

LPR 8715.4

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Langley Research Center

Pandemic Influenza Contingency Plan

National Aeronautics and Space Administration

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PREFACE

P.1 PURPOSE

- a. The purpose of this Langley Procedural Requirements (LPR) is to set forth procedural requirements to provide for the protection of Langley Research Center (LaRC) employees, facilities, and equipment during a potential pandemic threat. It also outlines the actions, roles and responsibilities associated with preparedness, response, and recovery should a pandemic threaten the Center.
- b. The broad objective of the plan is to identify the population, processes and work elements at risk and mitigate the effects, to the greatest extent possible, within LaRC resources and capabilities.
- c. This LPR supports policies and procedures outlined in LPR 1040.3 "Continuity of Operations Plan" and LPR 1046.1 "NASA Langley Research Center Emergency Management Plan". Specifically, the concepts of the National Incident Management System (NIMS) will be used to integrate response activities using a set of standardized organizational structures designed to improve interoperability between all levels of government, private sector and nongovernmental organizations.

P.2 APPLICABILITY

This LPR applies to all LaRC employees, tenants, contractors, and associated resources. The broad objectives include:

- a. Planning for sustained operations with reduced resources until normal business can be reconstituted, which may exceed thirty days.
 - (1) LaRC must be capable of continuing senior leadership, command and control, and alternate interoperable communications until the situation returns to normal.
- b. Planning for absenteeism rates of up to 40 percent.
- c. Identify activation phases based upon pandemic alert levels, proximity of outbreak to LaRC facilities, impact at LaRC, and recurring outbreaks.
- d. Identify health measures to minimize the effects of a pandemic event on staff and operations, for example, social distancing.
- e. Reviewing the effect of a pandemic event on essential contract and support services, organizational operations and develop mitigation strategies;

- f. Planning for orders of succession and delegation that identify in hierarchical order, at least three individuals per position to take into account the assumed rate of absenteeism (see LPR 1040.3, LaRC COOP Plan).
- g. Planning to achieve interoperable communications using multiple modes including, but not limited to, laptop computers, cellular telephones and personal data assistant (PDA) devices among the senior leadership and designated key staff.
- h. Identifying vital records and automated systems necessary for the continuity of essential functions.
- i. Coordinating and determining human capital policies and procedures for accomplishing essential and less-essential services and functions, contracted work, replacement of employees unable to return to work and the mechanisms distributing information to key stakeholders.
- j. Planning for how senior leadership, command and control will function if a pandemic influenza renders senior leadership and key staff incapable or unavailable to execute those functions whereby full or partial devolution may be necessary.
- k. In this LPR, all document citations are assumed to be the latest version unless otherwise noted.

P.3 AUTHORITY

NPD 8710.1, "NASA Emergency Preparedness Program"

P.4 APPLICABLE DOCUMENTS

- a. LPR 1040.3, "Continuity of Operations (COOP) Plan"
- b. LPR 1046.1, "Emergency Management Plan"
- c. LF 225, "Organizational Code: Critical Function/Personnel Succession Worksheet"

P.5 MEASUREMENT/VERIFICATION

Compliance with this LPR will be determined by periodic pandemic exercises.

P.6 CANCELLATION

None

Original sign on file

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1. SITUATION AND ASSUMPTIONS

1.1 General

1.1.1 LaRC will adhere to federal, state and local requirements in responding to a pandemic threat to include operating activities consistent with the National Response Plan (NRP) and the National Incident Management System (NIMS).

1.1.2 A pandemic event will require a highly coordinated agency and Center-wide response.

1.1.3 No single entity possesses the authority, expertise, and resources to act unilaterally on the many complex issues that may arise in response to a pandemic.

1.1.4 The response requires close coordination between numerous agencies at all levels of government and with the private sector.

1.1.5 LaRC's Safety & Mission Assurance Office (SMAO) shall provide leadership, in close coordination with the LaRC Pandemic Working Group, should implementation (in full or part) of this plan be warranted.

1.1.6 Characteristics of an influenza pandemic that must be considered in strategic planning include:

- a. The ability of the virus to spread rapidly worldwide;
- b. The fact that people may be asymptomatic while infectious;
- c. Simultaneous or near-simultaneous outbreaks in communities across the U.S., thereby limiting the ability of any center to provide support and assistance to other centers;
- d. Enormous demands on the healthcare system;
- e. Delays and shortages in the availability of vaccines and antiviral drugs;
- f. Potential disruption of national and community infrastructures including transportation, commerce, utilities and employee safety due to widespread illness and death among workers and their families and concern about on-going exposure to the virus.

