Office of the Assistant Secretary – Indian Affairs

Pandemic Plan

MAY 11, 2020

Approval

This Pandemic Plan is prepared and submitted for approval in accordance with guidance provided by the *National Strategy for Pandemic Influenza Implementation Plan* and the *Department of the Interior Pandemic Plan,* as well as interagency guidance from the Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Personnel Management, and the Department of Homeland Security.

Concurred by: _____ Date: 5-18-2020
Director, Bureau of Indian Affairs

Concurred by: _____ Date: 5-21-20
Director, Bureau of Indian Education

Concurred by: _____ Date: 5-29-20
Deputy Assistant Secretary – Management

Concurred by: _____ Date: 5/29/20
Principal Deputy Assistant Secretary – Indian Affairs

I hereby approve this Pandemic Plan which defines how continuity of the essential functions and activities of Indian Affairs will be performed in the event of a pandemic.

Approved by: _____ Date: 6/2/2020
Assistant Secretary – Indian Affairs

Contents

Executive Summary

The Implementation of the *National Strategy for Pandemic Influenza* (November 2005), issued by the President's Homeland Security Council requires among other things, that Federal Agencies prepare operations plans covering employee safety and health and continuity of operations. This Plan further clarifies the roles and responsibilities of governmental and non-governmental entities, including federal, state, local, and tribal authorities and regional, national, and international stakeholders, and provides preparedness guidance for all segments of society. These guidelines apply to all Indian Affairs (IA) offices and employees in planning work and executing response activities. The Plan is intended to be dynamic and will be updated and revised when needed. This document serves as the pandemic plan for the Office of the Assistant Secretary – Indian Affairs (AS-IA), the Bureau of Indian Affairs (BIA), and the Bureau of Indian Education (BIE). Specifically, The *Indian Affairs Pandemic Plan* (Plan) applies to all IA offices and employees in planning work and executing response activities. The Plan is intended to be dynamic and will be updated and revised when needed. The Plan aligns with the *Department of the Interior Pandemic Influenza Plan* that was issued on November 30, 2007 and last updated March, 2020. The purpose of the Plan is to address how the offices of the AS-IA, BIA, and BIE will:

- Protect the health and safety of AS-IA, BIA, and BIE employees.
- Maintain the essential functions and services of AS-IA, BIA, and BIE during events resulting in significant and sustained absenteeism.
- Support the federal, state, local, and tribal response to a pandemic.
- Communicate effectively with AS-IA, BIA, and BIE stakeholders during a pandemic.

While the Plan focuses specifically on a pandemic caused by influenza, it is also applicable to pandemics caused by other diseases that have a similar effect on operations.

1. Authorities and References

Federal-Level Authorities, Policies, and Guidelines

| Title	Date
Centers for Disease Control and Prevention (CDC) Information on Avian Influenza	Most recent
CDC Information on Pandemic Influenza	Most recent
CDC Information on COVID-19	Most recent
Department of Homeland Security, National Response Framework, 4th Edition	October 2019
Department of Homeland Security, National Incident Management System, 3rd Edition	October 2017
Department of the Interior Policies and Guidance	Most recent
Executive Order 13603, National Defense Resources Preparedness	March 16, 2012
Executive Order 12656, Assignment of Emergency Preparedness Responsibilities	November 18, 1988
Executive Order 13244, Order of Succession Within the Department of the Interior	December 21, 2001
Federal Emergency Management Agency (FEMA) Federal Preparedness Circular 66	April 30, 2001
Homeland Security Council, National Strategy for Pandemic Influenza Implementation Plan	May 2006
Health and Human Services, Centers for Disease Control and Prevention, Pandemic Influenza Plan, 2017 Update	2017
Memorandum from Frances Fragos Townsend, Assistant to the President for Homeland Security and Counterterrorism, Federal Department and Agency Pandemic Plans	September 27, 2007
National Security Presidential Directive 51/Homeland Security Presidential Directive 20, National Continuity Policy	May 4, 2007
Office of Personnel Management (OPM) Guidance for Dismissal and Closures	Most recent

2. Concept of Operations

During health emergencies, the objective of AS-IA is to continue executing its Mission Essential Functions (MEF) and support activities to the greatest extent possible while limiting the spread of disease, sustaining infrastructure, and mitigating impact to the economy and the functioning of society. The *Indian Affairs Pandemic Plan* is activated in stages based on the location, duration, and severity of the pandemic event. It is activated as a means to:

- Stop, slow, or otherwise limit the spread of a pandemic to and/or throughout the United States.
- Limit the domestic spread of a pandemic, and mitigate disease, suffering, and death.
- Sustain infrastructure and mitigate impact to the economy and the functioning of society.

Partial activation of this Plan allows the flexibility to react based on the situation. It also ensures that AS-IA remains responsive to the Centers for Disease Control and Prevention (CDC) Pandemic Intervals Framework (PIF). AS-IA has identified actions it will take and measures it will implement based on the following pandemic intervals.

Figure 1. Preparedness and response framework for novel influenza A virus pandemics: CDC intervals
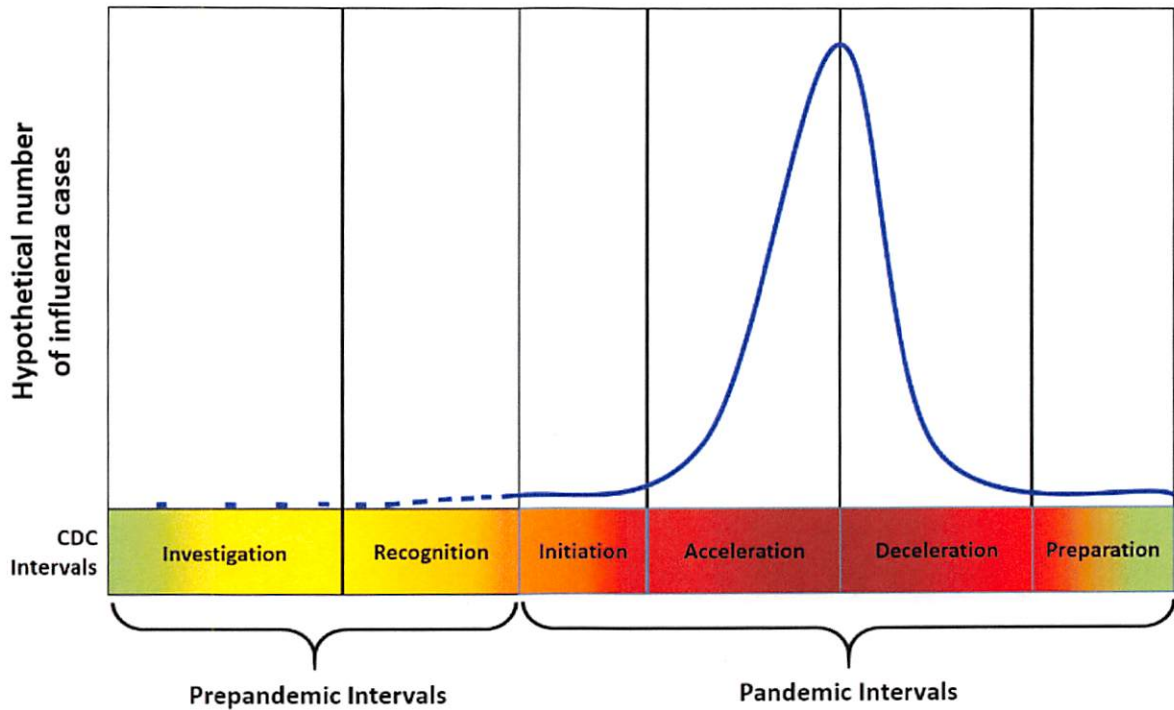
3. Roles and Responsibilities

The Executive Office of the President is responsible for coordinating the overall federal response to the pandemic and supports the Federal Emergency Management Agency (FEMA) with the emergency management response efforts.

The National Response Framework (NRF) provides foundational emergency management doctrine for how the Nation responds to all types of incidents. In the event of a pandemic, Tribes, States and the Federal Government will initiate incident response actions at local, geographic, and national levels. The NRF describes how incident management functions and how FEMA, the nation's lead emergency management agency, manages the response to the pandemic.

Federal Interagency Operational Plans

The Federal Interagency Operational Plans (FIOPs), one for each preparedness mission area, describe how the federal government aligns resources and delivers core capabilities. The FIOPs build upon the National Planning Frameworks, which set the strategy and doctrine for how the whole community builds, sustains, and delivers the core capabilities identified in the National Preparedness Goal. The Goal is: "A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk." The Goal is the cornerstone for the implementation of the National Preparedness System.

