
The Pandemic Response and Preparedness Plan For the Federal Wildland Fire Agencies

**Providing Guidance to Ensure the Safety
of Federal Wildland Fire Employees Involved in:**

- ❖ **Routine Fire Assignments during a pandemic event**
- ❖ **Emergency response assignments during a human pandemic event or animal outbreak**



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I Introduction – Ensuring Employee Safety

Purpose

This plan provides guidance to ensure the safety of all Department of the Interior (DOI) and U.S. Department of Agriculture (USDA) Forest Service employees involved in:

- ❖ Routine fire assignments during a pandemic event, and
- ❖ Activities for emergency responses to:
 - Avian influenza (AI),
 - Pandemics caused by other infectious disease agents
 - Other non-fire emergencies

This plan provides general guidance applicable to any major infectious disease outbreak or pandemic.

This plan also serves to assist agency administrators/line officers, agency liaisons and incident management teams (IMT) when an infectious disease:

- ❖ Has the potential to be introduced,
- ❖ Is suspected, or
- ❖ Is discovered in a wildland firefighting base camp, local community or workplace—and is thereby considered a threat to the health and safety of response personnel.

Currently Known Risks

This plan should be considered complementary to the Department of Health and Human Services' (HHS) [National Pandemic Plan Supplement 4](#), and any other guidelines, policies, or controls, as determined by other Federal agencies with varying levels of responsibilities. (Such agencies include the Centers for Disease Control and Prevention [CDC]; the Occupational Safety and Health Administration [OSHA]; DOI, USDA, State and local government agencies; and industry.)

Because this plan provides the most current direction from the leading national and world health organizations, as new information or technologies become relevant, these updates will be posted to [National Interagency Fire Center](#)

It is impossible to anticipate every possible future response scenario. This plan is therefore designed to provide basic levels of operating guidelines, safety precautions, and contacts to lead agencies. It is also intended to provide a broad and comprehensive understanding of the challenges and potential action items that could very well await Department of the Interior and U.S. Forest Service employees on future assignments.

*The overall awareness for potential risks to the health and safety of
Federal employees is now heightened.*

It Is Prudent To Be Prepared for Such an Event

An influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat. An IMT—or single resources—may be assigned to an incident that responds to such a scenario.

It is, therefore, prudent to be prepared for such an event.

IMT and other response personnel are increasingly called on to provide various services during all-hazard emergencies, including:

- ❖ Establishing emergency responder base camp operations,
- ❖ Organizing public food distribution, and
- ❖ Providing support to evacuee or patient care shelters.

Because these assignments are likely to include assistance to individuals who are either in poor health or are in various states of degraded hygiene, the overall awareness for potential risks to the health and safety of Federal employees is now heightened.

In addition, all-hazard base camps often provide services for other agency response personnel and contractors working in scenarios that could expose these individuals to various illnesses.

Exposure to these illnesses could then, in turn, be introduced into the base camps.

II Authorities

Stafford Act

Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.), the Federal Emergency Management Agency (FEMA)—under the Department of Homeland Security (DHS)—is authorized to coordinate Federal agencies’ activities in response to a Presidential declaration of a major disaster or emergency.

The Department of Health and Human Services (HHS) serves as the lead agency for health and medical services. The President may also declare an emergency under the National Emergencies Act (50 U.S.C. 1601 et seq.). The U.S. Forest Service and DOI agencies are responsible under the Stafford Act to provide assistance within the capability of each agency.

National Response Framework

Under the National Response Framework (NRF), the DOI agencies and the U.S. Forest Service are also assigned to assist in situations in which where Federal assistance is required. Specific details regarding the potential roles for these agencies’ employees are outlined in the [NRF](#).

Occupational Safety and Health Act

Section 5 (a)(1) of the General Duty Clause of the Occupational Safety and Health Act of 1970 states that *“each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”* Agency administrators/line officers must take the necessary steps to safeguard employee health in the workplace and implement a Continuity of Operations Plan (COOP) in the event of a pandemic.

HHS’ Pandemic Influenza Plan

The [HHS Pandemic Influenza Plan](#) contains more references on authorities and direction for national, State, and local responses. Should access to a computer or the Internet be unavailable, printed copies of the plan and its appendices can be made available to response personnel.

DOI’s Pandemic Influenza Plan

The [DOI Plan](#) has information related to wildland fire and emergency support function groups.

III National Response Framework Assignments

Wildland Fire Resources Will Be Activated

Under the National Response Framework (NRF), the DOI agencies and the U.S. Forest Service can be activated to assist with any national response—including an outbreak of avian influenza or a pandemic.

The NRF's functional approach groups the capabilities of Federal Government departments, agencies, and non-Federal organizations (such as the American Red Cross) into Emergency Support Functions to provide the planning, support, resources, program implementation, and emergency services that are most likely to be needed.

***Responding to support
a pandemic relief action
can be life threatening.***

With the possibility of mobilizing in response to a disease outbreak in animals or a pandemic in humans, people and organizations *not* experienced in health crisis response need to be aware of the actions—and priorities—required to ensure their safety.

Preparing for the various types of tasks that can be expected in such incident responses instills responders with the confidence and knowledge that enables them to safely respond to potentially dangerous assignments.

Under the NRF, the DOI agencies and the U.S. Forest Service are identified as the agencies responsible to assist multiple Federal departments and agencies, including HHS, the General Services Administration (GSA) and the Department of Homeland Security/Federal Emergency Management Administration (DHS/FEMA), within the Emergency Support Functions (ESF) framework. Should the President declare a Major Disaster, wildland fire resources will likely be activated to perform a supporting role. Such an assignment must be within the capability of the agencies' resources and personnel.

Because of the risk of animal to human, or human to human transmission, providing support to the pandemic response can be life threatening. Tasks must, therefore, be specific and carefully described—from the source up to the national level.

(For information on mobilizing resources under the NRF, see Chapter IX of this plan.)

The Risk Assessment Process

Responders to all hazard incidents must follow “The Risk Assessment Process” (see Appendix A) to assure that all possible dangers are mitigated.

A Risk Assessment must also be completed by an Agency Representative for the Federal Emergency Management Agency (FEMA).

Hazardous jobs that cannot be safely executed—nor *all* dangers reasonably mitigated—must not be included in the Mission Assignment (MA). *MAs must be written based on the results of the Risk Assessment.*

It is recommended that a subject matter expert (SME) be used to help with the assessment process.

IV Responding to an Avian Influenza Outbreak in Birds or Other Zoonotic Disease Outbreak in Livestock, Poultry, or Wildlife

Under the National Response Framework (NRF), the USDA’s Animal and Plant Health Inspection Service (APHIS) is responsible for coordinating State, Tribal, local authorities, and the Federal agencies to conduct animal disease control and eradication.

Under the NRF, agency resources are grouped into functions that would most likely be needed during a domestic incident.

Employees involved in activities to control and eradicate any AI virus among poultry in the United States must read, understand, and follow the APHIS Directive.

Monitoring and assisting with the control of wild birds infected with avian influenza is the responsibility of multiple agencies, including the U.S. Fish and Wildlife Service, U.S. Geological Survey, and National Park Service. APHIS and DOI coordinate the Federal Government’s surveillance of wild migratory birds for the presence of AI.

Employees involved in activities to control and eradicate any AI virus among poultry in the United States must read, understand, and follow the APHIS Directive “[Guidance for Protecting Workers Against Highly Pathogenic Avian Influenza.](#)”

It was adapted from the OSHA publications “[Guidance for Protecting Workers Against Avian Flu](#)” and “[Avian Influenza—Protecting Poultry Workers at Risk](#)”.

Avian Influenza: Poses Risks to Humans, Too

Avian influenza, commonly called bird flu, is a contagious disease of animals caused by viruses that normally infect only birds and—less commonly—pigs. While avian influenza viruses are highly species-specific, on rare occasions they have crossed the species barrier to infect humans.

The widespread persistence of AI in poultry populations poses two main risks for human health. First, is the direct infection that can occur when the virus passes from poultry to humans—resulting in very severe disease. Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of cases of severe disease and death in humans. Unlike normal seasonal influenza where infection causes only mild respiratory symptoms in most people, the disease caused by H5N1 follows an unusually aggressive clinical course with rapid deterioration and high numbers of resulting fatalities.

Primary viral pneumonia and multi-organ failure are common. More than half of those infected with the H5N1 virus during the past outbreaks have died. Most cases occurred in previously healthy children and young adults.

The second risk—of even greater concern: if given enough opportunities, the virus may change into a form that is highly infectious for humans—spreading easily from person-to-person. Such an outcome could mark the start of a global outbreak or pandemic.

To ensure that they have the most current information, employees must also review the Centers for Disease Control and Prevention's (CDC) interim guidance documents regarding protection of employees involved in controlling and eradicating avian influenza in poultry in the United States.

These two guidance documents are also available:

- ❖ [*“Interim Recommendations for Persons with Possible Exposure to Avian Influenza During Outbreaks Among Poultry in the United States”*](#).

- ❖ [*“Interim Guidance for Protection of Persons Involved in U. S. Avian Influenza Outbreak Disease Control and Eradication Activities”*](#).

In addition, the DOI [*“Employee Health and Safety Guidance for Avian Influenza Surveillance And Control Activities in Wild Bird Populations”*](#) establishes procedures and provides guidelines for employees involved in avian influenza surveillance and eradication activities. It is a compilation of information from numerous sources within and outside of DOI and ensures a consistent public health approach to protecting employees.

V Responding to a Pandemic in Humans

The Department of Homeland Security (DHS) has the overall responsibility for domestic incident management and its Federal coordination. In the context of response to a pandemic, the Secretary of Homeland Security will coordinate overall non-medical support and response actions, and ensure necessary support to the Secretary of Health and Human Services' coordination of public health and medical emergency response efforts.

Because of the unique nature of a pandemic, responsibility for preparedness and response extends across all levels of government—as well as *all* segments of society. No single entity can prevent or mitigate the impact of a pandemic.

Under the National Response Framework (NRF), the Department of Health and Human Services (HHS) has the primary responsibility for coordinating Federal Government assistance to supplement State, local, and Tribal resources in response to public health and medical care needs regarding potential, or *actual*, large-scale public health and medical emergencies.

The DOI agencies and the U.S. Forest Service are “Support Agencies” to HHS. Thus, they provide the appropriate personnel, equipment, and supplies. This support is primarily for communications, aircraft, and the establishment of base camps for deployed Federal personnel.

[HHS Pandemic Flu Plan](#),
[DOI Pandemic Influenza Plan](#)
[CDC Pandemic Influenza](#)

Characteristics of a Pandemic

A “pandemic” is defined as a global disease outbreak.

A pandemic occurs when a virus emerges—for which there is little or no immunity in humans. It then begins to cause serious illness and spreads easily person-to-person worldwide.

A pandemic may require the activation of the National Response Framework, especially if the first appearance of the disease in the United States occurs in one, or a few, isolated communities and an intense multi-party containment effort led by the Federal Government seems appropriate.

[National Response Framework](#)

[National Incident Management System](#)

VI Evaluating Appropriate Assignments and Risk

Job Hazard Analysis – Identifying Work Practices and Associated Risks

A Job Hazard Analysis (JHA) and Standard Operating Procedures (SOP's) are required for every type of assignment (see Appendices C, D and G). The JHA is used to identify and evaluate work practices and their associated risks, and to provide mitigation direction for those issues.

It is also necessary to perform a Risk Assessment to determine if missions are within the agency or unit's capability. Agency Health and Safety Handbooks should therefore be consulted to assure compliance with specific agency policies. Supervisors and appropriate line managers must ensure that JHA's are reviewed and signed *prior* to any non-routine task, or, at the beginning of fire season.

As [JHA information](#) is completed, it will be posted to the National Interagency Fire Center [website](#).

A completed JHA is required for:

- ❖ Jobs or work practices that have potential hazards.
- ❖ New, non-routine, or hazardous tasks to be performed where potential hazards exist.
- ❖ Jobs requiring the employee to use nonstandard personal protective equipment (PPE).
- ❖ Changes in equipment, work environment, conditions, policies, or materials.

Risk Management Process -- Ensuring Employees are Safe

As defined in Occupational Safety and Health Administration (OSHA) regulations (contained in 29CFR1960.46): *Employees have the right to a safe workplace.*

Throughout the life cycle of an incident, every effort will be made to ensure the safety of those who assist with responding to an avian influenza or pandemic incident. Employees can refuse orders only if the danger imposed meets these three criteria:

- ❖ The threat is imminent,
- ❖ The threat poses a risk of death or serious bodily injury,
- ❖ The threat cannot be abated through normal procedures.

If an employee feels that an assignment meets any of these three criteria for refusal, that person should then follow the guidelines established within this plan or in the NWCG *Incident Response Pocket Guide* (IRPG), NFES #1077.

The Risk Management Process (see Appendix A) identified in the IRPG helps ensure that critical factors and risks associated with fireline operations and all-hazard assignments are considered during decision making.

This Risk Assessment Process has been adapted to function in an avian flu/pandemic incident. It must be applied to all operations or missions *prior* to taking action. This process, along with job hazard analysis and ICS form “215a Incident Risk Analysis Utilization” provides a comprehensive program for hazard and risk identification and mitigation.

However, assignments may include responding to, or *supporting* response to, AI in birds, or zoonotic disease in the livestock industry or wildlife. Or, in the event of a pandemic, assignments may involve working in close proximity to, or even having close contact with, persons who are ill with, or are suspected to be infected with a contagious disease.

Any time a person serving as an individual resource or member of an incident command team believes that working conditions have become unsafe—and these issues cannot be mitigated—he or she has the right and responsibility to refuse that assignment (see Appendix B).

