The Deputy Secretary of Energy
Washington, DC 20585

March 29, 2006

MEMORANDUM FOR ALL DEPARTMENTAL ELEMENTS

FROM: CLAY SELL

SUBJECT: Development of the Department of Energy (DOE) Pandemic Influenza Plans

On November 1, 2005, the President announced the National Strategy for Pandemic Influenza and directed all Federal Agencies to begin internal planning to ensure readiness in the event of a pandemic. The attached departmental plans that have been drafted meet the President's requirements and will serve as the DOE plan, subject to subsequent improvements and revisions.

I am hereby designating the Office of the Assistant Secretary for Environment, Safety and Health to lead the implementation of the Department's pandemic plans. This implementation must reflect the utmost concern for the safety of DOE workers and ensure the continued performance of the Department's Essential Functions potentially for a four-week disruption in normal operations. I expect full implementation of the plan to be accomplished by May 31, 2006.

I am directing Acting Assistant Secretary C. Russell H. Shearer to organize a Biological Event Monitoring Team (BEMT), drawn from the biomedical expertise of the DOE Complex, as well as the Department's Emergency Operations and Continuity Programs, to coordinate the Department's response actions. The BEMT will include a "Red Team" that will, in the event of a biological emergency, assess and assure our facilities' capability to shut down or continue safe operations.

I am also designating Mr. Jonathan Kiell, the Department's Continuity Programs Manager, to serve as the Pandemic Influenza Continuity Program Manager.

Please give Mr. Shearer and Mr. Kiell your assistance in implementing the Department's plans to deal with this serious threat and join me in meeting our responsibility to protect the health of the DOE work force, while continuing to ensure the Department meets its critical obligations and the expectations of our country and the President.

Attachment

MEMORANDUM FOR THE DEPUTY SECRETARY

FROM: **C. RUSSELL H. SHEARER**
ACTING ASSISTANT SECRETARY FOR ENVIRONMENT, SAFETY AND HEALTH

SUBJECT: **ACTION:** Development of Pandemic Influenza Continuity Plans

BACKGROUND: On November 1, 2005, the President announced the National Strategy for Pandemic Influenza, which directed all Federal Agencies to develop internal plans that can be implemented in the event of a pandemic of Avian Influenza. The National Strategy identifies four major topics: (1) Protecting the health of employees; (2) Continuing performance of mission essential functions; (3) Supporting the Federal response; and (4) Communicating with stakeholders. Departmental plans have been developed to meet the White House's due date of March 31, 2006. Implementation of the plan by all Department of Energy (DOE) elements is essential to complete compliance with the President's timeline.

DISCUSSION: Infectious diseases, both naturally occurring and intentionally propagated, have been a threat to mankind throughout history. Avian Influenza, strain H5N1, is the most current deadly infectious disease threat. This virulent strain is recognized as capable of becoming a pandemic and spreading very rapidly around the globe, such that a significant proportion of this nation's population could be seriously affected. In addition to this health impact, the economic and political impacts could be significant, to the point that national security would be threatened. The Department must do its part to ensure the Nation is ready to deal with a pandemic that could cause such disruptions, minimizing the impact on departmental operations and protecting the health of our workers.

Through the Office of Environment, Safety and Health's (EH) leadership, the Department's Federal Employee Occupational Safety and Health (FEOSH) Subcommittee for Infectious Diseases drafted a plan that addresses the requirements stated in the National Strategy for Pandemic Influenza. While improvements and revisions of this plan are encouraged, implementation of the plan by all DOE elements is essential to complete compliance with the President's timeline. Additional senior management focus and input are critical to ensure implementation of this plan, while providing for protection of the DOE workforce and the continued performance of the Department's Essential Functions in the event of a pandemic.

The attached memorandum assigns managers and establishes expectations for implementation of the attached plan to prepare the Department for a pandemic.

SENSITIVITIES: None.

POLICY IMPACT: Continued performance of Essential Functions is mandated by a number of Presidential and Executive Branch directives; the requirement for implementation of a plan to deal with Pandemic Influenza is an extension of existing Continuity of Operations requirements.