The FIOPs are part of the National Preparedness System. There is one FIOP for each of the five preparedness mission areas:

- Protection Federal Interagency Operational Plan (first edition)
- Mitigation Federal Interagency Operational Plan (second edition)
- Response Federal Interagency Operational Plan (second edition)
  - Nuclear/Radiological Incident Annex (October 2016)
- Recovery Federal Interagency Operational Plan (second edition)
- Prevention Federal Interagency Operational Plan - FOUO (second edition)

The FIOPs describe the concept of operations for integrating and synchronizing existing national-level capabilities to support local, state, tribal, territorial, insular area, and federal plans, and are supported by federal department-level operational plans, where appropriate.

Federal Government Relationship to Tribal Governments

All federal government Departments, Bureaus and Agencies have a trust responsibility to federally recognized tribal governments including during a National Pandemic Emergency. In particular the CDC, FEMA, the Department of Health and Human Services (HHS), the Indian Health Service (IHS), and the Army Corps of Engineers (USACE) will have significant roles in the federal response and will engage tribes on a government-to-government basis as is required by their respective trust responsibility.

FEMA's Relationship to Health and Human Services/ Indian Health Services

The Biological Incident Annex (Annex) provides guidance and serves as the Federal organizing framework for responding and recovering from a range of biological threats. The Annex also serves as a reference for state, local, tribal, and territorial authorities and private sector organizations to conduct adaptive planning, consistent with hazard and risk analysis for specific biological threats in their communities.

During a biological incident HHS is the lead for all federal public health and medical efforts. As such, Indian Health Services will coordinate with FEMA and tribes directly, with Indian Affairs employees providing support to tribal governments.

Federal Government Relationship to Tribal Governments

FEMA is committed to engaging with tribes as part of its government-to-government relationship. FEMA and tribes work together to build, sustain, and improve capacity to prepare for, protect against, respond to, recover from, and mitigate against all hazards.

The Intergovernmental Affairs Division within the Administrator's Office of External Affairs serves as the main point of contact between the FEMA Administrator and tribal leaders. The office is responsible for tribal relations and consultations between tribal leaders and FEMA.

Tribal Emergency Declarations

An emergency declaration can be used as a critical public health tool by authorizing the use of resources and creating exemptions to legal and regulatory requirements that might hinder emergency response. Tribal and federal laws establish mechanisms through which emergencies can be declared on tribal lands, either directly by a tribe or through state or federal governments. This article reviews the types of declarations that can be made on tribal lands and the implications of such declarations.

When a tribe declares an emergency, they will work with a FEMA Regional Tribal Liaison (RTL) where the federally recognized tribe resides. A Federal Coordinating Officer (FCO) will be assigned to oversee the federal response and an RTL will be part of the response team if a federally declared emergency or disaster impacts a tribe or Native village. RTLs are a great resource and can answer questions and provide technical assistance to tribes. They are the information gateway between tribes and FEMA programs and funding opportunities to support disaster mitigation and emergency planning.

Indian Affairs Regional Directors should be aware of and know their region's FEMA Tribal Liaison(s), which can be found online at: at www.fema.gov/tribal-contacts.

Department of the Interior, Office of Emergency Management

The DOI, Office of Emergency Management (OEM) is responsible for planning and leading DOI's response to pandemics and other emergencies. During a pandemic or other incident of national proportions, the OEM will work with Bureaus and Offices through the Senior Executive Emergency Management Council (SE-EMC) to manage and synthesize information to execute the DOI Pandemic Plan and facilitate leadership decisions.

All DOI Bureaus and Offices within the Office of the Secretary have specific roles in the development and execution of the Plan.

IA's Senior Executive Emergency Management Council Representative, BIA's Emergency Management Director and the Crisis Communications Lead (i.e., Public Information Officer or PIO) are standing members of the EMC to coordinate with Bureau leadership and Public Affairs staff.

Indian Affairs Emergency Management Planning Team

The AS-IA has the authority and responsibility to fully activate (or activate portions) of the *Indian Affairs Pandemic Plan* in response to an actual or potential pandemic.

When the DOI, OEM activates their Pandemic Plan, the AS-IA, BIA, and BIE will establish bureau *Emergency Management Teams* (EMT) to prepare for and respond to the pandemic. The Teams will use and implement the Incident Command System (ICS).

The Incident Commanders of each Bureau team will directly report to their Bureau head, who is ultimately responsible for all pandemic related decisions within their bureau. The IA-EMT reports to AS-IA; the BIA-EMT reports to the Director, BIA, and so forth.

Each Bureau EMT, at minimum, will have individuals that fill the ICS Team Function and who are responsible for sharing information with IA's EMT. When necessary, additional subject matter experts may be brought on to support the Officers and Chiefs of the EMT:

Bureau Position	Team ICS Function
Senior Executive Emergency Management Council (SE-EMC) Representative (EMCR)	Incident Commander (IC)
Designated Agency Safety and Health Official (DASHO)	Safety Officer
Emergency Management Liaison	Liaison Officer
Emergency Management Public Information Officer (EM PIO)	Information Officer
OEM Coordinator	Operations Chief
Deputy Assistant Secretary – Management (DAS-M)	Logistics/ Finance / HR and IT Chief
Intel Coordinator, meeting planner and Data Organizer	Planning Chief

Additional Subject Matter Experts

- Director, Office of Human Capital Management (HR)
- Associate Chief Information Officer (ACIO)
- Director, Office of Facilities, Property, and Safety and Risk Management (OFPSM)
- Chief Financial Officer (CFO)
- Chief, Division of Acquisitions Management (OCFO-DAM)

When a pandemic is declared by the World Health Organization, the AS-IA Emergency Management Team is responsible for submitting periodic reports on AS-IA status (i.e., employee status, facility operating status, etc.) in accordance with 900 DM Chapter 3.

Senior Executive Emergency Management Council Representative – Provides the primary means for Bureaus to coordinate emergency management planning and response activities. It is convened as needed to coordinate DOI-wide emergency management policy and activities in response to a pandemic incident.

- The EMCR Coordinates with the IA-Emergency Management Team, the Incident Commanders of the Bureau EMTs, heads of Bureaus and other senior executives to coordinate needs and services across IA.
- Once the pandemic reaches the United States, the Public Safety and Security Emergency Support Function (ESF 13) may be activated. Should this occur, the EMCR will work with appropriate Bureau and Office heads to provide support and coordination for ESF 13.

DASHO – Coordinates with the Department Office of Occupational Health and Safety and other Bureau EMT safety officers to protect employees from contracting a virus/disease at the workplace.

- Bureau EMT Safety officers / DASHOs work with regional safety managers, to evaluate the need for hygiene supplies, medicines, and other medical necessities to promote the health and wellness of IA personnel.

- Works with Bureau EMT Safety Officer to implement Chapter 6.3 of the DOI Pandemic Influenza Plan.

DAS-M – Responsible for coordinating internal administrative support for IA and emergency management response.

Emergency Management Director / Liaisons – Coordinates with Bureau EMT Liaisons to ensure interagency coordination is occurring. Provides assistance with developing the Continuity of Operations Plans (COOP), and ensures that it remains current and available for implementation. These positions also serve as the EMCR for their respective bureaus.

EM PIO – Responsible for developing and coordinating external information. The PIO is the primary point of contact for Bureau EMT PIOs, and is responsible for developing, compiling, and distributing internal information relating to the incident.

- Upon review by the IC, the PIO provides IA's Watch Office report to the DOI Watch Office. The frequency of reporting is designated by the OEM operation level.
- The position is expected to support the DOI Influenza/Pandemic Communications Team (if/when established), and work closely with IA, Office of Public Affairs (OPA) Director and Bureau Communications leads to develop, collaborate, and coordinate bureau-specific information relating to the outbreak.
- Once external information is approved by the Team Lead, the PIO will route to OPA for appropriate vetting through AS-IA or DOI, Office of Communications (OCO). OCO must review and approve all public information prior release.

ACIO – Responsible for ensuring AS-IA information technology (IT) responsibilities, under this plan, are effectively coordinated and executed.

- Works with the Department Office of the Chief Information Officer (OCIO) to ensure network availability for all IA employees, and ensures employees have the capacity to work remotely during a pandemic.
- Identifies essential support functions, and those IT positions required to execute them.
- Develops and tests an Exercise Program to test the impact of large-scale use of telework on internal networks.

HR – Works with the Deputy Chief Human Capital Officer and the Director of the Office of Human Resources to provide information to IA employees regarding IA's human resources programs, standards, and systems.

OFPSM – Responsible for ensuring AS-IA employee health and safety responsibilities under this plan are effectively coordinated and executed.

- Develop and coordinate AS-IA policies that address employee health and safety practices, such as infection control measures that minimize the risk of spreading influenza infection to and among AS-IA employees.

- In accordance with current guidance, evaluate the need for hygiene supplies, medicines, personal protective equipment (PPE), and other medical necessities to promote the health and wellness of AS-IA personnel.

