United States Department of Energy
Headquarters

Pandemic Response Plan

This plan focuses on actions that can be taken during an influenza pandemic; however, it provides a framework for response and actions to consider when handling other infectious disease outbreaks. Each scenario must be considered based on its specific attributes, and the plan modified as needed for each unique circumstance.

March 12, 2020

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Title Page

Document Name: United States Department of Energy Headquarters Pandemic Response Plan

Publication Date: March 12, 2020

Approved By: Dan Brouillette, Secretary, Department of Energy

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Approvals

This Department of Energy Headquarters Pandemic Response Plan was prepared in accordance with Pandemic and All-Hazards Preparedness Act (Public Law No. 109-417, 2006), the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (Public Law No. 113-5), the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (Public Law No. 116-22), and Department of Energy (DOE) Order 150.1A, *Continuity Program*.

Approved  Date: MAR 12 2020

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1. INTRODUCTION

The Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417 (2006), authorizes Federal Agencies to undertake activities to improve the Nation's public health and medical preparedness and response. The National Strategy for Pandemic Influenza Implementation Plan (2006) required Federal Departments and Agencies to develop operational plans addressing protection of employees, maintenance of essential functions and services, support of the Federal response, and communication with stakeholders concerning pandemic planning and response. More recently, the Pandemic and All-Hazards Preparedness Reauthorization Act (Public Law No. 113-5, 2013) and the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (Public Law No. 116-22, 2019) reinforces the need for preparedness planning to ensure resilience.

The goals of the Department of Energy's (DOE)/National Nuclear Security Administration's (NNSA) response to pandemic are to limit the spread of a pandemic throughout mission operations. The United States Department of Energy Headquarters Pandemic Response Plan (PRP) relies, in part, on the Continuity of Operations (COOP) Plan, and its goals are to (1) ensure that during significant, sustained absenteeism, DOE/NNSA will be able to maintain its essential functions and services; (2) provide for the health and safety of DOE/NNSA employees and collaborate with its Management and Operating partners to do the same; (3) prepare for the potential adverse impacts of a pandemic and mitigate their effects; and (4) communicate pandemic preparedness and response guidance to all DOE/NNSA stakeholders in coordination with our Management and Operating (M&O) partners.

1.1 Background

A viral-based pandemic (including but not limited to influenza) occurs when there is a global outbreak of a new contagion that emerged in an animal species but has transformed so that it can infect people and spread quickly. The worst outbreak in modern history is attributed to the 1918 pandemic influenza that resulted in 20-50 million deaths worldwide. Since the virus would be a newly evolved strain, most people will have little or no immunity. Seasonal flu vaccines are not likely to be adequately effective, and a large number of people may be affected. The most recent pandemic influenza outbreak occurred in 2009 in which an estimated 60.8 million cases resulted in 274,304 hospitalizations and 12,469 deaths in the United States.

Viruses, such as influenza, have a track record of causing periodic pandemic outbreaks, and therefore, preparedness efforts are warranted for a potential pandemic influenza (The Lancet Infectious Diseases, 2018). Since the best way to minimize the impact of a pandemic outbreak is to be prepared, pandemic influenza preparedness has been the focus of several recent interagency efforts that included a federal level exercise in 2019.

Although many of the same public health actions individuals take each flu season will help minimize the impact of an outbreak, a pandemic outbreak can have a widespread impact that results in significant absenteeism impacting the ability of the Department to perform mission essential functions. Therefore, it is essential to plan and prepare for such an event.

1.2 Purpose

The following document provides guidance to DOE program and staff offices at Headquarters (HQ) in Washington, DC and in Germantown, MD, to consider in preparation for a possible pandemic. This guidance serves as the PRP for protecting personnel and maintaining essential

functions and services during a pandemic. Pandemic planning is also a requirement under the Department's overall COOP Plan, and pandemic influenza-specific aspects to COOP planning should be included in an appendix or annex to the Department's program and staff office COOP plans. While organizations may be forced to suspend some operations due to the severity of a pandemic, an effective pandemic response plan can assist an organization in its efforts to remain operational and its ability to resume operations and any organization-specific response plan should be linked to the DOE/NNSA PRP.

The plan focuses on four goals:

1. Ensure that during significant, sustained absenteeism, DOE/NNSA will be able to maintain its essential functions and services,
2. Provide for the health and safety of DOE/NNSA employees and collaborate with its M&O partners to do the same,
3. Prepare for the potential adverse impacts of a pandemic and mitigate their effects, and
4. Communicate pandemic preparedness and response guidance to all DOE/NNSA stakeholders in coordination with our M&O partners.

This document includes a brief description of the roles and responsibilities of respective organizations together with the key aspects of preparedness, response, and recovery for a pandemic outbreak. For implementation in the response phase, information is provided herein for employees, supervisors, building facility management, occupational medicine providers, childcare facilities, and security to consider in their pandemic planning.

The *Recommended Action Matrix (RAM) for Pandemic Influenza* (APPENDIX II) may be utilized to support pandemic planning decisions in conjunction with the recommendations of HQ occupational medical providers, and state and local health departments. The RAM should be tailored to a specific program office's needs. It is important to note that all pandemic plans should remain flexible to accommodate new epidemiologic and medical information as it evolves. The recommended actions are based on guidance and information available from the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the Department of Homeland Security (DHS), the Office of Personnel Management (OPM), and DOE's Biological Event Monitoring Team (BEMT).

The RAM was designed to make DOE employees aware of actions that should be considered in the pandemic preparation process and actions that should be implemented during an influenza outbreak. Mitigation strategies, such as social distancing measures (such as modifying the frequency of face-to-face meetings, using teleconferences, moratorium on handshaking), increased hygiene; and vaccination may help ensure that essential functions can be maintained.

Additional guidance and educational materials can be found on DOE's pandemic web page at https://powerpedia.energy.gov/wiki/Pandemic_influenza_information_and_guidance. The topics include information on handwashing, the appropriate use of face masks and respirators, the difference between a cold and influenza, and other pertinent topics. External links to CDC and OPM are also listed. The Department encourages every employee to become familiar with this site and to practice the recommended actions to protect their own health and well-being.

The pandemic itself may not require a continuity response that involves a partial or full relocation of the organization's essential functions; however, a continuity response may be

concurrently necessary due to other circumstances, such as high rates of absenteeism. If the local area of DOE HQ or other DOE facility is particularly affected by the pandemic outbreak, organizations may choose to devolve their mission essential functions for a period of time until employees are able to resume their normal duties.

1.3 Scope

The provisions of the DOE HQ PRP apply to DOE HQ Federal staff and as applicable to HQ contractors of program and staff offices. The scope of the plan is intended to address those actions taken as a public health crisis emerges with the intention of limiting the impact of an outbreak, and if successful, to prevent the need for COOP activities. If the severity of an outbreak increases to the extent that necessitates COOP activities, corresponding COOP plans will be applicable and should be initiated.

Although the DOE HQ PRP only applies to HQ staff and contractors, field site and contractors managing field sites are required to have comparable plans in place. Field sites may use this plan for guidance in preparing their own plans but are not required to do so. Program office leads are responsible for communicating with and ensuring that respective field offices have comparable pandemic plans and COOP plans in place.

The scope of the PRP is focused specifically on the actions that can be taken during a pandemic outbreak to address the policy requirements outlined previously. While some of the actions may be applicable to other infectious disease outbreaks, specific guidance and actions may vary for other types of pandemic outbreaks. Therefore, the BEMT and DOE leadership must evaluate the nature of any other type of outbreak that has the potential to impact DOE HQ and determine appropriate actions. The current plan provides basic framework elements to consider when responding to other types of infectious disease outbreaks.

1.4 Pandemic Planning Assumptions

This plan is based on the following pandemic outbreak assumptions according to guidance provided by HHS:

- Emerging infectious diseases with pandemic potential affecting humans will emerge with little or no warning.
- Everyone will be susceptible to the newly evolved virus.
- The outbreak may occur in waves of several weeks (6-8) duration. Multiple waves may occur and an outbreak may last up to a year.
- Rates of absenteeism will depend on the severity of the pandemic. Absenteeism may be attributable to illness, the need to take care of ill family members, and the fear of infection. It may be as high as 40-50 percent and will affect all levels of government and the private sector, and may impact essential services.
- Health care and medical capabilities will be challenged during a pandemic. In the previous pandemic, about half of those who were ill sought medical care. With the availability of anti-viral medications, this number may be higher.
- Availability of a vaccine may take 4-6 months or longer after the pandemic has begun, and supply limitations may require a prioritization strategy.

- Community mitigation strategies, such as staying home when sick, hand washing, cough etiquette, social distancing, and other non-pharmaceutical interventions (NPI), will be the primary means of limiting the pandemic.
- DOE will remain functioning.

1.5 DOE Planning Assumptions

The overall health and safety of DOE employees and contractor employees are the highest priority. Therefore, due to potential wide-spread impacts of a pandemic influenza outbreak, DOE HQ may need to implement specific strategies to maintain (primary mission essential functions (PMEFs) and mission essential functions (MEF). The following planning assumptions apply:

- Organizations will be provided with guidance by federal, state, or local organizations regarding current influenza status in its area.
- The performance of PMEFs and MEFs in a continuity event, including a pandemic outbreak, is directed by the DOE HQ COOP Program Plan.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may need to be remote or virtual, resulting in the use of appropriate teleworking and other approved social distancing protocols.
- Travel restrictions or limitations may affect the ability of some staff to report to work.
- During a COOP event, alternate facilities may be used to implement social distancing procedures.

2. ORGANIZATIONAL ASSIGNMENT OF PANDEMIC RESPONSIBILITIES

To address the National Strategy for Pandemic Influenza (White House, 2005) requirement that all Federal Agencies develop a pandemic plan, the former DOE Deputy Secretary issued a memorandum (2006) establishing responsibilities for the development of a pandemic influenza plan with the support of a biological event monitoring team. DOE Order 150.1A, "Continuity Programs," outlines the responsibility of the Office of the Associate Under Secretary for Environment, Health, Safety and Security (AU) to develop a plan with procedures and instructions addressing infectious disease/pandemic influenza threats in coordination with the Office of Human Capital (HC). The Secretary may designate an official to serve as a coordinator of Departmental activities during a pandemic.

2.1 Biological Event Monitoring Team

The BEMT was established in 2006 to ensure DOE readiness in the event of a pandemic or other biological threat. The Chair of the BEMT is the Director of the Office of Health and Safety within AU. The BEMT also consists of a subject matter expert (SME) in epidemiology and public health, the Chief Medical Officer (CMO) from AU, and representatives from HC, the Office of the Chief Information Officer (IM), the Office of the General Counsel (GC), and the Office of Management (MA). In addition, all DOE participating offices should have a primary and secondary representative to the BEMT (e.g., Science and Environmental Management). A list of offices that have identified representatives to support the BEMT is shown in APPENDIX I.

The BEMT established guidance for pandemic response and periodically meets to discuss new developments in the pandemic influenza arena or other global infectious disease situations as relevant (e.g., Ebola and Zika virus).

