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**U.S. Department of Housing and Urban Development**  
**PANDEMIC PLANNING AND RESPONSE GUIDANCE**

**April 2009**

**FINAL**

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## FOREWORD

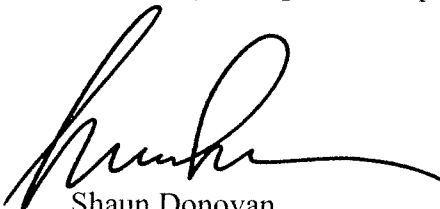
In November 2005, the federal government issued the *National Strategy for Pandemic Influenza*, guiding the nation's "preparedness and response to an influenza pandemic, with the intent of: (1) stopping, slowing, or otherwise limiting the spread of a pandemic to the United States; (2) limiting the domestic spread of a pandemic, and mitigating disease, suffering and death; and (3) sustaining infrastructure and mitigating impact to the economy and the functioning of society." A guiding principle was that the federal government would use all instruments of national power to address the pandemic threat.

In March 2006, the Office of Security and Emergency Planning published the U.S. Department of Housing and Urban Development (HUD) *Departmental Strategy for Pandemic Influenza: Protecting Personnel and Ensuring Continuity of Operations*. The document outlined a strategy for maintaining HUD's essential functions during a pandemic and implementing policies to reduce the effects of a pandemic on the workforce.

In May 2006, the federal government released the *National Strategy for Pandemic Influenza Implementation Plan*, translating the strategy into tangible action that fully engages the breadth of the federal government. The implementation plan for the national strategy describes the specific and coordinated actions to be taken by the federal government, as well as its capabilities and limitations in responding to the sustained and distributed burden of a pandemic; and the central importance of comprehensive preparation.

This HUD *Pandemic Planning and Response Guidance* takes the next step by developing a concrete implementation plan to prepare for, and respond to, a human pandemic. This document provides guidance to ensure that the welfare and safety of HUD employees are a top priority, while at the same time supporting the continuity of its mission objectives and supporting the national and federal response to a pandemic.

The following document provides planning guidance on response at the national level of the Department, as well as at the program office, regional office, and field office levels. This document provides HUD managers, supervisors, and staff with the guidelines, policy, and procedures applicable to addressing the special staffing and operational problems that accompany the advent of a pandemic.



Shaun Donovan

## I. OVERVIEW

In November 2005, the federal government issued the *National Strategy for Pandemic Influenza*, guiding the nation's "preparedness and response to an influenza pandemic, with the intent of: (1) stopping, slowing, or otherwise limiting the spread of a pandemic to the United States; (2) limiting the domestic spread of a pandemic, and mitigating disease, suffering and death; and (3) sustaining infrastructure and mitigating impact to the economy and the functioning of society." A guiding principle was that the federal government would use all instruments of national power to address the pandemic threat.

The strategy has three pillars, or building blocks:

- **Preparedness and Communication:** Activities that should be undertaken before a pandemic to ensure preparedness and the communication of roles and responsibilities to all levels of government, segments of society, and individuals.
- **Surveillance and Detection:** Domestic and international systems should provide continuous "situational awareness," to ensure the earliest warning possible to protect the population.
- **Response and Containment:** Actions should be taken to limit the spread of the outbreak and to mitigate the health, social, and economic impacts of a pandemic.

In March 2006, the Office of Security and Emergency Planning published the U.S. Department of Housing and Urban Development (HUD) *Departmental Strategy for Pandemic Influenza: Protecting Personnel and Ensuring Continuity of Operations*. The document outlined a strategy for maintaining HUD's essential functions during a pandemic and implementing policies to reduce the effects of a pandemic on the workforce.

In May 2006, the federal government released the *National Strategy for Pandemic Influenza Implementation Plan*, translating the strategy into tangible action that fully engages the breadth of the federal government. The implementation plan for the national strategy provides preparedness guidance for all segments of society. The implementation plan describes the unique threat posed by a pandemic that would spread across the globe over a period of many months; the specific and coordinated actions to be taken by the federal government, as well as its capabilities and limitations in responding to the sustained and distributed burden of a pandemic; and the central importance of comprehensive preparation.

This document takes the next step by developing a concrete implementation plan to prepare for, and respond to, a human pandemic. For more information on the federal response, please refer to [www.pandemicflu.gov](http://www.pandemicflu.gov).

## II. OBJECTIVES

The objectives of the *HUD Pandemic Planning and Response Guidance* are to:

- Gather the information from the National Strategy for Pandemic Influenza and the National Strategy for Pandemic Influenza Implementation Plan and incorporate the guidance and direction into a workable HUD document.
- Coordinate a framework for how the Department will protect the health and safety of its employees during a human pandemic.
- Determine the Department's essential functions and services, including those services beyond those described in the HUD Continuity of Operations (COOP) Plan and related family of COOP plans, and how those will be maintained in the event of significant and sustained absenteeism.
- Determine how the Department will support the national and federal response to an influenza pandemic.
- Coordinate how and what the Department will communicate to its stakeholders during a pandemic.

## III. SCOPE

The scope of the *HUD Pandemic Planning and Response Guidance* is to provide a framework for planning and guidance on responding both at the national level of the Department, as well as at the program office, regional office, or field office level.

This is a threat specific document mandated under the national strategy for pandemic influenza. However, the document should be flexible enough to serve as a framework for other specified threats.

The Office of Inspector General (OIG) is a separate, independent unit and is not referenced in this Guide. OIG is responsible for the planning and safety of its employees.

## IV. PLANNING ASSUMPTIONS

Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic virus before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. For planning purposes, HUD is making the following assumptions in concert with experts at the White House Homeland Security Council and the Department of Health and Human Services (DHHS):

- Susceptibility to the pandemic influenza will be universal.
- Efficient and sustained person-to-person transmission that is documented by authoritative U.S. and international scientists and occurs anywhere in the world will be a trigger; that is, it will indicate an imminent pandemic that might affect HUD. (Sporadic human cases or outbreaks that are not sustained would not constitute a pandemic.)

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- The clinical disease attack rate is assumed to be 30 percent in the overall population during the pandemic. Illness rates may be highest among school-aged children (about 40 percent) and decline with age. Among working adults, it is assumed that an average of 20 percent may become ill during a community outbreak.
- Some persons will become infected but may not develop clinically significant symptoms, i.e., they will not be aware that they have been infected with the influenza virus.
- As would symptomatic individuals, individuals who have influenza, but no or minimal symptoms, may be capable of transmitting infection, and may become immune to subsequent infection.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
- Persons who become ill may shed virus (via respiratory secretions from the nose and mouth), and can transmit infection for one half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness.
- Children will play a major role in transmission of infection, as their illness rates are likely to be higher. They usually shed more viruses and don't control their secretions very well.
- In addition, air flights (especially overseas flights) and public transportation (subways and trains) will play a major role in transmission of infection.
- About 50 percent of those who become ill will seek care. If effective antiviral drugs are available for treatment, more people will be expected to seek medical care.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus, and may differ by tenfold between more and less severe scenarios. A moderate pandemic, similar to the 1957 and 1968 pandemics, in the absence of intervention, could cause 200,000 deaths and 900,000 hospitalizations in the United States. A severe pandemic influenza virus with similar virulence to the 1918 strain, in the absence of intervention, could cause 1.9 million deaths and almost 10 million hospitalizations in this country over the course of the pandemic.
- Risk groups for severe or fatal infection cannot be predicted with certainty, but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- In a severe pandemic, absenteeism may reach 40 percent attributable to illness, the need to care for ill family members, or fear of infection during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
- There may be critical shortages of health care resources, such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of deceased, and other resources.
- Public health measures of temporarily closing schools and declaring other "snow days" or closures, and quarantining household contacts of infected individuals are likely to increase rates of absenteeism.
- Epidemics will last 6 to 8 weeks in affected communities.
- Multiple waves of epidemics are likely to occur across the country, lasting many months altogether. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
- Effective response to pandemic influenza will require coordinated efforts of a wide variety of organizations. An influenza pandemic could be initiated by any of a number of known or unknown strains of influenza.

## V. RELATIONSHIP TO COOP PLANS

The *HUD Pandemic Planning and Response Guidance* is intended to provide HUD managers, supervisors, and staff with the policy and procedures necessary for addressing the special staffing and operational problems that accompany the advent of an influenza pandemic. Unlike other types of significant emergencies (natural, technological, or man-made) that may cause Headquarters, a regional office, or a field office to activate its COOP Plan and temporarily relocate to a designated Emergency Relocation Site (ERS), an influenza pandemic emergency, in virtually all cases, would not require relocating staff and essential functions to an ERS.

Only in very unusual circumstances would a HUD office have to activate its COOP Plan. One such scenario would be if an especially virulent strain of influenza pandemic has impacted the community in which the office is located and is causing an extremely high rate of employee absenteeism. In making a decision to activate an office's COOP Plan, a determination would have to be made whether the ERS is located outside the influenza pandemic impact area. If the ERS is in a community also impacted by the pandemic, the office might have to devolve its operations to an office not affected by the pandemic.

"Every HUD Office should have a COOP Plan." The *HUD Pandemic Planning and Response Guidance* is intended to work with existing HUD COOP plans. The goal is to ensure that all HUD offices have a comprehensive pandemic influenza plan as part of their emergency management program.

Reference should be made to the current Headquarters, program office, or field office COOP plans in the event that an influenza-related event triggers activation of a COOP (level 1, 2, 3, or 4). These individual COOP plans are separate documents and are not included as part of this document.

## VI. PANDEMIC CONTINUITY STRATEGY

Unlike other catastrophic events, a pandemic is typically not geographically or temporally bound and does not directly affect the physical infrastructure of an organization. These facts lead to unique strategies. HUD's strategic efforts build upon existing continuity of operations planning, but are augmented to incorporate a federal response under the National Response Framework (NRF).

### **Protecting the Health of Employees**

HUD's strategy builds upon existing employee health and safety efforts. DHHS, in coordination with other federal departments and agencies, will provide recommendations on the protection of employee health.

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The health and safety of HUD's employees will be a priority should there be a pandemic influenza outbreak.

