Department of the Interior

Pandemic Plan

An Annex of the DOI Baseline Operational Plan

Office of
Emergency Management

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RECORD OF CHANGES

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APPROVAL

The *Department of the Interior (DOI) Pandemic Plan* is a standalone Annex of the *DOI Baseline Operational Plan*. This plan serves as a non-disease specific plan that is to be used as the foundational plan during the development of a disease specific crisis action plan in anticipation of a declared national public health emergency and/or pandemic. This plan provides direction and guidance for all DOI Bureaus and Offices, delineates responsibilities of Departmental leadership, Bureaus, and Offices for pandemic planning and operations, and provides oversight and coordinating instructions for public health and wildlife health related activities. This plan has been prepared in accordance with agency responsibilities outlined in U.S. Code, Regulations, Presidential Directives, and Departmental policies, including Part 370 (Departmental Personnel Program), Part 485 (Safety and Occupational Health Program), and Part 900 (Emergency Management Program) of the Departmental Manual.

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TABLE OF CONTENTS

RECORD OF CHANGES ..... **II**

APPROVAL ..... **III**

TABLE OF CONTENTS ..... **IV**

EXECUTIVE SUMMARY **1**

1 INTRODUCTION **6**

2 SITUATION **6**

2.1 SCOPE **6**
2.2 PURPOSE **6**
2.3 BACKGROUND **6**
2.3.1 ZOONOTIC DISEASE AND DOI 7
2.4 AUTHORITIES **8**
2.5 THREAT **10**
2.6 CONSIDERATIONS, LIMITATIONS, AND CONSTRAINTS **11**
2.6.1 CONSIDERATIONS 11
2.6.2 LIMITATIONS AND RESTRAINTS (CAN'T DO'S) 12
2.6.3 CONSTRAINTS (MUST DO'S) 12
2.7 ASSUMPTIONS **13**

3 MISSION **14**

4 EXECUTION **15**

4.1 GENERAL **15**
4.2 CONCEPT OF OPERATIONS **15**
4.3 MONITORING/ALERT/ACTIVATION **16**
4.3.1 ALERT AND NOTIFICATION 16
4.3.2 KEY LEADERSHIP TASKS 17
4.4 PLANNING AND PREPAREDNESS **19**
4.5 FEDERAL INTERAGENCY SUPPORT **20**
4.5.1 USE OF DOI MANAGED LANDS AND FACILITIES 20
4.5.2 LAW ENFORCEMENT SUPPORT UNDER ESF-13 21
4.5.3 INCIDENT MANAGEMENT SUPPORT UNDER ESF-4 (FIREFIGHTING) 21

4.5.4 NATURAL, CULTURAL, AND HISTORIC PROPERTIES (NCH) SUPPORT UNDER ESF-11 AND THE NATURAL AND CULTURAL RESOURCES RSF (NCR RSF) 21
4.5.5 WILDLIFE HEALTH SUPPORT UNDER ESF-11 22
4.6 DIRECT SUPPORT TO TRIBAL GOVERNMENTS 22
4.7 DIRECT SUPPORT TO INSULAR AREAS 22
4.8 MITIGATION STRATEGIES 23
4.9 CONTINUITY OF OPERATIONS (COOP) DURING A PANDEMIC 24
4.9.1 PRIORITIZATION OF ESSENTIAL FUNCTIONS DURING A PANDEMIC. 24
4.9.2 ALTERNATE OPERATING FACILITIES. 24
4.9.3 SPECIAL PROVISIONS FOR COOP TEAM MEMBERS DURING A PANDEMIC. 24
4.9.4 RECONSTITUTION. 25
4.10 FEDERAL POINTS OF DISTRIBUTION 25
4.11 CRITICAL INFORMATION REQUIREMENTS AND REPORTING 25
4.12 ROLES AND RESPONSIBILITIES 26

5 ADMINISTRATION AND LOGISTICS 27

5.1 LOGISTICS 27
5.2 FUNDING 27
5.3 AFTER ACTION REPORTS AND LESSONS LEARNED 27

6 OVERSIGHT, COORDINATING INSTRUCTIONS, AND COMMUNICATIONS 28

6.1 OVERSIGHT 28
6.2 DEPARTMENTAL RESPONSE COORDINATION SYSTEMS 28
6.2.1 SECRETARY'S LEADERSHIP TEAM 29
6.2.2 SENIOR EXECUTIVE – EMERGENCY MANAGEMENT COUNCIL (SE-EMC) 30
6.2.3 EMERGENCY MANAGEMENT COUNCIL (EMC) 30
6.2.4 POLICY TASK FORCE (PTF) 30
6.2.5 DOI JOINT INFORMATION CENTER (JIC) 30
6.2.6 DOI ONE HEALTH GROUP 31
6.2.7 HUMAN CAPITAL AND HUMAN RESOURCES COORDINATION 31
6.2.8 SAFETY AND OCCUPATIONAL HEALTH COUNCIL 31
6.2.9 REGIONAL COORDINATION 31
6.3 COMMUNICATIONS 34
6.3.1 OBJECTIVES FOR COMMUNICATIONS AND NOTIFICATIONS 34
6.3.2 INTERNAL COMMUNICATIONS 35
6.3.3 EXTERNAL COMMUNICATIONS 36
6.3.4 COORDINATION WITH OTHER GOVERNMENT AGENCIES 36

APPENDIX A - TASK ORGANIZATION; DETAILED ROLES AND RESPONSIBILITIES A-1

A.1 SECRETARY/DEPUTY SECRETARY A-1
A.2 OFFICE OF COMMUNICATIONS A-1
A.3 OFFICE OF THE CHIEF INFORMATION OFFICER A-1
A.4 OFFICE OF SUBSISTENCE MANAGEMENT A-2
A.5 SOLICITOR A-2
A.6 ASSISTANT SECRETARIES A-2
A.6.1 AS – POLICY, MANAGEMENT AND BUDGET A-2
A.6.1.1 DAS Human Capital and Diversity A-2
A.6.1.1.1 Office of Human Capital A-3
A.6.1.1.2 Office of Occupational Safety and Health A-3
A.6.1.1.3 Office of Strategic Employee and Organizational Development A-3
A.6.1.2 DAS Public Safety, Resource Protection, & Emergency Services A-4
A.6.1.2.1 Office of Emergency Management (OEM) A-4
A.6.1.2.2 Office of Law Enforcement and Security (OLES) A-4
A.6.1.2.3 Office of Wildland Fire (OWF) A-5
A.6.1.3 DAS Budget, Finance, Grants, and Acquisition A-5
A.6.1.3.1 Office of Budget (POB) A-5
A.6.1.3.2 Office of Grants Management (PGM) A-5
A.6.1.3.3 Office of Acquisitions and Property Management (PAM) A-5
A.6.1.4 DAS Policy and Environmental Management A-5
A.6.1.4.1 Office of Environmental Policy and Compliance (OEPC) A-5
A.6.1.5 DAS Administrative Services A-6
A.6.1.5.1 Interior Business Center (IBC) A-6
A.6.1.5.2 Office of Facilities and Administrative Services (OFAS) A-6
A.6.1.6 Office of Civil Rights (OCR) A-7
A.6.2 AS – INDIAN AFFAIRS (AS-IA) A-7
A.6.3 AS – INSULAR AND INTERNATIONAL AFFAIRS (AS-IIA) A-7
A.6.3.1 Office of Insular Affairs (OIA) A-7
A.6.3.2 Office of International Affairs A-7
A.6.4 AS – WATER AND SCIENCE (AS-WS) A-7
A.6.5 AS – LANDS AND MINERAL MANAGEMENT (AS-LMM) A-8
A.7 HEADS OF BUREAUS A-8
A.7.1 BUREAU OF INDIAN AFFAIRS (BIA) A-8
A.7.2 BUREAU OF INDIAN EDUCATION (BIE) A-8
A.7.3 BUREAU OF TRUST FUND ADMINISTRATION (BTFA) A-8
A.7.4 BUREAU OF LAND MANAGEMENT (BLM) A-9
A.7.5 BUREAU OF RECLAMATION (USBR) A-9
A.7.6 BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT (BSEE) A-9
A.7.7 FISH AND WILDLIFE SERVICE (FWS) A-9
A.7.8 NATIONAL PARK SERVICE (NPS) A-9
A.7.9 UNITED STATES GEOLOGICAL SURVEY (USGS) A-10
A.8 FIELD SPECIAL ASSISTANTS A-10

APPENDIX B - INTELLIGENCE AND SURVEILLANCE B-1

B.1 BIOLOGICAL INCIDENT NOTIFICATION AND ASSESSMENT (BINA) B-1
B.1.1 INTERAGENCY BIOLOGICAL INCIDENT NOTIFICATION AND ASSESSMENT (BINA) PROTOCOL B-1
B.1.2 DOI BIOLOGICAL INCIDENT NOTIFICATION AND ASSESSMENT (BINA) PROTOCOL B-1
B.2 PASSIVE MONITORING B-1
B.3 PROACTIVE AND REACTIVE MONITORING OF WILDLIFE DISEASES B-2
B.3.1 PROACTIVE B-2
B.3.1.1 Wildlife disease surveillance programs B-2
B.3.1.2 Monitoring international information sources for evidence of potential pandemic threats B-2
B.3.2 REACTIVE B-2
B.3.2.1 Wildlife mortality event investigations B-2

APPENDIX C - OPERATIONS C-1

C.1 PHASED RESPONSE AND RECOVERY C-1
C.2 OPERATIONAL ASSESSMENT SUMMARY C-1
C.2.1 PHASE 1 PRELIMINARY – PRE-PANDEMIC C-2
C.2.2 PHASE 2 – INCIDENT RESPONSE INITIATION AND ACCELERATION C-3
C.2.3 PHASE 3 –RECOVERY AND RETURN TO NORMAL OPERATIONS C-5
C.3 PHASED RESPONSE AND RECOVERY C-7
C.3.1 PHASE 1A – STEADY STATE C-7
C.3.2 PHASE 1B – INCREASED LIKELIHOOD OR ELEVATED THREAT C-7
C.3.3 PHASE 1C – NEAR CERTAINTY OR CREDIBLE THREAT C-8
C.3.3.1 General Phase actions that typically apply to any disease: C-8
C.3.3.2 Disease specific questions and considerations that must be addressed in the disease specific crisis action plan to fully develop the Phase 1C Actions C-9
C.3.4 PHASE 2A – ACTIVATION, SITUATIONAL ASSESSMENT, AND MOVEMENT C-9
C.3.5 PHASE 2B – EMPLOYMENT OF RESOURCES, MITIGATION STRATEGIES, AND STABILIZATION C-10
C.3.6 PHASE 2C – INTERMEDIATE OPERATIONS C-11
C.3.7 PHASE 3A – RECOVERY AND RETURN TO NORMAL OPERATIONS STEP 1 ..... C-12
C.3.7.1 General Phase actions that typically apply to any disease: C-12
C.3.7.2 Step 1: Determine where increased and expanded access is feasible C-12
C.3.7.3 Step 2: Determine the Work Sites and Activities that May Safely Accommodate Staff C-12
C.3.8 PHASE 3B – RECOVERY AND RETURN TO NORMAL OPERATIONS STEP 2 ..... C-13
C.3.9 PHASE 3C – RECOVERY AND RETURN TO STEADY STATE OPERATIONS C-13

APPENDIX D - OCCUPATIONAL SAFETY AND HEALTH D-1

D.1 CHAIN OF INFECTION – NATURE OF HOW THE DISEASE IS SPREAD AND TRANSMITTED..... ..... D-1
D.2 EMPLOYEE HEALTH AND SAFETY PRACTICES D-1
D.2.1 GENERAL MANAGEMENT PRINCIPLES D-2
D.2.1.1 Elimination and Substitution D-2
D.2.1.2 Engineering Controls D-3
D.2.1.3 Administrative Controls D-3
D.2.1.4 Safe Work Practices D-3
D.2.1.5 Personal Protective Equipment (PPE) D-3
D.2.2 PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT D-3
D.2.2.1 Classifying Worker Exposure Risk D-4
D.2.2.1.1 Very High Exposure Risk D-4
D.2.2.1.2 High Exposure Risk D-5
D.2.2.1.3 Medium Exposure Risk D-5
D.2.2.1.4 Lower Exposure Risk D-6
D.2.3 CONTROL ASSESSMENT AND IMPLEMENTATION D-6
D.2.3.1 Step 1: Identify Operations where Exposures May Occur D-6
D.2.3.2 Step 2: Select Controls D-6
D.2.3.3 Step 3: Create a pathogen specific Prevention and Control Plan D-6
D.2.3.4 Step 4: Implement the Plan D-6
D.2.3.5 Step 5: Monitor and Adjust the Plan as Needed D-7
D.2.4 JOB HAZARD ANALYSIS (JHA) FOR SPECIFIC JOB TASKS D-7
D.3 CONTROLLING EMPLOYEE EXPOSURE RISK BY WORK PRACTICE MEASURES D-7
D.3.1 WORK PRACTICE AND ENGINEERING CONTROLS D-7
D.3.2 ADMINISTRATIVE CONTROLS D-8
D.4 RISK MITIGATION STRATEGIES TO PROTECT THE DOI WORKFORCE D-8
D.4.1 MEDICAL COUNTERMEASURES AND PUBLIC HEALTH INTERVENTIONS D-9
D.4.2 PHARMACEUTICAL MEDICAL COUNTERMEASURES D-9
D.4.3 NON-PHARMACEUTICAL COUNTERMEASURES D-10
D.4.3.1 Respirators, Facemasks, Face Covers and Protective Clothing D-10
D.4.4 PUBLIC HEALTH INTERVENTIONS D-12
D.4.4.1 Social Distancing D-12
D.4.4.2 Face covers, splash guards/shields, or other materials that reduce pathogen transmission D-12
D.4.4.3 Shelter-in-Place and Evacuation D-13
D.4.4.4 Decontamination D-13
D.4.5 VACCINATION AND ANTIMICROBIAL MEDICATIONS D-13
D.4.6 PERSONAL PROTECTIVE EQUIPMENT (PPE) D-14
D.4.6.1 Guidance for DOI Employees Handling Wildlife D-14
D.5 REDUCTION OF SERVICES D-14
D.6 DOI UNIT/STATION RISK ASSESSMENT TOOL D-14
D.7 TESTING, VACCINES, AND ANTI-VIRALS FRAMEWORK D-15
D.7.1 DOI'S PANDEMIC VACCINE PRIORITIZATION SCHEME D-15

D.7.1.1 Background D-15
D.7.1.2 Prioritization Scheme D-15
D.7.1.3 Bureau and Office Planning for Essential Personnel D-15
D.7.1.4 Prioritization of Other Personnel in the General Workforce D-16

APPENDIX E - HUMAN CAPITAL AND LOGISTICS E-1

E.1 HUMAN CAPITAL E-1
E.1.1 TELEWORK E-1
E.1.2 LEAVE AND OTHER HUMAN RESOURCES FLEXIBILITIES E-1
E.1.3 DISMISSAL AND CLOSURE PROCEDURES E-1
E.1.4 11.1. 4. HAZARDOUS DUTY PAY E-2
E.2 LOGISTICS – PPE SUPPLY CHAIN TASK FORCE E-2
E.2.1 INTRODUCTION E-2
E.2.2 ASSUMPTIONS E-2
E.2.3 CONCEPT OF OPERATIONS E-3
E.2.4 BACKGROUND – LOGISTICS OPTIONS RESEARCH E-3
E.2.5 PPE AND SUPPLY PRIORITIZATION AND ALLOCATION BASED ON RISK E-3
E.2.6 LOGISTICS DISTRIBUTION CENTER OPERATIONS E-4
E.2.7 LOGISTICS HIERARCHY E-4
E.2.8 ROLES AND ORDERING PROCESS E-5
E.2.9 ORDERING AND LOGISTICS TRACKING SOFTWARE PLATFORM E-7
E.2.10 LOGISTICS DISTRIBUTION CENTERS E-7
E.2.11 SURPLUS SUPPLIES AT END OF OPERATION E-8
E.2.12 BUDGET CONSIDERATIONS E-8
E.2.13 PPE DISTRIBUTION PRIORITY CHART E-9

APPENDIX F - ZOONOTIC DISEASE: WILDLIFE – HUMAN INTERFACE F-1

APPENDIX G - CRISIS ACTION PLAN DEVELOPMENT CONSIDERATIONS G-1

APPENDIX X - DEFINITIONS X-1

APPENDIX Y - ACRONYMS Y-1

APPENDIX Z - AUTHORITIES AND REFERENCES Z-1

Z.1 STATUTES AND REGULATIONS Z-1
Z.2 EXECUTIVE ORDERS Z-1
Z.3 PRESIDENTIAL DIRECTIVES Z-1
Z.4 NATIONAL DOCTRINE, PLANS, AND OTHER REFERENCES Z-2

Readers Note: Any text in blue indicates a hyperlink to that section of this plan or other reference.

EXECUTIVE SUMMARY

Over the past two decades, numerous viral pathogens and antibiotic resistant bacteria have demonstrated real or potential ability to cause pandemics. These have included emerging (SARS, SARS CoV-2, MERS, Zika, H1N1) and reemerging (Ebola) viral threats, each with unique characteristics such as types of illnesses or lethality associated with infection. Globalization has impacted our ability to quickly identify, control, and prevent disease transmission in outbreaks that could lead to a pandemic. Additionally, both state and non-state actors have expressed interest in the intentional use of pathogens as weapons.

A severe pandemic can have significant impacts on the economy, national security, and the basic functioning of society and its critical infrastructure. The pandemic itself or the response to the pandemic has the potential to significantly impact natural resources, which can not only impact DOI's ability to carry out its mission, but also can impact human survival and wellbeing when the air, water, food, and ecological services we depend upon are impacted. A pandemic can also severely hinder the ability of the Department to perform its mission due to shortages of resources (authorities, people, supplies, etc.) and ability to implement mitigation strategies that allow for safe operations to be conducted.

Overview

The *Department of the Interior Pandemic Plan* (*DOI Pandemic Plan*) serves as a non-disease specific plan that is to be used as the foundational plan during the development of a disease specific crisis action plan in anticipation of a declared national public health emergency and/or pandemic. This plan provides guidance and direction for all DOI Bureaus and Offices, delineates responsibilities of Departmental leadership, Bureaus, and Offices for planning and operations, and provides oversight and coordinating instructions for public health and wildlife health related activities.

The *DOI Baseline Operational Plan* is the strategic operational plan for the Department. The *DOI Pandemic Plan* builds upon and adapts operational concepts and systems provided in the *DOI Baseline Operational Plan.* The *DOI Pandemic Plan* is a standalone Annex of the *DOI Baseline Operational Plan*.

Purpose

The *DOI Pandemic Plan* establishes a framework for how the Department will:

a. Protect the health and safety of DOI's employees, volunteers, students, inmates, contractors, cooperators, and visitors.

b. Maintain the essential functions and services of the Department during a pandemic.

c. Safeguard the Department's lands and facilities.

d. Fulfill the Department's trust responsibility to federally recognized tribal governments.

e. Conduct wildlife health surveillance, alerts, and wildlife disease outbreak mitigation actions for diseases that have the potential to cause a human pandemic, or subsequently impact trust wildlife species.

f. Identify Federal, State, Tribal, Territorial, and local support requirements.

g. Communicate effectively with internal and external stakeholders.

Execution

Strategies and policies have been developed by the U.S. Department of Health and Human Services (HHS), U.S. Office of Personnel Management (OPM), the Occupational Health and Safety Administration (OSHA), and DOI, as well as other Federal Departments and Agencies, to mitigate the impact of the disease on employee health and ensure the Mission Essential Functions (MEF) of the Federal Government continue with no or minimal interruptions.

A pandemic response is different than most incident response operations. A response to a natural or technological hazard is operationally a very local/tactical level response with support from the Region and Headquarters (HQ). A pandemic response is a mix of both local level actions combined with operational response at the HQ level. This dynamic response structure requires greater levels of communication and coordination to affect a successful response to a pandemic. The coordination system is described in Section 6, pandemic related roles and responsibilities are described in Appendix A, and phased operations in Appendix C provide the structures to support this complex response environment.

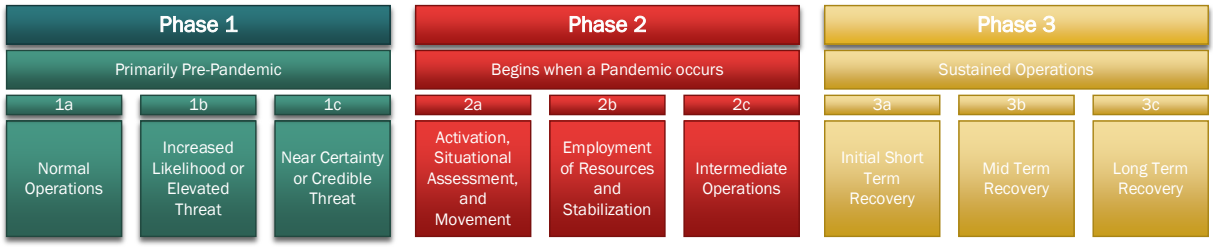
Concept of Operations

Due to the nature of a pandemic, elements of the plan may be activated in phases. The phases in the *DOI Pandemic Plan* are derived from the CDC intervals outlined in the CDC Pandemic Intervals Framework (PIF) and the Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans. The *DOI Pandemic Plan* phase descriptions identify triggers that require changes in management responses and action as conditions evolve from phase to phase. The transition from one phase to the next is used to:

a. Stop, slow or otherwise limit the domestic spread of a pandemic, and mitigate disease, suffering, and death.

b. Sustain the mission of the Department and mitigate impact to the environment, natural resources, economy, and the functioning of society.

Asynchronous activation of this plan allows the flexibility to react based on the local situation within a given geographic area of concern while remaining strategically aligned at the national level.



Operational Phases During a Biological Incident

During COVID-19, the *President's Re-Opening America Guidelines* served as the Phase 3 section of the response and recovery process.

In anticipation of and during a declared national public health emergency and/or pandemic, the Department of the Interior will:

a. In coordination with the interagency community, take all necessary action to support the U.S. Government's (USG) mission to prepare for, respond to, and recover from a pandemic.

b. Execute DOI responsibilities and support HHS, as the lead federal agency (LFA) for federal public health and medical response.

c. Maintain DOI missions and operations to the greatest extent feasible while protecting the health and safety of DOI's employees, volunteers, students, inmates, contractors, cooperators, and visitors.

d. Coordinate and support Bureau and Office activities to limit the spread of disease and mitigate the impact of illness, suffering, and death.

e. Sustain critical infrastructure, key resources, and lands under the jurisdiction of DOI.

f. Mitigate impact to the economy and the functioning of society.

g. Safely manage the natural, historic, and cultural resources entrusted to us by law.

h. Fulfill the Department's trust responsibility to federally recognized tribal governments.

i. Conduct wildlife health surveillance, alerts, and wildlife disease outbreak mitigation actions for diseases that have the potential to cause a human pandemic, or subsequently impact trust wildlife species.

j. Prioritize those areas where we have the influence to reduce and mitigate the spread of disease while safely providing physical and mental health and wellness to the American public through socially distant recreation on the public lands that we manage.

Detailed phase triggers, operations, and actions are provided in Appendix C – Operations.

Mitigation Strategies

There are multiple strategies that may be implemented to mitigate risk and spread of disease. Strategies used and employed are specific to the biological agent and how the disease is spread.

Mitigation strategies are implemented to protect the health and safety of employees, volunteers, students, inmates, contractors, cooperators, and visitors and continue to meet the DOI mission

within an environment impacted by an outbreak or pandemic. General mitigation strategies fall under a hierarchy of controls framework that include avoidance, engineering controls, administrative controls, safe work practices, and personal protective equipment (PPE). Once a specific disease of concern has been identified a unique set of mitigation strategies will need to be outlined in the disease specific crisis action plan based on disease type and most probable route of transmission (i.e., contact, droplet, and/or airborne). Mitigation strategies can be implemented in conjunction with one another or independently based on the circumstances and the nature of the task being performed.

Common types of mitigation strategies that DOI has used in the past include:

a. Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer (>60% alcohol).

b. Avoid touching eyes, nose, and mouth with unwashed hands.

c. Stay home when sick and avoid close contact with people who are sick.

d. Cover cough or sneeze into elbow or tissue, then throw the tissue in the trash.

e. Clean and disinfect frequently touched objects and surfaces.

f. Stay up to date on recommended vaccines, including the annual flu vaccine.

g. Social Distancing for airborne and droplet borne pathogens (reducing face-to-face meetings, maintain appropriate distances specific to the pathogen, etc.).

h. Vaccination and antimicrobial (i.e., anti-viral, antibiotic, etc.) medications.

i. Personal Protective Equipment (PPE).

j. Face covers, splash guards/shields, or other materials recommended by health officials that reduce pathogen transmission.

k. Case contact tracing, including case isolation, quarantine of exposed individuals, and cooperation with public health officials to provide and maintain contact information.

l. Telework.

m. Leave and other human resources flexibilities.

n. Reduction of services and unit/office closures to the public or employees.

