



ANNEX I (SUPPORT SERVICES)

1. SITUATION

- a. The Influenza Pandemic Threat: Refer to Annex B (Disease Intelligence).
- b. Mission and Intent of Higher and Supporting Organizations: Refer to Base OPLAN.
- c. Environment: Refer to Annex B (Disease Intelligence).

2. MISSION.

Provide support services to all CDC organizations, local and deployed, in order to ensure proper logistic support is provided to the complex CDC mission.

3. EXECUTION

a. Concept of Operations.

- 1) An influenza pandemic response will require a high level of preparation, anticipation, flexibility, and coordination across the entire spectrum of support services functions. Critical support services that will be provided include finance, procurement, deployment, personnel, and transportation.
- 2) When the Director, CDC directs the agency to shift from Alert to Response Mode, the Logistics and Finance/Administration Sections of the CDC Incident Management System are responsible for providing all event related logistics, finance, and procurement support. During normal operations and during Watch and Alert Modes, this responsibility resides with the various Coordinating Offices and Centers (CO/CC). The Logistics Support Team (LST) in the Division of Emergency Operations (DEO) will provide assistance to the CO/CCs as required and/or directed by the CDC leadership during these phases.

b. Tasks to Subordinate Organizations.

- 1) Refer to Standing Operating Procedure (SOP) at http://eocportal/deployment_welcome_1.asp (DEOC folder / Deployment Information /





Standard Operating Procedures / Combo SOP) for detailed information regarding procedures for tasks for CDC organizations and personnel.

2) Material

a) Medical Supply

(1) Non-Stafford Act Requests:

The Strategic National Stockpile (SNS) is responsible for storing, maintaining, and distributing medical assets including antiviral medications from the Federal repository. State requests to access this stockpile must be processed through the CDC Director's Emergency Operations Center (DEOC). SNS will track the costs incurred associated with SNS activities and provide input to FMO for consolidation into financial reports associated with event response. If a State determines there is a requirement for medical supplies that can not be met through other means, it should contact the DEOC at 770-488-7100 to place an order.

(2) Stafford Act Requests:

If the President declares a Federal disaster, and the provisions of the Stafford Act have been implemented, requests for Federal support must be processed as outlined in the National Response Plan. Specifically, the State must process the requests through FEMA as part of the mission assignment process.

b) Non-Medical Supply

(1) Deployment Equipment:

- (a) A wide array of equipment and supplies is available for CDC responders. Available equipment includes IT equipment, cellular and satellite telephones, cameras, thumb drives, PDAs, and survival equipment. Depending on the nature and location of the response, any combination of equipment can be issued. This includes Personal Protective Equipment (PPE).
- (b) During Watch and Alert Modes, CDC deployers should contact the DEOC at 770-488-7100 to arrange for deployment equipment. When the DEOC is





active, requests for equipment should be processed through the Support Branch Director.

- (c) Each person that receives government furnished equipment is personally responsible to ensure it is secured and properly maintained while in their possession. When issued, the person receiving the equipment will be required to sign a CDC 0.993, Property Action Request, which documents this personal responsibility. After the redeployment, the equipment must be returned to the DEOC so it can be issued to other deploying CDC personnel. If the equipment is lost, damaged, or destroyed, an investigation to determine negligence will be initiated. If neglect is determined, the person responsible will be held pecuniarily liable for the loss.

(2) Procurement of mission direct supplies, equipment, and services

- (a) Request procedures from the field. When a procurement requirement arises in the field, the Incident Support Team (IST) representative in the field should be contacted directly. The IST representative will meet the requirement by procuring the items in the local area if available. If the IST member cannot meet the requirement locally, the representative will pass the requirement to the Logistics Support Team Procurement Section.
- (b) Section for procurement and delivery. If there is no IST representative in the field, the requirement should be communicated to the Logistics Section in the DEOC for procurement. A CDC form 1350 or other approved federal form will be used. If there is a Federal Contracting Officer (FCO) deployed, the IST will work in tandem with the FCO for procuring items in the local area if available.
- (c) Request procedures from the DEOC. When a procurement requirement arises from staff working in the DEOC, the Logistics Section should be contacted directly with the requirement along with the completed CDC Form 1350 or other designated logistics requisition request form. The section will coordinate





the requirement and ensure it gets purchased in the most expeditious manner consistent with the requirement.