Employee Responsibilities – Necessary Documents to Review

All employees should review the Center for Disease Control’s (CDC) interim guidance documents regarding protection of employees—and their families—from seasonal flu, avian flu, and pandemic flu at these website:

[Flu](#)
[Flu Prevention](#)
[Avian Flu](#)
[Pandemic Flu](#)
[H1N1 Flu](#)

Employees with the potential for responding to an avian influenza incidents should also review the CDC’s interim guidance documents regarding protection of employees involved in controlling and eradicating avian influenza in poultry in the United States:

The [*“Interim Recommendations for Persons with Possible Exposure to Avian Influenza During Outbreaks Among Poultry in the United States”*](#)

The [*“Interim Guidance for Protection of Persons Involved in U. S. Avian Influenza Outbreak Disease Control and Eradication Activities”*](#)

Employees responding to an avian influenza incident should have reviewed these (above) informational documents. They need to understand the relative risks and their rights while on the assignment.

To review key points and risk management measures, each responding Federal employee should also be briefed using the “Avian Influenza/Pandemic Briefing Form” (see Appendix H).

VII Responding to a Pandemic on the Local Level

Decisions That Must Be Made If a Pandemic Hits a Unit's Local Community

Should agency administrators/line officers have their local communities impacted by a pandemic, the following decisions must be addressed:

- ❖ When to implement the unit's Continuation of Operations Plan (COOP);
- ❖ What actions to take to ensure workplace safety; and
- ❖ If, when, and how to become involved in local efforts to assist the local authorities.

If authorities with jurisdiction request assistance, the agency administrator/line officer is responsible for completing a Job Hazard Analysis—with assistance from State and local health professionals—to determine how to mitigate the risks for employees becoming infected by the virus.

Leadership Responsibilities

Agency Administrators/Line Officers:

Should read and ensure that all employees have read Supplement 4 of the [HHS Pandemic Response Plan](#).

Must determine when to implement their unit's COOP to assure the critical mission work of the agency will continue. They will follow the COOP in determining those employees who are "critical" and must report to work or be available by phone. They will enforce the COOP to determine when employees work from home based on local flu outbreak reports.

- Establish work-at-home/telework agreements, plans, and connectivity to assure work can continue under the COOP. They cross-train employees to assure critical jobs are conducted.
- Establish contact with local health departments to stay apprised of the disease progress.
- Establish strict office health procedures and immediately dismiss employees who exhibit any sign of influenza, or those who have infected members within their households. (Administrative Leave and policy issuances are listed in Appendix E.)
- Ensure that all employees are familiar with all information contained in the Employees Education Package (see Appendix F).
- Have all COOP employees and responding employees review the Avian Influenza/Pandemic Briefing Form (see Appendix H).

Training

- Employees must be trained about the nature of the virus and how to safely work within an area of high exposure risk. Employees should be required to review all of the information contained in the Employee Education Package (see Appendix F). Proactive infection control measures such as providing antibacterial soap in the restrooms, cleaning work areas and keyboards with anti-viral disinfectants, and enforcing work-at-home and sick leave policies will all help prevent the spread of disease.
- The agency administrator/line officer should arrange for prevention classes for all employees to help assure a complete understanding of proper prevention techniques and safety measures.
- Any special training for employees engaged in any form of control actions or local assignments shall be completed prior to starting the assignment. This training must be conducted by experts in these respective fields.

Medical

- Certain vaccinations are recommended for all employees and are required for anyone responding to a local incident assignment during an influenza pandemic:
 - Current seasonal flu shot to reduce the chance of secondary infection and to reduce potential of genetic mixing with human influenza strains.
 - Current tetanus booster shot (within 10 years).
- Deployment to an influenza incident does not put the employee at a higher risk for Hepatitis A or B. (Refer to recommendations in All-Hazard Response for other vaccine requirements.)
- The employee exhibiting obvious symptoms such as an infection, fever, coughing should stay home and not be allowed to be a responder on an infectious disease incident..

The employee must be current with all recommended vaccinations and be supplied with all appropriate personal protective equipment—as described by local health officials—to safely perform the duties being requested.

Logistics

- The Job Hazard Analysis (JHA) is used to determine if equipment or Personal Protective Equipment (PPE) is required to safely complete a job or mission. In addition to PPE, medical countermeasures such as antivirals may be recommended for responders in some specific situations.

Operational

- When a local response is requested, the local county's health and safety plan and risk and mitigation processes should be followed.
- A clear mission tasking should be provided that identifies the support mission.
- No operational assistance should be provided to entities outside the agency for local responses without first completing a JHA with the local or State health professionals.
- If the JHA and Risk Assessment indicate that the danger of contamination cannot be reasonably mitigated, personnel from the unit must *not* engage in local control efforts.
- Any employees who are informed of the situation and respond must read the Avian Influenza/Pandemic Briefing form (included in Appendix H). The employee must be current with all recommended vaccinations and be supplied with all appropriate personal protective equipment—as described by local health officials—to safely perform the duties being requested.
- Support should be provided only for those actions in which risks can be reasonably mitigated. If risk cannot be mitigated, the request should be denied.

VIII Pandemic Considerations for Wildland Fire Operations

Reducing Health Risks Through Controls and Practices

The potential health risks associated with infectious diseases—such as the common cold and seasonal flu—within a wildland firefighting or all-hazard assignment base camp has long been acknowledged.

To reduce such health risks, incident management teams (IMT) have adopted universally accepted environmental controls and practices. With the reemergence of diseases such as tuberculosis and mumps, as well as the identification of new diseases such as Severe Acute Respiratory Syndrome (SARS), West Nile Virus, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and avian/pandemic influenzas, it is important to identify protocols and practices that build on current environmental controls. Then, when an outbreak is discovered in a wildland firefighting base camp, these protocols and practices can be implemented.

In addition, we also need to be prepared for a scenario where wildland fire suppression operations occur during a pandemic. While suppression actions and tactics would remain primarily unchanged, a concurrent pandemic could potentially impact the number of available firefighting resources, limit the mobility of contractors and cooperators, and create the need to isolate firefighting resources from the general population.

To a certain extent, this will only elevate existing guidelines that restrict public access into active fire areas and firefighting base camps. Further restrictions can be implemented as needed—based on location, residential density, values-at-risk, and local or national health department guidance. Technical guidelines to assist IMT in ensuring public and firefighter safety can be found in the Pandemic Standard Operating Procedures (SOP) for Incident Base Camps (see Appendix G).

Measures for Limiting the Spread of Disease in Fire Camps

Some general protective measures for limiting the spread of disease within a firefighting or all-hazard assignment base camp:

- Incorporating social “distancing” principles,
- Encouraging increased personal hygiene,
- Disinfecting working and living areas,
- Minimizing contact with the general public,
- Pre- and post-deployment medical screening by local health officials,
- Establish a contact liaison with local health officials,
- Establish an assistant safety officer for influenza.

[For more information](#)

IX Mobilization Under the National Response Framework

Responding to Pandemic and Avian Flu Incidents Will Require Close Attention and Review

National response under the National Response Framework (NRF) encompasses the full mobilization of resources through a Geographic Area Coordination Center (GACC) or the National Interagency Coordination Center (NICC) to wildland fire incidents or all-hazard incidents.

While the nature of wildland fire assignments is well known, the roles and responsibilities required for pandemic and avian flu incidents in evaluating the appropriate response, mission tasking, and

types of resources to assign, will require close attention and review.

Wildland fire response using standard mobilization and operating procedures will continue.

In responding to an incident under the National Response Framework, each level listed below will be actively involved and conscious of the circumstances of the assignment and the assignment's potential.

Organization

National Multi-Agency Coordinating Group (NMAC)

NMAC is responsible for establishing national planning levels and coordinating national resources. NMAC will determine drawdown levels to balance the need to meet NRF requests for IMT and other national resources—as well as requests to fulfill the primary wildland fire mission.

While all-hazard incidents can be as difficult to predict as wildland fires, preplanning will include predictive services, technical experts, and worst-case scenarios to establish drawdown levels with a ready reserve.

If national resource shortages occur, NMAC will coordinate with the GACC's to establish and manage resource requests and create alternative strategies for responding to emergencies. To maximize use of all available resources, States and local governments will be represented in national planning efforts. Wildland fire assignments occurring during a pandemic will not be viewed as routine. They will be viewed as atypical—with deliberate considerations and evaluations of risk, response, and contingency.

All employees involved in all-hazard response will be supported and/or managed by an agency leader, agency liaison, or an IMT.

Agency Administrators/Line Officers

Agency Administrators/Line Officers (park superintendents, forest supervisors, district rangers, refuge managers) should be familiar with the NRF, pandemic/avian influenza guidance documents and the need to support national mobilizations.

They should understand their responsibilities in preparedness activities and monitor the progress of those activities. Line officers may be called upon to provide various levels of support, including agency representation, public information officer, or liaison officer.

Employee health and safety will remain the line officers' responsibility until they are dispatched—and will resume once they return from assignments.

Emergency Support Function #4 (Agency Liaison)

Emergency Support Function #4 (Agency Liaison) will review mission tasking's to determine risks and suitability of mission tasking for response personnel. Either mitigation actions will be developed or the tasking will be returned to FEMA for resolution.

Incident Management Teams

Mission tasking will be reviewed for risks. Either mitigation actions will be developed or the tasking will be returned to the Agency Liaison to FEMA and/or Area Command for resolution.

For pandemic related incidents, the IMT will provide structure and organization for the lead and assisting agencies. Unless a specific tasking has been approved by the Agency Representative with the appropriate risk assessment and mitigation for each task, the IMT will *not* assume duties and roles of other agencies.

Because mission assignments and tasking can vary widely, the technical references in this plan must be applied to each potential situation. Possible mission tasking's may include:

- Provide support for hospital, or temporary medical facilities;
- Establishment of base camp support for deployed response personnel;
- Equipment/ground support, including transportation and refrigeration units;
- Supply and delivery of base camp and medical supplies;
- Communications support;
- Community support, including establishing points of distribution for supplies.

Assignment Guidelines

Pandemics have the potential for exposing response personnel to various hazards.

While it is the Federal wildland agencies' policy to not knowingly accept hazardous assignments, individual situations and emergency events could arise that—to save lives or otherwise mitigate a larger problem—might require immediate response.

As a guideline, response personnel will follow the standards set forth in the Interagency Standards for Fire and Fire Aviation Operations Guide, NFES #2724, Section 10-10: Hazardous Material and Emergency Medical Response (see Appendix N).

In addition, some non-traditional assignments will require particular attention to the health and safety of response personnel. These should be identified as high risk assignments.

These and Similar Assignments Should *NOT* Be Accepted By Wildland Firefighters

- ❖ Provide direct patient care and movement.
- ❖ Handle or clean-up human waste.
- ❖ Move or handle deceased humans.
- ❖ Handle, bag, or dispose of biohazard-medical waste.
- ❖ Provide decontamination outside of routine base camp related functions.
- ❖ Provide hazardous material services outside of agency policy.

X Response Personnel Preparation

Briefing Form

The purpose of the “Briefing Form” (see Appendix H) is to assure that individuals are informed of all risks and hazards associated with an assignment in responding to the avian influenza or pandemic scenario or a wildfire incident during a pandemic. All response personnel must be informed of the operational requirement of the assignment.

This form will assist in providing an overview of the plan to assure that personnel are informed—or reminded—of the risks and pertinent information regarding these types of assignments.

New information is still developing. As information or agency direction becomes more refined, response personnel will receive that information in separate communications.

Medical Screening Form

The “Medical Screening Form” (see Appendix I) is used for pre-deployment and post deployment screenings to assure symptomatic employees are not deployed to an incident.

Vaccinations and antiviral medications

All response personnel are required to have certain vaccinations prior to mobilization. These vaccinations are identified in the “Medical Consideration” section of this plan. In addition, antiviral medications may be issued for high risk, potential exposure situations.

Risk Assessment

The Job Hazard Analysis (JHA) is used to manage risk and hazards. The Risk Assessment (see Appendix A) evaluates the hazards associated with any assignment.

All pandemic assignments must use the Risk Assessment Process and may employ the standard ICS-215a.

Safety Officers should become familiar with this form as well as with information resources and contacts, and agency policy regarding the kinds of mission assignments and tasking that are acceptable for employees.

Direct contact with infected birds or with symptomatic patients is outside of the normal scope of wildland fire response.

Personal Protective Equipment

Personal Protective Equipment (PPE) has been identified for various types of assignments. The types of equipment and situational requirements for particular PPE are included in each Standard Operating Procedure (SOP) (see Appendix G).

This information should be further refined for specific work assignments through the JHA and the response policies applicable to the lead agencies. Whenever there is a discrepancy, response personnel will defer to the more protective requirement.

Risk Management

Employees have the right to a safe workplace—as defined in Occupational Safety and Health Administration (OSHA) regulations (contained in 29CFR1960.46).

Every effort will be made throughout the life cycle of an incident to ensure the safety of those who assist with a pandemic incident or a wildfire incident during a pandemic.

Employees may refuse orders only if the imposed danger meets all of these three criteria:

- The threat is imminent,
- The threat poses a risk of death or serious bodily injury,
- The threat cannot be abated through normal procedures.

If an employee believes an assignment meets all three of these criteria (above) for refusal, he or she should follow the guidelines established within this plan, or in the *Incident Response Pocket Guide*.

Direct contact with infected birds or with symptomatic patients is outside of the normal scope of wildland fire response and should not be part of the mission assignment.

If a Mission Is Unsafe

Determination that a mission, task, or assignment is unsafe for an individual or IMT to complete must be based on some level of risk analysis of the proposed job—and a determination of what risk cannot be mitigated.

The “Risk Management Process” adapted from the 2006 IRPG, NFES #1077 (page 1) (see Appendix A) outlines a step-by-step analytical process for identifying risks and hazards, mitigating or controlling these risks and hazards, and a step-by-step decision point process for a final go or no-go determination.

This process provides the documentation for the next step in refusing the assignment, which is in “*Mission Turn Down, How to Properly Refuse Risk*” adapted from the 2006 IRPG (page 20) (see Appendix B):

“Every individual has the right to a safe workplace. When an individual or IMT feels an assignment is unsafe they have the obligation to identify, to the degree possible, safe alternatives for completing that assignment. Turning down an assignment is one possible outcome of managing risk through the risk management process.”