A detailed explanation and use of mitigation strategies can be found in Appendix D for Occupational Safety and Health related mitigation strategies and Appendix E for Human Capital and Logistics related mitigation strategies.

Continuity of Operations (COOP) during a Pandemic

During a pandemic, COOP planning should influence response to mission vulnerability. Detailed guidance on DOI's COOP operations is found in the *DOI COOP Plan*. Depending on the pandemic's effects on the performance of DOI's Primary Mission Essential Functions, Mission Essential Functions, and Essential Supporting Activities detailed in the *DOI COOP Plan*, the Assistant Secretary - Policy Management and Budget (AS-PMB) may choose to activate the *DOI COOP Plan* during a pandemic in order to ensure prioritization and continuation of essential

functions throughout the pandemic. Activation of the *DOI COOP Plan* during a pandemic does not automatically mean relocation of continuity team members to an alternate location. Individual Bureaus, Offices, or field locations may also choose to activate their own COOP Plans during pandemics to ensure their support to essential functions continue, as well.

DOI has identified and prepared alternate operating facilities to support COOP operations, including facilities geographically dispersed from the National Capital Region, should the activation of the *DOI COOP Plan* occur during a pandemic. Alternate sites are not designed or intended for use to physically distance employees.

Distribution of the *DOI COOP Plan* is limited to personnel with a need to know. Please contact the Office of Emergency Management for more information.

Plan Maintenance

This plan is reviewed annually and revised at least once every five (5) years by the Office of Emergency Management.

Plan Distribution

This plan shall be distributed to all Bureaus and Offices and receive open distribution to DOI employees.

1 INTRODUCTION

The *Department of the Interior Pandemic Plan* (*DOI Pandemic Plan*) serves as a non-disease specific plan that is to be used as the foundational plan during the development of a disease specific crisis action plan in anticipation of a declared national public health emergency and/or pandemic. This plan provides guidance and direction for all DOI Bureaus and Offices, delineates responsibilities of Departmental leadership, Bureaus, and Offices for planning and operations, and oversight and coordinating instructions for public health and wildlife health related activities.

2 SITUATION

2.1 Scope

This plan may be applied and adapted for any disease that is declared a public health emergency or is a pandemic. Due to the significant epidemiological and public/wildlife health differences between diseases, this plan is designed to broadly describe the prevention, response, and recovery actions that apply to any disease and identify and address considerations for a disease specific crisis action plan.

2.2 Purpose

The DOI Pandemic Plan establishes a framework for how the Department will:

a. Protect the health and safety of DOI's employees, volunteers, students, inmates, contractors, cooperators, and visitors.

b. Maintain the essential functions and services of the Department during a pandemic.

c. Safeguard the Department's lands and facilities.

d. Fulfill the Department's trust responsibility to federally recognized tribal governments.

e. Conduct wildlife health surveillance, alerts, and wildlife disease outbreak mitigation for diseases that have the potential to cause a human pandemic, or subsequently impact trust wildlife species.

f. Identify Federal, State, Tribal, Territorial, and local support requirements.

g. Communicate effectively with internal and external stakeholders.

2.3 Background

Public health emergencies can occur anywhere and at any time within the United States. Public health emergencies can simultaneously impact multiple geographic regions. Global movement of people, animals, and goods increases the health threat exposure risk from outside the United States.

Most human emerging infectious diseases, including those posing a pandemic threat, originate in domestic animals and wildlife. These diseases are known as zoonotic diseases. Response to

pandemic threats may require measures to address disease and disease risks in animals as well as humans.

The DOI has a long-standing relationship and Memorandum of Agreement with the Department of Health and Human Services (HHS), which assigns U.S. Public Health Service (USPHS) Commissioned Corps officers to provide technical assistance and guidance on a wide range of public health issues across DOI. USPHS officers assigned to Bureaus and Offices provide public health, industrial hygiene, occupational safety, medical, and related subject matter expertise and serve as a departmental resource to support DOI and/or Bureau response activities. USPHS officers are assigned mainly to the National Park Service (NPS), with an increasing number of officers assigned to the Bureau of Indian Affairs (BIA), the U.S. Fish and Wildlife Service (FWS), the Bureau of Land Management (BLM), the Office of Occupational Safety and Health (OSH), and the Office of Emergency Management (OEM). Nearly 70% of officers assigned to DOI and its bureaus have a direct role to provide epidemiologic, sanitarian, and disease outbreak investigation capabilities during a pandemic to support an agency-wide response.

2.3.1 Zoonotic Disease and DOI

Zoonotic diseases, or zoonoses, include any disease or infection that is naturally transmissible between vertebrate animals and humans. Zoonoses may be bacterial, viral, parasitic, or may involve unconventional agents such as prions. The majority of emerging infectious diseases of humans are zoonotic and these diseases are the most likely to result in a human pandemic. DOI has significant capabilities regarding zoonotic diseases that occur between humans and wildlife and relies on the U.S. Department of Agriculture (USDA) for zoonotic diseases involving domestic livestock.

The U.S. Geological Survey (USGS) National Wildlife Health Center (NWHC) serves as the lead federal agency for response to wildlife disease events. NWHC coordinates with DOI Bureaus, the U.S. Department of Human Health Services (HHS), the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Agriculture (USDA).

Additional details regarding zoonotic disease, wildlife health, and DOI responsibilities and capabilities can be found in Appendix H.

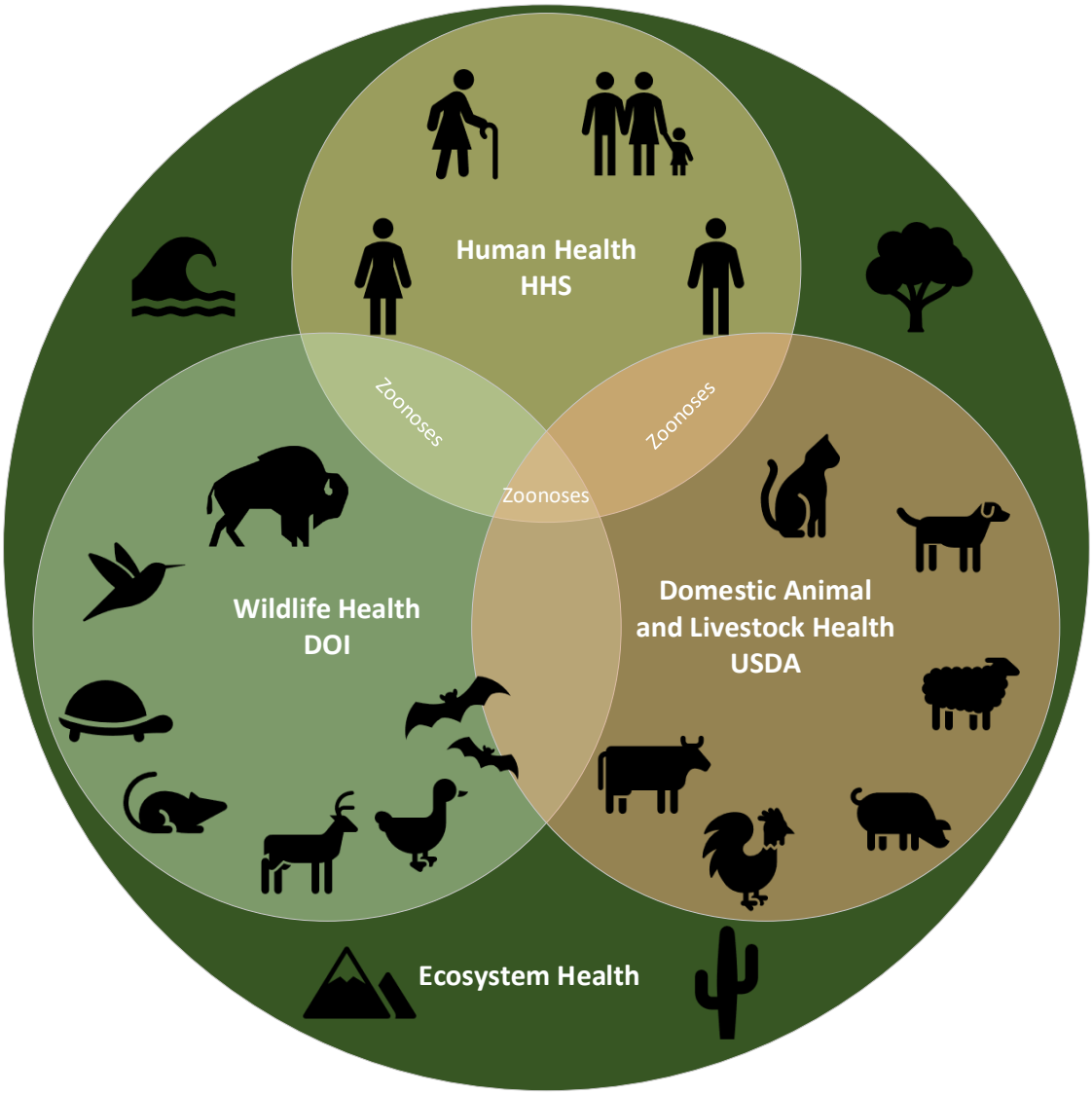


Figure 2-1: Zoonoses

2.4 Authorities

The Federal Government as a whole maintains frameworks and contingency plans for a biological incident, which are listed and hyperlinked below. These plans build upon one another working from the strategic to the tactical and describe the primary federal authorities to prepare for and respond to a pandemic. The lead federal agency for a pandemic response is the HHS. DOI is a supporting agency to HHS.

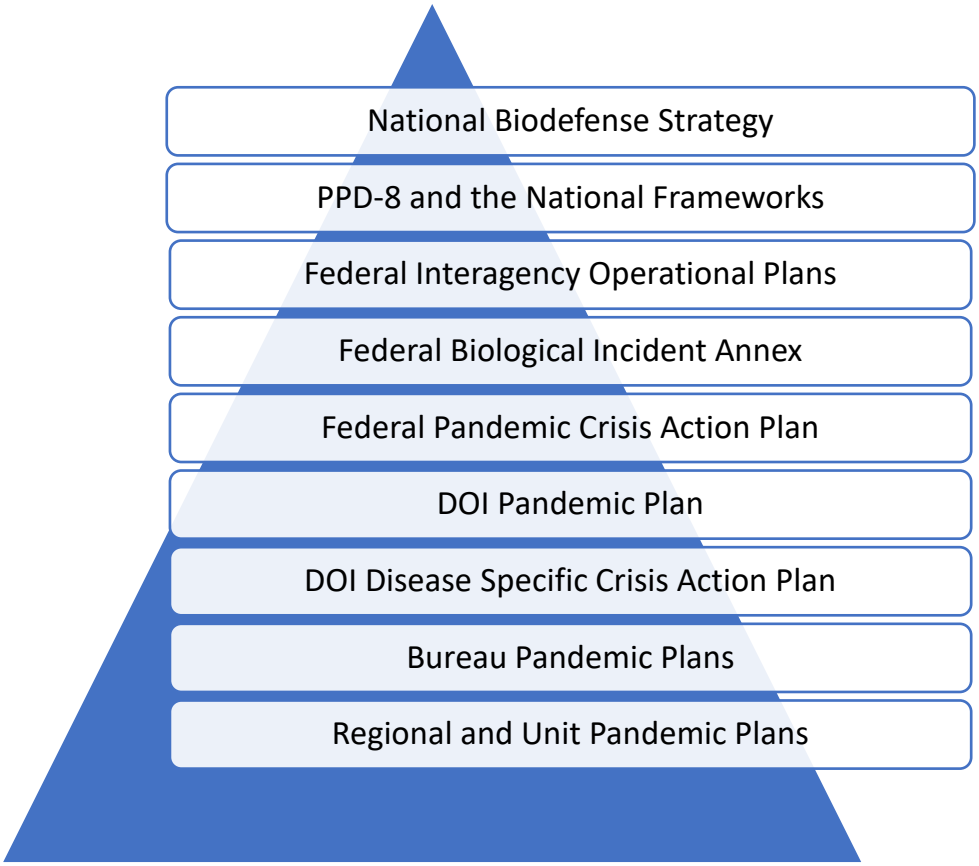


Figure 2-2: Tiered Pandemic Plans

Primary authorities that directly affect and/or drive execution of the *DOI pandemic plan* are listed here. For a full list of authorities, see Appendix J Authorities.

a. 42 U.S.C. §§ 201 et seq. - Public Health Service Act of 1944, Pub L. No. 78-410 (as amended).

b. 31 U.S.C. §1535 - Economy Act of 1932 and the Federal Acquisition Regulations System (FAR).

c. 42 U.S.C. §§ 5121-5207 - Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (as amended).

d. 5 U.S.C. - Government Organization and Employees all sections.

e. 6 U.S.C. § 753 - National Preparedness System – Federal Preparedness.

f. 54 U.S.C. - National Park Service Organic Act all sections.

g. 29 CFR 1910 and 1960[1] - Occupational Safety and Health Administration (OSHA).

h. Presidential Policy Directive 8 - National Preparedness.

i. Presidential Policy Directive 44 - National Preparedness, Enhancing Domestic Incident Response (Contact OEM for reference).

j. Federal and DOI Privacy laws, regulations, and policies.

2.5 Threat

Over the past two decades, numerous viral pathogens and antibiotic resistant bacteria have demonstrated real or potential ability to cause pandemics. These have included emerging (SARS, SARS CoV-2, MERS, Zika, H1N1) and reemerging (Ebola) viral threats, each with unique characteristics such as types of illnesses or lethality associated with infection. Globalization has impacted our ability to quickly identify, control, and prevent disease transmission in outbreaks that could lead to a pandemic. Additionally, both state and non-state actors have expressed interest in the intentional use of pathogens as weapons.

Prompt identification and response is dependent on multiple factors, such as the local/national public health and medical infrastructure; laws and policies; communication and information sharing; travel; and intra/inter-governmental coordination at the local, state, national, and international levels in countries where the disease originates. Breakdowns in these factors and/or social/cultural/political norms can result in a delayed or muted response and contribute to the spread of disease globally.

Novel pathogens are particularly problematic because humans have little immunity to these new agents. These pathogens require time and scientific study to characterize and may not have testing for rapid identification.

A severe pandemic can have significant impacts on the economy, national security, and the basic functioning of society and its critical infrastructure. The pandemic itself or the response to the pandemic has the potential to significantly impact natural resources, which can not only impact the DOI's ability to carry out its mission, but also can impact human survival and wellbeing when the air, water, food, and ecological services we depend upon are impacted. A pandemic can also severely hinder the ability of the Department to perform its mission due to shortages of resources (people, supplies, etc.) and ability to implement mitigation strategies that allow for safe operations to be conducted.

[1] DOI must comply with OSHA standards for employee health and safety during a pandemic. The Centers for Disease Control and Prevention (CDC) do not have regulatory authority. During a pandemic the CDC will issue recommendations to protect worker health and safety, however OSHA may or may not adopt.

2.6 Considerations, Limitations, and Constraints

2.6.1 Considerations

The following are considerations to be addressed during the development of the disease specific crisis action plan. Phase specific, more tactical level, considerations have been added in Appendices C and G.

a. What is the nature of the disease and how do we protect our employees, volunteers, students, inmates, contractors, cooperators, and visitors?

    1) What are the characteristics of the pathogen (e.g., mode of transmission, incubation period, period of infectiousness, presence of an animal or insect reservoir, geographic range, seasonality, infectious dose)?

    2) What is the extent (if any) of pre-existing herd immunity or uniquely vulnerable populations?

    3) What is the virulence and infectiousness of the pathogen?

    4) What is the ability to treat the disease?

    5) What is the ability to detect and test for the pathogen in all host populations or the environment?

    6) What is the ability to access healthcare for people?

    7) What is the capacity of hospital systems and diagnostic laboratories, and the availability of medical and veterinary support resources to include test kits, reagents, personal protective equipment?

    8) What is the capacity of local and state public health systems to conduct contact tracing and quarantine exposed or infected individuals?

    9) What is the availability and efficacy of vaccines or therapeutics for humans and animals?

    10) Are there adequate equipment and controls to protect worker, visitor, other DOI occupants, and animal safety and health?

    11) Is there public trust in the scientific and public health information and public willingness to implement prevention measures such as behavior changes?

b. What responsibilities does DOI have for non-employee populations who may be exposed or become sick while on our lands?

c. If the disease is a zoonotic disease, what is the Department's disease specific Lead Federal Agency (LFA) and support roles and responsibilities?

d. How do we maintain DOI missions and operations to the greatest extent possible?

e. What policies, guidance, training, and resources are needed to ensure the safety and health of employees are protected?

f. What pay and Human Resources' flexibilities (e.g., maximized telework, leave flexibilities, alternative work schedules, evacuation pay) need to be implemented to ensure safe and effective continuity of operations?

g. Using disease specific guidance balance mitigation strategies with mission requirements and psychological and economic impacts.

2.6.2 Limitations and Restraints (Can't Do's)

a. DOI cannot conduct contact tracing for employee related cases. Contact tracing responsibility rests with State, Local, Tribal, and Territorial (SLTT) public health authorities.

b. DOI has limited authority to collect employee medical information and mandate some preventive measures such as testing and vaccination.

c. DOI has limited authority to implement and enforce source control strategies that are not required for employee safety.

d. DOI cannot implement mitigation strategies that violate the Department's or individual bureau's legal responsibilities, missions, or imperil natural resources when other effective mitigation strategies exist.

2.6.3 Constraints (Must Do's)

a. DOI must continue to ensure the safety and health of employees and meet statutory requirements of 29 U.S.C §1910 and §1960 enforced by the Occupational and Health and Safety Administration (OSHA).

b. DOI must support mutual aid agreements (whether normal mission related agreements that must continue in a pandemic environment or pandemic/disaster response specific agreements) with local/state municipalities where these agreements exist.

c. During development of the disease specific crisis action plan DOI must ensure bureaus and offices that have collective bargaining agreements (CBAs) are provided the opportunity to review the draft disease specific crisis action plan and satisfy any labor-management obligations, as applicable. Where the provisions of this plan differ from the requirements contained in an applicable CBA, the CBA takes precedence.

d. DOI must use previously appropriated funds to support a pandemic response unless Congress otherwise appropriates supplemental funding.

e. DOI Bureaus and Offices must track pandemic specific expenditures to be prepared for the opportunity to inform supplemental funding data calls from Congress.

f. DOI must ensure disease reporting follows the DOI privacy policies to protect Personally Identifiable Information (PII) as required by law, regulation, and policy.

g. DOI must evaluate and as appropriate restrict or implement mitigation strategies that conflict or support DOI natural resource protection requirements. (e.g., spraying insecticides for mosquitoes within DOI lands.)

h. DOI must have the ability to manage workplace exposures and cases to limit disease spread and ensure a safe and healthful workplace using appropriate mitigations.

i. DOI must continue to coordinate the Federal Government's surveillance of trust wildlife species for the presence of identified potential pandemic pathogens and provide leadership and support in the area of wildlife disease research and diagnostics to Federal and State natural resource agencies.

j. In the event trust wildlife species are implicated in a potential pandemic, DOI must work with USDA and other Federal, State and Tribal natural resource, agricultural health, and public health agencies to support timely and effective response, to include conducting additional surveillance of trust wildlife species and recommending biosecurity measures to prevent interactions between domestic and trust wildlife.

2.7 Assumptions

In the absence of facts or verifiable data, planning assumptions represent information deemed true. They are necessary to facilitate planning development efforts. Assumptions set a baseline for planning purposes and do not preclude specific activities or decision points that will occur in the event of a pandemic incident. The following planning assumptions are provided to support preparedness planning for any level of the organization:

a. Susceptibility to the pandemic disease will be universal.

b. Efficient and sustained person-to-person transmission signals an imminent pandemic.

c. The clinical disease attack rate will be 30 percent in the overall population during the pandemic with illness rates the highest among school-aged children (about 40 percent) and declining with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

d. Emerging infectious diseases with pandemic potential that affect humans will emerge with little or no warning.

e. HHS will request federal agency coordination support from FEMA in accordance with the National Response Framework (NRF) and PPD-44 Domestic Incident Response.

f. Full information about the health threat may not be immediately available and may take hours, days, or months to unfold. Situational awareness will largely depend on the disease vector, type, and characteristics. Decisions will need to be made without complete information.

g. DOI will have a larger federal role during zoonotic disease related pandemics that involve trust wildlife species than those diseases that are only spread through human to human or domestic animal to human transmission.

h. Some persons will become infected but not develop clinically significant symptoms and these asymptomatic or minimally symptomatic individuals may be able to transmit infection and may aid in developing immunity to subsequent infection.

i. A pandemic will last 18 months or longer.

j. DOI operations will be impacted by supply chain disruptions and lack of goods or services within certain geographic areas or nationwide.

k. Multiple geographically dispersed waves of illness (periods during which community outbreaks occur across the country) will occur with each wave lasting two to three months.

l. Certain public health and community mitigation measures may increase absenteeism.

m. Historically, the largest outbreaks have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

n. Many employees can perform their jobs through telework.

o. Managers and employees will follow the normal workers' compensation claims processes and applicable safety and health reporting/notification procedures for any work-related exposures.

3 Mission

The Department of the Interior will:

a. In coordination with the interagency community, take all necessary action to support the U.S. Government's (USG) mission to prepare for, respond to, and recover from a pandemic.

b. Execute DOI responsibilities and support HHS, as the lead federal agency (LFA) for federal public health and medical response.

c. Maintain DOI missions and operations to the greatest extent feasible while protecting the health and safety of DOI's employees, volunteers, students, inmates, contractors, cooperators, and visitors.

d. Coordinate and support Bureau and Office activities to limit the spread of disease and mitigate the impact of illness, suffering, and death.

e. Sustain critical infrastructure, key resources, and lands under the jurisdiction of DOI.

f. Mitigate impact to the economy and the functioning of society.

g. Safely manage the natural, historic, and cultural resources entrusted to us by law.

h. Fulfill the Department's trust responsibility to federally recognized tribal governments.

i. Conduct wildlife health surveillance, alerts, and wildlife disease outbreak mitigation actions for diseases that have the potential to cause a human pandemic, or subsequently impact trust wildlife species.

j. Prioritize those areas where we have the influence to reduce and mitigate the spread of disease while safely providing physical and mental health and wellness to the American public through socially distant recreation on the public lands that we manage.

4 Execution

This Section outlines key Departmental actions, and coordination structures that apply to prevention, response, and recovery activities associated with a declared national public health emergency and/or human pandemic. Further detail regarding Departmental and Bureau responsibilities, activities, integration, synchronization, and phasing is outlined in the appendices to this plan.

4.1 General

Strategies and policies have been developed by the U.S. Department of Health and Human Services (HHS), the U.S. Office of Personnel Management (OPM), the Occupational Health and Safety Administration (OSHA), and the DOI, as well as other Federal Departments and Agencies to mitigate the impact of the disease on employee health and ensure the Mission Essential Functions (MEF) of the Federal Government continue with no or minimal interruptions.

A pandemic response is different than most incident response operations. A response to a natural or technological hazard is operationally a very local/tactical level response with support from the Region and Headquarters (HQ). A pandemic response is a mix of both local level actions combined with operational response at the HQ level. This dynamic response structure requires greater levels of communication and coordination to affect a successful response to a pandemic. The coordination system is described in Section 6, pandemic related roles and responsibilities are described in Appendix A, and phased operations in Appendix C provide the structures to support this complex response environment.

4.2 Concept of Operations

The phases in the *DOI Pandemic Plan* are derived from the CDC intervals outlined in the CDC Pandemic Intervals Framework (PIF) and the Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans. The *DOI Pandemic Plan* phase descriptions identify triggers that require changes in management responses and action as conditions evolve from phase to phase. The transition from one phase to the next is used to:

a. Stop, slow or otherwise limit the domestic spread of a pandemic, and mitigate disease, suffering, and death.

b. Sustain the mission of the Department and mitigate impact to the environment, natural resources, economy, and the functioning of society.

Asynchronous activation of this plan allows the flexibility to react based on the local situation within a given geographic area of concern while remaining strategically aligned at the national level.

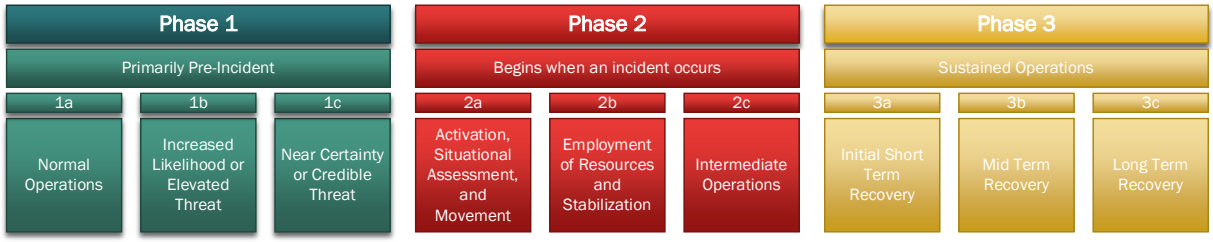


Figure 4-1: Operational Phases During a Biological Incident

During COVID-19, the *President's Re-Opening America Guidelines* served as the Phase 3 section of the response and recovery process.

