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MCAS YUMA CONPLAN 5003-08

BASIC PLAN TO CONCEPT PLAN FOR MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

References: See Annex X, References.

1. Situation

a. General

(1) This CONPLAN responds to the requirements set forth in U.S. Marine Corps Forces Pacific/ U.S. Marine Corps Bases Pacific (COMMARFORPAC/ COMMARCORBASESPAC) CONPLAN 5003; Marine Corps Installations West (MCIWEST) CONPLAN 5003 for MCAS Yuma to conduct planning, develop a Supporting Plan and be prepared to execute operations to protect assigned forces from the threat of pandemic influenza (PI) during and after outbreaks. This plan aligns with and adheres to the guidance published in references (a) through (x).

(2) Terms of Reference. Pandemic Influenza - The term PI, as used throughout this document, refers to an efficient human-to-human transmissible and highly pathogenic strain of influenza that has potential for wide or global spread. This is also described in some documents as a strain of "human influenza with pandemic potential." Use of the term "PI" herein does not indicate that the spread of this strain has already developed broadly, or that it will develop into an actual pandemic situation. It is recognized that this terminology can be somewhat confusing. However, it is a convention that has developed among the U.S. and international communities and is carried forth in this document.

(3) Background. Recent cases of Avian Influenza (H5N1) have raised concerns that this virus strain could undergo genetic mutation resulting in a PI outbreak. In this scenario, PI could spread rapidly, infect U.S. military and associated personnel, and pose a serious threat to operational readiness. This plan establishes a baseline posture for use by MCAS Yuma and its tenant units to shape, prevent, contain, interdict,

stabilize, and recover from the effects of a highly transmissible and potentially lethal influenza, and maintain capability of conducting assigned missions in a pandemic environment.

b. Area of Concern

(1) Area of Operations. MCAS Yuma is located in Yuma, Arizona and is a major subordinate command of MCIWEST.

(2) Area of Interest. The MCAS Yuma area of interest is global based on the speed with which air travel can spread the disease across countries and regions. This makes PI an immediate threat around the globe regardless of where the initial outbreak occurs.

(3) Area of Influence. The MCAS Yuma Area of Influence consists of the installation, housing, and any local areas where the Command can have a positive impact on awareness and response capability.

c. Threat

(1) Health. The potential of PI to infect forces assigned to MCAS Yuma presents a significant threat to the health of our forces, civilian workforce and families. A widespread outbreak among forces stationed at MCAS Yuma or surrounding installations would have significant adverse impacts to our readiness, and must be mitigated to the maximum extent possible.

(2) Security and Stability. Influenza is not widely recognized as a biowarfare/ bioterrorism agent; nonetheless, a PI event cannot be discounted as a potential terrorist force multiplier. Additionally, no enemy attack is expected during the conduct of PI operations, although there is potential for widespread civil unrest on or near MCAS Yuma.

(3) Potential Scenarios

(a) PI outbreaks in the immediate vicinity of MCAS Yuma will require implementation of protective measures to mitigate the spread of the disease onto the installation. Close coordination must be conducted with local civil authorities to address a number of issues, including but not limited to: Defense Support to Civilian Authorities (DSCA); understanding the plans and execution of civil authorities in response to PI so that MCAS Yuma and its tenants can act in concert with those

efforts; assessing the impact on contracts with civilian organizations for goods and services and establishing procedures for ensuring continuity; effects on the local economy and livelihood of residents if local civilian employees on MCAS Yuma are restricted from base access; and public perception of the actions of local military forces and installations.

(b) PI outbreak(s) on MCAS Yuma or amongst I MEF forces will require implementation of control measures similar to those for an outbreak outside the installation. Planning and execution of protective measures, and the supporting public information campaigns must instill confidence in local authorities and the local community that the military is fully collaborating with them to contain the outbreak within the installation.

(4) Medical Surveillance. See Annex Q for detailed information. MCAS Yuma will act on indications and warnings from the medical community or organic assets within MARFORPAC to take proactive steps to mitigate the spread of PI onto the installation. Possible indicators include:

(a) Geographic spread of a highly pathogenic influenza strain in birds or other animals.

(b) Cases of a highly pathogenic influenza strain in mammals (non-human).

(c) Evidence of genetic shift, drift, or re-assortment of a highly pathogenic influenza strain in humans, birds or other animals.

(d) Evidence/indications of increased influenza-like illness (ILI) in humans (e.g., increased drug store/pharmacy sales of medications and increased work absenteeism due to illness).

(e) Confirmed increase of ILI in humans.

(f) Cases of ILI that result in death, or that exhibit unusually strong symptoms in humans.

(g) Cases of any highly pathogenic influenza strain in humans.

(h) Indications of human-to-human transmission of any highly pathogenic influenza strain.

(i) Confirmed human-to-human transmission of a highly pathogenic influenza strain.

0	No new influenza subtypes have been detected in humans.	0	New domestic animal outbreak in at-risk country.	1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
				2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
1	Receipt of information of human infections with a new viral subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	1	Suspected human outbreak from animals overseas	3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
2	Receipt of information of small cluster(s) with limited human-to-human transmission, but the spread is highly localized suggesting the virus is not well adapted to humans.	2	Confirmed human outbreak overseas	4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
3	Indications and warnings identify large cluster(s) of human-to-human transmission(s) in an affected region.			5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial PI risk).
4	Receipt of information that a highly lethal pandemic influenza virus is spreading globally from human-to-human signaling a breach in containment and failing interdiction efforts.	3	Widespread human outbreaks at multiple locations overseas	6	PI phase, increased and sustained transmission in general population
		4	First human case in North America		
		5	Spread throughout the United States		
5	Receipt of information that case incident is decreasing, indicating the slowing of the pandemic wave. Reconstitution of DOD assets and conditions established to return to a previous phase.	6	Recovery and preparation for subsequent waves		

(5) Centers of Gravity

(a) Threat. The threat center of gravity is the virulence and transmissibility of the strain of PI once it emerges.

(b) Friendly. The US National Strategy for PI and commitment to address the threat, including developing and maintaining a strategic national stockpile of antiviral drugs and vaccines.

d. Friendly Forces

(1) Higher

(a) MCIWEST

(b) MARCORBASESPAC

(2) Adjacent

(a) MCIWEST installations

(b) Yuma Proving Ground

(c) Branch Medical Clinic, Yuma (BMC)

(3) Supporting

(a) Naval Medicine West (NAVMEDWEST)

(b) Naval Hospital Camp Pendleton (NHCP)

(c) TRICARE

e. Liaisons, Attachments and Detachments. Liaison requirements will depend upon how and where the threat develops. Potential liaison requirements should be identified and exercised before a PI crisis situation develops, and should be implemented as soon as possible once a PI scenario develops. Organizations that require a liaison exchange may include:

(1) MCIWEST

(2) 3d Marine Aircraft Wing

(3) Yuma County Bio-Terrorism Officer

f. Assumptions.

(1) PI Assumptions

(a) An influenza pandemic could occur in any season and could affect a substantial portion of the world's population.

(b) A vaccine will not be developed in time to address the initial wave of the disease

(c) A PI outbreak has the potential to cause critical and inadequate military and civilian staffing levels among affected units.

(d) PI will have second and third order effects, including adverse impacts on sustaining essential goods and services to the Station.

(e) Efforts to combat PI will consist of local, state and national level government, military and private

efforts, and will be conducted within a regional framework.

(f) International and inter-state transportation will be restricted to contain the spread of the virus.

(g) Operational commitments for ongoing operations will continue at current levels.

(h) Susceptibility to PI will be universal.

(i) Some people will be exposed and become infectious, though remain asymptomatic.

(j) A pandemic in the United States could result in 20-35% of the population becoming ill, 3% being hospitalized, and 1% dying.

(k) A pandemic outbreak will last between 6-12 weeks and multiple pandemic waves will follow.

(2) Civil Support Assumptions. Local governmental agencies may request military assistance from MCAS Yuma during a PI outbreak. The Commanding Officer may provide an immediate response in order to save lives, mitigate human suffering, minimize property damage, or restore essential operations and services. See reference (a) in Annex X, "References" and Annex V, "PI Planning Partner Coordination."

(3) Operational Assumptions

(a) Critical infrastructure and capabilities will be affected. Infection of personnel and absenteeism will cause the greatest impact.

(b) Mission critical task completion will become a challenge as personnel and resource requirements will fluctuate.

g. Limitations

(1) Constraints

(a) Include families and the civilian workforce as part of the protected population in the MCAS Yuma CONOPS.

(b) Coordinate planning and execution with civil authorities.

(2) Restraints

(a) Avoid or minimize transportation and relocation of personnel known to be infected with PI.

(b) Personnel must not become a vector for spreading disease to unaffected areas or persons.

h. Legal and Policy Considerations.

(1) The Staff Judge Advocate and the Public Health Emergency Officer (PHEO) play key roles in assessing potential public health emergencies and advising the Commanding Officer. Actions regarding restriction of movement on and off military installations, of infected or possibly-infected DOD and non-DOD personnel will be guided by U.S. laws and regulations for domestic areas. Other considerations may take precedence during a national emergency, in response to any potential disaster situation. The Commanding Officer is authorized, upon the recommendation of the Public Health Emergency Officer (PHEO), to implement emergency health powers on MCAS Yuma in order to protect military and civilian personnel and property (ref h). These powers include restriction of movement and use of containment strategies (isolation, quarantine, social distancing) as well as medical evaluation and treatment.

(2) Further guidance on anticipated legal issues is contained in Appendix 1 (Legal) to Annex E.

2. Mission. Be prepared to execute disease containment measures that will shape and prepare military and civilian personnel to mitigate the effects of a potential PI outbreak. If a PI outbreak does occur, MCAS Yuma will act to prevent, contain, interdict, stabilize, and recover from the situation in order to maintain the operational readiness of MCAS Yuma.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Purpose. MCAS Yuma will preserve and maintain the operational readiness of the installation and its assets in the face of a PI outbreak. The goal is to continue operating essential facilities while mitigating the impact of a PI event upon Marine forces, families, civilian employees, and the local

community.

(b) Method. Because all of the possible effects of a PI epidemic are difficult to predict, MCAS Yuma leadership must be prepared to make real time decisions if an outbreak occurs. Therefore, this plan contains both specific tasks and assignments as well as broader planning guidelines. In preparation for a potential epidemic or pandemic influenza outbreak, we will ensure educational awareness training on the threat of PI and appropriate countermeasures is provided to MCAS Yuma forces, civilian personnel, and military family members. I intend to track the status of influenza outbreaks by requesting medical surveillance among assigned forces and monitoring the AO using available global surveillance data. We will plan for mitigating the spread of PI onto the installation during a potential outbreak within the region. If a PI outbreak does occur on MCAS Yuma, we will execute planned and rehearsed containment and response actions to ensure Force Health Protection (FHP) readiness and Continuity of Operations (COOP). We will implement procedures that will ensure tenant units do not spread PI to unaffected areas during deployment or redeployment. We will coordinate broadly across military and civilian organizations to ensure effective local and regional response efforts are planned and executed. This requires immediate and continuous coordination with higher and adjacent organizations along with civil authorities. When directed, MCAS Yuma will provide support to local DSCA efforts.

1. Develop and exercise supporting bio-hazard preparedness and response plans for PI.

2. Establish, as needed, cooperative agreements with other service installations for facility use, patient movement, and other coordination requirements for PI planning and execution.

3. Coordinate with and support PI planning and execution efforts of tenant commands and organizations. Designate PI planners as primary points of contact for coordination with PI planners from tenant commands and organizations.

4. Coordinate liaison exchanges with local first responders.

5. Develop and BPT implement procedures for screening and other entry and exit controls to prevent spread of PI by personnel traveling to and from MCAS Yuma. This includes

local personnel as well as returning MARFORPAC or other forces, or other personnel arriving via local airports.

6. Conduct planning to determine the capacity to establish and sustain safe haven operations for isolation, quarantine and/or sequestering of designated personnel.

7. BPT conduct safe haven operations, including isolation, quarantine and/or sequestering of designated personnel as directed by Higher Headquarters.

8. Coordinate with and BPT support USNORTHCOM, MARFORNORTH, and/or a designated regional JTF for PI planning and execution, as required.

9. BPT support DSCA efforts in support of civil response to PI.

10. Coordinate PI planning and execution with appropriate civil authorities and local first responders.

11. Coordinate with appropriate civil authorities, a public affairs program that educates military personnel, their families and the general public of the threat and protective strategies.

(c) Endstate. MCAS Yuma personnel, tenant units, and families are educated, trained, and equipped to execute preventive measures in order to mitigate the spread of PI onto the installation. If a PI outbreak does impact MCAS Yuma operations, installation personnel must be prepared to operate in a PI environment to ensure tenant units are capable of conducting their assigned missions.

(2) Concept of Operations. MCAS Yuma will execute CONPLAN 5003 in six phases: Shape, Prevent, Contain, Interdict, Stabilize, and Recover. The concept of operations for this Plan flows from guidelines in MCIWEST CONPLAN 5003-08. See reference (d) in Annex X, "References." A comparison of DOD Global Phases with World Health Organization (WHO) Phases and U.S. Government (USG) Stages is provided in Annex C, "Operations."

(a) Phase 0 - Shape - incorporates planning, surveillance, and engagement activities to shape perceptions and influence behavior.

1. This phase consists of normal execution of the Installation Lines of Operations and engagement efforts to

build relationships and establish trust with County and City governments.

2. Phase 0 Effects. Establish cooperative agreements with County and City governments and local organizations to build upon currently established medical surveillance, information sharing, and capacity building. Local civilian leadership and government and private agencies prepared to work in concert with MCAS Yuma upon identification of a highly infectious influenza strain.

(b) Phase I - Prevent - support efforts to prevent or limit the spread of the virus.

1. Phase I begins with the identification or existence of a highly pathogenic influenza strain that has demonstrated the ability to infect humans. It signals a need for increased cooperation to fight a specific, known and emerging threat. MCAS Yuma must conduct planning and preparation during Phase I to prevent a potential PI outbreak in the AO from infecting assigned personnel and their family members

2. The focus of effort during this phase is on planning, building a partnership with local government agencies and enhancing capacity, including a coordinated, multi-media military-civilian public affairs program that educates military personnel, their families and the general public of the threat. Establishing stocks of personal protective equipment (PPE) and antiviral medications will begin with direction from higher headquarters. Capacity for expanding medical capabilities must be coordinated with the BUMED through appropriate channels.

3. Emergence of a threat virus strain may not be immediately identified or confirmed. There will likely be a period of uncertainty with regard to observed indications and warnings during Phase I. Threat surveillance, assessments and decision criteria will provide information needed to increase readiness levels and in order to begin taking additional preventive and preparatory measures. The table in Figure 1 below outlines stages that will be utilized to identify and reference escalation of the threat and possible actions to be taken by MCAS Yuma during Phase I.

PHASE I - PREVENT		
Stage A	• Animal to human cases of influenza continue to be identified in increasingly broad geographic areas. May be in the MARFORPAC AO, but not in areas with MCIWEST Installations.	
		• Continue to monitor • Enhance FHP posture - increase medical and PPE stocks; educate/train assigned personnel, civilian employees and military family members; plan and exercise response.
Stage B	• Animal-to-human cases in area(s) with MCIWEST Installations and MARFORPAC forces • Sustained/efficient human-to-human transmission is **suspected** in areas other than the USPACOM and USNORTHCOM AORs	
		• Focus and enhance surveillance; confirm planning and training are current; inform forward deployed personnel
Stage C	• Sustained/efficient human-to-human transmission is **suspected** anywhere in the USPACOM or USNORTHCOM AOR	
		• Increase coordination with other stakeholders - State, County and City governments and local organizations throughout the AO • Focus and enhance surveillance efforts. • Focus and enhance education and training. • Implement travel advisories and/or restrictions. • Distribute antivirals and PPE to forces in, or traveling to, suspected outbreak area(s)
Stage D	• Sustained/efficient human-to-human transmission is **suspected** in areas with MCIWEST Installations or MARFORPAC forces (PACOM or NORTHCOM AORs) • Sustained/efficient human-to-human transmission is **confirmed** outside the PACOM and NORTHCOM AORs	
		• Distribute, issue and/or administer antivirals among MFP forces. • Distribute and/or issue PPE stockpiles among MFP forces • Increase designated supply stocks - for PI response, COOP and sustainment • Enhance FHP posture/measures - avoid areas of suspected outbreaks; implement social distancing/sequestering procedures based on assessed level of threat • Travel restrictions - may limit/reduce or cancel exercises and/or TAD
		• Warning Order for deployment of forces

Stage E	• Sustained/efficient human-to-human transmission is **confirmed** anywhere in the PACOM or NORTHCOM AOR	
		• Further enhance FHP posture • Implement COOP procedures to ensure continuity of essential supplies and services • Support MTF efforts to enhance capabilities/capacity • Implement enhanced reporting procedures • Send and solicit LNO exchanges to/from appropriate organizations • Expand Public Information and Education campaign • BPT support domestic and/or international PI containment and response efforts
Stage F	• Sustained/efficient human-to-human transmission is **confirmed** near or adjacent to MCIWEST Installations or assigned personnel	
		• Restrict movement on and off of bases/installations • Increase/augment security forces • Implement initial telecommuting protocols and workforce drawdown • Coordinate with local authorities for possible support requirements and to maintain situational awareness • Provide specific direction and/or guidance to personnel within the military community regarding personal interactions within the local community • Establish ongoing coordination and assessment protocols with providers of goods and services for bases/installations in the area

Figure 1 - Threat Escalation and Actions During Phase I

(c) Phase II - Contain - take measures to protect the Installation population in the region while maintaining the freedom of action to conduct assigned missions, and as directed, support efforts to contain the new virus within a limited area in order to prevent a pandemic and gain time for implementation of additional pandemic preparedness measures.

1. Phase II begins with confirmed outbreak of human influenza with pandemic potential on a MCIWEST Installation or among MARFORPAC forces/personnel.

2. Focus of effort during this phase is on conducting immediate public health, medical and other

intervention actions to contain an outbreak to a limited geographic area. This includes implementation of FHP procedures among assigned forces. Ensure that a coordinated military-civilian public affairs program informs military personnel, their families and the general public of the current state of the threat and effective protective strategies.

3. Efforts during Phases I and II are critical to ensure that robust capacity is available to successfully contain an outbreak that may have the potential to spread rapidly among humans. Plans and agreements must be pre-established to allow rapid implementation of movement controls, including isolation of affected persons, quarantine of (potentially) exposed persons, and the ability to control movement into and out of areas with affected populations. Antiviral medications (and vaccines if available) must be administered to infected and at-risk populations according to the established plan and guidelines set forth by higher headquarters.

4. Indications of improved transmissibility of PI between humans must be identified quickly. Rapid intervention involving prophylactic administration of antiviral drugs, movement restrictions, social distancing and personal protective/preventive measures by individuals might contain the spread of the pandemic at its source or at least delay international spread.

5. Phase II ends upon successful containment of PI outbreaks in a designated area, signaling a return to Phase I or Phase 0, or the outbreak spreads beyond containment areas and creates significant additional effects, signaling progression to Phase III.

(d) Phase III- Interdict - take broader measures to protect the Installation populations while maintaining the freedom of action to conduct assigned missions and as directed, support efforts to delay or halt a pandemic influenza wave.

1. Phase III begins with widespread human-to-human transmission of the disease among MARFORPAC forces, on MCIWEST Installations across the region. Increased severity of effects of PI within a containment area/region requires additional response efforts.

2. The focus of effort is on response actions to minimize the effects and further spread of the disease. These actions will support the provision of medical care,

maintaining supply of essential goods and services to MARFORPAC forces, and maintaining continuity of operations for assigned missions. Even if Phase II containment efforts are largely successful, there may be areas within the containment boundaries where substantial support is required State, County and City governments and local organizations throughout the AO. MCIWEST Installations may be required to conduct operations to support return of deployed forces, Immediate Response and/or Defense Support of Civil Authorities.

3. Secondary and tertiary effects of PI among society and economies will cause personal, financial and other hardships among the military community. Problem areas will include loss of family wages, traumatic stress and other issues related to illness or death of loved ones, and problems in other areas. Installation Commanders must be proactive in identifying such cases and provide counseling and/or other forms of assistance.

4. Phase III ends when the present pandemic wave has run its natural course and subsided, or intervention actions have been successful in controlling spread of the disease.

(e) Phase IV - Stabilize - protect the Installation key population, maintain freedom of action to conduct assigned missions and within capabilities, and as directed, support mitigating the pandemic effects in order to ensure governments and communities are capable of maintaining social order, maintain critical infrastructure, and minimize human suffering.

1. Phase IV begins with receipt of information the pandemic influenza virus is spreading globally from human-to-human signaling a failure of containment and interdiction actions.

2. Increased severity of effects of PI within a containment area/region requiring additional response efforts.

3. The focus of effort is on protecting the MCAS Yuma population, maintain freedom of action to conduct assigned missions and within capabilities, as directed, support in mitigating the pandemic effects in order to ensure the Installation and communities are capable of maintaining social order, maintain critical infrastructure, and to minimize human suffering.

4. These actions will support the provision of medical care, maintaining supply of essential goods and services and maintaining continuity of operations for assigned missions. MCAS Yuma may be required to conduct operations to support return of deployed forces, Immediate Response and/or Defense Support of Civil Authorities.

5. Phase IV ends when the present pandemic wave has run its natural course and subsided, or intervention actions have been successful in controlling spread of the disease.

(f) Phase V - Recover - conducts force reconstitution operations and as directed will support efforts to re-establish normal support conditions with key partners.

1. Phase V begins when the present wave of the pandemic has passed or the number of cases is on a significant decline, and other effects of the associated crises are being managed effectively.

2. Efforts will be focused on managing ongoing second- and third-order impacts of the epidemic/pandemic, restoring essential services and social functioning, and preparing for subsequent waves of disease. Recovery efforts could entail restoring basic public services and operating and protecting critical infrastructure.

3. The requirements for assistance may far exceed the resources and the recovery phase may proceed slowly.

b. Tasks. MCAS Yuma Staff.

(1) See specific appendixes

c. Coordinating Instructions

(1) Prepare and submit after-action reports and lessons learned to Marine Corps Center for Lessons Learned.

(2) Be prepared to implement portions of the PI Plan for prolonged periods of time.

(3) Installation costs associated with the implementation of PI Plans will be carefully monitored and reported.

(4) All subordinate units should plan and be prepared to operate with their higher headquarters, county, state, federal, and DOD counterparts fully integrating their disciplines where operational requirements dictate.

(5) The Commanding Officer, MCAS Yuma will establish Force Protection Conditions (FPCON) for MCAS Yuma.

