

Department of the Interior
Pandemic Influenza Plan



Supervisor's Guide
Office of the Secretary

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Background

The novel influenza A (H1N1) 2009 is a new influenza virus that was first detected in April 2009. The virus has sparked a growing and expanding outbreak of illness throughout the United States and worldwide. On June 11, 2009, the World Health Organization (WHO) signaled that a global pandemic of novel influenza A (H1N1) was underway by raising the worldwide pandemic alert level to Phase 6. This action was a reflection of the spread of the new H1N1 virus, not the severity of illness caused by the virus. By June 19, all 50 states in the United States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands had reported novel H1N1 infection.

Since the WHO declaration of a pandemic, the new H1N1 Flu has continued to spread, with the number of countries reporting cases of novel H1N1 nearly doubling. In the United States, significant novel H1N1 illness has continued into the summer, with localized and in some cases intense outbreaks occurring. The U.S. continues to report the largest number of novel H1N1 cases of any country worldwide; however, most people who have become ill have recovered without requiring medical treatment.

At this point, we do not know what the fall and winter have in store for us with the H1N1 Flu Pandemic. However, given ongoing H1N1 Flu activity to date, the CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States this fall and winter. In addition, being mindful of pandemic history, we know that the very severe influenza pandemic of 1918 had a moderate/mild wave in the spring and a much more severe second wave in the fall. Therefore, it is prudent to include in our planning the possibility that this pandemic may become more severe.

Purpose

The *DOI Pandemic Influenza Plan: H1N1 Flu Pandemic Supervisor's Guide (Supervisor's Guide)* is based from the *DOI Pandemic Influenza Plan (Pandemic Plan)* which was approved on November 30, 2007.

Even though the *Pandemic Plan* provides a solid baseline for DOI's activities during a pandemic, the sequence of events of the 2009 H1N1 Flu scenario has not unfolded as envisioned in 2007. Because of this, *Supervisor's Guide* has been developed as a supplement to highlight the parts of the *Pandemic Plan* that you as the supervisor will find useful in your planning, preparing and implementation of measures that will:

- Protect the health and safety of DOI's employees
- Maintain the essential functions and services of the Department during events resulting in significant and sustained absenteeism
- Support the Federal, State and local response the H1N1 Flu pandemic
- Communicate effectively with DOI's stakeholders during the H1N1 Flu pandemic.

Planning Assumptions

Even though the sequence of events with the H1N1 Flu scenario has unfolded differently than envisioned back in 2007, many of the Federal Government's pandemic planning assumptions

still apply to the H1N1 Flu Pandemic. Those planning assumptions that are still applicable, and you should use in your planning, are:

- Susceptibility to the pandemic influenza virus will be universal.
- Illness rates will be highest among school-aged children and declining with age.
- Some persons will become infected but not develop clinically significant symptoms and these asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care.
- Rates of serious illness, hospitalization, and death will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. (With the H1N1 Flu, children, pregnant women, and persons with chronic or immunosuppressive medical conditions are at higher risk for complications and these more severe outcomes.)
- Rates of absenteeism will depend on the severity of the pandemic. Certain public health and community mitigation measures are also likely to increase absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well.
- On average, infected persons will transmit infection to approximately two other people.
- Epidemics will last 6 - 8 weeks in affected communities.
- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 - 3 months.
- Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Planning Requirements

Every office within the Office of the Secretary has a section in the *Pandemic Plan*, and it is important for you as a supervisor to become familiar with it. As described above, the H1N1 Flu Pandemic is currently mild in severity, but with the potential of it becoming more severe this fall and winter, we are planning and preparing for this now. One preparatory action that you can do now as a supervisor, and was spelled out in the *Pandemic Plan* as a requirement for Offices, is gathering information about the following, but not limited to:

- A prioritized list of office functions to be executed during a pandemic
- A list of the associated employees responsible for performing each office function