Critical Incident Stress Management

Due to the intense and overwhelming conditions associated with disaster-related work, employees might experience traumatic stress that can significantly impact emotional and physical well-being.

There are two forms of traumatic stress:

“Single Incident Stress”

This is an event—such as traumatic injury or death—that can cause unusually strong emotional reactions. The impact could interfere with the person’s ability to work safely or function normally.

“Cumulative Stress”

This can occur from long-term exposure to disaster-related work.

Critical Incident Stress Management (CISM) (see Appendix J) or counseling support will be available to incident employees, coordinated through the incident management organization. For more information, see *Incident Management Team Critical Incident Stress Management Information* and *The Emotional Toll of Disaster Relief for Rescue and Support Staff* (see Appendix J).

XI Medical Considerations

Medical requirements and guidelines outlined in this plan are for both pre-mobilization and specific types of incident.

Vaccinations

All response personnel should receive the annual seasonal influenza vaccination. While this vaccine will not protect individuals against avian or pandemic influenzas, both the World Health Organization and the Centers for Disease Control and Prevention (CDC) recommend that individuals receive the annual seasonal influenza vaccine. This is one of several measures for reducing opportunities for the simultaneous infection of humans with avian and human influenza viruses. Reducing the chance for dual infections reduces opportunities for re-assortment and the eventual emergence of a new strain of influenza virus with pandemic potential.

According to the CDC, the U.S. Government can expand domestic influenza vaccine production capacity to be able to produce pandemic influenza vaccines for the entire population within six months of a pandemic declaration. However, at the beginning of a pandemic, the scarcity of pre-pandemic and pandemic influenza vaccine will require that the limited supply be allocated or prioritized for distribution and administration.

Tetanus Vaccination

A tetanus vaccination is also required for response personnel. Tetanus is caused by a bacterium, *Clostridium tetani*, found worldwide in soil, dust, and the feces of animals and humans. The likelihood of tetanus is greatest following deep, dirty puncture wounds where there is little bleeding and an absence of oxygen. Tetanus can also occur from burns, scratches, and slivers.

Anti-Viral Medication

Response personnel, including IMT members, will not currently be given antiviral medications unless they are performing tasks that put them at an increased risk, or tasks determined by the CDC to require antiviral medication. If such a task arises, medications would be administered under the guidance of the lead agency, consistent with recommendations of the CDC. In an assignment that includes assisting with poultry eradication operations, response personnel would be working under the USDA APHIS and Food Safety and Inspection Service's (FSIS) safety and health policies for those missions.

The decision regarding the necessity for antiviral during National Response Framework assignments or tasking would be deferred to the Department of Health and Human Services (HHS). In general, the CDC states that "direct contact" with infected poultry or pandemic flu patients could necessitate the use of antiviral as a preventative measure.

For more information about the use of antiviral drugs for influenza see [*Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)*](#). MMWR 2003; 52(RR08): 1-36.

[HHS Pandemic Influenza Plan Supplement 7, Antiviral Drug Distribution and Use.](#)

Hygiene and Personal Protective Equipment

Emergency responders, IMT members, and cooperators will observe the standard hygiene protocols identified by the [CDC](#) (see Appendix F). Further guidance for specific assignments is available in the Standard Operating Procedure sections of this document, or as provided by the agency in charge (see Appendix G).

Health Screening and Monitoring

The best way to identify an illness is self-diagnosis. Employees must therefore be familiar with signs and symptoms of infection, and conduct a self-diagnosis. In an effort to minimize the chance of deploying a sick person, a screening questionnaire must be completed by the employee prior to deployment. This questionnaire also provides educational information on reducing risk of infection. Similarly, the post-deployment screening form will help ensure that individuals possibly infected during the deployment do not take their illness to an area where the pandemic is not currently impacting as hard. The form states:

“(1) People that screen positive prior to assignment will not be mobilized; (2) People that screen positive after the return to home will be treated by the local medical facility; (3) Local health departments will determine the guidance for how individuals screening positive during an assignment will be managed.”

This form may also serve as documentation of an exposure incident (see Appendix I). (Additional Exposure Forms are listed in Appendix L.) Incident Management Teams should consider using “an incident within an incident” plan for outbreaks in camps. They should also reference the SOPs and follow procedures for illness in camp.

Logistics

Logistics focuses on what is needed, where to procure it, when to get it, how to use it and who is responsible for it. Equipment, supplies, and contractors for needed support should be identified early in the mobilization.

Analysis should determine what support will be needed to accomplish the assignments under a mission tasking. The “Base Camp Plan” contains items to consider during this analysis (see Appendix G).

Other considerations include location and access to national and area contractors and what contracts currently exist, and what are needed for the specific assignment. Some assignments may require “Push Packs” (predetermined and packaged supply components) as part of the necessary PPE (see Appendix K).

Operational

The operational component of the Standard Operating Procedures (SOPs) focuses on both general and specific information and procedures used at all wildland firefighting base camps (see Appendix G). Incident-specific procedures are for situations in which a base camp is servicing response personnel assigned to duties involving HPAI, or other strains of influenza, or any other communicable disease outbreak occurring either externally or internally to the camp and unique or more comprehensive measures are required.

The National Park Service’s [HPAI in Wildlife Response Plan](#) (April 28, 2006) is an excellent resource for responding personnel.

General Base Camp Hygiene Standard Operating Procedures

General Base Camp Hygiene SOPs are for response personnel health and camp cleanliness. These guidelines are general recommendations and procedures that will usually be employed at all incident base camps.

Information on the hygiene [SOPs](#).

Avian Influenza Standard Operating Procedures

Avian Influenza (HPAI) SOPs are for response personnel’s health and base camp cleanliness in the event that the personnel are providing services either adjacent to, or away from, the base camp. These procedures are more stringent than the General Hygiene Plan and will be developed by the APHIS officials and the lead agency at the site to address specific mission tasking and issues in the assignment.

The primary objective is the health and safety of all response personnel and the public.

Primary components of the SOP are outlined in Appendix G as well as the CDC-NIOSH/USDA/FDA/OSHA publication *Occupational Health Guidance Related to Avian Influenza Matrix*.

Pandemic Influenza or Other Infectious Disease Standard Operating Procedures

Pandemic Influenza or other infectious disease SOPs are for response personnel's health and base camp cleanliness when personnel are providing health care or other public contact services at sites located either adjacent to, or away from, the base camp.

As with the (previously mentioned) HPAI SOPs, these procedures will be more stringent than the General Hygiene SOPs and will be developed by an IMT or the lead agency at the site for specific tasking and issues in the assignment.

The primary objective remains the health and safety of all response personnel and the public. Added precautions are described in the CDC [publication *Interim Recommendations for Infection Control in Healthcare Facilities Caring for Patients with Known or Suspected Avian Influenza*](#) (January 23, 2014).

Managers must be flexible and react to the new information as it becomes available. It is important to be consistent with current recommendations from public health experts such as the Centers for Disease Control and Prevention throughout the response.

XII Appendices

Appendix A: Risk Assessment (pdf)

Appendix B: Mission Turn Down – How to Properly Refuse Risk (doc)

Appendix C: Job Hazard Analysis (doc)

Appendix D: Job Hazard Analysis Guidelines (doc)

Appendix E: Administrative/Pay Information (doc)

Appendix F: Employee Education Package

Appendix G: Standard Operating Procedures

- Wildland/All Hazard Fire Basecamp and Hygiene (doc)
- Pandemic Influenza Incident Base (doc)
- Avian Influenza Incident Base (doc)

Appendix H: Briefing Form (doc)

Appendix I: Health Screening Form (mobilization and demobilization) (pdf)

Appendix J: Critical Incident Stress Materials

- Critical Incident Stress (pdf)
- Emotional Stress in Disaster Workers (pdf)

Appendix K: Push Packs and List of Suppliers (doc)

Appendix L: Exposure Forms (Need Forms CA1, CA2, FS, DOI or Similar-Exposure to Chemical or Biological Hazards)

[FS 6700-7:](#) Job Hazard Analysis Form 98 (rtf)

[FS 6700-8:](#) Report of Incident to Other Than Employees (rtf)

[FS 6700-9:](#) Blood borne Pathogen Program Exposure Determination (rtf)

[R5 6700-9:](#) Occupational Exposure (rtf)

[FS 6700-11:](#) Blood borne Pathogen Exposure Control Plan Schedule (rtf)

[FS 6700-12abc:](#) Blood borne Pathogen Exposure Incident Report (rtf)

[FS 6700-13:](#) Blood borne Pathogen Program Housekeeping Schedule and Methods of Decontamination (rtf)

[FS 6700-15:](#) Blood borne Pathogen Program Post Exposure Evaluation (rtf)

Appendix M: Addresses of National Contacts (excerpt from NPS Wildlife Response Plan) (pdf)

Appendix N: [Interagency Standards for Fire and Fire Aviation Operations](#)

NFES#2724. (Reference Chapter 07, pg. 180, January 2020 edition).

Appendix Q: [Haz-Mat Incident Operations: Incident Response Pocket](#)

[Guide](#), NFES#1077. (Reference All Risk Section, Pages 36-37, April 2020 edition).

Appendix A

Risk Assessment Process *Adapted from 2006 IRPG page 1*

1. Situational Awareness

- Gather Information
 - Objectives of your task (field verified)
 - Outline specific steps involved in the tasks.
 - Who is in charge, with clear lines of communication?
 - Has your team or another IMT preformed this task before successfully?
 - External factors considered.
 - Have you clearly communicated tasks that the team will not accept?

2. Hazard Assessment

- Potential for exposure to infectious contaminants.
- Safety and health risks for each step of the job to be performed.
 - What is the potential for accident/illness and the severity of those potential outcomes?
 - Do you have adequate training/knowledge to estimate potential exposure risk?
 - Do you have all potentially required PPE available?
 - Do you have available security resources immediately available?
 - Are you anticipating “mission creep” and planning for its potential impacts.
 - Does work involve tasks that are listed as "prohibited tasks".

3. Hazard Control

- Are you reasonably certain you have identified all hazards?
- Do you have HHS, CDC, NIOSH, APHIS, and Worker Protection Guidelines in place for the appropriate task?
- Do your team members have the ability/training/confidence to put in place and implement all required worker protection guidelines?
- Do you have all potentially required PPE available?
- Do you have available security resources immediately available?
- Do you have work practice or engineering controls that will reduce the risk?

4. Decision Point

- Are all controls in place and functioning for identified hazardous situations?
 - No – Reassess task; Yes – Next question
- Are all Protection Guidelines implemented appropriate for assigned task?
 - No – Reassess task; Yes – Next question
- Have clear understandable instructions been given to all team members
 - No – Reassess task; Yes – Initiate the task

5. Evaluate and Monitor

- Human Factors
 - Level of experience performing task -- Low Moderate High
 - Are additional jobs being assigned , distractions from primary tasks
 - Fear and stress affecting work performance
 - Attitude with disregard for safety precautions
 - Is the situation changing, identify benchmark that initiate a re-assessment.

APPENDIX B

Mission Turn Down

How to Properly Refuse Risk

Adapted from 2006 IRPG page 20

Employees have the right to a safe workplace, as defined in Occupational Safety and Health Administration (OSHA) regulations, contained in 29CFR1960.46. Every effort will be made, throughout the life cycle of an incident, to ensure the safety of those who assist with an Avian Influenza or a pandemic incident. Employees can disobey orders only if the danger imposed meets three criteria: a) The threat is imminent; b) The threat poses a risk of death or serious bodily injury; c) The threat cannot be abated through normal procedures. If you feel the assignment meets the three criteria for refusal, then follow the guidelines established within this plan or in the *Incident Response Pocket Guide*.

When an individual or Incident Management Team (IMT) feels an assignment is unsafe they have the obligation to identify, to the degree possible, safe alternatives for completing that assignment. Turning down an assignment is one possible outcome of managing risk through the risk assessment process.

A “turn down” is a situation where an individual or IMT has determined they can not undertake an assignment as given and are unable to mitigate the identified hazards. The turn down must be based on assessment of the risks and the ability of the person or IMT to control that risk.

Individuals or IMTs may turn down an assignment as unsafe when:

1. There is a violation of safe work practices.
2. Environmental conditions make the work unsafe.
3. They lack the necessary qualifications or experience.
4. Lack of appropriate or defective Personal Protective Equipment (PPE), or lack of training to use PPE.
5. Missions falls under actions prohibited for IMTs

IMTs will directly inform their Agency Representative that they are turning down the assignment as given. Directly reference CDC, HHS, APHIS, NIOSH, directions/precautions that cannot be met, or that team members do not have the training to implement. Document other external or internal conditions that directly affect the team’s ability to safely accomplish the assigned mission, security concerns, mental fitness, and others.

If the Agency Representative asks another IMT to perform the mission, they are responsible to inform them of the previous turn down, and the reasons of the turn down. These actions do not stop a mission from being carried out. This protocol is integral to the effective management of risk as it provides timely identification of hazards to the chain of command, raises risk awareness for both leaders and subordinates, and promotes accountability.

APPENDIX C

https://usdagcc.sharepoint.com/:w:/r/sites/fs-r02-gmugs/_layouts/15/Doc.aspx?sourcedoc=%7B60D434C7-D7A3-4E90-95DA-20646DA42AB8%7D&file=blank%20JHA.docx&action=default&mobileredirect=true

FS-6700-7 (11/99)

U.S. Department of Agriculture Forest Service	1. WORK PROJECT/ACTIVITY	2. LOCATION	3. UNIT
JOB HAZARD ANALYSIS (JHA) References-FSH 6709.11 and -12 (Instructions on Reverse)	4. NAME OF ANALYST	5. JOB TITLE	6. DATE PREPARED
7. TASKS/PROCEDURES	8. HAZARDS	9. ABATEMENT ACTIONS Engineering Controls * Substitution * Administrative Controls * PPE	
10. LINE OFFICER SIGNATURE		11. TITLE	12. DATE

JHA Instructions (References-FSH 6709.11 and .12)

The JHA shall identify the location of the work project or activity, the name of employee(s) involved in the process, the date(s) of acknowledgment, and the name of the appropriate line officer approving the JHA. The line officer acknowledges that employees have read and understand the contents, have received the required training, and are qualified to perform the work project or activity.