(6) BPT conduct and/or support DSCA efforts in support of civil response to PI.

(7) Be prepared to implement isolation, sequestering, quarantine, and social distancing measures.

(8) When directed, cancel or postpone all non-critical operations, exercises, or activities in areas experiencing efficient and sustained human-to-human transmission of influenza with pandemic potential.

(9) Coordinate with the local Navy and other services' medical commands as required for support to bases and forces, including Public Health Emergency Officers' (PHEO) duties and responsibilities.

4. Administration and Logistics. See Annex D, "Logistics. See Annex E,"Personnel".

5. Command and Signal

a. Command. This Plan is applicable to all personnel and tenant units aboard MCAS Yuma.

b. Signal. This plan is effective the date signed.

Mark A. Werth
Col, U.S. Marine Corps
Commanding Officer
MCAS Yuma

OFFICIAL
Annexes:
C - Operations
D - Logistics
E - Personnel
F - Public Affairs
K - Command, Control, Communication, and Computer Systems (C4)

Q - Health Service
X - References
Z - Distribution

ANNEX C TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

OPERATIONS

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. General. This Annex describes and provides guidance for MCAS Yuma preparations for and response to a PI situation. It elaborates on the preparations and response using the construct from MARCORBASESPAC CONPLAN 5003, the decisions to be made with regards to resource protection efforts and response, and outlines tasks by phase.

b. AOR. See Basic Plan.

c. Friendly. See Basic Plan.

2. Mission. See Basic Plan.

a. Specific Guidance. Unlike other catastrophic events, a pandemic will not be geographically or temporally bounded, and will not affect directly the physical infrastructure of the installation. These facts lead to unique PI planning considerations. Planning efforts will build upon COOP planning.

b. Elements of a Viable PI Plan Capability. It is estimated that 40% of personnel may be absent from duty for extended periods of time. These absences may be the result of personnel being ill, taking care of family who have contracted the virus, or simply because they feel safer at home and less likely to be exposed to the virus. Therefore, a viable PI plan must include a health focus. Each of the following elements of a PI plan includes specific guidance in the event of an influenza pandemic.

(1) Plans and Procedures. In accordance with reference (j) in Annex X, "References," the DOD will have a comprehensive and effective Defense Continuity Program that ensures DOD Component Mission Essential Functions continue under all circumstances across the spectrum of threats. To reduce the pandemic threat, a portion of this plan's objective should be to

minimize the health, social, and economic impact of a pandemic on the installation. MCAS Yuma plans will include:

(a) The ability to maintain sustained operations until normal operational activity can be reconstituted, which may be longer than 45 days (six to eight weeks).

(b) Procedures to ensure Mission Essential Tasks (METS) can be accomplished when personnel absenteeism is extraordinarily high.

(c) Activation phases based on pandemic alert levels, the proximity of outbreak to MCAS Yuma, and reoccurring outbreaks.

(d) A health focus to minimize the effects of a pandemic on staff and operations.

(2) Mission Essential Tasks. METS are those functions that enable MCAS Yuma to maintain mission assurance and operational readiness. During a pandemic, or any other emergency, these essential tasks must be continued to facilitate emergency management and overall recovery. To effectively identify essential tasks, MCAS Yuma will:

(a) Reexamine prioritization of essential tasks resulting from duration and personnel impact.

(b) Identify essential tasks that cannot be performed from home or other locations.

(c) Identify critical systems and operations that can be redistributed and supported from other offices.

(d) Consider additional critical tasks to meet organizational missions. Review the effect of a pandemic on essential contract and support services and organizational operations, and develop mitigation strategies.

(e) Consider the need for cross-training to ensure essential staffs are available to perform functions.

(f) Continue to perform essential tasks beyond the existing 45 day requirement.

(3) Delegation of Authority. Clearly pre-established delegations of authority are vital to ensuring all personnel know who has authority to make key decisions in a PI situation. Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical. These delegations of authority must:

(a) Be at least three deep per responsibility to take into account the expected rate of absenteeism.

(b) Plan for geographical dispersion, taking into account the regional nature of an outbreak.

(4) Alternate Operating Facilities. See Tab A and Tab B of Appendix 3 in Annex E, "Personnel." The identification and preparation of Alternate Operating Facilities and the preparation of personnel for the possibility of an unannounced relocation of essential functions and personnel to these facilities is part of PI planning. However, since the primary mission of MCAS Yuma is to operate an airfield, relocation of personnel must be balanced against the requirements to remain mission-capable. Therefore, during an influenza pandemic special consideration will be given to "social distancing" in the workplace through telecommuting, or other means, as an alternative to staff relocation/co-location. Identifying and acquiring alternate operating facilities should include consideration of the following:

(a) The geographical location:

1. Initiate distributed or dispersed DOD operations.

2. Make use of existing department or agency field, branch or satellite locations.

3. Ensure accessibility for handicapped employees.

4. Telecommuting locations.

5. Telecommuting from home.

6. Virtual offices.

7. Joint or shared facilities.

(b) Determine which essential functions can be conducted from a remote location (e.g., home) and those that need to be performed at a designated department or agency facility.

(c) Consider reliable logistical support, services, and infrastructure systems at facilities that remain open, including alternate operating facilities.

1. Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility).

2. Necessary support staff.

3. Social distancing policies.

4. Medical screening of employees.

5. Health/medical units.

6. Sanitation.

7. Essential services.

8. Food/water.

(d) Consider the impact local quarantines may have on open/accessible facilities and operating plans.

(e) Perform a risk assessment to determine the risk to personnel of moving them to an alternate facility if there is a potential for exposing personnel to infected individuals.

(f) Ensure the health, safety and security of relocated personnel including medical screening and health monitoring, if available and sustainable at the alternate facility.

(g) Ensure a timely and orderly recovery from the alternate facility only after it has been verified that the PI threat has been neutralized at the pre-deployment site.

(5) Interoperable Communications. The success of a viable PI plan capability from alternate facilities or telecommuting from home is dependent upon the identification, availability and redundancy of critical communication systems to support connectivity to internal organizations, external partners, critical customers and other key stakeholders, and the public. Pandemic plans will consider the use of portable computers, high speed telecommunications links, personal communication devices and other systems to minimize illness among essential personnel and restrict workplace entry of people with influenza symptoms. Elements of an interoperable communications capability should include:

(a) Planning that carefully considers the use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), and other systems that enable employees to perform essential functions while teleworking. A mass notification system may also support this connectivity.

(b) Testing and exercising telework impacts on internal networks as well as impact of government wide mandated telework. Be mindful of Information Security when considering personnel telework.

(c) Backup plans to use if communications infrastructure fails as a result of surge in demand.

(6) Vital Records and Databases. The identification, protection, and availability of electronic and hardcopy documents, references, records, and information systems required to support essential functions during a PI situation is another critical PI planning requirement. Along with the ability to access vital records and databases, PI planning must include the identification and maintenance of vital systems that rely on periodic physical intervention by essential individuals. An effective vital records program will also include:

(a) Identification of records required to sustain operations for 45 days or longer because vital records at alternate facilities may not be accessible. Determine if files should be accessed electronically from a remote location (e.g., an employee's home).

(b) A plan for the maintenance of vital systems that rely on periodic physical intervention/servicing by

essential individuals.

(c) Assignment of responsibility of the vital records program, including identifying alternates with sufficient training to assume the role.

(d) The identification and acquisition of the appropriate medium for accessing vital records, ensuring the primary and alternates are sufficiently trained to include required clearances, passwords and/or access codes.

(7) Human Capital. See Annex E, "Personnel." Each organization is responsible to design, update and carry out comprehensive plans to take into account and respond to the threats that its employees are most likely to face. MCAS Yuma Human Resources (HR) Officials should ensure union notification and bargaining obligations have been met prior to implementation of the plan. HR staff should be contacted to assist in determining management's bargaining obligations. These plans interact with and impact on human capital management during a pandemic, and should consider organizational policies that encourage sick employees to stay home and enable staff to utilize telecommuting. Considering the impact/implications of PI on employees, plans must include:

(a) Updating human capital and organizational policies for:

1. Compensation for nonessential and essential employees.

2. Sick leave.

3. Mandatory sick leave.

4. Family medical leave.

5. Processing grievances.

6. Telework policy.

7. Family Assistance Programs.

(b) Coordinating modifications to human capital policies and plans with labor relations.

(c) Reviewing terms and conditions of contract work to ensure contractor responsibility for essential functions (where relevant) and to suspend non-essential work.

(d) Evaluating the need for hygiene supplies, medicines, and other medical necessities to promote the health and wellness of healthy essential personnel and plan for distributing such supplies.

(e) Procedures for medical screening and clearing essential personnel.

(f) Developing and/or modifying an employee accountability system.

(g) Developing guidance and awareness plans and materials for employees, including:

1. Occupational risk reduction strategies.

2. Infection control.

3. Personal hygiene.

4. Social distancing techniques.

5. Travel restrictions.

(h) The provision of relevant information and advisories about the pandemic to employees via:

1. Hotlines.

2. Web sites.

3. Voice Messaging System Alerts.

4. All Hands Messages.

(i) An ability to provide employees with cross-training to ensure essential staffs are available to perform functions.

(j) For further information on Human Capital Planning for PI, please see the Office of Personnel Management

(OPM) guide, reference (x) in Annex X, "References".

(8) Testing, Training and Exercises. Testing, training, and exercising of PI plan capabilities are essential to assess, demonstrate and improve the ability of MCAS Yuma to execute its PI plans and programs. PI plans must also test, train, and exercise "social distancing" techniques, including telecommuting, to help minimize contact with others and reduce the spread of infection. Additional requirements include:

(a) Testing of established triggers and procedures for activating and terminating the organization's PI plan and emergency response plan in the event of a PI.

(b) Annual awareness briefings on PI.

(c) Testing of plans through tabletop and functional exercises activating the PI plan in the event of a PI.

(d) Testing, training, and exercising will include social distancing techniques, including telework capabilities and impacts of a skeleton staff on facilities and essential functions and services.

(9) Devolution of Control and Direction. The devolution option of the PI Plan must be developed to address how an organization will identify and conduct its essential functions during an emergency that renders the MCAS Yuma's leadership and staff incapable or unavailable to execute those functions either from its primary or alternate operating facilities. Because an influenza pandemic may hit earlier, longer, or harder in various parts of the country, devolution planning will need to consider rotating operations among regional offices as the pandemic wave moves throughout the United States. Additional considerations include:

(a) Executing essential tasks if PI renders leadership and essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential tasks may be necessary to ensure continuation.

(b) Develop detailed guidance for devolution, including:

1. Essential tasks.

2. Rotating operations geographically as applicable.

3. Supporting tasks.

4. Points of contacts.

5. Resources and phone numbers.

(c) Ensure the devolution site has the capability to provide for the health, safety and security of the personnel. This includes the provision of vaccines and antivirals.

(10) Reconstitution. Reconstitution embodies the ability of MCAS Yuma to recover from a catastrophic event and consolidate the necessary resources that allow it to return to a fully functional entity of the Federal government. The objective during this recovery and reconstitution phase during a pandemic is to expedite the return of normal services. Additional considerations include:

(a) Verifying that the PI threat has passed and it is safe to return to the point of embarkation.

(b) Developing plans for the replacement of employees unable to return to work and prioritizing hiring effort.

(c) Developing plans and procedures to ensure the facilities/buildings are safe for employees to return to normal operations. Recognition that facilities may require decontamination before they can be reoccupied with a return to normal operations.

(d) Providing counseling and other mental health and social services.

(11) Additional Actions

(a) Development of a Pandemic Internal Communications Plan. The development of a Pandemic Internal Communications Plan is critical to prepare personnel for a pandemic by keeping them informed of the status of current outbreaks, symptomology, available vaccines and antivirals and

activation of PI and emergency response plans.

(b) Ensure Adequate Availability of Essential Supplies, Services, and Contracts. Plans will anticipate and prepare for the requirement for additional resources in the event of a pandemic, including:

1. Providing sufficient infection control supplies (e.g., hand sanitizers, environmental cleaning supplies and educational materials).

2. Enhancing communications and infrastructure as required to support personnel telecommuting and remote customer access.

3. Ensuring availability of medical consultation and advice for medical response.

4. Cleaning of facilities and equipment, which may require new or modifying current housekeeping contracts.

3. Execution

a. Concept of Operations. The concept of operations for this Plan flows from guidelines in the MARFORPAC/MARCORBASESPAC CONPLAN 5003 and the MCIWEST CONPLAN 5003, and aligns with the USNORTHCOM DoD Global CONPLAN phasing for PI. To that end, MCAS Yuma will follow established PI Phases. This Plan retains the phase structure outlined in MCIWEST CONPLAN 5003 and is driven by operational requirements, the virulence of the influenza virus, and the spread of the virus geographically. Appendix 1 of this annex shows a detailed comparison of the phasing for this plan and follows the DOD Global CONPLAN to Synchronize Planning for PI. It also integrates the additional consideration of operational requirements. This Plan is similar and follows a six-phased construct: Shape, Prevent, Contain, Interdict, Stabilize, and Recover. Appendix 2 of this Annex provides task guidance for key personnel. The current DOD Phase can be found at http://fhp.osd.mil/aiWatchboard/.

(1) DOD Phase 0 - Shape: This phase occurs in an inter-pandemic period and is a continuous phase incorporating adaptive planning, routine surveillance and engagement activities to assure and solidify collaborative relationships, shape perceptions, and influence behavior to be prepared for a

new influenza viral sub-type. This phase includes education and training for the population, interagency, and community partners.

(a) Trigger to move from Phase 0 to Phase 1 is when indications and warnings reflect the occurrence of human infection(s) with a new virus sub-type, yet without human-to-human spread, or at most, rare instances of human-to-human spread in close contact. When WHO declares Phase 3, higher headquarters (HHQ) will consider moving to Phase 1.

(b) This phase ends upon receipt of information of human infection(s) with a new influenza viral sub-type but no human-to-human spread, or at most rare instances of spread to a close contact.

(2) DOD Phase 1 - Prevent: This phase begins upon receipt of information of human infection(s) with a new influenza viral sub-type but no human-to-human spread, or at most, rare instances of spread to a close contact.

(a) Trigger to move from Phase 1 to Phase 2 is when indications and warnings identify small cluster(s) with limited human-to-human transmission, but the spread is highly localized, suggesting virus is not well adapted to humans. When WHO declares Phase 4, HHQ will consider moving to Phase 2.

(b) This phase ends upon receipt of information of small cluster(s) with limited human-to-human transmissions but the spread is highly localized suggesting the virus is not well adapted to humans.

(3) DOD Phase 2 - Contain: This phase begins upon receipt of information of small cluster(s) with limited human-to-human transmission but the spread is highly localized suggesting the virus is not well adapted to humans. During this phase MCAS Yuma components will take measures to protect the installation population in the localized region while maintaining the freedom of action to conduct assigned missions.

(a) Trigger to move from Phase 2 to Phase 3 is when indications and warnings identify large cluster(s) but human-to-human spread still localized suggesting the highly lethal virus is becoming increasingly adaptive, but has not yet fully achieved sustained human-to-human transmission. When WHO

declares Phase 5 HHQ will consider moving to Phase 3.

(b) This phase ends when indications and warnings identify large clusters of human-to-human transmission or when the outbreak is contained with no additional cases in an (the) identified region(s).

(4) DOD Phase 3 - Interdiction: This phase begins when indications and warnings identify large clusters of human-to-human transmission in (the) affected region(s). During this phase MCAS Yuma components will take broader measures to protect the installation population while maintaining the freedom of action to conduct assigned missions.

(a) Trigger to move from Phase 3 to Phase 4 is when indications and warnings identify increased and sustained transmission of the virus among the general population. When WHO declares Phase 6, HHQ will consider moving to Phase 4.

(b) This phase ends upon receipt of information that highly lethal, influenza virus is spreading efficiently from human-to-human signaling a failure of containment and interdiction actions within a region(s) (similar to WHO phase 6 conditions) or when the outbreak is contained with no additional cases in the identified region(s).

(5) DOD Phase 4 - Stabilize: This phase begins upon receipt of information the PI virus is spreading globally from human-to-human signaling a failure of containment and interdiction actions. During this phase MCAS Yuma components will protect the installation population, maintain freedom of action to conduct assigned missions and within capabilities. Additionally, MCAS Yuma will maintain efforts in mitigating the pandemic effects to ensure installations are capable of maintaining social order, maintain critical infrastructure, and to minimize human suffering.

(a) Trigger to move from Phase 4 to Phase 5 is when case incidence rate is declining, indications of a PI wave slowing, and conditions begin to allow reestablishment of normal functions.

(b) This phase ends upon receipt of information case incidence is decreasing, indicating conditions begin to allow reestablishment of government functions.

(6) DOD Phase 5 - Recovery: This phase begins upon receipt of information that case incidence is decreasing, indicating the slowing of the pandemic wave. During this phase MCAS Yuma conducts force reconstitution operations and as directed will support efforts to re-establish normal support conditions with key partners.

(a) Trigger to move from Phase 5 to Phase 0 is when conditions (e.g., no further human PI infections, no indications of a subsequent wave(s), MCAS Yuma support to interagency/intergovernmental partners is no longer required, etc) are set to return to the inter-pandemic phase. Or, HHQ moves to a lower phase (Phase 1-4) if there are indications of a subsequent wave.

(b) This phase ends when normal support relations are in place, and conditions allow for a return to the inter-pandemic conditions or back to a previous phase.

4. Tasks

a. Mission Assurance Department (MAD)

(1) Assist in scheduled update and improvement of this Plan.

(2) Include exercise inputs and scenarios designed to evaluate the effectiveness of the PI Plan into the installation exercise cycle. This includes exercise coverage for operationally-significant naturally-occurring outbreaks of disease.

(3) Be prepared to assist in directing actions in support of MCAS Yuma's assigned mission during PI outbreaks. This includes coordinating activities between the installation and tenant commands.

(4) Be prepared to accomplish appropriate PI-related reports IAW appropriate reporting instructions.

(5) Be prepared to utilize available warning systems to provide information to the base populace prior to, during, or following PI incidents.

(6) Be prepared to project potential mission degradation during all phases of PI events.

(7) Be prepared to provide Mission Assurance Program guidance during all phases of the PI-related event.

(8) Be prepared to recommend increases or decreases in the Force Protection Condition (FPCON) based on the acquisition and analysis of PI-related intelligence information.

(9) In conjunction with other departments, be prepared to provide recommendations regarding the transfer or sustainment of critical mission operations during all phases of a PI event.

b. Provost Marshal

(1) Assist in scheduled update and improvement of this Plan.

(2) Be prepared to coordinate notification procedures for evacuating on-base areas, and coordinating off-base evacuation with local civil authorities, if warranted by a PI incident.

(3) Be prepared to assist in the notification of all non-essential personnel to evacuate hazardous PI-contaminated environments.

(4) Be prepared to provide security or recommend security options for the medical treatment facility, isolation/quarantine facilities, morgue, casualty collection point (if used), and/or distribution points for treatment supplies as required in the aftermath of PI incidents.

5. Administration and Logistics. See Annex D, Logistics.

6. Command and Signal

a. Command. See Basic Plan.

b. Signal. See Basic Plan.

Appendixes:
1 - Phase/Stage Comparison Chart
2 - Complete Task List - By DoD Response Phase

3 - Critical Infrastructure Protection

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ANNEX D TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

LOGISTICS

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. General. See Basic Plan

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan.

d. Assumptions. All forms of Logistical support will be challenged due to the response required in support of the local population. Coordination with operational forces is critical to ensure success.

e. Planning Factors

(1) MCAS Yuma has limited organic logistic capability, making it essential to secure viable support immediately.

(2) MCAS Yuma will remain dependent on externally produced and delivered utilities, materials, and services to maintain its operational capability. This includes but is not limited to fuel, water, power, and food.

2. Mission. See Basic Plan.

3. Execution

a. Concept of Logistics

(1) MCAS Yuma will support efforts to limit the spread of the disease. Sustaining the operational capability of the station is paramount. All efforts will be made to ensure the uninterrupted flow of material and services is maintained.

(2) Coordination will be made with all providers of services and supplies to ensure the safe delivery of all required support. Some services may be limited because of

efforts to contain the spread of the disease and the diseases effect on the people who provide those services.

b. Tasks. All efforts will be made to meet the tasks assigned. See Appendix 1 attached to this Annex.

4. Administration and Logistics

a. Logistics

(1) Supply. All efforts will be made to exercise current contracts to maintain support. Local acquisition of supplies and services is encouraged, but may be severely limited.

(a) Petroleum, Oils, and Lubrication (POL). Sufficient supplies of POL are available for a two week period. All efforts will be made to maintain this storage level.

(b) Inter-Service Logistic Support. Inter-Service Support Agreements (ISSA) will remain in effect.

(c) Mortuary Affairs. See Appendix 1 to Annex Q "Health Services".

(2) Maintenance and Modification. Maintenance and modification of equipment and infrastructure will remain sourced from existing organic capability and from commercial sources including contracted services.

(a) Maintenance of infrastructure will remain sourced from organic capability and dedicated direct support Naval Facilities Engineering Command Facility Sustainment forces. Request for maintenance and repair of equipment and infrastructure will be submitted and executed within the Air Station's existing maintenance request, execution, and reporting system.

(b) Modifications that are in progress and pending will be reprioritized at the commencement of response to pandemic outbreak, to ensure adequate resources are available to sustain maintenance and repair of equipment and infrastructure essential for operational capability. Suspended modification actions will be reported to higher headquarters; including in the suspension report an estimate of resultant cost increase and any projected resultant reduction in equipment and material readiness. Because of the nature of the disease the response

time for both emergency and routine request maybe extended.

(3) Medical Services. See Annex Q, Health Services.

b. Administration. All coordination for logistics support, except equipment and infrastructure maintenance and repair, will occur through the Command Operations Center (COC). Reporting requirements will be tailored to the situation and will vary depending on both the nature and scope of the DOD response.

5. Command and Signal. See Basic Plan.

Appendixes:
1 - Logistics Key Tasks - By CONPLAN 5003 Response Phase

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APPENDIX 1 TO ANNEX D TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

LOGISICS KEY TASKS - BY CONPLAN 5003 RESPONSE PHASE

DOD and World Health Organization (WHO) Phases

DoD Phase 0 (SHAPE) - This phase occurs in an interpandemic period. The purpose is to solidify collaborative relationships, shape perceptions, and influence behavior in order to be prepared for a new influenza viral subtype.

WHO Phase 1 - No new influenza virus subtypes have been detected in humans, although a subtype that has caused human infection may be present in animals.

WHO Phase 2 - No new influenza virus subtypes have been detected in humans, but a circulating animal influenza virus subtype poses a substantial risk of human disease.