- An inventory of vital records and databases needed to sustain operations, if necessary, including whether these records can be accessed electronically from a remote location (e.g., an employee's home)
- A summary of office functions that cannot be performed remotely
- For functions that may be performed from remote locations, a list of employees performing these functions with at least three levels of backup either locally or from other regions of the country
- For functions that may be performed from remote locations, an inventory of required equipment [e.g., Government Furnished Equipment (GFE) laptops, PDAs, remote access, high-speed internet] needed to perform these functions via teleworking
- Where sufficient backups may not exist, a directory of employees capable of being cross-trained to perform a variety of office functions
- An inventory of contracts and contractors that perform essential and support functions
- A list of employees performing high and medium exposure risk occupations, for these personnel require appropriate medical countermeasures (anti-virals and respiratory protective equipment).

After reviewing these instructions, you may need to update your office's section of the *Pandemic Plan*. This section should be reviewed and updated regularly to ensure the information is accurate and up-to-date.

Strategies to Employ During a Pandemic

There are multiple strategies available to DOI's supervisors with a range of options for continuing operations and protecting the health and safety of personnel during a pandemic. These strategies include safety and health precautions, as well as human resources options. These strategies can be implemented in conjunction with one another or independently, depending on the situation, and are depicted on the following graphic:

Strategies for Protecting Employees During a Pandemic

<p>1</p> 	<p>2</p> 
<p>3</p> 	<p>4</p> 
<p>5</p> 	<p>6</p> 
<p>7 Obtained from the National Archives online exhibit <i>The Influenza Epidemic of 1918</i>.</p>  <p>Images 1 – 7 portray:</p> <p>1: Meeting in groups and crowded workplace. During a pandemic, this needs to be modified to account for social distancing, as portrayed in images 2 – 4, 6:</p> <p>2: Instead of meeting in person, discuss over the phone and hold conference calls.</p> <p>3: For all employees who are not required to be in the office/workplace to perform their duty, have them telework.</p> <p>4 - 5: For employees who must be in the office, practice social distancing, and vaccinate according to CDC guidance.</p> <p>6: In some cases, administrative and other forms of leave may need to be utilized.</p> <p>7: For those DOI employees who are in high/medium occupational exposure risk categories or unique employees in low exposure risk settings, provide appropriate PPE.</p>	

Protecting Employee Health & Safety

The Office of Occupational Health and Safety (OHS) recommends the appropriate medical countermeasures for DOI personnel. Within the Main and South Interior Buildings (MIB/SIB), the countermeasures are provided by the National Business Center (NBC), in coordination with the Office of Emergency Management (OEM). The Occupational Health Nurse located in MIB provides influenza vaccination for all DOI employees in the Washington DC Metropolitan Area.

If your office is located in the Main or South Interior Buildings (MIB/SIB), there will be a wide range of health and safety measures provided to you, including provision of hand sanitizer in locations throughout the building, disinfection of frequently touched surfaces, distribution of information on personal hygiene, and other medical countermeasures as may prove necessary.

If your office is outside of MIB/SIB, if these services are not being provided, engage in discussions with the occupational safety and health official who provides service to your office, (or with OHS) and the building manager to ensure your employees health and safety needs are appropriately addressed. In addition, work with you office's leadership in their responsibilities as they relate to the health and safety of employees.

There are multiple health and safety measures that you and your office's leadership should be engaged in now for the H1N1 Flu Pandemic:

- For ALL OFFICES in ALL LOCATIONS:
 - Assure your employees are aware of the proper use of infection control supplies, and there are sufficient quantities available in each of your facilities. This includes the ready availability of soap and water, hand sanitizer, tissues, waste receptacles, environmental cleaning supplies for the duration of the pandemic.
 - Provide your employees, volunteers and visitors with up-to-date public health information consistent with the CDC. Disseminate programs and materials covering pandemic fundamentals, personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans), and encouraging employees to receive their annual influenza vaccination. An excellent one-stop shop for all of this is the DOI H1N1 Flu website at <http://www.doi.gov/emergency/h1n1>.)
 - Disseminate information to employees from your occupational safety and health office regarding influenza vaccination for seasonal flu and H1N1 Flu.
 - Understand and discuss with employees expectations in regard to those who exhibit influenza symptoms while at work and others who were in contact with a suspected case. Establish a mechanism for medical verification prior to their return to work in accordance with the Fitness for Duty policy. Refer to the Office of Personnel Management's flow chart, *What a Supervisor Should Do if an Employee Appears Ill During a Declared Pandemic Influenza or Has Been Exposed to Pandemic Influenza*, is available to assist you in determining the appropriate course of action when confronted with an employee who appears ill in the workplace during an influenza pandemic.

