student is suspected of carrying novel influenza, determine whether referral to local healthcare providers for treatment is appropriate, based upon a physician’s clinical assessment of risk and whether adequate precautions can be taken at the FLETC to prevent the potential spread of infection. Notify the SEMS of this recommendation, and implement isolation procedures, if required, in accordance with the steps identified in Section 4 regarding possible hospitalization or isolation of personnel.
3. Notify the local health department of the possibility of a novel influenza case.
  4. Initiate antiviral treatment as soon as possible, consistent with the guidance provided in Section 5 of the PLAN, *even though confirmation of novel influenza*

*has not been confirmed.*

5. Implement all infection-control measures, as required by Section 4 of the PLAN.
  6. Monitor the status of any FLETC or Partner Organization staff member or student who meets both the clinical and epidemiologic criteria for a suspected case of novel influenza to determine whether this has been confirmed.
- Upon discovering that an on-site FLETC or Partner Organization staff member or student has been *confirmed* as having a case of novel influenza, take the following steps:
    1. Notify the SEMS for possible implementation of a pandemic event response.
    2. Notify the local health department of a confirmed case of novel influenza.
    3. For those students in isolation at any FLETC facility, continue antiviral treatment, consistent with the guidance provided in Section 5 of the PLAN.
    4. Continue implementation of all infection-control measures, as identified in Section 4 of the PLAN.
  - Provide advice and guidance to all on-site FLETC and Partner Organization staff and students on actions to take in the event novel influenza is suspected.

### IMPLEMENTATION PHASE

#### OPERATIONS

- In coordination with the FLETC Health Units, ensure that medical screening is conducted for FLETC instructors and staff who may be traveling to FLETC from or through an area affected by avian influenza.

#### LOGISTICAL SUPPORT

- Distribute, as necessary, personal hygiene kits to FLETC and Partner Organization personnel required to remain at the affected FLETC location during a quarantine.
- Ensure vehicle fuel remains available for all FLETC vehicles at the affected facility.
- Ensure personnel are provided to assist in the off-load and decontamination of goods, equipment, and vehicles in the event that **Level 4** actions (upon the first *confirmed* case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or South Carolina) are initiated.
- Ensure a list of vacant rooms is provided to the SEMS for use by FLETC and Partner Organization personnel in the event of a quarantine of the FLETC Charleston.
- Ensure that the list of rooms occupied by FLETC and Partner Organization personnel is maintained and updated, as appropriate, throughout the course any pandemic response.

#### INFECTION CONTROL

- Ensure that medical staff visits occur daily for any students required to remain in an isolation room or facility.
- Ensure that all medical staff who conduct visits with students restricted to isolation rooms comply with all requirements for room visits outlined in Section 6 of this PLAN.
- Ensure that food and water is delivered daily to any students required to remain in an isolation room or facility.
- Ensure that all personnel responsible for delivering food and water to students restricted to isolation rooms comply with all PPE requirements outlined in this Section.
- Coordinate with the Contracting Officer, as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.
- Track housing locations for both sick and well students throughout the course of the emergency response.
- Ensure information on housing locations for both sick and well students is made available for provision to the on-scene IC and Partner Organizations daily.
- Ensure that all pandemic influenza supplies are distributed in a timely and efficient manner, when required.

*(continued)*

# FLETC CHARLESTON

## Administrative Division Chief (CHA) — *Continued*

### **IMPLEMENTATION PHASE (continued)**

- Ensure that emergency overnight kits for staff that may be required to stay on Center for an extended period of time are distributed in a timely and efficient manner, when required.

#### VACCINES AND ANTIVIRALS

- Activate the vaccine and antiviral drug distribution system.
- Utilize, as necessary, alternate vaccination sites to facilitate distribution of antivirals among FLETC and Partner Organization staff and students at the affected location.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Ensure all FLETC Health Unit personnel maintain an awareness of information promulgated via EPI-X, so that they can stay apprised of the current situation and any updated guidance promulgated by the CDC.

- As necessary, coordinate the deployment of volunteers to assist in the rendering of medical care during the course of the response.
- Coordinate with the ESM to ensure that FLETC and Partner Organization staff and student illnesses are collected and reported to the OCMO, consistent with the guidance from that office. The DC, EVS will be responsible as the single point of contact for all reporting of this information to the OCMO, regardless of location.
- Notify the ESM to arrange for the collection and disposal of any bio-medical waste.
- Notify the ESM of any deaths, so that morgue services can be undertaken, if necessary.