### **Maintaining Essential Functions and Services**

Maintaining essential functions and services is critical to continuity of operations. While some of the guidance in *Federal Continuity Directives 1 and 2* may not seem to be directly relevant to pandemic planning, most of the principles are relevant to the continuity considerations raised by a pandemic. HUD's strategy is to continue using this as a basis for planning, since there may be no relocation of personnel to an alternate site.

### **Supporting the Federal Response and Those of States, Localities, and Tribal Entities**

HUD's departmental plans should articulate the manner in which actions supporting the NRF will be executed by the Department.

### **Communicating to Stakeholders**

HUD has connections to a unique group of stakeholders, whether public or private sector entities, or individuals. As the "face of the federal government" for these stakeholders, the Office of Public Affairs will communicate with stakeholders during a pandemic event.

## **VII. RESPONSIBILITIES**

The Secretary of HUD is responsible for ensuring that HUD has developed operational plans addressing protection of employees, maintenance of essential functions and services, support for the federal response, and communication with stakeholders about pandemic planning and response.

The responsibilities of the Director of the Office of Security and Emergency Planning (OSEP), in the Office of Administration, as the Headquarters Pandemic Planning Coordinator, are to:

- Provide pandemic planning coordination and management;
- Create and maintain a readiness awareness and training program;
- Use appropriate federal agency guidance to ensure that HUD is in compliance with policy and directives;
- Ensure that the Pandemic Planning and Response Guidance is reviewed and updated annually, as needed;
- Maintain communications with the Principal Staff during a pandemic event.

HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. The HUD Strategic Plan focuses the Department on six distinct, but interrelated goals:

1. Increase homeownership opportunities;
2. Promote decent affordable housing;
3. Strengthen communities;



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4. Ensure equal opportunity in housing;
5. Embrace high standards of ethics, management, and accountability; and
6. Promote participation of faith-based and community organizations.

HUD's essential functions support those goals. For the current list of HUD Headquarters essential functions, reference should be made to the latest "COOP Plan." For the current list of field office-essential functions, reference should be made to the appropriate field office COOP plan.

Each Program Office Head (POH) is responsible for ensuring that his or her respective office has effective plans that will enable that office to continue its essential functions during a pandemic and the probable periods of high absenteeism.

The HUD Emergency Operations Center (HEOC) is maintained by and located in the Office of Security and Emergency Planning in the main building at HUD Headquarters. It is staffed during business hours and is capable of operating 24 hours a day, if needed. The telephone number is 202-708-3636.

HUD will maintain a national toll-free telephone number with information on impact of the influenza pandemic on each of its field offices. Information such as specific office closures will be available on the toll-free number. The number is 866-463-6483.

Information related to changes in office operations will be posted on HUD's website. The Departmental Web Manager is responsible for posting this information.

Prior to a pandemic influenza outbreak, employees assigned to perform essential functions will be made aware of their responsibilities by management.

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**Pandemic Plan Working Group Representation**

<b>Office</b>	<b>Area of Expertise</b>
Office of Human Resources, OHR	<ul style="list-style-type: none"> <li>• General information and coordination of information from Health Unit, DHHS, and Employee Assistance Program (EAP)</li> <li>• Telework Policy</li> <li>• Time and Attendance Policy</li> <li>• Health/Medical Documentation Information</li> <li>• Employee Relations</li> <li>• Labor Relations</li> <li>• Staffing Issues</li> </ul>
Office of Security and Emergency Planning, OSEP	Emergency Preparedness
Office of Field Administrative Resources, OFAR	Administrative Support to Field Office Locations
Office of Administrative and Management Services, OAMS	Building Information (General Services Administration and Rented Space)
Office of the Chief Information Officer, OCIO	Information Technology (IT) Security Policy IT Assets (Computers for Telework, etc.) IT Access Email Broadcasts
Office of Public Affairs, OPA	Public Information and Risk Communications
Chief Financial Officer, OCFO	Funding
Employee Service Center, ESC	Employee Benefits
Field Policy and Management Division, FPM	Oversight of Regional and Field Directors
Office of General Counsel, Personnel Law Division, OGC	Legal Advisors

## VIII. AUTHORITIES AND REFERENCES

### Government wide

*Federal Continuity Directives 1 and 2* provides direction to the federal executive branch for developing continuity plans and programs. <http://www.fema.gov/government/coop/index.shtm>

Executive Order 12656, *Assignment of Emergency Preparedness Responsibilities*, assigns responsibilities to each federal agency for national security and emergency preparedness. <http://www.archives.gov/federal-register/codification/executive-order/12656.html>

Homeland Security Presidential Directive-5, *Management of Domestic Incidents*, is intended to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system.

The *National Response Framework* provides the structures and mechanisms for federal support to state, local, and tribal incident managers, and for exercising direct federal authorities and responsibilities in response to domestic incident management.

### Department of Housing and Urban Development

HUD Handbook 3205.1, *Continuity of Operations (COOP)*

HUD Headquarters COOP Plan and HUD program office COOP plans

HUD Departmental Strategy for Pandemic Influenza: Protecting Personnel and Ensuring Continuity of Operations, dated March 2006

HUD Telework Policy Guide <http://www.hud.gov/offices/adm/jobs/telework/telwork4.cfm#1>

HUD Web Policies – Emergency Procedures  
<http://www.hud.gov/library/bookshelf11/policies/wwwpol.cfm> (see items 18 through 23)

HUD IT Security Policies <http://hudatwork.hud.gov/po/i/it/security/policy.cfm>

AFGE Agreement - Supplement 99 – Pandemic Influenza Guide – *National Supplement between U.S. Department of Housing and Urban Development and American Federation of Government Employees National Council of HUD Locals 222*

AFGE Agreement - Supplement 93 – Handbook on Pay, Leave and Other Benefits during Emergency/Disaster Situations - *National Supplement between U.S. Department of Housing and Urban Development and American Federation of Government Employees National Council of HUD Locals 222*

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**APPENDIX A. GLOBAL PHASES / STAGES FOR FEDERAL RESPONSE**

**World Health Organization (WHO) Global Pandemic Phases and the Stages for Federal Government Response**

<b>INTER-PANDEMIC PERIOD</b>			
<b>WHO Phase</b>		<b>Federal Government Response</b>	
<b>Phase</b>	<b>Description</b>	<b>Stage</b>	<b>Description</b>
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk to human disease is considered low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.		
<b>PANDEMIC ALERT PERIOD</b>			
<b>WHO Phase</b>		<b>Federal Government Response</b>	
<b>Phase</b>	<b>Description</b>	<b>Stage</b>	<b>Description</b>
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not easily adaptable to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may yet be fully transmissible (substantial pandemic risk).		
<b>PANDEMIC PERIOD</b>			
<b>WHO Phase</b>		<b>Federal Government Response</b>	
<b>Phase</b>	<b>Description</b>	<b>Stage</b>	<b>Description</b>
6	Pandemic phase: increased and sustained transmission in the general public	3	Widespread human outbreaks in multiple locations
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

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**APPENDIX B. HUD-STAGED RESPONSE TO A PANDEMIC**

Based on the above, HUD would respond to the stages of a pandemic in four important categories:

- Human capital management;
- Contingency management;
- Supporting the federal response; and
- Communicating with stakeholders.

Abbreviations for responsible Headquarters offices are explained in Appendix I, List of Acronyms.

***Section 1: HEADQUARTERS RESPONSES***

<b>Responsible HQ Office</b>	<b>STAGES 0/1/2: HUMAN PANDEMIC ALERT PERIOD – PLANNING AND READINESS</b>
	<b>STAGES 0/1/2: Human Capital Management</b>
ADM/OHR	Review and revise, as necessary, the Human Capital Annex in the COOP Plan.
ALL Program Offices, POs	Incorporate Human Capital strategies from the Office of Personnel Management (OPM) into pandemic planning process, including flexibilities in hiring and work schedules. Information may be found at <a href="http://www.opm.gov/pandemic">www.opm.gov/pandemic</a> .
OCIO & ADM/OHR	Develop emergency telework guidance based on the HUD telework policy, the Handbook on Pay, Leave and Other Benefits during Emergency/Disaster Situations, and appropriate OPM guidelines and instructions. As appropriate: <ul style="list-style-type: none"> <li>• Assess telework capability and alternative workplace access for appropriate staff.</li> <li>• Complete telework needs assessment to determine all requirements for effective telework strategies for several months.</li> <li>• Provide telework training for managers, for COOP Emergency Relocation Group (CERG) members, and for other appropriate personnel.</li> <li>• Review and revise all operations telework policies, using the latest OPM guidance.</li> <li>• Test, in conjunction with the Chief Information Officer, telework capabilities and infrastructure capacity based on anticipated need during pandemic.</li> </ul>
ALL POs	Confirm that emergency staff workers and impacted areas have access to telework.
ADM/OAMS	Establish and publish a single “800” (toll-free) telephone number for employees to call into in case of an emergency.
OCIO	Enforce IT security policies.
ALL POs	Ensure that IT security policies are complied with.
ALL POs	Require employees to provide emergency contact information in the HUD Integrated Human Resources and Training System (HIHRTS).
ADM/OHR	Establish policies and procedures in accordance with DHHS and OPM for handling employees in the workplace who become ill or are suspected of becoming ill with influenza (e.g., infection control response, immediate mandatory sick leave).
ADM/OHR	Establish policies for restricting travel to affected geographic areas, evacuating in or near affected areas, and monitoring employees returning from affected areas (see <a href="http://www.pandemicflu.gov/travel">http://www.pandemicflu.gov/travel</a> ).
ADM/OHR	Establish policies for previously ill employees who are no longer infectious and are able to return to work.
ADM/OHR ADM/OAMS ADM/OFAR	Develop, with the Office of Administrative and Management Services (OAMS), a plan to ensure that personal protective equipment, antiviral agents, cleansers, tissues, gloves, and medical supplies are available at designated operating facilities and alternate workplaces as a pandemic unfolds. Office of Field and Administrative Resources is responsible for providing the same support to regional and field offices.

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ADM/OHR	Establish linkages with DHHS to enable access to vaccines and antiviral medication on a priority-determined basis.
ADM/OHR	Develop requirements for monitoring policies and procedures to provide health services personnel with authority to assess the physical health and fitness of employees to attend work.
ADM/OHR	Develop a personnel tracking system to document employees unavailable to work and prepare to collect and compile information about the impact of a pandemic on HUD's workforce.
ADM/OHR & ADM/OSEP	Prepare pre-scripted messages and Frequently Asked Questions (FAQs) for employees about pandemic influenza.
ADM/OHR	Develop procedures to maintain communications with absent employees during a pandemic.