Detailed phase triggers, operations, and actions are provided in Appendix C – Operations.

4.3 Monitoring/Alert/Activation

The USGS NWHC, the FWS Wildlife Health Office, and the NPS Wildlife Health Branch work to detect and monitor wildlife disease events both in the field and the laboratory. Diseases of importance to human and/or domestic animal health are reported to the appropriate agencies and alerts are issued per protocol.

4.3.1 Alert and Notification

There are several notification and response protocols related to health emergencies established in the Federal government, as well as within the Department and its Bureaus and Offices. It is important for those involved in such activities to understand these protocols to ensure they are utilized to increase the efficiency of the response. The two key protocols used by DOI are the Interagency Biological Incident Notification and Assessment (BINA) Protocol and the DOI BINA Protocol described below. Additional monitoring; surveillance; and intelligence-gathering and analysis is detailed in Appendix B Intelligence and Surveillance.

4.3.1.1 Interagency Biological Incident Notification and Assessment (BINA) Protocol

The Interagency BINA Protocol provides a national-level interagency consultation process designed to achieve consistent, coordinated action and desired outcomes to prevent, protect, and respond to high-consequence bioterrorism and biosecurity threats. The Protocol is a plan for the Executive Branch to effectively direct Federal Government resources (i.e. medical and public health, law enforcement and security, intelligence, military, and diplomatic resources) to support an immediate and coordinated response to the most dangerous biological threats.

4.3.1.2 DOI Biological Incident Notification and Assessment (BINA) Protocol

The Department's primary role and concerns as they relate to the Interagency BINA Protocol are associated with its wildlife health mission areas, as well impacts to DOI lands and our responsibilities to the Tribes, Territories, and freely associated states. In addition, biological threats could impact the health of DOI personnel, volunteers, and visitors, as well as the Department's ability to execute essential functions and maintain continuity of operations. The

Department has expertise, resources, and capabilities in wildlife health, including the USGS NWHC with its Biosafety Level 3 laboratory; wildlife health surveillance role/activities; and veterinarians/biologists across the Department.

Because of the Department's interests, mission areas, and expertise, DOI has its own BINA Protocol maintained by OEM and executed through the Interior Operations Center (IOC). The DOI BINA Protocol is activated by the Director of OEM whenever an Interagency BINA Protocol activation involves wildlife health, impacts DOI lands and/or resources, and other equities and interests of the Department. Like the Interagency BINA Protocol, the DOI BINA Protocol provides a consultation process that includes situational awareness sharing, assessment, and notification.

4.3.2 Key Leadership Tasks

4.3.2.1 Human Pandemic without a Wildlife Reservoir

a. Protect the health and safety of DOI's employees,

   1) Re-evaluate all job duties using a job hazard analysis (JHA) to identify any new hazards in the workplace posed by the disease.

   2) Evaluate exposure risk and mitigation strategies using the hierarchy of controls and implement applicable controls.

   3) Evaluate existing training and medical requirements for staff requiring respiratory protection; expand existing respiratory protection program to staff as required.

   4) Evaluate all positions to determine if they require working onsite.

   5) Manage workplace exposures and cases to limit disease spread and ensure a safe and healthy workplace using appropriate mitigations.

   6) Support public health case contact tracing and instruct employees to cooperate with case investigations within the workplace.

   7) Ensure that the DOI public health functions and offices have the tools and resources available to support Federal, State, Tribal, Territorial, and local public health response.

   8) Update telework agreements for all staff; identify and accommodate individuals with increased risk of adverse health outcomes from the disease of concern.

   9) Assess safety equipment, supplies, and personal protective equipment (PPE) needs based on the job hazard analysis; inventory existing PPE; project PPE needs during initial phases of transmission where supplies may be limited and report to appropriate office (Regional, Headquarters).

   10) Establish a plan to prioritize and distribute PPE where required.

b. Protect the health and safety of students, inmates, visitors, and volunteers

   1) Evaluate exposure risk to these populations, track disease transmission occurrences, and identify and enact risk management strategies to prevent or mitigate disease transmission.

2) Communicate risk, mitigation strategies, and any changes in services (e.g., delayed emergency response) on DOI lands.
3) Manage workplace exposures and cases to limit disease spread and ensure a safe and healthy workplace using appropriate mitigations.
4) Support public health case contact tracing and instruct employees to cooperate with case investigations within the workplace.

c. Protect and safely manage the natural, cultural, and historical resources entrusted to DOI.
d. Maintain the essential functions and services of the Department during a pandemic.
e. Support the Federal, State, Tribal, Territorial, and local response to a pandemic.
f. Communicate effectively both internally with DOI employees, contractors, volunteers, and externally with visitors and the general public in all phases described in the DOI Pandemic Plan.

4.3.2.2 Human Pandemic with a Wildlife Reservoir

In addition to the tasks listed in Section 4.3.2.1. these are additional key leadership tasks that will need to be considered for inclusion in the disease specific crisis action plan when the disease transmission includes a wildlife reservoir.

a. Coordinate with other Federal and State wildlife management agencies to monitor trust wildlife species of wild animal populations throughout the United States for indications of disease and offer advanced capabilities to detect, identify, and characterize newly emerging pathogens of wildlife.
b. Collaborate with HHS and USDA, as well as State public health, agricultural, and wildlife management agencies, to deliver an effective "One Health" response that integrates human, animal, and environmental health expertise.
c. Zoonotic disease decision points and associated tasks:

Zoonotic Disease Decision Point	Tasks
A zoonotic disease with pandemic potential is detected in wild free ranging animals	- Conduct passive and active wildlife disease surveillance; make appropriate notifications to State and Federal partners through standard communication systems and the DOI BINA Protocol. - Protect human health and the health of trust species to the greatest extent possible by ensuring that adequate biosecurity and biosafety measures are taken on DOI lands.
A zoonotic disease with pandemic potential originating in wildlife spreads to humans; human to human transmission becomes sustained.	- Participate in coordinated monitoring for the disease in free ranging wildlife among all affected jurisdictions. - Provide support and technical expertise to HHS regarding the epidemiology of the disease in wildlife as it pertains to human infections.
Widespread human infection occurs, the disease becomes	- Conduct research and surveillance.

endemic in free-ranging wildlife; disease waves shift to seasonal levels.	- Take appropriate management actions to decrease disease transmission between affected trust wildlife species, from trust wildlife to humans or domestic animals, and from humans to trust wildlife species. - Develop and implement wildlife management policies that help to minimize the spread of disease and maximize the resilience of trust species and other wildlife species on DOI lands. - Coordinate with all affected wildlife management jurisdictions to ensure coordinated management and similar policy development.

4.4 Planning and Preparedness

All leadership, including supervisors/managers, are encouraged to understand the prevention and mitigation strategies that are available. Supervisors/managers should use these strategies to ensure the continuation of all essential functions should a pandemic necessitate further active protections for DOI employees, contractors, partners, and the public.

Prior to a public health emergency managers should:

a. Review the unit, Bureau, or DOI COOP plan on a regular basis.

b. Develop and maintain a unit, Bureau, or DOI Office of the Secretary level pandemic plan that includes:

   1) A list of essential functions to be executed in the event of increasing threat.

   2) A list of the associated employees responsible for performing essential functions.

   3) An inventory of essential records, databases, and systems needed to sustain operations, if necessary, including whether these records can be accessed electronically from a remote location (e.g., an employee's home or other alternate work site).

   4) A summary of work functions that cannot be performed remotely (e.g., physical security, law enforcement activities, and maintaining critical infrastructure).

   5) A list of functions that may be performed from remote locations and a list of employees performing these functions.

   6) A description of how unit, Bureau, and DOI Office of the Secretary functions can be performed by alternate personnel at alternate locations wherever feasible. For functions that may be performed from remote locations, describe the required equipment (e.g., Government Furnished Equipment (GFE) laptops, remote access, high-speed internet) needed to perform these functions.

   7) A directory of employees capable of being cross trained to perform a variety of functions.

   8) An inventory of contracts and contractors that perform functions that must continue or be augmented (e.g., custodial services, health center staffing,).

9) A list of employees or positions that perform high and medium exposure risk occupations that might be required to wear personal protective equipment (PPE) and/or prioritization to receive medical countermeasures/anti-viral medication.

4.5 Federal Interagency Support

The *DOI Baseline Operational Plan* describes capabilities and resources that the Department has identified that may be provided to other agencies under the NRF through Emergency Support Functions (ESFs) and National Disaster Recovery Framework (NDRF) through Recovery Support Functions (RSFs). Below are the most likely support activities that DOI will be requested to provide in support of the response to a potential or actual pandemic.

4.5.1 Use of DOI managed Lands and Facilities

4.5.1.1 Federal Quarantine Sites or Other Federal Use of DOI Lands and Facilities

Land management Bureaus should be prepared to identify potential facilities that may be used as federal quarantine sites in support of HHS requirements. Depending on usage requirements from HHS, land management Bureaus should be prepared to identify potential facilities within a given geographic area and detail any legal, jurisdictional, health and safety, public/visitor use, and contractual challenges that will need to be addressed prior to use by HHS or FEMA. Sites under consideration should be evaluated for any Bureau specific constraints or mission requirements to determine appropriateness for use (e.g., NPS natural or cultural resource protection requirements; and/or site security requirements).

If a site is selected by HHS or FEMA for use, a formal HHS Interagency Agreement (IAA) or FEMA Mission Assignment should be established. If there is no intention of the Department or the Bureau to seek reimbursement for the use of the facility, then a zero-dollar HHS Interagency Agreement or FEMA Mission Assignment should still be established for documentation, justification of use in support of pandemic response, and national support tracking purposes.

4.5.1.2 State, Local, Tribal, and Territorial (SLTT) Quarantine Sites or Other Use of DOI Managed Lands and Facilities

The Department of the Interior has a long history of being the face of the Federal Government in rural communities and has developed a strong ties and relationships with those rural communities. As such, SLTT leadership may reach out to DOI for support and use of facilities and personnel prior to requesting support from FEMA or HHS.

In accordance with *900 DM 1 – Emergency Management Program Policy, Responsibilities, and Requirements*, "Upon receiving a request from an authorized Government official for incident support, local field personnel of Bureaus/Offices may take action to save lives, prevent human suffering, or mitigate environmental and property loss."

If a Bureau or Office receives a direct request for support from a SLTT leader or activates an existing memorandum of agreement to provide use of DOI lands and facilities, the Bureau or Office is required to provide a report of that support through their Emergency Management Coordinator to the Interior Operations Center. The Interior Operations Center will include the

support as equivalent to a FEMA Mission Assignment for DOI wide tracking and reporting of federal support being provided to SLTT governments. Sites under consideration should be evaluated for any Bureau specific constraints or mission requirements to determine appropriateness for use (e.g., NPS natural or cultural resource protection requirements and/or site security requirements).

If there is substantial cost or reimbursement needed for the use of DOI lands or facilities by a State, Local, Tribe, or Territory the Bureau should redirect the requestor to formally request the support through the FEMA Region. FEMA will then coordinate with HHS and the State, Tribe, or Territorial government to determine the best course of action. If support from DOI is identified as the best course of action, FEMA through a mission assignment, or HHS through an IAA, will provide appropriate funding support to the State, Tribe, or Territory for the needed support from DOI.

4.5.2 Law Enforcement Support under ESF-13

DOI, led by the Office of Law Enforcement and Security (OLES), is a support agency to the Department of Justice (DOJ) Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) for ESF-13, Public Safety and Security. During a declared public health emergency or federal declaration of a national emergency, DOI federal law enforcement officers may deploy under an ESF-13 activation to provide support, security, and potentially quarantine enforcement at federally managed entry/departure quarantine stations, grounds, or anchorage. If a State, Tribal, or Territorial government requests direct federal law enforcement support during a pandemic, FEMA coordinates the request and mission assignment through ESF-13 as described in the NRF.

4.5.3 Incident Management Support under ESF-4 (Firefighting)

DOI, led by Office of Wildland Fire, provides incident management support to SLTT governments in coordination with the U.S. Forest Service as requested by the Lead Federal Agency through ESF-4 as described in the NRF.

4.5.4 Natural, Cultural, and Historic Properties (NCH) Support under ESF-11 and the Natural and Cultural Resources RSF (NCR RSF)

DOI, led by the Office of Environmental Policy and Compliance, serves as the lead coordinating agency to coordinate and provide interagency capabilities that support State, Tribal, and Territorial understanding and response to direct and indirect impacts to NCH as defined in the NRF under ESF-11 and NCR as defined in the NDRF as a result of a pandemic. This includes helping States, Tribes, and Territories identify, document, and manage impacts to museums, artists and craftspeople, libraries, theatres, performing arts centers, etc. Information on these impacts are shared with relevant partners (FEMA, Department of Commerce, etc.) to ensure natural and cultural resources are considered as part of the response and recovery efforts during and after a pandemic.

4.5.5 Wildlife Health Support under ESF-11

DOI, led by the USGS NWHC serves as the lead federal agency for wildlife diseases as detailed in the National Response Framework (NRF) ESF-11 Annex to:

a. Serve as the point of contact for wildlife disease emergencies, including zoonotic diseases outbreaks.

b. Assist in responding to disease events involving free ranging fish and wildlife populations, including infectious diseases, biohazard events, and toxicological diseases resulting from exposure to environmental contaminants by providing upon request or direction from FEMA through a mission assignment or HHS through an IAA:

    1) Wildlife emergency response teams.

    2) Geospatial assessment and mapping tools.

    3) Assistance in the identification of new emerging and resurging zoonotic diseases.

    4) Diagnostic laboratory support (up to and including biological safety Level 3 containment).

    5) Assistance with the prevention, control, and eradication of any disease involving wildlife.

    6) Carcass disposal facilities.

c. FWS and NPS provides technical expertise and ground support to NWHC where necessary for ESF-11 animal health functions.

4.6 Direct Support to Tribal Governments

All federal government Departments, Bureaus, and Agencies have a trust responsibility to federally recognized tribal governments including during a pandemic. HHS through the Indian Health Service (IHS) has the lead federal agency role to provide support to Tribal governments during a pandemic. DOI, through the Assistant Secretary - Indian Affairs (AS-IA), Offices under the AS-IA, the Bureau of Indian Affairs, and the Bureau of Indian Education, serves as a supporting agency to HHS and IHS either directly or through FEMA as defined in the NRF, Biological Incident Annex, Tribal Annex, and PPD-44 Domestic Incident Response.

4.7 Direct Support to Insular Areas

The Department of the Interior, through the Assistant Secretary for Insular and International Affairs (AS-IIA), coordinates federal policy for the territories of American Samoa, Guam, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands. AS-IIA is also responsible for administering and overseeing U.S. federal assistance during a pandemic to the freely associated states of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau under the Compacts of Free Association, as amended. The seven locations identified are referred to collectively as Insular Areas and the responsibilities for the Insular Areas are executed through the Office of Insular Affairs (OIA). As much as possible,

OIA's responsibilities will be carried out in a manner that complements other Federal activities underway.

4.8 Mitigation Strategies

There are multiple strategies that may be implemented to mitigate risk and spread of disease. Strategies used and employed are specific to the biological agent and how the disease is spread.

Mitigation strategies are implemented to protect the health and safety of employees, volunteers, students, inmates, contractors, cooperators, and visitors and continue to meet the DOI mission within an environment impacted by an outbreak or pandemic. General mitigation strategies fall under a hierarchy of controls framework that include avoidance, engineering controls, administrative controls, safe work practices, and personal protective equipment (PPE). Once a specific disease of concern has been identified a unique set of mitigation strategies will need to be outlined in the disease specific crisis action plan based on disease type and most probable route of transmission (i.e., contact, droplet, and/or airborne). Mitigation strategies can be implemented in conjunction with one another or independently based on the circumstances and the nature of the task being performed.

Common types of mitigation strategies that DOI has used in the past include:

a. Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer (>60% alcohol).

b. Avoid touching eyes, nose, and mouth with unwashed hands.

c. Stay home when sick and avoid close contact with people who are sick.

d. Cover cough or sneeze into elbow or tissue, then throw the tissue in the trash.

e. Clean and disinfect frequently touched objects and surfaces.

f. Stay up to date on recommended vaccines, including the annual flu vaccine.

g. Social Distancing for airborne and droplet borne pathogens (reducing face-to-face meetings, maintain appropriate distances specific to the pathogen, etc.).

h. Vaccination and antimicrobial (i.e., anti-viral, antibiotic, etc.) medications.

i. Personal Protective Equipment (PPE).

j. Face covers, splash guards/shields, or other materials recommended by health officials that reduce pathogen transmission.

k. Case contact tracing, including case isolation, quarantine of exposed individuals, and cooperation with public health officials to provide and maintain contact information.

l. Telework.

m. Leave and other human resource flexibilities.

n. Reduction of services and unit/office closures to the public or employees.

A detailed explanation and use of mitigation strategies can be found in Appendix D for Occupational Safety and Health related mitigation strategies and Appendix E for Human Capital and Logistics related mitigation strategies.

4.9 Continuity of Operations (COOP) during a Pandemic

4.9.1 Prioritization of Essential Functions during a pandemic.

During a pandemic, COOP planning should influence response to mission vulnerability. Detailed guidance on DOI's COOP operations is found in the *DOI COOP Plan*. Depending on the pandemic's effects on the performance of DOI's Primary Mission Essential Functions, Mission Essential Functions, and Essential Supporting Activities detailed in the *DOI COOP Plan*, AS-PMB may choose to activate the *DOI COOP Plan* during a pandemic in order to ensure prioritization and continuation of essential functions throughout the pandemic. Activation of the *DOI COOP Plan* during a pandemic does not automatically mean relocation of continuity team members to an alternate location. Individual Bureaus, Offices, or field locations may also choose to activate their own COOP Plans during pandemics to ensure their support to essential functions continue, as well. The following subsections provide supplemental guidance on ensuring continuity of operations during a pandemic. (For additional information specific to the pandemic as it relates to DOI COOP, refer to the *DOI COOP Plan*.)

Distribution of the *DOI COOP Plan* is limited to personnel with a need to know. Please contact the Office of Emergency Management for more information.

4.9.2 Alternate Operating Facilities.

DOI has identified and prepared alternate operating facilities to support COOP operations, including facilities geographically dispersed from the National Capital Region, should the activation of the *DOI COOP Plan* occur during a pandemic. Alternate sites are not designed or intended for use to physically distance employees. Bureaus and Offices should employ the human resource flexibilities and other mitigation strategies detailed in this plan to ensure the appropriate physical distance between members of the workforce.

During a pandemic, OEM will review and adapt operations plans to address the movement, protection, housing, and feeding of staff if deployment to DOI's alternate sites is required for a simultaneous activation of the *DOI COOP Plan* during a pandemic. Additionally, these plans will incorporate appropriate mitigation measures in accordance with CDC guidelines and the disease specific crisis action plan to prioritize the health and safety of all personnel at the alternate sites.

4.9.3 Special Provisions for COOP Team Members During a Pandemic.

Employees working at Departmental COOP Sites during a pandemic may be asked to take certain precautions before deploying and upon arrival. Some of these precautions may include:

a. Entrance screening for infection.

b. Prioritization and provision of vaccination (if available) and antimicrobial medication.

c. Quarantining at COOP site for the appropriate amount of time based on the disease to determine individuals are not infected.

d. Working flexible/alternate schedules to reduce the numbers of personnel in the COOP Sites at one time and support social distancing.

4.9.4 Reconstitution.

If the *DOI COOP Plan* is activated during a pandemic, reconstitution efforts will begin immediately and be implemented as the pandemic subsides. The reconstitution of normal DOI operations is based on employee availability and safety to shift focus from only essential functions to all DOI's responsibilities. AS-PMB is responsible to assess the capability of the Department to resume normal operations.

4.10 Federal Points of Distribution

Since the issuance of Executive Order 13527, *Establishing Federal Capability for the Timely Provision of Medical Countermeasures (MCM) Following a Biological Attack (Dec. 30, 2009)*, the U.S. Government has made great strides in its preparedness planning for MCM dispensing. This planning has included joint local, state, and federal efforts, as well as a wide range of interagency and private sector engagement. Plans have focused on the identification of point-of-distribution (POD) locations, exact numbers for required doses, and detailed timelines for resource movement and the logistics required to move the MCM.

In each of the 10 largest U.S. cities that participate in the Urban Area Security Initiative, there now exists a detailed execution matrix, timeline, and resource inventory that include pre-identified personnel for MCM distribution. By far the greatest of the limitations in these plans is the ability to staff these PODs in time to disseminate the MCM within the window in which it will be effective.

An option to resolve this challenge could be for federal workers to augment local capabilities. Policy-level decision making may need to be exercised during a pandemic to waive U.S. Code Title 5 employment, workforce safety, and workforce duty assignment limitations in order to identify and deploy a surge of federal resources from within the affected metropolitan area to support local public health official POD operations.

The Federal Interagency Concept of Operations – Rapid Medical Countermeasures Dispensing Plan serves as the higher level plan that will inform any DOI MCM planning. The Department of the Interior should be prepared to identify DOI employees that may be made available to support staffing of PODs based on HHS and FEMA requirements as described in the Federal Interagency Concept of Operations – Rapid Medical Countermeasures Dispensing Plan.

4.11 Critical Information Requirements and Reporting

Critical Information Requirements (CIRs) are a comprehensive list of information requirements that the incident leadership has identified as critical to facilitating timely decision making. Examples below provide a framework for use when developing the disease specific crisis action plan:

a. Report of an unusual public health event or outbreak on, or threatening, DOI lands, resources, employees, volunteers, trust resources, Tribal, or Insular communities.

b. Report of an unusual wildlife health, disease event, or outbreak on, or threatening, DOI lands, resources, employees, volunteers, trust resources, Tribal, or Insular Areas.

c. Review and adapt the established standing CIRs and Essential Elements of Information (EEIs) for reporting.

d. Report activations of COOP plans and any impacts to essential functions.

e. Report any Bureau/Office surged/deployed staff that are providing direct support to a State, Tribe, or Territory under agency authority or under mission assignment. This information will need to be broken down by number of personnel deployed in each state.

f. Report administrative actions, waivers, and other programmatic changes that impact agency provision of service or mission delivery (externally facing).

g. Report guidance, communication, and outreach with stakeholders.

h. Report actions that affect Federal facilities and personnel.

i. Report other notable responses, including any federal support, any precautions being taken for specific Bureaus/Offices for current confirmed cases, contacts, or potential exposures.

j. Report number of lab-confirmed positive cases.

k. Report number of pandemic disease-related deceased employees.

l. Report number of recovered employees.

4.12 Roles and Responsibilities

Collectively the role and responsibility of the Department, led by the Secretary is to:

a. In coordination with the interagency community, take all necessary action to support the U.S. Government's (USG) mission to prepare for, respond to, and recover from a pandemic.

b. Execute DOI responsibilities and support HHS, as the lead federal agency (LFA) for federal public health and medical response.

c. Maintain DOI missions and operations to the greatest extent feasible while protecting the health and safety of DOI's employees, volunteers, students, inmates, contractors, cooperators, and visitors.

d. Coordinate and support Bureau and Office activities to limit the spread of disease and mitigate the impact of illness, suffering, and death.

e. Sustain critical infrastructure, key resources, and lands under the jurisdiction of DOI.

f. Mitigate impact to the economy and the functioning of society.

g. Safely manage the natural, historic, and cultural resources entrusted to us by law.

h. Fulfill the Department's trust responsibility to federally recognized tribal governments.

i. Conduct wildlife health surveillance, alerts, and wildlife disease outbreak mitigation actions for diseases that have the potential to cause a human pandemic, or subsequently impact trust wildlife species.

j. Prioritize those areas where we have the ability to reduce and mitigate the spread of disease while safely providing physical and mental health and wellness to the American public through socially distant recreation on the public lands that we manage.

Specific roles and responsibilities have been identified in Appendix A to fulfill the collective role and responsibility of the Department.

All leadership, including supervisors/managers, should read and use the *DOI Pandemic Plan* to understand the prevention, mitigation, response, and recovery strategies that are available. Supervisors/managers should employ these strategies to ensure the continuation of all essential functions should a pandemic necessitate further active protections for DOI employees, contractors, partners, and the public.

Heads of Bureaus and Assistant Secretaries are responsible to ensure the Bureau and/or Offices under their authority are prepared to implement the DOI Pandemic Plan and subsequent disease specific crisis action plan. This is done through the development of a Bureau and/or Assistant Secretary pandemic plan describing the Bureau or Assistant Secretary specific preparedness, response, and recovery actions and responsibilities to be taken to execute the *DOI Pandemic Plan*.