Blocks 1, 2, 3, 4, 5, and 6: Self-explanatory.

Block 7: Identify all tasks and procedures associated with the work project or activity that have potential to cause injury or illness to personnel and damage to property or material. Include emergency evacuation procedures (EEP).

Block 8: Identify all known or suspect hazards associated with each respective task/procedure listed in block 7. For example:

- a. Research past accidents/incidents.
- b. Research the Health and Safety Code, FSH 6709.11 or other appropriate literature.
- c. Discuss the work project/activity with participants.
- d. Observe the work project/activity.
- e. A combination of the above.

Block 9: Identify appropriate actions to reduce or eliminate the hazards identified in block 8. Abatement measures listed below are in the order of the preferred abatement method:

- a. **Engineering Controls** (the most desirable method of abatement). For example, ergonomically designed tools, equipment, and furniture.
- b. **Substitution.** For example, switching to high flash point, non-toxic solvents.
- c. **Administrative Controls.** For example, limiting exposure by reducing the work schedule; establishing appropriate procedures and practices.
- d. **PPE** (least desirable method of abatement). For example, using hearing protection when working with or close to portable machines (chain saws, rock drills, and portable water pumps).
- e. A combination of the above.

Block 10: The JHA must be reviewed and approved by a line officer. Attach a copy of the JHA as justification for purchase orders when procuring PPE.

Blocks 11 and 12: Self-explanatory.

Emergency Evacuation Instructions (Reference FSH 6709.11)

Work supervisors and crew members are responsible for developing and discussing field emergency evacuation procedures (EEP) and alternatives in the event a person(s) becomes seriously ill or injured at the worksite.

Be prepared to provide the following information:

- a. Nature of the accident or injury (avoid using victim's name).
- b. Type of assistance needed, if any (ground, air, or water evacuation).
- c. Location of accident or injury, best access route into the worksite (road name/number), identifiable ground/air landmarks.
- d. Radio frequencies.
- e. Contact person.
- f. Local hazards to ground vehicles or aviation.
- g. Weather conditions (wind speed & direction, visibility, temperature).
- h. Topography.
- i. Number of individuals to be transported.
- j. Estimated weight of individuals for air/water evacuation.

The items listed above serve only as guidelines for the development of emergency evacuation procedures.

JHA and Emergency Evacuation Procedures Acknowledgment

We, the undersigned work leader and crew members, acknowledge participation in the development of this JHA (as applicable) and accompanying emergency evacuation procedures. We have thoroughly discussed and understand the provisions of each of these documents:

SIGNATURE DATE

SIGNATURE DATE

APPENDIX D

Job Hazard Analysis Guide

[JHA Guidelines](#)

APPENDIX E

Influenza Readiness and Response Task Group
Administrative/Pay Issues
Updated April 2009

- Overtime

Non-exempt employees: Overtime rate of 1 ½ the basic rate of pay is paid for all work over 8 hours per day or 40 hours per week regardless of the work the employee is performing.

Exempt employees: Overtime pay for employees who are not covered by the Fair Labor Standards Act (FLSA-exempt) generally is earned for hours of work in excess of 8 hours per day or 40 hours per week. For employees with pay rates equal to or less than the pay rate of a GS-10 step 1 full time and ½ is received for overtime worked. For employees with rates of basic pay greater than the rate for GS-10, step 1, the overtime hourly rate is the **greater** of:

- the hourly rate of basic pay for GS-10, step 1 multiplied by 1.5, or
- the employee's hourly rate of basic pay.

Exempt employees assigned to non-exempt positions: Exempt employees who are assigned to non-fire emergency incidents and perform nonexempt work for more than 20% of their work hours in any weekly tour of duty are entitled to be paid under the Fair Labor Standards Act, 5 CFR 551.208 (d). (i.e. receive overtime at a rate of 1 ½ times their basic rate of pay). List of position that are considered non-exempt are in the Interagency Incident Business Management Handbook Chapter 10 Section 11-13.5 as updated in May 2009.

Additional information on overtime pay for [FLSA-exempt employees](#).

Additional information on overtime pay for [FLSA-covered employees](#).

- Premium Pay Limitations (Pay caps)

GS and other covered employees may receive certain types of premium pay for a bi-weekly pay period only to the extent that the sum of basic pay and premium pay payable for the pay period does not exceed the **greater** of the **biweekly** rate for:

1. GS-15, step 10 (including any applicable locality payment or special rate supplement), or
2. Level V of the Executive schedule

Agencies have authority to make an exception to the biweekly premium pay limitation. When the head of an agency or his/her designee determines that an emergency posing a direct threat to life or property exists, an employee who is receiving premium pay for performing overtime work in connection with the emergency will be subject to an annual pay limitation rather than the biweekly pay limitation. Employees paid under an annual limitation receive premium pay only to the extent that the aggregate of basic pay and premium pay payable for the calendar year does not exceed the **greater** of the **annual** rate in effect at the end of the calendar year for:

1. GS-15, step 10 (including any applicable locality payment or special rate supplement), or
2. Level V of the Executive schedule

[Additional guidance on the premium pay cap.](#)

- Hazardous Duty Pay/Environmental Differential Pay

Hazardous duty and environmental differential pay may be paid only to employees who are assigned hazardous duties involving physical hardship for which a differential is authorized. Hazard pay differentials for GS employees are listed in 5 CFR 550.901-550.907. Environmental differentials for prevailing rate employees are listed in 5 CFR 532.511.

*Unless other hazardous conditions exist, the only duty that might qualify in the event of a pandemic response would be in the category of Exposure to Hazardous Agents; work with or in close proximity to virulent biologicals. (Materials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection). **The agency will have to determine if this particular hazard exists based upon the specific assignment(s) anticipated (i.e. patient care vs. planning).***

[Additional guidance on hazardous duty pay.](#)

- Quarantine Status Pay

In the event an employee is put into an officially ordered quarantine status, and unable to work, they would need to use sick-leave, whether in Temporary Duty status or at their official duty station. There is no authority to compensate employees for “standby duty” if they are restricted to a quarantine location.

If an employee is put into officially ordered quarantine, and can still perform their job, they would be compensated for hours worked (see below for information regarding compensable off-duty time).

- **Workers’ Compensation Benefits available through** the Federal Employee’s Compensation Act (FECA)

The FECA does not provide for payment of expenses associated with simple exposure to an infectious disease without the occurrence of a work-related injury. *If there is an actual injury, associated with the exposure, a CA-1 form would be appropriate to deal with the injury. Form CA-2 would be the appropriate form for any Occupational Disease (illness) associated with the exposure. However, it is recommended that the employee not submit this form until they are diagnosed with an illness or the employee risks the denial of the claim and loss on appeal because there is not a definable illness at that time. Timeliness for filing the claim is based on the date of the diagnosis rather than the exposure.*

Similarly, fear of exposure to an infectious agent does not entitle the worker to benefits under the FECA, since no definable injury has occurred. For instance, the act of searching an individual known to have hepatitis, or an individual who is believed to belong to a high-risk group for tuberculosis, would not entitle an employee to benefits. In these situations, the Form CA-16 should not be issued as no injury or exposure has occurred. However, employees who have encountered persons with serious communicable infections may suffer anxiety for their health, and employing agencies should

take these concerns seriously when actual exposure (as opposed to fear of exposure) has occurred. In such cases, the supervisor (**meaning agency**) may use the authority provided by 5 U.S.C. 7901 to authorize testing or counseling. This section of the law allows agencies to provide screening and associated health services to their own employees, and the services offered may be geared to the particular occupational hazards to which an agency's employees are commonly exposed. ***This authority, 5 U.S.C. 7901, is not a part of FECA or the Workers' Compensation benefits program.***

Additional guidance on [FECA](#). Click on: [Injury Compensation for Federal Employees \(Publication CA-810\)](#) **and refer to Chapter 2-1.**

- Overtime Pay for Standby Duty

In emergency situations, employees may be restricted to their agency's premises (or other duty location) for periods extending beyond their normal tour of duty. Employees who are required to remain in a state of readiness to perform work during this extended period may be entitled to overtime pay for standby duty.

The rules for standby duty are found in 5 CFR 550.112(k) for FLSA-exempt employees and in 5 CFR 551.431 for FLSA-nonexempt employees. The key issue in determining whether an employee is entitled to overtime pay for standby duty is the nature of the restrictions placed on the employee. An employee is in standby duty status if, for work related reasons:

1. the employee is restricted to an agency's premises, or so close thereto that the employee's time may not be used effectively for his or her own purposes, **and**
2. The employee is required to remain in a state of readiness to perform work.

If an employee is relieved from duty with minimal restrictions on personal activities, although limited in where he or she may go, the employee may be placed off duty. If an employee is off-duty the off-duty hours are not compensable. Periods of time during which an employee is required to remain at a work location are not considered compensable hours of work if the employee is detained for reasons that are not under the control of the agency or are not related to work requirements.

- Funding

For Presidentially declared disasters under the National Response Framework one "F" job code will be established for each Mission Assignment to the Forest Service. The Forest Service uses funds in the Emergency Operations Account (WFSU) to pay for these activities. Employee time will be charged to an "F" job code. No cost should be borne by an employee's regular project work account. Travel and per diem should also be charged to the "F" job code.

For Secretarially declared incidents, a reimbursable account would be established and all personnel time, travel and per diem would be charged to the corresponding job code.

- Evacuations

Executive agencies may authorize advance payments, evacuation payments, and payments for travel and subsistence expenses to employees who are ordered to evacuate from an area because of imminent danger to their lives as the result of emergency situations. A summary of the various

benefit options is available in the form of OPM's [Handbook on Pay and Leave Benefits for Federal Employees Affected by Severe Weather Emergencies or Other Emergency Situations](#).

Information compiled 2006 by Emmy Ibison, Assistant National Coordinator, Incident Administration; Updated May, 2009 by Mary Ann Szymoniak, National Incident Business Coordinator.

Reviewed by:

Vivian Vair, HR Specialist (Classification) 2006

WO-HRM-Classification, Pay, & Organization Mgt. Branch

Doug Shjeflo, National Workers' Compensation Program Manager 2006; updated April, 2009 Sherry Rose, Human Resource Specialist, OWCP

APPENDIX F

EMPLOYEE EDUCATION PACKAGE

Educating and gaining support of the employees to be a part of the solution will be a key to success. To be successful managers and supervisors shall;

1. Ensure all employees receive and understand information regarding influenza and helping to stop the spread of the disease,
2. Ensure all employees receive and understand information regarding the Forest Service role, or potential role, in dealing with an outbreak,
3. Ensure all employees understand what will be expected of them at work in the event of an outbreak and what they can do at home to be prepared.

Discussion Points

- [Awareness: what is avian influenza?](#)
- [How does seasonal flu differ from pandemic flu?](#)
- Prevention: avoiding spread of colds and flu—workplace hygiene and health practices
 - [Cover your cough poster](#)
 - [Healthy habits, and Germ Stopper posters](#)
 - Vaccination
 - [CDC Prevention Benefits](#)
 - [Flu Vaccines at Work](#)
 - [Flu Resource Center](#)
- Preparedness: what to do if your work group experiences high absentee rate, or high rate of infections.
 - [Day care concerns and contingency plans](#); (input from CDC)
 - ['Emergency Work at Home' policy, procedures and equipment](#);
 - Preparedness at home (2 weeks supplies of water, food, medicine, communication for family and pets.)

❖ Make sure that your Supervisor answers these questions for your office and staff!!!!!!!!!!

- What to do if COOP is triggered
 - Who in workgroup is in COOP position?
- What to do if you are called on to assist with response through FS Incident Management System.

Messages:

- Preventing or reducing the spread of colds and flu
- What to do if you become ill.
- How to prepare if you are called on to help.
- How to prepare at work in event of outbreak.
- How to prepare at home in event of outbreak.

APPENDIX G

Avian Influenza Standard Operating Procedures for an Incident Base Camp

Purpose: Guidelines for maintaining health and safety of emergency personnel working out of an incident base camp in support of an Avian Influenza control and eradication response. In addition to General Base Camp SOP's, the following guidelines will be implemented. These SOP's should be reviewed by the lead response agency as well as any other public health agencies participating in the response. Changes and/or additions to meet any agencies policies or guidelines must be reviewed in concert with CDC and OSHA requirements. These SOP will be used in conjunction with the [CDC-NIOSH/USDA/FDA/OSHA Occupational Health Guidance Related to Avian Influenza](#) (draft).