1.1.7 Pandemic planning is based on the following assumptions about pandemic disease:

- a. Susceptibility to the pandemic influenza subtype will be universal.
- b. The clinical disease attack rate will be 30% in the overall population.
 - (1) Illness rates will be highest among school-aged children (about 40%) and decline with age.
 - (2) Among working adults, an average of 20% will become ill during a community outbreak.
- c. Of those who become ill with influenza, 50% will seek outpatient medical care.
- d. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
 - (1) Estimates differ about 10-fold between more and less severe scenarios.
 - (2) The virulence of the influenza virus that causes the next pandemic cannot be predicted.
- e. Risk groups for severe and fatal infections cannot be predicted with certainty.
 - (1) During annual fall and winter influenza season, infants and the elderly, persons with chronic illnesses and pregnant women are usually at higher risk of complications from influenza infections.
 - (2) In contrast, in the 1918 pandemic, most deaths occurred among young, previously healthy adults.
- f. The typical incubation period (the time between acquiring the infection until becoming ill), for influenza averages 2 days.
 - (1) It is assumed this would be the same for a novel strain that is transmitted between people by respiratory secretions.
- g. Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness.
 - (1) Viral shedding and the risk for transmission will be greatest during the first two days of illness.

- (2) Children will shed the greatest amount of virus and, therefore are likely to pose the greatest risk for transmission.
- h. On average about two secondary infections will occur as a result of transmission from someone who is ill.
 - (1) Some estimates from past pandemics have been higher, with up to about three secondary infections per primary case.
- i. In an affected community, a pandemic outbreak will last about 6 to 8 weeks.
 - (1) At least two pandemic disease waves are likely.
 - (2) Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.
- j. The seasonality of a pandemic cannot be predicted with certainty.
 - (1) The largest waves in the U.S. during 20th century pandemics occurred in the fall and winter.
 - (2) Experience from the 1957 pandemic may be instructive in that the first U.S. cases occurred in June but no community outbreaks occurred until August and the first wave of illness peaked in October.
- k. Employees need to take steps early to ensure they have the necessary Information Technology tools to telework.

NOTE: For planning purposes, three scenarios have been developed on which to base preparedness and response plans.

1.2 Reduced Staffing Scenario

1.2.1 LaRC will maintain essential functions and operations on a priority basis throughout regularly assigned workdays and duty hours to the extent possible.

1.2.2 Alternatively or concurrently, the NASA Administrator or LaRC Center Director (based on recommendations from OHCM, OCC, and, SMAO) may elect to close individual directorates, divisions, branches or offices on a case by case basis as well as curtail those activities deemed “hazardous” where emergency response may be limited or delayed as a result of the pandemic diminishing emergency response capability.

1.2.2.1 In a reduced staffing scenario, the NASA Administrator or Center Director may also decide to limit access to allow only permanently badged employees on-site in order to prevent spread of the disease.

1.3 Limited Operations Scenario

1.3.1 This scenario consists of support for and preservation of mission critical functions.

1.3.1.1 Senior management accepts (*and* documents) a ‘business continuity’ priority for during and between pandemic waves.

1.3.1.2 Worksheets for identifying critical and prioritized essential services and functions requiring workforce assignment and reassignment where necessary are provided in LF 225.

1.3.1.3 LaRC is considered operating on a limited basis and closed to non-permanently badged personnel.

1.3.1.4 The NASA senior manager, essential mission support and limited Center resources support are the only activities on site.

1.4 Worst Case Scenario

1.4.1 In this scenario the Director, Langley Research Center issues an official closing order.

1.4.1.1 A closing order may be given prior to or during a pandemic due to:

a. increased absenteeism that affects support services to the point of creating unsafe working conditions or

b. a quarantine order from local, state or federal officials.

1.4.1.2 Authorization to participate in telework options during a “pandemic wave” will be coordinated between Center management, Office of Human Capital Management (OHCM) and Office of the Chief Information Officer (OCIO).

1.4.1.3 All non-essential utility services may be deactivated subsequent to closing.

1.4.1.4 As circumstances warrant, a minimal “ride out” team (LPR 8715.1, Hurricane Plan) may remain at LaRC after Center closing.

1.4.1.4.1 This scenario involves shifting support of essential missions to an alternate site. (See EOC-WI-006, Work Instruction for Emergency Center Closure.)

1.5 Simultaneous Threats

1.5.1 All center personnel should also be aware of the possibility of a pandemic occurring simultaneously with another threat such as a hurricane or an increase in the security threat level.

1.5.1.1 Planning will consider that other threat mitigation measures may be hampered by increased absenteeism. (See LPR 1046.1, Emergency Management Plan.)

2. CONCEPT OF OPERATIONS

2.1 General

2.1.1 It is the responsibility and intent of Center management to protect life, the environment, and property from the effects of hazardous events.

2.1.2 In a pandemic influenza event, the Safety and Mission Assurance Office (SMAO), in partnership with Federal, State and local Public Health organizations, and the LaRC Clinic (through the OHCM contract), has primary responsibility for identifying and informing management and employees of health hazards and personal protective measures.

2.1.2.1 The SMAO is responsible for mitigating hazards, preparing for and responding to and managing the recovery from pandemic events that affect the Langley Research Center based on guidance from the clinic medical director.

2.1.3 This plan is based upon the concept that the emergency functions that must be performed by many departments or agencies will generally parallel some of their normal day-to-day functions.

2.1.3.1 To the extent possible, the same personnel and material resources used for day-to-day activities will be employed during emergency situations.

2.1.3.2 Because personnel and equipment resources are limited, some routine functions that do not contribute directly to critical operations or emergency tasks may be suspended for the duration of an emergency. In a pandemic event, that period could be for several weeks.