<b>STAGES 0/1/2: Contingency Management</b>	
ADM/OSEP	Maintain and support situational awareness for the HUD Pandemic Coordinator and the HUD Pandemic Response Team.
ALL POs	Identify core business functions and services necessary to sustain agency mission and operations for several months. For pandemic planning purposes, these core functions and services are likely to be broader than traditional COOP-essential services. For instance, they may last greater than 30 days or not be required during the first 12 hours.
ALL POs	Identify, through the stakeholders, which, if any, operational support functions can be suspended and for what duration before adversely impacting agency mission (adverse agency impact): One month; 2 months; and/or, 3 months or longer
ALL POs	Identify positions, skills, and personnel needed to continue essential services and functions. Create a matrix that shows the core business services, functions, and rosters of the personnel identified to perform those functions and services. <ul style="list-style-type: none"> <li>• If a function is to be devolved, then the contacts will be provided (name, location).</li> <li>• If functions are not devolved, alternates will be identified where available.</li> </ul>
ALL POs ADM/OAMS ADM/OFAR	Identify the contractors, suppliers, shippers, resources, and other businesses the Department interacts with on a daily basis in Headquarters and field offices.
ALL POs	Develop and maintain an impact analysis showing the percentage of the Department's workforce included in "essential personnel" for pandemic purposes. The impact analysis should also identify timeline action items and how they may adversely impact the agency.
ALL POs	Work with the Chief Procurement Officer (CPO) organization to initiate pre-solicited, signed, and standing agreements with contractors and other third parties to ensure fulfillment of mission requirements.
ALL POs ADM/OAMS ADM/OFAR	Work with the CPO organization to identify contingencies for backup suppliers should primary suppliers be unable to provide required services both in Headquarters and the field.
ALL POs	Confirm that delegations of authority and orders of succession are at least three deep and capable of geographic dispersion.
OCIO	Verify that emergency remote access policy is assessed and implemented. <ul style="list-style-type: none"> <li>• Assess remote access capability in terms of: <ul style="list-style-type: none"> <li>• Network capacity;</li> <li>• Web-enabled applications;</li> <li>• Equipment and telecommunications;</li> <li>• Accessibility to work-related documents and secure access; and</li> <li>• Training;</li> </ul> </li> <li>• Provide remote access to all persons identified in COOP plans.</li> <li>• Develop "work-at-home" exercise.</li> </ul>
ADM/OSEP	Identify alternatives for operations during a pandemic and trigger points for using those options.

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	<ul style="list-style-type: none"> <li>• Confirm that emergency relocation sites (ERS) would be usable during a pandemic and that the necessary agreements are in place. For pandemic purposes, an ERS CANNOT be a person's residence. Confirm that devolution strategies are workable (i.e., agreements are in place, personnel are trained, vital records are accessible).</li> <li>• Confirm that a policy exists to implement a remote access strategy.</li> </ul>
ADM/OSEP	<p>Test and train on readiness to continue operations.</p> <ul style="list-style-type: none"> <li>• Develop program-level pandemic exercise for CERG members and/or emergency response personnel.</li> <li>• Develop senior-level pandemic exercise.</li> </ul>

	<b>STAGES 0/1/2: Supporting the Federal Response</b>
ADM/OSEP	Review HUD's responsibilities under the NRF.
ADM/OSEP & ALL POs	Identify personnel, other resources, and skill sets that must be maintained to provide support on the NRF.
ALL POs	Develop and plan for scenarios likely to have an adverse effect on capabilities to provide support to the NRF during a human pandemic.
ADM/OSEP	Develop and implement exercises/drills to test pandemic response plans and procedures and revise as necessary.

	<b>STAGES 0/1/2: Communicating with Stakeholders</b>
ADM/OSEP & ODOC	<p>Review current plans, including:</p> <ul style="list-style-type: none"> <li>• Crisis Communications Plan in the COOP public affairs program; and</li> <li>• Web Support in HUD Emergencies.</li> </ul>
ADM/OSEP & ALL POs	Create a strategy for incorporating current procedures into a human pandemic emergency.
ADM/OSEP ADM/OHR	Create a web page to educate employees on pandemic flu.
ADM	Discuss/develop strategy for using a single toll-free number for communicating with employees.
ADM/OSEP & ALL POs	Test strategy for communications.

<b>Responsible HQ Office</b>	<b>STAGE 3: WIDESPREAD OUTBREAKS IN MULTIPLE LOCATIONS OVERSEAS – HUMAN PANDEMIC PERIOD</b>
	<b>STAGE 3: Human Capital Management</b>
ALL POs	Review prior stage actions.
SEC	Implement restrictions for international travel.
ODOC	Coordinate web strategy for communicating with employees.
ADM/OHR	Establish call-in center policies for employees.

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<b>STAGE 3: Contingency Management</b>	
ALL POs	Verify and complete everything in STAGE 0/1/2.
ADM/OSEP	The HUD Emergency Operations Center (HEOC) will: <ul style="list-style-type: none"> <li>• Initiate a notification cascade to test readiness.</li> <li>• Maintain situation awareness, which includes:               <ul style="list-style-type: none"> <li>• Monitoring the Homeland Security Information network.</li> <li>• Monitoring the FEMA National Situation Report.</li> <li>• Monitoring the DHS Open Source Report.</li> <li>• Monitoring CNN (the Cable News Network) for information.</li> </ul> </li> </ul>
ALL POs	Program offices, regional offices, and field offices will, upon initiating cascade, verify the following: <ul style="list-style-type: none"> <li>• Number of persons contacted and available.</li> <li>• Status of succession plans and delegations.</li> <li>• ERS availability.</li> <li>• Contact information for persons receiving devolved functions.</li> <li>• Access to vital records.</li> <li>• Stakeholder contact lists external to the organization.</li> <li>• Update of all vital records and databases.</li> </ul>

<b>STAGE 3: Supporting the Federal Response</b>	
ADM/OSEP	Verify points of contact for the National Operations Center, the FEMA Operations Center, and the National Response Coordination Center.
ADM/OSEP	Verify points of contact for Emergency Support Functions Leaders Group and Emergency Support Functions (ESFs).

<b>STAGE 3: Communicating with Stakeholders</b>	
ALL POs OPA	Review Office of Public Affairs' communications strategy.
ADM/OAMS ADM/OFAR FPM	Continue to provide daily updates for HUD's toll-free telephone number for Headquarters and field offices.
ADM/ODOC	Utilize HUD web pages as communications vehicle to stakeholders.
ADM/OSEP	Monitor open source information.
OPA	Coordinate strategy at Departmental, regional, and local level for communications.

<b>Responsible HQ Office</b>	<b>STAGE 4: FIRST HUMAN CASE IN NORTH AMERICA</b>
	<b>STAGE 4: Human Capital Management</b>
ALL POs	Review prior stage actions.
SEC	Implement domestic travel restrictions.
ADM/OHR	Begin tracking employees.



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<b>STAGE 4: Contingency Management</b>	
ALL POs ADM/OSEP	Review readiness from STAGES 0 to 3.
ALL POs ADM/OSEP	Execute pandemic plans and implement social distancing procedures.
SEC	Limit domestic travel.
SEC	Begin tracking persons in the Secretary's Order of Succession.
ADM/OHR & FPM	Daily report on mission-capable status of HUD from the Office of Human Resources (OHR) at Headquarters and the Office of Field Policy and Management (FPM) in regional and field locations.
SEC	Consider activation of remote access strategy: <ul style="list-style-type: none"> <li>• One person in Secretary's line of succession should work from home each week.</li> <li>• COOP Coordinators, or their alternates, may consider working from home (suggest rotating between primary and alternate, weekly).</li> </ul>
ALL POs	Maintain integrity of geographic sites, devolution sites, and full remote access implementation.
ALL POs	Review Reconstitution Plans.

<b>STAGE 4: Supporting the Federal Response</b>	
ADM/OSEP	Maintain situational awareness through the Homeland Security Information Network and the FEMA National Situation Report.
ADM/OSEP ALL POs	Prepare to provide, and/or begin, support activities through the National Response Coordination Center.

<b>STAGE 4: Communicating with Stakeholders</b>	
ALL POs ADM/OSEP	Continue to provide support under ESF-15 of the NRF.
OPA	Consider joining the Joint Information Center for coordinated messaging.
ALL POs ADM/OHR	Determine which staff, if any, should use remote access.

<b>Responsible HQ Office</b>	<b>STAGE 5: SPREAD THROUGHOUT THE UNITED STATES</b>
	<b>STAGE 5: Human Capital Management</b>
ADM/OHR	Implement maximum flexibilities allowed, including use of remote access.
ADM/OHR	Continue to track employees.
ADM/OHR	Maintain social distancing, including by restricting visitation, reviewing policies of the HUD daycare, etc.

<b>STAGE 5: Contingency Management</b>	
ALL POs ADM/OSEP	Review all steps in STAGES 0 to 4
SEC	Full implementation of pandemic plans and full implementation of social distancing.
SEC	Restrict domestic travel.
OCIO	Implement full remote access for CERG teams.
ADM/OHR FPM	Track employees on a daily basis and report as required.
ALL POs	Activate delegations and orders of succession as needed.
SEC	Continue to track personnel in Secretary's Order of Succession.

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	<b>STAGE 5: Supporting the Federal Response</b>
ADM/OSEP	Continue to provide support activities through the National Response Coordination.
ADM/OSEP	Keep senior staff apprised of any impediments to perform the NRF support mission.

	<b>STAGE 5: Communicating with Stakeholders</b>
OCIO	Implement telework for CERG, as needed.
ADM/OSEP	Maintain relationship with DHS through the event.

<b>Responsible HQ Office</b>	<b>STAGE 6: RECOVERY AND PREPARATION FOR SUBSEQUENT WAVES</b>
	<b>STAGE 6: Human Capital Management</b>
ADM/OHR	Publicize EAPs.
ADM/OHR	Review impact on employees (fatalities and other casualties).
ADM/OHR	Enact maximum hiring flexibilities.