The BEMT receives notification of important infectious disease outbreaks through DOE's Consolidated Emergency Operations Center (CEOC). The BEMT monitors world and regional infection disease conditions of pandemic concern on a regular basis by reviewing CDC and other Federal agency reports on potential pandemic outbreaks. Surveillance information from State health departments, including those in Maryland, the District of Columbia, and Virginia is monitored and essential in determining the potential impact to HQ staff.

The BEMT is responsible for elevating concern over an emerging outbreak as described below. The BEMT Chair, SME, and CMO are responsible for ensuring adequate and reliable technical communication regarding the outbreak to DOE leadership, as well as the general staff by working with relevant internal stakeholders.

2.2 Office of the Chief Human Capital Officer

During the preparedness phase, the BEMT representative from HC provides guidance on human capital policies relevant to a pandemic outbreak as detailed in Section 7, Personnel Management. HC also works with the BEMT and AU when a public health event emerges to review the status of the outbreak and help determine the need for implementation of the plan.

2.3 Office of Emergency Operations

The Office of Emergency Operations' (NA-40) mission is to support the implementation and integration of emergency management programs across the Department.

2.3.1 *Office of Emergency Management Policy*

The Office of Emergency Management Policy (NA-41) develops, coordinates, issues, and administers all DOE and NNSA emergency management policy, technical guidance, and support. In the event of a pandemic, NA-41 will provide a framework in proactively managing and responding to the needs of the Department through a structured approach of existing policies, processes, procedures.

2.3.2 Office of Emergency Management Programs

The Office of Emergency Management Programs (NA-42) implements, manages, and coordinates readiness assurance, training, and exercise programs to ensure the Department is prepared to respond and recover from all-hazards emergencies, including pandemics. In addition, through NA-42's Site Liaison Program, communicates and coordinates across DOE/NNSA program, functional, and field offices and to ensure unity of effort at the labs, plants, sites. Furthermore, NA-42 captures lessons learned and best practices while supporting operations during training sessions, exercise activities, and real world incident response and recovery operations.

2.3.3 Office of Continuity Programs

The Associate Administrator and Deputy Under Secretary for Emergency Operations (NA-43) serves as the Department of Energy's Continuity Coordinator. The Department's Continuity Coordinator ensures Continuity capabilities in the organization and provides recommendations for Continuity Policy.

Within the NA-40, NA-43's mission is to serve as the focal point of DOE and the NNSA COOP, Continuity of Government and Enduring Constitutional Government programs, assisting the Secretary of Energy and the Administrator of NNSA and their staffs or other designated officials, in executing National Continuity Policy. The primary role of the Office of Continuity Programs is to ensure preservation of government structure under the United States Constitution and the continued performance and delivery of essential functions under any conditions.

During a pandemic outbreak, the Department's Continuity Coordinator and the Continuity Programs Manager shall take appropriate action to ensure continued performance of the Department's PMEFs and MEFs. NA-43 has representatives on the BEMT and will be fully engaged as the public health crisis evolves so that Continuity Plans and procedures may be implemented as appropriate.

2.3.4 Consolidated Emergency Operations Center

The CEOC (NA-44 or CEOC) supports the DOE HQ's Emergency Management Enterprise through facilities, communications, and coordination support during real-world events and exercises; serving as the center for information exchange across the DOE/NNSA enterprise for 24x7 collaboration vital to the management, direction, and response to all-hazards emergencies.

The CEOC includes a Watch Office which receives a continuous stream of information, which is shared with the BEMT. They also work with the BEMT to craft daily updates during an outbreak of concern for the Daily Operations Brief.

2.4 Office of Cybersecurity, Energy Security, and Emergency Response

The Office of Cybersecurity, Energy Security, and Emergency Response (CESER) manages DOE's responsibilities as the coordinating agency for Emergency Support Function (ESF) #12 - Energy, under the National Response Framework, and as the Sector Specific Agency for the energy sector, pursuant to Presidential Policy Directive (PPD) 21 and PPD 41. As the lead for ESF #12, CESER represents the Department at the Emergency Support Function Leadership Group (ESF) and coordinates with ESF #8 – Public Health and Medical Services. Additionally, CESER serves as the secretariat for the Emergency and Incident Management Council (EIMC).

2.5 Unified Coordination Group

The Unified Coordination Group (UCG) provides a structure to enable program and staff offices with different legal, jurisdictional, and functional responsibilities to coordinate, plan, and interact effectively while maintaining their own authority, responsibility, and accountability. The UCG works to improve the fundamental capabilities of the Department's overall emergency readiness posture across preparedness, response, and recovery programs. When activated, the UCG establishes priorities, objectives, and management direction for the Department's coordination efforts.

In the event of a pandemic outbreak, AU's Associate Under Secretary may, as appropriate, notify and provide a recommendation to members of DOE's UCG. The UCG is composed of Program Secretarial Officers and their deputies from a wide range of programs and is notified when there is an emergency situation or other significant event. The BEMT Chair and SME will brief the UCG, as requested, describing the scope of the pandemic influenza situation,

potential repercussions due to a pandemic, and public health recommendations to ensure the safety of DOE Federal and contractor employees and to support mission essential functions.

The UCG serves as the primary operational coordination mechanism during an emergency that is of such significance that it might require the coordinated efforts of several sites or programs to manage effectively. It is the responsibility of the UCG to provide situational reporting to senior leadership.

2.6 Emergency and Incident Management Council

The EIMC, chaired by the Deputy Secretary of Energy, provides a unified, comprehensive voice and strategy, focused on improving the fundamental attributes of our overall emergency readiness, preparedness, and response posture during all-hazards emergencies and major disruptions to our Nation's energy systems. The EIMC serves as the primary DOE strategic-level leadership coordination, synchronization, and oversight mechanism for the Secretary of Energy.

During a pandemic outbreak, the EIMC will be the strategic coordinating body for the Department. The UCG will be responsible for updating the EIMC and obtaining strategic directives for the Department's response if a public health emergency arises due to a pandemic influenza outbreak.

2.7 Office of the Chief Information Officer

The Office of the Chief Information Officer (IM) advances the Department's missions through policy, standards, and information technology (IT) services to meet mission requirements. IM maintains oversight of DOE's annual investment in IT, to enable urgent missions that span from open science to cybersecurity and cyber incident response. IM has an important role during a pandemic outbreak to ensure remote, telework, and other IT-related capabilities are accessible to ensure that employees are able to continue to work even under high demand situations in which the majority of the workforce is working remotely. Energy Information Technology Services (EITS) provides remote access services for DOE users to access internal EITS-managed or DOE Enterprise Network resources using a Homeland Security Presidential Directive-12 Credential and/or RSA Token by going to https://mydesktop-rsa.vdi.doe.gov/vpn/index.html.

For more information on IM support for remote access in pandemic circumstances, please visit the following link.

2.8 Program and Staff Offices and Field Sites

Each DOE program or staff office, as applicable, is responsible for developing and implementing a pandemic response plan to ensure that appropriate actions are taken to safeguard continued performance of their respective office's MEF. In addition, each DOE program or staff office must address pandemic planning as part of its overall COOP Plan. Program and staff offices will need to implement measures to ensure work can be accomplished while limiting opportunities for transmission of the disease and exposure to personnel.

BEMT representatives from each program or staff offices, as applicable, will serve as the key liaison between respective field sites and DOE HQ for Federal level inquiries and collecting site-specific data during an outbreak.

Field Elements should anticipate regular and time-sensitive requests from the BEMT for metrics regarding occupational health activities which can inform on the impacts of site occupational health, as well as the potential for additional guidance from the BEMT and its comprehensive membership. DOE's Chief Medical Officer will maintain points-of-contact for DOE site occupational health service providers, in order to be responsive to requests for occupational health metrics and pandemic response actions.

3. PANDEMIC SCENARIO CONSIDERATIONS

A new influenza A virus that is very different from circulating human seasonal influenza A viruses has the potential if spread globally to develop into a pandemic outbreak. Animals, such as avian and swine species, can host influenza A viruses that do not normally infect humans. However, since influenza A viruses are constantly changing, a non-human influenza virus occasionally evolves in such a way that it can infect people and spread efficiently. If a novel influenza A virus emerges that can easily infect people and spread from person to person in an efficient and sustained way, a pandemic influenza outbreak may occur. A pandemic influenza outbreak could begin at any time of the year and in any place in the world.

Because people will probably have little or no immunity to the novel virus and a targeted vaccine may not be immediately available, the pandemic influenza virus is likely to spread quickly. For example, after the H1N1 virus was first identified in April 2009, it spread globally and was declared as a pandemic by June of that year. Multiple peak periods or waves of disease incidence may occur as the virus spreads, and the peak periods may be separated by weeks or months. The duration of a pandemic wave could last several weeks to a few months with large variability among different communities.

The mode of transmission of a pandemic is expected to be the same as for seasonal flu which is primarily through close contact via droplets or particles containing the virus. The viability of viruses on surfaces may vary, but range from 24-48 hours. The incubation period is expected to be relatively short, 1-3 days, with a latency of up to 2 days. These attributes, together with viral shedding that can occur before symptoms appear, will make it difficult to stop the spread of the virus solely by screening and isolating clinically ill persons. Severity of symptoms may differ among infected groups with vulnerable populations likely being affected more severely.

As a pandemic virus spreads, large numbers of people may need medical care worldwide. Public health and healthcare systems can become overloaded, with elevated rates of hospitalizations and deaths. An early wave of disease outbreak may lead to depletion of some medical resources, and later waves may subsequently experience shortages in supplies, such as antivirals and antibiotics.

Workplaces may experience high absenteeism, and the rate of absenteeism is expected to be higher than the estimated clinical attack rate. Consequently, community incidence should not be relied upon exclusively to determine impacts to the workplace. Each organization should internally assess workplace absenteeism throughout the pandemic to guide continuity plans for fluctuating levels of absenteeism. Due to potentially high absenteeism, critical infrastructures, such as law enforcement, emergency medical services, and transportation, may be impacted.

In summary, due to the features described above, the following complications are anticipated with a pandemic outbreak:

- Rapid, worldwide spread regardless of travel restrictions and border closures;

- Overwhelmed health care facilities;
- Medical supply shortages;
  - Necessitates the need for prioritization of medical resources;
- Social and economic impacts;
  - Significant absenteeism and school closures, further impacting absenteeism;
  - Potential transportation disruption and reduction in security staff;
- Response may be required over a prolonged period of time, which spans several months
  - Complacency may arise after a period of time.

4. PREPAREDNESS

Preparedness activities across Federal, State, and local governments aim to minimize the impact of a pandemic outbreak. As required by the Pandemic and All-Hazards Preparedness Act (Public Law No. 109-417), the BEMT developed guidance based on public health strategies to mitigate the spread of disease and includes Federal employee policy guidance from DOE HC and OPM. The DOE HQ PRP, as detailed here, provides agency guidance based on the most recent information available from HHS/CDC (https://www.cdc.gov/flu/pandemic-resources/).