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

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

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

- Provide information to travelers and/or implement international and domestic travel restrictions in accordance with HHS recommendations. (Current travel restriction information and recommendations are available from the CDC at: wwwnc.cdc.gov/travel/content/novel-h1n1-flu.aspx and from the State Department at www.travel.state.gov/travel/travel_1744.html.)
- Classify your employees risk exposure category and identify emergency essential/mission critical and unique employees, in accordance with H1N1 Flu – Memorandum #1, issued on May 4, 2009 (which can be found at: http://www.doi.gov/emergency/h1n1/docs/H1N1_Guidance_Bulletin_No_1_Final.pdf). Develop safe work practices and medical countermeasures requirements for specific tasks and regularly update risk assessments or job hazard analyses where necessary. (Use the *Worksheet for Calculating Stockpiling Needs for Pandemic Influenza*, and the accompanying *Guide for Calculating Bureau's/Office's Stockpiling Needs for Pandemic and Highly Pathogenic Avian Influenza*.) NOTE: Most offices in the Office of the Secretary will not have employees in high-risk occupations.
- If the pandemic becomes more severe, implement social distancing (which is described further below) and teleworking to modify frequency and type of face-to-face contact (for example, hand shaking, seating in meetings, office layout, shared workstation) among employees and between employees and visitors.
- For offices OUTSIDE of the DC Metro Area,
 - Identify local information sources (local community public health, emergency management and other sources) in the specific area of each of your facilities, for timely and accurate pandemic status information, as well as impacts of pandemic on the community (for example, as a result of community mitigation measures, school closures and impacts on mass transportation).
 - Evaluate employee access and availability to health care services in remote DOI facility locations and coordinate with your occupational safety and health official in regards to the needed support.

In order to have an impact in protecting the health and safety of DOI personnel, it is critical that employee awareness/education campaigns and trainings begin early so that employees will have this knowledge, and know how to utilize it in protecting themselves, and their coworkers and family/friends.

It is key that employees learn infection control and disease mitigation strategies such as health habits, personal hygiene (emphasis on hand washing), cleaning and disinfecting work areas and equipment, strategies to minimize exposures with potentially infected persons, recognition of symptoms, and actions to take if symptomatic at work. (Posters are available at the DOI H1N1 Flu website - <http://www.doi.gov/emergency/h1n1>.) Supervisors are a critical element in working both with their employees, OHS and their occupational safety and health officials to ensure this education and training is initiated and continues before and during the pandemic.

Community Mitigation & Social Distancing

In the community at large, non-pharmaceutical interventions (NPIs) will likely reduce influenza transmission, and therefore impact the severity of the pandemic, by reducing contact between sick and uninfected persons, thereby decreasing the number of those who become infected. As a supervisor, you need to be cognizant of NPIs because they will impact your employees and your workplace operations. Strategies which MAY be put into place by local public health officials include the following:

- Voluntary home quarantine of members of households with confirmed or probable influenza case(s).
- Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
- Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density to the greatest extent possible without disrupting essential services.

As the H1N1 Flu Pandemic begins to impact offices, supervisors should selectively implement measures to mitigate the impact of flu on the workplace. These measures would be applied either partially or fully depending on the severity of the pandemic in the area. As a supervisor, it is key that you identify methods in which to utilize social distancing within your office prior to the pandemic. A critical piece of this is educating your employees on the social distancing measures available to them, and to exercise/practice these so your employees are comfortable in conducting their jobs while using these measures.

All such community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette.