2.1.3.3 The personnel, equipment and supplies that would normally be required for those functions will be redirected to accomplish emergency tasks.

2.1.4 Line of Succession for the Center Director and directorate level organizations is detailed in LaRC Succession plans as required by LPR 1040.3.

2.1.4.1 Organizations below directorate level should consider identifying lines of succession for critical functions at least three deep within their organizations in internal contingency plans for a pandemic influenza event.

2.2 Mitigation

2.2.1 LaRC organizations will utilize the Critical Functions/Personnel Worksheet (LF255) to assist in identifying and prioritizing:

a. Essential services and functions

- b. Required staffing needs to maintain essential services and functions
- c. Staff skill sets in the organization
- d. Training requirements for essential functions and services
- e. Opportunities for reallocation of staff to fill positions vacant due to absenteeism during a pandemic emergency
 - (1) A wide range of non-medical interventions including social distancing, personal hygiene, wearing of facemasks and restricting foreign travel have the potential to reduce exposure to a novel virus.
 - (2) The same principles utilized during the seasonal influenza season cannot be overemphasized. They include:
 - (a) Avoiding close contact with people who are sick
 - (b) Staying home if sick
 - (c) Covering mouth and nose when sneezing and coughing
 - (d) Cleaning hands often and avoid touching eyes, nose, and mouth
 - (e) Plenty of sleep
 - (f) Be physically active
 - (g) Manage stress
 - (h) Drink plenty of fluids
 - (i) Eat nutritious food
 - (3) Respiratory viruses such as those that cause flu are highly contagious and can survive for hours on skin, furniture, doorknobs and other hard surfaces.
 - (4) Good housekeeping practices are just as important as personal hygiene for mitigation efforts to be effective.

2.3 Preparedness and Response

2.3.1 Preparedness and response activities are directly related to the projected spread and severity of the outbreak.

2.3.2 Preparedness activities before an outbreak:

a. Seasonal influenza monitoring by the CMO.

(1) There should be a heightened state of awareness during annual flu season which extends from October through March.

b. Strengthen influenza pandemic preparedness throughout LaRC and its contractor organizations.

(1) Ensure that employee awareness activities are developed and implemented and that essential services and functions worksheets (LF 225) are complete and current. Conduct tabletop exercises of the response plan.

c. Encourage all employees and their families to take proactive measures to minimize vulnerability to influenza such as practicing good personal hygiene, eating healthy nutritious food, and exercising.

(1) Directors will review office contingency plans and procedures to assure they can be initiated quickly and with little notice.

d. Employees should be polled periodically by supervisors to assure they are familiar with preventive measures.

(1) These measures include how to recognize influenza symptoms, minimizing contact with others, and staying home when ill except to visit their physician.

e. Information sharing between supervisors and management to identify gaps and initiate awareness programs for employees.

f. OHCM (includes CMO), SMAO, COD, OCIO, and line management review and initiate preparedness plans to assure a state of readiness.

g. Supervisors and managers review project priorities and assignments to assure workloads can be supported where necessary with available staff. Attention needs to focus on essential services and functions. (See LF 225)

2.3.3 Limited local transmission

2.3.3.1 Supervisors track employee absenteeism, identify and implement actions needed to fill gaps for critical functions. (See LF 225)

2.3.3.2 Pandemic Plan Manager (PPM), updates LaRC senior officials/key personnel of potential pandemic impact on Center.

2.3.3.3 Based on input from the PPWG, the LaRC Emergency Preparedness Officer (EPO) may elect to activate the LaRC EOC, per LPR 1046.1 Annex A, to coordinate readiness and response actions as well as increase the coordination with community public health and emergency response authorities.

2.3.3.4 The CMO and the Office of Security Services provides education to travelers and issues foreign travel advisories. They may also consider restricting travel to those countries where the virus is more widespread.

2.3.3.5 The Center will procure alcohol-free hand sanitizer (as funding allows and in accordance with all applicable procurement regulations) for common areas throughout the Center and N95 respirators (for emergency responders and medical personnel) if indications are that a pandemic may impact LaRC.

2.3.3.6 OHCM shall review and distribute plans regarding liberal leave, sick leave, annual leave, administrative leave and furloughs in accordance with paragraph 3.6.1.1.

2.3.3.7 PPM reviews Center-wide assessment of readiness to deal with concurrent threats (natural and man-originated).

2.3.4 Sustained local transmission potentially impacting LaRC

2.3.4.1 PPM, updates senior officials/key personnel on alert status and issues Center wide warnings.

2.3.4.2 Supervisors shall review the telework readiness of their staff and ensure all employees who may need to telework have taken steps to enable them to do so to include testing remote internet capability as appropriate.

2.3.5.3 EPO activates the EOC to coordinate readiness and response actions as well as increase the coordination with community public health and emergency response authorities (if not already done).

2.3.5.4 The EPO manages the EOC and its activities in accordance with LPR 1046.1.

2.3.5.5 Distribute personal protection equipment and sanitizer supplies determined appropriate as funding and procurement allow.