RECOMMENDATION: Sign the attached memorandum designating the attached document to serve as the interim DOE plan and directing all appropriate Headquarters Elements to support the implementation of the Department's Pandemic Influenza Continuity Plan.

Attachment

ATTACHMENT

Biological Event Monitoring Team (BEMT)
Proposed Membership

It is essential that BEMT is constituted quickly and composed of appropriately qualified members. In order to maintain the continuity of planning and retain the institutional knowledge of the Pandemic planning process, all members, whether Standing Members, Ad Hoc Members, or Advisors, are designated by name. The following by-name recommendations are requested for membership on BEMT:

STANDING MEMBERSHIP:
- CHAIR: Appointed by the Deputy Secretary
- DOE Counter-Terrorism: Mr. Stephen Stern
- DOE Medical Officer: Dr. Steven Yevich
- Office of NNSA – Bioterrorism: Dr. Terry Creque
- Admin/Health and Safety Officer: Ms. Cherylynne Williams
- Security: Lynn Gebrowsky
- Continuity Programs: Mr. Jonathan Kiell
- EOC: Mr. Joseph Stambaugh
- CIO: TBD

Ad Hoc MEMBERSHIP:
- Subject Matter Experts (National Laboratory experts) – TBD
- Field Site medical representative(s) (Site Occupational Medical Directors (SOMD): All

ADVISERS:
- General Counsel: TBD
- Union representative: TBD
- Labor Relations: TBD
- Contracting representative: TBD
- Human Resources: TBD
- Public Affairs: TBD
- Office of Science representative: TBD
- Office of Intelligence: TBD
- Office of Counter Intelligence: TBD
- Office of Electricity Delivery and Energy Reliability: Mr. Robert Keener
- Office of Fossil Energy: TBD

Department of Energy (DOE)
Internal Preparedness Plan for Infectious Diseases

Overview

Infectious diseases, both naturally occurring and intentionally propagated, have been a threat to mankind throughout history. Modern-day science has developed the ability to forecast possible outbreaks of many diseases and has developed a limited capability to implement countermeasures to decrease the morbidity and mortality associated with these outbreaks. Unfortunately, rapid transportation, crowding, other environmental stressors, and even advanced methods for microbe production have increased the seriousness of the threat represented by infectious diseases on a global level. Infectious organisms rapidly develop resistances to the limited drug therapies available, and few effective vaccines exist compared to the innumerable and continually evolving infectious threats throughout the world. No country can consider itself immune to an infectious disease attack, whether naturally occurring or intentionally propagated.

Reflecting this contemporary global threat to the health of the people of the United States, the Administration took steps to ensure the Nation would be prepared to protect the health of the country. As a result of the Homeland Security Presidential Directive 8 (HSPD-8) dated December 17, 2003, and the National Strategy for Pandemic Influenza announced by the President on November 1, 2005, all Federal Agencies were requested to immediately begin work on devising internal preparedness plans in support of the President's initiative.

This DOE plan addresses the requirements as stated in the National Strategy for Pandemic Influenza to ensure that the Department is prepared for a possible outbreak of an infectious disease. Regardless of the infectious disease threat (see appendix A for information on Avian Influenza), the Department's response is consistent with public health practices, provides a phased in response based on the risks, protects employees, and ensures the continued performance of the Department's Mission Essential Functions. This plan utilizes and relies upon existing policies and procedures to accomplish the purpose; however, for clarification, those policies are referenced here as they pertain to a response to an infectious disease.

Four Criteria in National Strategy

There are four areas identified for action in the President's National Strategy for Pandemic Influenza, which the DOE plan addresses. (Each area is addressed in greater detail following this section.)

1. **Protecting the Health of Employees:**
   The Department has a commitment to protect the health of DOE employees, contractors, and visitors. In accordance with sound public health practices, the response and the level of protection will be commensurate with the risk of the infectious disease. The method or means of protecting employees' health depends on the risk assessment. The response actions range from no response (one extreme) to closure and decontamination of the facility (the other extreme). Factors used in determining the relative risk of infection include detection and/or confirmation of disease in the community (or an animal reservoir), the virulence, the prevalence, and the transmissibility of the disease. The planned response actions taken both at a DOE site and at Headquarters are based on a graded approach to the relative risk level.