4.1 Periodic Updates

The BEMT membership will be updated each year and the PRP will be maintained yearly with updated contacts and web links. As new technical information emerges, changes in external or internal policies evolve, or in response to lessons learned during training and exercises, the PRP will be updated to integrate the new information.

4.2 Training

The BEMT holds semi-annual meetings to maintain familiarity with pandemic issues and to remain up to date on new developments as relevant to preparedness planning. The meetings include a training brief to ensure BEMT members understand their roles and responsibilities during an outbreak. A module on pandemic will also be included in annual/refresher COOP sessions. Training modules will be maintained for just-in-time training as needed.

A training module for auxiliary programs, such as the Employee Assistance Program (EAP) should be provided yearly to maintain knowledge and preparedness in this area. The training may be included as part of other training on similar crisis response training.

4.3 Exercises

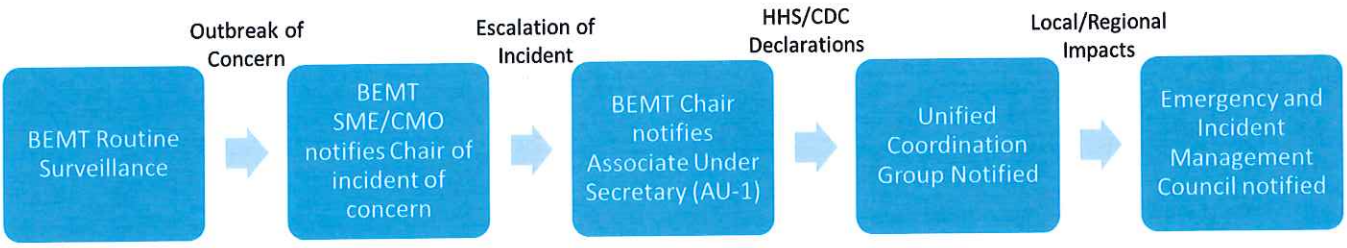
The BEMT, in conjunction with NA-40, will perform yearly tabletop exercises to ensure familiarity and adequacy of the DOE HQ PRP. Functional exercises may be conducted in preparation for larger Federal level efforts. As requested by the interagency, the BEMT and NA-40 will participate in relevant Federal level exercises involving pandemic scenarios. In each case, an after-action report (AAR) will be developed for review in subsequent updates to the plan. Corrective actions that address shortcomings as identified in the AAR will be incorporated into updates to the plan.

5. RESPONSE

The BEMT SME reviews daily surveillance reports from CDC, DHS, and the DOE Watch Office, which receives important notifications from domestic and international sources, such as HHS' Assistant Secretary for Preparedness and Response (ASPR) and WHO. In this way, global

situational awareness is maintained, which enables the BEMT to remain vigilant and aware of infectious disease threats. If an outbreak of concern does evolve, the BEMT SME, CMO, or any BEMT representative may coordinate with the Chair to alert the BEMT of the incident of concern. Early active coordination allows the group to anticipate the evolution of a novel virus threat into a pandemic risk. Figure 1 describes the sequence of events, which would lead to the implementation of the PRP. Specific elements are described in more detail below.

Figure 1. Scheme for Implementation of the Pandemic Response Plan.



5.1 Implementation

The BEMT SME or CMO will advise the BEMT Chair when recommended actions should be initiated based on the prevalence of influenza or similar virus in the greater Washington, DC, area and other DOE sites. At the beginning of a suspected pandemic, the information is provided to the BEMT Chair, who may convene the BEMT. The Chair will notify the Associate Under Secretary for AU of the status of a pending pandemic and will recommend appropriate actions based on the guidance provided in the *RAM* and other relevant information from CDC or DHS.

Implementation of this plan will be determined by the Secretary, or designated official, with recommendations from the Department's BEMT, AU, and HC.

After the H1N1 pandemic influenza outbreak in 2009, the CDC and the World Health Organization (WHO) describe pandemic phases as illustrated in Figure 2 and Figure 3, respectively. The WHO or the CDC may make a pandemic outbreak or public health emergency declaration based on overall global or domestic statistics, which may occur before a DOE location is affected.

Figure 2. CDC Pandemic Outbreak Intervals

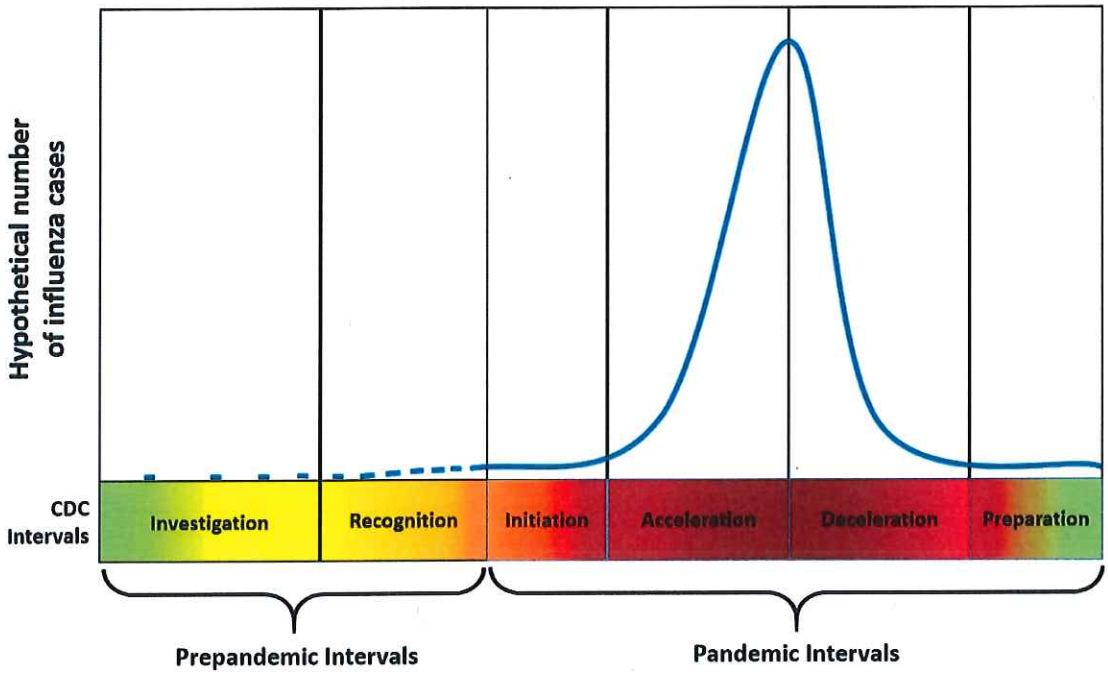
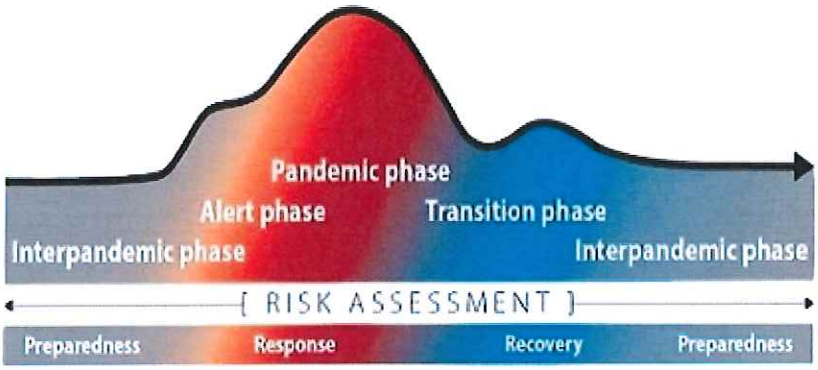


Figure 3. The WHO's Continuum of Pandemic Phases



The declaration of a pandemic outbreak or public health emergency would be a trigger to begin internal coordination and communication. The specific actions or response level required according to the PRP depends on the risk level assessed for the DOE HQ region as described below.

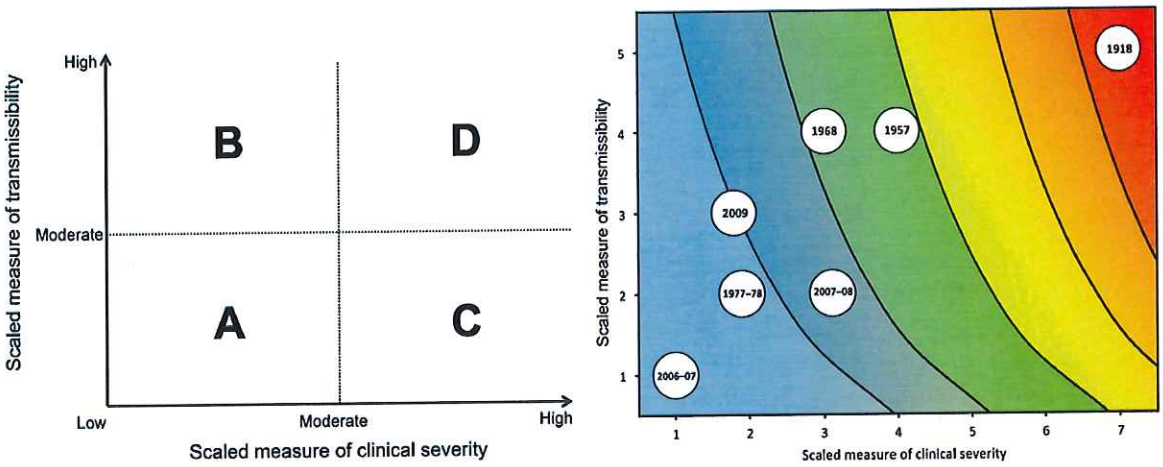
5.2 Assessment and Response Levels

The WHO global phases are intentionally uncoupled from risk management decisions and actions at the country level (WHO 2017). The WHO encourages national risk assessments to inform management decisions for the benefit of each country's specific situation and needs. Likewise, each respective agency has its own unique mission and circumstances to navigate.

As such, all Federal Agencies are required to have a PRP tailored to their unique circumstances. The CDC provides similar pandemic phases as the WHO, but again, are likely to provide an overview of the outbreak in the U.S. Therefore, local and regional assessments are instrumental in making an assessment.

The risk and potential impact associated with any given novel virus once sustained human-to-human transmission occurs depends primarily on disease severity and transmissibility.

Figure 4. CDC's Pandemic Severity Assessment Framework (Reed 2013).



To assess the level and type of response needed by DOE HQ, the BEMT and relevant DOE HQ stakeholders will need to assess the pandemic risk posed as predicted by the CDC using the framework presented in Figure 4 together with the actual status of the pandemic interval or phase as established by the CDC (see Figure 2). In this way, the risk and needs of DOE HQ can be established by taking into account both the pandemic potential, as well as the current status of the pandemic outbreak at DOE HQ or regional locations.

Because both global and community actions can mitigate the state of the pandemic outbreak, response should be tailored to the actual regional situation. Increasing awareness and implementing social distancing measures can be effective in mitigating an outbreak. However, the pandemic may evolve and last for a long period of time that can lead to complacency if measures are too aggressive, too early.