CFO, OCFO-DAM – Work with IA senior leadership to ensure financial management, acquisition, and travel management responsibilities are effectively coordinated and executed. Review conditions of contract work to ensure contractor responsibility for essential functions are maintained or suspended during a pandemic.

Indian Affairs Managers

BIA – Under the authority of the Director, the BIA Deputy Bureau Directors and Regional Directors ensure the requirements of this Plan are implemented at regional offices, agency offices, and communicate it to tribal governments. The BIA Pandemic Plan will align with this Plan. Regional Directors and Agency Superintendents will facilitate outreach and coordination between agencies, tribes, BIE-operated schools, FEMA, and interagency partners to promote pandemic communication protocols, awareness, training, and exercise programs with public health and medical officials.

BIA Correctional Facilities – Planning for a pandemic is critical for ensuring a sustainable health care delivery system within correctional facility settings. Hence, it is critical the BIA Office of Justice Services (OJS) correctional facilities be fully prepared to sustain inmate health care and to address additional challenges during a pandemic. OJS will ensure the requirements of this Plan are implemented. Correctional facility pandemic plans should be prepared that align with this Plan.

BIE – Under the authority of the Director, the BIE Deputy Director and Associate Deputy Directors ensure the requirements of this Plan are implemented at (1) BIE-operated elementary and secondary schools and dormitories, and (2) schools and dormitories operated pursuant to a grant under the Tribally Controlled Schools Act of 1988, or a contract under the Indian Self-Determination and Education Assistance Act. College Presidents ensure the requirements of this Plan are implemented at BIE-operated post-secondary institutions and federally-funded tribal colleges. BIE should facilitate outreach and coordination among schools, tribes, agencies, and interagency partners to promote communication protocols, awareness, training, and exercise programs with public health and medical officials.

Lanes of Responsibility

Local public health authorities and tribal, state, and local emergency management personnel are responsible for providing timely and accurate emergency management guidance and direction related to their respective communities in the event of pandemic outbreaks within their response area.

CDC, FEMA, DOI, IHS, and Department of Justice (DOJ) will handle all strategic level messaging to include pandemic-wide information and restrictions, risk level, press releases, and social media.

BIA and BIE staff will coordinate with tribal, state, and local emergency management personnel to plan for and provide specific Bureau information. It is important BIA agencies and BIE local and regional staff coordinate closely with local and state officials, and share information timely and consistently with Bureau leaders.

IA will provide internal information and guidance to all employees relating to safety, travel, telework, and other support functions necessary to keep employees safe and informed.

Bureau Emergency Management Planning Teams

The BIA and BIE are both independently responsible for creating Emergency Management Teams to implement the pandemic response within their respective Bureaus, and to coordinate and support the AS-IA Emergency Management Planning Team and senior AS-IA leaders, as needed, on pandemic response activities.

Coordination with Interagency Partners

DOI works with several interagency Departments and agencies to provide services to Indian Country. Should pandemic outbreaks occur within reservations, prisons, or BIE schools, DOI, in coordination with IA, will work closely with the lead agency to facilitate and support interagency efforts.

4. DOI Activation Triggers for Mitigation Strategies

Figure 1. Phase Indicators and Triggers, derived from the *U.S. Government COVID-19 Response Plan*

Operational Phase	1A Normal Operations	1B Increased Likelihood or Elevated Threat	1C Near Certainty or Credible Threat	2A Activation, Situational Assessment, and Movement	2B Employment of Resources and Stabilization	2C Intermediate Operations	3 Sustained Operations and Long-Term Recovery
CDC Interval	Preparation	Investigations	Recognition	Initiation	Acceleration		Deceleration
Containment Mitigation Strategy		Containment	Containment	Aggressive Containment	Transition from Containment to Community Mitigation	Full Community Mitigation	Containment and Community Mitigation
Trigger	No specific threat of pandemic. Maintaining a state of readiness.	**Identification** of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic.	**Confirmation** of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic. Determination of a Significant Potential for a Public Health Emergency.	**Demonstration** of efficient and sustained human-to-human transmission of the virus Declaration of a Public Health Emergency by local government One (1) or more clusters of cases in the United States.	**Increasing number of cases** or increasing rate of infection in United States. Healthcare system burden exceeds state resource capabilities. State/local request for assistance that requires Federal coordination. Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links in a single United States contiguous jurisdiction with evidence that public health systems in that jurisdiction are unable to meet the demands for providing care.	**Increasing rate of infection** in United States indicating established transmission, with long-term service disruption and critical infrastructure impacts. Presidential Stafford Act declaration. State/local request for assistance that requires Federal coordination. Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links, two (2) or more non-contiguous jurisdictions with evidence that public health systems in those jurisdictions are unable to meet the demands for providing care. Widespread transmission of disease.	As the pandemic wave passes a particular area or community, sustained transmission is still occurring with the United States and/or other parts of the world, but the number of cases in a particular area/community will subside. However, the pandemic will come across the world and United States in multiple waves. As each wave spreads, the number of cases in affected community will increase for 6-8 weeks.

Phase 1A: Pandemic Planning

No specific threat of pandemic. Maintaining a state of readiness.

Communications (PIO)	Operations	Health and Safety (DASHO)
- Maintain situational awareness - Participate in AS-IA senior leadership briefings; support AS-IA with developing communication material to ensure employees are kept aware of current situation. - Participate and ensure all IA's Bureau (BIE and BIA) communication leads understand IA's emergency management communication strategy and ensure all leads participate in inter-agency communication planning and other activities (e.g., exercises) related to emergency management readiness. - Identify a digital media strategy to support IA's messaging for the outbreak and ensure Bureaus have the necessary training and resources to respond in a telework environment.	- Maintain AS-IA *Pandemic Plan* and *Continuity of Operations (COOP) Plan*. Ensure delegation of authority, orders of succession, and process of devolution are understood at least three personnel deep and ready to implement. (BIA-EM) - Ensure IA Bureaus and Offices are aware of HR flexibilities available through current regulations and guidance. (HR) - Provide training on COOP and emergency management, as it relates to pandemics for AS-IA Emergency Coordinators (ECs) and COOP teams. When necessary, support Bureaus and Offices with developing COOP and emergency management plans. (BIA-EM) - Inventory mission critical functions, the work situation of mission critical/essential employees and backups (at least 3 personnel deep), and the need for alternative locations. Ensure mission critical employees are trained and equipped to telework, if appropriate. (BIA-EM, DASM) - Develop method to cross-train staff to carry out critical duties/functions to ensure continuity of operations during a pandemic. (All offices) - Fund and build IT capacity to handle telework. (ACIO) - Determine whether systems, databases, and files can be accessed electronically from a remote location (e.g., employee's home) and establish reliable access and security protocols for them. (ACIO) - Identify electronic and hardcopy documents, references, records, and information systems needed to support essential functions. In addition, plan for the maintenance of those vital systems and databases that require periodic maintenance or other direct physical intervention by employees. (ACIO)	- Maintain a current contact list of IA Bureau and Office Safety Managers, including BIA Wildland Fire Management. - Ensure Supervisors and Personnel Officers understand what the tracking system(s) are to monitor staff (and their status) who contract the virus. Ensure Bureau DASHOs, and their alternates, have access to these systems and understand how to use. - Encourage staff to receive annual influenza vaccine/immunization. - Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff. - Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of school closures.

Phase 1B: Containment

Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic.

Communications (PIO)	Operations	Health and Safety (DASHO)
- Monitor events through DOI EMC and Interior Operations Center (IOC) - Brief AS-IA senior leadership and prepare AS-IA and Bureau Directors to stand up Bureau EMT. - Ensure employees are informed of changing conditions. - Ensure roles, responsibilities and reporting processes among IA and Bureau EMTs are clearly understood and key contact lists are current. Ensure the system for maintaining lists are clearly communicated and understood. - Establish weekly calls with senior leaders and Bureau EMT for information sharing. Bureau EMTs establish weekly calls with regional staffs. - Coordinate with OPA to ensure risk communication materials for staff, their families, and stakeholders are based on key messages provided by the lead agency (CDC). - Ensure all understand HHS/IHS and FEMA's role in accordance with the Biological Incident Annex, and ensure FEMA's RTL are pre-identified at regional levels. - Educate employees on the *IA Pandemic Plan*.	- Update AS-IA COOP sites plans for reliable logistical support, services, and infrastructure systems (for greater than 30 days). This support includes: identifying necessary support staff, ensuring social distancing techniques can be implemented, medical screening of employees is capable of timely implementation, health/medical units are available, sanitation, essential services, and food and water are stored. (BIA-EM) - Ensure field and central office supervisors have updated COOP and pandemic plans. (BIA-EM) - Ensure all necessary equipment, supplies and resources are stocked to implement the COOP Plan. (BIA-EM) - Conduct training and tabletop exercises to review and assess the response plan. (BIA-EM) - Ensure field and central office contact lists are current. (Office Chiefs of Staff) - Protect and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems necessary to support essential functions. In addition, maintain vital systems and databases. (All offices) - Update contingency plans to address the potential restriction of movement on open/accessible facilities and operating plans. (DASM) - Supervisors review the status of employee telework agreements, and where possible, ensure all have one in place; also ensure all understand the communication/IT requirements for working from home. (All offices) - Ensure employees know facility shut-down protocol and what they need to do before and during the pandemic. (All offices)	- Update infection control and quarantine SOPs. - Inventory offices that require PPE and conduct a needs assessment. - Encourage staff to receive annual influenza vaccine/immunization, if available. - Restrict employee travel to affected areas. - In conformance with applicable authorities, require quarantine of employees returning from those countries or regions with confirmed human outbreaks.