5 Administration and Logistics

5.1 Logistics

The greatest logistical challenge that the Department will likely face during a pandemic is shortages in the supply chain system for everything from basic sanitation supplies to PPE. It is for this reason that the Department must maintain a strategic stockpile of the most likely items to be in the highest demand and critical to supporting the health and safety of our employees. Appendix E details the Departments logistics system and PPE Supply Chain Task Force concept of operations.

5.2 Funding

DOI Office of the Secretary and Bureaus will need to rely on existing operational funding to support a pandemic response and be prepared to document all incident related expenses should an opportunity for a supplemental funding request be presented by Congress.

5.3 After Action Reports and Lessons Learned

Unlike most other incidents and disasters that the Department responds to, the duration of a pandemic (12-24 months) requires a modified after-action reporting and development process. The Department should conduct multiple In Progress Reviews (IPR) during the incident to capture key issues and lessons learned as major phases of the incident pass. As an example,

during COVID-19, the Department conducted an IPR after most of the Department entered Phase 2C and was preparing for Phase 3A. This allowed rapid identification of issues and corrective actions to be realized in the COVID-19 Re-Opening America planning effort.

Additionally, due to the complexity of conducting a Department-wide after-action report (AAR) where nearly every single unit and geographic area of the Department was impacted by the incident any formal AAR development process should be initiated and led by the Deputy Secretary.

6 Oversight, Coordinating Instructions, and Communications

6.1 Oversight

The Secretary (through the Deputy Secretary) oversees the Departmental preparation, response, and recovery from a pandemic by providing strategic leadership direction, intent, and identification of Departmental funding, priorities, and messages.

6.2 Departmental Response Coordination Systems

This plan utilizes the standing Departmental response coordination systems outlined in *900 DM Series* and the *DOI Baseline Operational Plan*. The sections below builds on those higher-level descriptions to identify each level's roles and actions to prepare for, respond to, and recover from a pandemic.

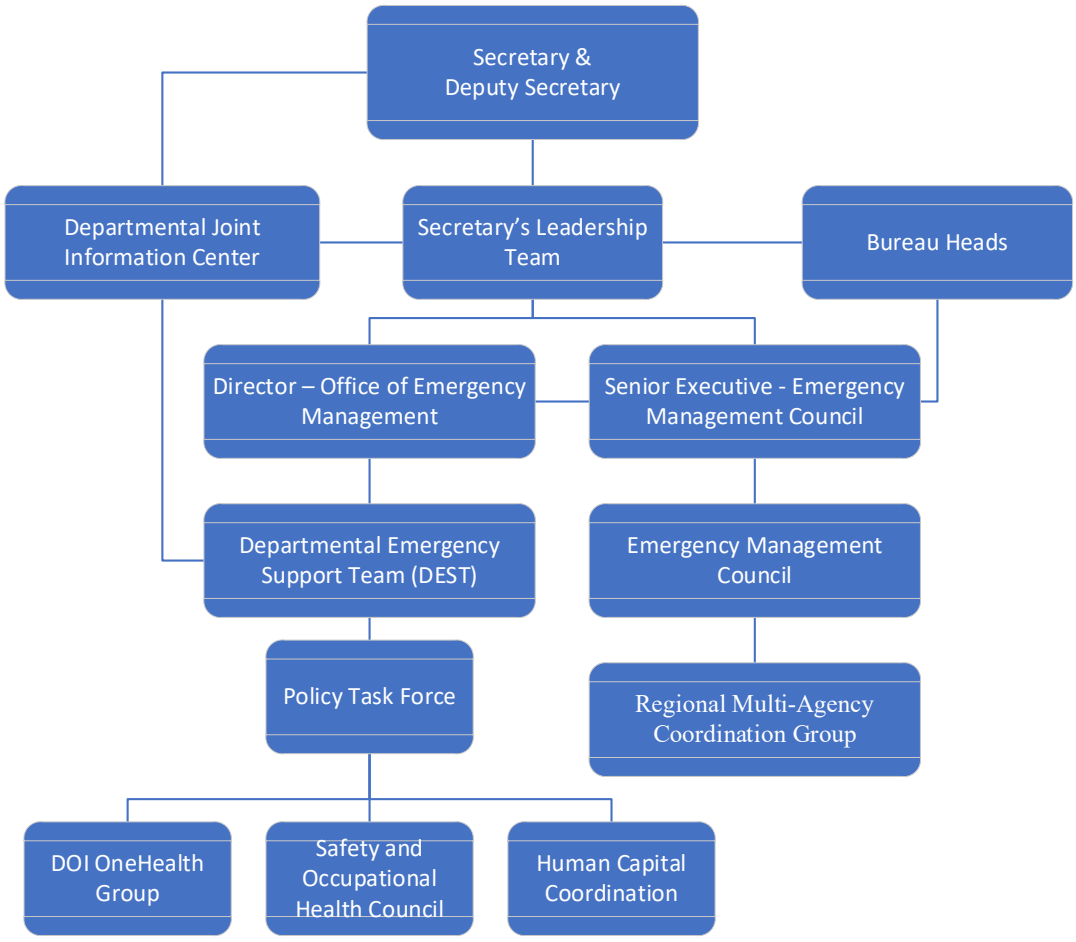


Figure 6-1: Departmental Response Coordination Diagram

6.2.1 Secretary's Leadership Team

When a pandemic threatens or impacts multiple Bureaus or requires significant Departmental involvement, the Secretary and/or Deputy Secretary may convene the Secretary's Leadership Team to lead the Departments strategic response and crisis communications effort during severe and catastrophic events. Membership of this team may vary according to the type of incident, but typically includes the Secretary or Deputy Secretary, Chief of Staff, Science Advisor to the Secretary, Solicitor, Chief Information Officer, Office of Communications, Senior Advisors/Counselors, Assistant Secretaries, Deputy Assistant Secretaries, and Office of Emergency Management.

6.2.2 Senior Executive – Emergency Management Council (SE-EMC)

When a pandemic threatens or impacts multiple Bureaus or requires significant Departmental involvement, the SE-EMC may be convened as a multi-agency coordination group to advise and execute senior leadership decisions and crisis communications.

6.2.3 Emergency Management Council (EMC)

When a pandemic threatens or impacts multiple Bureaus or requires significant Departmental involvement, the EMC may be convened as a multi-agency coordination group to coordinate, execute, and support the activities of the Department.

6.2.4 Policy Task Force (PTF)

During complex incident response operations, such as a pandemic, OEM can activate the Policy Task Force (PTF). The PTF is formed of select Offices of the Secretary to:

a. Identify, research, and analyze Departmental policy gaps and issues during incidents; and
b. Update, issue, and disseminate incident-specific policy and guidance to address the needs of the Department and its stakeholders.

During COVID-19, the Policy Task Force consisted of the following Offices of the Secretary:

a. Acquisitions and Property Management
b. Budget
c. Chief Information Officer
d. Civil Rights
e. Communications
f. Emergency Management
g. Law Enforcement and Security
h. Occupational Safety and Health
i. Facilities and Administrative Services
j. Planning and Performance Management
k. Solicitor
l. Strategic Employee and Organization Development
m. Wildland Fire

6.2.5 DOI Joint Information Center (JIC)

The DOI Joint Information Center is activated and led by the Office of Communications (OCO) and may include Bureau and/or Office communicators and public affairs personnel, the Office of Congressional and Legislative Affairs, and Bureau and/or Office Congressional and Legislative

Affairs Offices, and the Office of External and Intergovernmental Affairs. The DOI Joint Information Center serves as the primary link for communication with the public, news media, and other internal and external audiences in coordination with the EMC, SE-EMC, and Secretary's Leadership Team as appropriate.

The Office of Communications, supported by the DOI Joint Information Center if activated, serves as the DOI connection to the National Joint Information Center as described in the NRF and ESF-15 Standard Operating Procedures.

For additional information see the Joint Information Center Model published by the National Response Team.

6.2.6 DOI One Health Group

The DOI One Health Group is a team of wildlife, human, and environmental health professionals from across the Department that provide subject matter expertise in support of emergency managers responding to pandemic threats involving wildlife species, DOI personnel, volunteers, students, inmates, or visitors to DOI lands.

6.2.7 Human Capital and Human Resources Coordination

The Office of Human Capital (OHC) coordinates human resources policies, programs, and related activities with the Bureau Human Capital Leadership, which includes Human Capital Officers and Human Resources Directors/Officers. OHC leverages this group along with the HR Policy Review Board and several subject matter expert communities of practice to share relevant, pressing human capital-related information affecting our workforce; identify HR policy gaps and human capital challenges; review draft policies; and implement issued policies and programs.

6.2.8 Safety and Occupational Health Council

The DOI Safety and Occupational Health Council is comprised of Bureau safety and health managers. This Council is run by the Office of Occupational Safety and Health (OSH) and provides a focal point for coordinating safety and health program activities of the Bureaus, while serving as an advisory body on program matters to the Departmental Designated Agency Safety and Health Official (DASHO) and the DASHO Council. It provides a forum for the exchange of safety and health program information between OSH and Bureau safety and health managers, and other Departmental officials.

6.2.9 Regional Coordination

The Field Special Assistant (FSA) serving as the Department's Regional Emergency Management Coordinator will use the FSA Field Committee as a Regional Multi-Agency Coordination Group (Interior Regional MAC Group), based on the National Incident Management System (NIMS) Multi-Agency Coordination Group construct. The Interior Regional MAC Group will coordinate information sharing and phased operational changes for

their Region among the Bureaus and Offices within their region and the EMC, SE-EMC, and Secretary's Leadership Team as appropriate.

The Interior Regional MAC Group is established to:

a. Provide a forum for coordination and information sharing across Bureaus and Offices within a given Interior Region.

b. Provide a regional understanding and report on the State, Tribal, Territorial Public Health actions, mitigation strategies, response to, and recovery from a pandemic.

c. Identify the Interior Regional Phase based on phase triggers and descriptions outlined in Appendix C and further defined in the disease specific crisis action plan.

d. Identify and implement DOI mitigation strategies as defined in this plan.

e. Understand and identify differences in Bureau/Office needs and mission requirements, and where possible, strive to move between phased mitigation strategies within the Interior Region at the same time, in the same place, and in the same manner to provide consistency to our employees as well as to the visiting public.

f. Identify and report resource, guidance, and policy gaps and/or challenges to the Emergency Management Council, and Policy Task Force and Secretary's Leadership Team, if activated, for resolution.

g. Coordinate and communicate with Federal, State, Tribal, and Territorial agencies to strive to achieve consistency between the actions of DOI Regions and other agencies operating within the boundaries of the Interior Region.

h. Serve as a liaison between other Federal Agencies in the Region, such as HHS and FEMA, and State, Tribal, and Territorial agencies to coordinate Federal Interagency support, Section 4.5, at the Regional level.

    1) In this role the FSA through the Interior Regional MAC Group receives and validates DOI's ability to support requests for use of DOI managed lands and facilities support, detailed in Section 4.5.1. Upon validation of the ability to support the request the FSA will submit the resource support request to OEM, Bureau EM Coordinator, and the DOI Liaison to the National Response Coordination Center for appropriate action and approval.

    2) When needed, the FSA may request OEM to deploy Department Emergency Support Team members, which include a DOI Senior Interagency Liaison Cadre member, to provide additional support and expertise (virtually or in person) to the FSA and the Interior Regional MAC Group to support the interagency coordination efforts at the regional level.

During COVID-19 the FSA's ability to execute regional coordination both internally through the Field Committee and Regional Bureau Executives and externally with HHS and FEMA and State, Tribal, and Territorial Leadership was identified as a best practice that should be replicated in any future disease specific crisis action plan.

Figure 6-2: DOI Unified Regions

DOI Unified Region	FEMA Region(s)
1 – North Atlantic-Appalachian	FEMA Region I, II, and III
2 – South Atlantic-Gulf	FEMA Region IV
3 – Great Lakes	FEMA Region V
4 – Mississippi Basin	FEMA Region VI
5 – Missouri Basin	FEMA Region VII and VIII
6 – Arkansas-Rio Grande-Texas-Gulf	FEMA Region VI
7 – Upper Colorado Basin	FEMA Region VIII
8 – Lower Colorado Basin	FEMA Region IX
9 – Columbia-Pacific Northwest	FEMA Region X
10 – California-Great-Basin	FEMA Region IX
11 – Alaska	FEMA Region X
12 – Pacific Islands	FEMA Region IX

Figure 6-3: Crosswalk of DOI Unified Regions to FEMA Regions

Figure 6-4: FEMA Regions

6.3 Communications

During a public or wildlife health emergency, notifications and communications will follow established plans and procedures. This will increase the effectiveness of the information sharing, which is essential during such emergencies. Due to the anticipated high level of communications effort that is required to achieve all the objectives listed below the Department should establish a DOI JIC with surge staff provided through the DEST. The decision to establish the DOI JIC should be made during Phase 1b.

6.3.1 Objectives for Communications and Notifications

During public and wildlife health emergencies, the primary objectives of DOI's communications and notifications are to:

a. Provide and support consistent messaging to DOI employees, volunteers, and visitors to protect their health and safety.

b. Provide Senior leadership and other key personnel critical information about the situation to guide planning, preparedness, and decision-making.

c. Coordinate the Department's preparedness and response efforts with external partners.

d. Communicate effectively with DOI's stakeholders.

e. Provide interagency partners and others visibility into DOI's activities and impacts.

These objectives will be accomplished by:

a. Providing timely notifications and situational awareness information as the public or wildlife health emergency arises and following up with additional notifications and updates as the situation evolves.

b. Rapidly coordinating and communicating information on preparedness policies and actions within DOI and its Bureaus and Offices through established emergency channels and protocols.

c. Communicating coordinated, consistent messages to external audiences, including other Federal agencies, State partners and cooperators, stakeholders, news media, and the public on DOI and Bureau operations, activities, management actions, and decisions related to preparedness and response through established and emergency channels and protocols.

d. Working to effectively and rapidly dispel internal and external rumors, speculation, false allegations and incorrect information about DOI policies, strategies, plans, actions, and issues.

6.3.2 Internal Communications

The Department should be prepared to address these major internal communications topics.

a. Human resource/human capital.

b. Occupational safety and health.

c. DOI Phase status across the DOI Regions.

d. First responders and wildland fire.

e. Telework and Information Technology (IT) capabilities.

f. Return to the workplace.

g. Travel.

h. Situational awareness and graphical information boards.

i. DOI essential functions/continuity.

Department leadership supported by the Office of Communications and Bureau communications offices should provide:

a. Frequent/regular active direct employee communications through all-hands email/video information from DOI leadership.

b. Frequent/regular active indirect employee communications through the chain of command.

c. Passive employee communications through an internal information portal. During COVID-19 the Department established the All DOI Employees COVID-19 Information Portal, https://doimspp.sharepoint.com/sites/doicov, which was identified as a best practice to replicate in future pandemics.

6.3.3 External Communications

The Department should be prepared to support external communication requirements that include, but are not limited to:

a. Responding to news media and stakeholder queries in a timely manner.

b. Ensuring all external communications align with Administration messaging.

6.3.4 Coordination with Other Government Agencies

Interagency communications coordination during a pandemic is led by HHS and FEMA using the NRF ESF-15 communications coordination structure. The Office of Communications leads Departmental representation and coordination to the interagency communications coordination systems leveraging appropriate DOI experts as needed to convey technical information developed by DOI to the interagency community when needed.

Appendix A - Task Organization; Detailed Roles and Responsibilities

A.1 Secretary/Deputy Secretary

The Secretary/Deputy Secretary are responsible to:

a. Provide strategic leadership, direction, and oversight to fulfill the pandemic mission of the Department as described in Section 3 of this plan.

b. Identify and communicate Departmental priorities and messages to prepare for, respond to, and recover from a pandemic.

c. Coordinate Departmental pandemic activities with the White House (including representation in Principals and Deputy Committee meetings), other Cabinet-level officials, Governors, the territories, the freely associated states, and tribal authorities.

d. Prioritize essential functions of the Department if a disease burden is so great that the Department cannot maintain all the essential functions of the Department.

e. Convene the Secretary's Leadership Team when needed to lead the Department's strategic response and crisis communications effort during severe and catastrophic events.

f. Utilize the Strategic Sciences Group to support Departmental efforts to prepare for, respond to, and recover from a pandemic.

A.2 Office of Communications

The Office of Communications (OCO) is responsible to:

a. Develop and disseminate internal and external communications regarding activation of the *DOI Pandemic Plan* and the disease specific crisis action plan and decisions and activities carried out under the plan.

b. When needed, activate the Departmental JIC, as described in Section 6.2, to provide a crisis communications support capability to the existing OCO staff.

c. Coordinate and manage internal and external communications with the Bureaus and Offices to ensure consistent timely messaging and to build and maintain employee trust in Department leadership.

d. Support and participate in the ESF-15 interagency coordination systems led by HHS and FEMA.

A.3 Office of the Chief Information Officer

The Office of the Chief Information Officer (OCIO) performs the following actions in preparation for and in response to a pandemic to support continuation of the mission of the Department in a pandemic environment.

a. Develops risk-managed IT strategies and policies, and modifies, defers, or waives policies where necessary to allow for the remote execution of essential or support functions.

b. Promulgates IT policy changes, exceptions, and waivers to Bureau Associate CIOs.

c. Works with Bureaus to ensure remote access to mission critical systems is available.

d. Identifies IT tools and equipment to be used by employees who are performing essential or support functions from remote locations.

e. Identifies essential support functions and those IT positions required to execute them.

f. Ensures that records management activities are in place to meet policy requirements.

g. Determines remote access policies to optimize telework options.

h. Ensures secure network and enterprise remote access systems availability.

A.4 Office of Subsistence Management

In the event of a zoonotic disease that includes subsistence hunting related wildlife, the Office of Subsistence Management will be included as a member of the PTF and the DOI JIC to coordinate subsistence hunting related messaging.

A.5 Solicitor

The Solicitor is responsible to coordinate and provide legal counsel for pandemic planning, response, and recovery activities.

A.6 Assistant Secretaries

Assistant Secretaries serve as members of the Secretary's Leadership Team and provide oversight and leadership for their immediate office staff, Bureaus, and Offices under their authority to implement the *DOI Pandemic Plan* through the development of Bureau and Assistant Secretary level pandemic plans.

A.6.1 AS – Policy, Management and Budget

The Assistant Secretary – Policy, Management and Budget (PMB) is responsible for overall leadership, coordination, and execution of the DOI Pandemic Plan and disease specific crisis action plan. AS-PMB leads the development of and approves the Office of the Secretary Pandemic Plan and any subsequent disease specific crisis action plan. In this role, the AS – PMB also chairs the DOI Avian Influenza/Pandemic Leadership Team.

A.6.1.1 DAS Human Capital and Diversity

As the Chief Human Capital Officer (CHCO), the Deputy Assistant Secretary for Human Capital and Diversity oversees Department-wide human capital programs, employee training and development, and employee health and safety. Serves as the Departmental DASHO, providing executive leadership and chairs the DASHO council, an executive leadership group composed of the lead safety/health official from each DOI bureau and several Office of the Secretary (OS) offices. The CHCO, in consultation with OPM and Bureau Human Capital leadership, ensures Bureaus and Offices are adequately prepared to respond to public health emergencies by implementing appropriate human resources flexibilities and health and safety strategies needed to protect the workforce and ensure the continuity of operations.

A.6.1.1.1 Office of Human Capital

Plans, develops, and implements policies, programs, standards, and systems for effective management of human resources, and for coordinating human capital issues during a pandemic.

A.6.1.1.2 Office of Occupational Safety and Health

The Office of Occupational Safety and Health is responsible to:

a. Develop and coordinate Department-wide policies that address employee health and safety practices such as infection control measures that minimize the risk of spreading infection to/among DOI employees.

b. Identify and evaluate current guidance, evaluate the need for hygiene supplies, medicines, and other medical necessities to promote the health and wellness of DOI personnel,

c. Identify, evaluate, and develop guidance to support DOI response efforts, including those deployed to support the interagency response and recovery effort.

d. Determine countermeasures for COOP teams, public safety personnel on DOI and Tribal lands, personnel needed to support the interagency support requirements, critical infrastructure employees, personnel involved in wildlife surveillance and response activities, and for personnel at Indian Education facilities.

e. Provide public health and medical expertise to support bureaus and offices and assists with utilization/deployment of DOI USPHS officers to support DOI response operations.

f. Evaluate PPE and safety-related supplies/equipment to mitigate and protect exposed employees.

g. Participate in activations of the DOI BINA Protocol.

h. In coordination with OEM, establish a work group composed of representatives designated by Bureau Safety Managers to meet regularly once the pandemic reaches Phase 1b.

i. Establish points of contact with other Departments to receive up-to-date information prior to and during a pandemic.

j. Maintain situational awareness on the status of human infections within the United States and providing current public health messages using the communication systems described in Section 6 as the pandemic progresses, including travel restriction information.

k. Coordinate with HHS/ESF-8 and OEM to support the procurement and distribution of vaccinations and medications and support the development of DOI vaccination and anti-viral medication distribution plans described in Appendix D.

l. Manage and use the DOI Safety Management Information System (SMIS) to record employee exposures and work-related injuries and illnesses.

A.6.1.1.3 Office of Strategic Employee and Organizational Development

The Office of Strategic Employee and Organizational Development supports the rapid development, publication, and distribution of pandemic specific education and training.

A.6.1.2 DAS Public Safety, Resource Protection, & Emergency Services

The Deputy Assistant Secretary Public Safety, Resource Protection, and Emergency Services (DAS-PRE) provides direct oversight of the Department's pandemic planning and response activities, serves as the facilitator for the Secretary's Senior Leadership Team, and assures Departmental representation on the National Security Council (NSC) Domestic Readiness Group (DRG) and other NSC Policy Coordinating Committees (PCCs).

A.6.1.2.1 Office of Emergency Management (OEM)

OEM serves as the senior advisor to the Secretary and the Secretary's Senior Leadership team providing situational assessments, analysis, and recommendations for senior leadership decision making. In addition, OEM is responsible for:

a. The development, testing, and maintenance of the *DOI Pandemic Plan.*

b. In coordination with OSH, provide a situation briefing to the Secretary/Deputy Secretary and the Secretary's Leadership Team regarding an emerging threat to determine the need to shift the Department to preparedness Phase 1B and begin development of a disease specific crisis action plan.

c. Ensuring DOI is prepared for a pandemic through annual review, testing, and update of the DOI Pandemic Plan.

d. Ensuring pandemic response and recovery efforts are effectively coordinated, communicated, and executed.

e. Representing and coordinating interagency pandemic response operations in support of HHS and FEMA as described in the NRF, Biological Incident Annex, and the Federal Government Pandemic Crisis Action Plan.

f. Serving as chairperson of the Department's Senior Executive – Emergency Management Council (SE-EMC) and Emergency Management Council (EMC) to coordinate Department-wide activities to prepare for, respond to, and recover from a pandemic.

g. Initiating and executing the DOI BINA Protocol when the situation triggering the interagency BINA Protocol relates to DOI interests, assets or lands, or relates to DOI mission areas.

A.6.1.2.2 Office of Law Enforcement and Security (OLES)

OLES promotes effective coordination between all DOI law enforcement programs to prepare for and respond to a pandemic. OLES is responsible for:

a. Providing strategic direction and guidance for the Department's primary mission essential law enforcement, security, and intelligence activities.

b. Coordinating the continuity of the DOI security programs and plans for protection of critical infrastructure and facilities on DOI lands.

c. Coordinating the Department's response to ESF-13, Public Safety and Security missions supported by Bureau and Office law enforcement officers during a pandemic.

d. Participating in activation of the DOI BINA Protocol as needed.

A.6.1.2.3 Office of Wildland Fire (OWF)

OWF serves as the Departmental representative to several interagency wildland fire management governing bodies to ensure a closely coordinated, aligned, and integrated recommendations and protocols that address Federal, State, Tribal, and local pandemic preparedness and risk mitigation based on the nature of a given disease. This facilitates effective wildland fire management response operations in all phases of a pandemic.

A.6.1.3 DAS Budget, Finance, Grants, and Acquisition

A.6.1.3.1 Office of Budget (POB)

POB is responsible to:

a. Provide strategic direction for the Department's Budget community to ensure Bureaus capture pandemic related expenses to support reporting and accountability requirements.

b. Coordinate the approval of emergency transfers, supplementals, and reprogramming requests.

c. Coordinate the development and approval of Bureau operating plans for the execution of supplemental funds as required by Departmental leadership.

d. Serve as the clearinghouse for budgetary reporting to OMB and Congress.

e. Serve as a member of the EMC Policy Task Force to facilitate Department-wide budget coordination.

A.6.1.3.2 Office of Grants Management (PGM)

PGM provides strategic direction for the Department's grant community to ensure bureaus follow policies and regulations in the award and administration of pandemic related financial assistance awards. The Office of Grants Management promulgates guidance to ensure that bureaus adhere to OMB guidance regarding pandemic financial assistance funding.