	<b>STAGE 6: Contingency Management</b>
ALL POs ADM/OSEP ADM/OAMS ADM/OFAR	Implement reconstitution plans.
ADM/OAMS ADM/OFAR	Assess damage to facilities and infrastructure.
ADM/OHR	Assess injuries/illness/fatalities.
ADM/OHR	Replace personnel as needed and conduct training as required.
ADM/OHR	Continue tracking employee absenteeism and continue testing communications.
ALL POs	Update delegations and orders of succession.
SEC	Remove all travel restrictions.
ALL POs	Assess impact on essential functions and adjust plans based on knowledge gained and lessons learned.
ADM/OSEP	Complete report of lessons learned on human pandemic influenza and actions taken.

	<b>STAGE 6: Supporting the Federal Response</b>
ADM/OSEP	Review lessons learned and maintain status of ESF activation until stand-down is initiated.

	<b>STAGE 6: Communicating with Stakeholders</b>
ALL POs ADM/OSEP	Review lessons learned.
ADM/OSEP	Revise strategies for next wave.

**Section 2: REGIONAL AND FIELD OFFICE RESPONSES**

	<b>STAGES 0/1/2: HUMAN PANDEMIC ALERT PERIOD – PLANNING AND READINESS</b>
	<b>STAGES 0/1/2: Human Capital Management</b>
	<ul style="list-style-type: none"> <li>Meet with the Office of Human Resources (HR) and review all personnel management flexibilities.</li> <li>Update all employee contact information including emergency contact information.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Develop a plan to ensure that personal protective equipment, antiviral agents, cleansers, tissues, gloves, and medical supplies are available at designated operating facilities as the pandemic unfolds.</li> <li>• Advise union of possible emergency situation.</li> <li>• Communicate with Headquarters to assure all appropriate human capital resources are in place at the local level or can be attained from Headquarters.</li> <li>• Communicate with Field Office Directors around the HUD Region to assure they are ready for responding to the crisis and that their emergency plans are up to date.</li> </ul>
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	<b>STAGES 0/1/2: Contingency Management</b>
	<ul style="list-style-type: none"> <li>• Review and update all devolution plans.</li> <li>• Assure that delegations are in order.</li> <li>• Assess if CERG team members will be available.</li> <li>• Assure that essential functions are current.</li> <li>• Identify the contractors, suppliers, shippers, resources, and other businesses the office interacts with on a daily basis.</li> <li>• Meet with OCIO staff to assure that all appropriate staff members have remote access.</li> <li>• Contact ERS staff and assess the reliability of a possible relocation.</li> <li>• Train employees of possible scenarios and their responsibilities.</li> </ul>

	<b>STAGES 0/1/2: Supporting the Federal Response</b>
	<ul style="list-style-type: none"> <li>• Maintain communication network with other federal agencies and assure that points of contact are current.</li> <li>• Meet regularly with the network of federal agencies to assure appropriateness/ effectiveness of planning and readiness efforts.</li> <li>• Employ the Disaster Coordinator as the POC for the Regional Director and his/her principal advisors for obtaining and maintaining all information from local emergency personnel, city officials, Federal Protective Service (FPS), GSA, and Federal Executive Board (FEB).</li> <li>• Conduct tests to assure that communication and coordination activities operate properly.</li> </ul>

	<b>STAGES 0/1/2: Communicating with Stakeholders</b>
	<ul style="list-style-type: none"> <li>• Assure that mailing list databases are current and backed up appropriately for mass communication.</li> <li>• Develop appropriate message for posting on the local intranet page, when appropriate, with a link to HUD's main Internet page regarding the situation.</li> <li>• Determine what toll-free telephone number or an alternate number will be available to provide to stakeholders in case of devolution.</li> <li>• Contact Field Office Directors and brief them on the current situation and any required actions on their part.</li> <li>• Instruct employees on the availability of a local number or the HUD emergency line for updates on the current situation.</li> <li>• Test the system.</li> </ul>

	<b>STAGE 3: WIDESPREAD OUTBREAKS IN MULTIPLE LOCATIONS OVERSEAS – HUMAN PANDEMIC</b>
	<b>STAGE 3: Human Capital Management</b>
	<ul style="list-style-type: none"> <li>• Assure that all guidance and instructions from Headquarters are provided to employees.</li> <li>• Maintain constant communication with employees and the Field Office Directors</li> </ul>

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	<p>around the HUD Region.</p> <ul style="list-style-type: none"> <li>• Assure that points of contact are available for Headquarters support or instructions.</li> <li>• Update the local intranet page with available guidance and instructions to employees and stakeholders</li> </ul>
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	<b>STAGE 3: Contingency Management</b>
	<ul style="list-style-type: none"> <li>• Implement Headquarters requirements for emergency procedures.</li> </ul>

	<b>STAGE 3: Supporting the Federal Response</b>
	<ul style="list-style-type: none"> <li>• Verify point of contact.</li> </ul>

	<b>STAGE 3: Communicating with Stakeholders</b>
	<p>Continue to provide daily updates for HUD’s toll-free telephone number for Headquarters and field offices.</p> <p>Continue to provide updates to local office intranet pages.</p>

	<b>STAGE 4: FIRST HUMAN CASE IN NORTH AMERICA</b>
	<b>STAGE 4: Human Capital Management</b>
	<ul style="list-style-type: none"> <li>• Meet regularly with employees and communicate facts.</li> <li>• Assess workforce capability throughout the Region due to possible employee absenteeism.</li> <li>• Maintain constant communication with Field Office Directors to provide available guidance and instructions.</li> </ul>

	<b>STAGE 4: Contingency Management</b>
	<ul style="list-style-type: none"> <li>• Same as the Headquarters response but at the local level.</li> </ul>

	<b>STAGE 4: Supporting the Federal Response</b>
	<ul style="list-style-type: none"> <li>• Employ Disaster Coordinator to maintain coordination activities with emergency agencies.</li> </ul>

	<b>STAGE 4: Communicating with Stakeholders</b>
	<ul style="list-style-type: none"> <li>• Same as the Headquarters response but at the local level.</li> </ul>

	<b>STAGE 5: SPREAD THROUGHOUT THE UNITED STATES</b>
	<b>STAGE 5: Human Capital Management</b>
	<ul style="list-style-type: none"> <li>• Meet regularly with employees and communicate facts.</li> <li>• Assess workforce capability throughout the Region due to possible employee absenteeism.</li> <li>• Maintain constant communication with Field Office Directors to provide available guidance and instructions.</li> </ul>

	<b>STAGE 5: Contingency Management</b>
	<ul style="list-style-type: none"> <li>• Same as the Headquarters response but at the local level.</li> </ul>

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	<b>STAGE 5: Supporting the Federal Response</b>
	<ul style="list-style-type: none"> <li>• Same as the Headquarters response but at the local level.</li> </ul>

	<b>STAGE 5: Communicating with Stakeholders</b>
	<ul style="list-style-type: none"> <li>• Post message on the local intranet page with a link to HUD’s main Internet page regarding the situation.</li> <li>• Provide stakeholders with a toll-free telephone number or an alternate number in case of devolution to obtain assistance.</li> <li>• Direct employees to place a voice mail message on their individual business telephone line to notify stakeholders where they can obtain assistance.</li> <li>• Instruct employees to call the local number or the HUD emergency line for updates on the current situation.</li> </ul>

	<b>STAGE 6: RECOVERY AND PREPARATION FOR SUBSEQUENT WAVES</b>
	<b>STAGE 6: Human Capital Management</b>
	<ul style="list-style-type: none"> <li>• Assess staff welfare and provide opportunities available through EAP.</li> <li>• Determine staff capacity throughout the Region and make adjustments as necessary.</li> <li>• Maintain constant communication with field office leadership to ascertain offices’ capability.</li> <li>• Provide guidance and support to all field offices within the HUD Region.</li> <li>• Request hiring and other human resources support from Headquarters for the Region.</li> </ul>

	<b>STAGE 6: Contingency Management</b>
	<ul style="list-style-type: none"> <li>• Implement reconstitution plans.</li> <li>• Asses damage to facilities and infrastructure (if any).</li> <li>• Assess injuries/illness/fatalities.</li> <li>• Continue tracking employee absenteeism and testing communications.</li> <li>• Update delegations and orders of succession.</li> <li>• Assess impact on essential functions and adjust plans based on knowledge gained and lessons learned.</li> </ul>

	<b>STAGE 6: Supporting the Federal Response</b>
	<ul style="list-style-type: none"> <li>• Same as the Headquarters response but at the local level.</li> </ul>

	<b>STAGE 6: Communicating with Stakeholders</b>
	<ul style="list-style-type: none"> <li>• Same as the Headquarters response but at the local level.</li> </ul>

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**APPENDIX C. HUD SUPPORT OF THE FEDERAL RESPONSE**

As required by Homeland Security Presidential Directive (HSPD-5), the NRF establishes a single, comprehensive approach to domestic incident management to prevent, prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies. The NRF is an all-hazards plan built on the template of the National Incident Management System (NIMS). The NRF is applicable to all federal departments and agencies that have a primary jurisdiction for or participate in providing operations during a coordinated federal response.

An Incident of National Significance is an actual or potential high-impact event that requires robust coordination of the federal response in order to save lives and minimize damage, and that provide the basis for long-term community and economic recovery. The Secretary of DHS, in consultation with other departments and agencies, and the White House, as appropriate, declares Incidents of National Significance.

HUD's pandemic response for NRF purposes will be determined by the extent of the pandemic. HUD is required to support the implementation of national-level plans such as the NRF and the NIMS as a primary mission-essential function (PMEFs). The NRF is published by DHS at [www.dhs.gov/nationalresponseplan](http://www.dhs.gov/nationalresponseplan).

HUD is a signatory to the NRF and participates as a primary or support organization on the following ESFs.

Emergency Support Function	ESF Coordinator	Primary Agency	Purpose
Emergency Management	FEMA	FEMA	Provides the core management and administrative function in support of domestic incident management and provides the core for the National Response Coordination Center, Regional Response Coordination Center, and the Joint Field Office.
Mass Care, Housing, and Human Services	FEMA	FEMA and American Red Cross	Supports federal, state, local, and nongovernmental mass care, housing, and human services needs of individuals and/or families impacted by Incidents of National Significance.