2.3.5.6 OHCM implements employee absence monitoring and trending (via voluntary input by employees in comment section of WEBTADS).

2.3.5.7 The CMO with other directorates, continue communications and outreach activities.

2.3.6 Sustained local transmission impacting LaRC.

2.3.6.1 PPM, in coordination with other senior staff, update senior officials/key personnel on alert status and issue Center wide warnings

2.3.6.2 OHCM shall review and distribute plans regarding liberal leave, sick leave, annual leave, administrative leave and furloughs in accordance with paragraph 3.6.1.1.

2.3.6.3 The EPO assesses Center readiness to deal with concurrent threats (natural and man-originated).

2.3.6.4 LaRC EPO conducts an after-action review, assess coordination and revise plans as necessary.

2.3.6.5 PPM, PPWG assess resources and authorities that may be needed or replenished for subsequent waves.

2.3.6.6 The EOC shall coordinate Center operations, security, and emergency preparedness. If the Center is closed the EOC will be the local point of operations per LPR 1046.1.

2.4 Recovery

2.4.1 A pandemic may have several “waves” in which illness peaks and troughs. During these troughs, the Center will revert to actions outlined in section 2.2.b(3), Limited local transmission.

2.4.2 When the CDC and local health officials declare that the pandemic and the associated waves have ended, the Center will return to the normal operations.

2.5 Center Opening

2.5.1 The Center will not reopen for normal operations unless deemed safe to do so by the LaRC Center Director based on a recommendation by the Directors of Safety and Mission Assurance, Office of Human Capital Management and Center Operations in consultation with local Public Health authorities.

2.5.1.1 Employees will be notified of the status of the Center and when to return to work through the @LaRC website, the Center Status Line (757-864-2111 or toll free 1-888-664-2111), the NASA public web site at www.nasa.gov/eoc and the local news media.

3 ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

3.1 Director, Langley Research Center (or designee)

3.1.1 Approve the LaRC Pandemic Influenza Contingency Plan and authorize implementation when necessary.

3.1.2 Approve delegations of authority in accordance with directorate/office/program succession rosters (LPR 1040.3).

3.1.3 Render any decision on release of LaRC employees in which LaRC operations will be limited or discontinued due to emergency situations in accordance with NPR 3600.1, "Attendance and Leave."

3.1.4 Direct the implementation of procedures outlined in section 2.2 based on recommendations by SMAO, OHCM, and COD.

3.2 Director, Safety and Mission Assurance Office (or designee)

3.2.1 Designate the LaRC Pandemic Plan Manager (PPM).

3.2.2 Coordinate development of the final list of Center essential functions, services and personnel promulgated in LF 225.

3.2.3 Oversee the overall planning and implementation of the protective measures required to safeguard LaRC employees and facilities.

3.2.4 The Safety and Mission Assurance Office (SMAO) is responsible for a considerable and complex portion of the Center pandemic influenza contingency response plan.

3.2.4.1 The dynamic nature of an influenza pandemic requires that the scope of LaRC planning takes into account an evolving global health threat and requires specialized planning.

3.3 LaRC Pandemic Plan Manager (PPM)

3.3.1 Coordinate with key stakeholders to ensure that a detailed implementation plan is prepared to provide for the protection of employees at LaRC before October 1 each year.

3.3.2 Make recommendations to the Center Director and the Director, Safety and Mission Assurance on activation of the various levels of the plan.

3.3.3 Coordinate planning and implementation activities with the LaRC Emergency Preparedness Officer (EPO).

3.3.4 Review and make recommendations to the EPO for federal, state, and local requests for assistance.

3.3.5 Coordinate with the Chief Counsel and the Directors of Human Capital Management, Office of Procurement, Center Operations, and Office of the Chief Information Officer and the LaRC Chief Medical Officer (CMO) to provide counsel to the LaRC Center Director (or designee) on decisions affecting employees and Center closure.

3.3.6 Recommend implementation of procedures outlined in section 2.2 based on conditions at LaRC.

3.3.7 Periodically brief the senior staff to assess the current threat and determine appropriate action.

3.3.8 Approve federal, state, and local requests for assistance with prior coordination with the Offices of the Chief Counsel and the Chief Financial Officer, and Emergency Preparedness Officer.

3.3.9 Coordinate with the LaRC EPO for activation of the EOC as conditions warrant.

3.3.10 Maintain the list of Pandemic Plan Working Group (PPWG) members in Appendix C.

3.3.11 Write and forward periodic situation reports to NASA HQ EOC.

3.4 Director, Center Operations

3.4.1 Provide reliable logistical support, security services and infrastructure maintenance for those facilities that remain open including:

- a. Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility)
- b. Necessary support staff
- c. Sanitation measures

3.4.2 Subordinate Center Operations branches have the following responsibilities:

- a. Logistics Management Branch (LMB) for whichever scenario is implemented at LaRC provide reliable logistical support and transportation services for inbound

and outbound deliveries and internal deliveries within the constraints of social distancing policies to the facilities that remain open. Specifically, the Chief, LMB shall:

- (1) Verify contracts with supply vendors to assure uninterrupted resources.
 - (2) Implement the detailed SOP for logistics support for personnel remaining on Center during the various scenarios (1.3 – 1.5) when notified by the PPM (Transportation of mobility impaired fails if public transportation is out or is unavailable at the time of Center closing).
- b. Office of Security Services (OSS)
- (1) Maintains a list of official foreign travelers, locations, and contact information.
 - (2) Formulates a foreign contingency plan for those travelers that may be stranded in the event of quarantines and border closures as a result of decreased or suspended foreign travel. Coordinate travel options with LaRC, and/or NASA HQ, travel office.
 - (3) Ensure all security specialist and security contractor personnel are thoroughly briefed on the communicability of influenza and other infectious diseases.
 - (4) Ensure that all security specialists and security contractor personnel are provided and use protective measures such as hand sanitizer, or PPE if so advised by the CMO and safety office.
 - (5) Ensuring the comprehensive security plan takes into account anticipated employee absences up to 40% to include the contractor security force.
- c. Facilities Engineering & Maintenance
- (1) Develop a detailed SOP for a comprehensive facility and utility support plan that takes into account anticipated employee absences up to 40%.
 - (2) Verify contracts with the ROME contractor and subcontractors to assure uninterrupted resources.
 - (3) Implement the detailed SOP for facility and utility support for the LaRC Pandemic Influenza Contingency Isolation Team when notified by the PPM.

3.5 Strategic Relationships Office (SRO)

- 3.5.1 Prepare appropriate media releases based on guidance from the SMAO, OHCM and CMO.
- 3.5.2 Communicate LaRC pandemic plan implementation status to all LaRC employees via the @LaRC website and Center email distribution list. Information will include, but not be limited to, informing employees of potential pandemic threat and how to protect themselves and their families.
- 3.5.3 Prepare and issue announcements to employees, to include through the Center Status phone line (757-864-2111 or 1-888-664-2111) and the news media. Contribute content to the LaRC Pandemic website, as appropriate.
- 3.5.4 Assist the SMAO and OHCM in informing and educating employees about influenza, developing educational materials for healthcare and human services providers and on pandemic influenza preparedness and response, including facilities, vaccine, and antiviral drugs in short supply.
- 3.5.4 Develop strategies and materials to support a pandemic response and to promote employee trust and decrease fear and anxiety. Completion of the Crisis and Emergency Risk Communication Course (CERC) by spokespersons is encouraged (visit: <http://emergency.cdc.gov/cerc/CERCOnline/pandemic/index.html>).

3.6 Office of the Chief Information Officer (OCIO)

- 3.6.1 Maintain network, telephone and other communications services on site at a level commensurate with normal operations.
 - 3.6.1.1 In the event that this is not possible, inform management and the Pandemic Plan Manager of any possible impact and possible mitigation along with communication to the Center (mission orgs and projects)
- 3.6.2 Maintain network, telephone and other communications services supporting secure remote access to LaRC internal information systems at a level commensurate with current requirements and identify any potential concerns in the event of increased usage.
 - 3.6.2.1 Identify possible funding requirements should procurement of additional equipment be necessary to meet increased demands.
- 3.6.3 Communicate the process and policy related to subscribing to Voice Teleconferencing (VoTS) and web-based conferencing services for use during pandemics to support social distancing and alleviate the requirement for group meetings.

3.6.3.1 Also communicate the process and procedures for acquiring IT resources enabling telework in conjunction with these other services.

3.6.4 Provide input to OHCM in support of the development and publishing of a telework plan for each of the three planning scenarios in sections 1.3 -1.5.

3.6.5 Contingency planning shall include the following:

- a. Communicating the possible use of laptops, ODIN Mobile broadband cards, Personal Digital Assistants (PDAs), and other systems that enable employees to perform essential functions while teleworking.
- b. Plan to make necessary infrastructure adjustments to meet the possible telework impact on internal networks as well as impact of government-wide mandated telework.
- c. Establish communication in the event that the infrastructure reaches its limit and employees are unable to reach resources on center necessary to sustain their organizations work. Prepare and define possible alternatives should such situations happen.

3.7 Office of Human Capital Management (OHCM)

3.7.1 Human Resource Management Branch shall:

- a. Provide advice and guidance regarding leave policies, telework, and grievance procedures as it relates to impact of absences due to a pandemic crisis.
- b. Provide labor relations services regarding any policies and plans or changes that may impact bargaining unit employees.
- c. Provide advice and guidance regarding alternative work schedules for those families impacted by school and child daycare closures.
- d. In cooperation with OCIO, develop, test, and publish a telework guide.

3.7.2 Center Medical Officer (CMO)/Occupational Medicine Clinic shall:

- a. Conduct liaison with community public health and agency guidance to identify personal protective measures for employees.
- b. Develop an internal procedure that unifies LaRC medical resources to support the common goal of providing monitoring and healthcare response for employees.