2. **Continuing Performance of Mission Essential Functions:**
   The Department has a commitment to ensure continued performance of its Mission Essential Functions despite an infectious disease outbreak. For this reason, prevalence of infectious agents is yet another scenario that must be addressed by the Department's Continuity of Operations Plans. Designations of "emergency employees" and/or "mission critical emergency employees" are used in the Continuity plans in accordance with the Office of Personnel Management (OPM) guidelines. Leave and furlough policies are as outlined in OPM guidelines and DOE directives. Building closures are as designated in site-specific Occupant Emergency Plans. Use of Telework (flexiplace) flexibilities are more strongly encouraged (and may be critical for some essential functions) under situations where a highly contagious or virulent disease is present and for individuals who are at high risk. It is the Department's objective to make the necessary arrangements in advance of a pandemic or epidemic. Procedures for flexiplace are in keeping with OPM guidelines and DOE directives.

3. **Supporting the Federal Response:**
   The Department has scientific and research capabilities through the National Laboratory network that may be called upon for its specialized expertise. DOE also has limited medical resources throughout the Nation; and, in many cases, mutual aid agreements already exist between DOE sites and the local communities.

4. **Communicating with Stakeholders:**
   The Department has a commitment to communicate accurate and timely information with employees and stakeholders, although the purpose of this communication varies between the two groups. For employees (including onsite contractors), information is provided so that employees can make informed decisions, take adequate precautions to protect themselves and their families, and prevent the spread of the disease. For stakeholders, the purpose is to provide information on the operational status of the Department. The Department is committed to protecting the individual's rights under HIPAA (Health Insurance Portability and Accountability Act) and the Privacy Act.

Protecting the Health of Employees

Per guidance in the National Strategy for Pandemic Influenza, the DOE plan is based upon disease surveillance, early identification and notification of employees, education of employees, and containment and isolation of the disease (through measures, such as relocating employees or functions to locations less impacted by the pandemic, or increasing the Department's capability and reliance on work-at-home/shelter-at-home status).

DOE response actions are keyed to six MEDCON (medical alert) levels (appendix B) based upon specific biological agent/infection, disease surveillance information or most current intelligence (if a biologic warfare (BW) threat is identified), and/or global conditions. These levels (and their response actions) are designated upon the recommendations of the DOE Biological Event Monitoring Team (BEMT) through the Emergency Operations Center (EOC). (See appendix C for BEMT organization and responsibilities.)

The BEMT, in coordination with the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and/or other U.S. Government Agencies, shall stay attuned to ongoing worldwide health surveillance tracking sources to identify the development and spread of pandemic diseases. When the situation warrants, the BEMT is alerted by the DOE EOC, and members (or their alternates) will be available on a 24-hour per day, 7 days a week basis.

The Chair (appointed by the Deputy Secretary) of the BEMT shall notify the Deputy Secretary and Field Office Managers through EOC advising them of an evolving infectious disease threat and recommend appropriate actions, including activating the Continuity Programs, consistent with the MEDCOM levels.

Upon notification by the Chair of BEMT that a biological threat may impact the United States, DOE sites shall notify employees of the threat and initiate health surveillance of their employees through the DOE Health Surveillance Network. The Assistant Secretary for Environment, Safety and Health shall develop the guidelines for the Health Surveillance Network to be implemented by all DOE Program Elements.

To achieve the goal of protecting all staff to the greatest extent possible, the measures will be taken, divided into three categories:

1. **Medical Response Actions:**
   - Encourage immunization against seasonal influenza; encourage and facilitate vaccines against specific disease threats (if and when vaccines are available); and
   - Outline protective measures to be taken by personnel.

2. **Organizational Response Actions:**
   - Promote good hygienic practices;
     - Provide protective equipment, and
     - Establish requirements to limit transmission.

- Promote social distancing. The most effective measure to prevent contracting contagious diseases, such as avian influenza, will be to limit, as much as possible, contact with the public and travel, in general.
    - Arrange work schedules (e.g., alternating schedules, work-at-home, alternate sites)
- Distribute vaccines and antiviral agents, if available, and as needed. A priority will be given to personnel required to report to work.