Vaccination

As described earlier, with both the H1N1 Flu virus and the regular seasonal influenza viruses circulating this fall and winter, this year's annual flu season poses the potential to cause significant illness with increased flu-related employee absenteeism, as well as increased numbers of hospitalizations and deaths. Therefore, supervisors should encourage their employees to do all they can to protect themselves from getting the flu. Vaccines are the best tool we have to prevent influenza.

The H1N1 Flu vaccine is different from the seasonal flu vaccine. Therefore this year, the CDC is encouraging everyone to get both the seasonal flu and 2009 H1N1 Flu vaccines to be fully protected.

The 2009 H1N1 vaccine will be available through the same channels as the seasonal flu vaccine. Employees are encouraged to get vaccinated for H1N1 by their healthcare provider or local healthcare system that they normally use to get their seasonal flu vaccine. Employees can also use this link to find commercial locations where the seasonal flu vaccine is available, according

to zip code: <http://www.flucliniclocator.org/>. Additional options may be available through your workplace.

- Metro DC Area - Those DOI employees who work in the DC Metro area were provided an opportunity to get both their seasonal vaccine through the DOI Health Unit in the Main Interior Building; at the time of this Supervisor's Guide is being published, the Health Unit has run out of seasonal flu vaccine so employees who have not been inoculated for seasonal flu should seek vaccination through other sources. Once the H1N1 Flu vaccine is available, additional information will be sent out to DC Area employees providing details on dates/times they can get the 2009 H1N1 vaccine in accordance with the prioritization scheme outlined below.
- Outside of the Metro DC Area – If your workplace normally provides the seasonal flu vaccine, you and your employees will be able to get your 2009 H1N1 vaccine there also. (If you are unsure, check with your office's safety and health official.) Federal employees in health care and emergency services occupational categories can also obtain the 2009 H1N1 vaccine through the Department of Veterans Affairs (VA) and their healthcare facilities around the nation.

The 2009 H1N1 vaccine will be available in limited quantities until manufacturing of the vaccine catches up with demand.. As a result, specific target groups and high-risk sub-groups (outlined below) will receive the first available doses. The prioritization scheme of the 2009 H1N1 vaccine is based on health risk and -- except for health care workers, emergency medical personnel, and daycare providers -- these recommendations will not target specific occupational groups, nor do they provide preferential treatment for Federal workers. As supplies of vaccine increase, the 2009 H1N1 vaccine will available to all.

The CDC, in coordination with the Advisory Committee on Immunization Practices, recommends the H1N1 vaccine to the following groups first because they are at highest risk for disease or complications from this flu:

- Pregnant women
- Persons who live with or provide care for infants less than 6 months old
- Health care and emergency medical services personnel. (Initially, this will be limited to those with direct patient contact.)
- Persons aged 6 months - 24 years, and persons aged 25 - 64 years who have medical conditions that put them at higher risk for influenza-related complications. (Initially, this will be limited to persons 6 months - 4 years, and persons aged 5-18 years with medical conditions that put then a higher risk for influenza-related complications.

Depending on the type of vaccine used – flu shots or nasal mist – you may be able to receive vaccinations for the seasonal flu and H1N1 Flu at the same time. Both the seasonal and 2009 H1N1 Flu shot can be given on the same day, but should be given at different sites (e.g., one shot in the left arm and the other shot in the right arm). In addition, the 2009 H1N1 Flu nasal spray vaccine can be given at the same time as the seasonal flu shot OR the seasonal flu nasal spray vaccine can be given at the same time as the 2009 H1N1 Flu shot. However, the seasonal nasal spray vaccine and the 2009 H1N1 Flu nasal spray vaccine should NOT be given at the same time. This is because the nasal spray vaccines might not be as effective if given together.

As a supervisor, if you have employees who are questioning the value and the risks associated with the flu vaccines, refer them to CDC's guidance and information on the Flu.gov website and their health care provider.