Trigger Points	Key Tasks (Ref (n) in Annex X) (focused on FHP, Readiness, and COOP)	Office of Primary Responsibility
Receipt of information of human infections with a new viral subtype, but no human-to-human spread, or at most rare instances of	The priority of logistics efforts will focus on maintaining continuous situational awareness.	I&L
	Participate in planning efforts and exercises.	I&L/MAD
	Coordinate with appropriate staffs to maximize the ability to respond rapidly to PI missions.	I&L

spread to a close contact.	Develop Supply Sustainment Plans pertinent to guidelines in Annex Q (Health Service).	I&L
DOD Phase 0 -> 1	Identify alternate sites for isolating personnel	I&L/BMC OIC

DOD and World Health Organization (WHO) Phases

DOD Phase 1 (PREVENT) - This phase begins upon receipt of information of human infection(s) with a new influenza viral sub-type but no human-to-human spread. The purpose of this phase is to continually monitor threat developments with the intent of preventing and/or limiting the spread of the virus.

WHO Phase 3 - (Pandemic Alert Period) Human infection(s) with a new subtype occur, but without human-to-human spread, or at most, rare instances of spread to a close contact.

Trigger Points	Key Tasks (Ref (n) in Annex X) (focused on FHP, Readiness, and COOP)	Office of Primary Responsibility
Receipt of information of small cluster(s) with limited human-to-human transmission, but the spread is highly localized suggesting the virus is not well adapted to humans. **Phase 1 -> 2**	The priority of logistics efforts will focus on preparing for and responding to a potential pandemic.	I&L
	Execute supply sustainment plans.	I&L
	Maintain situational awareness and coordinate with interagency partners.	I&L

DOD and World Health Organization (WHO) Phases

DOD Phase 2 (CONTAIN) - This phase begins upon receipt of information of small cluster(s) with limited human to human transmission. The purpose of this phase is to contain the virus within a localized area.

WHO Phase 4 - (Pandemic Alert Period) Small clusters with limited human-to-human transmission occurs, but spread is highly localized, suggesting that the virus is not well adapted to humans.

Trigger Points	Key Tasks (Ref (n) in Annex X) (focused on FHP, Readiness, and COOP)	Office of Primary Responsibility
Indications and warnings identify large cluster(s) of human-to-human transmission(s) in an affected region. **Phase 2 -> 3**	During this phase, the priority of logistics efforts is to support containment efforts while maintaining freedom of action to conduct assigned logistics missions.	I&L
	Prepare for a potential influenza pandemic.	I&L
REVERSE TRIGGER No new clusters identified/ decrease in cases in identified clusters **Phase 2 -> 1/0**	Provide priority support to areas/personnel directly involved in disease interdiction/suppression activities.	I&L
	Develop food distribution plans for personnel in quarantine and isolation.	I&L

DOD and World Health Organization (WHO) Phases

DOD Phase 3 (INTERDICTION) - This phase begins when large clusters have been identified. The purpose of this phase is to interdict and attempt to halt the advancement of the virus.

WHO Phase 5 - (Pandemic Alert period) Larger cluster(s) occur, but human-to-human spread is still localized, and the virus is becoming better adapted to humans but not yet fully transmissible.

Trigger Points	Key Tasks (Ref (n) in Annex X) (focused on FHP, Readiness, and COOP)	Office of Primary Responsibility
Receipt of information of a highly lethal pandemic influenza virus is spreading globally from human-to-human signaling a breach in containment and failing interdiction efforts. **Phase 3 -> 4**	The priority of logistics efforts in this phase is on preparations to ensure freedom of action to conduct assigned logistics missions in the face of an impending pandemic.	I&L
	Sustain supply flow and mission assurance.	I&L
	Provide priority support to areas/personnel directly involved in disease interdiction/suppression activities.	I&L
REVERSE TRIGGER		

Decrease in reported cases in identified clusters or no new clusters **Phase 3 -> 2/1/0**		

DOD and World Health Organization (WHO) Phases

DOD Phase 4 (STABILIZE) - This phase begins upon receipt of information that there is increased and sustained transmission in the general population. The purpose of this phase is to implement decisive defensive measures to maintain DoD COOP, protect critical infrastructure, and preserve the Key Population IOT maintain capability to conduct priority missions.

WHO Phase 6 - (Pandemic Period) A pandemic is confirmed with increased and sustained transmission in the general population.

Trigger Points	Key Tasks (Ref (n) in Annex X) (focused on FHP, Readiness, and COOP)	Office of Primary Responsibility
Receipt of information that case incident is decreasing, indicating the slowing of the pandemic wave. Reconstitution of DoD assets and conditions established to return to a previous phase. **Phase 4 -> 5**	Support sustainment operations.	I&L

DOD and World Health Organization (WHO) Phases

DOD Phase 5 (RECOVERY) - This phase begins when case incidence is decreasing. The purpose of this phase is to return to a previous phase or the new normal state of operations.

Trigger Points	Key Tasks (Ref (n) in Annex X) (focused on FHP, Readiness, and COOP)	Office of Primary Responsibility
Conditions set for return to inter-pandemic phase (Transition to any Phase other than IV) Indications for subsequent wave	Priority of logistics effort in this phase is support installation efforts to re-establish inter/pre-pandemic conditions. Reestablish logistics services to prepare for continuing missions.	I&L I&L

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ANNEX E TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

PERSONNEL

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation. This annex for personnel support establishes the administrative and personnel responsibilities, policies and planning guidance necessary to support the basic plan.

a. Assumptions. Primary personnel planning assumption, assumes that an infrastructure for transportation of personnel may be severely impacted due to Pandemic Influenza (PI) and will therefore limit personnel movement. Likelihood exists during this event that rotations will be region centric and dependent upon the pandemic "wave" duration in conjunction with the severity of impact to the region's forces.

2. Mission. Maintain qualified personnel to meet validated mission requirements and the appropriate support to those personnel to ensure they have the resources needed to carry out their assigned duties.

3. Execution

a. Concept of Personnel Support. The concept of Personnel Service Support (PSS) is that MCAS Yuma (H&HS) service members and DOD civilians directed under this Plan will receive PSS commensurate with the level of support available at home installation in accordance with (IAW) specific policies and regulations. The objective of PSS is to maintain H&HS MCAS Yuma at authorized strength, ready in all respects to carry out the concept of operations. MCAS Yuma S-1 Manpower Department will report personnel status to MCIWEST, by the most expeditious means, when the strength of H&HS is forecast to reach, or actually reaches, a point where the capability to accomplish the assigned operation is jeopardized.

b. Responsibilities

(1) Personnel requirements. Manning and augmentation of H&HS MCAS Yuma is an S-1 Manpower Department responsibility under the cognizance of MCIWEST. Augmentation to H&HS MCAS Yuma

will be IAW current policies and regulations. Upon execution of this Plan, the MCAS Yuma S-1 Manpower Department will ensure the proper assignment and utilization of personnel (e.g., chaplains, intelligence analysts, civil affairs). The Commanding Officer will determine the mission essential tasks required and those personnel (military and civilian) deemed necessary to complete said tasks in order to accomplish the Command's mission. The Commanding Officer will determine the appropriate duty uniform for military and civilian members.

(2) Personnel accountability and strength reporting. The MCAS Yuma S-1 Manpower Department will maintain accountability for all assigned/attached/OPCON military personnel and DOD civilian and contractor personnel. To document any illness or potential/actual exposure to a hazard, a comprehensive list of all personnel will be maintained for historical accounting in the event long-term medical consequences result from exposure to such an illness or hazard.

(3) Replacement policies. Normal rotation policies have been established, however, a significant potential exists that a PI may last up to 18 months, or the length of each pandemic wave, which may hinder regional assignments. Rotation and replacement operations are the responsibility of HQMC. Requests for replacement of personnel will be submitted per existing directives and procedures. Planning factors for computing personnel attrition will be developed per existing procedures.

(4) Marine Corps Community Services (MCCS)

(a) MCCS programs are mission essential to combat readiness. They contribute to successful military operations by promoting individual physical and mental fitness, morale, unit cohesion, and "esprit de corps", and by alleviating mission-related stress.

(b) MCCS programs may include but are not limited to the following: fitness programs and recreation facilities, exchange and resale services, entertainment services, food and beverage sales, book and video services, newspapers, access to telephones, and rest and recuperation programs. MCCS, MCAS Yuma will ensure maximum access to MCCS facilities and services for personnel, consistent with the situation. Curtailment plans for the above services will be designed specific to DOD Phase.

(c) Family well-being impacts on the individual service member's focus on the mission and thus are very important to sustained readiness.

(5) OPER-3 SIR/Casualty Reporting. Serious Incident Reporting (SIR)/Casualty reporting will be IAW applicable directives. Parallel reporting is anticipated.

(6) Medical Returnees to Duty. Personnel evacuated for medical reasons will be returned to duty as expeditiously as medically practical IAW component and/or directives. The MCAS Yuma S-1 Manpower Department will coordinate with MCIWEST for replacements for those personnel unable to return to duty.

(7) Leave Policy. Accrual will be IAW applicable directives. Normally, only leave of an emergency nature should be granted. Commanders can allow leave to those in a "use or lose" status, if possible. If not possible, applicable directives apply to lost leave recoupment. Requests for exception should be forwarded through command channels.

(8) Deployability criteria for personnel unique to this operation. The provisions of this plan may require deployment into an area affected by Chemical, Biological, Radiological, Nuclear or high-yield explosives (CBRNE). Personnel must be trained in and equipped with appropriate protective gear for the situation.

(9) Military Evaluations. Officer, enlisted and civilian evaluation reports will be IAW applicable Marine Corps directives.

(10) Civilian Personnel Policies and Procedures. In times of a pandemic, there may be an immediate and unanticipated disruption within and around an organization's physical location. Individuals may not be able to report to duty, communications equipment may be inaccessible. A pandemic may create shortages of essential goods and medical supplies, limit travel, and elevate absenteeism to a level that impedes mission accomplishment. Established policies and procedures may be impossible to implement, or may require modification. Management officials will adhere to reference (p) in Annex X (References) for contingency and emergency reporting and accountability.

(a) DOD Civilian Work Force. Employees of the DOD civilian work force will be considered as an available resource when creating and sustaining personnel requirements. Civilian employees will remain under the direct command and control (C2) of the Commanding Officer. MCAS Yuma department heads will provide normal supervisory functions such as assignment of work, establishment of work schedules, performance evaluation and initiating and effecting disciplinary actions. See reference (p) in Annex X (References) for more information pertaining to civilian employee policies and procedures.

(b) Earning limitations. Biweekly Earning Limitation, Annual Limitation on Premium Pay for Emergency Work, and Annual Aggregate Limitation will be executed IAW 5 USC 5546.

(11) Chaplain Activities. See Appendix 2 of this Annex.

(12) Legal Considerations. See Appendix 1 and Appendix 3 of this Annex.

4. Administration and Logistics. See Basic Plan.

5. Command and Signal. See Basic Plan.

Appendixes:
1 - Legal
2 - Chaplain Activities
3 - Restriction of Movement

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APPENDIX 1 TO ANNEX E TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

LEGAL

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. General. The actions required to prepare for and respond to a PI event can call into question a variety of legal issues. These issues include the ability to vaccinate or medically treat military and non-military personnel and to implement restriction of movement (ROM) measures on military and non-military personnel and declaration of a public health emergency (PHE). Additional issues include the interaction between the installation and local, state, and Federal government. Specifically concerning federal investigations and chain-of-custody requirements; the ability to obtain medical supplies from the Strategic National Stockpile (SNS); and liability issues concerning Military Support to Civil Authorities (MSCA) activities.

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan.

d. Attachments and Detachments. See basic Plan.

e. Assumptions. See Basic Plan.

2. Mission. See Basic Plan.

3. Execution. MCAS Yuma recognizes the complications that may arise before and after an event has occurred, and is addressing the legal requirements for the ability to vaccinate or medically treat military and non-military personnel and to implement ROM measures on military and non-military personnel and declaration of a PHE. This plan considers the entire population, to include civilians, family members, and visitors on MCAS Yuma. The Staff Judge Advocate (SJA) will be available to provide legal advice to the Commanding Officer in the event of an enemy/terrorist biological attack or naturally occurring disease outbreak such as pandemic influenza.

a. Preventive Law and Legal Documentation. The SJA will continue to increase public awareness of preventive law programs encouraging their service members to have sufficient legal documentation (e.g., Wills, Powers of Attorney, Living Wills). If PI Phases increase, the SJA office will provide additional support to installation personnel to assist them in preparing legal documentation.

b. Legal Guidance. The SJA office will be prepared to, on demand, provide requested guidance to the Commanding Officer and the local civil authorities regarding legal boundaries of potential response actions.

c. Vaccination or Treatment of Military Personnel. Military personnel may be ordered to submit to vaccination or treatment, subject to special rules applicable to reference (g) in Annex X, "References." SJA will advise the Commanding Officer, Branch Medical Clinic, Yuma (BMCY) Officer-in-Charge (OIC), and Public Health Emergency Officer (PHEO) of legal restrictions and conditions regarding vaccination and treatment of military personnel.

d. Vaccination of Non-Military Personnel. The SJA will advise the Commanding Officer, BMCY OIC, and PHEO of legal restrictions and conditions regarding vaccination of non-military personnel in accordance with reference (o) in Annex X, "References." The Commanding Officer is not authorized to subject non-military personnel to vaccination or treatment without approval from the Secretary of Defense. Non-Military Personnel are divided into the following four categories:

(1) Emergency-Essential DOD Civilian and Contractor Personnel Who Perform Essential Services. Per reference (o) in Annex X, "References", the Secretary of Defense may direct immunizations as mandatory for emergency-essential U.S. national civilian employees of the Department of Defense, referred to in DoD Directive 1404.10, DoD contractors (or subcontractors) or employees of DoD contractors (or subcontractors) performing essential DoD contractor services, referred to in DoD Instruction 3020.37. The DoD Components that employ emergency-essential DoD U.S. national civilian employees or that maintain contracts performing essential DoD contractor services shall ensure that all administrative and procedural actions necessary to implement such a requirement have been met. Where immunizations are mandatory for DoD contractors, subcontractors,

or their employees, components shall ensure contracts are modified to implement this requirement.

(2) Other U.S. National Personnel

(a) This category includes: U.S. military family members, non-emergency-essential DoD civilian employees and other persons covered by reference (o) in Annex X, "References," family members of DoD civilian employees, DoD contractor (and subcontractor) employees other than those performing essential DoD contractor services, family members of DOD contractor (and subcontractor) employees, employees of other USG agencies, family members of employees of other USG agencies, other USG contractor employees, and family members of other USG contractor (and subcontractor) employees.

(b) Evacuation, rather than immunization, is the primary means of addressing the threat for other U.S. national personnel. As necessary, personnel will be removed from threat areas in accordance with standard inter-agency procedures for crisis situations. If there is an imminent threat of hostilities, the USG will attempt to evacuate Category 2 personnel from the threat area.

(c) Combatant Commanders may request immunization authority for the following personnel under their command: U.S. military family members, Non-emergency-essential DoD civilian employees and other persons covered by DoD Instruction 1400.32, Family members of DoD civilian employees, DoD contractor (and subcontractor) employees other than those performing essential DoD contractor services, and Family members of DoD contractor (and subcontractor) employees. The authority to approve such a request is reserved to the Secretary of Defense. The decision will be based on the feasibility of evacuation, availability of vaccine, impact on mission and other pertinent factors.

(d) Receipt of immunization will be on a voluntary basis. However, per reference (g) in Annex X, "References", persons other than military personnel may be required as a condition of exemption or release from restriction of movement to submit to vaccination or treatment as necessary to prevent transmitting a communicable disease. In accordance with reference (o) in Annex X, "References", for all immunizations carried out under this policy by the DoD Components, a full information and communications program shall be implemented to

assure that recipients receive accurate and complete information regarding the vaccine and the vaccine immunization program involved.

(3) Other Personnel Supporting U.S. Military Operations

(a) This category includes: Personnel who are employees of the Department of Defense or a DoD contractor (or subcontractor) and who are not included in Categories 1 or 2. Family members of personnel who are employees of the Department of Defense or a DoD contractor (or subcontractor) and who are not included in Categories 1 or 2. Foreign personnel employed by the host-nation government or by contractors of the host-nation government and Family members of Foreign personnel employed by the host-nation government or by contractors of the host-nation government.

(b) Combatant Commanders may request vaccination authority for personnel under their command that fall within this category. The authority to approve such a request is reserved to the Secretary of Defense. The decision will be based on the availability of the vaccine, impact on mission and other pertinent factors.

(c) Receipt of immunization will be on a voluntary basis. However, per reference (g) in Annex X, "References", persons other than military personnel may be required as a condition of exemption or release from restriction of movement to submit to vaccination or treatment as necessary to prevent transmitting a communicable disease. In accordance with reference (o) in Annex X, "References", for all immunizations carried out under this policy by the DoD Components, a full information and communications program shall be implemented to assure that recipients receive accurate and complete information regarding the vaccine and the vaccine immunization program involved.

e. Declaration of a Public Health Emergency. The SJA will provide requested guidance to the Commanding Officer and the PHEO regarding legal justification for and consequences of declaring a public health emergency IAW reference (g) in Annex X, "References."

f. Information Release Authority. Prior to a public health emergency, PAO will identify the means to obtain information release authority and facilitate the timely release of

information during a PI event.

g. Public Health Emergency Responsibilities. Legal considerations in this area will be made on a case-by-case basis. As a general planning rule, if the event primarily affects personnel on the installation, as opposed to the outside community, the installation shall protect the entire installation population against communicable diseases associated with biological warfare or terrorism or other public health emergency. In accordance with reference (g) in Annex X, "References", the installation population includes: the military installation, property, and personnel and other individuals working, residing, or visiting the military installation. If the event directly affects the surrounding community in addition to the installation population, the installation will take responsibility for personnel that the base normally supports and for those people being kept on the installation as part of ROM operations. All other personnel must seek assistance from local, state, and federal levels of government as appropriate. The PHEO should facilitate the assumption of public health emergency responsibilities by civilian agencies in relation to persons other than military personnel and property not owned by the Department of Defense. Responsibilities will only be given to civilian agencies with appropriate jurisdiction over the persons or property.

h. ROM. In accordance with reference (g) in Annex X, "References", ROM may be implemented to prevent the spread of communicable diseases. In the case of military personnel, restrictions of movement, including isolation or quarantine, or any other measure necessary to prevent or limit transmitting a communicable disease may be implemented. In the case of persons other than military personnel, restrictions of movement may include limiting ingress and egress to, from, or on a military installation, or isolation measures in healthcare facilities, living quarters, or other buildings on a military installation. Isolation measures do not lesson the responsibilities of the Military Health System to provide the best medical care feasible to infected persons. The SJA will provide legal guidance and considerations to the Commanding Officer and the PHEO regarding ROM measures that are necessary to prevent or limit transmission of a disease.

(1) Notification. As outlined in Appendix 3 of this Annex (Restriction of Movement), the Installation PHEO will provide notices to personnel placed under isolation or

quarantine. The SJA will review the notices for legal accuracy.

(2) Enforcement. The SJA and PMO will submit recommendations to the Commanding Officer regarding the escalation of force to enforce ROM measures. The minimum force necessary should be used to restrain personnel from unauthorized entry or departure from a quarantine area, and for enforcing ROM IAW reference (q) in Annex X, "References." SJA, together with PMO and the BMCM OIC, will advise the Commanding Officer regarding additional enforcement measures for specific situations based on the particular biological/medical threat.

(3) Disputes. All non-military personnel subject to quarantine/isolation who contest the reason for quarantine/isolation will be provided an opportunity to present information supporting an exemption or release. The Commanding Officer will designate a senior officer or employee of the command to review and make a determination. The SJA will consult with the appointed official regarding the request for release to ensure he/she is informed of all pertinent facts prior to making a decision.

(4) Vaccination as a Condition of Release. All personnel other than non-military personnel and Category 1 personnel (as defined in paragraph 3(d)(1)) located on the installation during a PI event may be required as a condition of exemption or release from ROM to submit to vaccination or treatment as necessary to prevent transmitting the disease.

(5) Physical Examination as Condition of Release. Persons other than military personnel may be required as a condition of exemption or release from restrictions of movement to submit to a physical examination and/or testing as necessary to diagnose the person and prevent the transmission of a communicable disease. Qualified personnel shall perform examinations and testing, which shall not be likely to result in serious harm to the individual.

i. Strategic National Stockpile (SNS). Medical treatment supplies on the installation are not enough to support the needs of the entire base populace should a PI event occur. SNS supplies will not be relied upon as part of the installation's initial response capability to a public health emergency. However, to supplement these needs, the Commanding Officer will approve and forward requests for SNS supplies through the chain of command to the Assistant Secretary of Defense for Homeland

Defense. Normally, installations will receive SNS assets as part of their State and local governments' SNS distribution plan. The installation will implement support agreements with local and/or state public health authorities, emergency response organizations, or healthcare facilities to establish request protocols for receipt of SNS assets as part of the state and/or local governments' SNS distribution plan. The Commanding Officer, PHEO, BMCY OIC, and SJA will work closely with civil health officials and local, state, and federal levels of government to obtain the necessary supplies to support the installation. If unique challenges of responding to a public health emergency on a military installation require the installation to request SNS assets directly from Health and Human Services, these requests will be separate from the established state and local governments' SNS request protocol. SNS assets provided to the DOD in this situation will be in specific configurations on a case-by-case basis. Most likely, installations will receive SNS-managed inventory versus a 12-hour Push Package.

4. Administration and Logistics. See Basic Plan.

5. Command and Signal. See Basic Plan.

OFFICIAL:

M. E. SAYEGH
Staff Judge Advocate

APPENDIX 2 TO ANNEX E TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

CHAPLAIN ACTIVITIES

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. General. See Basic Plan.

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan. Nongovernmental Organizations (NGO), Faith-Based Organizations (FBO) and Community-Based Organizations (CBO) active in disasters which provide humanitarian assistance, disaster relief and religious support to victims, families and first responders.

d. Assumptions

(1) Pandemic influenza will cause unprecedented illness, death and disruption to normal patterns of life, resulting in emotional, psychological, spiritual and physical pressures on MCAS Yuma personnel.

(2) Military families will experience the same level of absenteeism, illness and death as the surrounding populace, requiring intentional pastoral care support.

(3) Mission essential personnel will be required to stand duty for the duration of successive waves of PI while their families cope with PI at home alone, giving rise to the potential of morale and emotional issues among the force.