Table 1. DOE Response Levels, Triggers, and Recommended Actions

CDC Interval[1]	DOE Response Level	Response Triggers	DOE Actions	Recommended Actions for Employees/Managers
Investigation		Ongoing surveillance and monitoring		Seasonal flu recommendations
Recognition/ Initiation	0	Identification of novel virus in humans, sustained human-to-human transmission anywhere	Internal alerts to relevant stakeholders	Routine seasonal flu recommendations
Acceleration	1	Increased clusters of human to human transmission in US, Low virulence and/or low incidence (<10%)	Internal coordination, develop messaging and contingency plans	Increase communications, promote telework as needed.
Acceleration	2	Increased clusters of human to human transmission in US, Moderate virulence and/or moderate incidence (>10%)	Increase internal coordination, prepare for COOP	Limit non-essential meetings and travel, social distancing. Identify medical resource needs.
Acceleration	3	Widespread pandemic in US with moderate to severe virulence and moderate to high incidence	Initiate COOP plans	Focus on essential functions, follow COOP protocols
Deceleration/ Transition		Consistently decreasing rates in US	Prepare for recovery phase	Ensure work areas are sanitized, return to normal

[1] See Figure 2.

The suggested guidelines and actions in the *Recommended Action Matrix for Pandemic Influenza* have been categorized into four levels, 0 through 3, as the severity and geographic distribution of the pandemic increases. Each higher level is built on implementing the actions in the previous lower level. The "trigger" for implementing each level is based on disease incidence (the number of cases in the community surrounding the site) and/or the rate of absenteeism at work. In addition, the severity of the disease may be used to modulate the implementation of these recommended activities.

Level 0 involves basic infection prevention measures, including: practicing good personal health and hygiene habits to help prevent the flu or spreading the flu; exercising regularly, eating a healthy diet, and getting plenty of sleep, and; getting an annual seasonal influenza immunization.

Implementation of Level 1 activities are recommended at the beginning of an influenza outbreak when clusters of disease in a community are relatively small. These conditions may be similar to what is experienced during the rise of seasonal flu where about 10 percent of the population is infected (or 10 percent of the workforce is absent). As the size of these disease outbreaks becomes larger (absenteeism around 20-25 percent) or symptoms associated with the disease become more severe, it is recommended that the additional guidance in Level 2 be implemented. As the outbreak approaches pandemic levels where 35 to 40 percent of the population is infected (absenteeism 35-40 percent), the guidance in Level 3 may be implemented. DOE sites or facilities that elect to implement these guidelines must consider local community situations or the rate of absenteeism at the site.

The recommendation to activate a Continuity of Operations Plan occurs at Level 3. Each DOE Program Office should evaluate its particular situation and ensure that pandemic planning is part of its COOP.

5.3 Recommended Actions

A detailed list of recommended actions for employees, supervisors, program offices/field elements, and contractors of facility management, childcare centers, health care facilities, and security forces is provided in APPENDIX II. These actions are based on the DOE Pandemic Response Level, although some actions may be initiated prior to declaration of a specific Response Level. The BEMT, with the support of its members (AU, HC, NA, PA, GC, etc.), will make DOE-relevant recommendations to raise or lower the Response Level to the Secretary through the UCG and the EIMC, based on the recommendations of the HHS/CDC to the specific pandemic. The Secretary will make the decision whether to raise or lower DOE's Pandemic Response Level.

Depending on the incidence and severity of the viral outbreak, a series of recommendations are provided, which address such items as hygiene, telework, travel, meetings and conferences, and institution of COOP elements. A brief description of recommended actions at each severity level is provided below.

One essential response element in containing infectious disease spread in the workplace during an outbreak is the use of telework. Of particular importance is the tele-readiness of essential personnel. As such, essential personnel, as designated by Emergency Relocation Group and Devolution Emergency Relocation Group members, should have an appropriate telework agreements on file (Brouillette 2019).

5.3.1 Level 1 Viral Outbreak

A Level 1 viral outbreak involves small clusters of human to human transmission. The virus has low virulence with symptoms similar to seasonal influenza. Community incidence or site absenteeism is not more than about 10%. Recommendations for personnel include:

- Update telework agreements and ensure you are telework ready.
- Whenever there is a confirmed or suspected case at the workplace, ensure work areas are adequately cleaned.
- Take the same precautions as those for seasonal flu:
  - Get a flu shot.
- Stay home if sick.
  - Wash your hands.
- Cover coughs and sneezes.

5.3.2 Level 2 Viral Outbreak

A Level 2 viral outbreak involves large but localized clusters of human to human transmission. The virus has moderate virulence with the ability to cause severe symptoms. Community incidence or site absenteeism is increased (20-25%). Recommendations based on CDC guidance (Community Mitigation Guidelines to Prevent Pandemic Influenza, April 2017) include:

- Ensure telework agreements are in place for employees.
- Consider social distancing.
  - Encourage conference calls in lieu of face-to-face meetings.
  - Modify, postpone, or cancel large work events.
  - Increase space between people to at least 3-feet as possible.
  - Consider assigning personnel to work at alternate sites that provide social distancing
  - Consider assigning personnel to shift work
- Limit non-essential travel.
- Initiate surveillance and vaccine programs if available.
- Whenever there is a confirmed or suspected case at the workplace, ensure work areas are adequately cleaned.

5.3.3 Level 3 Pandemic Situation

A Level 3 pandemic outbreak involves increased and sustained transmission in the general population. The virus has moderate to severe virulence with the ability to cause severe symptoms. Community incidence or site absenteeism may increase to as high as 35-40%. Recommendations include:

- Prepare for high rates of absenteeism.
- Suspend non-essential meetings, use teleconferencing.
- Suspend travel to highly affected areas.
- Consider alternate work schedules and/or redistribution of staff.
- Consider COOP activation if warranted.
- Acquire antiviral medications for essential personnel.
- Limit the number of entrances to ensure adequate number of security personnel.

- Whenever there is a confirmed or suspected case at the workplace, ensure work areas are adequately cleaned.

5.3.4 Self-Isolation and Quarantine

Circumstances involving a novel viral outbreak (influenza or otherwise) with a particularly high severity may lead public health authorities to recommend persons to self-isolate if they have been in contact with infected individuals. In some cases, potentially exposed persons may be quarantined in an attempt to contain the spread of an outbreak and prevent a pandemic. Any DOE actions will be in compliance with requirements or guidance, issued by the CDC, which will outline its recommendations and actions on its website (https://www.cdc.gov/). CDC's authority to quarantine is found in the Public Health Service Act, as amended, at 42 U.S.C. §§ 264-272, and the quarantine regulations at 42 CFR Parts 70 and 71.

5.3.5 Travel Restrictions

Circumstances involving a novel viral outbreak (influenza or otherwise) with a particularly high severity may also lead to early travel advisories and potential restrictions in an attempt to prevent global spread of the virus. The CDC provides "Travel Health Notices" the Department of State (DOS) provides "Travel Advisories" regarding health risks in global locations. DOE, through the Secretary or designated official, will issue travel guidance as needed in a pandemic situation.

Staff are encouraged to review these links before traveling abroad and follow any guidance or restrictions issued by the US.

If DOE staff are on travel or stationed in an international location that becomes affected by a serious outbreak and subsequently becomes impacted by travel restrictions, staff are advised to work through the US embassy for that location to obtain further guidance and evacuation transport if required. Staff are also requested to notify the DOE CEOC (at doehqeoc@oem.doe.gov or 202-586-8100) who can facilitate messaging and coordination as needed for that staff.

5.4 COOP Transition

During a Level 2 or 3 outbreak, the Department's BEMT should refer to the DOE's Continuity of Operations Plan Decision Making Matrix and Implementation Options and consult with the Department's Continuity Coordinator and Continuity Manager. As appropriate, the BEMT, along with the Department's Continuity Coordinator, may and should advise the Secretary through the UCG and the EIMC on recommendations to implement the Department of Energy's Continuity of Operations Plan to protect the health and well-being of its employees and ensure the performance of the Department's PMEFs and MEFs. Upon implementation by the Secretary, DOE HQ and directed field locations should perform PMEFs and MEFs as prescribed in the DOE's COOP Plan, and respective field COOP Plans.

Headquarters organizations and directed field locations will implement their respective COOP plans, as necessary and required. Should a work environment become compromised, the organization must coordinate with program management and notify the DOE CEOC of the event. The DOE CEOC will inform the BEMT, notify Departmental leadership, and track the affected organizations' or field locations' continuity phase, as applicable.

5.5 Interventions

The impact of a pandemic influenza outbreak can be greatly mitigated by implementing interventions. Since a delay in the availability in a targeted vaccine is anticipated, early interventions will rely on non-pharmaceutical interventions described below. Antivirals will help people who become ill to recover quicker and, of course, targeted vaccines will be of great value once they become available. Personal protective equipment is not necessary for most workers; however, those involved in the care or cleaning up after affected individuals will need these resources.

5.5.1 Non-Pharmaceutical Interventions (Workplace Controls)

NPIs can help protect employees from getting and spreading respiratory illnesses like pandemic flu. NPIs are mitigation strategies that employees and other members of the community can take to slow the spread of the pandemic outbreak. NPIs are essential in controlling the spread of pandemic flu when vaccines are not yet available. The CDC recommends the following routine and pandemic flu-specific NPIs for the workplace:

- **Routine NPIs**
  - Stay home when you are sick.
  - Cover coughs and sneezes with tissue.
  - Wash hands with soap and water for at least 20 seconds and/or use hand sanitizers.
  - Clean frequently touched surfaces and objects
- **Pandemic Specific NPIs**
  - Promote telework as feasible.
  - Allow workers to remain home if a member of the household is ill.
  - Use social distancing measures, such as webinars for meetings.
  - Postpone or modify large events.
  - Postpone or cancel non-essential work-related travel.

According to HHS, the timing of initiation of various NPIs will influence their effectiveness. Implementing these measures prior to the pandemic may result in economic and social hardship without public health benefit and, over time, may result in "intervention fatigue" and erosion of public adherence. Conversely, implementing these interventions after extensive spread of pandemic influenza illness in a community may limit the public health benefits of employing these measures. **Guidance suggests that the primary activation trigger for initiating interventions should be the arrival and transmission of pandemic virus.** NPIs may be recommended for up to 12 weeks during a pandemic influenza outbreak.

5.5.2 Medical Countermeasures (Vaccines and Antivirals)

Vaccination is typically the most effective medical countermeasure for mitigating the impact of a pandemic influenza outbreak. However, with the emergence of a novel strain of influenza, an appropriate vaccine may not be available at the onset of the outbreak. The development of a well-matched, safe, and effective vaccine, determination of the appropriate dosing, manufacturing, packaging, distribution, and administration takes a significant amount of time. Although the seasonal flu vaccine will likely not be effective against a novel influenza strain, it may help prime an individual's immune response and may help mitigate some of the effects of the pandemic influenza. Therefore, **it is recommended that all employees receive and remain up-to-date with their seasonal**

flu shot. As always, persons receiving a vaccination should inform their health care provider of any sensitivities associated with vaccines.