Purpose of Action	Specific actions	Responsibility
<p>1. Camp Security – A base camp must maintain its health integrity. A barrier system should be put in place to provide for the prevention of accidental contamination from activities associated with the control and eradication activities.</p>	<p>a. Identification system – a personnel identification system such as photo I.D. specific to the base camp should be provided to all workers using the camp. Guest and delivery personnel should be provided guest or temporary dated passes in order to prevent abuse of the system.</p> <p>b. Access controls – one or more access points should be established which regulates the flow of personnel and supplies into the base camp. These access points should be staffed by law enforcement that are qualified and authorized to perform this function.</p> <p>c. Barrier system – a deliberate barrier system should be considered about the perimeter of the base camp to prevent the accidental movement of contaminated personnel or supplies into the base camp. Suggestions include fencing, patrols, or signing.</p>	<p>Logistics – is responsible for coordinating and managing these systems. This may require working with other agencies to either integrate or complement their systems and needs.</p> <p>Security – a security manger assigned to the logistics section is appropriate but may not be practical if the lead agency requires this control</p>
<p>2. Decontamination – Disease can be passed from person to person through objects, equipment, and work areas. Disinfecting and cleaning is a practical step in breaking the transmission link. Appropriate steps should be instituted to not only disinfect but to prevent the disinfecting crew from being infected.</p>	<p>a. PPE - Disposable PPE should be properly discarded, and non-disposable PPE should be cleaned and disinfected as specified in state government, industry, or USDA outbreak-response guidelines. Hand hygiene measures should be performed after removal of PPE. All disposed of PPE should be bagged in clearly identified bio-hazard bags and disposed of in the appropriate manor.</p> <p>b. Personnel decontamination – will be established dependent on guidelines set forth by lead agency. In the absence of a lead agency decontamination of personnel will follow protocols identified by local PHS, CDC, or other recognized agencies.</p> <p>c. Contaminated clothing – see #3 Laundry Section.</p> <p>d. Equipment – radios, vehicles, and other office equipment. Wipe down all equipment with anti-bacterial wipes and allowed to dry in preferably an open</p>	<p>Logistics – will identify decontamination standards and procedures based on best work practices.</p> <p>Safety – will monitor and evaluate processes and provide oversight.</p> <p>Operations – may supervise workers providing decontamination procedures or may</p>

	area. Personnel wiping down equipment should wear appropriate PPE including dust mask and latex gloves.	require decontamination.
<p>3. Laundry Services – Laundry services are usually provided by on site contractors. Appropriate care should be taken to monitor procedures used by the contractor in both handling and laundering. Procedures should also be developed to handle clothing that is termed contaminated and if other sources for handling those garments should be used or contracted for</p>	<p>A. <u>Contaminated clothing</u> – depending on the type of contamination, laundering will follow standards set forth by local PHS, CDC, or other recognized agencies. Discard disposable clothing in approved reciprocal.</p> <p>b. Personal clothing – if assumed to be non-contaminated, standard laundry services will suffice, which follows standard contract laundry service guidelines.</p>	<p>Logistics – will establish collection and laundering procedures recommended from appropriate agency.</p> <p>Contractor – responsible for laundry services</p>
<p>4. Employee Health Monitoring – Emergency responders are expected to arrive at the incident in good health and return to their unit in reasonably good health. Pandemic situations will stress that expectation on both ends of the response. Added responsibility will be placed on both the employee and camp medical unit to monitor specific and general employee health to identify and intervene in situations that may pose a risk to the general camp population and provide a reasonable level of care to ill employees.</p>	<p>a. <u>Personal monitoring</u> – all employees should be instructed to monitor their personal health for symptoms such as fever, respiratory symptoms, and or conjunctivitis during assignment and for 1 week after. See monitoring guideline form.</p> <p>b. Clinic – A medical unit clinic should be established with the appropriate level of medical care. Medical staffing shall provide the level of care as dictated by the situation.</p> <p>c. Monitoring protocols – the medical unit will monitor specific health of individuals reporting to the medical unit. General camp health will be an on-going effort by the medical unit and safety officer to maintain situational awareness and implement controls as necessary. See Health Screening and Monitoring Protocols, appendix xxx.</p> <p>d. Post incident – all employees should be instructed to monitor their personal health for symptoms such as fever, respiratory symptoms, and or conjunctivitis during assignment and for 1 week after. See Health Screening and Monitoring Protocols, appendix xxx.</p> <p>e. Ill employees – employees who become symptomatic should be isolated per standard medical practices and place under the care of the on-site medical supervisor. See section 8 Base Camp Illness.</p>	<p>Medical - will establish a monitoring plan including documentation of medical unit visit information</p> <p>Safety - will coordinate with the medical unit and assist in evaluating camp health. Will provide briefing information and monitor general camp health and assist supervisor in dealing with suspected ill employees.</p>
<p>5. <u>Vaccinations</u> – vaccinations are a preventative measure used to prevent infection. Vaccinations for avian influenza currently do not exist. Both the World Health Organization and Center for Disease Control recommend that seasonal influenza vaccine be administered to all emergency responders. If the</p>	<p>a. <u>Seasonal Flu Vaccine</u> – Should be administered at home unit prior to activation.</p> <p>b. Tetanus vaccine – Should be administered at home unit but can also be provided at incident.</p> <p>c. <u>Avian Flu vaccine</u> – is not available at this time. If it becomes</p>	<p>Medical - will manage vaccination program, which may include on site vaccinations or contracting for off-site services.</p>

<p>response involves other infectious disease, vaccinations may be available for emergency responders.</p>	<p>available, administration to emergency responders will be at the recommendation of CDC, OSHA and other Public Health agencies.</p> <p>d. Other vaccines – administration of other vaccines should be evaluated on the response tasking, risk, and alternatives.</p>	<p>Safety – responsible for monitoring employee vaccination compliance</p>
<p>6. Anti-viral Drugs – Antiviral drugs are medicines given to people either prophylactically to prevent influenza or therapeutically once they are already infected. Data from the World Health Organization’s Global Influenza Surveillance Network indicate that the recently circulating H5N1 strains are susceptible to two antiviral drugs approved for use in the United States to treat human influenza infections – oseltamivir (sold as Tamiflu) and zanamivir (sold as Relenza). However, these medicines need to be started early enough – usually within the first two days of infection – to be effective. If the response involves other types of infection disease, medicines or drugs may be available to either protect or treat persons with symptoms.</p>	<p>a. Antiviral Drug – at this time it is not recommended the need for emergency responders to receive a antiviral drug unless they were exposed to a virus or it was recommended by the CDC or other Public Health agencies.</p>	<p>Medical - will manage anti-viral drug program, which may include on site administering or contracting for off-site services.</p> <p>Safety - responsible for monitoring employee anti-viral compliance</p>
<p>7. Base Camp Illness – An infectious disease outbreak within the base camp is possible. Steps should be taken to not only treat the ill employee or contractor but to isolate the disease and attempt to prevent the spread to healthy persons in the camp.</p>	<p>Care – A medical unit clinic should be established with the appropriate level of medical care. Medical staffing shall provide the level of care as dictated by the situation. Care will be provided by onsite medical providers or through a contracted vendor.</p> <p>Health Care Associated Infections</p> <p>Location – Location of the clinic and infirmary will depend on the situation , but should a provide a recognized standard of care for the ill and protection for the healthy.</p> <p>Coordination – coordination pre, during, and post outbreak should be establish With on and off site health care professionals. That coordination should include contact personnel and phone numbers.</p>	<p>Medical - will manage vaccination program, which may include on site vaccinations or contracting for off-site services.</p> <p>Safety - responsible for monitoring employee health and will work with responsible agencies in providing employee care.</p>
<p>8. Food Handling & Preparation – food handling by caterers both on and off site will normally follow state laws and standard food service protocols. During pandemic situations, public health officials and local regulatory agencies will become critical links in the protection of emergency responders.</p>	<p>On-Site – Caterers will follow standard food service practices and employment guidelines contained in their contracts and as regulated by local ordinances. Consultation and assistance from local public health agencies should be sought immediately once an on-site kitchen is established. The food unit leader is responsible for monitoring the activities in a cratered situation. Food safety.</p> <p>Off-site – vendors and caterers will be regulated by the local public health agency and should not require any oversight by the IMT except as provided for in federal contracting for food services. If concerns develop, the local public health agencies should be contacted and</p>	<p>Logistics - will manage food services, which may include on contracting for off-site services.</p> <p>Safety - responsible for monitoring employee health. Will work with logistics to ensure</p>

asked to investigate.

compliance of public health standards related to food handling.

Appendix G:

General Standard Operating Procedures for Fire and All Hazard Incident Base Camp

Purpose: to provide for the health and safety of all personnel assigned to a federally managed incident base camp regardless of the type of incident. These guidelines are general recommendations and procedures, and may be augmented or superseded by local public health officials.

1. General Employee Health to maintain employee health and prevent person to person transmission of any infectious diseases or illness.

Purpose of Action	Specific actions	Responsibility
<p>1. Hand Washing – Transmission of infectious diseases can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat. Most bacteria are readily inactivated by soap and water. Waterless alcohol-based hand sanitizers can be used as an alternative to hand washing and are especially useful when access to sinks or warm running water is limited. Place alcohol-based hand sanitizers at all convenient locations and immediately outside of the restrooms.</p>	<p>a. Hand hygiene is an import step in prevention the spread of infection diseases, including influenza & common colds. Post signs in restrooms and at eating areas and other locations to increase awareness and emphasize hand washing. Hand hygiene can be performed with soap and warm water or by using waterless alcohol-base hand sanitizers. Wash hand for a minimum of 15-20 seconds.</p> <p>b. Basic hygiene measure should be reinforced and people should be encouraged to proactive them to minimize potential transmissions. Use disposable single use tissues for wiping noses; Covering nose and mouth when sneezing and coughing; Hand washing after coughing, sneezing or using tissues; and emphasize importance of keeping hands away from the mucous membranes of the eyes and nose.</p> <p>Flu in workplace</p> <p>c. Eating, smoking and other hand to mouth activities should be targeted with a campaign to educate and remind employees of the transmission risks. Provide convenient means of sanitizing hands such as wash basins, hand wipes, and other hand cleaners.</p>	<p>Logistics will provide washing facilities and other hand cleaning agents.</p> <p>Safety will monitor their use and establish communication to employees on hand washing requirements.</p>
<p>2. Cleaning & Disinfecting – Transmission can occur by using equipment or work areas after use by infected individuals. Typical items include computers, phones, pens, etc. Items typically used by more than one person should be considered infectious and always cleaned or handle with some sort of barrier material prior to use. Cleaning activities can also can pose a health risk which requires the use of PPE and personal hygiene.</p>	<p>a. Telephone handsets and computer keyboard should be cleaned daily. At other times use a waterless hand cleaner before and after use.</p> <p>b. Air conditioner systems/filters should be cleaned and maintained in optimal condition.</p> <p>c. Disinfectant solutions should be applied to all common areas, counters, railing, washbasins, toilets, urinals daily.</p> <p>d. Wear non-latex disposable gloves while disinfecting surfaces.</p> <p>e. clean contaminated areas of dirt, dust and debris and then disinfect.</p> <p>f. Disposal of disposable cloth wipes after use.</p> <p>g. After removing gloves, thoroughly wash hands with soap and water.</p>	<p>Logistics will provide equipment and hand cleaning supplies.</p> <p>Safety will monitor their use and establish communication to employees on purpose and hand washing requirements</p>

<p>3. Social Distancing – social distancing refers to strategies to reduce the frequency of contact between people. Generally it refers to mass gatherings but the same strategies can be made in the workplace which in base camp includes sleeping areas.</p>	<p>a. Arrange sleep and work areas to maximize distance between people. b. Provide ventilation in work, sleep and eating areas. c. use conference calls rather than meetings to prevent cross contamination.</p>	<p>Logistics – will use standard practices for setting up eating and sleeping areas.</p> <p>Safety – will monitor eating, sleeping and work areas for these strategies and help the logistics section in implementation.</p>
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Appendix G:

Pandemic Standard Operating Procedures for an Incident Base Camp

Purpose: Guidelines for maintaining health and safety of emergency personnel working out of an incident base camp in support of a Pandemic response. In addition to General Base Camp SOP's, the following guidelines will be implemented. These SOP's should be reviewed by the lead response agency as well as any other public health agencies participating in the response. **Additional task outside of traditional operations should follow safety and health plans from the lead agency.** Changes and/or additions to meet any agencies policies or guidelines must be reviewed in concert with CDC and OSHA requirements. These SOP will be used in conjunction with the [CDC-NIOSH/USDA/FDA/OSHA Occupational Health Guidance Related to Avian Influenza](#) (draft).

Purpose of Action	Specific actions	Responsibility
<p>1. Camp Security – A base camp must maintain its health integrity. A barrier system should be put in place to provide for the prevention of accidental contamination from activities associated with the pandemic response.</p>	<p>a. Identification system – a personnel identification system such as photo I.D. specific to the base camp should be provided to all workers using the camp. Guest and delivery personnel should be provided guest or temporary “dated” passes in order to prevent abuse of the system and to track and identify entry into the base camp of all persons.</p> <p>b. Access controls – all entry points should be regulated for personnel and supplies entering the base camp. These access points should be staffed by law enforcement or others that are qualified, trained, and authorized to perform this function.</p> <p>c. Barrier system – a deliberate barrier system should be considered around the perimeter of the base camp to prevent the accidental movement of contaminated personnel or supplies into the base camp. Suggestions include fencing, patrols, or signing.</p>	<p>Logistics – is responsible for coordinating and managing these systems. This may require working with other agencies to either integrate or complement their systems and needs.</p> <p>Security – a security manger assigned to the logistics section is appropriate but may not be practical if the lead agency requires this control.</p>
<p>2. Decontamination – Disease can be passed from person to person through objects, equipment, and work areas. Disinfecting and cleaning is a practical step in breaking the transmission link. Appropriate steps should be instituted to not only disinfect but to prevent the disinfecting crew from being infected.</p>	<p>a. PPE - Disposable PPE should be properly discarded, and non-disposable PPE should be cleaned and disinfected as specified in state government, industry, or USDA outbreak-response guidelines. Hand hygiene measures should be performed after removal of PPE. All disposed of PPE should be bagged in clearly identified bio-hazard bags and disposed of in the appropriate manor.</p> <p>b. Personnel decontamination – will be established dependent on guidelines set forth by lead agency. In the absence of a lead agency decontamination of personnel will follow protocols identified by local PHS, CDC, or other recognized agencies.</p> <p>c. Contaminated clothing – see #3 Laundry Section.</p>	<p>Logistics – will identify decontamination standards and procedures based on best work practices.</p> <p>Safety – will monitor and evaluate processes and provide oversight.</p> <p>Operations – may supervise workers providing decontamination procedures or may require decontamination.</p>