- (d) The Information Technology Support Office (ITSO) must grant approval prior to any information technology equipment purchases or leases.
- (e) During an emergency event or incident, a waiver from the current strategic sourcing guidance may be granted by HHS due to the urgency of the emergency supply requirement. Additionally, in accordance with Federal Acquisition Regulations (FAR) Part 6.302, the contracting officer may determine that processing a Justification for Other Than Full and Open Competition (JOFOC) may be in the government's best interest.
- (f) Funding of all procurement actions will be done in accordance with the phase of response the LST is supporting. Common Accounting Number (CAN) information will be coordinated with the Finance Team supporting the LST during the event.

3) Services

a) **Deployment Preparation and Support.**

Preparation for both domestic and international deployments is the responsibility of the individual person. During Watch and Alert Modes, the Logistics Support Team in the DEO will provide assistance with deployments as required by the CO/CC. During Response Mode, all deployments will be coordinated through the Deployment Coordination Unit and the Logistics Section in the DEOC. The referenced checklist(s) in the most current DEO Deployment Guide (http://eocportal.cdc.gov/deployment_welcome_1.asp) must be completed before travel can commence. The Deployment Guide is updated regularly and is found under the deployment information tab on the EOCPORTAL. In addition the guide is sent to each deployer by a member of the Logistics Section during pending deployments. It is the responsibility of the individual traveler to ensure all items have been accomplished.





b) World Health Organization (WHO) Short Term Consultant.

When responding as part of a WHO deployment, it is likely that the employee will be required to become a WHO Short Term Consultant. In order to become a WHO Short Term Consultant, specific procedures must be followed and forms must be completed / provided and turned into the deployment coordinator prior to departure. (see details in the Standing Operating Procedure at http://eocportal/deployment_welcome_1.asp DEOC folder / Deployment Information / Standard Operating Procedures / Combo SOP for detailed information). The deployment coordinator will fax the information to WHO headquarters for approval. Once approved by WHO, the deployment can proceed.

c) Deployment of Non-Federal Employees (Contractors).

Contractors can be deployed to support CDC operations, as long as their contract permits deployment. However, their deployment is handled in a different manner from Federal employees. As a general rule, CDC is prohibited from sending contractors and other non-Federal employees on Federal travel orders. It is the responsibility of the contractor to work with their parent company to coordinate their travel. All efforts should be made to coordinate with the deployment coordinators in the DEOC to link the contractor travel with the rest of the team.

- (1) Upon redeployment, contractors should file their vouchers with their parent company as outlined in their contract.
- (2) Specific instructions on how the parent company files for reimbursement will be provided by PGO on an event by event basis.
- (3) Additional deployment information can be found on the DEOC intranet deployment website on the CDC DEOC Portal – http://eocportal/deployment_welcome_1.asp





4) Emergency Travel Support

a) Watch and Alert Modes:

The Emergency Travel Support Team in the DEO will provide both domestic and international travel assistance to CO/CCs as required.

b) Response Mode:

All travel arrangements will be coordinated through the Deployment Coordination Unit of the Travel Unit in the Logistics Section. Travel orders and travel coordination will be processed by DEO Emergency Travel Support Team/Emergency Travel Support unit during small to medium sized responses. The size of the event is subjective and will be determined based on staff availability, numbers and timeframes of personnel deploying, etc. When the response moves to a medium scale, other administrative staff in the DEO and the Coordinating Office for Terrorism Preparedness and Emergency Response's (COTPER) Division of Business Services (DBS) will be assigned to assist the Travel Unit in the Logistics Section. If it continues to escalate, volunteer travel staff from across CDC will be called upon to assist with processing travel orders. The travel order process will include orders; reservations – both hotel and rental car if required, itinerary, coordination with COGH on notification of foreign travel (NFT), Cable and VISA/Passport (for foreign travel), travel expense worksheet, and, voucher processing tips.

c) VOCO Travel.