- c. Provide expertise on emerging infectious disease and pandemics.
- d. Provide recommendations for planning and coordination, surveillance, investigation, and protective employee health measures, vaccines and antiviral drugs, healthcare and emergency response and communications and outreach measures.
- e. Coordinate with local, state and federal health officials as needed.
- f. Manage the stockpiling of hygiene supplies, vaccines, and other medical necessities to ensure the health and wellness of healthy essential personnel and plans for distributing such supplies.
- g. Develop strategies to encourage all personnel to consider a seasonal flu shot each year.
- h. Develop strategies for rapid administration of vaccines to priority populations.
- i. Develop a tracking system that will ensure that individuals obtain subsequent doses of vaccine and will report and monitor for adverse effects.
- j. Inform and educate employees about influenza. This includes distinguishing seasonal and pandemic (novel virus) types.
- k. Develop educational materials and guidance for healthcare and human services providers, the media, and employees on pandemic influenza preparedness and response, including facilities, vaccine, infection control, social distancing and personal hygiene.
- l. Develop strategies and materials in conjunction with SMAO to support a pandemic response with occupational risk reduction strategies.
- m. Coordinate with SMAO on the following items:
 - (1) Social distancing guidance
 - (2) Maintaining staffing of the Occupational Medicine Clinic
 - (3) Provide for medical screening of employees.
 - (4) Cooperate with the community to increase awareness about disease transmission and prevention which will improve the overall health of the community and therefore the Center.

- (5) Coordinate with SMAO to develop plans and procedures in accordance with Occupational Safety and Health Administration guidance to ensure the facilities/buildings are safe for employees.

3.7.3 Employee Assistance Program

3.7.3.1 During inter-pandemic and pandemic alert periods:

- a. Provide psychosocial support services for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.
- b. Identify sources for educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic to promote employee trust and decrease fear and anxiety.
- c. Lay the groundwork for the development and implementation of workforce resilience programs to maximize responders' performance and personal resilience during a public health emergency.

3.7.3.2 During pandemic period:

- a. Provide psychological and social support services for employee.
- b. Address stigmatization issues that might be associated with participation in such services.
- c. Provide employees with ongoing access to up-to-date information on healthcare and training issues, as well as on the national and local status of the pandemic.
- d. Implement workforce resilience programs.

3.8 Office of the Chief Counsel

3.8.1 The Office of the Chief Counsel shall:

- a. Provide legal advice on compliance with Federal, State, and local laws as applicable to emergency preparedness.
- b. Provide legal advice on NASA interagency agreements, Memoranda of Agreement (MOAs), and Memoranda of Understanding (MOUs), with Federal, State, or local agencies.
- c. Provide legal liaison with other Federal agencies assigned National Response Plan responsibilities.

- d. Provide legal review of emergency preparedness program plans, policies, and documents, including the LaRC Pandemic Emergency Preparedness Plan.

3.9 Office of Procurement

3.9.1 The Office of Procurement shall:

- a. Provide support on short notice to those organizations with valid emergent procurement issues.
- b. Modify existing contracts that may be affected by the potential wide range of effects a pandemic may cause to global, regional and local economies and workforces.
- c. Help contractors comply with section 3.14.

3.10 Office of the Chief Financial Officer

3.10.1 The Office of the Chief Financial Officer shall:

- a. Identify and promulgate offsite entry of payroll (WebTads) data for optional remote access.
- b. Track costs associated with Pandemic response and recovery operations.
- c. Provide supplemental assistance on fiscal matters as required.

3.11 Directorates, Program Offices, and Agency Support Offices

3.11.1 In addition to the responsibilities assigned to specific organizations described elsewhere in the LaRC Pandemic Plan, each senior-level official shall:

- a. Provide for order of succession (and subsequent delegation of authority) for at least three levels for each essential service or functional area of responsibility per LPR 1040.3.
- b. Designate an employee to serve as the Pandemic Planning Representative (PPR) for the organization. Designation of an additional (alternate) PPR is recommended to ensure the widest dissemination of pandemic information to employees quickly or in case of illness.

- c. Direct the preparation and implementation of Pandemic SOPs that are included as part of employee emergency action plans for the organization.
- (1) Develop detailed procedures and plans that identify essential functions and services, required staffing to maintain these essential functions and services, staff skill sets in the organization and reallocation of staff to fill vacancies due to absenteeism.
 - (2) Consideration must include contractors, supply chain resources and those internal/external parties integral to the office/program business.
 - (3) Langley Form 255 (Critical Functions/Personnel Worksheet) can be used to assist in the integration and formation of more comprehensive SOPs supporting development of this plan.
- d. Consider the following in drafting organizational SOPs:
- (1) Identify records needed to sustain operations and determine whether files be accessed electronically from a remote location (e.g., an employee's home).
 - (2) Identify and plan for maintenance of vital systems that rely on periodic physical intervention/servicing by essential individuals.
 - (3) Utilize the employee absence reporting protocol when established.
 - (4) Ensure directorate/branch/office rapid recall rosters remain accurate and updated.
 - (5) Where appropriate, include planning for pre-solicitation and standing agreements with third parties to ensure fulfillment of mission requirements including backup suppliers should primary suppliers become insufficient.
 - (6) Determine what network and communications requirements will be necessary should the Center close or be in a limited operation status due to a pandemic.