A.6.1.3.3 Office of Acquisitions and Property Management (PAM)

PAM promulgates guidance to assure that the conditions of contract work are reviewed to ensure contractor responsibility for essential functions (where relevant) and to suspend non-essential work during a pandemic. Serves as a member of the PPE Supply Chain Task Force (Appendix E) to facilitate Department wide purchase requirements in coordination with the Interior Business Center.

A.6.1.4 DAS Policy and Environmental Management

A.6.1.4.1 Office of Environmental Policy and Compliance (OEPC)

OEPC, on behalf of DOI, serves as the coordinating agency for the whole of government for the Natural and Cultural Resources Recovery Support Function (NCR RSF). In addition, serves as a primary agency for the protection of natural and cultural resources and historic properties under ESF-11 - Agricultural and Natural Resources, and as a support agency for ESF- 10 - Oil and Hazardous Materials.

In these capacities, OEPC is responsible for:

a. Representing and coordinating interagency efforts to understand and address pandemic impacts on State, Tribal, and Territorial natural and cultural resources.

b. Serving as chairperson of the Department's Environmental Safeguards Group to coordinate amongst the Bureaus any impacts or unmet needs related to natural and cultural resources either on DOI managed lands or which DOI has jurisdiction over.

A.6.1.5 DAS Administrative Services

A.6.1.5.1 Interior Business Center (IBC)

IBC serves as a member of the PPE Supply Chain Task Force to execute Department wide purchase requirements in coordination with the Office of Acquisitions and Property Management.

A.6.1.5.2 Office of Facilities and Administrative Services (OFAS)

OFAS is responsible for providing facilities management and administrative services for the Stewart Lee Udall Main Interior Building (MIB) and support at other sites leased by the Office of the Secretary. OFAS will:

a. Ensure appropriate signage, sanitization, cleaning, and physical measures are implemented as necessary throughout the MIB.

b. Provide hand sanitizer and cleaning supplies for all communal areas.

c. If an area of the MIB becomes contaminated by an infectious disease, OFAS will manage decontamination and other necessary measures to restore the building to a safe condition for employees.

d. Support the Wellness Center at the Udall Building, which may provide health management, testing, and vaccination services.

The OS Occupational Safety and Health (OSH) Manager will:

a. Assist in providing pre, operational, and sustainability plans to OS offices to address potential viral pathogens.

b. Aid MIB tenants and OS Offices nationwide to identify proper personal protective equipment (PPE), the use of acceptable hygiene products, and advice in conducting risk assessments to manage potential virus exposure.

c. Support the Office of Occupational Safety and Health on the Department's safety and health policies and guidelines nationwide.

d. Provide guidance on the reporting process for OS employees who test positive for a virus through the OEM IOC and their Office's leadership.

e. Serve as the primary resource for OS Offices to submit reports through the DOI Safety Management Information System (SMIS) for work-related outbreaks and known positive virus exposures.

A.6.1.6 Office of Civil Rights (OCR)

The Director, Office of Civil Rights and Chief Diversity Officer provides guidance to Bureaus and Offices on the intersection of pandemic specific policy and the anti-discrimination laws enforced by the Equal Employment Opportunity Commission (EEOC) in accordance with guidance and policy developed by the EEOC.

A.6.2 AS – Indian Affairs (AS-IA)

AS-IA coordinates activities with and supports HHS, specifically IHS, either directly or through FEMA as defined in the National Response Framework, Biological Incident Annex, and PPD-44 Domestic Incident Response. AS-IA oversees responsibilities of the BIA, Bureau of Indian Education (BIE), Bureau of Trust Fund Administration (BTFA), and other AS-IA functions during a pandemic. AS-IA coordinates internal and external communications specific to Indian Affairs through the communication systems described in Section 6 of this plan.

A.6.3 AS – Insular and International Affairs (AS-IIA)

AS-IIA carries out the administrative responsibilities of the Secretary of the Interior in coordinating federal pandemic preparedness, response, and recovery policy for the territories of American Samoa, Guam, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands. In addition, AS-IIA administers and oversees U.S. federal assistance to the freely associated states of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau under the Compacts of Free Association, as amended. The seven locations identified are referred to collectively as Insular Areas.

A.6.3.1 Office of Insular Affairs (OIA)

OIA provides support to Federal partners as liaisons with Insular Area officials, particularly in locations of unique language and cultural differences. OIA coordinates with Federal and Insular officials to identify Insular gaps and challenges in completing pandemic preparedness, response, and recovery activities. OIA can also leverage discretionary grant programs to support Insular Area pandemic preparedness, response, and recovery activities when no other Federal assistance is available.

A.6.3.2 Office of International Affairs

The Director, Office of International Affairs provides guidance to Bureaus/Offices in implementing international travel restrictions in accordance with HHS recommendations and State Department travel advisories. The Director implements any additional DOI-specific restrictions on international travel as directed by senior Departmental leadership.

A.6.4 AS – Water and Science (AS-WS)

AS-WS is responsible for assuring that the U.S. Bureau of Reclamation (USBR) and USGS protect their employees, visitors, lands, facilities and resources, and maintain essential functions. If trust wildlife species are involved in a potential pandemic, the AS-WS must assure that USGS will meet delegated disease monitoring, testing and mitigation responsibilities.

A.6.5 AS – Lands and Mineral Management (AS-LMM)

The AS – LMM is responsible for assuring that the Bureau of Land Management (BLM), Bureau of Ocean Energy Management (BOEM), Bureau of Safety Environmental Enforcement (BSEE), and Office of Surface Mining Reclamation and Enforcement (OSMRE) protect their employees, visitors, lands, facilities, and resources, and maintain essential functions. If trust wildlife species are involved in a potential pandemic, AS-LMM will ensure that the BLM supports the USGS led wildlife health mission and continues to protect natural and cultural resources.

A.7 Heads of Bureaus

Heads of Bureaus are responsible to ensure the Bureau is prepared to implement the DOI Pandemic Plan through development of a Bureau Pandemic Plan describing Bureau specific preparedness, response, and recovery actions to be taken to:

a. Support the collective pandemic mission of the Department as described in Section 3.

b. Protect the health and safety of their employees, volunteers, students, inmates, contractors, cooperators, and visitors.

c. Execute their missions and prioritize sustainment of the essential functions of the Department.

d. Execute and support response and recovery efforts.

e. Coordinate and communicate with internal and external stakeholders in an effective and timely manner through the communications systems described in Section 6.

The following are unique pandemic specific roles and responsibilities of select Bureaus beyond the common requirements listed above.

A.7.1 Bureau of Indian Affairs (BIA)

BIA protects the health and safety of employees, inmates, units, and strives to continue BIA essential functions during a pandemic. BIA provides support to tribal programs directly or through self-determination contracts and compacts or as requested by the lead federal agency. BIA supports the wildlife health mission during a pandemic with a wildlife reservoir and continues to protect natural and cultural resources.

A.7.2 Bureau of Indian Education (BIE)

BIE protects the health and safety of employees, students, schools, and strives to continue BIE essential functions during a pandemic. BIE focuses efforts during a pandemic to provide educational services support to both Bureau operated and Tribally controlled schools.

A.7.3 Bureau of Trust Fund Administration (BTFA)

BTFA protects the health and safety of employees and strives to continue BTFA essential support functions. During a pandemic BTFA ensures the continuation of services to Indian Tribes and individual Indian beneficiaries through management of Indian Trust Funds and operation of the Trust Beneficiary Call Center.

A.7.4 Bureau of Land Management (BLM)

In accordance with BLM's multiple use mission, BLM protects the health and safety of employees, units, and strives to continue BLM essential functions during a pandemic. Highlighted focus areas of this multiple use mission during a pandemic is to provide opportunities for outdoor recreation that results in health and wellbeing benefits to the US population and maintaining oil and gas operations and maintenance (O&M) activities. O&M personnel are identified as essential critical infrastructure personnel by the Department to ensure the continuation of the Department's essential functions and in accordance with guidance provided by the DHS Cybersecurity and Infrastructure Security Agency (CISA). Additionally. BLM supports the wildlife health mission during a pandemic with a wildlife reservoir and continues to protect natural and cultural resources.

A.7.5 Bureau of Reclamation (USBR)

USBR manages, develops, and protects water and related resources to preserve water and power delivery functions during a pandemic. Reclamation's O&M personnel are identified as essential critical infrastructure personnel by the Department to ensure the continuation of the Department's essential functions and in accordance with guidance provided by the DHS CISA.

A.7.6 Bureau of Safety and Environmental Enforcement (BSEE)

In addition to protecting BSEE employees, units, and essential functions during a pandemic the BSEE is responsible to prioritize the continuation of the Bureaus regulatory oversight responsibility to ensure safe energy development on the Outer Continental Shelf.

A.7.7 Fish and Wildlife Service (FWS)

In addition to protecting FWS employees, units, and essential functions during a pandemic the FWS is responsible for the health of trust wildlife species, personnel, and visitors to Service lands. Trust species may serve as reservoirs of disease, or these wild populations may themselves be impacted by the disease. The FWS Wildlife Heath Office coordinates disease prevention and response activities with appropriate Service offices as well as other federal and state agencies to minimize wildlife and human impacts. Internal and external communication strategies, protocols, and messages for DOI Bureaus and Offices are developed in cooperation with the FWS Wildlife Heath Office to ensure clear and consistent messaging on pandemic operations and activities. This information is shared with Congress, affected State, local, and Tribal governments, as well as the media, stakeholders, and employees.

A.7.8 National Park Service (NPS)

In addition to protecting NPS employees, volunteers, cooperators, visitors, units, and essential functions during a pandemic the NPS provides opportunities for outdoor recreation that results in health and wellbeing benefits to the US population during a pandemic, supports the wildlife health mission during a pandemic with a wildlife reservoir, and continues to protect natural and cultural resources.

A.7.9 United States Geological Survey (USGS)

In addition to protecting USGS employees, volunteers, facilities, and essential functions, if the potential pandemic involves wildlife, the USGS, including the National Wildlife Health Center will, in a collaborative One-Health fashion as specified in the provisions of ESF-11:

a. Serves as the point of contact for wildlife disease emergencies, including zoonotic diseases outbreaks described in Appendix F.

b. Assists in responding to disease events involving free ranging fish and wildlife populations, including infectious diseases, biohazard events, and toxicological diseases resulting from exposure to environmental contaminants by providing:

   1) Wildlife emergency response teams.

   2) Geospatial assessment and mapping tools.

   3) Assistance in the identification of new emerging and resurging zoonotic diseases.

   4) Diagnostic laboratory support (up to and including biological safety Level 3 containment).

   5) Assistance with the prevention, control, and eradication of any disease involving wildlife.

   6) Carcass disposal facilities, as appropriate.

A.8 Field Special Assistants

The Field Special Assistant (FSA) for each of the twelve Interior Regions serves as the Department's Regional Emergency Management Coordinator and leads the FSA Field Committee as a Regional Multi-Agency Coordination Group to coordinate information and phased operational changes for their Region among the Bureaus and Offices within their region and the Emergency Management Council.

Appendix B - Intelligence and Surveillance

B.1 Biological Incident Notification and Assessment (BINA)

There are a number of notification and response protocols related to health emergencies established in the Federal government, as well as within the Department and its Bureaus and Offices. It is important for those involved in such activities to understand these protocols to ensure they are utilized to increase the efficiency of the response. The two key protocols used by DOI are the Interagency Biological Incident Notification and Assessment (BINA) Protocol and the DOI BINA Protocol described below.

B.1.1 Interagency Biological Incident Notification and Assessment (BINA) Protocol

The Interagency BINA Protocol provides a national-level interagency consultation process designed to achieve consistent, coordination action and desired outcomes to prevent, protect, and respond to high-consequence bioterrorism and biosecurity threats. The Protocol is a plan for the President and the Senior leadership of the Federal Government to effectively direct Federal Government resources (i.e. medical and public health, law enforcement and security, intelligence, military, and diplomatic resources) to support an immediate and coordinated response to the most dangerous biological threats.

B.1.2 DOI Biological Incident Notification and Assessment (BINA) Protocol

The Department's primary role and concerns as they relate to the Interagency BINA Protocol are associated with its wildlife health mission areas, as well impacts to DOI lands and our responsibilities to the Tribes, Territories, and freely associated states. In addition, biological threats could impact the health of DOI personnel, volunteers, and visitors, as well as the Department's ability to execute essential functions and maintain continuity of operations. The Department has expertise, resources, and capabilities in wildlife health, including the USGS NWHC with its Biosafety Level 3 laboratory; wildlife health surveillance role/activities; and veterinarians/ biologists across the Department.

Because of the Department's interests, mission areas, and expertise, DOI has its own BINA Protocol maintained by OEM and executed through the Interior Operations Center (IOC). The DOI BINA Protocol is activated by the Director of OEM whenever an Interagency BINA Protocol activation involves wildlife health, impacts DOI lands and/or resources, and other equities and interests of the Department. Like the Interagency BINA Protocol, the DOI BINA Protocol provides a consultation process that includes situational awareness sharing, assessment, and notification.

B.2 Passive Monitoring

Some Bureaus monitor a wide variety of information sources that conduct intelligence and surveillance activities, such as PromedMail, CDC listservs, National Biosurveillance Integration Center (NBIC), Armed Forces Health Surveillance Branch (AFHSB), and CDC's Epi-X (a secure online platform among U.S. public health agencies in which confidential information

about potential outbreaks is shared). Local and regional units may also conduct vector surveillance in coordination with local public health authorities depending on capacity.

B.3 Proactive and Reactive Monitoring of Wildlife Diseases

DOI bureaus with management authority for lands and trust wildlife species may conduct surveillance for pathogens in wildlife both proactively (e.g., designed surveillance for specified pathogens) and reactively (e.g., after recognizing mortality or morbidity events in wildlife). Bureaus have varying internal capacity to conduct disease surveillance and may rely on additional federal (e.g., USDA) and state natural resource management and agricultural agencies for assistance with the design and implementation of surveillance. In the cases of foreign animal and reportable diseases, diagnostic testing may be restricted to National Animal Health Laboratory Network (NAHLN) facilities. Reporting, depending on the specific pathogen, may need to be coordinated with USDA and/or CDC. If ESF-11 (animal health) is activated, the USGS and its National Wildlife Health Center's central role in wildlife disease surveillance is elevated.

B.3.1 Proactive

B.3.1.1 Wildlife disease surveillance programs

a. World Organisation for Animal Health (OIE) Guidelines for Wildlife Disease Surveillance: An Overview, 2015.

b. Achieving Sustainable Global Capacity for Surveillance and Response to Emerging Diseases of Zoonotic Origin (2008).

B.3.1.2 Monitoring international information sources for evidence of potential pandemic threats

a. National Biosurveillance Integration Center (NBIC).

b. ProMED-mail.

B.3.2 Reactive

B.3.2.1 Wildlife mortality event investigations

a. USGS NWHC mortality investigations.

b. FWS Wildlife Health Office and NPS Wildlife Health branch field investigations of trust wildlife species mortality events.

Appendix C - Operations

C.1 Phased Response and Recovery

Refer to the Concept of Operations in this plan, the *Federal Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans,* and the U.S. Government (USG) Pandemic Crisis Action Plan for a description of national level phase constructs and transitions between phases.

During a pandemic, the Office of Emergency Management will work to identify and report national, DOI wide, and Regional phase information as appropriate. Individual local jurisdictions may be at different phases than the national level phase.

DOI activation triggers and mitigation strategies for pandemic preparedness and response efforts are provided as a planning tool to support decision making based on a local operational assessment.

C.2 Operational Assessment Summary

The following assessment criteria will help managers and supervisors determine effectiveness of select mitigation strategies to:

a. Reduce rate of transmission and acceleration of the disease.

b. Minimize morbidity and mortality.

c. Preserve DOI essential functions, maximize safety of the workforce, and minimize social and economic impacts.

d. Ensure coordination and reporting communication channels are established and sustained to keep employees informed and to coordinate and share information with external agencies and the public.

Individual DOI units and offices in a given geographic area should not make decisions in isolation or that are inconsistent with other DOI units/offices nearby. Supervisors and managers will need to work through their Regional/State Directors and Field Special Assistants (FSA) to coordinate appropriate mitigation strategies for DOI units/offices in each geographic area.

DOI missions and functions are very diverse and therefore mitigation strategies may differ between units and offices based on operational and mission functions and requirements. The Regional/State Directors in coordination with the FSAs will need to understand the unique issues at each unit/office to judicially apply mitigation strategies that are appropriate yet also logically consistent across the given geographic area.

See Appendix D Operational Risk Assessment and Public Health Management Decision Matrix for detailed considerations to use when selecting the appropriate mitigation strategy(ies).

Phase Indicators and Triggers used below are derived from the *USG Pandemic Crisis Action Plan*.

C.2.1 Phase 1 Preliminary – Pre-Pandemic

Phase	1A	1B	1C
FEMA Operational Phase	**Normal Operations**	**Increased Likelihood or Elevated Threat**	**Near Certainty or Credible Threat**
CDC Interval			**Recognition**
CDC Containment Mitigation Strategy			**Containment**
Trigger			Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic. Determination of a Significant Potential for a Public Health Emergency.

C.2.2 Phase 2 – Incident Response Initiation and Acceleration

Phase	**2A**	**2B**	**2C**
FEMA Operational Phase	**Activation, Situational Assessment, and Movement**	**Employment of Resources and Stabilization**	**Intermediate Operations**
CDC Interval	**Initiation**	**Acceleration**	
CDC Containment Mitigation Strategy	**Aggressive Containment**	**Transition from Containment to Community Mitigation**	**Full Community Mitigation**
Trigger	Demonstration of efficient and sustained human-to-human transmission of the virus. Declaration of a Public Health Emergency. One (1) or more clusters of cases in the U.S.	Increasing number of cases or increasing rate of infection in U.S. Healthcare system burden exceeds State resource capabilities. National healthcare supply chain management unable to surge production and/or distribution to meet demand. State/local request for assistance that requires federal coordination. Increasing private-sector request for assistance to	Increasing rate of infection in United States indicating established transmission, with long-term service disruption and critical infrastructure impacts. Industry business continuity plans cannot be executed due to insufficient personnel leading to significant disruption across sectors. Presidential Stafford Act declaration. State/local request for assistance that requires federal coordination.

Phase	2A	2B	2C
		support cross-sector operations. Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links in a single U.S. contiguous jurisdiction with evidence that public health systems in that jurisdiction are unable to meet the demands for providing care.	Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links, two (2) or more non-contiguous jurisdictions with evidence that public health systems in those jurisdictions are unable to meet the demands for providing care. Widespread transmission of disease. Potential activation of continuity of operations plans to ensure essential functions continue despite widespread employee absenteeism for illness or caretaking responsibilities.

C.2.3 Phase 3 –Recovery and Return to Normal Operations

Phase	**3A**	**3B**	**3C**
FEMA Operational Phase	**Recovery and Return to Normal Operations Step 1**	**Recovery and Return to Normal Operations Step 2**	**Full Recovery and Return to Normal Operations**
CDC Interval	**Deceleration**		**Preparation**
CDC Containment Mitigation Strategy	**Transition from full community mitigation to aggressive containment**	**Containment**	
Trigger	Decreasing number of cases or decreasing rate of infection in U.S. Healthcare system burden within State resource capabilities. National healthcare supply chain management able to surge production and/or distribution to meet demand. State/local request for assistance that requires federal coordination being met	Triggers for Phase 3B are very dependent upon the disease and therefore will need to be developed and included in the disease specific crisis action plan.	Triggers for Phase 3C are very dependent upon the disease and therefore will need to be developed and included in the disease specific crisis action plan.

	Decreasing private-sector request for assistance to support cross-sector operations. Established contract tracing capability. less than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links in a single U.S. contiguous jurisdiction with evidence that public health systems in that jurisdiction are unable to meet the demands for providing care.		

C.3 Phased Response and Recovery

Refer to the *USG Pandemic Crisis Action Plan* for a description of national level phase constructs and transitions between phases. An example of how these phases were used during COVID-19 can be found in the *USG COVID-19 Response Plan*.

The following DOI activation triggers and mitigation strategies for pandemic preparedness, response, and recovery efforts are provided as a planning tool to support decision making based on local operational assessments.

C.3.1 Phase 1A – Steady State

a. Conduct wildlife surveillance and monitor global health threats.

b. Maintain/review and test the *DOI Pandemic Plan* annually.

c. Maintain/review and test Bureau, Assistant Secretary, and unit level plans once every other year.

d. Maintain any pandemic supply stockpiles.

C.3.2 Phase 1B – Increased Likelihood or Elevated Threat

Supervisors/managers should use the risk matrix in Appendix D to identify the best strategies to use for a given operation to ensure the continuation of all essential functions should the outbreak necessitate additional active protections for DOI employees, volunteers, students, inmates, contractors, cooperators, and visitors.

Based on monitoring and surveillance described in Appendix B, the Director of Emergency Management and the Director of Occupational Safety and Health will provide a situation briefing to the Secretary/Deputy Secretary and the Secretary's Leadership Team regarding an emerging threat to determine the need to shift the Department to preparedness Phase 1B and begin development of a disease specific crisis action plan.

As part of the Department's shift to Phase 1B, Bureaus and Offices will:

a. Provide support to the development of a disease specific crisis action plan, and if needed develop a Bureau, Assistant Secretary, or Office sub-plan under the Department's disease specific crisis action plan detailing unique roles, responsibilities, and actions required of the Bureau, Assistant Secretary, or Office to support the execution of the Department's disease specific crisis action plan.

b. Review the unit continuity of operations (COOP) plan if available.

c. Establish a list of prioritized mission essential functions to be executed in the event of an event of increasing severity.

d. Identify employees responsible for performing key office functions and ensure sufficient backups and cross training to prevent single point of failure.

e. Review and update the inventory of essential records, databases, and systems needed to sustain operations and determine whether these records can be accessed electronically from a remote location (e.g., an employee's home or other alternate work site).

f. Determine which office work functions cannot be performed remotely (e.g., physical security, law enforcement activities, and maintaining critical infrastructure).

g. For functions that may be performed from remote locations, identify an inventory of required equipment (e.g., Government Furnished Equipment (GFE) laptops, remote access, high-speed internet) needed to perform these functions.

h. Develop an inventory of contracts and contractors that perform functions that must continue or be augmented in the event of a disease exposure (e.g., custodial services, health center staffing).

i. Identify employees performing very high, high, and medium exposure risk occupations as defined in Appendix D that might be required to wear personal protective equipment (PPE) and/or prioritization to receive medical countermeasures/antimicrobials (e.g., anti-viral medication).

j. Prepare DOI wide, Office of the Secretary, Bureau wide, Regional, and local communication plans for internal and external communications. Obtain and update staff contact information. If it does not already exist, develop an internal communications plan and SOP to keep staff updated on operational posture and expectations.

k. Consider supplies, equipment, etc. that may impact operations if absent (e.g., water and wastewater testing equipment and supplies, sanitation and cleaning supplies, etc.).

l. Assess critical supply needs. Address shortages via the local supply ordering chain, moving surplus supplies from other facilities, or report gaps and challenges through the EMC for resolution.

C.3.3 Phase 1C – Near Certainty or Credible Threat

C.3.3.1 General Phase actions that typically apply to any disease:

a. Provide leadership and guidance for employees to help them stay informed using trusted sources. The CDC maintains incident specific and disease specific website pages that provide the most authoritative source of information for the federal government.

b. Provide links to the State and local health departments to employees.

c. Use State and local health department information in decision making.

d. Monitor the DOI Common Operating Picture for the most up to date DOI-specific information and guidance.

e. If available, recommend staff work with their health physician to obtain vaccine should they express an interest in doing so.

f. Conduct a staff telework day to test your capability to utilize telework as a mitigation strategy. Identify any shortfalls and address.

g. Begin implementing human resource flexibilities as appropriate and detailed in Appendix E.

h. Maintain essential functions that must continue and develop an essential functions staffing plan to maintain these functions with the appropriate risk mitigation actions.

i. Evaluate and prepare for potential of quarantine and isolation for units with government housing.

j. Develop a logistics plan to monitor and provide critical supplies (food) to quarantined and isolated employees housed within DOI owned or managed housing.

k. Develop strategy for bringing on seasonal and/or contract/concession employees to support quarantine and isolation.

l. Develop a logistics plan for evacuating ill employees or other DOI occupants in remote areas that may require medical assistance using guidelines established by CDC.

m. Consider additional costs that may be incurred from cleaning and disinfection, increased staffing needed to enforce mitigation strategy requirements, or additional safety requirements.

n. Check expiring certifications and training requirements to mitigate or request extensions. (EMS/LE, COR, IT certificates, operator licenses, etc.)

C.3.3.2 Disease specific questions and considerations that must be addressed in the disease specific crisis action plan to fully develop the Phase 1C Actions

a. The Department will develop a disease specific employee Risk Assessment & Decision Matrix for Managers to support supervisor and manager decisions and determinations on what to do when an employee becomes ill. An example of the COVID-19 Risk Assessment & Decision Matrix for Managers is provided as a template for future adaptation.