Phase 1C: Containment

Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic.

Communications (PIO)	Operations	Health and Safety (DAHSO)
▪ Coordinate with DOI EMC and IOC to routinely share information and preparedness plans. ▪ Brief AS-IA senior leadership. ▪ Ensure employee are informed of changing conditions and official sources of information. ▪ Conduct daily calls with senior leaders and Bureau EMT for information sharing. ▪ Bureau EMTs assess need for daily calls with regional staffs. ▪ Coordinate with IA OPA, Bureau Communication Leads, and DOI OEM to implement DOI's Pandemic Communication Plan. ▪ Communicate with tribes and appropriate federal partners what IA's support role will be as pandemic escalates. Ensure tribes are working with appropriate agencies to get resources.	▪ Make recommendation to stand up IA and Bureau EMTs. (BIA-EM) ▪ Ensure access and security protocols to systems, databases, and files to be accessed electronically from a remote location (e.g., employee's home), and update as necessary. (ACIO) ▪ Assess contracts and other funding mechanisms necessary to support additional cleaning/ disinfecting procedures and purchasing of additional supplies. (DASM) ▪ Establish funding mechanism to pay for emergency management support personnel. (DASM, BIA-EM) ▪ On a continual basis, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions. In addition, maintain vital systems and databases. (ACIO) ▪ Ensure supervisors understand process for closing a facility and have security protocols in place to protect it while closed. (All offices) ▪ Support tribes in their contingency planning efforts; identify process for them to request permission to use and disinfect federal facilities. (DASM, BIA Fields Ops) ▪ Assess the suitability of student housing for quarantine of exposed and/or ill students. (BIE, BIA Field Ops, BIA-EM) ▪ Develop contingency plans for students who depend on student housing and food services. (BIE) ▪ Consider the safety and needs of students in special facilities (e.g., juvenile justice facilities). (OJS)	▪ Review infection control and quarantine Standard Operating Procedures (SOPs). ▪ Provide PPE to essential staff members that must remain in at-risk situations. ▪ Restrict travel to affected areas. ▪ In conformance with applicable authorities, require quarantine of employees returning from those countries or regions with confirmed human outbreaks. ▪ Ensure supervisors understand how to use the risk assessment matrix. ▪ Ensure employee and supervisors understand reporting requirements and process in the event an employee becomes sick.

Phase 2A: Aggressive Containment

Demonstration of efficient and sustained human-to- human transmission of the virus. Declaration of a Public Health Emergency by local government. One (1) or more clusters of cases in the U.S.

Communications (PIO)	Operations	Health and Safety (DASHO)
- Engage with DOI EMC and IOC to implement communication plans. Participate on interagency calls to share, coordinate and monitor information. - Brief AS-IA senior leadership and employees on current situation as appropriate. - Schedule daily calls with central office and Bureau EMT for information sharing. - Implement digital media strategy to ensure information is maintained and communicated to internal and external audiences across appropriate channels. - Ensure staff, their families, and stakeholders are receiving risk communication materials from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic fundamentals (e.g., signs and symptoms of infection, modes of transmission) as well as personal and family protection and response strategies. - Regional Offices are providing weekly reports to Bureau EMT PIO to keep leadership informed of activities. IA EMT PIO are providing weekly reports to DOI Watch Office (doi_watch_office@ios.doi.gov).	- Bureau EMTs are supporting regions affected by tribal emergency declarations. - Activate IA Regional COOP Plans, emergency operations facilities, and teams in affected areas. (BIA Field Ops) - Operationalize contingency plans to address the potential restriction of movement on open/accessible facilities and operating plans, as the situation dictates. (BIE, BIA Field Ops) - Consider closing IA offices and schools in affected areas. (BIA Field Ops, BIE) - Implement telework arrangements and other personnel flexibilities in affected areas. (All offices) - Encourage non-essential staff in affected areas to take leave and stay home. (All offices) - Employees who were ill and have subsequently recovered, and are fit for duty, can return to work. - Where necessary and able, support affected tribes with expediting requests for facilities and supplies. (BIA Field Ops)	- Review public health information with staff and direct suspected cases to appropriate medical health provider. - Ensure enhanced hygienic and social distancing practices are implemented. - Limit non-essential travel. - Restrict non-essential travel to affected areas both domestically and internationally. - Supervisors and personnel officers continually update the register of staff (and their status) that contract the virus. - In conformance with applicable authorities, require quarantine of employees returning from those countries or regions with confirmed human outbreaks.

Phase 2B and 2C: Community Mitigation

Increasing number of cases or increasing rate of infection in United States. Healthcare system burden exceeds state resource capabilities. State/local request for assistance that requires federal coordination. Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links in a single United States contiguous jurisdiction with evidence that public health systems in that jurisdiction are unable to meet the demands for providing care.

Communications (PIO)	Operations	Health and Safety (DASHO)
▪ Maintain situational awareness. ▪ Increase frequency of calls with central office, regional COOP teams, and ECs for information sharing, as necessary. ▪ Brief AS-IA senior leadership and employees on current situation as appropriate. ▪ Participate on daily calls with central office and Bureau EMT for information sharing. ▪ Disseminate any new or additional guidance from DOI central office or other Federal Departments and Agencies (e.g., CDDC) to staff. ▪ Ensure staff, their families, and stakeholders are receiving risk communication materials. ▪ Regional Offices are providing daily reports to Bureau EMT PIOs to keep leadership informed of regional activities. IA EMT PIO is providing daily reports to IA, BIA, and BIE Sr. Leadership and DOI Watch Office ▪ Bureau EMT PIOs are coordinating with Bureau communication leads, OPA, and Legislative Affairs to respond to congressional inquiries regarding IA's pandemic response.	▪ Activate *IA Pandemic Plan* and applicable concept of operations from the *AS-IA COOP Plan*. (BIA-EM) ▪ As employee absenteeism increases, suspend all activities but mission-critical functions. (All offices) ▪ As employee absenteeism begins to impede AS-IA mission-critical/essential functions, consider reassigning mission critical staff to facilities in non-affected areas. (All offices) ▪ Operationalize contingency plans to address the potential restriction of movement on open/accessible facilities and operating plans, as the situation dictates. (BIE, BIA Field Ops) ▪ Consider shutdown of facilities in affected communities/regions. Provide a report to the DOI Operations Center, doi_watch_office@ios.doi.gov, within one hour of a short-term closure decision. (BIE, BIA Field Ops) ▪ Advise non-essential employees in impacted communities/regions to remain at home, especially if they feel sick. (All offices) ▪ Document funds and resources expended that are directly linked to the pandemic response for potential supplemental requests for funding. (All offices) ▪ Support federal and tribal activities, as required or requested. (All offices) ▪ Develop plan for resumption of normal activities/operations. (AS-IA senior leadership, EMTs)	▪ Supervisors and personnel officers continually update the register of staff (and their status) that contract the virus. ▪ Facilities implement the most current public health and safety guidance, and educate employees on this guidance. ▪ Ensure mission-critical staff are vaccinated (if available) and supplied with PPE. ▪ Restrict non-essential domestic and international travel.

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Phase 3: Sustained Operations and Long-Term Recovery

As the pandemic wave passes a particular area or community, sustained transmission is still occurring with the United States and/or other parts of the world, but the number of cases in a particular area/community will subside. However, the pandemic will come across the world and United States in multiple waves. As each wave spreads, the number of cases in affected community will increase for 6-8 weeks.