3. Individual Response Actions:

- Follow self-preparedness requirements; and
- Report illness among family members and potential exposure.

Continuing Performance of Mission Essential Functions

The Department's Continuity Programs Manager shall take appropriate action to ensure continued performance of the Department's Mission Essential Functions.

DOE's Continuity Plan (still in development) provides planning guidance and procedures to ensure the Department's ability to continue to perform its Mission Essential Functions during and following a significant disruption to normal operations. The current plan provides for relocating critical personnel to Alternate Operating Facilities and devolving responsibilities to other offices in the event that Essential Functions cannot be performed at normal operating facilities. The plan also outlines procedures for employees to employ Telework as a means to perform many activities from home or other remote locations.

In response to a pandemic, a combination of these alternatives will be necessary to ensure continued performance of all of the Department's Mission Essential Functions. An orderly transition from normal routine down to essential functions must be planned and programmed. Program, Staff, and Field Offices need to ensure that their Continuity Implementation Plans provide sufficient guidance for employees to work from home and that adequate resources (in particular, computers and remote connections to the DOE network) are in place to support this effort.

Although there will likely be some limited number of functions that will require personnel to report to a DOE facility to work, if the number of personnel involved is small and personnel interaction is maintained at a minimum (social distancing), this should not represent a significant health risk.

Program Offices are responsible for designating personnel expected to report to a DOE facility, as well as personnel expected to Telework, in order to ensure continued performance of DOE Mission Essential Functions.

Program Offices will need to implement measures to ensure work can be accomplished while limiting opportunities for transmission of the disease and exposure to personnel. See Appendix D – Pandemic Continuity Plans.

Supporting the Federal Response

DOE's mission includes providing support to the Nation in a number of areas, including coordinating and managing the Nation's energy infrastructure, providing emergency response capability, ensuring the safety of the nuclear weapons complex, monitoring worldwide nuclear activities, and conducting scientific research to support the National Defense and Homeland Security. These functions must continue, even under the difficult circumstances that would accompany a pandemic. The various Program Offices that are responsible for performing these and other essential duties will need to develop plans to ensure that these Essential Functions can be performed.

Communicating with Stakeholders

The Assistant Secretary of Environment, Safety and Health will implement a multi-media public information program for DOE employees that includes best practices and "infection awareness," appropriate for the biological threat. The BEMT will communicate its proceedings through DOE channels as quickly as possible.

Web site. A Web site for staff dedicated to information about the most current contagious disease threat will be found on the DOE Intranet homepage, *EH Portal*. The Web site will provide the most current information for staff, including personal protective measures against the disease, steps to be taken in the event of a pandemic, and related information on the disease from other authoritative sources, as well as a perspective of overall departmental readiness plans. A special e-mail account/FAQ database will be in operation for staff to send comments and ask questions when answers cannot be found on the Intranet or in any of the periodic information sessions. These questions and answers will be posted on the Web as well.

Televideo Broadcasts. The Department will sponsor periodic televideo information sessions from not only DOE sources, but also outside experts, such as CDC. If these sessions are live, they will be videotaped, and will be archived and accessed from the Web site for the benefit of any staff member, particularly those not able to attend in person.

At the MEDCOM 3 level of alert, a toll free "800 number" will also be activated and manned to channel questions from sections and supervisors, as well as individual employees, to the appropriate respondents, including the BEMT.

APPENDIX A

Avian Influenza

Avian influenza (AI) represents a current, serious, and imminent infectious disease threat to the Department of Energy (DOE) complex. It is currently widespread among birds in several countries. There are two major concerns held by scientists who have tracked this Avian influenza (also known by its strain, H5N1) and similar viruses over decades: one is the speed at which H5N1 can mutate to become capable of human-to-human transmission; the second is the virulence of the virus, as expressed by both its speed of transmission as well as its deadliness. Although the virus has difficulty crossing from birds to humans, more and more human cases of Avian influenza are being reported around the world, leading to increasing concerns about the chances of the virus mutating to a form more effective in human-to-human transmission. If the Avian virus were to mutate such that it could enter the human population in an efficient and sustainable manner, the end result could be wildfire spread of infection across the world – a pandemic – occurring in days, due to increased person-to-person transmission across continents due to jet transportation. Based on models developed from similar occurrences, such as the 1918 influenza pandemic, millions of even healthy people could be affected, and millions could die. The threat is not trivial; it is not simply a case of "having the flu." DOE personnel would be expected to become infected, generating not only health and safety concerns for our employees, but also business continuity and national security concerns.