	<p>d. Equipment – radios, vehicles, and other office equipment. Wipe down all equipment with anti-bacterial wipes and allowed to dry in preferably an open area. Personnel wiping down equipment should wear appropriate PPE including dust mask and latex gloves.</p>	
<p>3. Laundry Services – Laundry services are usually provided by on site contractors. Appropriate care should be taken to monitor procedures used by the contractor in both handling and laundering. Procedures should also be developed to handle clothing that is termed contaminated and if other sources for handling those garments should be used or contracted for.</p>	<p>a. Contaminated clothing – depending on the type of contamination, laundering will follow standards set forth by local PHS, CDC, or other recognized agencies. Discard disposable clothing in approved reciprocal.</p> <p>b. Personal clothing – if assumed to be non-contaminated, standard laundry services will suffice, which follows standard contract laundry service guidelines.</p>	<p>Logistics – will establish collection and laundering procedures recommended from appropriate agency.</p> <p>Contractor – responsible for laundry services.</p>
<p>4. Employee Health Monitoring – Emergency responders are expected to arrive at the incident in good health and return to their unit in reasonably good health. Pandemic situations will stress that expectation on both ends of the response. Added responsibility will be placed on both the employee and camp medical unit to monitor specific and general employee health to identify and intervene in situations that may pose a risk to the general camp population and provide a reasonable level of care to ill employees.</p>	<p>a. Personal monitoring – all employees should be instructed to monitor their personal health for symptoms such as fever, respiratory symptoms, and or conjunctivitis during assignment and for 1 week after. See monitoring guideline form.</p> <p>b. Clinic – A medical unit clinic should be established with the appropriate level of medical care. Medical staffing shall provide the level of care as dictated by the situation.</p> <p>c. Monitoring protocols – the medical unit will monitor specific health of individuals reporting to the medical unit. General camp health will be an on-going effort by the medical unit and safety officer to maintain situational awareness and implement controls as necessary. See Health Screening and Monitoring Protocols, appendix xxx.</p> <p>d. Post incident – all employees should be instructed to monitor their personal health for symptoms such as fever, respiratory symptoms, and or conjunctivitis during assignment and for 1 week after. See health screening and monitoring protocols, appendix xxx.</p> <p>e. Ill employees – employees who become symptomatic should be isolated per standard medical practices and place under the care of the on-site medical supervisor. See section 8 Base Camp Illness.</p>	<p>Medical - will establish a monitoring plan including documentation of medical unit visit information</p> <p>Safety - will coordinate with the medical unit and assist in evaluating camp health. Will provide briefing information and monitor general camp health and assist supervisor in dealing with suspected ill employees.</p>
<p>5. Vaccinations – vaccinations are a preventative measure used to prevent infection. Vaccinations for avian influenza currently do not exist. Both the World Health Organization and Center for Disease Control recommend that seasonal influenza vaccine be administered to all emergency responders. If the response involves other infectious disease,</p>	<p>a. Seasonal Flu Vaccine – Should be administered at home unit prior to activation.</p> <p>b. Tetanus vaccine – Should be administered at home unit but can also be provided at incident.</p> <p>c. Avian Flu vaccine – is not available at this time. If it becomes available, administration to emergency responders will be at the</p>	<p>Medical - will manage vaccination program, which may include on site vaccinations or contracting for offsite services.</p>

<p>vaccinations may be available for emergency responders.</p>	<p>recommendation of CDC, OSHA and other Public Health agencies.</p> <p>d. Other vaccines – administration of other vaccines should be evaluated on the response tasking, risk, and alternatives.</p>	<p>Safety – responsible for monitoring employee vaccination compliance.</p>
<p>6. Anti-viral Drugs – Antiviral drugs are medicines given to people either prophylactically to prevent influenza or therapeutically once they are already infected. Data from the World Health Organization’s Global Influenza Surveillance Network indicate that the recently circulating H5N1 strains are susceptible to two antiviral drugs approved for use in the United States to treat human influenza infections – oseltamivir (sold as Tamiflu) and zanamivir (sold as Relenza). However, these medicines need to be started early enough – usually within the first two days of infection – to be effective. If the response involves other types of infection disease, medicines or drugs may be available to either protect or treat persons with symptoms.</p>	<p>a. Antiviral Drug – at this time it is not recommended the need for emergency responders to receive an antiviral drug unless they were exposed to a virus or it was recommended by the CDC or other Public Health agencies.</p>	<p>Medical - will manage anti-viral drug program, which may include on site administering or contracting for offsite services.</p> <p>Safety - responsible for monitoring employee anti-viral compliance</p>
<p>7. Base Camp Illness– an infectious disease outbreak within the base camp is possible. Steps should be taken to not only treat the ill employee or contractor but to isolate the disease and attempt to prevent the spread to healthy persons in the camp.</p>	<p>Care – A medical unit clinic should be established with the appropriate level of medical care. Medical staffing shall provide the level of care as dictated by the situation. Care will be provided by onsite medical providers or through a contracted vendor.</p> <p>Location – Location of the clinic and infirmary will depend on the situation , but should a provide a recognized standard of care for the ill and protection for the healthy.</p> <p>Coordination – coordination pre, during, and post outbreak should be establish with on and off site health care professionals. That coordination should Include contact personnel and phone numbers.</p>	<p>Medical - will manage vaccination program, which may include on site vaccinations or contracting for offsite services.</p> <p>Safety - responsible for monitoring employee health and will work with responsible agencies in providing employee care.</p>

8. Food Handling & Preparation – food handling by caterers both on and off site will normally follow state laws and standard food service protocols. During pandemic situations, public health officials and local regulatory agencies will become critical links in the protection of emergency responders.

On-Site – Caterers will follow standard food service practices and employment guidelines contained in their contracts and as regulated by local ordinances. Consultation and assistance from local public health agencies should be sought immediately once an on-site kitchen is established. The food unit leader is responsible for monitoring the activities in a [catered situation](#).

Off-site – vendors and caterers will be regulated by the local public health agency and should not require any oversight by the IMT except as provided for in federal contracting for food services. If concerns develop, the local public health agencies should be contacted and asked to investigate.

Logistics - will manage food services, which may include on contracting for offsite services.

Safety - responsible for monitoring employee health. Will work with logistics to ensure compliance of public health standards related to food handling.

APPENDIX H

Avian Influenza/Pandemic Response and Preparedness Plan Briefing Form

This is an informational form that summarizes the key elements of the Avian Influenza/Pandemic Response and Preparedness Plan. The plan advises of the conditions, circumstances and risks involved in an assignment related to Avian Influenza or a pandemic situation. All employees should review this briefing form immediately upon being requested for either an Avian Influenza or pandemic assignment. This briefing form should also be used by incident management personnel and others who may supervise personnel involved in a response to a local, regional or national avian influenza or pandemic assignment.

Employees are encouraged to read the entire plan and visit the listed web sites to stay current with developments regarding Influenza.

Risk Management

Employees have the right to a safe workplace, as defined in Occupational Safety and Health Administration (OSHA) regulations, contained in 29CFR1960.46. Every effort will be made, throughout the life cycle of an incident, to ensure the safety of those who assist with an Avian Influenza or a pandemic incident. Employees can disobey orders only if the danger imposed meets three criteria: a) The threat is imminent; b) The threat poses a risk of death or serious bodily injury; c) The threat cannot be abated through normal procedures. If you feel the assignment meets the three criteria for refusal, then follow the guidelines established within this plan or in the *Incident Response Pocket Guide*.

Direct contact with infected birds or with symptomatic patients is outside of the scope of wildland fire response. However, your assignment may include responding to or supporting response to avian disease in the poultry industry; or in the event of a pandemic it may involve working in the vicinity of persons who have contracted a human form of influenza.

Administrative/Pay Issues

Length of Assignments 21+: Assignments can easily run longer than 14 or 21 days. The nature of working with a disease of any type may require periods of quarantine where you will not be able to leave the incident.

Closed Camps, Standby Duty: Base camps may be closed to limit exposure to disease and keep the camp area clear of disease. This will be determined on the incident by the jurisdiction having authority and the command team. *Employees who are restricted to incident premises with significant restrictions on personal activities, and required to be ready to perform work, may be entitled to overtime pay for standby duty.*

Pay caps, Accounting Code, Overtime, Hazard Pay, and Quarantine Status Pay: This is not a fire assignment. Pay will be subject to pay caps, *and some overtime rates may be capped. An agency specific accounting code will be established for Presidentially declared disasters or emergencies under the Stafford Act. Some duty may qualify to be paid as hazard duty. The agency will determine if specific assignments qualify for hazard pay. In the event an employee is put into an officially ordered quarantine status and unable to work, the type of leave use will need to be established. If quarantined and performing work, they will be compensated for all hours worked.*

Critical Incident Stress Management (CISM): *Due to intense and overwhelming conditions that may be associated with disaster related work, employees may experience traumatic stress that can significantly impact emotional and physical well-being. CISM or counseling support will be available, and will be coordinated through the Incident Command System or through the Employee Assistance Program (EAP) system at the home unit.*

Incident areas under local law enforcement jurisdiction control: Orders issued by local jurisdictions can result in curfews, closed camps, restricted local movement, and requirements outside of normal camp or living situations that you will be required to honor.

Emergency Demobilization: Emergency demobilization may not be possible if you're under quarantine or under local law enforcement control. It will be your responsibility to arrange for care of your family, pets and property to assure you will not be caught in an untenable situation due to an emergency at home.

Health & Safety

Use OSHA & Centers for Disease Control (CDC) guidelines: When working on Avian Influenza or Pandemic assignments, all guidelines issued by OSHA, the CDC, the Department of the Interior (DOI) and Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) will be followed as described in the response plan appendices.

Mandatory Vaccinations: Prior to mobilization you may be required to have secured vaccinations and carry proof of these with you to the incident. Employees should understand that they must follow reimbursement procedures to recover the cost of shots.

Tetanus: Must have proof of a current shot (within 10 Years) or a receipt for a recent shot.

Seasonal flu: You must provide a receipt showing a shot was taken for the current year.

Other Potential Vaccinations and medications that may become mandatory: If vaccine or antiviral medications become available and are in short supply, the CDC Guidelines for who will receive the shots shall apply. This priority gives preference to people working with infected individuals, the elderly, very young and emergency responders. You may not fall into these categories depending upon your assignment.

Anti-viral medication: These may be required after arrival on the incident and you may be required to use them.

Pandemic Vaccination: This may be required after arrival on the incident, should it become available, and you may be required to take the vaccine.

CDC Guidelines for dispensing vaccine and medications will be followed: The CDC priority gives preference to people working with infected individuals, the elderly, very young and emergency responders. You may not fall into these categories depending upon your assignment.

Potential Decontamination: Due to the nature of working with any type of disease, you will be required to strictly follow decontamination procedures. These will be provided by the jurisdiction having authority and enforced by the Command Team.

Procedures: All CDC and Health and Human Services (HHS) procedures will be followed for personal hygiene and you are expected to comply.

Mandatory & Recommended Personal Protective Equipment (PPE): Any PPE that is required to do the job will be provided and you are required to use that equipment according to direction. This PPE will be appropriate to the task

Training Requirements: You may need additional training to complete the tasks. You will be expected to complete any training provided either before assignment to the incident or during the incident. Such training is directed at keeping you safe.

Potential type of assignments for Pandemic Assignments: This is not a fire assignment. Job responsibilities can vary tremendously from day to day. During similar assignments, agency personnel have been exposed to disease, hazardous materials, observed human suffering or death and assisted with care of injured and diseased individuals. These jobs may be a part of your assignment. If you are assigned, you must remain aware of proper safety procedures and strictly adhere to those at all times. You can review a Job Hazard Analysis of your job to determine if it can be done safely and hazardous situations mitigated. It is your responsibility to bring forward any safety issues you see to incident managers. This will assist in concluding the assignment without any injury or illness to fellow incident responders.

If there are any points that are unclear or further information is needed, refer to the *Avian Influenza/Pandemic Response and Preparedness Plan* and/or the web sites listed within the plan

APPENDIX I

Firefighter's Name (Print)

Firefighter's Signature

Date

Pandemic Infectious Disease *PRE*-Deployment Screening Questionnaire for Wildland Firefighters

This form is intended for use prior to EVERY deployment, and is to be completed by individual firefighters who are part of a crew of firefighters scheduled for deployment either for a wildland firefighting assignment or to provide assistance in support of other emergency situations.

The growing risk of the spread of pandemic infectious disease requires that certain measures be taken to minimize the risk of transmission of disease among wildland firefighters, or between firefighters and the communities they serve. The incubation period for regular flu is around 2 to 3 days, but the incubation period for a new pandemic virus is currently unknown. Current data for the avian flu virus (H5N1) indicates an incubation period ranging from 2 to 8 days, and possibly as long as 17 days. In adults, the infectious period of regular flu is approximately 5 days from the onset of illness. The infectious period in children may be 10 days or more. A small proportion of patients may be infectious just before symptoms appear.

There are certain steps that you must take to minimize your own risk of contracting or spreading disease, and all individuals should make every effort to follow these steps to protect themselves, their co-workers, their families, and the public:

- *Make sure your immunizations and those of your family are up-to-date.*
- *Take common-sense steps to limit the spread of germs. Make good hygiene a habit.*
 - ✓ *Wash hands frequently with soap and water.*
 - ✓ *Cover your mouth and nose with a tissue when you cough or sneeze.*
 - ✓ *Put used tissues in a waste basket.*
 - ✓ *Cough or sneeze into your upper sleeve if you don't have a tissue.*
 - ✓ *Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.*
 - ✓ *Stay at home if you are sick.*
- *Eat a balanced diet.*
- *Drink lots of water and go easy on salt, sugar, alcohol, and saturated fat.*
- *Exercise on a regular basis and get plenty of rest.*

For more information, the US Department of Health and Human Services has a web site (<http://www.pandemicflu.gov>) that provides up-to-date guidance and helpful links for you, your family, and your workplace.

For your safety, and that of your co-workers and the public, please answer the following questions to the best of your ability, and forward this form to your crew boss or supervisor PRIOR to deployment.