3.12 Pandemic Plan Working Group (PPWG)

3.12.1 Employees designated as PPWG members or alternates are listed in *Appendix C*. PPWG members or alternate shall:

- a. Assist in the completion of the pandemic preparedness planning workbook for their respective staff, project or directorate offices.

- b. Keep all employees within their organization appraised of the status of impending pandemic and disease conditions that may affect them.
 - (1) Check with supervisors to assure special needs employees (permanent or temporary physically challenged, visitors, etc.) have an opportunity to exercise their personal emergency preparations.
- c. Assist the EPO, PPM and Safety and Mission Assurance Director as required in implementing this plan.
- d. Coordinate all emergency planning procedures and activities within their organization, including coordination with facility managers and the Logistics Management Branch.
- e. Identify the need for detailed pandemic procedures for their organizations and ensuring the preparation of such procedures.
- f. Implement actual pandemic specific preparations and plans for protecting and securing of directorate equipment and facilities. This includes shutting down and protection of lab equipment, securing mock-ups, protecting critical systems and equipment, etc. in the event of Center closure.
- g. Develop, in partnership with SRO, an employee awareness program advocating workplace and personal pandemic preparedness.

3.13 Emergency Preparedness Officer (EPO)

3.13.1 The EPO shall:

- a. Review the LaRC Pandemic Preparedness Plan (LPR 8715.4) and the supporting detailed implementation procedures for conformance to the policies and objectives of the LaRC Emergency Plan.
- b. Ensure appropriate disease alert, site implementation status, and restoration messages, in coordination with the Health Clinic and the LaRC Pandemic Preparedness Manager, are put on the Center Status Line (757-864-2111 or toll free 1-888-664-2111) and transmitted, when available, on the LaRC on-site closed-circuit television system and the NASA public Web site at www.nasa.gov/eoc.
- c. Ensure that the implementation status is communicated to the News Media Team (NMT) for distribution to employees via @LaRC and Center wide e-mail. Center Closure or restricted access will be issued via LaRC Television.
 - (1) The safety, channel 11, banner will be updated to provide pandemic level activation status.

- d. Coordinate with NMT for messages to be broadcast via public media.
- e. Coordinate with agency and federal, state, and local emergency planning offices to assure compatibility of the Center's emergency plans.
- f. Maintain close liaison with local, state, and federal emergency managers to ensure timely response when a pandemic threatens.
- g. Activate the EOC when required.
- h. Once the EOC has been activated, coordinate communications and Center operations as indicated in LPR 1046.1.
- i. Keep the Center operational in a condition of reduced staffing utilizing the appropriate sections of LPR 8715.1.
- j. Consultation with the PPWG, coordinate Center shutdown in accordance with LPR 1046.1 and EOC-WI-006 (rev "B").

3.14 Employees

3.14.1 Center Employees shall:

- a. Keep informed of their organization's pandemic contingency plan regarding current conditions.
- b. Develop personal plans for the safety and well being of themselves and their family far enough in advance so as not to interfere with assigned duties.
 - (1) Visit <http://www.pandemicflu.gov/individualfamily/checklist.html> for Pandemic Flu Planning Checklist for Individuals and Families.
- c. Keep informed of the pandemic and the status of LaRC Pandemic Plan implementation by dialing the Center Status Line recording at 757-864-2111 (or toll free 1-888-664-2111) or by monitoring the on-site closed-circuit television system.
- d. Employees departing prior to the Center closing will be responsible for preparing work areas in accordance with closure plans developed in LPR 1046.1 prior to their departure.
- e. During a declared pandemic event, employees who become ill with symptoms of influenza (fever, cough, sore throat, and muscle aches, eye infections, pneumonia, acute respiratory distress, viral pneumonia, and other severe and life-threatening complications) shall not come to work and are encouraged to seek early care with their primary care physician.

f. During a declared pandemic event, employees who have been exposed to confirmed cases of pandemic influenza will remain at home for a minimum of three days to ensure they are free of influenza symptoms.

g. It is possible that employees who have been exposed to influenza or are symptomatic during the pandemic period will not be allowed access to the LaRC in order to prevent further spread of the disease.

(1) NASA telework policy as well as the pay and leave policy will be closely coordinated with the Office of Personnel Management policies to ensure that Center personnel have options available to either continue working from home, to take available leave, or to stay at home in a leave without pay status.

3.15 Contractors

3.15.1 Contractors doing business with LaRC are also employers in their own right and, as such, are responsible for protecting their employees, the environment, and property from the effects of hazardous events.

3.15.1.1 It is recommended that contractor Project Managers doing business at LaRC develop continuity of operations and emergency preparedness plans for their employees and operations that complement this Plan.

3.15.1.2 During the pandemic period, it is recommended that the contractor Project Manager or other line manager maintain open communication lines with their NASA counterpart to ensure open communications regarding the Center status during the pandemic period.

4. Administration and Logistics

4.1 Currently no mutual aid agreements exist with local authorities for pandemic response or support.

4.1.1 Based on the severity of the situation, short notice requests could be made by local officials.

4.1.1.1 These requests could include the request for personnel to distribute medications from the Strategic National Stockpile (SNS), placement of a field hospital on the Center and the sharing of physician, nurse and EMS resources.