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Long-Term Recovery	FEMA	Includes HUD	Provides a framework for support to state, local, tribal, and nongovernmental organizations and the private sector to enable community recovery from long-term effects of an Incident of National Significance.
External Affairs	DHS	FEMA	Provides accurate, coordinated, and timely information to affected audiences, including governments, media, the private sector, and affected populace and implements the Incident Communications Emergency Policy and Procedures of the NRF.

Each ESF has its own standard operating plan, which will not be included here. However, for purposes of this document, the following NRF Headquarters organization elements are also likely to be activated for a pandemic outbreak:

- Domestic Readiness Group – convened by the White House to develop and coordinate implementation of preparedness and response policy during a crisis to address issues that cannot be resolved at lower levels.
- Incident Advisory Council – provides strategic advice to the Secretary of DHS during an incident requiring federal coordination.
- National Operations Center – links the Interagency Watch; the National Response Coordination Center, Intelligence and Analysis; and National Infrastructure Coordination Center and Planning.
- Principal Federal Official – the federal official designated by the Secretary of DHS to act as his/her representative locally to oversee, coordinate, and execute the Secretary’s incident management responsibilities under HSPD-5.

In addition to the NRF, there may be requests for financial assistance through the Robert T. Stafford Disaster Relief and Emergency Assistance Act. While the Secretary of DHS declares an Incident of National Significance, the President of the United States declares emergencies and disasters, as defined below:

1. An EMERGENCY is any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities

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to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

2. A MAJOR DISASTER is any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

The declaration of a major disaster would have an impact on HUD, including, for a pandemic, the potential need for an extended moratorium on foreclosures and the triggering of certain federal housing assistance.



## **APPENDIX D. HUMAN CAPITAL PLANNING FOR A PANDEMIC**

Each HUD COOP Plan includes appropriate human capital guidance for all members of the COOP Emergency Relocation Group (CERG) as well as guidance for communicating with all other HUD employees. Each Regional Director and Field Office Director (FOD) has the authority to declare a COOP event and direct the relocation of the CERG to an emergency location.

This appendix provides human capital guidance for the CERG and also comments on nonemergency personnel. Headquarters program office managers, supervisors, and office directors must work closely with the Headquarters OHR staff to ensure that all personnel actions required to prepare staff to participate as a CERG member in the COOP program are compliant with the policy guidance and procedures outlined in the HUD Human Capital Accountability Plan dated March 2004.

OHR and OSEP have worked closely in developing and implementing the policies that are in effect during various types of all-hazard emergencies that may cause the Secretary to declare a COOP event and direct the CERG to relocate to the HUD Emergency Relocation Site. These policies are generally applicable whether the evacuation of the Weaver Building (or other HUD office) is for a government wide emergency, or an agency-specific event causing implementation of the Occupant Emergency Plan (OEP), the COOP Plan, or any other type of emergency that causes early employee dismissal or building closure, thereby preventing most employees from reporting for work.

HUD managers and supervisors are required to:

1. Be fully informed and understand human capital tools, flexibilities, and strategies.
2. Regularly review and update human capital information and resources to ensure that the HUD policies are current and relevant to changing environments or evolving threats.
3. Participate in office-wide exercises and simulations developed and implemented by OSEP.
4. Develop and implement COOP exercises and simulations for employees in their own organization.
5. Conduct training and/or briefings to ensure that all employees in their office understand what they have to do in response to the various types of emergencies that might impact the Weaver Building or other local HUD office.
6. Coordinate with OSEP in developing and maintaining specific protocols to assist special needs employees during any type of emergency in the Headquarters building.
7. For HQ: Be familiar with the Headquarters COOP Plan, their own organization's COOP Implementation Plan, and the Headquarters Occupant Evacuation Plan (OEP).
8. For Field: Be familiar with the Field Office COOP Plan, their own organization's COOP Plan, and the local Office OEP.
9. Obtain a copy of the Federal Manager's/Decision Maker's Emergency Guide that is available on the OPM website ([www.opm.gov](http://www.opm.gov)).
10. Review the HUD Human Capital Accountability Plan to ensure that the CERG is adequately supported by personnel with the required skills to ensure continuity of essential functions.

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11. Provide support of “social distancing” activities. For example, social distancing measures could be in the form of guidelines modifying the frequency of face-to-face encounters between employees (e.g., substitution of teleconferences for face-to-face meetings, use of staggered breaks, posting of infection control guidelines in prominent locations, etc.).

### **Designation of Emergency Response Employees**

Each Assistant Secretary and Principal Office Head (POH), or his/her designee, has the authority and responsibility to identify and designate those personnel that he/she deems critical to departmental operations to serve as a member of the CERG, as a member of the team responsible for executing the OEP, or as a member of any other ad hoc group(s) that may be created in response to other types of emergency situations.

The Headquarters OSEP is responsible for compiling the names and personal contact information for employees designated to carry out duties specified in the Headquarters COOP Plan and the Headquarters OEP. After individuals have been designated for COOP and OEP responsibilities, OSEP, in coordination with the HUD program offices, will provide an orientation and training for these individuals on their responsibilities. Employees designated for COOP and OEP responsibilities will be required to attend annual training conducted by OSEP.

The Regional Director, in consultation with the Program Directors or designee, has the authority to identify and designate those personnel deemed critical to serve as a member of the CERG, or a member of any other group created in response to other emergency situations.

In HUD field offices, the Regional and Field Office Directors are responsible for compiling the names and personal contact information for employees designated to carry out duties specified in the field OEP and COOP plans. After individuals have been designated for OEP responsibilities, Office of Field and Administrative Resources (OFAR), in coordination with the Regional and Field Office Directors, will provide an orientation and training for these individuals on their responsibilities. Employees designated for COOP responsibilities will be required to attend annual training conducted by OSEP.

### **Dismissal or Closure Procedures**

#### **For HUD HQ:**

HUD follows the “Washington, DC, Area Dismissal or Closure Procedures” issued and updated annually by OPM. These procedures provide guidance for federal departments and agencies when various types of emergencies prevent large numbers of employees from reporting to work on time or which require agencies to close all or part of their activities. OPM will notify agencies in the Washington, DC, Metropolitan Area of early employee dismissals or government-wide office closures. HUD officials will coordinate with OPM when circumstances affecting only HUD Headquarters require dismissal.

The media and OPM use the terms listed below to advise federal employees and the public about the operational status of the federal government. OPM issued these terms in 2004:

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1. OPEN
2. OPEN under an UNSCHEDULED LEAVE policy
3. OPEN under a DELAYED ARRIVAL policy
4. OPEN under a DELAYED ARRIVAL/UNSCHEDULED LEAVE policy
5. EARLY dismissal
6. CLOSED

### **For Regional and Field Offices:**

HUD field offices will follow the local established policy that has been developed by their respective regional or field offices for dismissal or closure procedures. These procedures provide guidance to regional and field office employees when various types of emergencies prevent large numbers of employees from reporting to work on time or require the offices to close all or part of their activities. The Regional or Field Office Director shall seek guidance when necessary from the local FEB regarding early dismissal or area-wide office closures. Regional and field offices should notify FPM and OSEP when office-wide closure is required due to these types of emergencies.

### **Status of Non-Emergency and Non-Special Categories of Employees**

In the event of severe hazardous conditions, disruption of public services, or other emergency situations, of short duration in the Washington, DC area, Headquarters employees may be instructed not to report to work. Similar events in field offices may occur; in such cases, field employees may be instructed not to report to work.

Employees who may be prevented from working because they have been instructed by the Secretary of HUD, Regional or Field Office Director, or another authorized HUD official not to report to work, will be excused from work without loss of pay or charge to leave. If appropriate and feasible, the Department may direct that some employees work at an alternate worksite in the Washington area or other approved sites as determined by the Regional or Field Office Director. In emergencies, designated emergency employees and special categories of employees will be activated by the Department to perform their assigned duties.

The head of each program office in Headquarters, in consultation with OSEP, is responsible for determining where his/her organization's employees not designated for emergency assignments will work for the duration of the emergency.

The Regional Director or Field Office Director in consultation with OHR and OFAR, is responsible for determining where field office employees not designated for emergency assignments will work for the duration of the emergency.

The Assistant Secretary or Regional Director may direct their nonemergency personnel to remain at home on administrative leave, to work at home, a Telecommuter Center, or another location that has the necessary office equipment and communication links to the CERG team, HUD customers, and other HUD employees not impacted by the emergency. If available, the Department may issue communications and other equipment to certain categories of employees to facilitate contact in

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emergency situations. Field Office Directors should coordinate all off-site locations with their Regional Director.

In the event of a prolonged shutdown due to severe or hazardous conditions, disruption of public services, or other types of emergency situations, the Department may find it necessary to furlough nonemergency employees. If this were to occur, this action places the employee in a non-duty, non-pay status for the duration of the furlough. If the Department determines that the shutdown may last longer than one year or is permanent, HUD could implement reduction-in-force procedures to separate or demote any employees from any position determined to be excess. The HUD Chief Human Capital Officer (Assistant Secretary for Administration) and the Director of OHR will provide guidance and assist the Headquarters program offices in determining the appropriate action(s) that must be taken with regard to any personnel issues caused by an emergency, including activation of the Headquarters COOP Plan.

### **Guidelines for Communicating to Employees**

1. When HUD receives notification that a pandemic influenza outbreak has affected the locality of a HUD Headquarters or field office, the employees will receive immediate notification and the signed union negotiated Pandemic Supplement will be implemented.
2. In order to keep employees informed about the current status of the pandemic influenza outbreak, communication during any such emergency will be conducted through the use of any or all of the following methods: HUD intranet and the Internet, HUD toll-free telephone information hotline, HUD email, as well as public media such as radio and news media.
3. Changes to dismissal or closure procedures shall be disseminated by OHR, as necessary.
4. All Headquarters organizations must identify employees who must report for work under various situations and projected scenarios to continue government operations; and notify these employees in writing that they have been so designated.
5. Senior managers in the Headquarters program offices, in consultation with the OHR and OSEP, need to develop and disseminate guidelines that identify when work may or must be performed at the regular worksite or alternative worksite(s).
6. The OHR, in consultation with OSEP and the senior management in Headquarters, must establish a procedure for notifying “nonemergency employees” or “non-special categories of employees” to report for or remain at work when government operations are disrupted. Regional and Field Office Directors should coordinate with OHR and FPM to establish similar procedures in field offices.
7. Managers of employees on shift work are responsible for determining and advising the employees of closure, dismissal, and leave policies.
8. Management, in consultation with OHR, shall work with local and national unions to support and strengthen communication activities.
9. Management shall advise employees of support services available through the HUD EAP.
10. HUD will put into place specific pandemic influenza outbreak web-based, telephonic, or other communications systems as necessary at the national, regional, and local levels. HUD will regularly test those systems.