C.3.4 Phase 2A – Activation, Situational Assessment, and Movement

This list provides a framework to validate, adjust, and/or add any disease specific Phase actions and considerations when developing the disease specific crisis action plan Phase 2A actions.

a. Identify your employees risk exposure category as defined in Appendix D.

Figure C-1: Occupational Risk Pyramid
(Source: OSHA)

b. Implement recommended hierarchy of controls described in Appendix D, which include social distancing, telework, and other HR flexibilities outlined in Appendix E as appropriate to the disease and risk. General social distancing strategies include:

   1) For employees that use mass transit to go to and from work - arrange for alternate methods of getting to work (increase parking permits, carpool, rideshare, etc.) or leverage telework and other human resource flexibilities to minimize employee exposure risk during commute to and from work.

   2) Within the workspace, have 6 feet (or disease specific recommended distance) of separation between personnel, as much as possible, to reduce potential spread of infection.

   3) Instead of face-to-face meetings, use methods such as Microsoft Teams or other virtual collaboration tools, teleconference, and email to conduct business as much as possible, even when participants are in the same building.

   4) Conduct workshops and training sessions via Microsoft Teams or other virtual collaboration tools instead of in large close groups if possible.

   5) If you are sick stay home. Follow the disease specific employee Risk Assessment & Decision Matrix for Managers developed in Phase 1C.

m. Remain Aware of Employees' Physical and Mental Health:

   1) Monitor employees to determine the impact of the pandemic and changes in operations.

   2) Ensure employees have adequate down-time to recuperate and continue to function at a high level.

c. Document funds and resources expended that are directly linked to the response to the pandemic for supplemental requests for funding.

d. Encourage DOI employees whose work may expose them or others to significant health or safety risks due to occupational or environmental exposure or demands to obtain vaccinations and/or medical countermeasures if available.

e. For DOI owned or managed non-related shared housing, develop and implement a housing plan.

f. Identify, adjust, and/or add any disease actions and considerations in the disease specific crisis action plan to fully develop the Phase 2A actions

C.3.5 Phase 2B – Employment of Resources, Mitigation Strategies, and Stabilization

This list provides a framework to validate, adjust, and/or add any disease specific Phase actions and considerations when developing the disease specific crisis action plan Phase 2B actions.

a. Implement your essential functions staffing plan with the appropriate risk mitigation actions.

b. Avoid any unnecessary air or other mass transit travel to, within, or connecting through a location that is in Phase 2b.

c. Depending upon disease transmission identify the need to cancel any large public gatherings or visitor services that has a large group (10 or more) in a small area where people need to be closer than 6 feet (or disease specific recommended distance) apart to participate.

d. Avoid mass gatherings of people, including using mass transportation, and recreational or other activities where contact could occur with infectious people.

e. Restrict all non-mission critical travel.

f. Continue telework and HR flexibilities identified in prior phase. Supervisors should consider approval of increased telework and leave flexibilities (In the event of a pandemic, supervisors may approve many flexibilities on a case by case basis. Mass or group approval of flexibilities should be coordinated with Regional/State Directors and local subject matter experts. Regional/State Directors shall coordinate with their Field Special Assistant and the Assistant Secretary for Policy, Management and Budget for approval.)

C.3.6 Phase 2C – Intermediate Operations

This list provides a framework to validate, adjust, and/or add any disease specific Phase actions and considerations when developing the disease specific crisis action plan Phase 2C actions.

a. Continue all actions from previous phases.

b. Consider following local health authorities' direction and guidance regarding closure of non-essential facilities and quarantine (self-quarantine or directed quarantine) requirements as per OPM guidance for those employees that have been exposed or potentially exposed to the pandemic virus.

c. Employees may telework at the supervisor's discretion or be placed on weather and safety leave if they are not telework ready.

d. Report any work-related illness/injury through the Department's Safety Management Information System (SMIS).

e. Prioritize essential functions and report any degradation in the ability to maintain essential functions to the Office of Emergency Management, Emergency Management Coordinator, Bureau Regional Director, OS Office Director, or other leadership as appropriate.

f. Determine if there is a need for a unit or building closure to the public and/or employees.

g. Implement social distancing and use of telework or other HR flexibilities for all non-essential personnel.

h. Ensure essential staff have been appropriately vaccinated with available vaccines, supplied with anti-virals (if available), and provided PPE in accordance with legal and policy allowances.

i. Use voluntary and temporary reassignments of essential employees, cross trained and back-up personnel, and other available human resource options available to maintain essential functions.

j. Determine if there is a need to issue an evacuation order consistent with 5 U.S.C. §§ 5522-5524, 550 C.F.R. Subpart D, and Personnel Bulletin 07-01.

C.3.7 Phase 3A – Recovery and Return to Normal Operations Step 1

This list provides a framework to validate, adjust, and/or add any disease specific Phase actions and considerations when developing the disease specific crisis action plan Phase 3A actions.

C.3.7.1 General Phase actions that typically apply to any disease:

If a State, Tribal, Territorial, or local entity with designated authority from the Governor or DC Mayor, announces it is entering Phase 3A, Bureaus and Offices within that jurisdiction the Department should consider implementing a similar operational posture. In doing so, Bureaus and Offices should follow the steps outlined below.

C.3.7.2 Step 1: Determine where increased and expanded access is feasible

The entry into Phase 3A is not an immediate requirement to revert to operations in a pre-pandemic mode. DOI must assess the feasibility of resuming pre-pandemic operations while ensuring employee and visitor safety. DOI should:

a. Collect and maintain updated State public health guidance and information to aid managerial decisions in close coordination with the regional Field Special Assistants (FSAs) for those outside the National Capital Region (NCR).

b. Follow Executive Branch guidance when provided.

c. Review Executive Branch and State guidance and determine where the State is in the reopening process.

d. Where appropriate, complete a risk assessment and identify whether appropriate mitigation techniques can be performed to protect employees, volunteers, contractors, and visitors.

e. Work with the appropriate DASHO, OSH, and State/Local public health officials to ensure that expanding public access is done in concert with State public health guidance.

f. When changes to public facing operations occur, develop a plan to communicate with leadership, along with the Office of Intergovernmental and External Affairs and the FSAs so the information may be relayed to State and local partners for awareness.

C.3.7.3 Step 2: Determine the Work Sites and Activities that May Safely Accommodate Staff

Bureaus and Offices using the OSH *Pandemic Social Distancing and Daily Health Screening Implementation Guidelines for DOI and Work Locations*, *Mitigation Strategies to Reduce the Risk of COVID-19 Transmission in DOI Workplaces tool*, and in accordance with CDC, OSHA, and State worksite guidance, evaluate and develop an office specific plan for workplace mitigation strategies and execution of Office functions during Phase 3A.

C.3.8 Phase 3B – Recovery and Return to Normal Operations Step 2

Phase 3B actions are unique to the attributes of the disease and are therefore developed and included in the disease specific crisis action plan.

The following are considerations that will need to be addressed to formulate the Phase 3B recovery steps/actions of the given disease:

a. Characteristics of the pathogen (e.g., mode of transmission, presence of an animal or insect reservoir, geographic range, seasonality, infectious dose).

b. Extent (if any) of pre-exiting herd immunity.

c. Virulence and infectiousness of the pathogen.

d. Ability to treat the disease.

e. Ability to detect and test for the pathogen in all host populations.

f. Health care system disease burden.

g. Capacity of hospital systems and diagnostic laboratories, and the availability of medical and veterinary support resources to include test kits, reagents, personal protective equipment.

h. Capacity of local and state public health systems to conduct contact tracing and quarantine exposed or infected individuals.

i. Availability and efficacy of vaccines or therapeutics for humans and animals.

j. Ability to implement the hierarchy of controls and available equipment to protect worker, visitor, other DOI occupants, and animal safety and health.

k. Public trust in the scientific and public health information and public willingness to implement prevention measures such as behavior changes.

C.3.9 Phase 3C – Recovery and return to steady state operations

Like Phase 3b, Phase 3C actions are unique to the attributes of the disease and are therefore developed and included in the disease specific crisis action plan.

Appendix D - Occupational Safety and Health

D.1 Chain of Infection – Nature of How the Disease is Spread and Transmitted

Infectious diseases spread as result of complex interactions between the disease agent, its host(s), and the environment. Transmission occurs when the agent leaves its reservoir or host through a portal of exit, is conveyed by some mode of transmission, and enters through an appropriate portal of entry to infect a susceptible host. This sequence is referred to as the chain of infection. The chain differs based on the pathogen, but every element of the chain must occur for a pathogen to spread. An understanding of the disease transmission chain is a core concept of epidemiology and vital to selecting and applying control strategies to prevent or limit transmission.

The reservoir of an infectious agent is the habitat in which the agent normally lives, grows, and multiplies. Reservoirs include humans, animals, and the environment. The reservoir may or may not be the source from which an agent is transferred to a host. Many common infectious diseases have human reservoirs. Diseases that are transmitted from person to person without intermediaries include many respiratory pathogens. Human reservoirs may or may not show the effects of illness. Such persons are called carriers and may infect others without displaying any signs or symptoms of infection (i.e., asymptomatic spread). Humans are also susceptible to diseases that have animal reservoirs. Many of these diseases are transmitted from animal to animal, with humans as incidental hosts. The term zoonosis refers to an infectious disease that is transmissible under natural conditions from animals to humans. Many newly recognized infectious diseases in humans (over 75%) are thought to have emerged from animal hosts, although in many cases the host species have not been identified. Finally, although generally not implicated in pandemic scenarios, pathogens can originate from environmental reservoirs including from plants, soil, and water. These may include fungal agents and waterborne agents.

Additionally, both state and non-state actors have expressed interest in the intentional use of pathogens as weapons. It is the policy of the United States, that until otherwise determined, any weapon of mass destruction incident, to include a biological incident, will be treated as a potential terrorist incident. See Branch 1: Intentional Biological Incident of the Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans for additional information on adversarial use of a pathogen.

An infectious agent may be transmitted from its natural reservoir to a susceptible host directly or indirectly.

D.2 Employee Health and Safety Practices

The novel viruses or other pathogens during a pandemic remains a significant risk to Department of the Interior (DOI) employees and others who may be present in DOI facilities or may utilize DOI-managed public lands. The risk of exposure and subsequent disease depends on the type of work being performed, the frequency and duration of interactions with people infected with pathogen, potential contamination of the work environment, the effectiveness of control measures, and the health status of the individual(s) exposed.

The following prevention and management strategies will be used to assist managers with implementing effective control measures against these types of pathogens. Management strategies must be based on a thorough hazard assessment that systematically applies an appropriate combination of engineering, administrative, and PPE controls to eliminate and/or reduce worker exposures on a facility and office-wide basis as well as individual job tasks. Specific safety plans should build on prevention guidelines developed by the OSHA and the CDC in addition to existing DOI policies.

D.2.1 General Management Principles

Occupational safety and health professionals use a framework called the Hierarchy of Controls to systematically evaluate the most effective methods to prevent and control workplace hazards (see Figure D-1). The best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their own exposure. During a pandemic, when it may not be possible to eliminate the hazard (i.e., airborne virus or surface contamination), the most effective protection measures from most to least effective are: engineering controls, administrative controls, safe work practices (a type of administrative control), and the use of PPE.

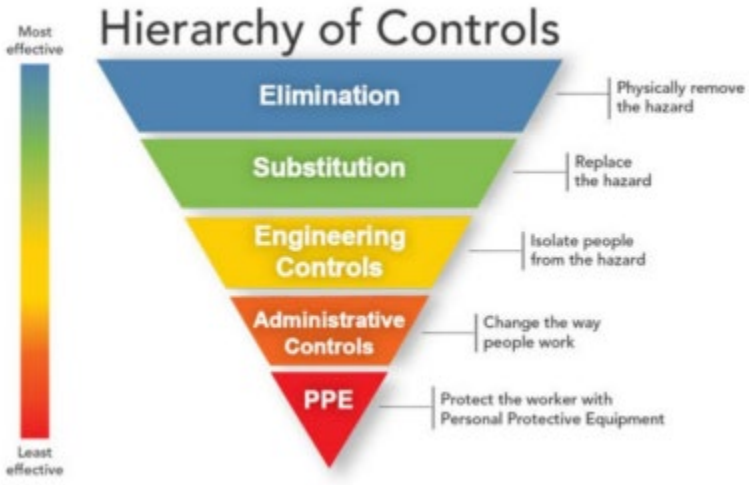


Figure D-1: Illustration of the Hierarchy of Controls (Source: NIOSH)

There are advantages and disadvantages to each control type based on ease of implementation, effectiveness, and cost. In almost every case, a combination of control measures will be necessary to protect workers from exposure to a pathogen during a pandemic. Therefore, a basic understanding of these control measures is needed prior to developing general hazard controls and evaluating individual job tasks.

D.2.1.1 Elimination and Substitution

Elimination and substitution, while most effective at reducing hazards, also tend to be the most difficult to implement in an existing process. If the process is still at the design or development stage, elimination and substitution of hazards may be inexpensive and simple to implement. For

an existing process, major changes in equipment and procedures may be required to eliminate or substitute for a hazard.

D.2.1.2 Engineering Controls

Engineering Controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Examples include utilization of physical barriers such as sneeze guards and increasing building ventilation to provide more fresh air inside buildings.

D.2.1.3 Administrative Controls

Administrative Controls require action by the worker and/or managers. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for a pandemic include requiring sick employees to stay home, employee education about the signs/symptoms of an infection, and the use of job rotation and alternate work shifts to limit exposure time.

D.2.1.4 Safe Work Practices

Safe Work Practices, also called work practice controls, are a specialized type of administrative control that involves the use of well-defined procedures by employees who must be exposed to reduce the duration, frequency, or intensity of their exposure. Examples of safe work practices during a pandemic include: requiring regular hand washing and/or use of alcohol-based hand sanitizer after touching a high-use surfaces, requiring a 6 feet (or disease specific recommended distance) stand-off distance for routine interactions with members of the public, and use of dedicated equipment that is not shared with other employees.

D.2.1.5 Personal Protective Equipment (PPE)

Personal Protective Equipment is the least preferred control and should only be used when other controls are not available or cannot be implemented. PPE does not fundamentally reduce risk or eliminate exposure. Examples of PPE include gloves, eye protection, face shields, protective garments, and respiratory protection. During an outbreak of an infectious disease, recommendations for PPE specific for certain occupations and job tasks may vary or change depending on geographic location, updated risk assessments, and as new information about how the virus is spread becomes available.

D.2.2 Personal Protective Equipment Assessment

OSHA's Personal Protective Equipment Standard (29 CFR 1910.132) requires that an assessment of the workplace and job tasks be conducted prior to providing or requiring any employee to utilize PPE including respiratory protection. This requirement is also reflected in DOI policy (485 DM 14) and Bureau-level policies (e.g., NPS RM 50B and 241 FW 3) that require a Job Hazard Analysis (JHA). This assessment is required to be documented in writing. No PPE including respiratory protection (e.g., N95 filtering facepieces) shall be used by an employee without an accompanying JHA being completed first. Bureaus and Offices that utilize

PPE are responsible for ensuring that appropriate documentation certifying that a JHA has been conducted is developed and retained.

D.2.2.1 Classifying Worker Exposure Risk

Worker risk of occupational exposure to a pandemic may be classified by OSHA. Risk categories vary from very high to high, medium, or lower (caution) risk. (Note: CDC uses a different risk categorization system for healthcare workers based on a high-medium-low scale). The level of risk depends in part on the need for repeated and/or extended close contact with people known or suspected of being infected. As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Also, this list is not intended to be comprehensive, and employers should always rely on thorough hazard assessments to identify when workers are at increased risk of exposure on the job.

To assist in determining appropriate precautions, OSHA divided job tasks into four risk exposure levels for a pandemic response: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk (see Figure D-2).

For the purpose of establishing risk categories, OSHA may use factors involved in disease transmission such as how close a person needs to be to an infected individual (close contact) and the amount of contact time required to receive an infectious dose (exposure).

Most workers, including DOI employees, likely fall in the medium and lower exposure risk (caution) levels.

Figure D-2: Occupational Risk Pyramid
(Source: OSHA)

D.2.2.1.1 Very High Exposure Risk

Very High Exposure Risk jobs are those with high potential for exposure to known or suspected sources of a disease during specific medical, postmortem, or laboratory procedures. Workers in this category include:

a. Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected pandemic infected patients.

b. Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic disease infected patients (e.g., manipulating cultures from known or suspected infected patients).

c. Morgue workers performing autopsies, which generally involve aerosol generating procedures, on the bodies of people who are known to have, or suspected of having, a pandemic disease infection at the time of their death. DOI employees falling into the very-high risk category are expected to be very limited and only include clinical staff and advanced emergency medical service (EMS) personnel (i.e. paramedics). Employees who do not perform intubations/aerosol-generating procedures or collect diagnostic specimens are not included in this group.

D.2.2.1.2 High Exposure Risk

High Exposure Risk jobs are those with high potential for exposure to known or suspected sources of the pandemic disease. Workers in this category include:

a. Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected pandemic disease infected patients.

b. Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected pandemic disease infected patients in enclosed vehicles.

c. Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, pandemic disease infected at the time of their death.

DOI employees falling into the high-risk category would include medical providers at out-patient clinics/health units and EMS personnel who do not perform intubations (e.g., EMT-Basic) or collect diagnostic specimens.

D.2.2.1.3 Medium Exposure Risk

Medium Exposure risk jobs include employees that require frequent unavoidable close contact with people who may be infected with a pandemic disease, but who are not known or suspected to be infected (i.e., asymptomatic). Workers in this category may have contact with travelers at ports of entry, prolonged routine interaction with members of the general public, and prolonged close contact with other employees where social distancing controls (i.e., six (6) feet of separation) cannot be maintained. DOI employees in the medium risk category are likely to include law enforcement personnel, corrections officers, interpretation and fee collection personnel, and facilities maintenance personnel who interact with the general public. This

category may also include employees who are required to spend extended periods of time in enclosed vehicles and aircraft where health monitoring and other controls cannot be implemented.

D.2.2.1.4 Lower Exposure Risk

Lower Exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with a pandemic disease for frequent close contact with the general public (i.e., within six feet). Workers in this category have minimal occupational contact with the public and other coworkers. The lower risk category is expected to include the majority of DOI employees whose exposures can be mitigated without the use of any PPE.

D.2.3 Control Assessment and Implementation

Each DOI facility/office should develop a pathogen specific Prevention and Control Plan by following the step-by-step process described below.

D.2.3.1 Step 1: Identify Operations where Exposures May Occur

Collect, organize, and review information with workers and managers to determine which operations may result in disease exposures.

D.2.3.2 Step 2: Select Controls

Select appropriate controls by working down the hierarchy from most to least effective. The list in Section D.3 provides examples of the different controls. Not all controls will be used or even appropriate, therefore selections should be made based on feasibility. Make sure to consider the use of interim controls (i.e., temporary changes that can be removed when operations return to normal). Avoid selecting controls that may directly or indirectly introduce new hazards. Examples include causing employees or visitors to congregate areas that increase the chance of prolonged close contact. Make sure to use a combination of control options when no single method fully protects workers.

D.2.3.3 Step 3: Create a pathogen specific Prevention and Control Plan

The written prevention and control plan describes how the selected controls will be implemented. An effective plan will address the most serious exposure hazards first. The plan does not need to be overly complex. It may simply list the controls in order of effectiveness and how each will be implemented. The plan should also assign responsibility for installing or implementing the controls to a specific person or persons with the power or ability to implement the controls.

D.2.3.4 Step 4: Implement the Plan

Once hazard prevention and control measures have been identified, they should be implemented according to the prevention and control plan. Make sure to implement controls based on a "worst-first" basis, according to the hazard ranking priorities (risk) established during hazard identification and assessment.

D.2.3.5 Step 5: Monitor and Adjust the Plan as Needed

To ensure that control measures are and remain effective, track progress in implementing the controls, and adjust/re-evaluate as new information becomes available.

D.2.4 Job Hazard Analysis (JHA) for Specific Job Tasks

Building off the pathogen specific prevention and control plan, each employee task that involves potential exposure to the pathogen must have an accompanying JHA. The JHA is a systematic process for identifying hazards and eliminating or minimizing associated risks by breaking each job/activity down into basic steps and examining each step for potential hazards. For larger or more complex operations, it may be necessary to first divide the operation into several activities or sub-steps. For each hazard identified, a corresponding means of eliminating or controlling the hazard(s) must be identified.

In general, the JHA process should follow these steps:

a. Basic Job Steps: List the steps necessary to accomplish the job in the order the work is performed.

b. Hazards: List the tools, equipment, materials, or chemicals used for each job step, and the environment they will be accomplished in, if appropriate. List the conditions or events which could cause injury, illness, property loss for each step.

c. Safe Job Procedures: List the actions, controls, protective clothing or equipment that will eliminate or reduce the hazards identified for each step.

d. Signatures: The person completing the JHA signs the form as the preparer and the Project Leader/Facility Manager/Supervisor reviews and signs the form to accept prior to commencing work.

Units should utilize their Bureau/Office specific JHA process and, if needed seek assistance from their DASHO.

D.3 Controlling Employee Exposure Risk by Work Practice Measures

Occupational safety and health professionals use a framework called the "hierarchy of controls" to select ways of dealing with workplace hazards. The hierarchy of controls prioritizes intervention strategies based on the premise that the best way to control a hazard is to systematically remove it from the workplace. During a health threat or emergency, this hierarchy should be used in concert with current public health recommendations.

The types of measures that may be used to protect your employees (listed from most effective to least effective) are engineering controls, administrative controls, work practices, and personal protective equipment. It is best to utilize a combination of control methods. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost.

D.3.1 Work Practice and Engineering Controls

The principles of industrial hygiene demonstrate that work practice controls and engineering controls can also serve as barriers to transmission of infection or contamination from the health

hazard. Work practice controls are procedures for safe and proper work that are used to reduce the duration, frequency or intensity of exposure to a hazard. When work practice controls are insufficient to protect employees, some employers may also need engineering controls. Examples of work practice controls include:

a. Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, hand sanitizer, disinfectants and disposable towels for employees to clean their work surfaces.

b. Educating and training employees with up-to-date information on the risk factors and protective behaviors, as well as instructing on proper behaviors.

c. Emphasizing proper hygiene.

d. Developing policies to minimize contacts between employees and between employees and clients or customers.

Engineering controls involve making changes to the work environment to reduce work-related hazards. These types of controls are preferred over all others because they make permanent changes that reduce exposure to hazards and do not rely on employee or customer behavior. By reducing a hazard in the workplace, engineering controls can be the most cost-effective solutions for employers to implement. Examples of engineering controls include:

a. Installing physical barriers, such as clear plastic sneeze guards.

b. Installing a drive-through window for customer service.

c. In some healthcare and laboratory settings, for aerosol generating procedures, specialized negative pressure ventilation may be indicated.

D.3.2 Administrative Controls

Administrative controls include controlling employees' exposure by scheduling their duties/tasks in ways that minimize their exposure levels. Examples of administrative controls include:

a. Developing policies that encourage ill employees to stay at home without fear of any reprisals.

b. The discontinuation of unessential travel to locations with high illness transmission rates or high levels of contamination.

c. Consider practices to minimize face-to-face contact between employees such as e-mail, webinars and teleconferences. Where possible, encourage flexible work arrangements such as telework or flexible work hours to reduce the number of employees who must be at work at one time or in one specific location.

d. Consider home delivery of goods and services to reduce the number of clients or customers who must visit your workplace.

e. Developing emergency communications plans.

D.4 Risk Mitigation Strategies to Protect the DOI Workforce

The risk mitigation strategies outlined in this section provide DOI's leadership with a range of options for continuing operations during a health threat or emergency.

Health emergencies have a wide spectrum of factors that need to be addressed when planning which strategies to employ. Depending on the nature and severity, as well as the location, of the emergency, one or more of the protective measures described below may be used. These sections do not represent a comprehensive list and should not supersede the recommendations of public health and security agencies, such as HHS and/or DHS.

It is important to note the type of health hazard present and the nature of the task being performed when identifying which safety and health precautions, as well as human resources options, should be utilized. They can be implemented in conjunction with one another or independently, depending on the situation.

D.4.1 Medical Countermeasures and Public Health Interventions

Medical countermeasures and public health interventions prevent and mitigate the harm, illness or infection that the health hazard could pose to people who are exposed. Medical countermeasures and public health interventions come in many forms.

Pharmaceutical medical countermeasures include:

a. Vaccines.

b. Antimicrobials.

c. Antitoxins.

d. Antidotes.

Non-pharmaceutical medical countermeasures include personal protective equipment (PPE) such as respirators, facemasks, gloves and other protective clothing.

Public health interventions include:

a. Contact/exposure and transmission interventions such as social distancing.

b. Evacuations of contaminated/unsafe areas.

c. Sheltering-in-place.

d. Decontamination of contaminated things/people.