4.1.1.2 All requests will be coordinated through the EOC, the Office of Chief Counsel, and through functional directorates where there is a request to support the community.

4.1.1.3 The EOC will track and report resource requests in accordance with the NASA LaRC Emergency Plan (LPR 1046.1) and the related LPRs.

5. Plan Development, Testing, Training and Exercising

5.1 This plan will be updated as significant changes to Federal, State and local plans become available.

5.2 SMAO will plan and execute a table-top exercise test of this plan and provide a written debrief to include recommended changes to this plan within one month of the exercise.

5.2.1 The exercise should include social distancing techniques, teleconferencing, telework capabilities and impacts of a skeleton staff on facilities and essential functions.

6. Pandemic Preparedness Activity Stages and Implementation

6.1 Pandemic influenza preparedness is a continuous process because a novel virus could appear at any time.

6.1.1 There are planned activities to minimize the threat to life but the universal susceptibility of humans to a novel virus limits early opportunities for success.

6.1.2 Response activities will be implemented with Center Director approval based on recommendations from NASA HQ and community public health authorities.

6.1.3 The Homeland Security Council's National Strategy for Pandemic Influenza: Implementation Plan (May 2006) details responses to be taken by Federal departments and agencies, hereafter identified as the Federal Government Response Stages.

6.2 The WHO declares the Pandemic Phase.

6.2.1 Based on NASA guidance, LaRC may implement the appropriate preparedness and response activities in advance of the actual declaration of the next phase in order to maximize awareness and readiness efforts.

6.2.1.1 Such action will be reported to the NASA HQ Emergency Operations Center (EOC).

6.3 Differences or clarification between the WHO Phase activities and the Federal Government Response Stages will be managed and resolved for LaRC by NASA HQ OSPP.

7. Organizational Resources

- a. Guide for All-Hazard Emergency Operations Planning
<http://www.fema.gov/emergency/planning.shtm>
- b. National Strategy for Pandemic Influenza
<http://www.whitehouse.gov/search/site/strategy%20for%20pandemic%20influenza>
- c. HHS Pandemic Influenza Plan
<http://www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf>
- d. Business Pandemic Influenza Planning Checklist
<http://www.flu.gov/professional/business/businesschecklist.html>
- e. Pandemic Planning: A Guide for Individuals and Families
<http://www.flu.gov/individual/familyguide.html>
- f. State & Local Pandemic Planning Checklist
<http://www.vdh.virginia.gov/pandemicflu/Business.htm>
- g. Virginia Department of Health <http://www.vdh.state.va.us/>
- h. Hampton Health District <http://www.vdh.state.va.us/lhd/hampton/index.htm>
- i. Peninsula Health District <http://www.vdh.state.va.us/LHD/peninsula/>
- j. Norfolk Health District http://www.norfolk.gov/pub_health/
- k. Chesapeake Health District
<http://www.vdh.state.va.us/LHD/Chesapeake/index.htm>
- l. Portsmouth Health Department
<http://www.vdh.state.va.us/LHD/portsmouth/index.htm>
- m. Virginia Beach Department of Public Health
<http://www.vdh.state.va.us/LHD/vabeach/index.htm>
- n. Western Tidewater Health District
<http://www.vdh.state.va.us/LHD/WestTide/index.htm>
- o. Health Organization Avian Influenza
http://www.who.int/topics/avian_influenza/en/
- p. Centers For Disease Control Pandemic Influenza: Worldwide Preparedness @
<http://www.cdc.gov/flu/pandemic/>

Appendix A - Definitions

A-1. Avian Influenza: Bird flu is caused by avian influenza viruses, which occur naturally among birds.

A-2. Novel Virus: A new virus subtype to which the general population has no immunity.

A-3. Pandemic Influenza: A flu pandemic is a global outbreak that occurs when a new influenza A virus causes serious human illness and spreads easily from person to person.

A-4. Seasonal Influenza: The flu is a contagious respiratory illness caused by influenza A and B viruses.

A-5. Swine Influenza: Swine flu is caused by swine influenza viruses, which occur naturally among pigs.

Appendix B – Acronyms

- B-1.** CDC Centers for Disease Control
- B-2.** COD Center Operations Directorate
- B-3.** EOC Emergency Operations Center
- B-4.** EPO Emergency Preparedness Officer
- B-5.** FDA Food and Drug Administration
- B-6.** HHS Health and Human Services
- B-7.** HSPD Homeland Security Presidential Document
- B-8.** LaRC Langley Research Center
- B-9.** NASA National Aeronautics and Space Administration
- B-10.** NIMS National Management Incident System
- B-11.** PPM Pandemic Plan Manager
- B-12.** PPR Representatives on the Pandemic Plan Working Group
- B-13.** PPWG Pandemic Plan Working Group
- B-14.** ROME Research Operations, Maintenance, and Engineering
- B-15.** SMAO Safety and Mission Assurance Office
- B-16.** SOP Standard Operating Plan
- B-17.** WHO World Health Organization