### **RESTORATION PHASE**

#### OPERATIONS

- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Coordinate with the Contract Compliance Specialist, to ensure that housing locations for all students return to normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### VACCINES AND ANTIVIRALS

- Resume normal operations.
- Restock, as necessary, all vaccines and antivirals expended during the pandemic event.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### SURVEILLANCE AND CLINICAL GUIDELINES

- Resume normal operations.
- Restock, as necessary, all supplies and equipment expended during the event.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.



# FLETC CHARLESTON

## Deputy Assistant Director, Office of Charleston Operations (DAD, CHS)

### PREPARATION PHASE

**OPERATIONS**

- In coordination with the AD, FTD, develop plans for providing essential training at alternate FLETC sites (e.g., Artesia), should FLETC Charleston be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.
- Develop plans to ensure the Operational Status Telephone Number is activated and updated, as necessary, in the event of a pandemic event.
- Ensure the Operational Status Telephone number is made available to all OCH or OAO employees.
- Develop plans to ensure that essential operations, such as time and attendance, security, etc., may be continued during any pandemic event.

### IMPLEMENTATION PHASE

**OPERATIONS**

- Postpone all advanced training not currently underway at the CHS upon notification that the first **suspected or confirmed** case of avian influenza has occurred in Charleston, South Carolina or the surrounding areas.
- Determine, in consultation with the Director, Deputy Director, and AD, FTD, whether to postpone advanced training currently underway at the CHS upon notification that the first **suspected or confirmed** case of avian influenza has occurred in Charleston, South Carolina or the surrounding areas.
- Postpone all training at the CHS upon the declaration of a pandemic in the State of South Carolina.
- Upon the declaration of a pandemic in the State of South Carolina, ensure that all non-essential personnel are directed to remain at home, with instructions to monitor the OCH Operational Status Telephone Number for updates on returning to work.
- Ensure the OCH Operational Status Telephone Number is updated, as necessary, to ensure accurate information is available to the OCH employees.
- Ensure that essential operations, such as time and attendance, security, etc., continue to be performed during any pandemic event.

### RESTORATION PHASE

**OPERATIONS**

- Coordinate with the SEMS, EMS, CHT, CHA, and PMG to ensure resumption of normal operations occurs in a timely fashion.
- Coordinate with the CHT and PMG, as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training, or will be required to start from the beginning upon the resumption of training.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

**SURVEILLANCE AND CLINICAL GUIDELINES**

- Upon notification that the emergency response has been terminated, notify all Partner Organization representatives and resume normal operations, consistent with the guidance provided in Section 2 of this PLAN.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses. This after-action review should include reviews of health unit operations throughout implementation of the PLAN.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC CHARLESTON

## Contracting Officer

### PREPARATION PHASE

#### LOGISTICAL SUPPORT

- Ensure that all contracts designated as “Essential Services/Support” include the requirement for the development of a staffing/manning plan to ensure that the contractor will be adequately staffed during times of high absenteeism.
- Coordinate with the CHA to review and modify the current Food Services contract, as appropriate, to ensure the following issues are addressed:

1. A special boxed menu that addresses special nutritional requirements for special needs.
2. Contingency food service plans in the event that staff shortages occur based to include the use of boxed or pre-packaged meals.

### IMPLEMENTATION PHASE

#### LOGISTICAL SUPPORT

- Direct on-site contractors to provide support as previously negotiated under the terms and conditions of established Contingency CLINS or the relevant FAR Changes Clause.
- Upon the initiation of **Level 4** actions (upon the first **confirmed** case of sustained human-to-human transmission of avian influenza at the FLETC or upon the declaration of a pandemic in the States of Georgia, New Mexico, or

South Carolina), postpone all construction contract work, in accordance with Federal Acquisition Regulations 42, until such time as emergency response actions under this PLAN are terminated.

#### VACCINES AND ANTIVIRALS

- Provide procurement support, as required, to the CHA (FLETC Charleston), as well as the on-site FLETC Health Unit to ensure continuity of operations.