Under very specific instances, CDC responders can travel without an approved travel order. However, the travel must still be verbally approved by the travel approving official that is responsible for approving all response related travel. This is usually the Logistics Section Chief in the DEOC.

d) Travel vouchers.

Travel Vouchers will be processed by the Emergency Travel Support Team during small to medium scale events. When and if, the event moves to a larger scale, the Travel Support Team will call upon other administrative staff within DEO and DBS.





However, if it continues to escalate, volunteers from across CDC will be called upon to assist with the processing of travel vouchers. The voucher section will be led by an FMO representative who is knowledgeable in this area. The FMO representative will be able to provide first-hand knowledge that will allow for accurate and timely voucher preparation. See the DEO Deployment Guide for Emergency Travel Procedures and Voucher Processing Tips and Procedures.

e) **Additional travel information.**

Additional information can be found on the DEOC intranet deployment website on the CDC DEOC Portal – http://eocportal/deployment_welcome_1.asp

5) Transportation

- a) The Transportation Section/Unit coordinates the movement of personnel, specimens, supplies, and equipment as necessary to support the overall response. Transportation methods include the CDC aircraft, commercial freight forwarders, commercial freight carriers, commercial airlines, and other Federal agencies. During Watch and Alert Modes, requests for transportation support should be processed through the DEOC to the Transportation Officer in the LST. During Response Mode, requests for transportation support should be processed through the Transportation Unit in the DEOC.
- b) CDC has an open contract with an air charter company that provides an aircraft to CDC for emergency situations to transport specimens, supplies, and personnel. This contract enables CDC to respond rapidly to domestic and international events with a response time of four hours for domestic trips and six hours for international trips. CDC's aircraft contractor has clearance to land at any U.S. or NATO military installation around the world. If there are parts of the United States or other parts of the world that are quarantined or where commercial airline service is restricted due to a public health event, this military clearance will enable CDC to land near the impacted area to transport responders and retrieve samples.





- c) Specimen transport and personnel deployments are situations where the CDC aircraft may be used for emergency situations. Typically, the directive to use the aircraft in emergency situations comes from CDC's Chief Operating Officer, the COTPER Director, or their designees.
- d) All request for use of the aircraft start with notification from the requestor to the DEOC. The requestor must outline the details of the requirement so the approval process can commence. Detailed information can be found in the Support Services Standing Operating Procedure (SOP) at http://eocportal/deployment_welcome_1.asp.

6) Field Support

Should less than the required number of CDC personnel deployed to a single area, or if local infrastructure has been diminished to the point that CDC response teams need support, tactical logistical support teams will supplement the need to accomplish their mission. For international deployments the IST may deploy to and fill the role as an administrative support officer, logistician, or communications specialist. For domestic deployments the IST lead works with the CDC Senior Management Official (SMO) or the designated team leader if no SMO is identified. Detailed IST field logistics activities can be found in the Standing Operating Procedure (SOP) at http://eocportal/deployment_welcome_1.asp.

7, Medical Evacuation

a) Non-infectious patient.

In general, patients who develop a medical condition while deployed would be taken to the nearest source of appropriate medical care. For international deployments, the Office of Global Health will coordinate medical evacuation of non infections patients. OHS will assist the DEOC with any medical, health or safety issues related to these deployments

b) Known or suspected infectious or contagious patient.

Standard medical evacuation may not be an option if a worker has a known or suspected infectious condition that has few if any countermeasures available, has a





high risk of transmissibility, or otherwise is of high consequence. In certain cases, suspected infection with highly pathogenic avian influenza could trigger the need for medical evacuation. Specialized evacuation procedures are being developed to intervene in such situations and are paramount if avian influenza in humans has not yet occurred in the US. It is critical that deployed team members take every precaution to protect themselves with the appropriate PPE to avoid contracting a highly infectious disease. See the DEO Deployment Guide for the specific flow diagram and process related to the evacuation of patients with suspected exposure or infection.