(4) There may be mass fatality events involving temporary interment, disinterment, and/or mass burial requiring spiritual and psychological intervention and extraordinary levels of religious support to the force.

e. Limitations. Mission requirements during a PI will exceed available resources; therefore, prioritization of missions and level of pastoral response available for each mission must be determined.

2. Mission. The Chaplain Division provides and coordinates religious support to the installation and authorized DOD personnel to insure the free exercise of religion, and pastoral care, for forces in the AOR during PI operations.

3. Execution

a. Concept of Operations. Considerations common to all response phases.

(1) The Command Chaplain establishes religious support (RS) policy, provides RS to the Command, and coordinates RS activities of subordinate commands for all phases of PI operations.

(2) Chaplains provide RS to service personnel and authorized DOD personnel during all phases of PI operations.

(3) MCAS Yuma will employ Strategic Communication and Public Information plans in coordination with civil authorities to mitigate fear and miscommunication. Chaplains will contribute to this mission by advising the command on the religious needs, ethics and morale impact during PI operations.

b. Support Planning

(1) Religious Support to Military Forces. General planning considerations for ministry to DOD forces will be IAW appropriate directives.

(a) Shortages of vaccines, anti-virals, food, water, and other life sustaining resources will exist. Therefore, coordinated ethical responses must be available to address the prioritization of distribution.

(b) Social distancing may be necessary to prevent the virus spread. The impact of social distancing upon religious support must be considered. Alternative methods for worship gatherings, sacraments or rites, personal visitations, conducting burials and other pastoral responses involving personal contact will need to be devised.

(2) Medical Services. Identify coordination and planning requirements for chaplain activities in support of Annex Q, "Health Service."

(3) Mortuary Affairs. At the national level, DHHS has responsibility to coordinate civilian fatality management with local,

state, and tribal authorities. DoD Mortuary Affairs personnel may be tasked to assist government agencies. During such operations, military chaplains are present to provide pastoral care to DOD personnel. They may assist in mitigating stress as part of a multidisciplinary stress management process. Chaplains may render "honors" with respect to the remains of deceased individuals under the guidance provided by the Command Chaplain or as appropriate for DOD personnel. Deaths resulting from PI may cause extraordinary circumstances regarding disposition of remains. Chaplains must be prepared to address religious and pastoral implications of temporary interment, disinterment, and mass burial. See Appendix 1 in Annex D, "Logistics."

(4) Religious Support to non-DOD personnel. See Coordinating Instructions.

c. Employment common to all phases

(1) The Command Chaplain will facilitate religious support for all DOD personnel with consideration given to faith group balance.

(2) In compliance with DOD policy, chaplains are Non-combatants, and will not carry or use weapons under any circumstances. Chaplain assistants and religious program specialists are classified as combatants and therefore are authorized to carry and use weapons consistent with the defined escalation of force.

(3) Phase 0 (Shape), Phase 1 (Prevent). DOD is currently in Phase 1. During Phase 1, the priority of effort will focus on maintaining continuous PI situational awareness. Key tasks:

(a) Participate in planning efforts and exercises.

(b) Coordinate with FBOs, NGOs, and CBOs to develop relationships and synchronize plans for collaborative PI response.

(c) Provide RS to authorized DOD personnel and their families, plan for operations and secure deployment liturgical supplies.

(d) Obtain PI related training.

(4) Phase 2, (Contain) and Phase 3 (Interdict). The priority of effort in Phase 2 will focus on supporting the forces conducting containment efforts. The priority of effort in Phase 3 will focus on supporting the forces conducting efforts to delay or halt the spread of

the virus. Key tasks:

(a) Chaplains provide RS to forces supporting the efforts to contain or halt the spread of the virus. Force Health Protection (FHP) and community mitigation measures will be in effect.

(b) Chaplains gain awareness of the presence of NGOs, FBOs, CBOs and other civilian clergy in the AOR and prepare to conduct liaison as directed. Consistent with coordinating instructions, chaplains prioritize RS to victims and provide requested emergency ministrations in the area designated for "expectant victims."

(c) Chaplains monitor stress levels and take actions to mitigate stress on assigned personnel.

(d) Chaplains should be present at the following key locations.

1. Medical Treatment Facilities. High volume of victims at MTFs would mandate assigning additional RS to the MTF.

2. Mortuary affairs collection points (MACP). Mass casualty events may result in exceedingly high demands for chaplains to support mortuary personnel and show "honor and respect" to the deceased. When directed, DOD chaplains may support such efforts along with civilian disaster clergy and spiritual and faith based care providers.

(5) Phase 4 (Stabilize). Priority of effort is the protection of key population while conducting mission essential tasks. Key tasks are the same as Phase 2 and Phase 3 above, to include advising the command on RS indicators that the civilian community is capable to resume normal functioning without military support.

(6) Phase 5 (Recover). Priority of effort is on providing support for the reconstitution of the force in preparation for the next wave or return to interpandemic period. Key tasks:

(a) Chaplains provide RS to authorized DOD personnel and focus on reunion and reintegration issues with families and mitigating the impact of traumatic events.

(b) Chaplains advise Commanders on indicators documenting the ability of civilian communities to resume normal functioning without military support.

(c) Chaplains coordinate RS support activities with the civilian organizations and other agencies operating in the area.

d. Tasks

(1) Command Chaplain

(a) Provide direct and indirect RS for military personnel, families, and authorized civilian DOD personnel.

(b) Advise Commanding Officer on issues pertaining to the religious needs, ethics and morale impact and the impact of religion on military operations.

(c) Establish Chaplain policy and procedures for donated goods received from faith groups, charities, or individuals in conjunction with legal counsel and command policy.

(d) Establish communication plan. Routine communication will be by telephone when possible. Routine communication may be accomplished by hand held radios, satellite phones, cell phones and/or blackberries. (See 5.a.2.)

(e) Ensure Chaplain positions are filled to provide RS to personnel. Coordinate with Regional Chaplain for additional religious ministry members as necessary.

(f) Plan for reconstitution of forces following cessation of operations.

(g) Facilitate training and equipment necessary for crisis intervention in event of PI outbreak. Training should include the NRF, National Incident Management System (NIMS), Incident Command Systems (ICS Level 100-200), Disaster Mortuary Affairs Team (DMORT) familiarization, Critical Incident Stress Debriefing and Management CISD/CISM (or equivalent), Applied Suicide Intervention Skill Training (ASIST).

(h) Maintain service component standards for worldwide deployment, including receipt of appropriate immunizations.

(i) Conduct any other RS as necessary during PI operations.

e. Coordinating Instructions

(1) The Commanding Officer will coordinate RS for their personnel IAW appropriate directives. The primary role of the Chaplain is to provide RS to authorized DOD personnel and their families.

(2) Chaplains will follow command direction, chaplain policy and legal counsel when providing RS during PI operations. Chaplains will not normally provide RS to non-DOD personnel. However, during rare and emergency conditions, and when directed, Chaplains may provide RS to non-DOD personnel. In such cases, commanders advised by the senior supervisory Chaplain and legal counsel will consider such requests. Chaplains in general may provide such support if these four criteria are met.

(a) Support to non-DOD personnel may only be permitted when such support is incidental; meaning that there is generally no significant cost and that such support does not significantly detract from the primary role of the Chaplain as defined above.

(b) Support to non-DOD personnel may only be permitted pursuant to an emergency which results in a Presidential Disaster Declaration.

(c) Support to non-DOD personnel may only be permitted when there is an acute need for immediate ministrations which is recognized by appropriate authorities, and directed by a DOD commander.

(d) Support to non-DOD personnel may only be permitted when there is a government imposed burden of some sort such as a quarantine on a federal facility, or when there is no reasonable civilian alternative to meet the needs of non-DoD personnel impacted by the emergency.

4. Administration and Logistics. See Basic Plan.

5. Command and Signal. See Basic Plan.

OFFICIAL:

J. F. Finley

J. F. FINLEY
Command Chaplain

APPENDIX 3 TO ANNEX E TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA

RESTRICTION OF MOVEMENT (ROM)

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. The Commanding Officer will restrict the movement of personnel to prevent or reduce person-to-person transmission of contagious diseases. ROM measures may include isolation, quarantine, or other community measures, such as social distancing. The Commanding Officer will execute ROM measures separately or in combination, and it may adapt the measures throughout the public health emergency event as the situation unfolds. In all cases, the installation will use the least restrictive means of ROM available while ensuring protection of the public's health. The combinations and/or types of measures employed will vary based on the scope and severity of the situation. In certain circumstances, ROM and public health measures may be the only option for mitigating a disease outbreak.

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan.

d. Attachments and Detachments. See Basic Plan.

e. Assumptions. See Basic Plan. The following assumptions are applicable for all ROM situations:

(1) If the mode of transmission of a disease outbreak is unknown, early establishment of ROM measures may prevent person-to-person transmission.

(2) Outside of normal contamination control measures (e.g., keeping people out of contaminated areas to the extent possible), ROM is not necessary for non-contagious disease outbreaks.

2. Mission. See Basic Plan.

3. Execution

a. Authority. The Commanding Officer will implement ROM and approve escalation of force to prevent the spread of communicable diseases.

(1) In the case of military personnel, ROM, including isolation or quarantine, or any other measure necessary to prevent or limit transmission of a communicable disease may be implemented.

(2) In the case of persons other than military personnel, restrictions of movement may include limiting ingress and egress to, from, or on the installation; isolation; or quarantine.

(3) The roles and responsibilities for implementing and maintaining ROM operations are outlined in the appendices to this annex.

b. Enforcement. The Commanding Officer will use the minimum force necessary to enforce ROM IAW reference (g) and reference (q) in Annex X, "References." PMO, PHEO, and SJA will advise the Commanding Officer if enforcement measures are required for specific situations based on the particular biological threat.

c. Application principles for ROM operations. The Commanding Officer will use the following principles to guide the implementation of ROM measures.

(1) While there may be some pre-identified facilities selected for isolation and quarantine operations, the situation at the time of execution may dictate the use of other/additional facilities and/or revised techniques. For example, in a widespread event, it may be appropriate/necessary to use quarantine or isolation areas as opposed to limiting these functions to individual facilities.

(2) In the event of a PI outbreak it is improbable that ROM requirements will be limited to "within the perimeter" of the installation. Therefore, the installation will share information and ROM program details with the local civil health authorities. Further, the installation will work with the local civil health authorities to mitigate adverse personal situations on a case-by-case basis (parent in quarantine facility on the base while the children are in a quarantine facility off the

base for instance). The PHEO will oversee this effort.

(3) Every effort will be made to limit close contact of unaffected personnel with those individuals who are in quarantine or isolation facilities. Consequently, when food, water, and/or supply trips are required to these facilities, the drivers will not pass the materials directly to the affected personnel. Rather, the drivers and assistants will either pass the supplies to the appropriate caregivers at the site or leave the supplies at the entrance - where they will be removed and stored inside by the people in quarantine/isolation status.

(4) The use of social distancing measures to protect the population will always trump financial considerations i.e., the Commanding Officer will close the Station theater, Marine Corps Exchange, Commissary, etc., without regard for the financial impact it may have on MCCS or the Defense Commissary Agency (DECA).

d. Preparation. Educating and training the base populace to implement ROM measures, especially social distancing techniques, will increase the effectiveness of those measures if/when they are executed during a contagious disease outbreak.

4. Administration and Logistics. See Basic Plan.

5. Command and Signal. See Basic Plan.

OFFICIAL:

P. J. LOUGHLIN
Director, Mission Assurance

ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

PUBLIC AFFAIRS

References: See Annex X (References).

1. Situation

a. General. See Basic Plan. This Annex offers responsibilities and provides guidance for Public Affairs (PA) operations in the event of a pandemic influenza (PI) outbreak in the vicinity of Yuma County.

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan.

d. Policy

(1) The Public Affairs approach for operations regarding PI may initially be passive unless otherwise directed, with maximum support to the news media within the confines of the situation and policies set by higher headquarters.

(2) PA assets will assist the media in obtaining information while maintaining operational security, accuracy, propriety, and the Privacy Act.

e. Assumptions

(1) The initial phase of a PI crisis aboard or in the community surrounding Yuma will be characterized by confusion and intense media interest. Information will be incomplete and inaccurate.

(2) In order to be effective, PA (in coordination with MCIWEST, MARCORBASESPAC, and local civil authorities) must establish itself as a credible source of information in the initial phase of a PI crisis. This can be done by the speedy release of useful information and suggested action.

(3) A PI outbreak will evolve in phases, and communication messages must evolve along with it.

(4) All PA actions will be IAW MCIWEST and MARCORBASESPAC policies unless specifically stated otherwise.

2. Mission. On order, MCAS Yuma PAO executes an active, deliberate and strategic PA program in order to ensure rapid, accurate and effective communication with personnel and families aboard MCAS Yuma and in the surrounding communities. MCAS Yuma PAO will facilitate coverage with media and the public through all phases of the crisis, within the restrictions of operational security and the Privacy Act.

3. Execution

a. Concept of Operations

(1) General. In the event of a PI outbreak, MCAS Yuma PAO will execute an active communication plan to keep targeted publics and news media informed to the maximum extent possible of installation activities. Base PAO will coordinate with outside agencies as required throughout all DoD Phases. The phases will be determined and associated actions will be conducted based on the progression of the situation in the region. Regional Engagement and Preparation should be an ongoing process so that MCAS Yuma PA can successfully operate during the Shape, Prevent, Contain, Interdict, Stabilize and Recovery phases.

(2) Phasing Construct

(a) Shape phase remains continuous throughout execution of this plan and allows the command to build relationships, establish trust with Federal, State, surrounding counties and cities throughout the region. The focus of effort is to develop and refine existing mutual aid agreements to ensure that there is a coordinated regional response and that our efforts are mutually supporting.

(b) The Prevent phase is focused on planning, force health protection, education and building relationships and capacity to coordinate response to PI during later phases. Actions during Phase I enable MCAS Yuma to continue to function in support of 3d MAW and other tenant commands in order to operate with minimal impact to operations in later phases. Focus of effort is educating the force defined as the military, families and civilian employees aboard the base.

(c) The Contain phase is the decisive phase and consists of actions taken to contain initial outbreaks to a confined area or region. Focus of effort is to break the chain of infection and contain the outbreak within a geographical

region.

(d) The Interdiction and Stabilize phases include actions taken to mitigate human suffering and other adverse impacts of an outbreak. Focus of effort is on minimizing the effects and further spread of the disease.

(e) The Recovery phase corresponds to a return to the force readiness posture and freedom of action standards resident in the interpandemic period. The focus of effort is to improve and/or restore essential and other basic services and re-establish force readiness.

(3) Phases 0 - 2: Shape, Prevent and Contain. During normal operations it is imperative to use this time for training and preparation. MCAS Yuma PAO will take the following measures:

(a) PAO

1. Serve as the principal PA advisor to the Commanding Officer on PI planning.

2. Lead public affairs operational planning and coordination for a PI crisis.

3. Prepare, review and update PA PI plans and guidance in coordination with higher headquarters and civilian agency PAOs.

4. Coordinate PA operational planning and guidance with MCIWEST PAO.

5. Establish liaison and foster partnerships with PAOs from the Naval Hospital, civilian health organizations and emergency services, to ensure experts are speaking with one voice.

(b) Internal Communications

1. In conjunction with staff sections, create and implement an information campaign plan to educate personnel, tenant commands and their families about PI and what to do in the event of a PI crisis.

2. Develop an Internal Communication section execution plan for use in the event of a PI crisis, and ensure

section personnel are educated about PI and the Basic Plan.

3. Ensure the MCAS Yuma and 3d MAW websites have up-to-date, accurate emergency information upon notification of a crisis situation.

4. Ensure personnel from the Desert Warrior newspaper are prepared to support PI communication as required, and understand their important role in providing emergency information to the Station and tenant commands.

5. Designate an officer to assist in the planning phases of crisis management.

(c) Media Relations

1. Establish liaison and points of contact with local, regional, and national media.

2. Conduct media training with the Base staff and other appropriate personnel.

3. Develop a Media Relations plan for use in the event of a PI crisis, to include plans to stand up a Joint Information Center (JIC) and sending a representative to the San Diego County EOC JIC.

4. Build a PI webpage on the MCAS Yuma (NIPR) website for use during a PI crisis to communicate emergency information.

5. Educate Media Relations personnel on PI and the MCAS Yuma Basic Plan.

6. Begin limited cross-training of non-public affairs Marines in basic public affairs knowledge to include guidelines for release, response to query, and crisis communication plan familiarization.

(d) Community Relations

1. Establish a designated telephone number to be used instantly at the time of a PI crisis to communicate emergency information to MCIWEST personnel and their families. Telephone should be equipped with an answering machine to convey essential information if line is tied up.

2. Update plans and rosters. Ensure contact numbers are correct, references are current, and continuity of operations (COOP) plans are updated.

(4) Phase 3-5: Stabilize, Interdict, and Recover. MCAS Yuma PA will be afforded unfettered access and information in order to fulfill its mission to rapidly provide accurate information to the Station, tenant commands, and the news media. During the initial phase of the crisis, PA must be aware that reports or information from the media, other organizations, and even MCAS Yuma might not be accurate. Keeping this in mind, PA must immediately seek to establish itself as a credible source of information though the use of simple, credible, verifiable, and consistent messages. In the event of mass media attention in response to PI aboard MCAS Yuma, PAO will stand up a Joint Information Center (JIC) in conjunction with MCIWEST/MARCORBASESPAC's intent to handle media, provide connectivity, and manage other PA operations as required. MCAS Yuma PA will employ multiple methods of communication in order to disseminate emergency information to the community. Initially, PA and Media Relations will send releases to the external media. The MCAS Yuma (NIPR) website and telephone hotline will also be utilized to maximum extent possible to communicate emergency information.

(a) Public Affairs Office

1. Serve as the principal PA advisor to the Commanding Officer, MCAS Yuma during a PI crisis.

2. Lead MCAS Yuma operational planning, coordination and manpower management during a PI crisis.

3. Liaison with MCIWEST/Camp Pendleton PAO, civilian agencies, and other USMC/USN installations within the San Diego region.

4. Ensure appropriate Public Affairs Guidance from Higher Headquarters is disseminated to the Station staff.

5. Keep higher headquarters PA informed of newsworthy developments during the progression of the outbreak.

6. Serve as primary representative to the MCAS Yuma Crisis Action Team.

(b) Command Operations Center Liaison

1. Serve as PA liaison in the MCAS Yuma Emergency Operations Center, keeping abreast of significant events and operational planning during a PI crisis.

2. Establish and maintain liaison with the various staff sections, specifically Operations and Training, to ensure a continuous flow of accurate, coordinated and timely information.

3. Push information and updates to the MCAS Yuma PAO and the other tenant command PA sections.

4. Serve as the secondary representative to the MCAS Yuma Crisis Action Team and other planning groups as necessary.

5. Draft PA plans, estimates, and guidance in support of MCAS Yuma PI operations as needed. Assist the media relations section in the drafting of press releases and command messages.

6. Conduct media and Internet monitoring, and relay helpful information to the Director, Public Affairs and Deputy Director/Media Relations Officer.

7. Perform all director functions in the absence of the PAO.

(c) Internal Communications

1. Ensure Internal Communications personnel receive the most updated information about the PI crisis and base actions and policy.

2. Provide emergency information to the community via the MCAS Yuma website. Develop current emergency information for posting on the website and telephone hotline.

3. Document and provide internal coverage of base operations during a PI crisis, ensuring the base community is kept informed.

4. As applicable, coordinate with MCIWEST PA to obtain relevant and needed internal products for inclusion in the Desert Warrior, webpages, internal telephone hotlines, and MCAS Yuma offices.

5. Submit articles, photos and video to higher headquarters for use in DOD publications and products.

(d) Media Relations

1. Ensure Media Relations personnel receive the most updated information about the PI crisis and base actions and policy.

2. Augment the JIC, provided that normal media operations cannot handle the influx of media requests.

3. Proactively coordinate and release information to the media concerning base actions and policy via press conferences, media interviews, media press releases, media advisories, responses to query, etc as needed.

4. Coordinate, prepare and advise command and senior staff members who will serve as base spokespersons/subject matter experts.

5. Maintain constant communication with other USMC and service PAOs to relay information relating to the San Diego region. Provide other USMC and service PAOs with all base press releases, media advisories, responses to query, command messages, to ensure they are informed of base actions and unity of voice.

6. MCAS Yuma PA, coordinating with MCIWEST PAO will answer region-specific questions.

7. Maintain in constant communication with Yuma County Emergency Operations Center established by civilian authorities (Military Civilian Task Force Emergency Response MCTFER), to ensure unity of voice, etc. Be prepared to send a representative if necessary to the County EOC.

8. Conduct media and Internet monitoring, and relay helpful information to the Director, MCAS Yuma PAO and EOC.

9. Be prepared to coordinate the support of National Media Representatives (NMR) as directed by MCIWEST/MARCORBASESPAC.

10. Be prepared to counter public misinformation regarding PI and panic.

11. Continuously update emergency information on base website.

(e) Community Relations

1. Ensure Media Relations personnel receive the most updated information about the PI crisis and MCIWEST/MARCORBASESPAC's actions and policy.

2. Act as a liaison between the outside communities and the command during a crisis.

3. Record and continuously update emergency information on the base telephone hotline and website.

4. Assist other sections as needed.

(5) Phase 5: Recover. Director, PA will collect feedback from the coverage of the incident, to include lessons learned and proposed solutions. News clips, video footage, etc will be gathered in order to assess the results of media coverage and the opinion of the surrounding communities.

(a) Director, MCAS Yuma PAO

1. Deactivate COOP plan.

2. Be prepared for a significant amount of media requests post-incident.

3. Compile a MCAS Yuma PA after-action report.

(b) Command Operations Center Liaison

1. Provide after action comments for inclusion in the MCAS Yuma PA after-action report.

2. Submit any products that were created for inclusion in the report.

(c) Internal Communication

1. Publish articles highlighting MCAS Yuma PA actions during the crisis.

2. Provide after action comments for inclusion in the MCAS Yuma PA after-action report.

3. Submit any products that were created for inclusion in the report.

(d) Media Relations

1. Collect feedback from media on how well the section facilitated their coverage.

2. Collect and disseminate releasable information that was not available or not releasable during the pandemic phase. It is important to continue to coordinate messages with non-DOD agencies at this point to ensure messages are not conflicting and do not appear to implicate other agencies of negligence or lack of preparedness.

3. Be prepared for a significant amount of media requests after the crisis. Emphasize the base's preparedness during and before the crisis and what the command did well while not denying any deficiencies that existed. It is essential to be honest and show the base remains committed to providing the best care while meeting its mission during a pandemic situation.