Anti-Viral Medications

While the CDC recommends both the H1N1 Flu and seasonal flu vaccines as the first and most important step in preventing flu this 2009 – 2010 flu season, antiviral drugs are a second line of defense against the flu. However, since the H1N1 Flu Pandemic is mild, there is concern for the 2009 H1N1 Flu virus to build resistance to the anti-virals making them ineffective as a treatment option. For this reason, it is critical that these anti-viral drugs are prescribed prudently, and in limited, case-by-case situations where the use of them for treatment or (pre-exposure or post-exposure) prophylaxis against the H1N1 Flu has clear benefits.

The CDC's current guidance on the use anti-viral medications for the flu focuses primarily in the treatment of those suspected, probable or confirmed cases of H1N1 Flu who are hospitalized or are at high-risk for complications. Most healthy persons who become sick with the flu, or persons who are recovering, do not need anti-viral medications.

DOI employees who become ill with a suspected, probable or confirmed case of flu should be treated by their healthcare provider or local healthcare system. DOI does not have the ability to treat patients and provide follow-up care. In addition, those employees who are high risk of flu-related complications because of pre-existing medical conditions, or who require prophylaxis because they are caring for a sick relative at home, should obtain necessary medications from their personal physician.

Those DOI employees whose occupations require them come in direct contact with persons known or suspected to be infected with H1N1 Flu (primarily those employees in emergency services), and those personnel involved in the Department's continuity of operations and mission critical positions, may require anti-viral medications. Additional guidance is now being developed. Supervisors with employees in these categories should coordinate with OEM to identify such personnel.

Personal Protective Equipment (PPE)

To reduce the transmission of infection in these non-occupational/non-healthcare settings, the CDC's interim guidance provides recommendations for the use of facemasks and respirators¹ in certain public settings during an influenza pandemic. In brief, these interim recommendations advise the following:

- Whenever possible, rather than relying on the use of facemasks or respirators, close contact and crowded conditions should be avoided during an influenza pandemic.

¹ Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation, and laser masks. Facemasks help stop droplets from being spread by the person wearing them. Respirators (for example, N-95 or higher filtering face-piece respirators) are designed to protect the wearer from breathing in very small particles, which might contain viruses.

- Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. The time spent in crowded settings should be as short as possible.
- Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must take care of a sick person at home or as part of their duties at work.
- Facemasks and respirators should be used in combination with other preventive measures, such as hand hygiene and social distancing, to help reduce the risk for influenza infection during a pandemic. This interim guidance will be updated as new information becomes available.

Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation, and laser masks. Facemasks help stop droplets from being spread by the person wearing them. Respirators (for example, N-95 or higher filtering face-piece respirators) are designed to protect the wearer from breathing in very small particles, which might contain viruses.

Job tasks that require DOI employees to come in direct contact with persons known or suspected to be infected with H1N1 Flu (medium risk or higher), primarily those in emergency services, require the use of respiratory protection. At this point in time, since the H1N1 Flu Pandemic is mild in severity, the general working population whose jobs do not put them in direct contact with infected individuals do not need to be issued respirators. Occupational exposure risk for these employees can be reduced through protective measures such as thorough hand washing, personal hygiene, and social distancing (as described above).

A supply of N-95 respirators and surgical masks has been procured and are stockpiled for use by the Office of the Secretary. Surgical masks are available through the Occupational Health Nurse in the MIB for use by employees waiting to be evaluated for influenza-like illnesses; additional supplies are available from the OEM for supervisors with requirements for such masks. As the situation warrants, N-95 respirators will be made available to those employees in high/medium exposure risk occupations. Prior to this, supervisors should coordinate with OEM and OHR to obtain medical clearances and have fit testing and training conducted for these personnel in accordance with the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard (as described in 29 CFR 1910.134).

Leave & Other Human Resources Flexibilities

During a severe pandemic, offices need to plan for employee absenteeism rates reaching as high as 40 percent during the peak weeks of a community outbreak. Therefore, supervisors should utilize a variety of means, including annual, sick and family medical leave, as well as scheduling and staffing flexibilities, to ensure the continuity of DOI's operations and essential functions. In doing so, supervisors need to work both with OHR and employees to identify which human resource policies and flexibilities are available, when (in what situations) to utilize them, and educate employees on these options.