8) Medical Support

- a) There is significant potential for CDC employees and other workers to experience personal illness and/or death during pandemic conditions. Illness and/or death could result from work-related activities, as in the deployed/field setting, or from community or other contact exposure.
- b) CDC workers who develop any medical condition while on deployment during an event, whether related to the suspected event causative agent (i.e., pandemic influenza) or not, should immediately notify the DEOC. The CDC Office of Health and Safety will assist with guidance, triage, referral, evacuation if feasible, and other related services as necessary. Workers who develop symptoms of illness while working within CDC facilities will be instructed to leave the workplace. They will be assessed at an onsite Occupational Health Clinic, if available and operational. The Clinic personnel will evaluate, treat as resources permit, and triage and transfer to the appropriate level of community medical care as quickly as possible. Ongoing medical care for persons with established illness will not be available in the CDC Occupational Health Clinics.
- c) Planning for the appropriate handling of human remains after death due to an event causative agent should take into account the location of the death, the capacity of the local infrastructure at the time of the death, and any guidance of local law





enforcement and public health officials regarding deaths within their jurisdictions.

Additionally, the wishes of the victim's family should be taken into consideration if at all possible. It is not anticipated that permanent CDC facilities will open, house, or operate internal mortuary services separate from those serving the local public in the areas where CDC permanent facilities are located.

9) Communications

a) Individual Communications.

The primary means of individual communications will be via land line telephones. These should be used to the maximum extent possible during an event. If required, Government phone cards can be provided for long distance calling. If dialing direct to CDC is not an option, and there is no government phone card available, the DEOC can be reached using 1.866.232.0911. The DEOC can then patch the caller through to anyone at CDC. This number is for domestic calls only.

b) Domestic Deployment.

All domestic deployers will be provided a NEXTEL cell phone from the DEOC prior to deployment. This phone will be for official purposes only. Deployers are highly encouraged to purchase prepaid phone cards to make personal calls during their deployment. Prepaid phone cards alleviate large non reimbursable bills experienced during the deployment.

c) International Deployment.

Before deploying anyone into another country, a determination will be made if the standard DEOC issued international cell phones will function properly in that country. If a location does not support the phones that are normally provided by the DEOC for international travel, arrangements will be made to either 1) procure equipment before departure that will function in that location or 2) authorize on the travel order the procurement of a local cell phone upon arrival in country or 3) purchase a local sim card and place into the provided international cell phone.





d) Governmental Emergency Telecommunication Service cards (GETS).

GETS cards have been issued to all key staff members to ensure they have land line priority in case the telephone network gets congested with increased call volumes. Each deployed team leader will be provided with a GETS card upon deployment to ensure priority service.

e) The National Security Emergency Preparedness (NSEP)

Telecommunications Service Priority (TSP) System has been issued for the Director's Emergency Operations Center. This is a service that provides the regulatory, administrative, and operational framework for the priority installation and/or restoration of NSEP telecommunications services.

f) Other Voice Communications.

If required, other communications systems are available to support the communications needs of deployed teams/individuals. These systems include satellite telephones, High Frequency (HF) radios, hand-held radios for intra-team communications, and International Maritime Sattalite Organization (INMARSAT) satellite systems.

g) The National Public Health Radio Network.

The National Public Health Radio Network (NPHRN) is a HF radio network that allows the CDC to communicate into and out of impacted areas. In addition, NPHRN provides a communication channel for deployed staff, State, and local Health Departments, as well as other Federal agencies when other means of communication are unavailable or restricted/limited. The NPHRN is managed by the CDC. State and local requests for frequencies and call signs should be processed through the DEOC.

h) Domestic Event Network (DEN):

The DEN is a 24/7 interagency unclassified telephonic conference dedicated to real-time coordination of NAS Security. Information is shared via the DEN so that agencies from different backgrounds can come together jointly to analyze an incident





and plan how to manage it. This system will also allow CDC quarantine stations to be on line to maximize any coordination effort.