4. Provide after action comments for inclusion in the MCAS Yuma PA after-action report.

5. Submit all products, to include news and video clips that were created for inclusion in the report.

(e) Community Relations

1. Provide after action comments for inclusion in the MCAS Yuma PA after-action report.

2. Submit any products that were created for inclusion in the report.

(6) Coordinating Instructions

(a) Release of Information. Unless otherwise delegated, CO, MCAS Yuma will be the approving authority for press releases, media access, and imagery products concerning operations, actions and policy within the bounds of policy and guidance set forth by MCIWEST/MARCORBASESPAC and higher

headquarters PA.

(b) Coordination with Higher Headquarters. Provide regular updates and coordinate PA actions with MCIWEST/MARCORBASESPAC PA, as appropriate. PAOs will coordinate PA efforts in concert with MCI-West Military PAOs, and will inform on information regarding any news briefings or interviews of interest to the region.

1. MCAS Yuma PAO should ensure press releases and responses to query are sent to designated MCIWEST/MARCORBASESPAC lead PA agent for situational awareness.

2. If and when directed, MCAS Yuma PAO should be prepared to submit a simple but daily PI Situation Reports (SITREP) to the designated PA HHQ upon a PI outbreak in the region.

(c) Coordination with Civilian Agencies. MCAS Yuma PAO, in conjunction with MCIWEST PAO will coordinate and liaison with state and federal agency PAOs.

(d) Security Instructions

1. PAO preparing products for release to the news media will ensure all information has been properly staffed to subject matter experts to ensure no classified information is released.

2. Areas should be sanitized of classified information prior to a media visit as coverage by civilian journalists will normally be assumed to be releasable. Security at the source is the policy.

3. In the case of inadvertent or deliberate security violations by civilian journalists, notify the JIC immediately for further guidance.

4. Consideration must be given to personal safety and installation/facility security when escorting media aboard each installation.

(7) Audience Analysis and Methods of Communication

(a) Audiences

1. The primary audience is MCAS Yuma service members and civilian employees.

2. The secondary audience is MCAS Yuma military family members.

3. The tertiary audience is civilian news media and communities within the Yuma region/county.

(b) Methods of Communication

1. Primary method of communication will be through internal communication avenues, such as mass emails to staff members via LAN and uploading the same information on the MCAS Yuma (NIPR) website, and telephone hotline.

2. Secondary method will be civilian news media, via press releases, news briefings, media advisories, response to queries, etc.

(8) Communication Message Guidelines. For additional guidance, see Appendix 3.

(a) Step 1: Determine the Basics

1. Determine the Audience. Determine who your audience is, keeping in mind their relationship to the crisis, their demographics such as age, language, education, culture, etc.

2. Purpose of the message. Determine if you are trying to give facts or updates, rally to action, clarify event status, address rumors, satisfy media requests, etc.

3. Method of message release. Determine if the message should be released via a print media release, web release, though a spokesperson using TV or radio, through a recorded message on the telephone hotline, etc.

(b) Step 2: Construct the Message

1. Response. Confirm knowledge of the event, express empathy, provide the scope of the incident, state actions being taken by the unit, and provide a statement of the command's commitment.

2. Risk. Let the audience know of the risks involved in the current incident.

3. Action. Persuade the audience to be on alert, encourage people to seek medical treatment as needed, and provide points of contact regarding where the audience can find more information.

(c) Internal Messages

1. Internal messages must be consistent with those disseminated by local, regional and national authorities. Internal messages will become external.

2. Messages should be clear, concise and direct, especially in reference to information regarding treatment and triage in order to avoid unnecessary complications at clinics and triage sites.

3. Messages should emphasize that the command is concerned and will do everything it can to take care of our Marines, sailors, and their families. The well-being of our military family is a key priority.

4. Messages should convey sympathy and condolences in event of serious illness or deaths.

5. Messages should contain references for individuals to consult regarding additional information.

(d) External Messages

1. External messages must be consistent with those disseminated by local, regional and national authorities. Local health officials will have the lead for external information operations.

2. Messages should be clear, concise and direct, especially in reference to information regarding security and triage aboard the base.

3. If military aid is requested by local, state, or federal officials and endorsed by the command, messages should contain a statement of commitment to the surrounding communities.

4. Messages should contain references for individuals to consult regarding additional information.

(e) Non-releasable Information

1. DOD next of kin notification guidance must be followed.

2. Security will be heightened during a pandemic. We must ensure no information regarding specific measures is distributed.

3. Medical information should not be released without coordination with local health officials.

(9) News Media Operations. The Base PAO will make every reasonable effort to provide support to accredited NMRs. NMRs will not be given access to sensitive information that could jeopardize operations or endanger the health of either the participating media or personnel aboard an installation. Access to the command center, other classified areas, quarantined areas or isolated areas will be strictly controlled.

(a) Media Pools. Base PAO may elect to pool media efforts to cover certain aspects of an outbreak. MCAS Yuma PA should be informed of such a decision immediately. Depending on the situation, such 'pools' should be disbanded at the earliest opportunity.

(b) Health Concerns. Commanders may limit or prohibit media access to installations if a significant health risk arises which would place tenant commands in danger of increasing the spread of PI aboard an installation. MCAS Yuma and MCIWEST should be informed of such a decision immediately.

(c) Coordination with Non-DOD Agencies. Messages should be coordinated with local, state, and federal health and disaster authorities. Consistency of message is paramount in a PI scenario.

1. Coordination with Local Emergency Operations Centers (EOCs). Base PA should support local EOCs by providing a liaison to the EOC JIC in order to facilitate faster communication between the installation and the local officials.

2. Coordination with Other Authorities. PA will support other authorities via phone, email, and fax.

b. Tasks

(1) Director, MCAS Yuma Public Affairs

(a) Create an installation PI public affairs plan, to include the implementation of an information campaign plan to educate installation personnel about PI and what do to in the event of a PI crisis.

(b) Establish liaison with PAOs from local health and security agencies.

(c) Direct PA activities aboard the installation to include coordination with local health authorities as required.

(d) Keep designated higher PA informed of noteworthy developments during the progression of an outbreak.

(e) Copy designated Higher Headquarters PA on all press releases, media advisories and public affairs guidance to ensure situational awareness.

(f) Vector all region-specific (two or more installations) to MCIWEST PA.

(g) Be prepared to submit daily situation reports to designated PA higher as required.

(h) Compile a MCAS Yuma PA after action report to MCAS Yuma Mission Assurance Department.

4. Administration and Logistics

a. Ensure all administrative and logistical requirements are on hand to facilitate public affairs operations, to include civilian news media coverage of the incident. Ensure a sufficient number of public affairs escorts are present to coordinate movement and control of civilian news media.

b. Establish accreditation procedures for civilian news representatives. Establish policy for limiting numbers of news personnel on base, if required.

c. Logistical Support for the Media

(1) Facilities. Military billeting and messing services will, in general, not be available to visiting media, as

commercial services are available in the areas surrounding an installation. Requests from media for these services will be considered on a case-by-case basis and if granted, provided on a reimbursable basis.

(2) Communications. Where possible, media will rely on commercial electronic communications assets to transmit their material. In the event commercial electronic assets are not available, or if the installation PAO or Commander directs, media may be authorized use of government communications equipment as appropriate.

(3) Transportation. Under conditions of independent and open media coverage, media are responsible for procuring their own transportation. Commanders are authorized to permit media to ride on military vehicles and aircraft whenever feasible and on a not-to-interfere basis, when such travel is in connection with assignments to cover the operation or when commercial transportation is restricted in the area. Proper approval from higher headquarters must be obtained for civilian media aboard military aircraft.

(4) Medical. Emergency medical support will be provided to media as needed. Routine medical care is the responsibility of the media.

5. Command and Signal. See Basic Plan.

Appendices:

1 - Public Affairs References
2 - Template For Organizing a Media Response in the Event of a Crisis
3 - Developing Command Messages
4 - Role of the Media Spokesperson in a Crisis
5 - Interview Tips for the Media Spokesperson
6 - Interview Tips for Specific News Mediums
7 - Bureau of Medicine and Surgery Basic Public Affairs Guidance
8 - Frequently Asked Questions about Avian Influenza

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APPENDIX 1 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

PUBLIC AFFAIRS REFERENCES

1. Department of Defense Instruction 5400.14, "Procedures for Joint Public Affairs Operations," 22 Jan 96, web site http://www.dtic.mil/whs/directives/corres/pdf/540014p.pdf

2. Joint Publication 3-61, "Joint Public Affairs," 09 May 05, web site http://www.dtic.mil/doctrine/jel/new_pubs/jp3_61.pdf

3. Secretary of the Navy Instruction 5720.44B, "Public Affairs Policy & Regulations," 01 Nov 05, web site https://doni.daps.dla.mil/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05-700%20General%20External%20and%20Internal%20Relations%20Services/5720.44B.pdf

4. Marine Corps Warfighting Publication 3-33.3, "Marine Corps Public Affairs," 18 Jan 00, web site http://usmc.mil/directiv.nsf/55fdafde3f044b0585256bd40066708b/ca8c057788c7d49a8525716b00693d2b/$FILE/MCWP%203-33.3%20Marine%20Corps%20Public%20Affairs.pdf

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APPENDIX 2 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

TEMPLATE FOR ORGANIZING A MEDIA RESPONSE IN THE EVENT OF A CRISIS

1. Within Thirty Minutes After Start of Crisis: Information Gathering

a. Verify the Situation

(1) Get the facts.

(2) Obtain information from additional sources to put the incident in perspective.

(3) Ascertain information origination and determine credibility.

(4) Review and critically judge all information.

(5) Determine whether the information is consistent with other sources.

(6) Determine whether characterization of the event is plausible.

(7) Attempt to verify the magnitude of the event.

(8) Begin to identify staffing and resource requirements to meet the expected media and public interest.

b. Conduct Notification

(1) Make sure that appropriate personnel (higher headquarters, installation PAOs, etc.) are made aware of the situation. Get authorization from Commanding Officer to proceed with implementation of PA plan.

c. Conduct Assessment; Activate Crisis Plan

(1) Determine the agency in charge of managing the crisis. Arrange to stand up a JIC and link in to/liaison with the civilian led-JIC, if applicable.

(2) Continue to gather and check the facts.

(3) Determine MCAS Yuma's role in the ongoing response. Determine who is being affected by the crisis. What are their perceptions? What do they want and need to know?

(4) Determine what the personnel stationed aboard MCAS Yuma should be doing.

(5) Activate media monitoring.

(6) Activate Internet monitoring.

(7) Determine what is being said about the event. Is the information accurate?

d. Organize Assignments

(1) Activate personnel who will provide PAO communications.

(2) Determine the current priorities.

(3) Determine resources and staffing requirements.

(4) Activate/identify spokesperson.

(5) Identify subject matter experts.

(6) Determine if communication should be 10, 12, 20 or 24 hours a day.

(7) Determine if communication should operate 5, 6, or 7 days a week.

2. Thirty Minutes to One Hour After Start of a Crisis

a. Prepare Information and Obtain Approvals

(1) Prepare initial media statement.

(2) Develop/update incident questions and answers.

(3) Draft and obtain approval on initial news release.

(a) Provide only information that has been approved for release and accuracy by the appropriate agencies or staff sections. Do not speculate.

(b) Repeat facts about the incident.

(c) Describe the data collection and investigation process.

(d) Describe what MCAS Yuma and health officials are doing about the crisis.

(e) Describe what other agencies are doing, as applicable.

(f) Explain what personnel aboard MCAS Yuma should be doing.

(g) Describe how to obtain more information about the situation.

b. Release Initial Information to Media, Public Partners

(1) Distribute news release via, 3d MAW and MCAS Yuma web site, telephone hotline and media contacts via e-mail or fax.

(2) Ensure the Media Section is standing by for potential media inquiries.

(3) Distribute information to PAOs, higher headquarters, the JIC, MCAS Yuma staff members, etc.

3. One to Two Hours After Start of Crisis: Follow-up Information

a. Update with New Information

(1) Update information on the 3d MAW and MCAS Yuma web sites and hotline.

(2) Send a follow-up release with additional incident information and details of any scheduled news conferences/media briefings.

(3) Create additional materials including fact sheets, media advisory for news conferences/media briefings, as necessary.

4. Two to Four Hours After Start of Crisis: News Conference

a. If applicable, conduct a news conference.

b. Gather information addressing unanswered journalist questions.

5. Four to 36 Hours After Crisis: Media Follow-up

a. Update information on the 3d MAW and MCAS Yuma web sites and hotline.

b. Send additional information to media, as available.

c. Continue to monitor media coverage.

6. 36 Hours After Crisis: Conduct Evaluation

a. As soon as is feasible, conduct an evaluation of MCAS Yuma's response.

b. Compile and analyze media coverage.

c. Conduct a "hot wash" to capture PA lessons learned.

d. Share results with the MCAS Yuma staff.

e. Determine need for changes to the crisis and emergency risk communication plan.

f. Determine the need to improve policies and processes.

g. Institutionalize changes with appropriate training.

h. Revise crisis plan policies and procedures based on lessons learned.

7. Conduct Public Education. Once the crisis has subsided, MCAS Yuma may need to carry out additional public education activities.

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APPENDIX 3 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

DEVELOPING COMMAND MESSAGES

During a PI crisis, it's important that the media spokesperson not just "wing it" when it comes time to relay important information about the incident. It is critical that the PAO take some time to prepare and develop key media messages.

To be useful, key media messages must:

- Be few in number, usually no more than two or three. Too many messages and the spokesperson will lose focus.
- Be short and concise, no more than a sentence or two each. If our messages are a paragraph each, they will be not effective.
- Be in writing. Writing your messages down makes sure they are short, concise and understandable.

DO THE FOLLOWING WHEN CREATING YOUR KEY MESSAGES:

Use short, concise and focused messages written at the 6th grade level. It's difficult in a heightened state of anxiety to take in copious amounts of information.

Cut to the chase -- relevant information only at this time. Don't start with massive amounts of background information. Only spend one sentence establishing yourself and your unit.

Give positive action steps, not negative. For example, say "In case of fire, use stairs" or "stay calm" instead of "Don't use the elevator" or "don't panic."

Repeat the message -- repetition reflects credibility and durability. Correct information is correct each time you repeat it. Reach and frequency-- common advertising concepts --tell us that your message is more apt to be received and acted upon as the number of the people exposed to your message (reach) and the number of times each person hears the message (frequency) increase.

Create action steps in threes or rhymes, or create an acronym. There are ways to make basic information easier to remember, such as "stop, drop and roll" and "KISS-- keep it simple stupid." Three is not a magic number, but in an emergency, you

should expect someone to absorb three simple directions. Research indicates that people will more likely memorize and recall somewhere between three to seven bits of information. It makes sense during the stress of an emergency to ask your audience to remember few bits of information.

Use personal pronouns for the organization-- "We are committed to..." or "We understand the need for..."

AVOID THE FOLLOWING WHEN CREATING YOUR KEY MESSAGES:

Technical jargon:
Use "outbreak" or widespread outbreak" instead of "epidemic" or "pandemic."
Use "sent" or "put in place" instead of "deployed."

Unnecessary filler. Save background information for another time/outlet.

Condescending or judgmental phrases

Attacks. Attack the problem, not the person or organization.

Promises/guarantees. Only state what you can deliver. Otherwise, promise to remain committed throughout the emergency response.

Speculation. Don't play "worse-case scenario." Stick to the known facts. Concentrate on describing the steps in place to get the facts and help the audience deal with the uncertainty while that process goes on. Speculation weakens your credibility. "What ifs" are usually topics for times when there are no emergencies.

Discussion of money. In the initial phase, discussion of the magnitude of the problem should be in the context of the health and safety of the public or environment. Loss of property is secondary. Also, a discussion of the amount of money spent is not a surrogate for the level of concern and response from your organization (what does that money provide?)

Humor. Seldom is humor a good idea. People seldom "get the joke" when they are feeling desperate. Humor is a great stress-reliever behind closed doors. Anyone who has responded to emergencies knows that sometimes inappropriate humor acts as a coping mechanism. Be careful not to offend others responding to an emergency, even behind closed doors. Be especially sensitive

when speaking to the public. One person's attempt at humor may be another's insult.

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APPENDIX 4 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

ROLE OF THE MEDIA SPOKESPERSON IN A CRISIS

1. The job of spokesperson in an emergency is to communicate information the public wants or needs to know to reduce the incidence of illness and death.

2. In addition, the job is vital to reduce the likelihood that:

a. Scarce public health and safety resources might be misallocated.

b. Public health/safety recommendations are ignored/circumvented.

c. Unneeded public health and safety response resources are committed because of public demand based on faulty information or expectations.

3. Early in an emergency, the spokesperson should describe:

a. The health and safety risks for individuals and communities.

b. The incident and its magnitude-- (who, what, when, where, why).

c. What is being done to respond to this incident?

4. The spokesperson should follow this guidance:

a. Ensure maximum unrestricted disclosure of unclassified information to civilian news media consistent with operational security, guidance from higher headquarters, and the privacy of individuals concerned.

b. Use visuals when possible.

c. Illustrate a point through examples, stories and analogies. Ensure they help make the point and do not minimize or exaggerate the key message. Try the stories out on a small group first.

d. Discuss only the facts.

e. Do not express personal options or discuss political matters.

f. Do not show off. This is not the time for an impressive vocabulary.

g. Do not answer speculative questions or render opinion on real or hypothetical "what if" situations.

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APPENDIX 5 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

INTERVIEW TIPS FOR THE MEDIA SPOKESPERSON

Although it can be daunting to have a reporter hanging on every word, media interviews can be one of the most effective tools for disseminating your message during a crisis situation. Whether you will be giving the interview yourself, or preparing an SME, the following are some guidelines.

During the interview, the spokesperson should:

Make certain not to over-reassure. The objective is not to placate but to elicit accurate, calm concern.

Acknowledge uncertainty. Offer only what you know. Show your distress and acknowledge your audience's distress. "It must be hard to hear that we can't answer that question right now..."

Emphasize that a process is in place to learn more. Describe that process in simple terms.

Give anticipatory guidance. If you are aware of future negative outcomes, let people know what to expect (e.g. side effects of antibiotics)

Be regretful, not defensive. Say "we are sorry" or "we feel terrible that..." when acknowledging misdeeds or failures from the organization. Don't use "regret" which sounds like you're preparing for a lawsuit.

Acknowledge people's fears. Don't tell people that they shouldn't be afraid. They are afraid and they had a right to their fears. Don't disparage fear; acknowledge that it's normal and human to be frightened, (even though....)

Acknowledge the shared misery. Some people will be less frightened than they are miserable, hopeless and feeling defeated. Acknowledge the misery of a catastrophic event, then help move people toward the future through positive actions.

Express wishes. Say, "I wish we knew more," or "I wish our answers were more definitive."

Ask more of people. Perhaps the most important role of the spokesperson is to ask people to bear the risk and work toward solutions with you. People can tolerate considerable risk,

especially voluntary risk. If you acknowledge the risk's severity and complexity, and recognize people's fears, you can then ask the best of them.

Be calm and relaxed

Be truthful and stick to your expertise. Never use the phrase "no comment." If an answer is unknown, say "I don't have that information in front of me. May I research it and get back to you?"

Be genuinely concerned about the situation. Personalize your answers and express sympathy, if appropriate.

Provide a solution. State exactly what will be done to correct the problem IAM the statement and/or media messages prepared by the crisis team.

Remain gracious. If several reporters are requesting interviews, you may have to repeat yourself several times. Do not appear irritated.

Avoid confrontation and do not be argumentative.

Stay on message. Stay within the parameters of the approved media statement.

Keep it simple. Make statements simple and direct; remember a reporter will likely pull one or two sound bites and not every answer in its entirety.

Avoid jargon.

Use bridges to take control of the interview. If a reporter asks you a potentially sticky question, answer it, but bridge it to a message you want to convey. "Yes, but have you considered..." or "No, but we've solved that problem through..." Other suggested bridges include:

"What I think you are really asking is..."
"The overall issue is..."
"What's important to remember is..."
"It's our policy not to discuss (X), but what I can say is..."

Watch casual remarks. Nothing is off the record even if you tell a reporter it is off the record. You should never say anything you wouldn't want quoted because those are usually just the juicy tidbits that will end up in print or on air.

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APPENDIX 6 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

INTERVIEW TIPS FOR SPECIFIC NEWS MEDIUMS

Television Interviews

- Determine the format. Will the interview be taped and edited, or recorded live?
- Remember: every blink, "uh," and twitch is magnified on camera.
- If it is a one-on-one interview, look at the reporter or the camera operator. Don't look into the camera.
- Keep your answers brief, stick to your key points. The more tape they have, the less control you have over what airs on TV.
- In taped interviews, try to remember to incorporate the question into your answer as a complete sentence.
- If you make a mistake, don't be afraid to ask to stop and start over (unless it's live).

Radio Interviews

- Determine the format. A live interview is very different from a taped interview.
- Watch out for verbal pauses: "uh," "um," and "you know."
- Radio will not be as in-depth as print, so plan on providing brief, to the point responses.
- Be careful not to repeat the negatives in a reporter's question.

Telephone Interviews

- Know who is on the other end of the line.

- Ask whether you are being recorded.
- Ask when and where the information will be used.
- Spell out difficult names and technical terms and phrases.
- Limit the time available for the interview.
- Be certain to ask for feedback from reporters to ensure they have understood your points.

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APPENDIX 7 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

BUREAU OF MEDICINE AND SURGERY BASIC PUBLIC AFFAIRS GUIDANCE

1. Background

a. Avian Flu has received a lot of publicity recently. When it first infected humans in the late 1990s, it created concern because the virus was significantly different from viruses that typically infect humans. Humans generally have no immunity to avian flu viruses and no commercially available vaccine is currently available. However, vaccine manufacturers and scientists are working to rectify this shortcoming. Fortunately, Avian Flu remains primarily a disease of birds and chickens. It has only very rarely been spread from one human to another.

b. In the last one hundred years, their have been three influenza pandemics. Of these, the Spanish influenza outbreak of 1918 was very severe. Since any outbreak of illness or disease could impact the readiness of our Sailors and Marines, Navy Medicine is closely monitoring the avian influenza virus to ensure we are able to provide a robust response in the event of an outbreak of human to human transmission. As in the past, the navy and Marine Corps team will rise to the challenge of responding to an outbreak of pandemic influenza.

2. Talking Points

a. Pandemic influenza is a serious concern but not a cause for panic and alarm. While true that many will likely become ill during a pandemic outbreak, navy medicine will provide assistance to our beneficiaries in need.

b. Navy medicine, along with the department of defense, has and continues to develop a stockpile of approved medications to treat avian influenza in humans.

c. Navy medicine is actively engaged with fleet medical and the department of defense to prepare for an outbreak of pandemic influenza.

d. The health and welfare of our Sailors, Marines and other beneficiaries is our primary concern in preparing for any potential outbreak of illness, including avian influenza.