- | | |
|---|---|
| <p>1. Over the past week, have you or any of your close contacts (such as family, friends, or co-workers) had:</p> <ul style="list-style-type: none">• Fever <input type="checkbox"/> Yes <input type="checkbox"/> No• Cough <input type="checkbox"/> Yes <input type="checkbox"/> No• Sore throat <input type="checkbox"/> Yes <input type="checkbox"/> No• Muscle ache <input type="checkbox"/> Yes <input type="checkbox"/> No• Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>2. Over the past week, have you or any of your close contacts (such as family, friends, or co-workers) had close physical contact with:</p> <ul style="list-style-type: none">• Infected poultry <input type="checkbox"/> Yes <input type="checkbox"/> No• Dead birds <input type="checkbox"/> Yes <input type="checkbox"/> No• Saliva, feces, or other material from infected poultry or dead birds <input type="checkbox"/> Yes <input type="checkbox"/> No• Surfaces contaminated by infected poultry or dead birds <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Supervisor: If any questions are marked "Yes," the individual should not be deployed until at least one week has passed with no symptoms of infection, as presented in the questionnaire. During this period, the individual should be cautioned to avoid ALL contact with individuals who have had these symptoms or who have had contact with possibly-infectious material. Another questionnaire is to be completed (with no "Yes" responses entered) before deployment should be considered.

- Cleared for deployment (no "Yes" responses)
- Not cleared at this time

Supervisor's signature

Date

Firefighter's Name (Print)

Firefighter's Signature

Date

Pandemic Infectious Disease *POST*-Deployment Screening Questionnaire for Wildland Firefighters

This form is intended for use prior to DEMOBILIZATION to return home or to the usual workplace, and is to be completed by individual firefighters who have served as part of a crew of firefighters deployed either on a wildland firefighting assignment or to provide assistance in support of other emergency situations.

The growing risk of the spread of pandemic infectious disease requires that certain measures be taken to minimize the risk of transmission of disease among wildland firefighters, or between firefighters and the communities they serve. The incubation period for regular flu is around 2 to 3 days, but the incubation period for a new pandemic virus is currently unknown. Current data for the avian flu virus (H5N1) indicates an incubation period ranging from 2 to 8 days, and possibly as long as 17 days. In adults, the infectious period of regular flu is approximately 5 days from the onset of illness. The infectious period in children may be 10 days or more. A small proportion of patients may be infectious just before symptoms appear.

There are certain steps that you must take to minimize your own risk of contracting or spreading disease, and all individuals should make every effort to follow these steps to protect themselves, their co-workers, their families, and the public:

- *Make sure your immunizations and those of your family are up-to-date.*
- *Take common-sense steps to limit the spread of germs. Make good hygiene a habit.*
 - ✓ *Wash hands frequently with soap and water.*
 - ✓ *Cover your mouth and nose with a tissue when you cough or sneeze.*
 - ✓ *Put used tissues in a waste basket.*
 - ✓ *Cough or sneeze into your upper sleeve if you don't have a tissue.*
 - ✓ *Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.*
 - ✓ *Stay at home if you are sick.*
- *Eat a balanced diet.*
- *Drink lots of water and go easy on salt, sugar, alcohol, and saturated fat.*
- *Exercise on a regular basis and get plenty of rest.*

For more information, the US Department of Health and Human Services has a web site (<http://www.pandemicflu.gov>) that provides up-to-date guidance and helpful links for you, your family, and your workplace.

For your safety, and that of your co-workers and the public, please answer the following questions to the best of your ability, and forward this form to your crew boss or supervisor PRIOR to demobilization.

1. Over the past week, have you or any of your close contacts (such as co-workers or the public you've worked closely with) had:
 - Fever Yes No
 - Cough Yes No
 - Sore throat Yes No
 - Muscle ache Yes No
 - Pneumonia Yes No
2. Over the past week, have you or any of your close contacts (such as co-workers, or the public you've worked with) had close physical contact with any of the following while NOT using the personal protective equipment prescribed for your specific duties and activities?
 - Infected poultry Yes No
 - Dead birds Yes No
 - Saliva, feces, or other material from infected poultry or dead birds Yes No
 - Surfaces contaminated by infected poultry or dead birds Yes No

Supervisor: If any questions are marked "Yes," the individual should not be returned to his/her home or normal work location until cleared by a licensed health care provider.

- Cleared for demobilization (no "Yes" responses)
- Requires evaluation by a licensed health care provider

Supervisor's signature

Date

APPENDIX J

The Emotional Toll of Disaster Relief for Rescue and Support Staff

FOH - Federal Occupational Health

A component of the U.S. Public Health Service Program Support Center
Department of Health and Human Services

As rescue workers, responders call center, support personnel and other essential staff associated with the response for disaster relief, you are on the front-line in responding to the overwhelming effects of disaster relief. You may have been witness to and/or are hearing about unimaginable human suffering and the devastation of entire communities.

In the early days, weeks, and even months following disasters, those assisting in the disaster response often operate on pure adrenaline and the desire to help. Eventually, however, they begin to experience the emotional and physical consequences of their work. A disaster such as hurricanes...can produce unusually strong emotional reactions that may interfere with your ability to function at the scene or later. Understanding normal responses to these abnormal events can help you to cope with your feelings, thoughts, and behaviors, and help you on the path to recovery.

Natural Reactions to Catastrophic Events

People respond in different ways to trauma. You may experience any number of symptoms including:

- Physical (nausea, sleep disturbances, fatigue, headaches, profuse sweating)
- Cognitive (confusion, poor concentration, difficult making decisions)
- Emotional (depression, fear guilt, anxiety)
- Behavioral (withdrawal, appetite changes, irritability)

Common emotional reactions may include feeling numb and dazed, becoming angry and blaming others, feeling anxious, sad and blue, becoming fearful for your own safety and feeling guilty about what happened.

Some individuals may develop post-traumatic stress disorder (PTSD), a reaction that includes flashbacks and intrusive thoughts. PTSD can be quite disabling. Some may experience the emotional aftershocks weeks or months after having left the disaster response setting. Others may experience these reactions at the time they are in the situation.

Seek medical attention immediately if you experience chest pain, difficulty breathing, severe pain, or symptoms of shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, and dilated pupils). Seek mental health support for emotional and behavioral issues.

What You Can Do: Caring for Yourself

It is important to take care of yourself during a disaster operation and during the continuing response efforts. Some simple methods for helping you to manage stress while in this situation include:

1. Pace yourself and take frequent breaks.
2. Establish a "buddy system" to watch out for each other.

3. Eat regularly; avoid sugar and caffeine.
4. Get as much sleep as possible. Adhere to the team schedule and rotation.
5. Drink plenty of fluids such as water and juices. Avoid over use of alcohol or other drugs.
6. Accept what you cannot change – the chain of command, organizational structure, waiting, equipment failures, etc.
7. Talk to people when you feel like it.
8. Take advantage of Critical Incident Stress Management services and mental health support.
9. Give yourself permission to feel bad – you are in a difficult situation
10. Recurring dreams, thought, or flashbacks are normal. They will decrease over time.
11. Communicate with your loved ones as frequently as possible.
12. Establish routine activities such as regular meals, rest breaks, washing and sleeping.
13. Seek support from medical, mental health, and/or spiritual resources.

Available Resources

Federal Occupational Health's (FOH) Critical Incident Stress Management (CISM) Program and Employee Assistance Program (EAP) are available to help you process your experiences in helping those impacted by (DISASTER).

Critical Incident Stress management (CISM)

CISM is comprised of a number of supportive activities designed to help people deal with the effects of a traumatic event and the stresses involved in working with those whose lives have been directly affected by the event. These stress management activities may include:

- Information regarding signs and symptoms
- On-the-spot conversations with counselors that are available in response locations
- Stress management trainings
- Debriefings, which are led by experienced counselors and provided individuals an opportunity to discuss their feelings and thoughts about a distressing event in a controlled and rational manner

Employee Assistance Program (EAP)

We all experience personal problems. The EAP is available to help individual cope with life's difficulties. EAP counselors are prepared to help you with stress, emotional, relationship, alcohol, drug, job and other personal concerns.

For More Information

Contact EAP at: 1-888-243-5744

Visit us at the [Stress Management Center](#)

APPENDIX J

May 2006

INCIDENT MANAGEMENT TEAM CRITICAL INCIDENT STRESS MANAGEMENT INFORMATION

All Hazard assignments present Incident Management Teams (IMT) with unique human resource issues. Resolution of many of the “normal” human resource issues are more challenging due to the intense and overwhelming conditions associated with disaster related work.

Human resource issues may be caused by traumatic stress. There are two forms of traumatic stress. Single Incident Stress is an event that may cause unusually strong emotional reactions and could interfere with ability to work safely or function normally.

Examples may be:

- Personal traumatic injury/near miss
- Family member severe illness or death
- Aviation accident
- Shelter deployment
- Motor vehicle accident
- Disaster recovery work
- Co-worker critical injury or death

Cumulative stress can occur as a result of long term exposure to disaster related work. Over time, stressors can significantly impact emotional and physical well-being.

Examples may be:

- Scenes of destruction - immersion in disaster
- Concerns of evacuees - tears and pain
- Exposure to environmental hazards and disease
- Safety compromised in initial chaos
- Disorganization, inability to act
- Lack of resources, changes in assignments

In the Incident Command system, the Human Resource Specialist (HRSP) provides education, prevention, and early resolution of human resource-related problems. The HRSP provides direct support to the IMT and to those under the jurisdiction of the Incident Commander. HRSP's also become familiar with the policies of agencies, organizations, and contractors supported by the IMT. The HRSP contacts the Geographic Area HRSP Coordinator for assistance with the following information:

- Critical Incident response area contacts – Employee Assistance Program, CISM teams, fire, ambulance, etc.
- Lists of available meeting areas
- Local churches and spiritual leaders

HRSP's are trained to provide Critical Incident Stress Management (CISM) support. This may include listening skills, and peer support. The HRSP may provide defusing for affected incident personnel. A defusing is an informal, initial debriefing which can provide initial intervention and assist in determining whether or not a formal debriefing, other CISM or counseling services are appropriate. The HRSP, Safety and Incident Commanders are sensors for determining the need for CISM support. Some of the signs that may indicate the need for a formal debriefing or professional help include disorientation, inability to focus or follow instructions, flashbacks that include strong emotions, and withdrawal.

Once the decision is made by the IMT to order CISM, the HRSP assists with resource ordering, logistical support, coordinating CISM needs, and liaison between CISM and the IMT. The HRSP can provide information such as proper attire, understanding of Incident Command System/firefighter/team/crew process, location of crews, meeting place options, etc. The CISM process should not circumvent or be separate from the Incident Command system. All CISM contact with affected personnel must go through the Incident Commander. In large scale disaster situations, an option is to include CISM coordination at Area Command.

Trigger points that may indicate mandatory CISM:

- Death of Incident personal
- Involvement with multiple fatalities
- Suicide
- Critical injury to personnel

With all-hazard assignments, CISM issues are a major focus for the IMTs. The physiological effects of stress are every bit as real as the physical damage caused by traumatic injury. Recognition and treatment of psychological pain are key to a functional, healthy and effective work force.

APPENDIX K

INTRODUCTION

Highly pathogenic avian influenza is a contagious disease of poultry. Exposure to infected poultry, feces, respiratory secretions, and contact with contaminated surfaces is thought to result in transmission of the virus to humans and subsequent infection; however, this is a rare occurrence. Although there is evidence of limited human-to-human spread of the highly pathogenic avian influenza virus infection, sustained and efficient human-to-human transmission has not been identified.

H5N1 experts agree that immediate culling of infected and exposed birds is the first line of defense to both reduce further losses in the agricultural sector and to protect human health. However, culling must be carried out in a way that protects workers from exposures to the virus. This paper describes how APHIS plans to mitigate the risk of exposure for employees who could come into contact with H5N1 infected wild birds, poultry, or other animals.

For initial planning purposes, the APHIS AI Coordination Group estimated that in the early phases of H5N1 surveillance and response activities, as many as 800 APHIS employees would need to be protected from exposure to the virus. All of these people will need to be medically cleared and fit-tested for PPE prior to direct contact with infected poultry and wild birds.

This plan is aligned with policies and authorities in several laws, regulations, or directives, including:

- APHIS VS Notice 580.18
- APHIS Directive 6800.1
- APHIS Safety and Health Manual
- Occupational Safety and Health Act of 1970, Section 5(a)(1), the General Duty Clause of the Act
- 29CFR1910 OSHA General Industry Regulations

APHIS PERSONAL PROTECTIVE EQUIPMENT (PPE) GOAL

All APHIS employees who may have potential or direct exposure to farmed or wild birds are prepared to safely and appropriately respond to an H5N1 outbreak.

OBJECTIVES

To achieve the PPE Goal, APHIS will focus on three main objectives. Each objective listed below will then be explored in more detail. The 3 objectives are:

- Objective 1 - All specified employees must be medically cleared, fit-tested, and trained in the use of PPE before potential exposure to infected poultry and wild birds or other animals.
- Objective 2 - All specified employees must know what personal protective equipment to have on-hand and where to get it for use in their surveillance activities.
- Objective 3 – In the event of an outbreak, APHIS will have personal protective equipment readily available for employee use.

OBJECTIVE 1 - All specified employees must be medically cleared, fit-tested, and trained in the use of PPE, before potential exposure to infected poultry and wild birds or other animals.

The Safety, Health, and Employee Wellness Branch (SHEWB/MRPBS/ESD) offers medical monitoring, fit-testing, and training for personal protective equipment through the centrally funded Occupational Medical Monitoring Program (OMMP).

Medical clearance

The OMMP is administered through an interagency agreement with Federal Occupational Health (FOH), an Agency of the Department of Health and Human Services (DHHS). Previously, entry into the OMMP was initiated through the APHIS Form 29. In collaboration with FOH, we have developed an expedited process for completing a large number of medical clearances in as a timeframe as possible. Once managers have identified the employees they feel are candidates for medical clearance to use a respirator and respond to an outbreak of HPAI (H5N1), we ask that they compile a list of names, locations of the employee, email address, and their phone number, along with their supervisor's name, email address, and phone number. The lists should then be collated by Program and forwarded to the Branch Chief for SHEWB, [Thomas R. Walker, MD](#). Dr. Walker will then forward the list(s) to FOH in San Francisco, CA. The FOH nurse advisor, Judy Ma, will then contact the nearest FOH clinic to the employee and ask the clinic to schedule an appointment for a medical clearance examination.