Communications (PIO)	Operations	Health and Safety (DASHO)
- Maintain situational awareness and monitor events through DOI EMC and IOC. - Assess frequency of calls with central office, regional COOP teams, and ECs for information sharing, adjust as necessary. - Brief AS-IA senior leadership and employees on current situation as appropriate. - Disseminate any new or additional guidance from DOI central office or other federal departments and agencies (e.g., CDC) to staff. - Ensure staff, their families, and stakeholders are receiving risk communication materials. - Regional offices are providing reports to Bureau EMT PIOs to keep leadership informed of regional activities. IA EMT PIO is providing reports to IA, BIA, BIE Sr. Leadership and DOI Watch Office as frequently as necessary. - Bureau EMT PIOs are coordinating with Bureau Communication Leads, OPA, and Legislative Affairs to respond to congressional inquiries regarding IA's pandemic response.	- Coordinate with local health authorities to determine when it is safe to return to normal operations. (BIE, BIA Field Ops) - Assess resources and authorities that may be needed for recovery as well as subsequent pandemic waves. (BIA-EM) - Implement plan for resumption of normal activities/operations. (All offices) - Maintain vigilance as transitioning back to normal operations. (All offices) - Continuously update roster of staff available to return to work. (All offices) - Consider voluntary and temporary reassignments of essential employees, using cross-trained and back-up personnel, and all available human resource options to maintain mission essential functions. (All offices) - Ensure field and central office supervisors are prepared for possible subsequent waves. (All offices) - Initiate and sustain appropriate COOP measures and pandemic recovery efforts as appropriate. (BIA-EM) - Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of staff, students, financial and operational disruption). (AS-IA senior leadership, BIA-EM) - Conduct after-action review of pandemic response activities, and prepare after-action report; implement lessons learned. (AS-IA senior leadership) - Support federal and tribal activities, as required or requested. (All offices	Update recommendation from health agencies derived from "lessons learned."

Appendix A: Acronyms

ACIO	Associate Chief Information Officer
AS	Assistant Secretary
BIA	Bureau of Indian Affairs
BIE	Bureau of Indian Education
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
COOP	Continuity of Operations
DAS-M	IA Deputy Assistant Secretary - Management
DASHO	Designated Agency Safety and Health Official
DM	Departmental Manual
DOI	U.S. Department of the Interior
DOJ	U.S. Department of Justice
EC	Emergency Coordinator
EMCR	Emergency Management Council Representative
EMT	Emergency Management Team
ESF	Emergency Support Function
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FIOP	Federal Interagency Operational Plans
HHS	U.S. Department of Health and Human Services
HR	Human Resources
IA	Indian Affairs
IC	Incident Commander
ICS	Incident Command System
IHS	Indian Health Service
IT	Information Technology
MEF	Mission Essential Function
OCIO	DOI, Office of the Chief Information Officer
OCFO-DAM	IA, Office of the Chief Financial Officer, Division of Acquisitions Management
OCO	DOI, Office of Communications
OEM	DOI, Office of Emergency Management
OFPSM	IA, Office of Facilities, Property, and Safety and Risk Management
OPA	IA, Office of Public Affairs
OPM	Office of Personnel Management
PIF	Pandemic Intervals Framework
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAF	Pandemic Severity Assessment Framework
RTL	FEMA Regional Tribal Liaison
SE-EMC	DOI, Senior Executive Emergency Management Council
SMEF	Supporting Mission Essential Function
SOP	Standard Operating Procedure
USACE	U.S. Army Corps of Engineers
WHO	World Health Organization

Appendix B: Pandemic Planning Checklists

In the event of a pandemic, many sectors play a key role in protecting the health and safety of their employees, as well as limiting the negative impact to the economy and society. Planning for a pandemic is a critical aspect of this. HHS and CDC developed guidelines, including checklists, to assist businesses, industries, and other employers in planning for a pandemic.

Checklists identify key areas that DOI offices and facilities should address, in addition to the guidance laid out in the *DOI Pandemic Influenza Plan*, in their pandemic planning. Checklists also enable those responsible for pandemic planning to assess and improve their preparedness efforts.

IA bureaus will use information and guidance from state, regional, and local health departments and emergency management agencies to adapt checklists to meet our unique needs.

Additional resources and checklists specific to educational institutions and correctional facilities can be found at the following links:

- Centers for Disease Control and Prevention
- Ready.gov
- Department of Justice, Bureau of Justice Services Resources

Tips for Updating COOP Plan

- ❑ Develop contingency plans for 30 – 40% employee absences.
    - ❑ Keep in mind that absences may occur due to personal illness, family member illness; community mitigation measures; quarantines; school, childcare, or business closures; public transportation disruptions; fear of exposure to ill individuals; as well as first responder, National Guard, or military reserve obligations.

- ❑ Develop and implement an employee back-up program (i.e., the Three Deep Concept).

    - ❑ Identify critical job functions and plan now for cross-training employees to cover those functions in case of prolonged absenteeism during a pandemic. In some cases, back up staff can be located in different geographic areas during different waves of a pandemic.

    - ❑ Develop succession plans for each critical agency position to ensure the continued effective performance of your organization by identifying and training replacements for key people when necessary.

    - ❑ These replacements should be integrated into employee development activities, and should also include critical contracted services.

    - ❑ As necessary, plan for cross-training employees, use of auxiliary personnel and recent retirees, recruiting temporary personnel during a crisis, or establishing flexible worksite options (e.g., telecommuting) and flexible work hours (e.g. staggered shifts) when appropriate.

- [ ] Provide training for law enforcement officers, office managers, medical or nursing personnel, and others as needed for performance of assigned emergency response roles.

- [ ] Stock recommended PPE and environmental infection control supplies and make plans to distribute to essential employees, contractors, and others (including detainees) as needed.

  - [ ] These supplies should include tissues, waste receptacles, single-use disinfection wipes, and alcohol-based hand cleaner (containing at least 60% alcohol).

  - [ ] Environmental Protection Agency (EPA) registered disinfectants labeled for human influenza A virus may be used for cleaning offices, waiting rooms, bathrooms, examination rooms, and detention facilities.

  - [ ] PPE may include gloves, surgical masks and respirators (disposable N95s or higher respirators or reusable respirators), eye protection, pocket masks (for respiratory resuscitation), and protective cover wear (e.g., impervious aprons).

- [ ] Work with state and/or local public health officials to develop a plan for distribution of pandemic vaccine and antiviral medications. *The CDC will provide recommendations for pandemic vaccine and antiviral use.*

- [ ] Provide information to employees to help them and their families prepare and plan for a pandemic.

  - [ ] Ensure employees know the DOI reporting mechanism to immediately report their own possible illness (24/7).

  - [ ] Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks).

  - [ ] Work with the local health department to provide psychosocial support services for the staff, students, and their families during and after a pandemic.

Appendix C: Pandemic Safety and Health Guidelines

The safety and health recommendations below will reduce the amount of infection that is spread during a pandemic. In order to have an impact, it is critical that employee and student awareness/education campaigns and trainings begin well before the pandemic comes to the United States so that employees, students, and others will have this knowledge and know how to protect themselves, their coworkers, family, and friends.

Figure C-1. Goals of community mitigation for pandemic influenza[1]
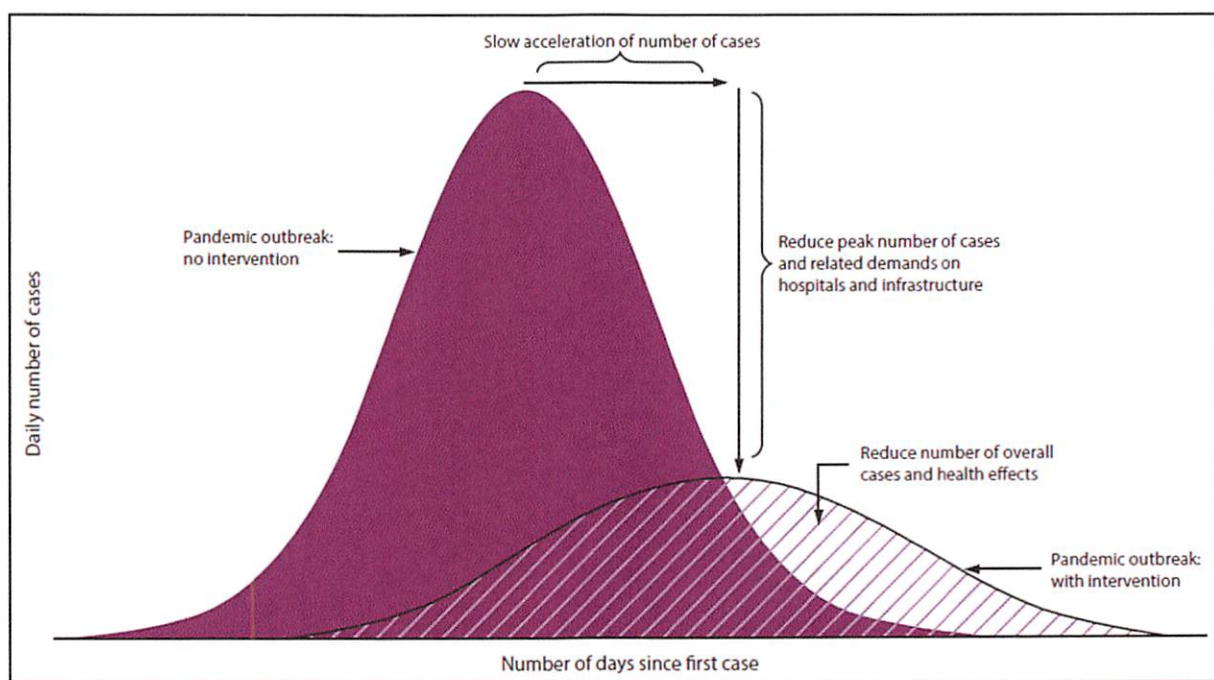
Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The goals for using mitigation strategies in communities with local virus transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions.