For persons who do become infected, antiviral drugs may be used to shorten the duration and severity of the influenza illness. However, there is no assurance that existing antiviral drugs will be effective against any given novel influenza strain, and therefore, the efficacy of available antivirals must be assessed during the outbreak.

5.5.3 Personal Protective Equipment (PPE)

Personal protective equipment, such as respiratory protective equipment, may be required by staff that must care or clean up after infected individuals. As such, during an outbreak, an adequate supply of PPE material should be on hand at all operating facilities. DOE facilities should anticipate the potential resource requirement and maintain an adequate initial stock of materials in occupational health clinics. Although a shortage of PPE, respirators in particular, occurred during the 2009 H1N1 outbreak, facilities should not experience significant resource limitations if initial stocks are maintained.

While health care providers generally do need respirators, face masks are not usually recommended for the general population. Therefore, DOE staff, unless involved in cleaning an affected area after someone becomes ill, would not need PPE. Face masks may be recommended for an infectious person to protect close contacts and outside of the home when seeking medical care.

5.6 Resource Prioritization and Logistics

The rapid spread of a pandemic disease throughout the community and globally will result in significant resource limitations. Seasonal flu vaccines may become limited as communities prepare for the outbreak. As large numbers of individuals become ill, antiviral medication will become depleted. Antibiotics, which are used to treat co-infections that sometimes develop in ill patients, are likely to become limited over time. When a target vaccine does become available, limited quantities will be available initially. Therefore, a resource prioritization strategy is necessary for minimizing the impact of a pandemic influenza outbreak.

The CDC has developed two guidance documents regarding allocation and targeting of vaccines. (CDC 2018, CDC 2019). The HHS strategy for allocating and targeting pandemic influenza vaccine describes five tiers of populations to target based on the category of personnel according to role, job function, or vulnerability and the severity of the pandemic outbreak (see APPENDIX III: CDC Vaccination Strategy).

5.6.1 Prioritization of DOE Personnel

The CDC defined Tier 1 categories relevant to DOE include personnel involved in primary mission essential functions[2] that are critical to national security. Tier 2 personnel include other groups that are essential to national security, such as guards at nuclear facilities. Government personnel that perform critical regulatory or operational functions required for essential operations of other critical infrastructure sectors, such as energy, are also included in the Tier 2 category. Tier 3 personnel include employees and contractors who

[2] Primary mission essential functions and mission essential functions are defined in U.S. Department of Energy Primary Mission Essential Functions and Mission Essential Functions Package, 2018 Revalidation, Revised April 24, 2019, Version 1.1.

perform important government functions included in agency continuity-of-operations plans.

5.6.2 *Vaccine Distribution*

The logistics of pandemic vaccine administration will most likely be organized the same way seasonal flu vaccine is delivered to HQ personnel; i.e., through Federal Occupational Health Clinics, with the anticipation that both federal and contractors in each Tier will receive vaccines according to their prioritization category. DOE HQ leadership should be prepared to make requests based on the number of agency personnel (federal and contractor) in each category. Acquisition of antiviral medications for essential personnel should also be considered in the early stages of the outbreak.

HHS plans to leverage the existing system used to manage routine, publicly funded vaccine to manage and distribute pandemic influenza vaccine, as it did for the 2009 H1N1 pandemic. Therefore, DOE sites outside of HQ will need to have their site occupational health clinics or site occupational medical directors coordinate with their respective State immunization programs. These providers will place orders for pandemic vaccine with either the State or local health department's immunization program. That State or local public health department will allocate pandemic vaccine to recruited providers. More details are provided in the CDC pandemic guidance on critical workforce vaccination (CDC 2019).

5.7 Communications

In the event of a potential pandemic outbreak, the BEMT will coordinate with local, public health and emergency responders to ensure open, adequate communication.

Frequent contact is important to keep employees informed about developments in the organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function. Risk communication and messaging during an emerging pandemic will be coordinated by the BEMT with other organizations, such as NA, HC, the Office of Public Affairs (PA), the Office of Congressional and Intergovernmental Affairs (CI), Cybersecurity, Energy Security, and Emergency Response (CR), the General Counsel (GC), and other organizations, as appropriate. In addition, the BEMT will provide information (or coordinate with experts in public health or industrial hygiene) on established infection control practices.

The primary objectives of DOE communications during a pandemic are to:

- Provide employees with accurate, consistent, and timely information and guidance
- Counter disinformation to the extent possible
- Provide DOE leadership with accurate, consistent, and timely information to enable timely and appropriate decision-making.

5.7.1 Crisis and Emergency Messaging

Incoming communications during a pandemic will primarily come through established information dissemination channels. The DOE HQ CEOC receives alerts from the ASPR's Secretary's Operation Center, which are then forwarded to BEMT members for review and further consideration. Information can be communicated to the CEOC via e-mail to doehqeoc@oem.doe.gov, and the Watch Office can then redistribute the information to

relevant parties and list-serves. During a biological event, the BEMT may send input to this e-mail address to be included in Daily Operations Brief for senior leadership.

During a pandemic, the CDC Crisis and Emergency Risk Communication will also push out messages to all Federal, State, and medical Agencies. DHS will host a call via National Incident Crisis Communications Line to share information with all communicators.

Additional resources are posted on https://emergency.cdc.gov/cerc/resources/templates-tools.asp. DOE's PA and CI, and NNSA's NA-40 and External Affairs, and other organizations, as needed, will work with the BEMT to help craft information provided by HHS/CDC into DOE-relevant crisis and emergency messaging. OPM may also provide guidance to the Agencies regarding personnel management that should be included.

As stated previously, the BEMT will provide a recommendation regarding DOEs Pandemic Response Level to the Secretary through the UCG and EIMC, based on the recommendations of the HHS/CDC to the specific pandemic. The Secretary will make the decision to raise or lower DOE's Pandemic Response Level.

5.7.1.1 Internal Dissemination

Messages will be delivered to DOE/NNSA workforce through multiple modes. Early in the evolving outbreak, DOECAST messages will be used to increase situational awareness and disseminate early phase or Level 0-1 recommended actions. These messages will be prepared collaboratively as described above and by using the following approach:

- Generic pre-drafted and vetted DOECAST messages have been drafted to allow for expedited processing.
- Messages are refined for the specific outbreak.
- Expedited DOECAST messages tailored to specific outbreak are disseminated.

In addition to the DOECAST messages, the pop-up messages when employees log into their computers each day, referred to as the Message of the Day, can be used to remind employees of recommendations during an outbreak. Recommendations include ensuring telework agreements are in place, to stay home when sick, and to get their flu vaccine.

BEMT representatives will provide supervisors and managers in their respective program and staff offices with guidance tailored to their respective office needs and requirements.

If the outbreak escalates, messaging for more aggressive Level 2-3 recommended actions will be developed and provided to senior officials to vet and approve for dissemination. DOE AWARe will be used to send out a mass message to the workforce, and if warranted, Secretarial-level memoranda may be issued.

5.7.1.2 Internet Portal and Social Medial

In addition to the DOECAST and NNSACast messages, Powerpedia will be used to provide timely updates to the ongoing outbreak, suggestions, additional resources, and external links for staff. In addition to the existing information on pandemic in Powerpedia, a page dedicated to the ongoing pandemic outbreak will be established to provide real-time and specific guidance according to HHS/CDC and WHO

information. Further clarifications on the status of the outbreak and recommended actions for DOE personnel based on ongoing events can be provided there as well.

In addition to internal communication avenues, PA may post messages on the DOE/NNSA external Web sites (www.energy.gov and https://www.energy.gov/nnsa/national-nuclear-security-administration) and via social media channels, such as Facebook (https://www.facebook.com/energygov) and Twitter (https://twitter.com/energy).

For BEMT members, the BEMT SharePoint site serves as an internal repository and collaborative environment for disease outbreak information and work products. During a pandemic, this site will serve as a real-time portal for posting updates for BEMT members.

5.7.2 Communication Logistics

5.7.2.1 Program and Staff Offices

BEMT representatives will provide the leadership of their respective program and staff offices with details as the outbreak evolves. The program office leads will make determinations regarding specific work functions and strategies based on the guidance and recommendations provided by the BEMT at each stage of the outbreak.

Regular updates by BEMT members may be generated during rapidly evolving situations. Each BEMT member can determine what information is needed to be shared with their senior leadership. Likewise, each office's senior leadership may decide what is appropriate to disseminate to their office's respective staff.

Offices with programs having a direct role in communications and response to the outbreak will need to be included in regular communications. For example, HC will need to provide EAP staff at HQ and the national EAP vendor with up-to-date information during the course of an outbreak.

5.7.2.2 Sites, Labs, Facilities, and Industry

Communication with DOE sites will be through usual channels through their program leads. However, if the pandemic proceeds at an accelerated pace, the UCG and EIMC may follow expedited channels for information dissemination. Sites may elect to follow the external feeds described above to monitor DOE HQ operating status and guidance.

As described previously, the BEMT members associated with Program Offices that have Field sites are responsible for maintaining a dialogue with the respective Field sites – for disseminating information, as well as for collecting information on the local conditions at the Field sites. Status updates may be requested at any time during the outbreak via e-mail, phone calls, or coordination calls.

DOE will also hold conference calls with industry partners to ensure information sharing and unified messaging regarding any energy sector impacts. Such calls enable partners to stay synched on messaging and may be amplified as appropriate.

5.8 Personnel Management

HC has developed the following policies for employees, supervisors, and Human Resource Offices and HQ Administrative Offices for guidance during a pandemic. Since this guidance has been prepared in advance of an actual outbreak, specific circumstances may dictate changes to the policies. Therefore, please refer to the OPM website and the HC website (https://hcnet.doe.gov/) for updates during an actual outbreak.

5.8.1 Federal Employees

1. Your Program Office or Departmental element will advise you when a pandemic has been declared. According to CDC, illness due to the virus may include some or all of the following symptoms: fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, vomiting, or diarrhea. During a pandemic, if you have an influenza-like illness or are diagnosed by your personal physician or medical service provider with suspected or confirmed pandemic-related illness, you should promptly report that to your supervisor to request leave. You should not return to work until at least 24 hours after you no longer have a fever (determined without the use of fever-reducing medication, such as acetaminophen or ibuprofen). If a household member is ill with flu-like symptoms, you can come to work as long as you are healthy. If you need to care for the household member, you should discuss the possibility of teleworking with your supervisor if you are able to perform work. In order to telework, you must be on an appropriate telework agreement. You should monitor your health daily and take necessary precautions, including washing your hands often with soap and water, especially after coughing and sneezing.

2. The recommended actions are generally designed for application to most employees. However, there are certain groups of individuals who are at higher risk for adverse health outcomes associated with the flu and other respiratory illnesses. These groups include pregnant women, those with asthma or diabetes, and those with other underlying medical conditions. If you are at high risk for complications as determined by your physician or indicated by CDC, https://www.cdc.gov/flu/highrisk/ index.htm, you should consider informing your supervisor of this situation so that precautionary measures, such as telework or leave may be taken at the onset of an outbreak in your area. You do not need to describe the basis of your existing health condition. Supervisors may, after appropriate consultation with a medical professional, direct an employee to leave Department of Energy facilities if they are exhibiting the symptoms of a pandemic-associated illness.