Many of the medical countermeasures are specific to the category of health hazard (biological, chemical, or radiological), and many times even more specific to the agent (such as anthrax, ricin, smallpox, and influenza). Therefore, it is critical to have the appropriate medical countermeasures, and ensure that they are used properly, to provide the most effective protection for employees.

Additional information about the types of medical countermeasures is outlined in the next two sections.

D.4.2 Pharmaceutical Medical Countermeasures

Depending on the biological emergency, a vaccine, as well as antimicrobials and antitoxins may be available. Similarly, depending on the chemical or radiological emergency, various antidotes may be available.

As the threat of a health emergency emerges, or in response to a health emergency, pharmaceutical medical countermeasures can often be given as prophylaxis to individuals who are at risk for being exposed. This can provide a layer of protection to these individuals once they are exposed.

Prophylaxis is not always an option, however. When it is an option, those who have been exposed will need to start taking the pharmaceutical medical countermeasures as soon as possible to have an effective response to the medicines, and best chance of not becoming infected and/or ill.

In some cases, these pharmaceutical medical countermeasures will have been stockpiled and available to distribute to those affected. In other cases, such as the experience during the 2009 H1N1 Flu Pandemic, the vaccine will need to be produced, and could take weeks to months before it is ready for distribution, and the anti-viral medicines may be in short supply. If the vaccine or other medical countermeasures are in short supply, and the demand is greater than the supply, it is likely that prioritization schemes will be implemented.

For the 2007 pandemic influenza, DOI developed an interim prioritization scheme for the limited quantities of vaccine that was expected in the initial stages of the pandemic. This interim prioritization scheme is located in the Testing, Vaccines, and Anti-Virals Framework of this plan (Section D.7.). Those DOI personnel supporting COOP and other essential functions, as well as those performing emergency services, critical infrastructure, and critical homeland and nation security services are among those included in the priority groups for receiving pandemic vaccination. Similar prioritizations will be likely if the Department needs to prioritize medical countermeasures that are limited supply for other public health emergencies.

D.4.3 Non-Pharmaceutical Countermeasures

D.4.3.1 Respirators, Facemasks, Face Covers and Protective Clothing

DOI employees who are required to come into contact with individuals, animals, objects and areas that are infected/contaminated as part of their job duties, need to be adequately protected with the proper protective equipment. The general working population whose jobs do not put them in contact with infected/contaminated individuals, animals, objects, and areas, usually do not require such protection. Occupational exposure risk for these employees can be reduced through protective measures such as thorough hand washing, personal hygiene, teleworking and social distancing. The type of health threat/emergency will determine what type of respiratory protection and protective clothing is necessary.

Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation and laser masks. Facemasks help stop droplets from being spread by the person wearing them. Respirators (e.g., N-95 or higher filtering face-piece respirators) are designed to protect the wearer from breathing in very small particles, which might contain viruses or aerosolized chemicals. There are a number of different types of respirators, and each is designed to protect the wearer from specific biological and chemical agents. Respirators require fit testing to ensure proper fit to ensure this protection.

Gloves and protective clothing, such as Tyvek/Tychem suits/coveralls, provide a protective layer between the wearer and the harmful substance/exposure. Aprons, waders, face shields or other protection to prevent contact with contaminated material may also be useful and more easily cleaned and disinfected. As with the respirators, there are a number of different types of protective clothing, and each is designed to protect the wearer from specific hazards.

It is important that the Department, and its Bureaus, develop plans for properly equipping personnel with such protective gear, including those in positions that require special provisions. Supply sources and costs need to be identified and addressed for supplying PPE to DOI personnel who have direct/prolonged contact with known or potentially infected/contaminated people, animals, objects and areas, and procure such equipment. This will be part of the medical countermeasures plan that the Department is developing.

A supply of N-95 respirators and other critical PPE should be stockpiled and maintained for use by the personnel in the very high, high, and medium occupations and DOI COOP Team members. As the situation warrants, N-95 respirators will be made available to those employees in high/medium exposure risk occupations. Prior to this, supervisors should coordinate with OEM and OSH to obtain medical clearances and have fit testing and training conducted for these personnel in accordance with the OSHA Respiratory Protection Standard (as described in 29 CFR 1910.134).

Understanding the Differences – Respirators, Masks, & Cloth Face Covers (Revised 4/20/2020)

	N95 Respirator	Surgical N95 Respirator	Surgical Mask	Comfort Mask	Cloth Face Cover
INTENDED USE	Non-medical Workers	Healthcare Workers	Healthcare Workers & Patients	General Public	General Public
INTENDED PROTECTION	Wear	Wear	Wearer (Splash Only) & Others	Others	Others
TESTING & APPROVAL	NIOSH	NIOSH & FDA	FDA	None	None
FACE SEAL FIT	Tight-fitting	Tight-fitting	Loose-fitting	Loose-fitting	Loose-fitting
CERTIFICATION MARKINGS	Required	Required	None	None	None
FIT TEST REQUIRED	Yes	Yes	No	No	No
MEDICAL CLEARANCE	Required	Required	N/A	N/A	N/A
RESPIRATORY PROTECTION PROGRAM	OSHA-required	OSHA-required	Facility-determined	None	None
USER SEAL CHECK	Required	Required	None	None	None
FILTRATION	> 95%	> 95%	N/A	N/A	N/A
FLUID RESISTANT	No	Yes	Yes	No	No
STRAPS	2	2	1 or 2	1	0, 1, or 2
LEAKAGE	Minimal	Minimal	Extensive	Extensive	Extensive
USAGE LIMITS	Single-use*	Single-use*	Single-use	Single-use	Reusable

* Extended wear and re-use may be authorized when approved by the bureau safety program following CDC guidelines. Decontamination and re-use is not authorized.

D.4.4 Public Health Interventions

D.4.4.1 Social Distancing

Social distancing is a common public health intervention for airborne and droplet borne pathogens (reducing face-to-face meetings, maintain appropriate distances specific to the pathogen, etc.).

When infectious, contagious biological agents are involved, one effective method for reducing the spread of this illness and disease is separating people and preventing them from interacting (especially in large gatherings). Reducing contact between sick and uninfected persons, decreases the number of those who become infected. Strategies which may be put into place by local public health officials include the following:

a. Encouraging voluntary home quarantine of members of households with confirmed or probable case(s).

b. Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.

c. Use of social distancing measures to reduce contact between adults in the community and workplace, including cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density to the greatest extent possible without disrupting essential services.

Social distancing methods should also be implemented in the workplace, and could include:

a. Having employees telework.

b. Conducting meetings via teleconference and webinars versus in person.

c. Spreading out employees in the office to increase the space between employees.

d. Having employees work flexible schedules to reduce the number of employees in the office at the same time.

It is key that Bureaus and Offices identify methods in which they will utilize social distancing prior to the infectious/communicable disease emergency. A critical piece of this is educating employees on the social distancing measures available to them, and to exercise/practice them so employees are comfortable in conducting their jobs while using these measures.

D.4.4.2 Face covers, splash guards/shields, or other materials that reduce pathogen transmission

The need for and use of face covers, splash guards/shields, or other materials that reduce pathogen transmission will be dependent upon the method of transmission of a disease.

D.4.4.3 Shelter-in-Place and Evacuation

Depending on the health hazard, sheltering-in-place and/or evacuations could be implemented in an effort to protect the health and safety of as many as possible. The decision to employ sheltering-in-place or an evacuation is made based on the threat.

Shelter-in-place is a short-term safety procedure that will help protect individuals by taking shelter inside a building if biological contaminants are accidentally or intentionally released into the environment. During a release of such biological contaminants, the air quality may be threatened, and an evacuation could expose individuals to an environment that could lead to serious health problems.

Emergency evacuation is the immediate and rapid movement of people away from the threat or actual occurrence of a hazard. Examples range from the small-scale evacuation of a building due to a bomb threat or fire to the large-scale evacuation of an area. In situations involving hazardous materials or possible contamination, evacuees may be decontaminated prior to being transported out of the contaminated area.

It is important that Bureaus and Offices plan for implementing shelter-in-place or evacuation of employees.

D.4.4.4 Decontamination

Depending on the health hazard and the agent involved, decontamination could likely be a critical element in helping protect the health and safety of those employees exposed to the agent. Decontamination protects workers from hazardous substances that may contaminate and eventually permeate the protective clothing, respiratory equipment, tools, vehicles, and other equipment that was exposed; it also protects all site personnel by minimizing the transfer of harmful materials into clean areas and it protects the community by preventing uncontrolled movement of contaminants from the contaminated areas.

In some situations, the contamination will be limited to a certain employee population working in positions that are directly exposed to the hazardous agent. An example of this includes wildlife biologists handling infected/contaminated wild animals. Other situations of contamination will be on a much larger scale and impact a larger number of personnel. Entire DOI facilities/lands, or portions of them, could become contaminated and need to be decontaminated. It is important that Bureaus/Offices prepare for scenarios in which they will need to decontaminate their employees and put plans in place for how this will be done.

D.4.5 Vaccination and Antimicrobial Medications

DOI may be required by Executive Branch leadership to develop a vaccination and antimicrobial medications plan. Additional guidance and direction from HHS and FEMA will be required to implement the Federal Medical Counter Measures plan within DOI for a specific biological incident or disease.

D.4.6 Personal Protective Equipment (PPE)

Understand which employees are in which level of exposure risk occupation defined in Section D.2.2. Use of personal protective equipment for employees performing high and medium exposure risk occupations. Typically, respirators are required to be N-95 or higher air purifying masks that require medical clearance and fit testing prior to use. Use of N-95 respirators requires participation in a formal respiratory protection program with medical clearance, fit testing, and training.

D.4.6.1 Guidance for DOI Employees Handling Wildlife

The USGS, through the NWHC, will develop and distribute science-based wildlife handling guidance, including PPE recommendations, for specific pandemic disease agents, as they are identified in response to pandemic threats.

D.5 Reduction of Services

Reduction of services provided to the public to reduce the congregation of large groups in an area, to include closure of DOI units to the public when warranted.

Status of a DOI units that have a public facing component are categorized as:

a. Open and Unrestricted: Access to the unit is unrestricted; all lands, facilities, and services are online/accessible to the public. Restrictions/limitations on commercial or partner services should not influence a unit's operations status. Administrative offices that normally have limited or no public access should be reported as "unrestricted" if employees can access these buildings on demand (even if the vast majority of employees are teleworking because of the pandemic).

b. Curtailed: Access to the unit is limited; some lands, facilities, or services are online/accessible to the public. This status designation is based on DOI/Bureau operational decisions. For example, if there is some public access to a unit but certain facilities are inaccessible (i.e., bathrooms, trails), the unit's operating status should be listed as "curtailed". The same is true if a unit is accessible but has imposed limited entry or timed entry for the general public or staff.

c. Closed: Access to the unit is completely restricted; all lands, facilities, and services are offline/inaccessible to the public.

D.6 DOI Unit/Station Risk Assessment Tool

The Department developed a DOI Unit/Station Risk Assessment Tool and Decision Form to assist Bureaus with understanding current conditions, developing thoughtful and creative mitigations, and implementing those mitigation strategies to provide the greatest access to Federal lands deemed appropriate given the localized conditions. Risk factors used in the tool should consider key operational tasks along with current public health considerations and disease characteristics.

This tool uses a qualitative approach to guide managers in identifying and discussing potential mitigations, where appropriate, to reduce risk to employees and visitors from disease transmission. This tool will not provide a quantitative answer as to whether you should

open/close a station/facility or resume/suspend a program, event, or service. Station/facility reopening decisions should generally be consistent with State and local phasing guidance and will only diverge from the applicable phasing guidance when adhering to that guidance is inconsistent with the Bureau's mission and its ability to prioritize the safety of its workforce and the public.

This tool guides managers in discussing and identifying the risk factors that should be considered when there is an increased risk of disease transmission at a station/facility. Risk factor areas that are yellow, orange, or red should be mitigated to the extent possible, and should inform operating decisions. An example of a facility status risk assessment matrix can be found at COVID-19 Station Risk Assessment Matrix.

D.7 Testing, Vaccines, and Anti-Virals Framework

D.7.1 DOI's Pandemic Vaccine Prioritization Scheme

D.7.1.1 Background

During the 2007 pandemic influenza incident response, the Department was required to develop a vaccination plan for DOI employees to ensure federal agency employees that are required to maintain the DOI essential functions are prioritized for vaccination. The section below may be used as a framework for the next time that the Department is required by leadership to develop a federal vaccination plan.

The Federal Interagency Concept of Operations – Rapid Medical Countermeasures Dispensing Plan serves as the higher level plan that will inform any DOI MCM planning. The Department of the Interior should be prepared to identify DOI employees that may be made available to support staffing of PODs based on HHS and FEMA requirements as described in the Federal Interagency Concept of Operations – Rapid Medical Countermeasures Dispensing Plan.

D.7.1.2 Prioritization Scheme

The 2007 interagency policy guidance for prioritization of vaccine divided target groups into tiers. The number of tiers to be vaccinated would depend on the quantity and timing of vaccine availability.

D.7.1.3 Bureau and Office Planning for Essential Personnel

To determine Departmental requirements for allocation of vaccine, Bureau and Office pandemic planning shall include identification of personnel who are in the following categories. Some of these categories will include few if any DOI personnel. All personnel counted within the following categories should be designated by their Bureau or Office as either Mission Critical Emergency Employees or Emergency Employees. If employee(s) appear to fit multiple groups, include them in the first group in which they fit in the following list:

a. Emergency Services Personnel - This category includes Emergency Medical Services, fire, law enforcement, and corrections personnel.

b. Critical Health Personnel - Those personnel essential to implementing vaccination or other health measures outlined in this plan.

c. Key Leadership - Senior Departmental/Bureau decision makers responsible for coordination of pandemic response activities addressed in this plan.

d. Energy, Communications and Water Sector Personnel:

   1) Personnel who perform critical functions for products/services in these sectors.

   2) This category is of specific concern to BOR and certain CIO activities, but may include others.

e. Critical Personnel for Operational or Regulatory Activities Related to Critical Infrastructure that Protects Health and Safety or Preserves Security Personnel who directly support activities for other sectors under the *National Infrastructure Protection Plan* as defined by CISA in the .

f. Critical Community Social Service Personnel - This category may include certain BIA personnel and Critical Incident Management Stress (CISM) Teams.

g. Critical Homeland and National Security:

   1) Those critical personnel supporting border protection or intelligence activities only.

   2) Law enforcement personnel should be reported in Category 1 above.

h. Other Critical Personnel - COOP team members not already included in any of the categories listed above.

i. Other Homeland Security Personnel - This category includes all other DOI personnel supporting *National Response Framework* or emergency management activities that are not included above.

j. Other Important Health Care Personnel - This category is a very limited group within DOI and includes those health care workers who have less occupational risk in being exposed, including pharmacists, laboratory personnel.

D.7.1.4 Prioritization of Other Personnel in the General Workforce

Groups that are of high risk for severe and fatal infection in past pandemics differ by age or susceptibility factors. Although it is not yet known whether vaccine may become available via employee health offices for members of the general workforce, Bureaus only are requested to estimate the size of their workforce, not including employees designated under the Bureau and Office Planning for Essential Personnel section above, which will meet the following criteria at any given time:

a. Pregnant women.

b. Employees with infants less than 6 months old in their household.

c. High risk employees age 18-64 with chronic medical conditions[2].

d. Employees age 65 and older.

e. Other employees age 18-64.

[2] This group includes personnel with heart and lung disease, metabolic disease, renal disease, and neuromuscular diseases that may compromise respiratory function.

Appendix E - Human Capital and Logistics

E.1 Human Capital

During a pandemic, the Department and Bureaus must achieve two equally important goals: (1) protect the Federal workforce and (2) ensure the continuity of operations. Bureaus and Offices should ensure the fulfillment of these two goals through a variety of means, including pay, scheduling and staffing flexibilities, telework, leave and schedule flexibilities, and exercise of evacuation pay authority, as appropriate. Highlighted in the sections below are several human capital flexibilities and programs that may be considered and implemented when planning for and responding to pandemic situation.

E.1.1 Telework

Telework will be a key method for social distancing while continuing the Department's operations during health emergencies involving infectious/communicable diseases. Telework will also be employed during other types of health threats/emergencies in which it is unsafe for employees to enter DOI lands/facilities because they are in contaminated areas or otherwise unsafe. Using guidance from the OHC and OCIO, telework agreements should be established with all telework-eligible DOI employees to enable them to work from home during such emergency situations.

Supervisors need to become knowledgeable of the Department's telework policy, their Bureau/Office telework procedures, and which types of telework agreements, if any, their employees have in place. Supervisors also need to determine which personnel should have telework agreements in place so they can work remotely during health emergencies. Those employees who utilize information technology equipment during emergencies must work with their supervisor to establish a telework agreement and adhere to applicable cyber security policies, including using a Government Furnished Equipment (GFE) laptop. Consistent with Departmental policy, an employee with an approved telework agreement in place may be required to telework during a pandemic situation (e.g., pandemic-related office closure). Supervisors and employees must all have current telework agreements on file, whether for core or situational telework, in the event employees must work from an alternate duty location.

Department of the Interior Personnel Bulletin Number 19-02 establishes the Departmental policy under which eligible employees may be authorized to telework.

E.1.2 Leave and Other Human Resources Flexibilities

During health emergencies, Bureaus/Offices need to plan for high employee absenteeism rates. Therefore, supervisors should utilize a variety of means, including annual, sick and family medical leave, weather and safety leave, as well as scheduling and staffing and pay flexibilities (e.g., mandatory overtime), to ensure the continuity of DOI's operations and essential functions. In doing so, supervisors need to work both with their Bureau/Office servicing Human Resources Office and employees to identify which human resource policies and flexibilities are available, when (in what situations) to utilize them, and educate employees on these options.

E.1.3 Dismissal and Closure Procedures

OPM's Governmentwide Dismissal and Closure Procedures provides guidance for handling emergency situations that prevent significant numbers of employees from reporting for work on

time or which require agencies to cease all or some of their activities. OPM is responsible for issuing operating status announcements for the Washington, DC, area. Federal Executive Boards and Federal Executive Associations coordinate similar dismissal or closure procedures in other major metropolitan areas.

Because a pandemic will likely severely impact the Department's ability to perform mission responsibilities, Bureaus/Offices need to develop specific dismissal and closure procedures for their organizations throughout the country.

Employees should be familiarized/educated on the specific procedures that have been put into place at their Bureau/Office related to dismissal/closures, as well as the means of notification that a Bureau/Office will use to inform and instruct them in these situations. Communications with employees may include town hall meetings, electronic messages, letters, or memorandums.

Bureaus and Offices need to develop a protocol for safety and security personnel to maintain communications in an emergency. Personnel Bulletin Number 18-04, provides guidance on "Weather and Safety Leave", which can be approved in situations where employees are prevented from safely commuting to or working at an approved location due to a pandemic health emergency. Additional information is available on the section of the OPM Website providing guidance on operations during a crisis or emergency.

E.1.4 11.1. 4. Hazardous Duty Pay

Hazardous duty pay (for GS employees) and environmental differential pay (for prevailing rate employees) for eligible employees is payable under 5 U.S.C Chapter 51 and Subchapter III of Chapter 53 for GS employees and under the separate statutory provision of 5 U.S.C. § 5343 (c)(4) for prevailing rate employees. This additional/special pay compensates eligible employees for performance of hazardous duties or duties involving physical hardship. OPM has issued regulations at 5 C.F.R. part 550, Subpart I (hazardous duty pay) and 5 C.F.R. § 532.511 (environmental differential pay), which provide guidance to Agencies when determining an employee's eligibility for hazardous duty pay or environmental differential pay. In general, an employee is not eligible for hazardous duty pay or environmental differential pay unless the employee is actually exposed to a qualifying hazard through the performance of assigned duties, and the hazardous duty is not already taken into account in the classification of the employee's position.

E.2 Logistics – PPE Supply Chain Task Force

E.2.1 Introduction

This DOI Supply Concept of Operations (CONOPS) provides a standard framework for all DOI Bureaus and Offices to procure, order, and receive key supplies that are essential during a pandemic to include respiratory protection, cleaning supplies, and consumable items needed to ensure health and safety.

E.2.2 Assumptions

The DOI Supply Task Force planning assumptions are:

a. The supply chain system will experience worldwide and national delays in ordering and obtaining critical health and safety supplies.

b. States, Tribes, and Territories will seek and purchasing the same supplies, which further reduces supply availability and the need for national prioritization across the supply chain.

c. The Strategic National Stockpile managed by the HHS/FEMA and the White House will have limited ability to provide supplies to the Department of the Interior.

d. The Department is not the highest priority for those health and safety items that require national prioritization for distribution by HHS/FEMA.

e. Existing commercial supply chain systems remain the most efficient way to order and source limited supplies.

E.2.3 Concept of Operations

The Department of the Interior Supply Task Force should be established in Phase 1B to begin verifying and updating the stockpiles of PPE and supplies across Bureaus and Offices. Under the guidance and direction of OSH, the Supply Task Force is established to determine the most critical needs for PPE among DOI personnel. Working with the NPS, the Supply Task Force will develop the infrastructure for a supply chain that could provide Department personnel with PPE and supplies using an NPS Incident Management Team (IMT) framework. DOI encourages Bureau and Office units to continue their individual ordering processes at state and local levels. The creation and use of the Department supply chain will augment those normal channels and help to address shortfalls and critical needs.

E.2.4 Background – Logistics Options Research

The NPS IMT will work with the Office of Emergency Management, the Office of Wildland Fire, the FWS, the USGS, and several other agencies to identify existing supply chain resources are viable to support the response. This includes the National Interagency Ordering system with logistics distribution hubs already established under the National Interagency Fire Center (NIFC) but are not viable options available at the time of the creation of this CONOPS.

E.2.5 PPE and Supply Prioritization and Allocation based on Risk

First and foremost, prioritization and distribution of PPE is based upon the Department's ability to procure adequate stocks of PPE. Based on CDC guidance, DOI's OSH has approved the following recommendations for determining occupational risk when considering the order in which PPE is distributed:

a. **Very High Exposure Risk** jobs are those with high potential for exposure to known or suspected sources of the disease that is causing the activation of this plan during specific medical, postmortem, or laboratory procedures. DOI employees falling into the very-high risk category are expected to be very few and only include clinical staff and advanced EMS personnel (i.e., paramedics). Employees who do not perform intubations or aerosol generating procedures or collect diagnostic specimens are not included in this group.

b. **High Exposure Risk** jobs are those with high potential for exposure to known or suspected sources of the disease that is causing the activation of this plan. Workers include Healthcare delivery and support staff, medical transport workers, and mortuary workers. This category would include medical providers at out-patient clinics/health units and EMS personnel who do not perform intubations (e.g., EMT-Basic).

c. **Medium Exposure Risk** jobs include employees that require frequent unavoidable close contact with people who may be infected with the disease that is causing the activation of this plan. Workers in this category may have contact with travelers at ports of entry, wildlife/animals if carriers of the disease, prolonged routine close interaction with members of the general public or other employees, where social distancing cannot be maintained. Employees in this category are likely to include law enforcement personnel, corrections officers, employees that interact with wildlife/animals as part of their job, interpretation and fee collection personnel, and facilities maintenance personnel who interact with the general public. This category may also include employees who are required to spend extended periods of time in enclosed vehicles, aircraft and watercraft where health monitoring and other controls cannot be implemented.

d. **Low Exposure Risk** (caution) jobs are those that do not require contact with people, wildlife, or animals known to be, or suspected of being, infected with the disease that is causing the activation of this plan nor frequent close contact with the general public (i.e., within six feet). Risks can be mitigated without PPE (Majority of DOI Employees).

E.2.6 Logistics Distribution Center Operations

Based on the research, the chosen best course of action is to use the NPS IMT- identified regional hub locations to support the DOI wide logistics support requirement. The identified NPS locations already support logistics operations for the regional NPS units and meet basic operational requirements to include:

a. Loading Dock Capabilities.

b. Pallet Storage Space.

c. Forklift Operations.

d. Existing Staff Available to Support.

e. Viable Site Security.

The identified distribution centers are:

a. Valley Forge Historical Park, King of Prussia, PA.

b. Indiana Dunes National Park, IN.

c. Golden Gate National Recreation Area, San Leandro, CA.

d. Lake Mead National Recreation Area, Boulder City, NV.

E.2.7 Logistics Hierarchy

To address immediate supply chain needs, the Department has instituted the following hierarchy to support supply requests across the nation:

a. Bureau units will continue to allocate and use existing supplies, as able. This includes distributing supplies available at closed units/offices.

b. Bureaus will use existing contracts and local supply chain to order needed goods if available.

c. Unfulfilled needs at the Bureau level will be sent to the DOI Emergency Management Council and the Supply Task Force for prioritization and allocation of the resource using OSH's risk assessment based on CDC guidance as outlined in this CONOPS.