Human capital guidelines and policies for the Department of the Interior listed in the *DOI Pandemic Influenza Plan* include:

- Dismissal & Closure Procedures
- Annual Leave, Sick Leave and Family Medical Leave
- Payroll & Personnel Tracking
- Compensation & Pay Flexibilities
- Evacuation Payments
- Telework Policy
- Staffing Flexibilities
- Fitness for Duty Policy
- Grievance Policy
- Family Assistance Program
- Benefit Issues

Telework

Telework² will be a key method for social distancing while continuing the Department's operations during a pandemic. Using guidance from the Office of Human Resources (OHR) and the Office of the Chief Information Officer (OCIO), telework agreements are in the process of being developed with certain DOI employees to enable them to work from home during a pandemic.

Supervisors need to become knowledgeable of these telework agreements, and which categories of employees they encompass. In addition, establish which employees in your office already have a telework agreement in place. Next, determine which personnel should have telework agreements in place so they can work remotely during the pandemic and allow for social distancing in your office. Once these personnel have been identified, work with these employees to get telework agreements in place for them.

Those employees who utilize information technology equipment (IT) during emergencies must work with their supervisor to establish a telework agreement and adhere to applicable cyber security policies, including using a Government Furnished Equipment (GFE) laptop. The DOI Enterprise Remote Access (eRAS), at <https://vpn.doi.gov>, provides online remote access for these personnel. In addition, GFE USB drives may be used by employees in these situations to store and transfer files. Government web-based email, GFE Blackberry, cellular phone or other mobile devices may also be used to conduct business during emergency situations. Employees should contact bureau/office helpdesks for assistance in establishing appropriate accounts and acquiring GFE.

Reporting of H1N1 Flu Cases

The Office of Occupational Health and Safety has created a H1N1 Flu reporting system on the Department's Safety Management Information System (SMIS) (<http://www.doi.gov/smis>) to track and record DOI employees with suspected and confirmed cases of H1N1 Flu. This special SMIS H1N1 Flu reporting feature is embedded in the accident reporting portion of SMIS and is highlighted in red at the bottom of the screen.

² Currently, the DOI Telework and Remote Access Policy (see Appendix I) is under revision. In the event of an emergency situation, such as pandemic influenza, arising prior to the updated policy being released, telework will be conducted through "situational telework".

As a supervisor, it is your duty to report any employees who have suspected/confirmed cases of H1N1 Flu into SMIS. In entering and updating case information, you report the status of the H1N1 Flu case as being suspected, confirmed or not H1N1, and then report when the employee returned to work.

This information enables us to gain a picture of the impact of H1N1 Flu on the Department as a whole, as well as by bureau/office and by geographic location. Pandemics travel in waves; not every community/region will be impacted the same time. Therefore, having SMIS H1N1 Flu data will help us better target our response measures and our communications more effectively to those areas that are being the most impacted.

Employees Returning to Work Once Recovered

DOI employees who fall ill with influenza, and subsequently recover, are able to return to work once deemed fit for duty in accordance to the Department's Fitness for Duty policy. These employees will have acquired immunity and will be an important asset to your office's ability to maintain continuity of operations and accomplish critical missions. As a supervisor, work with the OHR to become knowledgeable of this policy, and educate your employees on it.

Additional Information

Information regarding the H1N1 Flu and response activities is constantly changing. Supervisors should monitor the DOI H1N1 Flu website (www.doi.gov/emergency/h1n1) for updated information.

The website also includes specific planning guidance for:

- Business
- Individual/Families
- Law Enforcement
- Correctional Facilities
- Emergency Medical Services (EMS)
- Medical Offices and Clinics
- Hospitals
- Long-Term Care
- Schools (Kindergarten -12th Grade)
- Colleges/Universities
- Child Care
- State/local

Points of Contact

Primary points of contact with the offices developing this *Supervisors Guide* include the following:

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