### RESTORATION PHASE

#### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### INFECTION CONTROL

- Resume normal operations.
- Ensure that all necessary PPE re-ordered following the termination of emergency response actions is re-stocked in Building 61.
- Ensure that all necessary pandemic flu supplies expended during the emergency response at the FLETC are re-ordered and re-stocked in Building 61.
- Ensure that all emergency overnight kits for staff that were expended during the emergency response are re-ordered and re-stocked in Building 61, as appropriate.

- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.
- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

#### VACCINES AND ANTIVIRALS

- Resume normal operations.
- Conduct an after-action review to examine lessons-learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC CHARLESTON

## Branch Chief, Charleston Program Management Branch (BC, PMG)

### PREPARATION PHASE

#### OPERATIONS

- Ensure that all student contact information is current and complete so as to facilitate the timely control and accountability of the student population in the event of a pandemic influenza outbreak.
- Ensure that internal PMG communication plans are current and accessible to all PMG staff members so that accurate and timely information can be provided to the student population.
- In coordination with the ESM, ensure that all pertinent informational and educational materials on pandemic influenza (e.g., posters, pamphlets, etc.) are made accessible to the FLETC student population.
- In coordination with TRC and the AD, FTD, develop information on possible alternatives for providing essential training at alternate FLETC sites (e.g., Artesia), should FLETC Charleston be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Manual 71-13, Continuity of Operations Plan.
- In coordination with the FTD, develop plans for conducting limited training at other FLETC sites, should any FLETC facility be unable to host training for a limited period of time.
- Develop protocols, in coordination with the CHA, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

- In coordination with the DC, TMD and the DAD, CHS, develop plans for providing essential training at alternate FLETC sites (e.g., Charleston), should FLETC Glynco or Artesia be unable to host them (e.g., in the event that **Level 4** actions are required due to the confirmation of sustained human-to-human transmission of avian influenza within the boundaries of FLETC). Any determination to relocate training resources in the event of a pandemic influenza threat will be in accordance with FLETC Directive 71-13, *Continuity of Operations Plan*.
- Develop protocols, in coordination with the CHA, to track housing locations for sick, exposed, and well students throughout the duration of any pandemic response.

#### INFECTION CONTROL

- Coordinate with the CHA to develop protocols to track housing locations for both sick and well students throughout the duration of any pandemic response.
- Coordinate with the CHA to develop protocols to coordinate any necessary transportation of students to hospitals and treatment centers, as necessary.
- Coordinate with the CHA to develop protocols to coordinate any medical support or food delivery to students in isolation.
- Develop protocols to ensure that travel restrictions on students coming to all FLETC facilities are implemented.
- Coordinate with the CHA, as well as with the appropriate FLETC Health Units, to develop plans to address additional screening requirements of students who may be traveling to any FLETC facility through affected areas.

### IMPLEMENTATION PHASE

#### OPERATIONS

- Maintain constant liaison with the Partner Organizations that have students participating in basic training programs so that accurate and timely information regarding any FLETC pandemic response is provided.
- Provide students with pertinent guidance on implementation of the PLAN and continuously monitor student status.
- Utilize alternative communication platforms (e.g., cellular phones, dedicated websites, etc.) for communicating the pandemic and training program status to PMG personnel and Partner Organizations and students.
- Coordinate with the CHA for necessary student evacuation from the specified FLETC facility and return to duty, should alternative training operations commence.
- Provide recommendations on training postponements to the Incident Commander at the appropriate facility for

decision by the Executive Team, based upon the initiation of Level 1-4 actions.

- Implement, as necessary, any recommendations on training postponements made by the Executive Team.
- Collect and monitor all necessary data on student population to ensure scheduled training is constantly coordinated with the CHT, and reported, as required, to CHA and other decision-making personnel.
- Coordinate with the CIO Directorate to ensure that vital records and databases will be duplicated by a secondary electronic source that will not be affected by corruption or loss of the primary source.
- Coordinate with the CHT and CHA to ensure that essential training resources (e.g., facilities and instructors) are available for the continuation of training.

(continued)

# FLETC CHARLESTON

Branch Chief, Charleston Program Management Branch  
(BC, PMG) – *Continued*

## IMPLEMENTATION PHASE (continued)

### INFECTIOIN CONTROL

- Coordinate with the CHA to track housing locations for both sick and well students. This information will be available for provision to the on-scene IC and Partner Organizations daily, as well as the on-site FLETC Health Unit personnel.
- Coordinate with the CHA for any necessary transportation for students to hospitals and treatment centers when required.
- Coordinate with the CHA for any medical support or food delivery to students in isolation.
- Coordinate with the CHA as well as the on-site FLETC Health Unit, to ensure that screening of students identified as having come through affected areas is conducted.