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### Methods of Employee Communications

OSEP is responsible for developing and distributing materials to all Headquarters employees that explain the policies of the HUD OEP and the Headquarters COOP plan. OFAR will work closely with Regional and Field Office Directors to ensure that local OEP and COOP plans are updated and distributed to all field HUD employees.

Headquarters OSEP and OHR, as well as Regional and Field Office Managers, may use some or all of the following activities to support communication with field employees:

1. Convening all employee meetings (provided that social distancing has not been implemented).
2. Soliciting employee comments and suggestions.
3. Communicating plans and changes, including recurring distribution of Emergency Guides.
4. Maintaining current contact information for the HUD senior executives, regional and field management officials, program customers, and business contacts.
5. Working with the local unions to support and strengthen communication activities.
6. Advising employees of support services available through the HUD Employee Assistance Program.

### Employee Awareness of Changes in Building Operations

Management responsibilities with regard to facility operations include:

1. Remaining aware of and encouraging employees to be attentive to suspicious activities.
2. Working with GSA or the local Building Manager to ensure regular testing of fire and safety public address systems.
3. Assuring availability of supplies in the case of shelter-in-place response to an emergency.
4. Working with GSA or the local Building Manager to ensure clear signage for evacuation routes.
5. Developing a protocol for safety and security personnel to maintain communications in an emergency.

Managers and supervisors may refer to the Manager's Guide for Human Resources (November 2004) for guidance on the subjects addressed below.

### Leave Considerations

If a pandemic influenza outbreak has affected a local office, any staff required to be absent due to illness, caring for a family member that is ill, being under voluntary home quarantine due to an ill household member, caring for children dismissed from school, or in the high risk group will be granted annual leave, sick leave, leave without pay, pay consistent with the Family and Medical Leave Act or Administrative Leave consistent with OPM policy or rules at the time of the implementation/outbreak of pandemic influenza.

In accordance with OPM guidance, the Assistant Secretary and Regional Directors, or their designees, in coordination with FPM and OHR, may direct employees to remain at home on administrative leave.

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Approved leave requests received from employees prior to a pandemic influenza outbreak may be rescinded only as allowed by statute.

Family and Medical Leave requests submitted during a pandemic influenza outbreak shall be approved as allowed by statute.

Employees will be granted the same leave status as the office that they are currently reporting for duty. For example, an employee working (TDY) at an alternate HUD office at the time his or her home office is closed due to pandemic influenza is expected to continue working through the duration of their temporary duty. Upon returning to his or her home office, the returning employee will be granted the same leave status as is in place at the home office.

### **Other Considerations**

**Work Hours:** During a pandemic influenza outbreak, an employee's work schedule may be adjusted and changed on a daily basis to meet the needs of both the employee and the Department's mission. The employee will be notified of any changes.

**Delayed Arrivals:** Employees who experience a delayed arrival to work, as a result of a documented incident from a declared pandemic influenza outbreak, will be allowed to request leave. Administrative leave may be granted where approved by a designated management official in accordance with agency policy.

**Alternate Work Place Options:** During a pandemic influenza outbreak, COOP work alternatives, inclusive but not limited to work at home, alternate work sites, or administrative leave, may be utilized and extended.

**Duties for Outstationed Employees:** Outstationed employees should receive program work assignments from their remote supervisor. Other assignments may be given to outstationed employees by an onsite supervisor, or designated management official, in consultation with the remote supervisor.

### **Remote Access**

Remote access or telework may be an option for responding to emergency situations. Where appropriate, managers and supervisors are encouraged to consider telework as a work option. Guidance for HUD's remote access program is available on the HUD intranet. Managers and supervisors are encouraged to have their employees pre-approved for remote access in order to maintain and operate their program-essential functions should an emergency arise.

### **Hiring Flexibilities**

Should there be an extreme shortage of staff, there are several hiring flexibilities available for managers and supervisors. Information on hiring flexibilities may be obtained from OPM's website. Managers and supervisors are encouraged to contact their servicing HR Specialist on using any of the following hiring flexibilities:

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1. Hiring veterans through the Veterans Recruitment Appointment Authority and Veterans Employment Opportunity Act;
2. Direct hire authority;
3. Emergency appointments; and
4. Hiring reemployed annuitants (individuals who have retired from the federal service).

Managers and supervisors may access OPM's Federal Hiring Flexibilities Resource Center website to obtain additional information. The link is:

[http://www.opm.gov/Strategic\\_Management\\_of\\_Human\\_Capital/fhfr/default.asp](http://www.opm.gov/Strategic_Management_of_Human_Capital/fhfr/default.asp).

### **Benefits**

Benefits such as health insurance, life insurance, or retirement are not impacted by details, short-term or long-term temporary assignments to an alternate worksite, or telework.

## APPENDIX E. OPM MANAGEMENT PLANNING GUIDE

### **What a Supervisor Should Do if an Employee Appears Ill During a Declared Pandemic Influenza or Has Been Exposed to Pandemic Influenza**

The accompanying chart was developed to assist managers and supervisors in determining the appropriate course of action when confronted in the workplace with an employee who appears ill during a declared pandemic influenza outbreak or an employee who has been exposed to pandemic influenza. Employees who appear to be ill include those workers with pandemic flu-like symptoms (based on symptoms identified by the Centers for Disease Control and Prevention (CDC), which will be posted at <http://www.pandemicflu.gov> once the symptoms are known). Employees who have been exposed to pandemic influenza include those employees who have a known, recent, and direct exposure to pandemic influenza (also based on guidance from CDC and from the Occupational Safety and Health Administration (OSHA)). The chart is intended to assist federal supervisors and managers in assessing the capacity of their workforce to carry out the work for which the supervisor or manager will remain accountable during a pandemic influenza.

#### **General**

Where occupational health services or authorized medical officials are available, agencies should recommend employees who appear to be ill or who have been exposed to pandemic influenza seek their assistance. If the employee refuses to seek assistance, seeks assistance but refuses to follow a medical recommendation to leave the workplace, or medical services are not available, agencies should follow the chart on the following page. The specific facts and circumstances of each case must be reviewed to determine the appropriate action to be taken. Supervisors and managers should be familiar with agency-specific rules and guidance as well as all applicable laws and leave policies. (See <http://www.opm.gov/pandemic/agency1d-leave.pdf>.) They should seek assistance from their HR office early, and certainly before taking any adverse action, to ensure they have considered all appropriate options and have objective evidence to support the action. Supervisors should not take action based solely on their own subjective assessment of an employee's medical condition. The nature and extent of the objective evidence required will be determined on a case-by-case basis by the agency. HR staffs are equipped to assist supervisors and managers with these determinations.

#### **Return to Work Following Pandemic Influenza or Exposure to Pandemic Influenza**

Supervisors should consult with their HR office and follow any public health recommendations from CDC or medical advice offered by the employee's physician when determining whether and when an employee should be allowed to return to work following an absence due to pandemic influenza.



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### Planning

Managers and supervisors should familiarize themselves with OPM's Agency Guidance, including the Q/A's section, on leave, pay, employee and labor relations, hiring, alternative work arrangements, and other critical human capital issues in relation to a pandemic influenza to ensure that they can continue to carry out the work of their office and protect the workforce should a pandemic influenza outbreak occur (See <http://www.opm.gov/pandemic/index.asp>). As part of any planning effort, managers should discuss with employees the common sense steps employees can take to protect themselves and help prevent the spread of influenza in the workplace. These measures include, but are not limited to, frequent hand washing and other good health habits to stop the spread of germs, staying home when one feels ill, and generally decreasing contact with others, an approach known as social distancing. These and other simple steps employees can take are found on CDC's website at <http://www.cdc.gov/flu> and [www.cdc.gov/germstopper/work.htm](http://www.cdc.gov/germstopper/work.htm).

Managers and supervisors should also keep themselves informed of the latest public health information released by CDC. Based on that guidance, managers and supervisors should follow the chart on the following page to ensure that an employee who appears ill during a declared influenza pandemic or has been exposed to pandemic influenza leaves the workplace as quickly as possible so as to protect the employee and limit exposure to other workers.

Managers and supervisors should plan in advance for the possibility that employees may need to work at home during pandemic influenza. In advance of a pandemic, managers and supervisors should discuss with employees the types of assignments they may be given if they are evacuated from the workplace (see 5 CFR 550.409) or choose to telework to promote social distancing. Assignments under the evacuation pay authority may include any work considered necessary or required to be performed during the period of the evacuation, without regard to an employee's grade level or title, provided the employee has the necessary knowledge and skills to perform the assigned work. For example, such work could include various research projects or on-line training and other employee development activities. If an employee is not physically capable of working, he or she should not be given work assignments to complete at home. If the employee is not able to work, the supervisor should pursue alternative ways of accomplishing the employee's work.

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**What A Supervisor Should Do If An Employee Appears Ill During A Declared Pandemic Influenza Or Has Been Exposed To Pandemic Influenza**

Situation	If the employee...	Does employee request leave?	Take the following action	And	
<b>1</b>	Appears ill with pandemic flu-like symptoms (see note 1), express concern that employee appears to be ill with pandemic flu-like symptoms and encourage employee to take leave and seek medical care.	Yes	Grant leave and send employee home on leave (see note 2).		
<b>2</b>		If no, consult HR to determine if there is objective evidence of medical incapacity to perform duties of his or her position. Consider use of on-site employee health services if available to assist in making this determination.	If there is objective evidence and employee still refuses to request leave, advise that you have determined that the employee is incapable of working and order employee to leave and place on excused absence. Consult with HR on next steps, including potential adverse action (e.g., enforced leave) (see note 4).		
<b>3</b>			If there is no objective evidence, follow situations 5-8 (see note 3).		
<b>4</b>	Has a known, recent, and direct exposure to others with pandemic influenza, but is still capable of working (see notes 1 and 5), express concern that employee could be ill or contagious and suggest that employee take leave.	Yes	Grant leave and send employee home on leave (see note 2).		
<b>5</b>		If no and employee insists he or she is able to work, determine if employee has a telework agreement in place that includes directed unscheduled telework.	If employee has a telework agreement that includes directed unscheduled telework, send employee home to telework (see note 2).		
<b>6</b>			If employee does not have a telework agreement, or has a telework agreement that does not include directed unscheduled telework, determine if employee can telework on a periodic basis.	If employee can perform telework on a periodic basis and agrees to do so, send employee home to telework.	
<b>7</b>				If employee can perform telework on a periodic basis but does not agree to do so, order employee to evacuate his or her worksite and perform work from home (or at an alternative location) and advise HR. See 5 CFR 550.409. (Also see notes 2 and 4.)	
<b>8</b>	If employee cannot perform telework on a periodic basis, determine what work the employee may perform and order employee to evacuate his or her worksite and perform work from home (or at an alternative location) and advise HR. See 5 CFR 550.409. (Also see notes 2 and 4.)				