- Healthcare and critical infrastructure workforces.

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[1] Qualls N, Levitt A, Kanade N, et al. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017. MMWR Recomm Rep 2017;66(No. RR-1):1-34: DOI: http://dx.doi.org.10.15585/mmwr.rr6601a1

General Recommendations for the IA Employee Workforce

It is key that employees and students learn infection control and disease mitigation strategies such as health habits, personal hygiene (emphasis on hand washing), cleaning and disinfecting work areas and equipment, use and limitations of PPE, strategies to minimize exposures when working with potentially infected animals, recognition of symptoms, and actions to take if symptomatic at work.

Additional Guidance for Employees with Elevated Risk

IA personnel working in positions with greater risk of exposure need to take extra precautions to prevent themselves from becoming infected. Personnel in this category include, but are not limited to, law enforcement and corrections officers, social services personnel, teachers and school staff, and others where their duties have a higher level of contact with the public.

Table C-1. Nonpharmaceutical interventions (NPI) for personal and community preparedness to prevent pandemic influenza[2]

NPI category	NPIs	Timing
Personal		
Personal protective measures for everyday use	Voluntary home isolation of ill persons (staying home when ill), Respiratory etiquette, and Hand hygiene	Recommended at all times
Personal protective measures reserved for pandemics	Voluntary home quarantine of exposed household members (staying home for up to 3 days when a household member is ill), and Use of face masks in community settings when ill	Reserved for pandemics
Community		
School closures and dismissals	Temporary, preemptive, coordinated dismissals of child care facilities and schools for grades K-12	Reserved for pandemics
Social distancing measures (examples)	Dividing classes into smaller groups and creating opportunities for distance learning (e.g., via the internet or local television or radio stations), Telecommuting and remote-meeting options in workplaces, and Mass gathering modifications, postponements, and cancellations	Reserved for pandemics
Environmental		
Environmental surface cleaning measures	Routine cleaning of frequently touched surfaces and objects in homes, child care facilities, schools, and workplaces	Recommended at all times

Table C-2 provides helpful information to provide to and educate employees on related to infection control measures during a pandemic.

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[2] Qualls N, Levitt A, Kanade N, et al. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017. MMWR Recomm Rep 2017;66(No. RR-1):1-34: DOI: http://dx.doi.org.10.15585/mmwr.rr6601a1

Table C-2. General Health and Safety Measures for Home and Work

Health and Safety Measure	Proper Conduct	Remarks
A. Maintain good health habits	Eat a well-balanced diet and drink 6-8 glasses of water daily. Exercise regularly.	Good health habits make your immune system stronger against common illness.
B. Get immunized for seasonal influenza	See your doctor for immunization for you and your family. Obtain vaccination for seasonal influenza. Those who have, or are in contact with a person who has, high-risk medical conditions for influenza-related complications should especially consider vaccination.	The annual seasonal flu vaccine will not protect from the H5N1 strain of influenza or coronavirus, but it will provide protection from the flu viruses already circulating in the community. This will also reduce the possibility of dual infection with avian and human influenza viruses. There is a small possibility that dual infection could occur and result in reassortment.
C. Practice personal infections disease control measures at home and in public to reduce spread of disease/illness.	Stock tissues and hand sanitizer in common areas (such as entrances, bathrooms, and break rooms) at work, school, and home. Set up prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of a viral infection. Post general infection control (basic hygiene and hand washing) notices at entrances, bulletin boards, meeting rooms, classrooms, and restrooms. There is a wealth of this type of educational information available on the internet, including CDC's "Cover your Cough" website. Carry around personal bottle of hand sanitizer and keep one on your desk at work and school. Avoid touching common surfaces and objects unless your hands have been	Transmission of influenza and coronavirus can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual.

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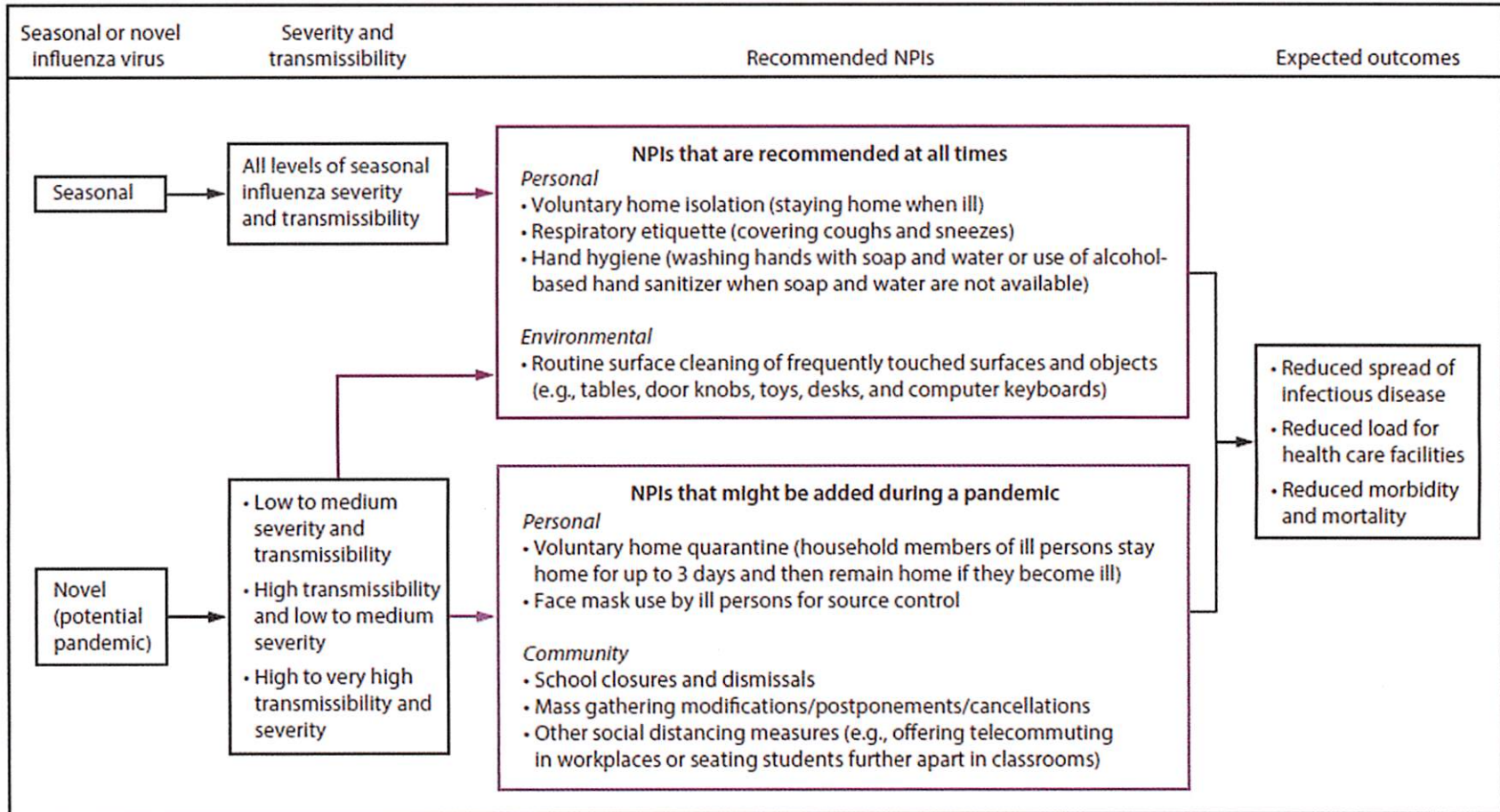|	sanitized. Use personal hand sanitizer directly after using commonly touched objects, such as phones, banking machines, door knobs, public washrooms, etc.	
	Carry your own commonly used items such as a pen (to sign receipts or credit card slips.)	
	Avoid touching your eyes, nose, or mouth unless you have just washed your hands. Use hand sanitizer if soap and water is not available. (Refer to section E in this chart for proper hand washing/sanitizing technique.)	
	Use disposable single use tissues for wiping noses (NOT handkerchiefs, they harbor germs).	
	When coughing and sneezing, if tissues are not readily available, cough or sneeze into your upper sleeve/elbow (NOT your hands).	
	Always clean hands using hand sanitizer after coughing and sneezing.	
	Change toothbrush often or at least after cold or flu to prevent possible re-infection.	
	Limit non-essential travel to areas (refer to https://wwwnc.cdc.gov/travel/notices/ for travel advisories and restrictions.)	
D. Practice social distancing	If possible, arrange for employees to work from home or work flexible/alternative hours/schedules to avoid crowding at the workplace.	
	For those employees who have to come into work, have six (6) feet of separation between personnel, as much as possible, to reduce potential spread of infection.	
	Instead of face-to-face meetings, use methods such as telephone, video conferencing, and the internet to conduct business as much as possible, even when participants are in the same building.	
	Avoid any unnecessary travel and cancel or postpone non-essential meetings/workshops/training sessions.	
	Avoid mass gatherings of people, including using mass transportation, and recreational or other activities where contact could occur with infections people.	
	Do not sit near someone who is sneezing or coughing unless you are protected (see Section H of this chart).	
E. Maintain good hand hygiene	Hands should be washed after contact with contaminated surfaces, removing gloves, sneezing, using the bathroom, handling garbage, contact with wildlife or	The influenza virus and coronavirus are readily