While this present round of AI may eventually mutate into a less lethal form, the AI threat serves as a strong and current model of the type of infectious disease threat that the world can expect to face in the coming decades – whether manmade or naturally occurring. As the Centers for Disease Control and Prevention (CDC) has stated, it is not a question of "if" a pandemic will occur sometime in the future, but rather of "when" it will occur. The lessons learned from AI include an awareness of the tremendous capabilities of microorganisms to mutate to infectiously lethal forms, the inadequacy of present medical treatments including vaccines, as well as limitations of health care organizations to handle vast patient loads, and the need for public education and corporate planning to prepare psychologically and economically for such a catastrophe. The plans resulting from preparations for an AI pandemic will serve as solid templates that can be used in the future to confront any infectious disease threat, and we must not pass by this opportunity to take proactive steps to protect the health of the Nation.

APPENDIX B

Medical Condition (MEDCON) Alert Matrix

MEDCON Level	Characteristics	Key Actions
0	Normal condition – No unusual infectious disease threats (above background) known to be imminent.	**Medical Officers** – Monitor professional literature and specialized resources for evolving trends (e.g., Centers for Disease Control and Prevention, World Health Organization, etc). Ensure Biological Event Monitoring Team (BEMT) contact rosters are current and in place at the Emergency Operations Center (EOC). Identify criteria for employees considered at high-risk for infection for special considerations to minimize health risks (e.g., vaccinations, work-at-home). **Health Sections --** Maintain stocks of long shelf life, basic and universal protective materials such as masks, gloves, and disinfectants; keep major vaccines current. **EOC –** Review BEMT contact rosters for currency. Seek updates as needed. **Continuity Programs –** Conduct periodic exercises of elements of preparedness plans. **Security –** Maintain currency on global intelligence regarding potential terrorist threats. **Facility Management** – Maintain facility emergency operations and response plans. **Chief Information Officer (CIO) –** Assess readiness and capability to provide remote access for employees who have critical essential functions. Consider expanding readiness capability to provide remote access for all employees.
1	Initial Concern – Increase in incidence of infectious disease threat within the world, with potential to impact DOE.	**Medical Officers** – Brief Senior Management and EOC on potential threat; continue monitoring appropriate worldwide health information sources: increase surveillance of professional literature. Prepare and disseminate risk information to the employees. Ensure capability for health surveillance is in place. **EOC –** Recall BEMT to EOC for briefing by Chair. **Continuity –** Continue routine tests and exercises, including exercises necessary to transition to minimal essential functions. **BEMT –** Convene initial meeting to review evidence and evaluate seriousness of threat; consider possible special requirements, such as risk categories, preventive measures; continue frequent sessions to constantly monitor progress of disease threat; with Admin, ensure elements of Department of Energy (DOE) health surveillance network are in place in case of activation. Recommend travel limitations and restrictions as appropriate. Update contact roster information for each member. Provide updates to EOC. **Health sections –** Verify status of appropriate protective materials, and replenish and/or increase as needed; initiate procurement of additional specialized supplies for protection of key personnel, tailored to actual threat (i.e., for first responders, medical staff, etc.)(vaccines and other medical prophylaxes); begin informational/educational campaign for employees; populate