Medical clearance requires completion of an OSHA Respirator Medical Evaluation Questionnaire for review by the healthcare provider. Once the questionnaire is reviewed, a history and physical examination will be done by the healthcare provider. This will include (but is not limited to) hearing; vision; spirometry (breathing capacity); electrocardiogram (EKG); basic blood and urine tests; and single-view chest x-ray. A tetanus-diphtheria booster will be given if indicated by the employee's history.

Fit-testing

After medical clearance is complete, the employee needs to be fit-tested to use the respirator. Fit-testing is the process of assuring that a respirator provides an adequate seal with the employee's face. APHIS will be utilizing a quantitative fit-testing process. This provides the tester with specific data indicating adequate protection of the employee using the respirator.

Training

Employees must be trained in the proper use of the respirator. Training will occur at the time of fit-testing. Contact Peter Petch at 301-734-5383 to arrange for fit-testing and training.

OBJECTIVE 2 - Specified employees must know what personal protective equipment to have on-hand and where to get it.

Many employees may be carrying out surveillance activities as a part of their work assignment. All employees who may be directly exposed to HPAI-infected poultry or wild birds should have the following properly sized outer garments on-hand and ready to use. Materials and equipment that are needed for this purpose will not be stockpiled; instead, this equipment should be purchased by your program out of your normal funding and allocations. Appendix A contains an item list, along with a vendor source for the material and equipment you may wish to purchase. Individual offices may order these products with a credit card for purchases up to \$2500. For any purchase exceeding \$2500, you must submit an IAS request.

What you need

- Protective clothing capable of being disinfected or disposed, preferably **coveralls** (including an impermeable apron), or surgical gowns with long cuffed sleeves (with an impermeable apron). The outer garments to be selected depend on the nature of the work to be done. If cleaning and disinfection are tasks that will be involved, the outer garments must be more durable and less permeable. For those activities, TyChem coveralls and boots covers will be used. For all other activities, Tyvek coveralls and boot covers can be used.
- **Gloves** capable of being disinfected or disposed. Nitrile disposable gloves will be used to avoid the issue of latex allergy.

- **Eye protection** such as splash goggles or face shields.
- Disposable **head covers**
- **Boots** or protective foot covers that can be disinfected or disposed
- **Chem-Tape®** or duct tape
- **Decontamination** equipment.

In addition, the employees **must** use a disposable particulate **respirator** (N-95 or higher protection) that has been fit-tested. The following selection of respirators will satisfy all of the requirements of 29CFR1910.

- 3M 8210, N-95
- 3M 8271, N-95
- 3M 8511, N-95
- Moldex 2700, N-95
- Survivair Full-Face Respirators, 4000 Series
- MSA Millenium Full-Face Respirators
- MSA Advantage 3000 Full-Face Respirators

How much you need

Foreign Animal Disease Diagnosticians (FADDs) should have, at a minimum, a **3 day supply** of this equipment on hand and available to use at a moment's notice (i.e., in the trunk of the car).

Wildlife Services Biologists should have a minimum 3 day equipment supply.

VS Area Office AVICs should have a 1 week equipment supply for at least 10 FADDs to get re-supplied quickly.

Wildlife Services State Offices should have a 1 week equipment supply for at least 5 employees.

OBJECTIVE 3 – In the event of an outbreak, APHIS will have adequate PPE supplies in stock and ready to deliver to outbreak sites.

APHIS is setting up “pre-positioning” contracts to ensure that PPE will be available to Incident Command Posts (ICP) when we move into a response mode. The following will be available from the National Veterinary Stockpile (NVS) for immediate distribution:

Strike Packs (31)

The NVS will contain a number of PPE “strike packs” which can be deployed within 24 hours to an HPAI outbreak site in the United States. Strike packs contain generic supplies and materials, and should be one of the first things delivered to the incident site. Strike packs are designed to provide **PPE for 10 people for 10 days** who respond as strike team members during an outbreak. Strike packs have been procured from the AI funding and will be ordered through the Incident Command Posts (ICP) set up to respond to outbreaks. See Appendix B for equipment in the strike packs.

Additional Safety and Health PPE Supplies (Push Packs)

Additional Safety and Health PPE supplies will be maintained in the NVS for deployment by the Incident Command Post to the site of an emergency outbreak. “Push Packs” are designed to support a more sustained effort after the more immediate response has begun, if and when “strike pack” supplies have been exhausted, and when more equipment is needed for a larger team. “Push Packs” include fit-tested masks, PPE, safety equipment, and

decontamination supplies for **100 people for 10 days**. The numbers are based on changing PPE 5 times per day. See Appendix for a list of this additional equipment.

APHIS will utilize the procurement instruments set in place during the “pre-positioning” phase to supply the needs at the Incident Command Posts. APHIS will request emergency funding once H5N1 has been confirmed and the Agency is in a response mode. This request will include funding for the large supplies of PPE needed by APHIS and other entities assisting in the response.

Supplier List Surveillance Materials and Equipment Inventory List

<i>Item and Vendor:</i>		<i>Size Available:</i>	<i>Stock Number:</i>	<i>Unit of issue:</i>	<i>Price:</i>
Long handle Weiler brush 44016 scrub brush		20 12/MIN	M26235	136	\$5.84 ea.
	Name:	Noble Sales Company			
	Type of Business:	S W			
	GSA Schedule No:	GS 06F-0032K			
	Address:	104 Longwater Dr., Norwell, MA 02061			
Trash bags, red, Bio hazard, 50 gallons		50 gallons	8105-01-517-3664	310 box	\$310 25/box
Gloves disposable nitrile medium powder free latex		Medium	8415-0-492-0179	248 box	\$7.43 100/box
Gloves disposable nitrile large powder free latex		Large	8415-01-492-0178	2170 box	\$7.43 100/box
Gloves disposable nitrile extra-large powder free latex		extra large	8415-01-492-0180	155 box	\$7.43 100/box
	Name:	GSA			
	Type of Business:	S			
	GSA Schedule No:	Global Supply			
	Address:	1900 River Rd., Burlington, NJ 08016			
		ph. 1-800-488-3111			
Powered air purifying respirators			Z888-00-000-8001	310	\$629.29 EA
Battery charger for NiCad battery			Z888-00-000-8007	310	\$116.49 EA
Canister filters packaged			Z888-00-000-8005	3100	26.09 6/case
NiCad batteries (extra for the PAPR unit)			Z888-00-000-8005	2670	\$173.43
	Name:	Global Protection			
	Type of Business:	S			
	GSA Schedule No:	GS 07F 6028P			
	Address:	5 East Stow Road ste h, PO Box 1399			
		Marllton, NJ 08053			
		ph. 1800-957-8955			

**Supplier List
Surveillance Materials and Equipment Inventory List
(continued)**

Chemical suite seam tape	2"X60 YDS, Yellow	Z888-00-000-8071	400 roll	\$21.69
EMS Shear, Olive, 7-1/4"	Olive, 7-1/4"	Z888-00-000-8072	100 ea.	\$2.39
Shipping and handling			1	\$196.75
Name: Lab Safety Supply				
Type of Business: L				
GSA Schedule No: Open market				
Address: 401 South Wright Road, PO Box 5277				
Janesville, WI 53546				
Ph. 1800-356-0783				
Website:				
Montaqua water, 1 liter	12 bottles a case	Z888-00-000-8067	233 case	\$11.70
Freight			1 EA	\$1,695.12
Name: Silver Wolf Enterprises				
Type of Business: M, SD, native owned				
GSA Schedule No: GS-07F-0686N				
Address: 900 12th Street N				
Great Falls, MT 59401				
five gallon portable water container		Z888-00-000-8065	31	\$34.85 ea.
5' round poly wading pool, big wander	5' round	Z888-00-000-8063	93	\$12.82 ea.
2 gallon metal tank sprayer	2 gallon	Z888-00-000-8051	310	\$19.44 ea.
5 gallon plastic pail of handling heavy materials	5 gallon	Z888-00-000-8066	31	\$6.29 ea.
Lemon lime, orange powered Gatorade	2 1/2 gallon pkgs 32/case case		31	\$99.86 case
yellow caution tape with black print	Rolls	Z20175	480	3.15 roll
Name: Noble Sales Company				
Type of Business: S				
GSA Schedule No: GS 06F 0032K				
Address: 104 Longwater Dr. Norwell MA 02061				

**Supplier List
Surveillance Materials and Equipment Inventory List
(continued)**

Aprons, Disposable Polyethylene,	32X50 WHITE	Z888-00-000-8051	155	\$ 8.31 pack
Name:	S & B Computer & office products			
Type of Business:				
GSA Schedule No:	GS 14F 0017M			
Address:	747 Pierce Road Clifton Park, NY 12065			
	Ph. 1800-254-8089			
HAND SANITIZER, PURELL	4 fl. oz.	Z888-00-000-8059	233	32.70 case
Name:	Gojo Industries Inc.			
Type of Business:	S			
GSA Schedule No:	GS 07F 0201K			
Address:	One GOJO Plaza suite 500 P O Box 991 44309 Akron, OH 44309 ph. 1800-321-9647 x 6676			
Portable Pressure washer	400 PSI	Z888-00-000-8061	62	\$ 1127.78 ea.
Boot Scraper		Z888-00-000-8060	68	11.79 ea.
5 gallon gas can	5 gallon	Z888-00-000-8070	100	9.56 ea.
Name:	Noble Sales Company			
Type of Business:	S			
GSA Schedule No:	GS 06F 0032K			
Address:	104 Longwater Dr. Norwell, MA 02061			
Tychem suites & boots Cvr		various	62310	
Name:	Fastenall Co.			
Type of Business:	O			
GSA Schedule No:	GS06F0039K			
Address:	2001 THEURER BLVD, PO Box 978 Winona , MN 55987 ph. 507-453-8738			

First Response “Strike Pack” Inventory List

Strike Pack Inventory		
Item	Quantity/Pkg.	Number
Sprayers, 2 gallon	1	10
Impermeable Aprons, polypropylene	100/Box	5
Tychem C Coveralls, small	1	500
Tychem C, medium	1	500
Tychem C, large	1	500
Tychem C, extra large	1	500
Tychem C, extra extra large	25/case	20
Tychem C, boot covers	25/case	20
Virkon (housed in warehouse)	1 lb./Box	50
Trash Bags, disposable, 40-45 gallon	100/Box	10
Purell® Hand Sanitizer, 4.25 oz. bottle	24/Box	5
Gloves, disposable nitrile, small	100/Box	5
Gloves, disposable nitrile, medium	100/Box	8
Gloves, disposable nitrile, large	100/Box	70
Gloves, disposable nitrile, extra large	100/Box	5
Boot Scrapers	1	3
Chem-Tape®	1	15
Portable Pressure Washer, gas-powered w/20-gallon tank	1	2
Powered Air Purifying Respirators, Breathe-Easy 10 w/Butyl Rubber Hood (includes hood, breathing tube, power unit, batteries, battery chargers, and air flow meters)	1 complete unit	10
Combination Air-Purifying Cartridge	6/Box	100
Kiddie Pool 5 foot diameter 18 inch wall (appx)	1	3
5 gallon mixing container	1	1
5 gallon potable water container (Drink dispenser)	1	1
1 Case sport drink mix	1	1
Case bottled water	1/cs	5

“PUSH PACK” Inventory List

Personal protective equipment, safety equipment, and decontamination supplies for 100 people for 10 days will be deployed to the incident site. They will initially be deployed from the National Veterinary Stockpile after the first response strike packs (Appendix B) have been deployed. These supplies in the table below are based on changing PPE 5 times per day.

Item	Quantity/Pkg.	Number
Eye Wash Station, fend-all, Pure Flow 1000	1	1
Eye Wash Station, Fluid Cartridges	2/Pkg.	4
Eye Wash Station, Cart	1	1
First Aid Kits, 16 Unit ANSI Z308.1 2003	1	100
Sprayers, 2 gallon	1	50
Motor Vehicle Accident Kits		10
OWCP Kits (CA-1, CA-2, etc.)		10
Face Shields, disposable	24/Pkg.	200
Fire Extinguishers, ABC, 1 lb.	1	50
Portable First Aid Station	1	1
Impermeable Aprons, polypropylene	100/Box	50
N-95 Respirator, 3M 8210	20/Box	200
N-95 Respirator, 3M 8511	10/Box	100
N-95 Respirator, 3M 8271	10/Box	100
N-95 Respirator, Moldex 2700	20/Box	100
N-100 Respirator, 3M 8233	1	500
P-100 Respirator, 3M 8293	1	250
P-100 Respirator, Moldex 2360	5/Box	100
Coverall, Dupont Tyvek, disposable, small	25/case	200
Coverall, medium	25/case	600
Coverall, large	25/case	600
Coverall, extra large	25/case	600
Coverall, extra, extra large	25/case	200
Tychem C Coveralls, small	1	500
Tychem C, medium	1	500
Tychem C, large	1	500
Tychem C, extra large	1	500
Tychem C, extra extra large	25/case	20
Tychem C, boot covers	25/case	20
Shoe Covers, Tyvek® Standard	25/Pkg.	200
Head Covers, polypropylene 21”	100/Box	50
Virkon (housed in warehouse)	1 lb./Box	50
Trash Bags, disposable, 40-45 gallon	100/Box	100
Purell® Hand Sanitizer, 4.25 oz. bottle	24/Box	50
Gloves, disposable nitrile, small	100/Box	50
Gloves, disposable nitrile, medium	100/Box	80
Gloves, disposable nitrile, large	100/Box	100
Gloves, disposable nitrile, extra large	100/Box	40
Boot Scrapers	1	3
Ear Plugs, OSHA Comply Pack	500/Set	2
Hard Hats, MSA V-Gard®, vented	1	25
Chem-Tape®	1	100
Portable Pressure Washer, gas-powered w/20-gallon tank	1	2

APPENDIX L

[National Park Service Response Plan](#)