The Department, through PAM and the IBC, will execute agency-wide purchases for critical PPE and supplies that cannot be obtained through the normal local/Bureau level purchase processes due to scarcity of product availability. PPE and supplies will be delivered to one or more of the four NPS Logistics Distribution Centers specified above for distribution out to requesting Bureaus/Offices through the Supply Task Force prioritization and adjudication system outlined below. PPE and supplies remain the property of the Department until distributed out to the requesting Bureau/Offices. PPE and supplies will largely be consumable items that require property accountability throughout the purchase and distribution process until received by the end unit.

E.2.8 Roles and Ordering Process

a. Unit Point of Contact (POC) – Each unit will identify a POC, in coordination with the Bureau POC, responsible for submitting a request/order for PPE for their personnel. The Unit POC will:

    1) Use the ordering software to prepare an order request for PPE that is not available within the home unit nor available for purchase locally. The PPE Supply Chain Task Force will maintain and share a list of the PPE that the Department will attempt to procure.

    2) Complete the order with the following information:

        a) Responsibilities of the personnel receiving the requested PPE.

        b) The number of people in each role/job function.

        c) Justification for the need of PPE for specific job tasks.

        d) Information on expected personnel exposure to positive or suspected cases of the disease that is causing the activation of this plan.

        e) Estimated burn rate for each type of PPE in the request.

    3) Be prepared to answer any questions from the Regional or Bureau POC, who will automatically receive the request via the ordering system's routing.

    4) Verify, upon receipt of the order, the supplies received at his/her unit based on the items/quantity approved.

b. Regional POC (optional) – DOI Bureaus will have the option to identify up to 12 (one for each DOI region) Regional POCs to approve requests from the Unit POCs. This POC should be familiar with Bureau operations in that given region and be able to make assessments of the types and quantities of PPE needed to safely carry out operations. If a

Bureau chooses not to have Regional POCs, the Bureau POC will approve orders for all regions in that Bureau. The Regional POC will:

1) Receive and review the Unit POCs' initial request(s) within 24 hours of entry into the ordering software.
2) Assign each unit request as either Very High, High, Medium, or Low, based on OSH guidance specific to the COVID-19 pandemic as described in the "Occupational Risk" section above.
3) Approve, modify, then approve, or deny the item type and/or item quantity in the request.
4) Be prepared to answer any questions from the Bureau POC, who will automatically receive the request via the ordering system's routing.

c. Bureau POC – DOI Bureaus will identify one POC to approve requests from the Regional or Unit POCs. This POC should be familiar with the full scope of Bureau operations and be able to assess the types and quantities of PPE needed to safely carry out Bureau operations. The Bureau POC will:

1) Receive and review the Regional or Unit POCs' initial request(s) within 24 hours of entry into the ordering software.
2) Assign or verify each unit request as either Very High, High, Medium, or Low, based on OSH guidance specific to the disease that is causing the activation of this plan as described in the "Occupational Risk" section above.
3) Approve, modify, then approve, or deny the item type and/or item quantity in the request.
4) Be prepared to answer any questions from the Decision Team, which will automatically receive the request via the ordering system's routing.

d. PPE and Supply Decision Team – The PPE and Supply Decision Team (Decision Team) consists of select Departmental members from OEM, OSH, SOL, and DAS-PRE. The Decision Team has the responsibility of receiving and reviewing requests that have been approved by Bureau POCs. The Decision Team will:

1) Determine the frequency of Decision Team meetings to review requests received from Bureau POCs and convey the meeting schedule to the Bureau POCs.
2) Verify the Bureau POCs' proper application of OSH guidance for the disease that is causing the activation of this plan.
3) Certify final approval of requests, modify, and then approve requests, or deny requests based on the PPE and Supply Prioritization and Allocation based on Risk developed by OSH. Final approval from the Decision Team will be routed to the Warehouse Liaison.
4) Advise PAM of procurement needs, and gaps based on usage trends and the status of orders approved.
5) Advise DOI leadership on the distribution/disbursement of any excess supply at the end of the operation.

6) Notify the Ordering System Owner and Bureau POCs upon termination of the ordering process.

e. Warehouse Liaison – The Warehouse Liaison will receive all requests that have been approved by the Decision Team. Based on PPE/Supply reserves at each Logistics Distribution Center, this Liaison will then forward requests to a specific Logistics Distribution Center to be filled.

f. Logistics Distribution Center POCs – Logistics Distribution Center POCs receive orders that have been routed from the Warehouse Liaison. Logistics Distribution Centers will verify that the PPE/Supplies that have been requested are in available at their warehouse, then ship orders to the requesting Unit POC or mark them as Unable to Fill. The Logistics Distribution Center POC will verify accuracy of the PPE/Supplies received versus the order that was place by the Department and the requests that are made by individual Bureaus.

g. Administrator – The Administrator allows designated staff to be able to log in as different users to be able to see how the orders are processed at each level. This role may be a view only role but there must be some transparency for a few people to see where the orders are and see how they are getting processed.

E.2.9 Ordering and Logistics Tracking Software Platform

DOI has developed a Microsoft Power Platform Power Apps application to support the logistical supply chain process, including infrastructure for ordering and approvals as well as stockpile management. The application is accessible via web or Department-enabled mobile application. Both applications require the user to log in via PIV card or other Department credentials.

E.2.10 Logistics Distribution Centers

a. Establishment:

The NPS IMT's Logistics Section Chief (LSC) will coordinate with each Logistics Distribution Centers POC to determine the supply needs and staffing levels to have in place to begin receiving and distribution.

b. Supplies and equipment:

Supplies and equipment needed to support a Logistics Distribution Center will be standardized for all four locations. Each unit will determine the supplies/equipment needed to comply with the standard and request any additional supplies needed to the LSC.

c. Staffing:

Staffing levels will be determined by the Logistics Distribution Center POC upon understanding the volume of orders being received. Receiving and Distribution Managers (RCDM) will be assigned to each location to receive, distribute, and track all supplies from DOI.

d. Short term and long-term sustainment:

In the early phases of implementation, Logistics Distribution Centers will use local resources to staff the receiving and distribution of supplies.

If the pandemic is fully realized and expected to continue for a long period of time, single resources outside of the local unit may need to be ordered to maintain the receiving and distribution of supplies.

e. Designed Operation of Logistics Distribution Centers:

Upon activation, the Logistics Distribution Centers should plan to be operational for up to six months in the four NPS locations. Depending on the number orders, the inventory of PPE and critical supplies in each Logistics Distribution Center, and the resumption of normal operations in each hosting parks, some centers may close prior to the six months. If this occurs, the orders will go to the other existing Logistics Distribution Centers.

Additional Logistics Distribution Centers could be designated if a more strategic location is identified as the operation continues.

E.2.11 Surplus Supplies at End of Operation

a. Supplies on hand at the end of the operation will be dispensed from Logistics Distribution Centers in one or more of two ways:

1) Return a portion of PPE to a DOI Warehouse to resupply the DOI Strategic Stockpile described in Appendix D of this plan.

2) Disperse the rest of the of the PPE to the field for use in their units' operations.

b. Decisions on the use and distribution of excess PPE supplies will be made by the Decision Team.

E.2.12 Budget Considerations

All shipping, shipping supplies, distribution center startup costs, equipment, temporary labor hired specifically for the Logistics Distribution Center (Administratively Determined or seasonal employees), overtime labor, travel and software development costs will be paid by the Department. Any initial shipping costs paid by the NPS or other Bureaus will be reimbursed by the Department.

E.2.13 PPE Distribution Priority Chart

	N95	Gloves	Gown	Goggles
Priority 1. Very High Risk – Frequent close contact with confirmed or suspected positive (i.e. symptomatic) individuals where invasive medical treatment is required for testing or life-saving procedures (e.g. intubation).	Y	Y	Y	Y
Priority 2. High Risk – High potential for exposure to known or suspected positive (i.e. symptomatic) individuals on a routine basis for the purpose of providing non-invasive medical treatment and transport.	Y	Y	Y	Y
Priority 3. Medium Risk – Elevated exposure risk required to clean/disinfect areas where a known or suspected (i.e. symptomatic) individual was present within the last 24 hours.	Y	Y	Y	1
Priority 4. Medium Risk – Elevated exposure risk associated with spending extended periods of time (10 minutes) in close contact (<6ft) with potentially infected (i.e. asymptomatic) individuals where social distancing and other controls are not feasible or would create a significant safety or security hazard.	Y	Y	N	N
Priority 5. Medium Risk – Increased exposure risk based on frequent unavoidable close contact (<6ft) with potentially infected (i.e. asymptomatic) individuals including the general public and other employees. No physical contact	Y	N	N	N

1. If splash possible, then eye protection is required.

Appendix F - Zoonotic Disease: Wildlife – Human Interface

Many disease agents are a threat to both humans and animals, and some can be transmitted between animal species to humans and vice versa (zoonotic diseases). Examples include: *Yersinia pestis* (plague), *Bacillus anthracis* (anthrax), ebolavirus, Monkeypox, Nipah virus, and some influenza viruses. (Diseases primarily affecting livestock and poultry are addressed under the Food and Agriculture Incident Annex to the Federal Interagency Operational Plans.)

HHS; Department of Labor (DOL); USDA; DOI; and other federal, state, local, Tribal, and Territorial agencies have authority and capabilities to take actions for these diseases in animal populations to protect human health as well as to limit their impact on animals. Response activities may include exposure assessment, surveillance, monitoring and disease mapping, medical countermeasures, and mitigation including quarantine, movement, disposition, depopulation, and appropriate carcass disposal.

The primary ESF support mechanism for animal issues during a biological incident is ESF-8, Public Health and Medical Services; however, ESF-11, Agriculture and Natural Resources provides critical support for animal issues following a biological incident. Specific response and recovery actions will vary depending on the biological agent. Multi-agency coordination and inclusion of agencies with animal authorities and capabilities are critical.

Response expertise, capabilities, and capacities that are unique to wildlife health contribute to an effective Federal response and recovery include the following:

a. Awareness of the role of animals as vectors and/or reservoirs of zoonoses and the need for human and animal disease surveillance and monitoring.

b. Mapping capabilities to track disease spread for animal and human health preparedness.

c. Care of domestic animals housed on DOI lands when disease spread or control efforts makes animal care challenging, including food/water distribution and care/husbandry support.

d. Care and housing of animals (temporarily or permanently) to prevent further negative outcomes when DOI facilities are unable to care for them.

e. Restricting animal and human movements within and between DOI lands to prevent further disease spread using DOI subject matter experts (veterinarians, biologists, ecologists).

f. Isolation, depopulation, and carcass management of affected animals to protect animal and human health.

g. Awareness of the unique and potentially significant challenges for disease management in wildlife (e.g., endangered species, conservation issues, and animal migration).

The Secretary of Agriculture is responsible for leading the Federal response of animal and agricultural emergencies. Under ESF-11, USDA Animal and Plant Health Inspection Service (APHIS) provides for an integrated Federal, State, Tribal and local response to an outbreak of a highly contagious or economically devastating animal/zoonotic disease, or an outbreak of a harmful or economically significant plant pest or disease deemed of Federal regulatory

significance. DOI is a Primary Agency of ESF-11. USGS, serves as the DOI Principal Planner for the Animal and Agricultural Health Issues. ESF-11 ensures, in coordination with ESF-8, that animal/veterinary issues in natural disasters are supported. USDA and DOI collaborate with HHS to deliver effective "One Health" response that integrates human, animal, and environmental health.

NWHC is the only Federal Select Agent Program federally registered entity that is dedicated to wildlife health surveillance and research. For over forty years, NWHC diagnostic laboratories have supported investigations of wildlife morbidity and mortality events to support Federal, State, and Tribal natural resource agencies.

Appendix G - Crisis Action Plan Development Considerations

In the event that a disease outbreak or biological threat risk rises to the point where there is higher than likely threat of a national public health emergency that may lead to a pandemic, the Department, through OEM, will need to use this plan as the framework to develop an incident specific crisis action plan. The following is a list of subjects that must be considered for incorporation into the crisis action plan based on the given threat.

a. Potential Causes: The emergency could be caused by a natural event, an accident, or a terrorist attack. It could be caused by a previously unidentified or exotic agent, or an agent that has been modified to cause more harm or be resistant to medical countermeasures.

b. Scope: The emergency could range in size and impact from a single DOI land/unit/facility to the entire nation or even worldwide (as in the case of a pandemic). It could spread to and/or impact jurisdictions outside of the originating jurisdiction, including health, political, economic and social impacts. It also could cause significant amount of morbidity and mortality in animals as well as people

c. Coordinating Structures: A public health or wildlife incident will require the coordination between multiple organizations and mission areas/communities inside and beyond DOI. It could involve coordination with local and state health, wildlife, and agricultural agencies, as well as other Federal, and even international, agencies, non-governmental organizations, and the private sector. Effective coordination is key. In the case of a suspected or actual terrorist threat, close coordination between the public health and the counterterrorism community will be required throughout the incident. Public health, emergency management and law enforcement stakeholders will require close collaboration on the ground at the incident level, all the way through the national multi-agency coordination centers.

d. Decision Coordination: Interdependent decisions of mission areas should be coordinated to avoid unintended consequences.

e. Legal and Policy Decisions: During a response where authorities conflict or intersect, critical legal and policy decisions will be required.

f. Public Information: Despite the initial lack of availability of incident information, the public will still demand authoritative and knowledgeable information in a developing situation.

g. Activation of Other DOI Plans: The emergency could require the individual or simultaneous activation of various plans developed within the Department, including Occupant Emergency Plans, the *DOI Pandemic Plan*, the *DOI Continuity of Operations Plan* and the *DOI Baseline Operational Plan*.

h. Continuity of Operations Plan (COOP): Implementation of COOP planning is anticipated depending on the emergency's impact on the workforce. Prioritization of capabilities will be necessary to balance competing missions and maximize efficiency.

i. Immediate Protection Actions: The agent causing the emergency could be airborne and/or contaminate areas and require sheltering-in-place or evacuation of these areas.

j. Workforce Protective Actions: Each Bureau is responsible for maintaining and implementing workforce protective actions. HHS, CDC, OSH, OEM, and other authoritative agencies will provide guidance to support Bureaus.

k. Responder Safety and Health: Operating safely in a hazardous environment requires appropriate policies, plans, equipment, training, and expertise. Employers, including Federal agencies, must also adequately assess worksite hazards and develop site-specific health and safety plans for controlling those hazards. In radiation-contaminated and other hazardous environments, collection and reporting of relevant information to track responders, their health status, and accumulated dose data helps protect workers. Federal agencies should comply with their own worker safety and health policies, including instances where those policies prohibit federal personnel from entering contaminated environments

l. Resistant Pathogens: There is the potential for pathogens to be resistant to available MCM, limiting the availability of prophylaxis and treatment options.

m. Immunity of Populations: There will be limited, if any, immunity in the population to some novel emerging infections.

n. Limited MCM: Available, but limited, MCM may fall short of the required demand due to a variety of factors (e.g., geographical variance in the severity of the outbreak, logistical issues, disruption to pharmaceutical production). MCM may be exhausted. Further complications may arise from existing drug shortages as mentioned in Executive Order 13588.

o. Public Safety: Public safety and security must be addressed during implementation of response and recovery measures (e.g., security at MCM dispensing areas and of healthcare and public health critical infrastructure).

p. Waste Management: The pathogen, hazard or agent type can have an impact on hazardous waste processing and disposal. Management of large quantities of hazardous waste will prove challenging and further drain resources.

q. Responder Exposure: Responders may be placed at risk if not adequately protected. Alternatively, they could become contaminated with an intentionally disseminated agent before recognition of its presence has occurred.

r. Fatality Management: The emergency could cause fatalities in humans as well as unusual morbidity and/or mortality in wild and domestic animals that would threaten natural resources, agricultural economics, and visitor use. Fatality management resources will likely be strained. Regular processing mechanisms will likely be overwhelmed due to large numbers of remains, which are possibly hazardous due to the presence of the causative agent(s). Remains may also serve as evidence that must be recovered and preserved as part of ongoing law enforcement investigations.

s. Behavioral Health Impacts: Public concern for exposure and the desire for preventive prophylaxis will all amplify the demand for medical and health resources. Behavioral health impacts should be anticipated; negative perception of individuals, families, communities, ethnic/racial groups, or even certain professions that may become associated with the cause/source of the health emergency via media and other reports is a significant concern.

t. Risk Communications: The psychological effort of a health emergency will present social management challenges and anxieties, which will require effective risk communications.

u. Decontamination: Some agents could persist in the environment, including lands, water, and facilities, for long periods of time causing lands, water, and facilities to become uninhabitable and unusable depending on the persistence and scope of the contamination. Decontamination could be required; it may take several weeks or months.

v. Animal Care: Aside from zoonotic potential, animals present complexities in managing a biological incident as personnel for their care may be unavailable and disposition decisions for those animals that are exposed will impact their owners' behavior.

w. Non-pharmaceutical Interventions (NPI): NPIs (e.g., social distancing, quarantine, travel restrictions, school closures) may have unintended consequences and require judicious implementation. Considerations include civil rights and civil liberties, financial impacts, implementation challenges, consistent applications, and efficacies.

x. Resource Competition: Resources will likely be limited. Competition can be anticipated and should be coordinated to promote the most judicious distribution of these items.

Appendix X - Definitions

Term	***Definition***
Constraint	A requirement placed on the Department by law, policy, or leadership that dictates an action, thus restricting freedom of action.
Federal Select Agent	The Federal Select Agent Program is jointly comprised of the Centers for Disease Control and Prevention/Division of Select Agents and Toxins and the Animal and Plant Health Inspection Service/Agriculture Select Agent Services. The Federal Select Agent Program oversees the possession, use and transfer of biological select agents and toxins, which have the potential to pose a severe threat to public, animal or plant health or to animal or plant products.
Herd Immunity	A situation in which a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely. Even individuals not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the disease has little opportunity to spread within the community. Also known as Community Immunity. (https://www.cdc.gov/vaccines/terms/glossary.html)
Host Populations	Host population, in the context of infectious disease, is the population of living beings that the bacteria, virus, parasite, or other disease-causing agent resides in. In a pandemic situation of zoonotic origin this could include both wildlife and humans.
Trust Wildlife Species	Migratory birds, threatened species, endangered species, interjurisdictional fish, marine mammals, and other species of concern. (16 U.S Code §3772)
Restraint	A requirement placed on the Department by law, policy, or leadership that prohibits an action, thus restricting freedom of action.
Reservoir [of infection]	Any person, animal, plant, soil or substance in which an infectious agent normally lives and multiplies. The reservoir typically harbors the infectious agent without injury to itself and serves as a source from which other individuals can be infected. The infectious agent primarily depends on the reservoir for its survival. It is from the reservoir that the infectious substance is transmitted to a human or another susceptible host.
Federal Select Agent Program	https://www.selectagents.gov/

Appendix Y - Acronyms

Acronym	***Meaning***
AAR	After-Action Report
APHIS	USDA Animal and Plant Health Inspection Service
AS	Assistant Secretary
AS-IA	Assistant Secretary – Indian Affairs
ATF	United States Bureau of Alcohol, Tobacco, Firearms, and Explosives
BINA	Biological Incident Notification and Assessment
CDC	Centers for Disease Control and Prevention
CIR	Critical Information Requirement
COG	Continuity of Government
CONOPS	Concept of Operations
COOP	Continuity of Operations Plan
COVID	Coronavirus Disease
DASHO	Departmental Designated Agency Safety and Health Official
DOI	Department of the Interior
DOJ	United States Department of Justice
DRG	Domestic Readiness Group
EEI	Essential Elements of Information
EMC	Emergency Management Council
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FSA	Field Special Assistant
FWS	United States Fish and Wildlife Service
GFE	Government Furnished Equipment
HHS	United States Department of Human Health Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HQ	Headquarters
IHS	Indian Health Service
IMT	Incident Management Team
IPR	In-Progress Review

Acronym	***Meaning***
IT	Information Technology
JHA	Job Hazard Analysis
JIC	Joint Information Center
LEO	Law Enforcement Officer
LFA	Lead Federal Agency
LSC	Logistics Section Chief
MCM	Medical Countermeasures
MEF	Mission Essential Function
MOA	Memorandum of Agreement
MRPS	Managing Risk and Public Safety
NBIC	National Biosurveillance Integration Center
NIMS	National Incident Management System
NCR	Natural and Cultural Resources
NNDSS	National Notifiable Disease Surveillance System
NPS	National Park Service
NRF	National Response Framework
NSC	National Security Council
NSTR	Nothing Significant To Report
NWHC	National Wildlife Health Center
OCIO	DOI Office of the Chief Information Officer
OCO	DOI Office of Communications
OEM	DOI Office of Emergency Management
OFAS	DOI Office of Facilities and Administrative Services
OHC	DOI Office of Human Capital
OIE	World Organisation for Animal Health, formerly the Office International des Epizooties
OLES	DOI Office of Law Enforcement and Security
OPM	United States Office of Personnel Management
OSH	DOI Office of Safety and Health
OSHA	Occupational Safety and Health Administration
OWF	DOI Office of Wildland Fire

Acronym	***Meaning***
PCC	Policy Coordinating Committees
PHS	United States Public Health Service
PIF	Pandemic Intervals Framework
PII	Personally Identifiable Information
PMB	DOI Office of Policy, Management, and Budget
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
PTF	Policy Task Force
RCDM	Receiving and Distribution Manager
RSF	Recovery Support Function
SE-EMC	Senior Executive – Emergency Management Council
SLTT	State, Local, Tribal, and Territorial
SMIS	DOI Safety Management Information System
USDA	United States Department of Agriculture
USG	United States Government
USGS	United States Geological Survey
USMS	United States Marshal's Service

Appendix Z - Authorities and References

Z.1 Statutes and Regulations

a. U.S. Code Title 6 Subchapter II – Comprehensive Preparedness System

b. Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. § 5121 et seq

c. Occupational Safety and Health Act of 1970, Pub. L. No. 91-569 (as amended at 29 U.S.C. §§ 651-78)

d. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417 (as amended 42 U.S.C. §§ 300hh.-300hh-31.)

e. Economy Act, 31 U.S.C. §§ 1535-1536

f. The Federal Water Pollution Control Act (Clean Water Act), as amended by the U.S. Oil Pollution Act of 1990, 33 U.S.C. §§ 1251-1387

g. The Public Health Security and Bio-terrorism Preparedness and Response Act of 2002, Public Law 107-188, 42 U.S.C. §§ 247d and 300hh

h. Reciprocal Fire Protection Act of 1955, 42 U.S.C. § 1856

i. National Environmental Policy Act of 1969 (NEPA), 42 U.S.C. § 4321 et seq.

j. The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. §§ 9601-9675

k. Project BioShield Act of 2004, Pub. L. No. 108-276 (as amended at 42 U.S.C. § 247d)

l. 40 CFR § 300 National Oil and Hazardous Substances Pollution Contingency Plan (NCP)

m. 41 CFR §102-74, GSA Federal Management Regulation, Facility Management

n. 36 CFR § 5 1236, Vital records during an emergency

Z.2 Executive Orders

a. Executive Order 12148, Federal Emergency Management, as amended

b. Executive Order 12656, Assignment of National Security and Emergency Preparedness Responsibilities

c. Executive Order 12472, Assignment of National Security and Emergency Preparedness Telecommunications Functions

Z.3 Presidential Directives

a. PPD-2, Implementation of the National Strategy for Countering Biological Threats

b. HSPD-5, Management of Domestic Incidents

c. PPD-8, National Preparedness

d. HSPD-10, Biodefense for the 21st Century

e. HSPD-21, Public Health and Medical Preparedness

f. PPD-21, Critical Infrastructure Security and Resilience

g. PPD-40, National Continuity Policy

h. PPD-44, Enhancing Domestic Incident Response

Z.4 National Doctrine, Plans, and other References

a. National BioDefense Strategy

b. Federal Continuity Directive (FCD) - 1, Federal Executive Branch National Continuity Programs and Requirement

c. FCD-2, Federal Executive Branch, Mission Essential Function and Primary Mission Essential Function Identification and Submission Process

d. Office of Management and Budget Circular A-130, Revised, Management of Federal Information Resources

e. National Infrastructure Protection Plan

f. National Incident Management System (NIMS)

g. National Preparedness Goal

h. National Prevention Framework and the associated Prevention Federal Interagency Operational Plan

i. National Protection Framework and the associated Protection Federal Interagency Operational Plan

j. National Mitigation Framework and the associated Mitigation Federal Interagency Operational Plan

k. National Response Framework (NRF) and the associated Response Federal Interagency Operational Plan

l. National Disaster Recovery Framework (NDRF) and the associated Recovery Federal Interagency Operational Plan

m. National Planning System

n. Homeland Security Exercise and Evaluation Program (HSEEP)

o. Interagency Incident Business Management Handbook, PMS-902

p. U.S. Department of the Interior Memorandum of Agreement for Intra-Agency Support during Emergency Incidents