		website to address disease threat. **Security –** Maintain currency on global intelligence regarding potential terrorist threats; **Chief Information Officer (CIO) –** Confirm readiness and capability to provide remote access for employees who have critical essential functions. **Program Offices** – Prepare to limit foreign travel, review telecommuting plans, review succession plans, and update emergency call lists. **Admin/Human Resources (HR) –** Review leave policies for flexibilities for "at high-risk" individuals. Inform supervisors and employees of leave policies available for use.
2	Disease outbreak, outside the continental United States, directly impacting humans.	**EOC** – Place BEMT members on 6-hour standby**.** **Continuity –** Review plans, continue testing and exercises, conduct tabletop exercises related to pandemic. **BEMT –** Constant team communication; continually review evidence and evaluate seriousness of threat; with Admin, initiate Health Surveillance network and begin timely data analysis; continually update Senior Management on threat status; continue monitoring appropriate worldwide health information sources; determine criteria to identify high risk individuals (if necessary); and consider implementing medical measures early, if indicated. **Health sections –** Procure vaccines, etc. (if and when available); intensify employee education programs, especially personal protective measures (PPM); initiate procurement of additional specialized supplies for protection of broader population(s), as available; initiate medical protective measures (e.g., vaccines) if determined by BEMT. Initiate health surveillance in accordance with Departmental policy, Centers for Disease Control and Homeland Security Council guidelines, and/or recommendations by the BEMT. **CIO –** Ensure connectivity of pre-designated personnel, in the event of relocation or work-at-home decisions. **Senior Management –** Communicate DOE readiness plans to workforce. **Program offices** – Limit foreign travel, review telecommuting plans preparing to drastically increase use on short notice; review succession plans, and update emergency call lists. **Admin/HR --** Inform supervisors and employees of leave policies addressing flexibilities for "at high-risk" personnel.
3	Single-locus or cluster outbreak anywhere <u>within</u> the continental United States and border regions.	**EOC –** Notify BEMT to report to EOC (if not already done). **Continuity –** Activate Continuity in affected areas, as appropriate, to ensure continued performance of Essential Functions. **BEMT –** Preliminary notification to Management to prepare for outbreak; review evidence and continually evaluate seriousness and spread of threat; with Admin, initiate Health Surveillance Network and begin timely data analysis; continually update Senior Management on threat status; continue monitoring appropriate worldwide health information sources; initiate prevention

		interventions (including vaccines) if available and indicated; and recommend travel restrictions to/from affected regions, as well as implementation of increased telecommuting options. **Health sections –** Initiate vaccination/protection programs if indicated by BEMT, distribute literature describing disease and high risk populations, distribute prophylactic materials to staff offices with instructions, update Web site continually, and man 1-800 Office of Environment, Safety and Health information phone lines. **Program Offices (DOE-wide) –** Restrict travel to/from affected regions, implement increased telecommuting options, and minimize large public meetings/conferences. **Admin/HR --** Inform supervisors and employees of leave policies addressing flexibilities for "at high-risk" personnel.
4	Disease cluster confirmed or suspected within local State/region NOTE: This may be the first notice that there is an impending biological threat.	**EOC –** Notify BEMT to report to EOC (if not already done). **Continuity –** Implement Continuity Plans as appropriate based on conditions. **BEMT** – Make recommendations for proximate offices and sites, brief Senior Management on situation, direct distribution of prophylactic supplies to individuals, and provide direction on use of masks, etc. **Health Sections –** Continue/increase vaccination/protection programs if indicated, update Web site continually, and man 1-800 phone lines. **Program Offices (DOE-wide)** – Eliminate nonessential travel, implement maximum telecommuting, eliminate all meetings >6 persons, and require all personnel in facilities to wear masks, etc. **Admin/HR --** Inform supervisors and employees of leave policies addressing flexibilities for "at high-risk" personnel. **Security –** Take appropriate measures to maintain internal security, as well as alert for terrorist activity.

5	Outbreak at a specific site/facility or the nearby community. NOTE: This may be the first notice that there is an impending biological threat.	**EOC –** Notify BEMT to report to EOC (if not already done). **Continuity –** Invoke Continuity Plans as appropriate based on conditions. **Security –** Appropriate measures to ensure security. **Program Offices** – Ensure continued performance of essential activities, and manage employee problems at a local level. **BEMT** – Recommend immediate action at affected sites, alert all other sites, monitor local and global situation, keep leadership informed on a constant basis, recommend when/how to reopen Department, and determine need for disinfection protocols or other decontamination procedures prior to restart. **Health Sections –** Activate 1-800 phone system if not already instituted; provide vaccines and other protective measures, if not already instituted; intensify employee education programs, especially on PPM; and intensify Web site information.