	soils, and other similar activities, and before preparing or eating food, smoking, drinking, applying cosmetics, lip balm, or lotions.	inactivated by soap and water.
	Insist that all family members, especially children, follow strict hand washing practices. Have everyone practice hand washing. This will help prevent the spread of virus at work, play, and at home.	Hand sanitizers can be used as an alternative to hand washing, and are especially useful when access to sinks or warm running water is limited.
	Post signs in classrooms and restrooms during WHO Pandemic Phase 4 (confirmed human outbreak overseas)/FGRS 4 to increase awareness and emphasize hand washing.	
	Proper hand washing with water and soap: 1. Remove jewelry 2. Wet hands with warm water 3. Apply soap (water alone is not sufficient for proper handwashing) 4. Vigorously scrub with soap all over your hands and under nails for at least 30 seconds 5. Rinse hands for at least 10 seconds under warm water 6. Dry hands completely with paper towel 7. Turn off tap with paper towel to avoid hands getting dirty again 8. Throw towel in wastebasket. Proper hand washing with hand sanitizer 1. Wet hands with sanitizer 2. Rub hands until alcohol is dried	
F. Implement measures to prevent spreading illness to others	If you are sick, stay at home. Do not allow ill children to attend school or daycare. Do not return to work (or allow children to return to school or daycare) until symptoms do not appear for a period of time determined by the CDC (the incubation period for the specific virus), or your doctor says you are no longer contagious. Inform your doctor of your symptoms. The doctor may not want to see you in his office to prevent spread of infection, especially during a pandemic.	

	Your doctor may prescribe an anti-viral drug to reduce the amount of time you are sick and reduce your symptoms.	
	Keep anyone who is sick at least 6 feet away from others, especially children (social distancing).	
	Cover your mouth and nose with a tissue when you cough and sneeze. Dispose of these tissues safely, as they are contaminated.	
	Regularly clean/disinfect surfaces at home and at work as outlined in Section H of this chart.	
	Practice other personal infectious disease control measures to reduce spread of disease/illnesses as described in Sections C and D of this chart.	
G. Management of employees with symptoms in the workplace	If a person feels ill, or if someone observes that another person is exhibiting symptoms of a virus infection at work, he/she should notify his/her supervisor, and the sick employee should be instructed to leave work and contact their medical provider.	
	The individual should limit contact with others and not use public transport if at all possible.	
	If the employee cannot leave the workplace immediately, have the symptomatic individual wear surgical mask or filtering face piece respirators to reduce the risk of spreading infection.	
	People who have been in close contact with the symptomatic employee should be informed. Advise these employees to telework from home for the duration of the incubation period of the disease.	
	Advise the ill employee, and those employees in close contact with him/her, on how long to stay away from work. (CDC will advise on this once the characteristics of the pandemic are known).	
	The suspected ill employee's work station should be cleaned and disinfected using the method described in Section H of this chart.	
H. Regularly clean/disinfect surfaces and shared items and disinfect/decontaminate potentially	HVAC system should be cleaned and maintained in optimal operating condition.	
	Regularly clean/disinfect frequently touched surfaces and objects such as toys, shared items, equipment, desks, phones, door knobs.	

| contaminated items. | Disinfectant solutions should also be applied to all common areas such as counters, railings, wash basins, toilets, and urinals daily.

This includes school classrooms, desks, bathrooms, and dormitories, cafeterias, hallways, etc., as well as detention facilities.

To properly disinfect surfaces:

1. Wear gloves

2. Use disinfectant solution or 60% alcohol

      a. Disinfectants may include 1% solution of household bleach (1.25 oz. or about 8 teaspoons of 5.25% sodium hypochlorite solution in water) for hard, non-porous surfaces; 5% solution of household bleach for porous surfaces; 5% hospital grade Lysol™; or other EPA approved disinfectant.

      b. Addition of chlorine bleach provides an extra margin of safety.

3. Apply on surfaces.

4. Rinse, if chlorine was used or let air dry, if alcohol was used.

5. Dispose of disposable cloth wipes after use.

6. After removing gloves, thoroughly wash hands with soap and water.

Wash linens on a regular basis, and between uses by others, especially children's linens.

A hot water temperature of at least 71°C (160°F) for a minimum 25 minutes is recommended. | |
| I. Use protective personal equipment (PPE) when providing direct care to a sick person or handling potentially infected wildlife | At this time, CDC does not recommend the routine use of masks or other PPE by well persons in the general population.

For those providing direct care to infected/symptomatic persons and those handling birds or other wildlife suspected of being infected with H5N1or other potential pandemic causing organism:

Wear a minimum of N-95 filtering face piece respirator, goggles, and gloves to prevent contact with infectious agent. | |

J. Develop a personal/family preparedness plan	Stockpile bottled water, non-perishable food, and other emergency supplies at home. -	The supply chain may be interrupted and stores may have reduced stock of items for sale. These items can also be used during other types of emergencies.
K. Educate family members	Teach your family on the personal hygiene and infection control measures that are outlined throughout this chart, as well as the family preparedness plan. Practice these measures and implementing the preparedness plan.	

Figure C-2. Phased addition of nonpharmaceutical interventions to prevent the spread of pandemic influenza in communities[3]

Seasonal or novel influenza virus	Severity and transmissibility	Recommended NPIs	Expected outcomes
Seasonal	All levels of seasonal influenza severity and transmissibility	**NPIs that are recommended at all times** *Personal* • Voluntary home isolation (staying home when ill) • Respiratory etiquette (covering coughs and sneezes) • Hand hygiene (washing hands with soap and water or use of alcohol-based hand sanitizer when soap and water are not available) *Environmental* • Routine surface cleaning of frequently touched surfaces and objects (e.g., tables, door knobs, toys, desks, and computer keyboards)	• Reduced spread of infectious disease • Reduced load for health care facilities • Reduced morbidity and mortality
Novel (potential pandemic)	• Low to medium severity and transmissibility • High transmissibility and low to medium severity • High to very high transmissibility and severity	**NPIs that might be added during a pandemic** *Personal* • Voluntary home quarantine (household members of ill persons stay home for up to 3 days and then remain home if they become ill) • Face mask use by ill persons for source control *Community* • School closures and dismissals • Mass gathering modifications/postponements/cancellations • Other social distancing measures (e.g., offering telecommuting in workplaces or seating students further apart in classrooms)	

[3] Qualls N, Levitt A, Kanade N, et al. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017. MMWR Recomm Rep 2017;66(No. RR-1):1-34: DOI: http://dx.doi.org.10.15585/mmwr.rr6601a1

Table C-3. Recommended nonpharmaceutical interventions for influenza pandemics, by setting and pandemic severity[4]

Setting	Pandemic Severity		
	Low to moderate severity (mild to moderate pandemic)	**High severity (severe pandemic)**	**Very high severity (very severe to extreme pandemic)**
All	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.
Residences	CDC generally does not recommend voluntary home quarantine of exposed household members.	CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza virus circulates.	CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza virus circulates.
	CDC generally does not recommend use of face masks by ill persons.	CDC might recommend voluntary home quarantine of expose household members in areas where novel influenza virus circulates.	CDC might recommend voluntary home quarantine of expose household members in areas where novel influenza virus circulates.
Child care facilities, schools for grades K-12, and colleges and universities	CDC might recommend selective school dismissals in facilities serving children at high risk for severe influenza complications.	CDC might recommend temporary preemptive, coordinated dismissals of child care facilities and schools. If schools remain open, CDC might recommend social distancing measures.	CDC might recommend temporary preemptive, coordinated dismissals of child care facilities and schools. If schools remain open, CDC might recommend social distancing measures.
Workplaces	CDC generally does not recommend social distancing measures.	CDC might recommend social distancing measures.	CDC might recommend social distancing measures.
Mass gatherings	CDC generally does not recommend modifications, postponements, or cancellations.	CDC might recommend modifications, postponements, or cancellations.	CDC might recommend modifications, postponements, or cancellations.