3. Questions and Answers

Q1. **What are the symptoms of avian influenza in humans?**

A1. Reported symptoms in humans can include typical flu-like symptoms, such as high fever, cough, sore throat and muscle aches. More serious symptoms include eye infections, pneumonia, acute respiratory distress and other severe and life-threatening complications.

Q2. **Why is Navy medicine worried about the outbreak of avian influenza, which could mutate into a human virus?**

A2. Most people would not have immunity to this new virus and the result could be a pandemic that could cause significant numbers of deaths worldwide. Since our forces must be forward deployable and surge capable, we must ensure our Sailors and Marines are protected against any health threats.

Q3. **Is there a vaccine to protect against avian influenza?**

A3. No. At this time, the only treatment available is antiviral medications such as Oseltamivir. However, the federal government, in partnership with international health organizations, vaccine manufacturers and scientists, is working to develop an effective vaccine.

Q4. **Does Navy medicine have a stockpile of medications to protect against avian influenza?**

A4. The Navy has a 50,000 dose stockpile of Oseltamivir in Southeast Asia and will continue to build additional supplies in conjunction with DoD. The Navy, along with local health authorities, is working to ensure medications are available to beneficiaries both here and abroad.

Q5. **How long would it take to develop a vaccine for this virus strain?**

A5. Once a pandemic strain is identified, experts predict it would take up to six months to develop and produce an effective vaccine. Vaccine production would then be sufficient to vaccinate only a small proportion of our population initially.

Q6. **How would Navy medicine treat this pandemic until a vaccine is developed?**

A6. Until a vaccine is developed, antiviral medications such as Oseltamivir (Tamiflu) will be used by military and civilian health care agencies for both prevention and treatment. Also, the entire health community, including Navy Medicine, would implement aggressive public health measures, such as isolating sick persons, public awareness

campaigns, and limiting movement of people who may have been exposed to the virus to help slow the spread of the virus.

Q7. **Will the annual influenza vaccine protect my Sailors against avian influenza?**

A7. Probably not. However, the annual influenza vaccine is periodically reformulated to protect individuals against new human strains. After many years of receiving the annual vaccine, an individual will have full or partial immunity to many different strains of influenza. By chance, this multi-strain immunity may provide some degree of protection against new virulent strains.

Q8. **How would a pandemic flu pose a threat to military operations?**

A8. Infected individuals who show symptoms become militarily ineffective for the course of the infection. Individuals having little or no immunity to a particular strain of influenza would be susceptible and contract the infection. Infected individuals may be able to spread the virus before actually showing symptoms of illness. The disease can spread rapidly and infect large numbers of Sailors and Marines.

Q9. **What is Navy medicine's top priority for use of vaccine or antiviral medications?**

A9. Navy Medicine's priority is in forward deployed and deploying operational forces. Additionally, maintaining the health of our medical personnel to treat large numbers of sick individuals is also a key priority.

Q10. **How would Navy medicine cooperate with HHS and other agencies laid out in the president's response plan?**

A10. Navy Medicine and DoD currently work with HHS on agreements to share in the strategic national stockpile of critical medicines and materiel if needed during a pandemic in the continental U.S. Additionally, we work regularly with HHS and its subordinate agencies on a wide range of health issues that might affect the population of the United States.

Q11. **How has Navy medicine prepared for a pandemic flu?**

A11. The Navy has a 50,000 dose stockpile of Oseltamivir in Southeast Asia and will continue to build additional supplies in conjunction with DoD. All Navy medical treatment facilities (MTF) have completed pandemic influenza response plans. Navy medicine is also looking at

other ways to control, slow down and blunt the effects of any large flu outbreak through regulation of patient movement, hand washing, and respiratory droplet protection.

Navy medical research laboratories in overseas areas and in the global emerging infections surveillance system are working to detect and rapidly identify infectious agents. Once an outbreak occurs, we have epidemiological expertise to investigate the outbreak, to advise of their findings, and recommend courses of action to contain the disease.

The US Navy and DoD are watching avian flu and all flu developments closely. DoD has a worldwide flu virus monitoring system that samples and analyzes flu viruses in Asia, the us, and elsewhere around the world. We work in close conjunction with the world health organization and the centers for disease control and prevention to monitor changes in flu viruses and develop strategies to control the seasonal circulation of flu viruses and detect any significant changes that may lead to a pandemic.

Q12. **Can you provide some details on what's included in the MTF avian influenza response plans?**

A12. Each MTF has been directed to make preparations to care for a potentially large number of cases in the event of an avian influenza pandemic. Navy medicine's goal is to offer our beneficiaries the highest level of care and protection possible, while maintaining operational capability of our facilities and minimizing the spread of illness.

General characteristics of the MTF response plan include:

- Prioritize how medications will be administered based upon need and available supply.
- Train health care providers in influenza recognition and response.
- Train and exercise epidemic and medical treatment response teams.
- Develop communications products designed to inform the local audience about a potential influenza outbreak.

Because each MTF is different, the specifics of how the response plan is carried out will be developed at the local level. In addition, each MTF has been instructed to coordinate their action plan with the local community.

Q13. **How great is the risk of avian influenza to Sailors and Marines?**

A13. We have sailors and marines stationed or deployed in Asia, where most of the Avian Flu activity is centered. At this time, they are at low risk and increase their risk only if they have close contact with local chickens and birds. Avian Flu is being watched with great interest, but so far, it has not shown signs of making the major changes needed to become a pandemic flu virus.

Q14. **What is the risk to sailors and marines who are aboard ship and what would be done to treat a potential outbreak aboard ship?**

A14. Influenza outbreaks aboard ship can be very rapid and severe. Depending upon the situation, additional medical supplies and personnel could assist the ship's crew in caring for the sick.

Q15. **Why is navy medicine still concerned with a pandemic?**

A15. Even with today's advances in medical science, we know that an Avian Influenza that mutates to infect humans may be one for which humans have not prior immunity. In this situation, a pandemic would ensue and many could die. The pandemic of 1918 killed more than 43,000 military recruits and over 50 million people worldwide.

Q16. **How often do these pandemics occur?**

A16. Human history records at least 10 influenza pandemics in the last four centuries. Most influenza pandemics originate in Southeast Asia and occur about every 30 or 40 years. The last three pandemics occurred in 1918, 1957, and 1968, with the most severe being the 1918 outbreak.

Q17. **What can I and my dependents do to prepare for a pandemic or other health emergency or disaster?**

A17. The government and other experts have advised that every family have at least three days of food, water and other supplies in the event of an emergency. Many families have exceeded this minimum requirement. Navy medicine agrees that individual preparedness is an essential component of any and all emergency response plans, including those for major illness outbreaks.

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APPENDIX 8 TO ANNEX F TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

FREQUENTLY ASKED QUESTIONS ABOUT AVIAN FLU

What is avian influenza?

Avian influenza is an infection caused by avian influenza (or "bird flu") viruses. These flu viruses occur naturally among birds. Wild birds worldwide commonly carry the viruses in their intestines or respiratory tracts but usually do not get sick from them. However, bird flu can be contagious among birds and can make some wild and domesticated birds including chickens, ducks, and turkeys - very sick and kill them.

Where is this flu found?

Outbreaks of a strain of avian influenza have occurred recently among poultry in a number of countries in Asia, Europe and Africa. Human infections of a strain of avian flu have been reported in Azerbaijan, Cambodia, China, Egypt, Indonesia, Iraq, Thailand, Turkey and Vietnam.

Can avian flu infect humans?

Avian flu viruses do not usually infect humans. However, several cases of human infection with avian flu viruses have occurred. Since 2003, about 200 humans have been infected with avian flu. While it is unusual for people to get influenza infections directly from animals, sporadic human infections and outbreaks caused by certain avian influenza viruses and pig influenza viruses have been reported. These sporadic human infections and outbreaks, however, rarely result in sustained transmission among humans.

If I get a flu shot, am I protected against avian flu?

The annual influenza vaccine many people receive cannot prevent avian flu as the vaccine was meant for a different strain of influenza found in and transmitted among humans. But, we encourage the public to get vaccinated against the flu. Getting vaccinated against seasonal flu is an important part of maintaining good body resistance and staying healthy overall. We also encourage the public to adopt healthy habits to prevent the incidence and spread of germs and the influenza virus.

Why is there so much concern about avian influenza?

The presence of even a limited number of human cases of avian flu in the population and the continual mutation of the virus have raised concerns that the current situation could lead to a pandemic - a global outbreak of disease - if the virus develops

the ability to spread from human-to-human. Currently, the virus does not have that capability and can only be spread effectively from bird-to-bird and from bird-to-human. Estimates taken from the 1918 pandemic show that a mutation of the avian flu virus resulting in a human-to-human transmissible strain could result in two million deaths worldwide.

What is the government doing to protect the public from exposure to avian flu?

Numerous U.S. government agencies, together with other non-governmental organizations both domestically and internationally, have taken and continue to take action in a number of areas to protect U.S. citizens from avian flu exposure and spread. Activities include:

- The U.S. government currently has a pandemic influenza response plan. This plan is well developed and is changed in response to the latest information and research that comes available. The National Strategy for Pandemic Influenza is available for viewing by visiting www.pandemicflu.gov.
- Vaccine production and procurement.
- Creating a national antiviral stockpile for use against influenza pandemic. The national antiviral stockpile will be used to treat identified priority groups agreed upon by a national expert committee.
- Managing a national stockpile of personal protective equipment and emergency supplies. The stockpile contains everything from beds and blankets to a supply of pharmaceuticals. This includes a stockpile of antiviral medication.
- Providing international leadership on pandemic preparedness.
- Conducting ongoing agricultural and wild life surveillance to detect cases or carriers of avian influenza before it causes human infections.
- Conducting ongoing medical surveillance to detect cases and clusters of severe or emerging respiratory infections and to effectively prevent and contain their spread.

Should I be worried about catching avian flu?

Avian flu currently does not have the ability to be transmitted through human-to-human contact. However, close, sustained contact with infected birds can cause humans to become infected. Travelers to areas with identified outbreaks of avian flu are encouraged to take the necessary precautions to prevent the contraction and spread of this disease.

How is the avian flu contracted and spread?

Avian flu is spread through contact with the avian flu virus, found in the saliva, nasal secretions, blood, muscle and feces of infected birds. It is believed that most cases of bird flu infection in humans have resulted from contact with infected poultry or contaminated surfaces. Most of the proven cases have occurred following prolonged and close contact with infected poultry.

How do humans usually get avian flu?

Most cases of avian flu infection in humans have resulted from contact with infected poultry or contaminated surfaces. To date, human infections with avian influenza viruses detected since 1997 have not resulted in sustained human-to-human transmission. However, because influenza viruses have the potential to change and gain the ability to spread easily between people, monitoring for human infection and person-to-person transmission is important.

What can the average person do to protect himself or herself from the avian flu?

Travelers to affected areas are advised to avoid contact with birds and poultry, and avoid going to bird parks, poultry markets and farms. Avoid touching birds and poultry, especially ill or dead birds, which may carry the avian flu virus. If you have been in contact with birds or poultry, immediately wash your hands thoroughly with soap and water or waterless alcohol-based hand-rubs or sanitizer. Observe food hygiene and eat only poultry and eggs that have been thoroughly cooked and from approved sources.

Finally, the best protection against all strains of influenza is building and maintaining good body resistance. This can be achieved through a balanced diet, regular exercise, adequate rest, good personal hygiene, adequate indoor ventilation and not smoking. As with any disease spread from a respiratory route, wash your hands, cover your mouth when you cough or sneeze and Avoid crowded places with poor ventilation.

Are any Americans infected?

No, there have been no human cases of avian flu identified in the United States and, to date, no Americans have been found to have been infected abroad. The current risk to Americans from the avian flu outbreak in Asia, Europe and Africa is low. Avian flu is not currently found in the United States. Since February 2004, medical and public health personnel have been watching closely to find any such cases.

Will the current form of avian flu evolve into a pandemic strain that could spread to America?

We don't know for sure whether the current strains of avian flu will evolve into a pandemic strain. However, it has shown the ability to mutate or change so it is a concern. Influenza viruses are constantly changing over time and it is possible that changes in the virus currently affecting poultry and humans in Southeast Asia can result in a virus that is more transmissible to and among humans. While there have been changes in the virus over time, there is currently no indication that the virus has changed to a form that could result in a pandemic. This possibility is being closely monitored by numerous health organizations around the world.

How should US citizens traveling in high-risk countries protect themselves from avian flu?

The U.S. Centers for Disease Control (CDC) currently advises that travelers to countries in Asia with known outbreaks of avian influenza avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animals. The CDC advises travelers to clean their hands often with soap and water or waterless alcohol-based hand-rubs to help prevent disease transmission. In addition, as a precaution, all foods from poultry, including eggs, should be thoroughly cooked. The CDC further advises any travelers with a febrile respiratory illness returning from countries with avian flue outbreaks to seek prompt medical attention.

Is there an effective vaccine for avian flu?

There is not currently an effective or approved vaccine to prevent avian flu in humans.

In order to gain immunity from avian flu individuals will need to receive two doses of an avian flu vaccine. The first dose will need to be a close match to the actual virus causing the pandemic. The second dose will actually have to be based on the true pandemic strain of virus. The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, has awarded two contracts to support the production and clinical testing of an investigational vaccine based on two strains of avian influenza, H5N1, which might have the potential to cause pandemic influenza. A limited supply of one of these vaccines has already been produced .If a pandemic of H5N1 avian influenza were to occur in humans, this vaccine might be effective for the first dose for a limited number of people. After the emergence of a pandemic it will be at least 6 months before a specific vaccine is available that can be used for both

the first and second dose. The delay is due to the need to make a vaccine that will specifically protect you from the virus that is causing the pandemic. Before the pandemic strikes, there is no way to tell what the particular strain of virus will be.

Research studies to test a vaccine to protect humans against the H5N1 avian flu virus began in April 2005.

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ANNEX K TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

COMMAND, CONTROL, COMMUNICATIONS AND COMPUTER SYSTEMS (C4)

Task Organization. See Basic Plan.

Reference: See Annex X, References.

1. Situation

a. General. See Basic Plan.

b. Threat. The C4 enemy in a PI environment is the virus itself. The communications infrastructure will remain stable for a time; however, the personnel needed to operate and maintain the systems will be impacted. There is also potential for civil unrest in the neighboring communities surrounding MCAS Yuma during a PI outbreak.

c. Friendly. See Basic Plan.

d. Assumptions

(1) Sufficient assets will be available to support the highest priority end-to-end communications.

(2) Required communications facilities and circuits will be approved.

(3) Commercial infrastructure support manpower may be limited causing degradation that impacts AOR infrastructure, to include commercial power systems and grids. A robust tactical communications architecture may be required due to disruptions in the communications infrastructure.

2. Mission. Maintain requisite C4 packages in order to provide communications support to the Commanding Officer, other HHQ, civil authorities, and other supporting agencies in response to catastrophic events as a result of PI.

3. Execution

a. Guiding Principles. In order to ensure that C4 architecture is sufficiently resilient, the following guiding principles apply:

(1) Data within the DOD enterprise network must be protected in accordance with its classification and mission criticality.

(a) Mission critical and mission support networks must be protected against unauthorized access and denial of service attacks to the maximum extent possible.

(b) DOD systems and networks will need to react to commercial infrastructure disruptions as a result of PI throughout the AOR. 3rd MAW may be required to augment commercial infrastructure until commercial providers can restore communications services.

(2) Existing military communications, HF communications and commercial communications infrastructure will be used to the maximum extent possible for communicating with DOD, Federal, state and local agencies.

(3) Coordinate approval for use of required military radio frequencies and those required for interoperability with civil authorities.

b. Operational Concept

(1) Network Connectivity Requirements. Support for the baseline C4 systems and other essential communication capabilities require planning for connectivity to DISN services. Connectivity to the DISN allows information flow between DOD organizations/agencies, intergovernmental organizations, and other supported or supporting entities; providing secure and non-secure voice, secure and non-secure data, e-mail, file transfer, and VTC services.

(2) Essential communications with the intergovernmental and state/local agencies will continue to evolve as requirements are defined and as the situation dictates.

c. Tasks. Communications Data and Electronics (CDE).

(1) Oversee and monitor the communications networks in support of the Installation Commander. Set policies and provide guidance to ensure communications equipment interoperability, compatibility and integration between installation components and other supporting commands and agencies.

(2) Request, coordinate, and validate the interfaces (protocols, standards, etc.) between commercial and fixed

communications systems.

(3) Develop and validate C4 Critical Infrastructure Protection (CIP) issues within the AOR.

d. Special Measures. To protect the availability, integrity, and confidentiality of information, and to ensure the readiness of information systems, all systems and applications will be certified and accredited prior to operating in the AOR.

4. Administration and Logistics

a. Logistics. See Annex D, "Logistics."

b. Administration

(1) Unclassified Op portal:

(a) http://www.Yuma.usmc.mil/home.htm (Internet)

(b) http://intranet.Yuma.usmc.mil (Intranet)

(2) Classified Op portal: None.

5. Command and Signal. See Basic Plan.

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ANNEX Q TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

HEALTH SERVICE

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation. See Basic Plan.

a. Operational Area. MCAS Yuma must view a pandemic as a global environment to operate within, vice a specific geographic operational area, event or traditional enemy. This environment, which may last over a year, will have significant operational consequences. The impacts of PI across MCIWEST's AOR will limit support usually provided by Naval Hospital Camp Pendleton, Camp Pendleton (NHCP) and its subordinate unit, Branch Medical Clinic, Yuma (BMC YUMA); especially when balanced with protection of military capabilities through FHP.

b. Enemy/Medical Threats

(1) Enemy. An influenza virus that replicates itself via living human cells and transmitted person to person primarily via respiratory droplets when persons breathe/talk/cough/sneeze into the same air or touch the same surface with body fluids. This means that most human-human infection happens in close proximity. Most droplets/aerosols expelled fall to the ground and quickly degrade, but some float in the air and can be moved by forced-air heating and air conditioning systems. Typical incubation period (between infection and onset of symptoms) of flu is 2-3 days. Infected people shed the virus during the last day of incubation *before* onset of symptoms. This means they can pass it to other people at work or among family members at home before they know they're infected.

(2) Medical Threat. A newly evolved influenza A virus that is highly virulent, spreads efficiently from person to person to which limited or no human immunity has developed and no immunization exists. Recent H5N1 avian influenza cases have raised concern that this virus could undergo genetic re-assortment or mutation and cause a global pandemic. In the absence of effective implementation of preventive measures, military units are projected to incur 30% infection rates and absenteeism rates of 25% to 40%. Potential impact on military

operations may be significant.

(a) Civilian Medical Infrastructure. See reference (h) in Annex X, "References."

(b) Military Medical Care Infrastructure. See reference (h) in Annex X, "References."

(c) Bioscientific Capabilities and Biothreats. Although influenza is not widely recognized as a biowarfare/bioterrorism agent, a PI event cannot be discounted as a potential terrorist force-multiplier. See reference (h) in Annex X, "References."

c. Friendly. See Basic Plan.

d. Medical Assumptions. See reference (h) in Annex X, "References" and Appendix 2 of this Annex.

e. Limitations

(1) The efficacy of social distancing, quarantine and isolation efforts will be degraded by lack of adherence of many persons to prevention guidelines, and also by the fact that a significant percentage of persons infected will not develop signs or symptoms, but will be infectious and transmit the virus for a period of time. Administrative delays in implementing public health mitigation measures once the outbreak is identified also could drastically reduce the effectiveness of these measures. Nonetheless, adherence by 30-50% of the population will slow the spread of disease and decrease the number of cases.

(2) DOD medical facilities maintain a daily patient census near capacity that makes surge medical capabilities, especially inpatient capabilities, limited or non-existent. Medical treatment facilities (MTF) will be required to reduce services in some areas to accommodate surge requirements for a PI event.

(3) Some key issues such as characteristics of PI virus (transmissibility/morbidity/mortality) cannot be accurately defined or predicted during planning and will require real-time guidance as the pandemic progresses.

2. Mission. See Basic Plan.

3. Execution

a. Concept of Operations. The concept of operations for this Plan flows from guidelines in MARFORPAC / MCIWEST CONPLAN 5003 and is synchronized with the DOD Global CONPLAN for Pandemic Influenza. To that end, MCAS Yuma will follow established PI Phases using a six-phased construct: Shape, Prevent, Contain, Interdict, Stabilize, and Recover. Reference (v) in Annex X, References, provides NMCSD's PI Preparedness and Response Plan and will be synchronized with this Plan.

(1) Lines of Effort. Three lines of effort to support the strategic objectives: Force Health Protection (FHP), Readiness, and Continuity of Operations (COOP). See reference (a) in Annex X, "References."

(2) This is a six phased plan that combines the approaches taken by WHO and the United States Government (USG) and integrates the additional consideration of operational requirements. See figure one which shows the alignment of Pandemic Influenza WHO Phases alongside the equivalent DOD/Federal Government Stages. The six stages of the plan are:

(a) Shape Phase (0): This phase occurs in an inter-pandemic period and is a continuous phase incorporating adaptive planning, routine

DOD Global CONPLAN to Synchronize Response to PI Phases (Response, Virus and Geography Driven)	Federal Government Response Stages (Geography Driven)	WHO Phases (Virus Driven)
INTER-PANDEMIC PERIOD		

0	No new influenza subtypes have been detected in humans.	0	New domestic animal outbreak in at-risk country.	1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
				2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
PANDEMIC ALERT PERIOD					
1	Receipt of information of human infections with a new viral subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	1	Suspected human outbreak from animals overseas	3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
		2	Confirmed human outbreak overseas		

2	Receipt of information of small cluster(s) with limited human-to-human transmission, but the spread is highly localized suggesting the virus is not well adapted to humans.			4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
3	Indications and warnings identify large cluster(s) of human-to-human transmission(s) in an affected region.			5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial PI risk).
PANDEMIC PERIOD					
4	Receipt of information that a highly lethal pandemic influenza virus is spreading globally from human-to-human signaling a breach in containment and failing interdiction efforts.	3	Widespread human outbreaks at multiple locations overseas	6	PI phase, increased and sustained transmission in general population
		4	First human case in North America		
		5	Spread throughout the United States		
RECOVERY PERIOD					

5	Receipt of information that case incident is decreasing, indicating the slowing of the pandemic wave. Reconstitution of DOD assets and conditions established to return to a previous phase.	6	Recovery and preparation for subsequent waves		

Figure 1. Alignment of DOD, Federal and WHO Pandemic Influenza Phases

surveillance and engagement activities to assure and solidify collaborative relationships, shape perceptions, and influence behavior in order to be prepared for a new influenza viral subtype.