6	Widespread pandemic throughout United States.	**EOC –** Notify BEMT to report to EOC (if not already done). **Continuity –** Fully implement Pandemic Continuity Plan as appropriate (if not already done). **BEMT** – Recommend immediate shutdown of Department, monitor local and global situation, keep leadership informed on a constant basis, recommend when/how to reopen Department, and determine need for disinfection protocols or other decontamination procedures prior to restart. **Senior Management** – Limit departmental operations to essential functions. Direct non-emergency personnel to stay home in accordance with Office of Personnel Management and departmental policies. **Security –** Appropriate measures to ensure security. **Program Offices** – Address employee problems at a local level. **Health sections –** Activate 1-800 phone system and Webpage if not already initiated; intensify employee education programs, especially PPM; and initiate medical protective measures (e.g., vaccines) if not already initiated.

APPENDIX C

Biological Event Monitoring Team (BEMT)

Organization

GENERAL: There are two membership groups: the Standing Members, or Core Group; and the Ad Hoc Members, who are designated according to the special demands of the threat. Alternates from every major section must also be officially designated. Advisers with special skills and/or knowledge will also be tasked.

STANDING MEMBERSHIP:
- CHAIR – Appointed by the Deputy Secretary
- Department of Energy (DOE) Counter-Terrorism
- DOE Medical Officer
- National Nuclear Security Administration (NNSA) - Bioterrorism
- Admin/Health and Safety Officer
- Security
- Continuity Programs
- Emergency Operations Center (EOC)
- Chief Information Officer (CIO)

Ad Hoc MEMBERSHIP:
- Subject Matter Experts (National Laboratory experts) – dependent upon specific biological agent involved
- Field Site medical representative(s) (Site Occupational Medical Director (SOMD))

ADVISERS:
- General Counsel
- Union representative
- Labor Relations
- Contracting representative
- Human Resources
- Public Affairs
- Office of Science representative
- Office of Intelligence
- Office of Counter Intelligence
- Office of Electricity Delivery and Energy Reliability: Mr. Robert Keener
- Office of Fossil Energy

Responsibilities

Purpose. Multidisciplinary team that serves as an advisory panel to review, on extremely short notice, any available medical and scientific evidence for a biological agent threat, and provide the **best recommendation(s) possible** to continue essential functions and protect the health of the Department; time permitting, provide expert recommendations to guide Department readiness for a biological threat.

Expectations. This team will be on a 24/7 availability status, with formal designation of oncall rosters and use of alternates. This information will be provided to the EOC as soon as possible and updated as changes occur. Team members would be expected to be accessible by conference call within 2 hours; therefore, the designation and use of alternates is very important. Call roster would be exercised at least quarterly.

Tasks.
Advise the Deputy Secretary or designee on specific actions necessary for plan implementation.

Track the global/regional progress of an infectious threat, keeping leadership through the EOC communications systems. Obtain internal expertise, as well as seek the most current scientific information on the threat.

Oversee development and refinement of DOE Health Surveillance Network. Develop a reasonable mechanism to identify and track confirmed and suspect cases among DOE employees (in order to take protective actions for co-workers).

Act as advisory body for actions, information, and expertise at Field Sites.

Provide guidance on use of vaccines and/or other medications; use of personal protective measures; designation of high-risk categories for employees (if indicated); and precautions for travelers going to, and returning from, high risk areas.

Provide guidance on identifying and tracking susceptible employees to ensure their health and the office environment are both protected, in accordance with Health Insurance Portability and Accountability Act and Privacy guidelines.

Oversee development and content of disease-specific Webpage of the Office of Environment, Safety and Health Web site, in order to ensure employees are best informed.

Determine proper precautions and procedures following Department shutdown, to safely restart Agency.

Provide expertise in developing scenarios to exercise DOE Elements of the readiness plan.

APPENDIX D

Pandemic Continuity Plans

Background

Assume the Worst Case Scenario (anything less will be easier to deal with) – A pandemic influenza affects the entire United States; thus, all of Department of Energy (DOE) is impacted.

Traditional Continuity Plans (relocating personnel or functions) will not work –Relocation to another facility is not a viable option; the risk and disruption exists everywhere. Nevertheless, Mission Essential Functions must still be performed.