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[4] Qualls N, Levitt A, Kanade N, et al. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017. MMWR Recomm Rep 2017;66(No. RR-1):1-34: DOI: http://dx.doi.org.10.15585/mmwr.rr6601a1

Appendix D: Historical and Scientific Information

Pandemics are explosive global events in which most, if not all, populations worldwide are at risk for infection and illness. In historical pandemics of influenza, the disease spread worldwide within months, and with modern travel patterns and increased population density, a pandemic is expected to spread much faster in present day. A pandemic has the potential to be a catastrophic disaster of unprecedented scale.

While 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, it is predicted that the number of illnesses, deaths, hospitalizations, and the direct costs will be significantly higher during a pandemic. A substantial percentage of the world's population will require some form of medical care. Health care facilities will likely be overwhelmed, creating a shortage of hospital staff, beds, ventilators, and other supplies. Surge capacity at non- traditional sites (such as schools) may need to be created to cope with demand.

In addition, in this scenario, the need for a vaccine is likely to outstrip supply and the supply of antiviral drugs is likely to be inadequate early in a pandemic. Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.

Without implementing mitigating interventions, even a less severe pandemic would likely result in dramatic increases in the number of hospitalizations and deaths. In addition, an unmitigated severe pandemic would likely overwhelm our nation's critical healthcare services and impose significant stress on our nation's critical infrastructure. Therefore, communities, individuals and families, employers, schools, and other organizations must plan for the use of non-pharmaceutical interventions (NPI) to help limit the spread of a pandemic, prevent disease and death, lessen the impact on the economy, and keep society functioning.

Pandemic strains of influenza A and coronaviruses have demonstrated their ability to spread worldwide within months, or weeks, and will cause illness and deaths in all age groups. The pandemic will likely spread around the world in multiple waves (periods during which community outbreaks occur across the country) of illness with each wave taking 2-3 months to spread across the globe. As each wave is spreading, it is estimated that epidemics of the virus will remain in affected communities for 6-8 weeks.

Pandemic Severity Assessment Framework (PSAF)

Once a novel influenza A or coronavirus is identified and is spreading from person-to-person in a sustained manner, public health officials use the Pandemic Severity Assessment Framework (PSAF) to determine the impact of the pandemic, or how "bad" the pandemic will be. There are two main factors that can be used to determine the impact of a pandemic. The first is *clinical severity*, or how serious is the illness associated with infection. The second factor is *transmissibility*, or how easily the pandemic virus spreads from person-to-person. These two factors combined are used to guide decisions about which actions CDC recommends at a given time during the pandemic. The clinical criteria used in the PSAF and how they are scaled to severity categories are illustrated in Figure D-1 and Table D-1, below.

Figure D-1. U.S. Department of Health and Human Services pandemic planning scenarios based on the Pandemic Severity Assessment Framework[5]
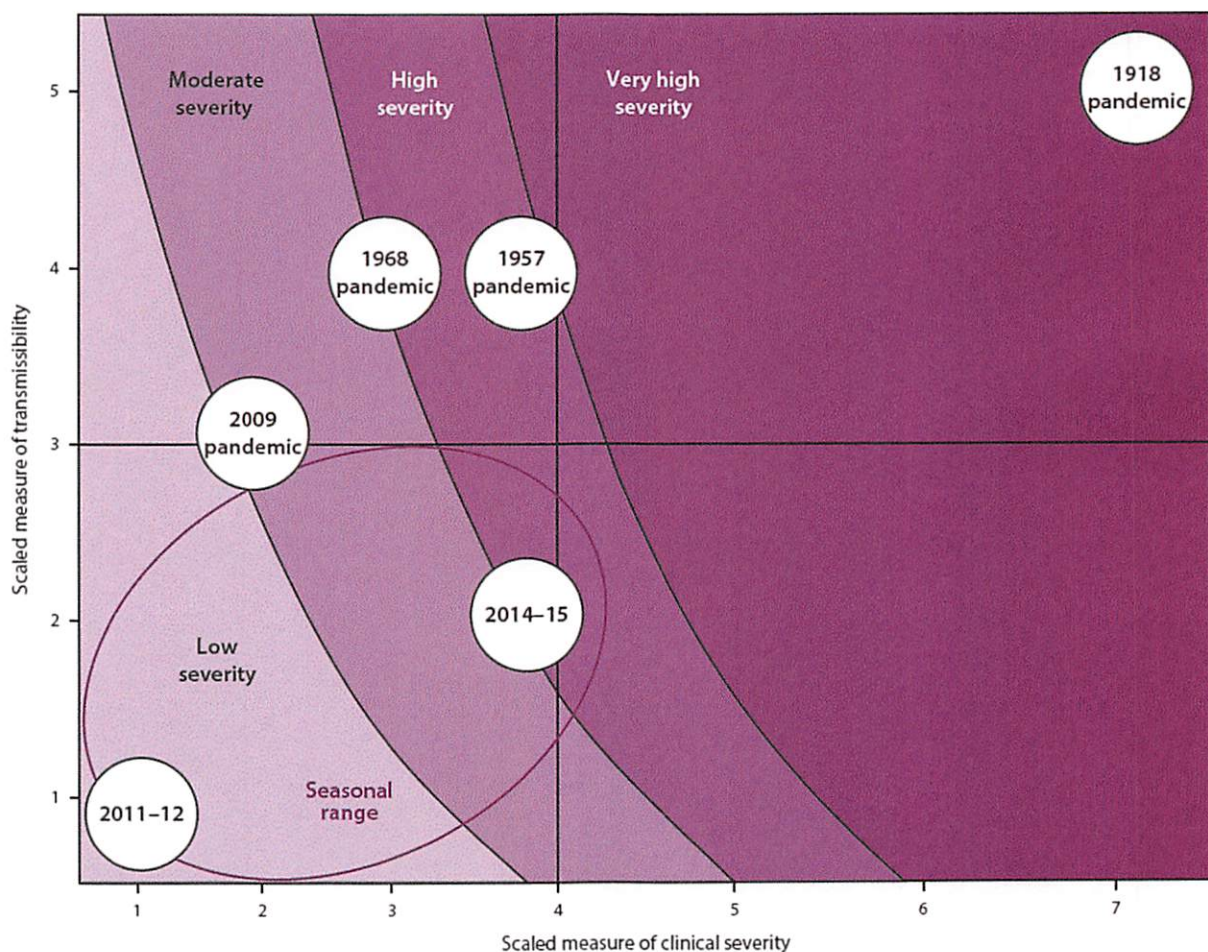
[5] Qualls N, Levitt A, Kanade N, et al. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017. MMWR Recomm Rep 2017;66(No. RR-1):1-34: DOI: http://dx.doi.org.10.15585/mmwr.rr6601a1

Table D-1. Scaled measures of transmissibility and clinical severity for the refined assessment of pandemic influenza effects[6]

Parameter no. and description	Scale						
	1	2	3	4	5	6	7
Transmissibility							
1. Symptomatic attack rate, community %	≤10	11-15	16-20	21-24	≥25		
2. Symptomatic attach rate, school, %	≤20	21-25	26-30	31-35	≥36		
3. Symptomatic attack rate, workplace, %	≤10	11-15	16-20	21-24	≥25		
4. Household secondary attack rate, symptomatic, %	≤5	6-10	11-15	16-20	≥21		
5. R_0: basic reproductive no.	≤1.1	1.2-1.3	1.4-1.5	1.6-1.7	≥1.8		
6. Peak % outpatient visits for influenza-like illness	1-3	4-6	7-9	10-12	≥13		
Clinical severity							
1. Case-fatality ratio, %	<0.02	0.02-0.05	0.05-0.1	0.1-0.25	0.25-0.5	0.5-0.1	>1
2. Case:Hospitalization ratio, %	<0.5	0.5-0.8	0.8-1.5	1.5-3	3-5	5-7	>7
3. Ratio, deaths:hospitalization, %	≤3	4-6	7-9	10-12	13-15	16-18	>18

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[6] Reed, C., Biggerstaff, M., Finelli, L., Koonin, L. M., Beauvais, D., Uzicanin, A. Jernigan, D. B. (2013). Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics. *Emerging Infectious Diseases, 19*(1), 85-91. https://dx.doi.org/10.3201/eid1901.120124.