3. Make sure that your organization has your current emergency contact information. You should check and, if needed, update your contact information in the Employee Self Service (ESS), which can be found by scrolling over the "Update" button and clicking on "Emergency Contacts" on the drop-down list.

   Check whether any travel advisories are posted on CDC's or DOS's website before departing on travel. If an advisory does exist for your destination, then discuss alternative travel plans with your supervisor if the travel is work-related.

4. Periodically check the DOE pandemic website: https://powerpedia.energy.gov/wiki/Pandemic_influenza_information_and_guidance for updated information and guidance.

5. The Department makes available seasonal influenza vaccines to federal employees through the occupational health clinics. The specific type of virus that causes a pandemic will not be known until it occurs. Developing a new vaccine in response will take several months and pandemic vaccine may not be available when cases first occur in the U.S. Moreover, once vaccine production begins, it will not be possible to make enough new vaccine to protect everyone in the early stages of a pandemic. The U.S. Government has developed guidance for allocating and targeting specific groups based on protecting those who provide essential services and those at highest risk. The *goal* of the pandemic vaccination program is to vaccinate all persons in the United States who choose to be vaccinated. More information on vaccine allocation can be found at: https://www.cdc.gov/flu/pandemic-resources/national-strategy/planning-guidance/.

5.8.2 Supervisors

- In accordance with the Privacy Act, only release an employee's medical information to DOE employees who have a need to know such information in the performance of their official duties. In such cases, share only the minimum amount of information that is necessary. You should keep your senior management and human resources staff, or for Headquarters organizations, Administrative Officers, and anyone else who is responsible for your organization's pandemic planning and reporting, informed of suspected and confirmed cases. In certain circumstances, you may be permitted to release pertinent medical information to the appropriate public health officials. If you have any questions on sharing Personally Identifiable Information and/or information covered by the Privacy Act, please consult with DOE's Privacy Office.
- Review OPM guidance and any local implementation guidance or plan so that you are prepared to address employees' needs and cope with a local outbreak: http://www.opm.gov/policy-data-oversight/pandemic-information/.
- Foster telework in your organization for employees who are able to work. It is recommended that all employees whose work can be performed at an alternative worksite be placed on a situational telework agreement to cover any situation, including a pandemic situation. Contact your organization's telework coordinator for a copy of the applicable situational telework agreement for your Departmental element.
- Note that under certain circumstances, CDC may determine that exposure to a quarantinable communicable disease would jeopardize the health of others, and that quarantine of the exposed individual is warranted to protect the public's health. In such cases, an employees with the illness may be asked to telework or self-isolate depending on CDC guidance.

6. RECOVERY

While the recovery process will involve primarily returning to normal operating status, a few pandemic-related concerns may arise during the recovery process. Ensuring sanitization of community areas and areas of affected individuals may be required. To prevent recycling the epidemic, employees will be encouraged to remain at home until fully recovered and all signs of illness have abated. Vigilance and immunization efforts should continue during this period.

For employees who suffered losses during the outbreak, the EAP may be useful in helping individuals deal with associated grief and stress. Supervisors should consider grief counseling for

work groups where employee(s) have died. Workgroup grief counseling provides a formal opportunity for employees to recognize important colleague relationships, to receive brief information about grief and loss, and to remind them of the opportunities for further individual counseling. See APPENDIX I for EAP contact information.

6.1 Return to Normal Operating Status

During the transition to normal operating status, priorities for resumption of activities may be needed. Re-staffing, hiring, and training may be required in a few cases. If the outbreak resulted in requiring the initiation of COOP plans, the recovery processes outline in those relevant documents should be utilized.

6.2 After-Action Report

After the recovery from the pandemic, an after-action report should be compiled with all lessons learned during the response and recovery phases. Based on these items, the DOE HQ PRP should be updated to address any limitations or make adjustments to improve the processes outlined here.

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8. ACRONYMS

Acronym	Definition
AAR	After-action report
ASPR	Assistant Secretary of Preparedness and Response (HHS)
AU	Office of the Associate Under Secretary for Environment, Health, Safety, and Security
BEMT	Biological Event Monitoring Team
CDC	Centers for Disease Control and Prevention
CEOC	Consolidated Emergency Operations Center
CESER	Office of Cyber Security, Energy Security and Emergency Response
CMO	Chief Medical Officer
COOP	Continuity of Operations
DHS	Department of Homeland Security
DOE	Department of Energy
DOS	Department of State
EAP	Employee Assistance Program
EIMC	Emergency Incident Management Council
EITS	Energy Information Technology Service
ESS	Employee self service
GC	Office of General Counsel
HC	Office of the Chief Human Capital Officer
HHS	Department of Health and Human Services
HQ	Headquarters
IM	Office of the Chief Information Officer
IT	Information technology
M&O	Management and Operating
MA	Office of Management
MEDCON	Medical condition
MEFs	Mission essential functions
NA	National Nuclear Security Administration
NA-40	NNSA Office of Emergency Operations
NA-41	Office of Emergency Management Policy
NA-42	Office of Emergency Management Programs
NA-43	Office of Continuity Programs
NA-44	Consolidated Emergency Operations Center
NNSA	National Nuclear Security Administration
NPI	Non-pharmaceutical interventions

Acronym	Definition
OPM	Office of Personnel Management
PA	Office of Public Affairs
PAHPA	Pandemic and All-Hazards Preparedness Act of 2006
PPE	Personal protective equipment
PMEFs	Primary mission essential functions
POC	Point of contact
PRP	Pandemic Response Plan
SME	Subject matter expert
UCG	Unified Coordination Group
WHO	World Health Organization

APPENDIX I: Contacts

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Updated January 5, 2020

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Continuity Programs

Germantown: COOP Room A-453
COOP # (301) 903-2667

Employee Assistance Program

Forrestal EAP Office, Room GM-184, (202) 586-4995

Germantown EAP Office, Room H-106, (301) 903-4995

Federal DOE employees outside the DC Metro area may contact Espÿr at (877) 801-5752.

APPENDIX II: Recommended Actions

General Employees

Response Level	Recommended Actions
0	• **Stay at home when you are sick, and at least 24 hours after a fever.** • Practice good personal health habits to help prevent the flu or similar respiratory illness. • Exercise, eat a healthy diet, and get plenty of sleep. • Frequently wash your hands with soap and water for at least 20-30 seconds or a 60% alcohol-based hand sanitizer. • Cover coughs or sneezes with a tissue. • Plan an annual seasonal influenza immunization.
1	• **Update your situational telework agreement, if applicable.** • **Consider telework; discuss telework options with your supervisor.** • If anyone who lives with you has flu-like symptoms, call your medical provider. • Review sick leave and family leave options. • Use sick leave as needed, remain at home 24 hours after fever subsides without the use of medications. • If your doctor or other health care provider confirms or suspects influenza or similar respiratory illness, inform your supervisor.
2	• Sign a telework agreement and get an RSA token if you are eligible to work from home, if not already completed. • **Avoid mass transportation during peak hours due to increased risk of exposure to ill or contagious commuters.** • Develop a family response plan, including communicating or providing care for other family members. • Consider social distancing alternatives: - Encourage conference calls in lieu of face-to-face meetings. - Modify, postpone, or cancel large work events. - Increase space between people to at least 3-feet as possible. - Consider assigning personnel to work at alternate sites that provide social distancing - Consider assigning personnel to shift work
3	• Contact your local Employee Assistance Program (EAP) if you experience anxiety. • Prepare your home with extra food, water, medicine, toiletries, pet supplies, etc., to cover at least two weeks as for any emergency situation.
Shared Equipment	
0	• Wipe surfaces of shared equipment periodically with a sanitizing wipe or solution.
1	• Increase frequency of sanitization. • For shared phones, consider individual headsets.
2	• Limit use of shared equipment, use routine sanitization.
3	• Consider post-outbreak sanitization steps.
Office Water Coolers	
0	• Sanitize stand-alone, office-type water coolers between water bottle replacements. Companies have instructions on their websites to sanitize coolers.

Response Level	Recommended Actions
	• Do not touch drinking cups, mouths, or water bottles to water fountain spigots.
Team Sports Fitness Centers	
0	• Do not share towels, water bottles, etc.
1	• Avoid close contact with others.
2	• May cancel team sports.
3	• **Cancel**

Supervisors

Response Level	Recommended Action
0	• Ensure that notification lists are up to date. • Verify appropriate telework agreements are in place for employees.
1	• **Ensure employees are informed about pandemic planning and preparedness.** • Review your local pandemic plan and discuss with employees. • **Review the advisability of subordinates teleworking if they become sick or anyone who lives with them becomes sick.** • Keep aware of anyone who is confirmed or suspected to have influenza or similar respiratory illness. • Consider IT access issues, such as RSA tokens, if applicable, for employees who are eligible to work from home. • Understand Health Insurance Portability and Accountability Act (HIPAA)/Privacy rules. • Keep your management chain and human resources staff (at Headquarters, administrative staff) aware of anyone who is suspected or confirmed with influenza or similar respiratory illness. • Depending on the circumstances, employees may be authorized to utilize numerous leave and workplace flexibilities, including, but not limited to Sick Leave, Weather and Safety Leave, telework, or some combination thereof. Consult with human resources staff and applicable OPM guidance to determine the appropriate work status for the employee.
2	• **Sign a telework agreement and get an RSA token if you are eligible to work from home, if not already completed.** • Develop a family response plan, including communicating or providing care for elderly or distant relatives. (See Department of Homeland Security, Red Cross, or community websites.) • Avoid mass transportation during peak hours due to increased risk of exposure to ill or contagious commuters. • If you experience anxiety, contact your local Employee Assistance Program (EAP) office. • Prepare your home with extra food, water, medicine, toiletries, pet supplies, etc., to cover at least two weeks as for any emergency situation.
3	• Expect a large number of employees to be absent due to illness or care of family members. • Postpone non-essential work. • Plan on 6-8 week contingency operations. • Ensure essential functions are maintained. • Consider relocation and re-distribution of staff.

Response Level	Recommended Action
	• Consider issuing a site-wide evacuation order whereby the site executes its COOP.