1. BMC Yuma will develop educational materials. These materials will be multi-media and can be adapted from those provided by NHCP Preventive Medicine Department via BMC.

2. Mission Assurance will conduct internal training and exercises.

3. Mission Assurance will coordinate with and conduct training and exercises with interagency partners to include but not be limited to tenant commands and the BMC YUMA.

(b) Prevent Phase (1): This phase begins upon receipt of information of human infection(s) with a novel viral sub-type but no human-to-human spread. Success in this phase is defined as: Identification of a new influenza viral subtype, and limit of the spread of the virus in geography and numbers. Actions taken during this phase include plan development, coordination, exercises, and rehearsals. Primary objectives include:

1. MCAS Yuma will contact the BMC YUMA Officer in Charge (OIC) to ensure that contact information for medical command and control (C2) is up to date. The BMC OIC will be the station's primary point of contact for medical command and control. Overall, medical C2 will be the Emergency Operations Center at BLDG 980. Officer in Charge BMC YUMA has designated

all medical and medical support personnel as essential personnel in the event of PI. BMC YUMA can be expected to modify watch procedures and augment staff as necessary from 3rd MAW medical personnel.

2. MCAS Yuma will coordinate Annex Q review and update with BMC YUMA.

3. MCAS Yuma will verify that BMC YUMA is prepared to carry out Medical interagency planning and coordination. Emergency Support Function (ESF) #8.

4. MCAS Yuma, in cooperation with BMC YUMA, will coordinate the development and communication of PI specific FHP measures and information to internal audiences.

5. MCAS Yuma will exercise and rehearse PI response plans with interagency partners.

6. MCAS Yuma will verify that BMC YUMA is monitoring for potential pandemics both within and beyond the AOR via the existing chain of command (Navy, DOD, CDC and WHO) and information sources which include active and passive surveillance information and is prepared to quickly pass that information to MCAS during a pandemic.

7. MCAS Yuma and BMC YUMA will establish plans and guidance for quarantine, isolation and alternate care facilities (in the event that all local hospitals are overwhelmed) to allocate medical care and scarce medical resources during mass casualty events.

8. MCAS Yuma, in cooperation with BMC YUMA, will work to ensure clear, effective and coordinated risk communication before, during, and following a pandemic.

9. MCAS Yuma and BMC YUMA will develop a plan to distribute vaccines and antiviral agents prior to and during a pandemic to the station's essential personnel and other populations TBD during the pandemic via the chain of command and Medical interagency coordination.

(c) Contain Phase (2): This phase begins with sustained human to human transmission of a novel influenza virus in small clusters with localized spread. Medical interagency and intergovernmental synchronization is established and ongoing. Public health advisories will be updated and expanded to meet DOD and public needs. FHP measures will be modified to

meet requirements. Force health/preventive measures will be implemented. Isolation and quarantine facilities for ill and exposed personnel will be developed. Medical logistical requirements will be identified and a plan for support developed. Primary objectives include:

1. MCAS Yuma will assess the situation and monitor in order to:

2. Expand FHP measures and force health care.

3. Include FHP measures for DOD beneficiaries and its civilian work force.

4. MCAS Yuma, supported by BMC YUMA, will implement measures for the isolation, quarantine and care of personnel as appropriate to include (see Figure 2).

5. Identify and implement, in coordination with BMC YUMA, screening mechanisms for quarantine, isolation and higher level care.

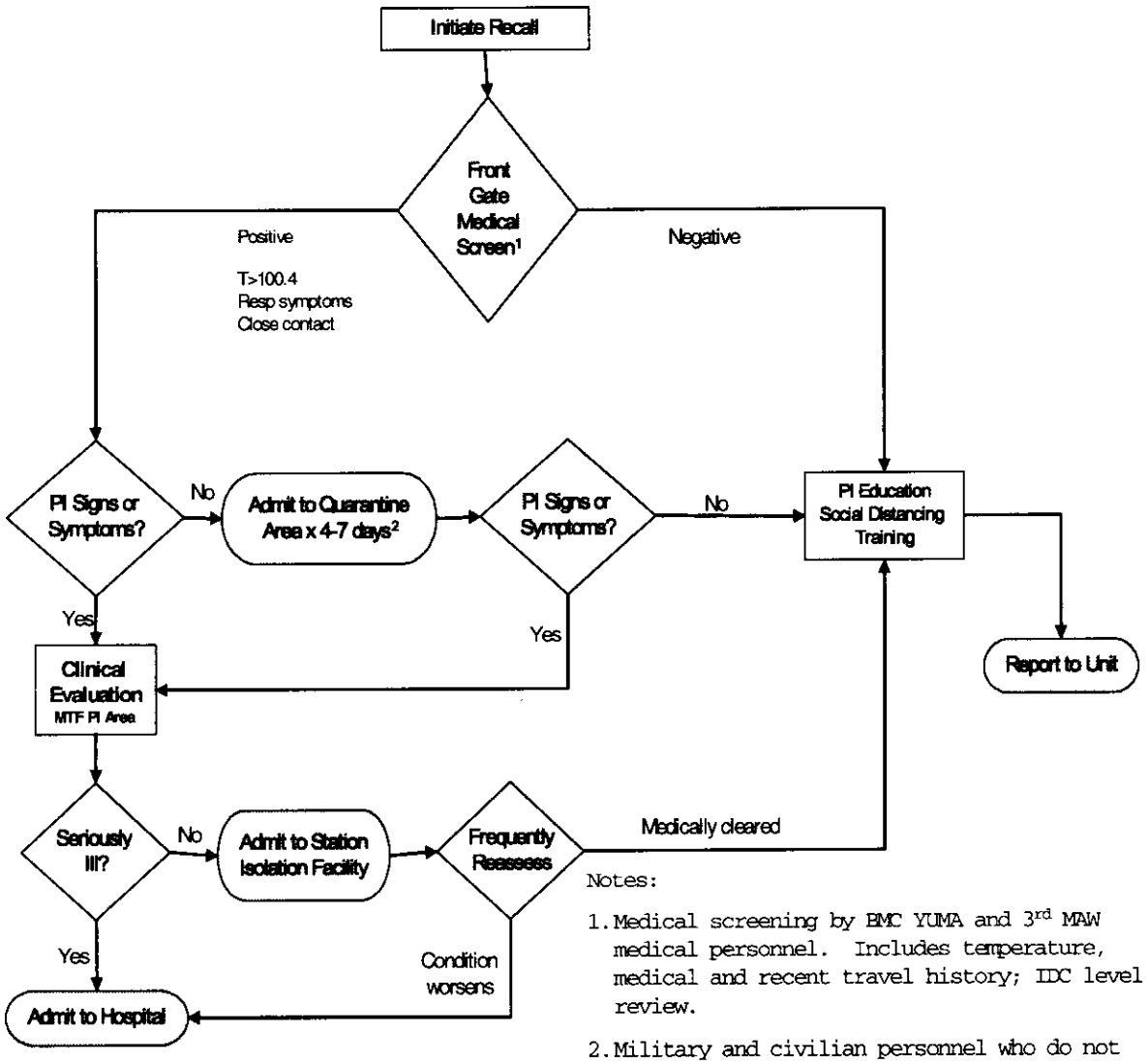
6. Personnel who have been exposed to a possible flu case but have no symptoms are to be quarantined.

7. Ill, but ambulatory personnel are to be isolated.

8. Severely ill, non-ambulatory personnel are to be transported to hospital-level care facilities.

9. Identify where facilities are to be established for quarantine and isolation and the staffing needed to provide medical care, food and sanitation services and security. In the event of a severe pandemic, it may be necessary to expand the isolation facility to provide a modified hospital-level of care for very ill patients in case all local hospitals are inundated.

10. MCAS Yuma will coordinate activities with medical C2 via OIC, BMC YUMA.



Notes:

1. Medical screening by BMC YUMA and 3rd MAW medical personnel. Includes temperature, medical and recent travel history; IDC level review.
2. Military and civilian personnel who do not live on base may be instructed to return to their off-base home for quarantine. Follow-up can be done via telephone.

Figure 2. MCAS Yuma PI Screening, Isolation and Quarantine Plan

11. MCAS Yuma will verify that BMC YUMA is tracking the census at each of the station's isolation and quarantine facilities and is reporting this information in compliance with current surveillance guidelines. Also, BMC YUMA should initially provide patient biological specimens to local laboratories for evaluation and report that the results to the medical system chain of command.

12. MCAS Yuma and BMC YUMA will prepare to receive, store and issue Class VIII (medical supplies and equipment).

13. MCAS Yuma will support dissemination of public health advisories from NMCSD and BMC YUMA as part of risk communication efforts.

(d) Interdiction Phase (3): This phase begins with the first case(s) in North America or when indications and warnings identify large clusters of human-to-human transmission. Decisive to this phase is identifying the outbreak before it becomes unmanageable. Additional FHP advisories disseminated to DOD beneficiaries, civilian workforce and the public. HSS assets establish situational awareness. Primary objectives include:

1. MCAS Yuma will deploy Station and BMC YUMA assets to establish Quarantine and Isolation facilities.

2. MCAS Yuma will enhance FHP measures and issue PPE equipment, as appropriate.

3. MCAS Yuma will support medical screening, isolation and quarantine operations.

4. MCAS Yuma will assist BMC YUMA with vaccination efforts and distribution of prophylactic medications.

5. MCAS Yuma will assist BMC YUMA to transport critical medical resources as needed.

6. MCAS Yuma will provide PAO support for risk communication and awareness efforts.

(e) Stabilize Phase (4): This phase begins upon receipt of information that containment efforts have failed or when state and local resources are overwhelmed and federal assistance is requested. Success for Phase 4: HSS assets meet the continuing needs of the pandemic throughout the AOR. Primary objectives include:

1. MCAS Yuma will augment BMC YUMA assets as available. This may include training and use of non-medical personnel for HSS.

2. MCAS Yuma will assist BMC YUMA to expand public vaccination efforts once a vaccine becomes available.

3. MCAS Yuma will support continuity of operations, to include support of local government and utilities to ensure uninterrupted flow of essential services. Also, as resources allow, MCAS will collaborate with local, state and federal agencies to provide on-site assistance and address the needs of special populations and other requests for assistance and information.

4. MCAS Yuma will continue risk communication activities, modifying them to address the current situation.

5. MCAS Yuma will maintain situational awareness by obtaining current medical and laboratory surveillance information from BMC YUMA, to include review and update of health response objectives.

(f) Recover Phase (5). Phase 5 begins when local, state, tribal, and other agencies are capable of assuming functions with no degradation of operations. Success for Phase 5: Resumption of routine HSS responsibilities is complete; station isolation and quarantine facilities are closed.

(3) Responsibility and Command Relationships

(a) Health and Medical Services are listed in the NRF as ESF #8, with the HHS as the primary lead agency. DOD is one of thirteen Support Agencies, which are tasked to support HHS. Other medical support agencies include the Department of Veterans Affairs (VA), Agency for International Development, and the American Red Cross.

(b) At the Federal level, the National Disaster Medical System (NDMS) is a partnership between HHS, DOD, VA, and FEMA along with major pharmaceutical suppliers, hospital supply vendors, the National Foundation for Mortuary Care, and other international disaster response and health organizations.

(c) MCAS Yuma will be supported by BMC YUMA, which is subordinate to Commanding Officer, NHCP.

(4) Hospitalization. Hospitalization in a pandemic influenza scenario will require an expansion of health care capabilities to include minimal care beds and intensive care beds. HHS expansion may require the use of non-medical treatment type facilities such as gyms, barracks, etc. MCAS

will identify structures or areas that can be used as quarantine and isolation facilities.

(5) Patient Movement. This includes medical regulating and patient evacuation. Each commander is authorized to regulate patients among their organizations. Ground transport is the preferred means of evacuation. Nontraditional means of evacuation, buses, boats, trucks, rotary and fixed wing aircraft will be employed depending upon the situation on the ground and availability of the assets.

(6) Eligibility of Care

(a) Members of the Public Health Service are eligible for full care.

(b) Medical treatment facilities will potentially be overwhelmed by DOD patients and beneficiaries. Treatment may be prioritized in the following order: active duty, TRICARE Prime enrolled dependents of active duty, TRICARE Prime enrolled retirees and their dependents, all other beneficiaries. Key and essential DOD civilians and contractors may also be authorized treatment.

(7) Force Health Protection. Commanders will institute FHP activities and health surveillance programs to prevent disease. Commanders should include medical and FHP personnel in the initial planning stages to estimate the health and environmental threats and provide countermeasures and training.

(8) Mortuary Affairs. DOD medical personnel will provide medical support to mortuary affairs operations in accordance with Appendix 1 of this Annex.

b. Tasks. See Annex C, "Operations."

c. Coordinating Instructions

(1) Administrative, logistical, medical, and communications support remain the Installation Commander's responsibility.

(2) All military casualties will be reported via the operational and Service chains of command.

(3) Installations will capture costs during all phases of the operation.

4. Administration and Logistics

d. Concept of Support

(1) Logistics. The concept of logistics support for PI operations, to include deployment and sustainment, will be flexible and tailored to support the mission requirements. Logistics support will be organized by phase and will be tailored and flexible in order to support mission requirements. Synchronization of medical logistics support operations will be executed using a Medical Logistics Manager designated for each installation to integrate logistic operations across the spectrum of medical logistics operations. See Annex D, "Logistics."

(a) Phase 0, Shape. Priority of logistics effort is on support assessment, planning and conducting gap analysis for medical material requirements. Defense Medical Standardization Board provides distribution protocols for medical material.

(b) Phase 1, Prevent. Priority of logistics effort is on preparedness. Plan and coordinate for the deployment and distribution of National and DOD stockpiles and critical medical materiel/equipment. Train and rehearse.

(c) Phase 2, Contain. Procure necessary materiel to meet potential surge requirements. Coordinate Joint Reception, Staging and Onward Movement, and Integration (JRSOI) and logistics.

(d) Phase 3, Interdict. Priority of logistics effort is on support for deployment, expansion of JRSOI capabilities, and supporting preparations for execution of mission.

(e) Phase 4, Stabilize. Priority of logistics effort is on sustained logistics support. Begin planning for reconstitution of forces and equipment at installation.

(f) Phase 5, Recover. Priority of logistics effort is on redeployment and reconstitution at installation. Reconciliation of excess unused medical material and supplies and proper disposition of remaining stocks. Maintain proper fiscal accountability of Class VIII material.

(2) Public Affairs. The media will play an important role in reporting and shaping public opinion concerning PI operations. See Annex F (Public Affairs).

(3) Medical Services. During PI operations, medical and public health requirements will be significant factors. The NDMS, which includes DOD coordination with participating non-Federal fixed hospitals and DOD provided patient evacuation, is the primary Federal-level medical response element. Other DOD medical capabilities should be requested if it is necessary to augment or sustain the NDMS/local response in order to save lives and minimize human suffering. Restrictions on the use of military medical stockpiles and on the military vaccinating civilians may need to be addressed in planning.

5. Command and Signal

a. Command. See Basic Plan. The BMC YUMA OIC will serve as the principal medical advisor to the Commanding Officer and will oversee all medical resources allocated to the MCAS Yuma to ensure their effective use to meet the mission.

b. Command Relationships. See Basic Plan.

c. Medical Communications

(1) Routine coordinating communication will be by telephone whenever possible. During emergency operations medical personnel will monitor San Diego county medical operations center emergency communication channels. Alternate means of communications are teleconference, E-Mail, fax, or AUTODIN message.

(2) Official plans, orders, reports and requests for information (with the exception of blood management messages) will be passed by NIPRNET or SIPRNET, teleconference and AUTODIN message. Pass blood management messages by telephone, E-Mail, fax, or AUTODIN message.

d. Signal. See Basic Plan.

Appendixes:
1 - Mortuary Affairs
2 - Treatment, Prophylaxis, and Immunizations
3 - Personal Protective Equipment (PPE)
4 - Isolation
5 - Quarantine

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APPENDIX 1 TO ANNEX Q TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

MORTUARY AFFAIRS

Task Organization. See Annex A, Task Organization.

References: See Annex X, References.

1. General. The Commanding Officer is responsible for the administrative disposition of deceased active duty member remains. However, during PI operations, the legal jurisdiction over deceased personnel will rest with an appropriate local authority, normally a Medical Examiner or Coroner (ME/C). Due to various authorities and jurisdictions within or adjacent MCIWEST AOR, it is likely the process of executing any mortuary missions will be complicated. The Armed Forces Medical Examiner (AFME) may receive jurisdiction for a particular area or event if significant military personnel are affected by a catastrophic incident. Installation Commanders will follow the appropriate procedures for the handling of remains and casualty assistance.

2. Purpose, Scope, and Limitations. A PI outbreak is likely to generate a variety of mortuary affairs requirements. These requirements include, but are not limited to: coordination with the local ME/C for mission requirement; protective measures for mortuary affairs personnel; coordination with the ME/C and investigative authorities in regards to preserving evidence on the remains and personnel effects; liaison with public affairs personnel for interface with the press; and coordination with logistics representatives for refrigeration, transportation, and contracting. The underlying principle is the local ME/C and primary or coordinating agency will determine the extent and type of support.

3. Mortuary Affairs Intelligence. Initial responders and the local ME/C can best assess the condition of remains.

4. Concept of Mortuary Affairs Support to Civil Authorities.

a. The scope of mortuary affairs support will focus on integrating into existing local, state, and federal mortuary affairs plans by providing search and recovery, tentative identification, and local transport of remains to designated locations for disposition. The primary or coordinating agency may have the assistance of Disaster Mortuary Operational Response Teams (DMORTs). DMORT has the ability to scale their response for the size of the incident and has considerable capability to store, identify, conduct forensic investigation, and prepare a large number of remains for

burial.

b. Military personnel may handle civilian remains. However, the Commanding Officer must receive that authority from the local authority legally responsible for those remains, usually a ME/C.

5. Concept of Mortuary Affairs for Military Forces. The DOD current death and concurrent return program will remain in effect as long as local conditions allow. However, due to anticipated transportation restrictions, and the high volume of fatalities, there may be delays in returning remains to their final disposition point. An internment program is only implemented at the direction of Higher Headquarters.

6. Mortuary Affairs Officer. A Mortuary Affairs Officer shall be appointed to coordinate military mortuary affairs during a Pandemic Influenza event.

7. Coordinating Instructions

a. Temporary Internment. The authority to temporarily inter remains resides with the appropriate civilian authority within the operational area. The authority to temporarily inter military personnel resides with Yuma Mortuary, jointly with Yuma County Coroners Office, in coordination with the local authorities or the service secretary responsible for the military installation.

b. Reporting. Report fatalities of forces assigned to MCAS Yuma in accordance with appropriate procedures.

c. Casualty Assistance. Casualty notification and family assistance remains a command responsibility.

d. Mortuary Affairs Standards. The military mortuary affairs missions will be conducted with civilian guidance and monitored by civilian authority or law enforcement in charge. General procedures set forth in Joint Publication 4-06, *Mortuary Affairs in Joint Operations* should be followed and modified to comply with the civilian plan.

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APPENDIX 2 TO ANNEX Q TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

TREATMENT, PROPHYLAXIS, AND IMMUNIZATIONS

1. Basic immunizations and chemoprophylaxis are required for containment and response operations in support of this CONPLAN. See Tab A, Appendix 6, Annex Q of MARFORPAC CONPLAN 5003 for antiviral protocols.

a. Treatment/Prophylaxis

(1) Antivirals. Antivirals can be used for both treatment and as prophylaxis. The objective of treatment with antivirals is to restore health in infected people, while the primary objectives of prophylaxis is to diminish the spread of disease and allow personnel to return to duty without being subject to quarantine restrictions.

(2) Treatment/prophylaxis - the recommendation for treatment includes the use of oseltamivir (Tamiflu®) or zanamivir (Relenza®), administered as early as possible and ideally within 48 hours after onset of symptoms. If deemed necessary by senior medical or preventive medicine authorities, exposed personnel may receive post-exposure prophylaxis with oseltamivir. Providers should review CDC website for the most current guidance on medications and dosages. Department of Defense (DOD) has approved bulk purchase and stockpiling Tamiflu® for DOD personnel during a PI outbreak for treatment and prophylaxis. Appropriate use is essential to gain maximal benefit while preserving supplies of this limited resource.

(a) Treatment - Tamiflu

1. Proven effective at reducing complications of influenza but only reduces lost work time by one day on average.

2. Appropriate dosage is 75mg orally, twice daily for 5 days, beginning within two days of onset of symptoms.

(b) Treatment - Relenza

1. Powder that is inhaled twice a day (10 mg) for five days from a breath-activated plastic device called a Diskhaler; recommended for patients 7 years and older who have been symptomatic no longer than two (2) days.

2. Relenza is not recommended for people with underlying respiratory disease such as asthma or chronic obstructive pulmonary disease.

(3) Prophylaxis of contacts of ill individuals

(a) Prophylaxis is effective at reducing transmission of influenza to family members of exposed individuals.

(b) Appropriate Tamiflu dosage is 75mg orally, once daily for 7 days, beginning as soon as illness in a close contact is presumed. Appropriate Relenza dosage is one inhalation (10 mg) daily for 10-28 days.

(c) Children may shed virus longer than adults, therefore contacts of ill children will require 10 days of prophylaxis.

(4) Prophylaxis of unexposed individuals

(a) This strategy should be primarily for use in operational units and essential personnel due to the potentially long duration of prophylaxis, and rapid consumption of limited drug supplies.

(b) The dose of oseltamivir is 75mg orally once daily or 10mg of zanamivir inhaled once daily.

(c) The duration is 8 weeks, or for the period of each pandemic wave, or for 7 days following departure from the affected area.

b. Chemoprophylaxis/Vaccine Guidance.

(1) Consistent with Assistant Secretary of Defense for Health Affairs [ASD(HA)] policy, chemoprophylaxis (e.g., antivirals) will be administered in the following priority, unless otherwise directed by MARFORPAC via USPACOM:

(a) Operational units present in a PI affected area.

(b) Operational units who must enter a PI affected area.

(c) Other active duty personnel in or entering a PI affected area.

(d) Non-active duty personnel and OTUSF in a PI affected area.

c. When a vaccine becomes available, IAW ASD(HA) guidance, initial distribution and immunization may be directed by MARFORPAC or USPACOM to optimally preserve operational capability and control PI spread.

(1) If recommended by the MARFORPAC Surgeon, pneumococcal vaccine will be administered to all active duty MARFORPAC personnel for protection against secondary illness caused by pandemic influenza.