**Notes:**

- (1) Follow guidance received from CDC on pandemic influenza symptoms and exposure criteria (once known).
- (2) Consult with HR office and follow medical advice from CDC or an employee's physician when allowing an employee to return to work following pandemic influenza or exposure to pandemic influenza.
- (3) Situations 5-8 are applicable when an employee is able to work.
- (4) If an employee has been ordered to leave the workplace, he or she has no "right" to remain on the agency's premises. If an employee has been ordered to leave and refuses to do so, supervisors should consult with the HR office and contact the building security staff to have the employee escorted from the premises.
- (5) Follow OSHA workplace guidance on assessing the likelihood that an employee has been exposed to a pandemic influenza.

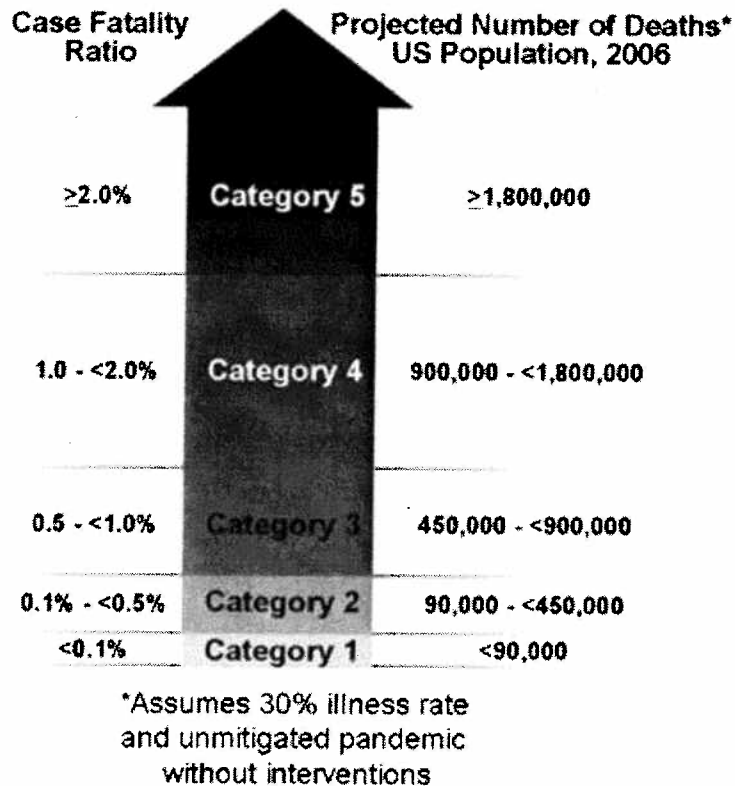
**APPENDIX F. PRE-PANDEMIC PLANNING**

(Adapted from <http://www.pandemicflu.gov/plan/community/commitigation.html>, February 2007)

**Pre-Pandemic Planning: the Pandemic Severity Index**

A Pandemic Severity Index has been designed to enable estimation of the severity of a pandemic. The index uses case fatality ratio as the critical driver for categorizing the severity of a pandemic. The index will allow better forecasting of the impact of a pandemic and enable recommendations to be made on the use of mitigation interventions that are matched to the severity of future influenza pandemics.

**Pandemic Severity Index**



Future pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5). The Pandemic Severity Index provides communities with a tool for scenario-based contingency planning to guide local pre-pandemic preparedness efforts. Accordingly, communities facing the imminent arrival of pandemic disease will be able to use the pandemic severity assessment to define which pandemic mitigation interventions are indicated for implementation.

**Summary of the Community Mitigation Strategy by Pandemic Severity**

Interim DHHS guidance proposes a community mitigation strategy that matches recommendations on planning for use of selected Nonpharmaceutical Interventions (NPIs) to categories of severity of an influenza pandemic. These planning recommendations are made on the basis of an assessment of the possible benefit to be derived from implementation of these measures weighed against the cascading second- and third-order consequences that may arise from their use. Cascading second- and third-order consequences are chains of effects that may arise because of the intervention and may require additional planning and intervention to mitigate. The term generally refers to foreseeable unintended consequences of intervention. For example, dismissal of students from school may lead to the second-order effect of workplace absenteeism for child minding. Subsequent workplace absenteeism and loss of household income could be especially problematic for individuals and families living at or near subsistence levels. Workplace absenteeism could also lead to disruption of the delivery of goods and services essential to the viability of the community.

For Category 4 or Category 5 pandemics, a planning recommendation is made for use of all listed NPIs. In addition, planning for dismissal of students from schools and school-based activities and closure of child-care programs, in combination with means to reduce out-of-school social contacts and community mixing for these children, should encompass up to 12 weeks of intervention in the most severe scenarios. This approach to pre-pandemic planning will provide a baseline of readiness for community response. Recommendations for use of these measures for pandemics of lesser severity may include a subset of these same interventions and potentially for shorter durations, as in the case of social distancing measures for children.

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**Summary of the Community Mitigation Strategy by Pandemic Severity**

Intervention* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b>			
<b>Voluntary Isolation</b> of ill at home (adults and children), combine with use of antiviral treatment as available and indicated	<b>Recommend†§</b>	<b>Recommend†§</b>	<b>Recommend†§</b>
<b>Voluntary quarantine</b> of household members in homes with persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	<b>Generally not recommend</b>	<b>Consider**</b>	<b>Recommend</b>
<b>School</b>			
<b>Child social distancing</b>			
<ul style="list-style-type: none"> <li>dismissal of students from schools and school based activities, and closure of child care programs</li> </ul>	<b>Generally not recommend</b>	<b>Consider: ≤4 weeks††</b>	<b>Recommend: ≤12 weeks§§</b>
<ul style="list-style-type: none"> <li>reduce out-of-school social contacts and community mixing</li> </ul>	<b>Generally not recommend</b>	<b>Consider: ≤4 weeks††</b>	<b>Recommend: ≤12 weeks§§</b>
<b>Workplace/Community</b>			
<b>Adult social distancing</b>			
<ul style="list-style-type: none"> <li>decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)</li> </ul>	<b>Generally not recommend</b>	<b>Consider</b>	<b>Recommend</b>
<ul style="list-style-type: none"> <li>increase distance between persons (e.g., reduce density in public transit, workplace)</li> </ul>	<b>Generally not recommend</b>	<b>Consider</b>	<b>Recommend</b>
<ul style="list-style-type: none"> <li>modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)</li> </ul>	<b>Generally not recommend</b>	<b>Consider</b>	<b>Recommend</b>
<ul style="list-style-type: none"> <li>modify workplace schedules and practices (e.g., telework, staggered shifts)</li> </ul>	<b>Generally not recommend</b>	<b>Consider</b>	<b>Recommend</b>

**Generally Not Recommend** = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations, as the consequences may outweigh the benefits.

**Consider** = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

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**Recommend** = Generally recommended as an important component of the planning strategy.

\* All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

† This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

§ Many sick individuals who are not critically ill may be managed safely at home. The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

\*\* To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

†† Consider short-term implementation of this measure—that is, less than 4 weeks.

§§ Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6 to 8 weeks.

## APPENDIX G. ADDITIONAL REFERENCES (WEBSITES)

Note: Website links listed herein are current as of April 28, 2009

### International Agencies

World Health Organization Influenza Information  
<http://www.who.int/csr/disease/influenza/pandemic/en/>

### Federal Departments and Agencies

Department of Homeland Security  
<http://www.dhs.gov/index.shtm>

Centers for Disease Control (CDC)  
<http://www.cdc.gov>

U.S. Department of Health and Human Services  
One-stop Access to U.S. Government avian and pandemic flu information  
<http://www.pandemicflu.gov/>

Department of Health and Human Services (DHHS)  
<http://www.hhs.gov/>

Agency for Healthcare Research and Quality (AHRQ)  
<http://www.ahrq.gov/>

Federal Emergency Management Agency (FEMA)  
<http://www.fema.gov/>

Food and Drug Administration (FDA)  
<http://www.fda.gov/>

Health Resources and Services Administration (HRSA)  
<http://www.hrsa.gov/>

National Institutes of Health (NIH)  
<http://www.nih.gov/>

NIH, National Institute of Allergy and Infectious Diseases  
<http://www.niaid.nih.gov/>

Department of Defense  
<http://www.defenselink.mil/>

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Occupational Safety and Health Administration (OSHA)  
<http://www.osha.gov>

Department of Veterans Affairs  
<http://www.va.gov/>

U.S. Department of Homeland Security  
Federal Emergency Management Agency  
Pandemic Influenza COOP Annex Template Instructions  
<http://www.fema.gov/government/coop/>

U.S. Office of Personnel Management  
Preparing for Pandemic Influenza: Helpful Information for Federal Employees  
[http://www.opm.gov/pandemic/pandemic\\_guide/index.asp](http://www.opm.gov/pandemic/pandemic_guide/index.asp)

### **Emergency Preparedness**

HHS Office of Public Health Emergency Preparedness (OPHEP)  
<http://www.hhs.gov/ophep/index.html>

HHS Office of the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP)  
<http://hhs.gov/asphep>