Program and Staff Offices/Field Elements

Response Level	Recommended Action
0	**Travel** • **Stay at home when you are sick, and at least 24 hours after a fever.** • Practice good personal health habits to help prevent the flu or similar respiratory illness. • Exercise, eat a healthy diet, and get plenty of sleep. • Frequently wash your hands with soap and water for at least 20-30 seconds or a 60% alcohol-based hand sanitizer. • Cover coughs or sneezes with a tissue. • Plan an annual seasonal influenza immunization.
1	**Travel** • DOE follows State Department and CDC travel recommendations. • Advise employees who return from a location for which a travel advisory exists to stay home and, if possible, telework. • In the event of a CDC travel advisory, federal employees who were on official travel ***may*** be authorized excused absence/administrative leave pending OPM guidance. Employees who were on personal travel should take sick or annual leave until able to return to work. **Meetings / Conferences** • There is currently no restriction on conducting or attending meetings and/or conferences. **COOP** • Review and update COOP plan, including section on pandemic planning, if applicable.
2	**Travel** • Limit non-essential travel. **Meetings / Conferences** • Limit face-to-face meetings; keep individuals 6 feet apart • Encourage teleconferencing. **COOP** • Maintain vigilant situational awareness and prepare for COOP plan activations if outbreak continues to escalate.
3	**Travel** • Suspend non-essential travel. **Meetings / Conferences** • Suspend non-essential meetings. • Use teleconferencing. **COOP** • Prepare to activate COOP if warranted.

Facilities

Response Level	Recommended Action
1	**Facilities** • Ensure that procedures are in place to sanitize offices. • Ensure that custodial personnel are familiar with universal precautions and procedures to avoid cross contamination. • Ensure that restrooms remain well stocked with supplies. • Be prepared to have hand sanitation mechanisms/supplies at entrances and cafeterias/snack bars. • Post signs to encourage personal preparedness and disease prevention. • No change to the operation of ventilation systems is recommended. **Offices in General** • No changes are recommended for office operations and/or cleaning schedules. **Offices of Sick Individuals** • Wipe desks, phones, and keyboards with a sanitizing solution or wipe. **Custodial Crew** • Ensure that universal precautions against blood-borne pathogens are in place for cleaning restrooms or offices in which an individual has been sick. • Ensure that Material Safety Data Sheets are available for cleaning/sanitizing solutions. • Ensure employees follow proper handling procedures and use of chemicals. • Prevent tendency to use more than necessary or to mix chemicals. **Food Service** • Ensure that food sanitation procedures are in place. • Consider installing hand sanitizers at entrances for patrons.
2	**Facilities** • Make arrangements to allow for increased frequency or depth of cleaning especially for objects frequently touched by many people, such as doorknobs and handrails. **Offices in General** • See above. **Offices of Sick Individuals** • See above. **Custodial Crew** • See above. **Food Service** • See above.
3	**Facilities** • There is no evidence to support the efficacy of widespread disinfection of the environment or air. **Offices in General** • Surfaces that are frequently touched with hands (keyboards, phones, personal items) should be disinfected at least daily by employees. **Offices of Sick Individuals** • See above. **Custodial Crew** • See above. **Food Service** • Food services may be suspended during periods of high absenteeism.

Child Care Centers

Response Level	Recommended Action
0	• Ensure Centers have a plan or strategy for pandemic.
1	• Ensure Centers are following their pandemic plans. • Update emergency POCs for children.
2	• Consider encouraging parents to develop backup plans for the care of their sick children or in the event that their child care center is closed.
3	• Consider closure of child care centers following guidance from State Health Departments/ Board of Education for your area.

Health Care Facilities

Response Level	Recommended Action
0	• Maintain situational awareness of infectious disease outbreaks in the community.
1	• Ensure health care providers are working in compliance with their pandemic plan and CDC guidance. • Provide educational materials regarding influenza and pandemic-related illnesses. • Keep aware of the number of cases within your State or local area. • Review information and guidance on HHS Website: https://powerpedia.energy.gov/wiki/Pandemic_influenza_information_and_guidance or CDC www.flu.gov or World Health Organization (WHO) Websites. • Consider the purchase and stockpiling of antiviral medication. • HC initiates dialogue with CDC or State Health Department regarding procurement of vaccines for employees with mission essential functions. • Brief senior management of potential threat. • Maintain stock of universal protective materials (gloves, masks, disinfectants, etc.)
2	• Employees reporting to the health care facility with flu-like symptoms should be advised to go home and seek medical care. A face mask may be issued and recommended to be worn until symptoms subside. • Replenish stocks of protective materials as needed. • Consider purchase of specialized supplies for first responders and staff with close patient contact. • Initiate surveillance in accordance with CDC or DHS requirements. • Initiate vaccine programs if vaccine is available.
3	• Consider the purchase of anti-viral medication for essential personnel. • Initiate discussion with State Health Department regarding the procurement of pre-pandemic or pandemic vaccine.

Security Forces

Response Level	Recommended Action
0	• Consider following recommended actions listed in "Employees" section above.
1	• Consider placing hand gel at a visible and accessible location at reception areas.
2	• Wipe down equipment that is frequently shared, such as hand-held detector wands and computer keyboards, with disinfectant wipe or spray. • Face mask use is **not** recommended for protective forces in contact with the general employee population.
3	• Restrict the number of visitor entrances to ensure adequate number of security personnel.

APPENDIX III: CDC Vaccination Strategy

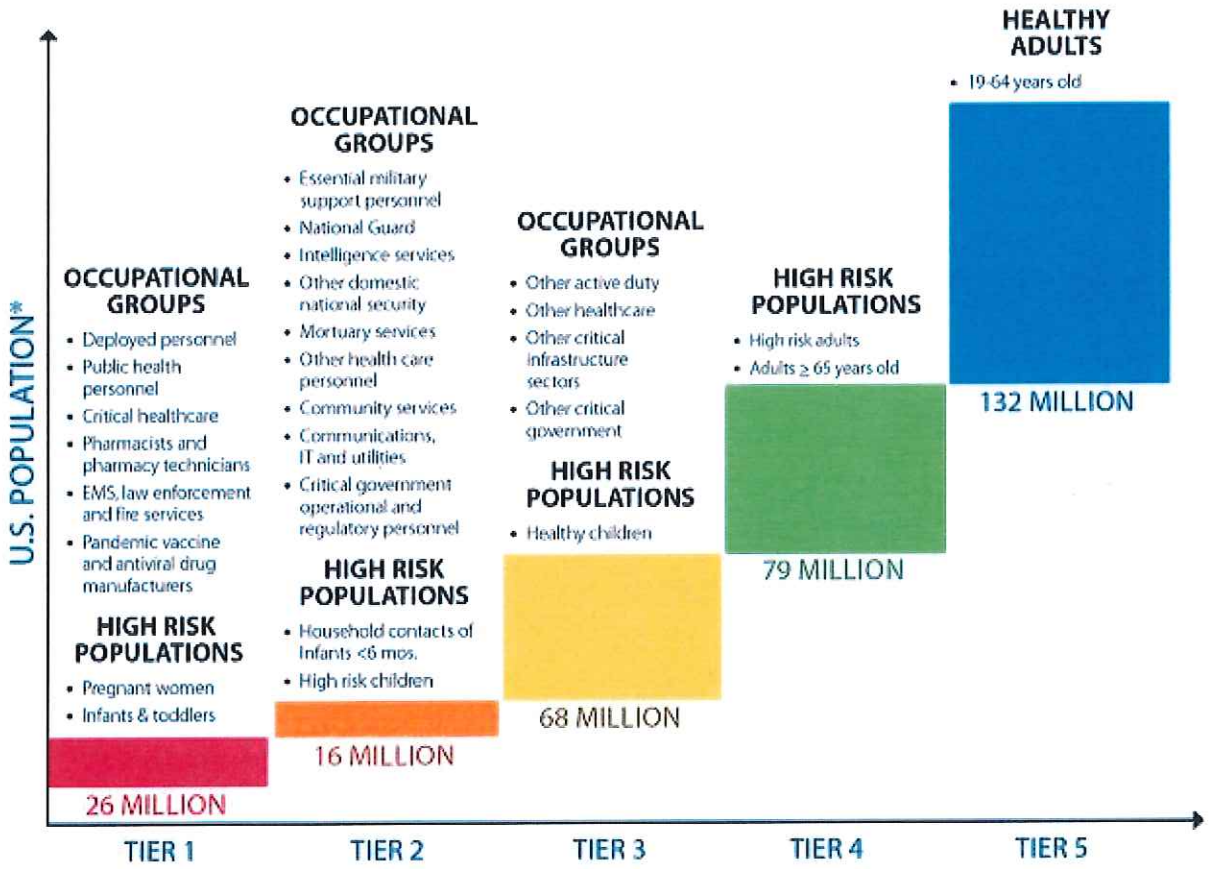
CDC Categories for Tiered Vaccine Allocation

Table 2. Categories and Tiered Pandemic Vaccine Prioritization. (CDC 2018)

TIER 1[1] TIER 2 TIER 3 TIER 4 TIER 5 Not Targeted[2]

Category	Population Group	Estimated Number[3]	Low Severity[4]	Moderate Severity	High/ Very High Severity
Homeland and national security	Deployed[5] & mission essential personnel	850,000			
	Essential military support & sustainment personnel	650,000			
	Intelligence services	150,000			
	National Guard personnel	500,000			
	Other domestic national security personnel	150,000			
	Other active duty military & essential support	1,500,000			
Health care and community support services	Public health personnel	300,000			
	Inpatient health care providers	3,200,000			
	Outpatient & home health providers	2,600,000			
	Health care providers in long-term care facilities	1,600,000			
	Pharmacists & pharmacy technicians	725,000			
	Community support & emergency management	600,000			
	Mortuary services personnel	50,000			
	Other health care personnel	350,000			
Other critical infrastructure	Emergency services & public safety sector personnel (EMS, law enforcement, & fire services)	2,000,000			
	Manufacturers of pandemic vaccine & antivirals	50,000			
	Communications/information technology (IT), electricity, nuclear, oil & gas, water sector personnel, & financial clearing & settlement personnel	2,200,000			
	Critical government personnel - operational & regulatory functions	425,000			
	Banking & finance, chemical, food & agriculture, pharmaceutical, postal & shipping, & transportation sector personnel (critical infrastructure with greater redundancy)	3,400,000			
	Other critical government personnel	400,000			
General population	Pregnant women	4,000,000			
	Infants & toddlers 6-35 months old	11,000,000			
	Household contacts of infants <6 months old	4,500,000			
	Children 3-18 years old with high risk condition	7,000,000			
	Children 3-18 years old without high risk condition	62,000,000			
	Adults 19-64 years old with high risk condition	38,000,000			
	Adults ≥65 years old	41,000,000			
	Healthy adults 19-64 years old	132,000,000			

Figure 5. US Population for Tiered Vaccination. (CDC 2018)



APPENDIX IV

Critical Information Requirements

For planning and response during a pandemic, DOE senior-level leadership will be requested to provide information to the interagency leadership and federal response leads at the Health and Human Services Office of the Assistant Secretary of Preparedness and Response (HHS/ASPR) with short suspense timelines. To help Program and Staff Office prepare for incoming Requests for Information (RFIs), the following *Critical Information Requirements* have been developed based on community consensus and the types of inquiries observed during recent pandemic exercises.

Current Workforce Impacts

- What is the rate of absenteeism at specific regional DOE locations among employees and contractors?
- What is the reported incidence of influenza or pandemic-related illness at specific regional DOE locations among employees and contractors?

Mission Critical Personnel

- What portion of the workforce has received seasonal flu vaccination?
- How many mission critical personnel or essential employees (federal and contractor) are there at different regional DOE sites?
- How many of these are associated with National Security?
- How many of these are associated with Critical Infrastructure?