A modified Continuity Plan is necessary. Criteria include:

- Perform Mission Essential Functions;
- Minimize exposure to personnel and spread of disease; and
- Provide a safe working environment.

Pandemic Continuity Plan – Concept and Overview

DOE Declares Activation of the Continuity Plan

Most employees do not come to work – To minimize exposure and transmission, most employees are directed to remain at home (on Administrative Leave). Employees are expected to remain in regular contact with their managers.

Telework is encouraged – Work can be accomplished remotely. Personnel can work online and over the phone. Occasional visits to the worksite can be arranged.

Selected Emergency Employees are expected to report to work – Program Offices will direct selected employees to report to work, as required, to perform Essential Functions and Essential Supporting Activities. With significantly reduced staff and flexible work schedules, person-to-person contact can be minimized and use of mass transit can be avoided (see additional discussion below).

Some Essential Activities may be transferred to Field Activities – At the discretion of the Program Offices and based on personnel availability, performance of some Essential Functions may be transferred to other locations.

Social Distancing – Strategies to minimize person-to-person contact

Limited use of mass transit – Since most employees will not be required to report to work, those that do need to report can use private vehicles and avoid person-to-person contact on mass transit systems. DOE parking restrictions at Headquarters should be relaxed to accommodate drivers.

Few people at work so transmission is minimized – Since few people will be at work, people-to-people contact will be reduced.

Meetings and gatherings are significantly restricted – To further reduce the spread of influenza, group meetings should be minimized.

Conference calls are encouraged – An alternate to meetings or gatherings is teleconferences. This can include personnel working from home. The DOE teleconferencing services can expand services to accommodate increased networking.

Extensive use of technology – Use of e-mail and other collaborative technology to minimize person-to-person contact is encouraged. Planning and training can facilitate the effectiveness of this option.

Shift work is encouraged – Program Offices should make use of shift work schedules to allow personnel to come to work for designated periods, but to minimize the number of personnel at work at any one time. Priority should be given to facilitate performance of Essential Functions, but other work may be accomplished as well.

Health Protection Measures – For Program and Staff personnel that do report for work, protective measures should be implemented to further minimize transmission.

Hand washing – Employees are encouraged to wash their hands frequently.

Protective equipment – Wearing protective (surgical) masks, gloves, and other effective protective gear is encouraged.

Maintain distance from other people – Personnel are encouraged to avoid close contact with other employees.

Use of inoculations and other medicines – Personnel required to report to work should be offered prophylactic drugs.

Periodic medical evaluation – Medical staff should be available to regularly evaluate at-work staff to enable quick identification of signs of influenza and quick treatment if found.

Confined Teams – One approach that can be considered is allowing a team of employees to remain at work for an extended period of time. Once the latency/incubation period for the disease has passed, and if the team avoids contact with the general population, increased person-to-person contact would not be a significant problem. For example, if the time between exposure and symptoms is 3 days, once a group of employees has remained at work for that period of time, it may be safe to assume the group is not infected and, therefore, cannot transmit the disease. This approach may be appropriate for organizations that require work in secure facilities (e.g., Office of Intelligence, National Nuclear Security Administration, and Office of Counterintelligence).

Other Special Considerations:

Security – During this Continuity event, access to DOE facilities will be restricted to DOE personnel only. No visitors or temporary employees will be permitted access.

Limited Facility Entrances – Reducing the number of building entrances will reduce the number of security guards required. Security officers (who must visually observe personnel) may be required to wear additional protective gear.

Limited Access and Exclusion Areas – Entering a PIN code on a keypad to access a security area presents an opportunity for spreading a virus. Keypads will require frequent cleaning and protective gloves should be used.

Personnel Accountability – As with any Continuity event personnel accountability is critical (for those that report to work as well as those that stay home). Regular contact with all employees will be a requirement. Office Directors will have to remain aware of personnel availability and health, particularly since this can change from day to day. Under a worst case scenario there may be a need to replace personnel performing Essential Functions. Delegations of Authority and Orders of Succession may have to be implemented. Human capital management policies may need to be reviewed based on the situation.