### SURVEILLANCE AND CLINICAL GUIDELINES

- Upon notification that an on-site Partner Organization student meets both clinical and epidemiologic criteria for a suspected or confirmed case of novel influenza, notify the Partner Organization Agency Representative immediately.
- Upon notification that a suspected or confirmed case of novel influenza has been reported within the boundaries of a specified FLETC facility, prepare to potentially modify operations as outlined in Section 2 of this PLAN at that location.

## RESTORATION PHASE

### OPERATIONS

- Notify PMG personnel and Partner Organization staff and students of the termination of emergency response activities under the PLAN.
- Coordinate with the DAD, CHS and all Division Chiefs to ensure resumption of normal operations in a timely manner.
- Coordinate with the DAD, CHS and CHT, as well as the Partner Organizations, to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training or will be required to start from the beginning upon the resumption of training.
- Provide raw student data (numbers in all categories) to the Evaluation and Analysis Division for analysis and trends.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

### LOGISTICAL SUPPORT

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

### INFECTIOIN CONTROL

- Resume normal operations.
- Ensure that all basic and advanced training students present at the affected FLETC location during the implementation of the PLAN are accounted for. Where a student remains unaccounted for, notification to the on-scene Incident Commander and the Partner Organization to which the student belongs shall take place immediately.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Charleston Training Division Chief (CHT)

## RESTORATION PHASE

### OPERATIONS

- Resume normal operations.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.

- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

# FLETC CHELTENHAM

## Deputy Assistant Director, Office of Cheltenham Operations (DAD, OCH)

### PREPARATION PHASE

#### OPERATIONS

- Develop plans to ensure the Operational Status Telephone Number is activated and updated, as necessary, in the event of a pandemic event.
- Ensure the Operational Status Telephone number is made available to all OCH employees.
- Develop plans to ensure that essential operations, such as time and attendance, security, etc., may be continued during any pandemic event.

### IMPLEMENTATION PHASE

#### OPERATIONS

- Postpone all advanced training not currently underway at the OCH upon notification that the first *suspected or confirmed* case of avian influenza has occurred in Southern Maryland or the metropolitan Washington, D.C. area.
- Determine, in consultation with the Director, Deputy Director, and AD, FTD, whether to postpone advanced training currently underway at the OCH upon notification that the first *suspected or confirmed* case of avian influenza has occurred in Southern Maryland or the metropolitan Washington, D.C. area.
- Postpone all training at the OCH upon the declaration of a pandemic in the State of Maryland or Washington, D.C..
- Upon the declaration of a pandemic in the State of Maryland or Washington, D.C., ensure that all non-essential personnel are directed to remain at home, with instructions to monitor the OCH Operational Status Telephone Number for updates on returning to work.
- Ensure the OCH Operational Status Telephone Number is updated, as necessary, to ensure accurate information is available to the OCH employees.
- Ensure that essential operations, such as time and attendance, security, etc., continue to be performed during any pandemic event.

### RESTORATION PHASE

#### OPERATIONS

- Resume normal operations as soon as practicable.
- Coordinate with the Partner Organizations to determine whether any training that was disrupted (stopped) while in session can continue at approximately the same point in training, or will be required to start from the beginning upon the resumption of training.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

## Division Chief, Office of International Training and Technical Assistance (DC, ITT)

### IMPLEMENTATION PHASE

#### OPERATIONS

- Determine, based on CDC travel advisories, as well as consultation with embassies in host countries and ILEA management, whether to conduct international training.

### RESTORATION PHASE

#### OPERATIONS

- Resume international training operations, as soon as practicable.
- Conduct an after-action review to examine lessons learned that might be applied to future emergency responses.
- Participate in all lessons-learned reviews to be conducted following a pandemic influenza response.

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**Pandemic Influenza Plan  
August 2008**

Federal Law Enforcement Training Center  
U. S. Department of Homeland Security  
1131 Chapel Crossing Road  
Glynco, Georgia 31524  
[www.fletc.gov](http://www.fletc.gov)



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