Resource Requirements

- What is the anticipated number of antivirals needed to maintain National Security functions?
- What is the anticipated number of antivirals needed to maintain Critical Infrastructure functions?
- What is the anticipated number of vaccines needed to maintain National Security functions?
- What is the anticipated number of vaccines needed to maintain Critical Infrastructure functions?

APPENDIX V

Frequently Asked Questions

How do I know what the symptoms of pandemic influenza are?

- Symptoms associated with a pandemic influenza are likely to be the same as those of seasonal influenza. Symptoms may include one or more of the following: chills, fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, vomiting, and diarrhea.
- *Symptoms of a pandemic influenza will depend on the specific virus strain.* The WHO and CDC will disseminate details regarding the virus and its effects as they evolve. The BEMT will ensure information specific to the outbreak is disseminated to DOE staff.

Do supervisors and managers have the authority to send people home from work if they are sick?

- No, under normal circumstances, supervisors do not have the legal authority to send an employee home if he/she appears ill.
- If a public health emergency is declared due to a pandemic outbreak, supervisors and managers may be empowered to take additional action to maintain a safe working environment.

Will DOE provide antivirals or a vaccine to protect employees from a pandemic influenza?

- Most employees will seek treatment from their normal medical care provider. However, significant shortages of antivirals are anticipated during the course of a pandemic outbreak. In the case of a shortage, *DOE HQ will coordinate with HC to provide stockpiled antiviral medications to employees engaged in mission essential functions through the Federal Occupational Health Clinics.*
- A delay in a targeted vaccine for a pandemic influenza is anticipated. *Once a targeted vaccine becomes available, DOE HQ will coordinate with HC to ensure employees engaged in mission essential functions receive the targeted vaccine through the federal occupational health clinic.*

Although this information addresses pandemic influenza, it is generally applicable to other pandemic-related illness.

APPENDIX VI: Pre-scripted DOECAST Messages

Although this information addresses pandemic influenza, it may be adapted to other pandemic-related illnesses.

DOECAST for Level 1 Response:

DOE at Level 1 Influenza Response: Please Take Precautions

Colleagues,

We are seeing increasing cases of influenza from the virus [HXNX], and our colleagues at the Centers for Disease Control and Prevention (CDC) have assessed that it has the potential to spread from person-to-person.

To ensure employee safety and assure continuity of operations, the Department has moved to a Level 1 Response. We urge *all* employees to take the following precautions:

- Update your situational telework agreement and ensure you are telework ready if applicable.
- **Consider telework, and discuss telework options with your supervisor.**
- Review your sick leave and family leave options.
- If you or anyone who lives with you comes down with flu-like symptoms, call your doctor or medical provider.
- **Stay at home if you are sick**, and remain at home 24 hours after the fever subsides without the use of medications.
- Inform your supervisor if your doctor or health care provider suspects influenza.

Additional information about our ongoing response can be found on DOE's Powerpedia page https://powerpedia.energy.gov/wiki/Pandemic_influenza_information_and_guidance and the CDC's pandemic resources page https://www.cdc.gov/flu/pandemic-resources/index.htm.

DOECAST for Level 2 Response

DOE at Level 2 Influenza Response: Please Reduce Exposures

Colleagues,

Unfortunately, we are seeing even more cases of influenza caused the virus [HXNX], a virus that has significant potential to be transmitted from person-to-person.

To ensure employee safety and assure continuity of operations, the Department has moved to a Level 2 Response, and we urge *all* employees to take the following precautions:

- **Stay at home if you are sick**, and inform your supervisor if your doctor or health care provider suspects influenza.
- Sign a telework agreement if you are eligible to work from home, if you haven't already done so.

- **Avoid mass transportation during peak hours due to increased risk of exposure to ill or contagious commuters.**
- Prepare your home with extra food, water, medicine, toiletries, pet supplies, and other materials to cover at least two weeks for any emergency situation.
- Develop a family response plan, including communication for providing care for elderly or distant relatives.

Additional information about our ongoing response can be found on DOE's Powerpedia page https://powerpedia.energy.gov/wiki/Pandemic_influenza_information_and_guidance and the CDC's pandemic resources page https://www.cdc.gov/flu/pandemic-resources/index.htm.

DOECAST for Level 3 Response

DOE at Level 3 Influenza Response: Please Reduce Exposures

Colleagues,

Cases of influenza from the virus [HXNX] are now increasing at an alarming rate, and it is clear that we are experiencing a wave of pandemic influenza.

To best respond to this developing public health emergency, the Department has moved to a Level 3 Response, our highest level, and we urge *all* employees to take the following precautions:

- **Stay at home if you are sick**, and inform your supervisor if your doctor or health care provider suspects influenza.
- Prepare your home with extra food, water, medicine, toiletries, pet supplies, and other materials to cover at least two weeks for any emergency situation.
- **Reduce your risk of exposure** to contagious or ill individuals by avoiding mass transportation during peak hours, and practicing other social distancing measures.
- Suspend non-essential face time, including non-essential travel and meetings, and use teleconferencing wherever possible.
- **Follow the instructions** of your supervisor as well as local, state, and federal authorities, as well as healthcare officials.

Thank you for joining with us in doing everything we can to ensure the safety of our employees, the treatment of those afflicted, and the continuity of DOE operations.

Additional information about our ongoing response can be found on DOE's Powerpedia page https://powerpedia.energy.gov/wiki/Pandemic_influenza_information_and_guidance and the CDC's pandemic resources page https://www.cdc.gov/flu/pandemic-resources/index.htm.

APPENDIX VII

CDC/WHO Pandemic Phases and DOE Response Levels

To help users of this plan understand how WHO and CDC terminology relates to DOE response levels, this section presents the pandemic phases used by those authoritative public health agencies in Table 3. The WHO and CDC pandemic phases were updated after the H1N1 pandemic in 2009 and provide a common method to describe pandemic activity which can inform public health actions (WHO 2017, Holloway 2014).

The DOE Response Levels are focused on the mission of the BEMT in monitoring the global situation and activating responses only when appropriate based on local incidence and pertain to actions needed to keep HQ personnel safe and to maintain mission essential functions.

Table 3. Comparison of WHO and CDC Pandemic Phases to DOE Response Levels.

WHO Pandemic Phases	CDC Intervals	DOE Response Levels	Legacy DOE MEDCON Levels	CDC Interval Descriptions
Preparedness	Investigation	0	0	When novel influenza A viruses are identified in people, public health actions focus on targeted monitoring and investigation.
Alert Phase	Recognition	0	1/2/3	Increasing human cases are identified and the virus has the potential to spread from person-to-person.
Response	Initiation	1	4	Virus demonstrates the ability to spread in a sustained manner from person-to-person.
Response	Acceleration	2-3	5/6	Cases accelerate with sustained human-to-human transmission.
Transition	Deceleration	1	N/A	Pandemic influenza cases consistently decrease in the United States.
Interpandemic/ Preparedness	Preparation	0	0	As wave subsides, monitoring is needed. Additional waves with higher severity are possible.

Some DOE sites have COOP plans with pandemic annexes or pandemic plans which refer to DOE Medical Condition (MEDCON) levels. The MEDCON levels are legacy levels from a previous alert matrix. For reference, these levels are described in Table 4.

Table 4. Medical Condition (MEDCON) Levels

Legacy DOE MEDCON Levels	Descriptions
0	Normal condition – No unusual infectious disease threats (above background) known to be imminent.

Legacy DOE MEDCON Levels	Descriptions
1	Initial Concern – Increase in incidence of infectious disease threat within the world, with potential to impact DOE.
2	Disease outbreak, outside the continental United States, directly impacting humans.
3	Single-locus or cluster outbreak anywhere within the continental United States and border regions.
4	Disease cluster confirmed or suspected within local State/region. NOTE: This may be the first notice that there is an impending biological threat.
5	Outbreak at a specific site/facility or the nearby community. NOTE: This may be the first notice that there is an impending biological threat.
6	Widespread pandemic throughout United States.

Likewise, the WHO previously used more detailed, numeric pandemic phases as shown in Table 5. These phases detail their internal response needs but were more difficult to translate to global partners (WHO 2009). The groupings detail more precise rather than very general observations. Phases 1 through 3 correlate with preparedness, while Phases 4-6 indicate response and mitigation efforts. Since these phases are focused on WHO global actions, they are not easily correlated with DOE response levels that should be dictated on local outbreak conditions.

Table 5. WHO 2009 Pandemic Phases.

Former WHO Pandemic Phases	Descriptions
1	No viruses circulating among animals have been reported to cause infections in humans.
2	Animal influenza virus circulating among animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.
3	A human-animal influenza virus causes sporadic cases or small clusters of disease in people, no sustained human-to-human transmission.
4	Characterized by verified human-to-human transmission of novel virus able to cause "community-level outbreaks."
5	Characterized by human-to-human spread of the virus into at least two countries in one WHO region.
6	Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria in Phase 5.

APPENDIX VIII

Organizational Responsibilities Checklist

Position/Group	Responsibilities
BEMT	• Routine monitoring and surveillance. • BEMT representatives ensure respective program, staff, and field offices have appropriate pandemic/COOP plans. • Notify BEMT Chair of outbreak of concern. • Support the translation and dissemination of health information and updates to DOE. • BEMT representatives coordinate with Field Sites and Facilities during the outbreak to ascertain DOE-wide impacts.
HC	• Provide guidance on human capital policies. • Work with BEMT and AU to advise implementation of the PP. • Activate DOE AWARe system to monitor absenteeism during the event. • Coordinate with the DOE Federal Occupational Health Clinics to provide antivirals and targeted vaccines to employees involved in mission essential functions.
NA-40	• Coordinate with the BEMT to obtain updates for the Daily Operations Brief. • Coordinate with Continuity Coordinators to ensure situational awareness. • Prepare for and implement COOP plans if needed as outbreak evolves.
UCG	• Coordinate with BEMT to obtain regular updates as outbreak evolves. • Escalate concern to EIMC as appropriate. • Advise activation of monitoring systems, data solicitation from regional sites, and approve DOE-wide communications.
EIMC	• Coordinate with UCG as outbreak escalates. • Advise the Secretary when PP implementation is needed. • Provide medical resource requests to the interagency based on PMEF and MEF needs.
IM	• Ensure that infrastructure capabilities can support significant telework requirements if needed. • Provide guidance on best use practices under high demand telecommunications circumstances.

Position/Group	Responsibilities
PA	• Work with the BEMT and HC to craft appropriate internal messaging as the outbreak evolves.
GC	• Review and vet DOE-wide communications. • Review and vet proposed PP implementation actions as outbreak evolves.
DRG	• Participate in the DRG meetings to maintain situational awareness and provide Departmental updates.
Secretary	• Make decisions concerning DOE HQ actions during the pandemic outbreak such as implementation of PP, level of response, the number of MCMs to request (PMEF/MEF requests) • Provide information to Interagency on DOE operating status and the Department's mitigation actions.