(2) Pneumococcal vaccine may also be recommended by the installation medical command and will be administered to active duty Installation and Medical personnel, and essential installation government service personnel.

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APPENDIX 3 TO ANNEX Q TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. All personnel conducting containment and response operations in support of MCAS Yuma CONPLAN should have, at a minimum, the following PPE items:

a. Appropriate respirators (N-95 masks), surgical masks, face shields or other loose-fitting items (barrier) - a mask should be worn once and then discarded. If pandemic influenza cases are congregated in common areas such as isolation or quarantine areas, or in several rooms and multiple cases must be visited over a short time, it may be practical to wear one mask for the duration of the activity; however, other PPE (e.g., gloves, gown) must be removed between patients and hand hygiene performed. Change masks when they become moist. Do not leave masks dangling around the neck. Upon touching or discarding a used mask, perform hand hygiene.

b. Gloves (disposable preferred) - a single pair of gloves should be worn for contact with blood and body fluids, including during hand contact with respiratory secretions (e.g., providing oral care, handling soiled tissues). Gloves made of latex, vinyl, nitrile, or other synthetic materials are appropriate for this purpose; if possible, latex-free gloves should be available for healthcare workers who have latex allergy. Gloves should fit comfortably on the wearer's hands. Remove and dispose of gloves after use on exposed personnel; do not wash gloves for subsequent reuse. Perform hand hygiene after glove removal. If gloves are in short supply (i.e., the demand during a pandemic could exceed the supply), priorities for glove use might need to be established. In this circumstance, reserve gloves for situations where there is a likelihood of extensive patient or environmental contact with blood or body fluids. Use other barriers (e.g., disposable paper towels, paper napkins) when there is only limited contact with exposed personnel or contaminated items. Hand hygiene should be strongly reinforced in this situation.

c. Disposable gowns, if required for operations in response to PI - Wear an isolation gown, if soiling of personal clothes or uniform with an exposed person's blood or body fluids, including respiratory secretions, is anticipated. Most interactions do not necessitate the use of gowns. A disposable gown made of synthetic fiber or a washable cloth gown may be

used. Ensure that gowns are of the appropriate size to fully cover the area to be protected. Gowns should be worn only once and then placed in a waste or laundry receptacle, as appropriate, and hand hygiene performed. If gowns are in short supply (i.e., the demand during a pandemic could exceed the supply) priorities for their use may need to be established. In this circumstance, reinforcing the situations in which they are needed can reduce the volume used. Alternatively, other coverings/barriers could be used. It is doubtful that disposable aprons would provide the desired protection in the circumstances where gowns are needed to prevent contact with influenza virus, and therefore should be avoided.

d. Eye protection - wearing goggles or a face shield for routine contact with cases with pandemic influenza is not necessary. If sprays or splatter of infectious material is likely, goggles or a face shield should be worn as recommended for standard precautions.

e. Hand sanitizer - the use of an antibacterial hand gel should not be utilized to replace handwashing, but may be utilized in the absence of adequate handwashing devices or facilities.

2. MCAS Yuma will procure, administer, and distribute appropriate PPE to in-garrison forces, dependents, civilians, and beneficiaries based on immediate threat, planning factors and medical guidance when directed by HHQ.

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APPENDIX 4 TO ANNEX Q TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

ISOLATION

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. General. Isolation is the separation of symptomatic (ill) individuals from others to prevent the spread of infection and to facilitate the provision of specialized health care to sick individuals. The Commanding Officer may need to implement isolation techniques on the installation as part of the response to a disease outbreak, be it caused by an attack or a naturally occurring event.

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan.

d. Attachments and Detachments. See Basic Plan.

e. Assumptions. See Basic Plan. The following assumptions are applicable for all isolation procedures:

(1) If established, isolation will be maintained until ill patients have recovered or are transferred to a long-term medical-care facility.

(2) Protective Personal Equipment (PPE) is required for personnel and support staff (e.g., medical support, security, etc.) working at an isolation facility.

(3) Isolated individuals may have special nutritional requirements. As such, MREs may not be suitable meals for all isolated personnel. Special nutritional and/or medical conditions may necessitate the need for special meals.

2. Mission. See Basic Plan.

3. Execution

a. Facilities. Depending on the size and scope of the event, alternate facilities may be used to isolate contagious patients. Designated facilities must have accommodations to

serve as the alternate MTF, medical storage warehouse, and supply storage warehouse. Although they would only be used as a last resort, individual residences in base housing may be used for isolation purposes as well. When selecting an isolation facility, the Public Health Emergency Officer (PHEO), the Branch Medical Clinic Officer-in-Charge (BMC OIC), Public Health Officer (PHO) and Infection Control Officer (ICO), will consider the following requirements and provide a recommendation to the Commanding Officer:

(1) Isolation facilities must meet minimum operational standards, including telephone communication capabilities, electricity, heating/cooling source, potable water, bathroom with commode and sink, waste and sewage disposal, and caregiver access.

(2) Isolation facilities should not provide standard health care to non-symptomatic personnel. Isolation facilities should be dedicated facilities for the care of contagious individuals.

(3) Isolation facilities should be located as close as possible to the BMC to minimize logistical challenges and to facilitate monitoring and care giving.

(4) Initial isolation facilities are identified as the main gymnasium, Theater, and the Sonoran Pueblo.

b. Facility Set-up and Management. The BMC OIC will oversee facility set-up and management. In all areas, set-up and management procedures will be tailored for a PI.

(1) Patient Care. BMC OIC will ensure appropriate equipment and supplies are available to provide necessary health care to ill patients. The BMC OIC, through the PHEO, will also ensure that the people in isolation status are being actively monitored for adverse health effects and are receiving appropriate medical treatment - regardless of where the isolation facility is located.

(2) Infection Control. The ICO will ensure infection control measures are adequately addressed (patient placement and spatial separation, standard precautions, airborne precautions, contact precautions, and droplet precautions).

(a) Infection Control for Patients Isolated at Home. Hospitalization of patients with emergent pathological (pathogens)/biological warfare (EP/BW) symptoms is recommended

only if medically indicated. Patients with less severe disease will likely be isolated in personal residences or designated "isolation" facilities. Isolation of PI patients is important to minimize the risk of transmission to others.

1. Continue the infection control precautions outlined below until the recommended number of days following resolution of typical PI symptoms or until public health department has determined that home isolation precautions can be safely discontinued (e.g., diagnosis of PI is ruled out).

2. Patients should not leave the home for the duration of the isolation period, except as necessary for follow-up medical care. When movement outside the home is necessary, the patient should wear a mask.

3. Separate the patient from others in the household to the extent possible. Use a separate room and bathroom if available.

4. Limit the number in the household to those who are essential for patient support. Other household members should either be relocated or minimize contact with the patient in the home. This is particularly important for those at risk of serious PI complications.

5. Unexposed individuals who do not have an essential need to be in the home should not visit.

6. Everyone in the household should carefully follow recommendations for hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) after touching body fluids (e.g., respiratory secretions, stool, urine, vomitus) and potentially contaminated surfaces and materials (e.g., linen). Hand hygiene supplies (soap/water, alcohol-based hand rub, and disposable towels) should be available and replenished as needed.

7. Patients should cover their nose/mouth when coughing and dispose of tissues in a lined waste container. If possible, patients should wear a surgical mask when others are present. If a patient cannot wear a mask, those in close contact with the patient should wear a mask. Masks should fit snugly around the face and should not be touched or handled during use. A supply of masks should be available based on the volume needed each day. NOTE: As part of the planning and preparation for a PI outbreak, the MTF will order and maintain a supply of masks in the medical logistics warehouse, as it cannot

be assumed that a "just-in-time" supply would be available from normal medical supply distributors.

8. Using disposable gloves should be considered for any direct contact with the body fluids of a patient with possible or known EP/BW disease. However, gloves are not intended to replace proper hand hygiene. Gloves should be discarded immediately upon removal, and hand hygiene should be performed.

9. Towels and bedding should not be shared. Laundry may be washed in a standard washing machine with warm water and detergent; bleach may be added but is unnecessary. Care should be used and gloves, worn when handling soiled laundry to avoid direct contact of skin and/or clothing with contaminated material.

10. Objects used for eating should not be shared, but separation of eating utensils for use by the EP/BW patient is unnecessary. Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap.

11. Gloves, tissues, and other waste generated in the care of a PI patient should be bagged and placed in another container for disposal with other household waste.

12. Environmental surfaces that are frequently touched by the patient or are soiled with body fluids should be cleaned and disinfected with a household disinfectant. The bathroom used by the patient should be cleaned daily, if possible. Household utility gloves should be worn during the cleaning process.

(3) Security. The Provost Marshal will secure and control entry and exit access to isolation facilities.

(a) The COC, working with the Medical Control Center, will provide the law enforcement desk a listing of patients in isolation; caregivers working on site or traveling to the site(s); others involved in the re-supply process.

(b) Depending on PMO manning and mission requirements at the time, the task of providing security and access control may be accomplished primarily through the use of personnel augmentation.

(4) Sanitation and Hygiene. Through input from affected personnel and caregivers, I&L will monitor sanitation and hygiene capabilities in isolation facilities and ensure they remain in working condition.

(5) Waste Management. I&L, with necessary, additional transportation support, will contract the for the collection and disposal of contaminated waste from isolation facilities using standard contaminated waste handling procedures, modified as necessary by the PHO in regards to the selection/use of PPE, individual protective equipment, and disposal technique.

(6) Personal Protection. All personnel working in isolation facilities will don appropriate PPE, as specified by the PHEO, and the ICO. PI specific personal protection (normally surgical masks) will also be provided to the occupants of the isolation facility to mitigate the spread of disease from the individual to the caregiver.

c. Triage. To protect personnel from unnecessarily coming into contact with contagious patients, triage will not be established at the isolation facility. Triage will occur at the BMC, at quarantine facilities, and other locations if required.

(1) If medical staff determines that triaged personnel meet the requisite conditions defined in the disease outbreak case definition, medical staff will transport triaged personnel from triage locations to the isolation facility.

(2) A dedicated BMC vehicle will transport patients to the isolation facility. If the medical facility cannot supply a dedicated vehicle, the PHEO will request the Base Motor Pool, via the EOC, to provide a dedicated vehicle for the duration of the isolation operations.

(3) Food

(a) Isolated personnel may not be able to consume MREs. Specialized meals may be required. The BMC nutritionist and PHEO will establish food requirements for isolated personnel.

(b) Installation & Logistics will support all food operations at isolation facilities, including MRE distribution, hot meals, and/or specialized meals.

(c) If tap water is not available or if I&L determines it is unsafe to consume tap water, installation

logistics will provide bottled water to personnel in the isolation facilities.

(4) Authorization to Impose Isolation. In most cases, isolation may be voluntary; however, the Commanding Officer has authority to direct isolation of sick people after a public health emergency is declared. See Appendix 1 to this Annex for additional information. NOTE: Many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public. Applicable laws may vary across jurisdictions.

(5) Religious Requirements. The MCAS Yuma chaplain will provide religious counsel and support to personnel at all isolation facilities. See Appendix 1 to this Annex for additional information. Following the appropriate training provided by medical personnel, chaplain personnel will don appropriate PPE and follow necessary infection control procedures.

(6) Psychological Counseling. Psychological counseling will be available to personnel at all isolation facilities. Following the appropriate training (provided by medical personnel, counselors will don appropriate PPE and follow necessary infection control procedures.

(7) Visitors

(a) Screen visitors for signs and symptoms of contagious disease before entry into the facility and exclude persons who are symptomatic.

(b) Family members who accompany patients with contagious diseases to the hospital are assumed to have been exposed to the illness and should wear masks.

(c) Limit visitors to those necessary for the patient's emotional well-being and care.

(d) Instruct visitors to wear surgical or procedure masks while in the patient's room.

(e) Instruct visitors on hand-hygiene practices.

(8) Mortuary. If personnel expire at the isolation facility, following the receipt of approval from the local medical examiner, a local ambulance company will transport the remains to a mortuary collection point (MCP). See Appendix 1 in

Annex Q, "Health Services."

4. Administration and Logistics. See Basic Plan.

5. Command and Signal. See Basic Plan.

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APPENDIX 5 TO ANNEX Q TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

QUARANTINE

Task Organization. See Basic Plan.

References: See Annex X, References.

1. Situation

a. General. MCAS Yuma will quarantine individuals while a contagious disease outbreak is in a communicable stage or a pre-communicable stage and if transmission to other individuals would likely cause a public health emergency. Quarantine will be implemented either at home/barracks or at community facilities. MCAS Yuma will maintain critical operations, if required, by incorporating working procedures into quarantine situations.

b. Threat. See Basic Plan.

c. Friendly. See Basic Plan.

d. Attachments and Detachments. See Basic Plan.

e. Assumptions. See basic Plan. The following assumptions are applicable for all quarantine procedures:

(1) If established, quarantine will be maintained for the time equivalent of two disease cycles.

(2) Personal Protective Equipment (PPE) is **NOT** required for personnel and support staff (e.g., medical support, security, etc.) working at a quarantine facility.

(3) PPE **IS** required for support staff when transferring sick patients from quarantine to isolation.

(4) Quarantined personnel do not have special nutritional requirements. MREs are suitable meals for quarantined personnel. Special nutritional needs from previously existing dietary restrictions and/or medical conditions will be accommodated as much as possible.

(5) If bottled water is required, quarantined personnel will need 48 ounces of bottled water per day.

(6) Standard laundry procedures (i.e., hot soapy water) are sufficient to clean clothing and linens used by quarantined personnel.

2. Mission. See basic Plan.

3. Execution

a. General

(1) Identify At-Risk Population

(a) The PHEO will identify at-risk populations and determine the appropriate level of quarantine--either home/barracks or community-based--to safely protect the installation population. Considerations will include disease characteristics, mode of transmission, requirements for active or passive monitoring, and mission imperative. Some situations may require both forms of quarantine for different populations.

(b) Confirmatory identification of infection is not a precondition for quarantine. The Commanding Officer, in collaboration with the PHEO, will quarantine individuals who are believed to have been exposed to an infectious disease, but are not yet symptomatic.

(2) Duration. The duration of the quarantine will be disease-specific. The PHEO will consider standing-down quarantine after the time equivalent of two disease cycles has passed and no new disease outbreaks have been reported within the quarantined population.

(3) Notice of Quarantine. The installation PHEO will authorize and distribute a "Notice of Quarantine" memorandum to all quarantined personnel. A copy of the Commanding Officer's signed Declaration of a public health emergency. Any supporting information or guidance deemed necessary will also be attached to this notice.

(4) Self-Monitoring. The PHO will establish reporting criteria for self-monitoring. The PHEO will establish procedures for quarantined personnel to follow if they experience or observe symptoms that meet reporting criteria. The PAO will assist the PHEO communicate reporting criteria and

procedures. Installation communications will ensure communication capabilities are available for individuals quarantined at community-based facilities to report symptoms.

(5) Transfer to Isolation

(a) If quarantined personnel report symptoms consistent with the disease characteristics, the PHEO will immediately dispatch medical personnel to transfer the sick patient from the quarantine facility to the isolation facility.

(b) The PHO will conduct interviews with all quarantined personnel who had close contact with the sick patient(s). Depending on disease characteristics, mode of transmission, and epidemiological information collected during the interview, at-risk personnel may be placed in a separate quarantine facility to prevent further transmission of the contagious disease and to restart the quarantine period.

(6) Communication

(a) S-6 personnel will ensure communication capabilities are available at community-based quarantine locations through the duration of the event. At a minimum, telephone service must be available for medical reporting, and command and control of quarantine facilities. If possible and within OPSEC requirements, other communication capabilities, such as internet and two-way radios, will be established and maintained.

(b) Personnel quarantined in their home will have their communications availability maintained by the commercial service the people use on a day-to-day basis.

(c) The MCAS Yuma PAO will coordinate with the PHEO to provide appropriate, consistent, and timely communication messages to all quarantined personnel using a variety of communication means - including commercial mass notification devices, installation television channel, E-Mail messages, radio announcements, and other appropriate means.

(7) Physical Security and Perimeter Monitoring. If determined a necessary security precaution by the Commanding Officer, with advice from the BMC OIC and PHEO, PMO will post security personnel at all entry/ exit points of all quarantined facilities. PMO and SJA will establish escalation of force

guidance.

(a) The COC, working with the medical control center, will provide the law enforcement desk a listing of patients in quarantine; caregivers that will be working on site or traveling to the site(s); other personnel that will be involved in the re-supply process.

(b) Depending on PMO manning and mission requirements at the time, the task of providing security and access control may be accomplished primarily through the use of personnel augmentation from Headquarters & Headquarters Squadron and tenant units.

(8) Religious Requirements. The MCAS Yuma chaplain will provide religious counsel and support to personnel at all quarantine facilities.

(9) Psychological Counseling. Psychological counseling will be made available to personnel at all quarantine facilities.

b. Home/Barracks Quarantine

(1) Facilities. In consultation with the PHEO, the Commanding Officer will direct at-risk personnel to stay in barracks and homes. All quarantine facilities will meet basic needs.

(a) Laundry Services. Quarantine facilities should have laundry access. Personnel quarantined in these buildings are responsible for their own laundry services. I&L will coordinate pick-up and drop-off services to accommodate laundry needs for personnel quarantined in quarantine facilities that do not have laundry access.

(b) Food and Water

1. Quarantine facilities should have food storage and preparation capabilities. Personnel quarantined in these buildings are responsible for their own food and water needs. I&L will arrange for personnel to restock food supplies (e.g., arrange for quarantined personnel to re-supply at the dining facility, get supplies from the commissary) or will provide hot meals, box lunches, and/or MREs to quarantined personnel once individual food supplies are depleted.

2. I&L will provide hot meals, box lunches, and/or MREs to personnel quarantined in quarantine facilities that do not have food storage and preparation capabilities.

3. If tap water is unavailable or if Environmental determines it is unsafe to consume tap water, I&L logistics will provide bottled water to quarantined personnel.

(a) Sanitation and Hygiene. Quarantine facilities identified for use will be equipped with sanitation and hygiene services (e.g., toilets and showers). I&L will monitor sanitation and hygiene capabilities in quarantine facilities and ensure they remain in working condition throughout the duration of quarantine.

(b) Waste Management. Quarantined personnel will deposit trash in sealed and labeled plastic trash bags (double bagged), and will place the waste in the contaminated waste disposal containers. I&L will coordinate the pick-up and disposal of waste from quarantined sites.

c. Community-Based Quarantine

(1) Facilities. Depending on the size and scope of the event, alternate facilities may be used for community-based quarantine. Designated facilities such as gymnasiums, child care centers, and recreation centers must have adequate accommodations for the number of personnel expected to arrive. When selecting a facility, the installation PHEO, the MNC OIC, I&L, PHO, and ICO will consider the following requirements and provide a recommendation to the Commanding Officer.

(2) Notification. PHEO will identify the at-risk population and determine who should report to community-based quarantine facilities.

(a) PHEO will direct the PAO, EOC Senior Watch Officer, and tenant units to notify the installation personnel of the quarantine requirements.

(b) Notification will include the following information: location and directions to the quarantine facility, date and time to report, required documentation (e.g., medical records, identification, etc), clothing and toiletries, and suggested entertainment (e.g., books, magazines, etc).

(3) Reporting to the Quarantine Facility. BMC administrative support will establish a check-in desk at quarantine facilities to ensure all required personnel report to the facility. If personnel do not report to the quarantine facility within 12 hours of the required check-in time, security forces will initiate action to locate missing personnel and escort them to the quarantine facility.

(4) Food and Water. I&L will provide food and water to all personnel at community-based quarantine facilities. Hot meals and/or box lunches will be used to the extent possible. MREs will be used if it is not possible to provide hot meals or box lunches.

(5) Toiletries. Personnel entering community-based quarantine will be requested to bring their own toiletries. However, due to the extended nature of quarantine it is likely that additional toiletries will be required. I&L Logistics will monitor the need for additional toiletries and arrange for personnel to restock supplies as required.

(6) Linens and Laundry Services. I&L Logistics will ensure sufficient bed and bath linens are available for all personnel at community-based quarantine facilities. I&L Logistics will manage all laundry requirements (including the procurement of laundry detergent and bleach) and will oversee laundry operations at all community-based quarantine facilities.

(7) Sanitation and Hygiene. Identified quarantine facilities should have sanitation and hygiene services (e.g., toilets and showers) available on site. I&L will monitor sanitation and hygiene capabilities in quarantine facilities and ensure they remain in working condition throughout the duration of quarantine.

(8) Waste Management. I&L will monitor and coordinate all waste management requirements and activities at community-based quarantine facilities.

d. Working Quarantine

(1) Mission Imperative. If the installation must maintain operational capabilities while quarantine has been established, the PHEO may implement "working quarantine" procedures to allow non-symptomatic mission essential personnel to continue to work with appropriate infection control precautions. Working quarantine procedures can be combined with

both home/barracks and community-based quarantine.

(2) Identify Mission Essential Personnel. Department Heads and tenant unit commanders will supply the PHEO with a list of mission essential personnel required to support mission critical operations. PHEO will confirm that identified individuals are non-symptomatic.

(3) Personnel Accountability

(a) Personnel are authorized to travel to and from quarantine facilities and their duty station. Movement to and from any other location is strictly prohibited.

(b) Security personnel stationed at quarantine facilities will maintain a current list of mission essential personnel authorized to leave quarantine facilities to support mission critical operations. Security personnel will ensure that individuals entering or exiting quarantine facilities have the appropriate authorization.

(c) Department Heads will maintain a current list of mission essential personnel authorized to leave quarantine facilities to support mission critical operations. Individuals who arrive at duty stations that are not on the PHEO-approved authorization list will be escorted back to the quarantine facility.

(4) Transportation. Transportation may be required to transport personnel to and from quarantine facilities and duty stations. Department Heads will assess the need for transportation requirements and will attempt to meet transportation needs with organic assets. If the transportation assets are not available, the SouthWest Regional Fleet Transportation (SWRFT) motor pool may be requested via COC, to assist with transportation requirements.

(5) Active Monitoring. Department Heads will designate the work center supervisors, first sergeant, and/or designated representative, to conduct active monitoring of all personnel in working quarantine. These individuals will monitor personnel for fever or other symptoms at the beginning of the shift, midway through the shift, and at the end of the shift. Any occurrence of fever or disease specific symptoms will be immediately reported to the PHEO and responsible Department Head.

4. Administration and Logistics. See Basic Plan.

5. Command and Signal. See Basic Plan.

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ANNEX X TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

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ANNEX Z TO MCAS YUMA DISEASE CONTAINMENT RESPONSE PLAN FOR PANDEMIC INFLUENZA (U)

DISTRIBUTION

1. Distribution: A

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