CDC Emergency Preparedness and Response  
<http://www.bt.cdc.gov/>

CDC Surveillance Guidance  
<http://www.bt.cdc.gov/episurv/>

Worker Protection: OSHA's Role During Response to Catastrophic Incidents  
[http://www.osha.gov/SLTC/emergencypreparedness/guides/osha\\_role.html](http://www.osha.gov/SLTC/emergencypreparedness/guides/osha_role.html)

OSHA Safety and Health Topics: Emergency Preparedness and Response  
<http://www.osha.gov/SLTC/emergencypreparedness/index.html>

OSHA Best Practices for Hospital-Based First Receivers of Victims  
[http://www.osha.gov/dts/osta/bestpractices/firstreceivers\\_hospital.html](http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html)

Department of Homeland Security: the National Incident Management System (NIMS)  
<http://www.fema.gov/emergency/nims/index.shtm>

### **Influenza and Respiratory Infectious Diseases**

Veterans Affairs Influenza Information  
<http://www.publichealth.va.gov/flu/>



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VA Influenza Toolkit Manual 2005 - 2006

[http://www.publichealth.va.gov/flu/documents/VA\\_Flu\\_Manual.pdf](http://www.publichealth.va.gov/flu/documents/VA_Flu_Manual.pdf)

HHS Pandemic Influenza Response and Preparedness Plan

<http://www.hhs.gov/pandemicflu/plan/>

CDC Influenza Information

<http://www.cdc.gov/flu/index.htm>

CDC Guideline for Environmental Infection Control in Health-Care Facilities, 2003

[http://www.cdc.gov/ncidod/dhqp/gl\\_environinfection.html](http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html)

CDC Hand Hygiene in Health-care Settings

<http://www.cdc.gov/handhygiene/>

CDC Information on Avian Influenza

<http://www.cdc.gov/flu/avian/>

CDC Recommendations for Infection Control – Avian Influenza

<http://www.cdc.gov/flu/avian/professional/infect-control.htm>

CDC Background and testing/lab information – Influenza & SARS

<http://www.cdc.gov/flu/avian/professional/han020302.htm>

HHS Pandemic Influenza Preparedness

<http://www.hhs.gov/nvpo/pandemicplan/>

HHS National Vaccine Program Office

<http://www.hhs.gov/nvpo/>

U.S. Food and Drug Administration (FDA)-Center for Drug Evaluation and Research – Discussion of influenza antiviral drugs and related information

<http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>

Occupational Safety and Health Agency (OSHA) Guidance for Protecting Workers Against Avian Flu

<http://www.osha.gov/dsg/guidance/avian-flu.html>

Veterans Health Administration Hand Hygiene Practices 2005

[http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1214](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214)

VA “Infection: Don’t Pass It On” campaign website - hand and respiratory hygiene, personal protective equipment information; extensive downloadable, printable material

<http://www.publichealth.va.gov/InfectionDontPassItOn>

## APPENDIX H. GLOSSARY OF KEY TERMS

**Absenteeism rate:** Proportion of employed persons absent from work at a given point in time or over a defined period of time.

**Antiviral medications:** Medications presumed to be effective against potential pandemic influenza virus strains and which may prove useful for treatment of influenza-infected persons or for prophylactic treatment of persons exposed to influenza to prevent them from becoming ill. These antiviral medications include the neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®).

**Catastrophic incident:** Any natural or man-made incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. A catastrophic event: could result in sustained national impacts over a prolonged period of time; almost immediately exceeds resources normally available to state, local, tribal, and private sector authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened. All catastrophic events are Incidents of National Significance (see below).

**Community mitigation strategy:** A strategy for the implementation of interventions at the community level designed to slow or limit the transmission of a pandemic virus.

**Illness rate or clinical attack rate:** Proportion of people in a community who develop illness (symptomatic cases ÷ population size).

**Incident of National Significance:** Designation is based on criteria established in Homeland Security Presidential Directive-5 and includes events with actual or potential high-impact that requires a coordinated and effective response by federal, state, local, tribal, nongovernmental, and/or private sector entities in order to save lives, minimize damage, and provide the basis for long-term community recovery and mitigation activities.

**Incubation period:** The interval (in hours, days, or weeks) between the initial, effective exposure to an infectious organism and the first appearance of symptoms of the infection.

**Infection control:** Hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene; cough etiquette; and use of personal protective equipment, such as face masks and respirators, and disinfection).

**Influenza pandemic:** A worldwide epidemic caused by the emergence of a new or novel influenza strain to which humans have little or no immunity and which develops the ability to infect and be transmitted efficiently and between humans for a sustained period of time in the community.

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**Infrastructure:** Systems and assets, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such systems and assets would have a debilitating impact on national security, economy, or public health and/or safety, either alone or in any combination. Specifically, it refers to the critical infrastructure sectors identified in Homeland Security Presidential Directive-7 (HSPD-7).

**Isolation of ill people:** Separation or restriction of movement of persons ill with an infectious disease in order to prevent transmission to others.

**Mitigation:** Activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident.

**National Coordinating Center for Telecommunications:** A joint telecommunications industry-federal governmental operation established to assist in the initiation, coordination, restoration, and reconstitution of NS/EP telecommunications services and facilities.

**National Response Center:** A national communications center for activities related to oil and hazardous substance response actions. The National Response Center, located at the Department of Homeland Security, United States Coast Guard Headquarters in Washington, DC, receives and relays notices of oil and hazardous substances releases to the appropriate federal Office of Special Counsel.

**National Security and Emergency Preparedness (NS/EP): Telecommunications:** NS/EP Telecommunications services are those used to maintain a state of readiness or respond to and manage any event or crisis (local, national, or international) that causes or could cause injury or harm to the population or damage to or loss of property, or could degrade or threaten the NS/EP posture of the United States.

**Nonpharmaceutical intervention (NPI):** Mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza), but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing and infection control measures.

**Pandemic vaccine:** Vaccine for a specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can be developed only once the pandemic strain emerges.

**Personal protective equipment (PPE):** PPE is any type of clothing, equipment, or respiratory protection device (respirators) used to protect workers against hazards they encounter while doing their jobs. PPE can include protection for eyes, face, head, torso, and extremities. Gowns, face shields, gloves, face masks, and respirators are examples of PPE commonly used within health-care facilities. When PPE is used in a workplace setting to protect workers against workplace hazards, its use must be consistent with regulations issued by the Occupational Safety and Health Administration ([www.osha.gov/index.html](http://www.osha.gov/index.html)).

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**Pre-pandemic vaccine:** Vaccine against strains of influenza virus in animals that have caused isolated infections in humans and which may have pandemic potential. This vaccine is prepared prior to the emergence of a pandemic strain and may be a good or poor match (and hence of greater or lesser protection) for the pandemic strain that ultimately emerges.

**Prophylaxis:** Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza, this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

**Quarantine:** A restraint upon the activities or communication (e.g., physical separation or restriction of movement within the community/work setting) of an individual(s) who has been exposed to an infection but is not yet ill. This restraint prevents the spread of disease; quarantine may be applied voluntarily (this is the preferred method) or on a compulsory basis dependent on legal authority.

**Recovery:** The development, coordination, and execution of service-and site-restoration plans for impacted communities and the reconstitution of governmental operations and services through individual, private sector, nongovernmental, and public assistance programs that: identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.

**Second- and third-order effects:** Chains of effects that may arise as a consequence of intervention and which may require additional planning and intervention to mitigate. These terms generally refer to foreseeable unintended consequences of intervention. For example, dismissal of students from school classrooms may lead to workplace absenteeism for child minding. Subsequent workplace closings due to high absenteeism may lead to loss of income for employees, a third-order effect that could be detrimental to families living at or near subsistence levels.

**Social distancing:** Measures to increase the space between people and decrease the frequency of contact among people.

**Telework:** Refers to activity of working away from the usual workplace (often at home) through telecommunication or other remote access means (e.g., computer, telephone, cellular phone, fax machine).

**Viral shedding:** Discharge of virus from an infected person.

**Virulence:** The ability of the pathogen to produce disease; or the factors associated with the pathogen to affect the severity of diseases in the host.

**Voluntary:** Acting or done of one's own free will without legal compulsion (e.g., voluntary household quarantine).

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### APPENDIX I. LIST OF ACRONYMS

<b>CDC</b>	Centers for Disease Control and Prevention	<b>HSPD-5</b>	Homeland Security Presidential Directive-5
<b>CERG</b>	COOP Emergency Relocation Group	<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>CFR</b>	Code of Federal Regulations	<b>NIMS</b>	National Incident Management System
<b>COOP</b>	Continuity of Operations	<b>NPI</b>	Nonpharmaceutical Interventions
<b>CPO</b>	Chief Procurement Officer	<b>NRF</b>	National Response Framework
<b>DHHS</b>	Department of Health and Human Services	<b>OAMS</b>	Office of Administrative and Management Services
<b>DHS</b>	Department of Homeland Security	<b>OCIO</b>	Office of the Chief Information Officer
<b>EAP</b>	Employee Assistant Programs	<b>ODOC</b>	Office of Departmental Operations and Coordination
<b>ERG</b>	Emergency Relocation Group	<b>OEP</b>	Occupant Emergency Plan
<b>ERS</b>	Emergency Relocation Site	<b>OFAR</b>	Office of Field and Administrative Resources
<b>ESF</b>	Emergency Support Functions	<b>OHR</b>	Office of Human Resources
<b>FEB</b>	Federal Executive Board	<b>OPA</b>	Office of Public Affairs
<b>FEMA</b>	Federal Emergency Management Agency	<b>OPM</b>	Office of Personnel Management
<b>FCD</b>	Federal Continuity Directive	<b>OSEP</b>	Office of Security and Emergency Planning
<b>FOD</b>	Field Office Director	<b>OSHA</b>	Occupational Safety and Health Administration
<b>FPM</b>	Office of Field Policy and Management	<b>PMEF</b>	Primary Mission-Essential Functions
<b>FPS</b>	Federal Protective Services	<b>PO</b>	Program Office
<b>GSA</b>	General Services Administration	<b>POC</b>	Point of Contact
<b>HEOC</b>	HUD Emergency Operations Center	<b>POH</b>	Principal Office Head
<b>HHRTS</b>	HUD Integrated Human Resources and Training System	<b>SEC</b>	Secretary
<b>HQ</b>	Headquarters	<b>WHO</b>	World Health Organization
<b>HR</b>	Human Resources		