10) Finance

a) General.

The Financial Management Office (FMO) is responsible for support to the CO/CCs in the management of influenza pandemic funds internally and any funding provided by outside sources such as the U.S. Department of Health and Human Services, the Federal Emergency Management Agency, etc.

b) Distribution of Funds.

FMO will allocate Influenza pandemic funds based on the priorities established by the ICU in coordination with CDC's Senior Executive Leadership. Each CO/CC that receives these funds is responsible for their management. Each FMO budget analyst is responsible for day-to-day execution of all funds under their respective CO/CCs purview. The FMO will provide financial policy support and help guide all procurement decisions so that they are made in accordance with all federal financial management practices.

c) Support during Watch and Alert Modes.

All deployments during these modes will be funded with dollars managed by the specific CO/CC. The exception to this rule is if another organization such as the World Health Organization (WHO) provides the funding.

d) Travel and Deployment Assistance.

If travel and deployment assistance is provided by the Logistics Support Team (LST) in the DEO, the appropriate CC/CO CAN must be provided at the time assistance is requested vouchers for this travel will be processed through the office that processed the original travel.

e) Supplies and Equipment.

Requirements for supplies and equipment during these phases will be processed in accordance with the normal procurement procedures. Funds under the respective





CO/CCs purview will be used to support these activities, and approval will be routed through the assigned FMO Budget Analyst and the CC/CO CMO, as appropriate. Support during Response Mode.

When the CDC Director decides to go from Alert mode to Response mode and the Stafford Act is declared, FMO will provide a CAN(s) for centralized management in accordance with the FEMA Mission Assignment Process.

f) Travel Processing.

All event-related deployments will be processed through the LST and will be funded centrally using the CAN(s) for the specific FEMA Mission Assignment being supported.

g) Supplies and Equipment

All event-related purchases of supplies and equipment will be processed through the Finance and Procurement Section and will be funded centrally using CAN(s) for the specific FEMA Mission Assignment being supported.

h) Financial Assistance.

FMO will staff the DEOC with trained staff capable of responding quickly and accurately on financial matters. FMO will ensure staff is being trained in Incident Command System and emergency finance requirements

11) Personnel

During Response Mode, the Atlanta Human Resources Office (AHRC) is responsible for coordinating with the Office of Human Resources, HHS and the Chief Operating Officer (COO), CDC to ensure critical needs are met through a variety of human resources flexibilities and resources. AHRC will employ human resources (HR) flexibilities in accordance with delegations and instructions issued by the Office of Personnel Management. AHRC will provide information, advisory services, and consultation to employees and managers on HR flexibilities and resources. AHRC will provide up-to-date emergency information on the CDC intranet at <http://intranet.cdc.gov/hr/index.html>





and ensure information is available for posting to the Internet at www.cdc.gov.

Additionally, AHRC will provide resources to man the HR customer service lines.

- a) AHRC will ensure an HR representative (and back-up) is available to man the Personnel Policy Unit in the Finance Branch of the Finance and Administration Section and that these representatives are accessible and dedicated to responding to inquiries and questions received from the Director's Emergency Operations Center.
- b) AHRC will establish two centralized HR teams specifically dedicated to addressing emergency staffing needs in collaboration with the DEOC and counseling on, responding to, and preparing claims for workers' compensation, benefits, life insurance, etc.

c. Coordinating Instructions.

Plan and prepare for disruptions in normal supply chain support as a result of pandemic illness and disruptions across the economic and transportation sectors.

4. SUPPORT SERVICES

Refer to Base OPLAN paragraph 4, this annex (Annex I) and the Combo Standard Operating Procedures at http://eocportal/deployment_welcome_1.asp (DEOC folder / Deployment Information / Standard Operating Procedures / Combo SOP).

5. MANAGEMENT AND COMMUNICATIONS

Refer to Annex K (Information Management).

