

Annex H: Infectious Disease Plan (IDP) (Updated: 3/30/2020)

Purpose: This annex provides hazard-specific considerations and trigger points to guide the Smithsonian's response to infectious disease outbreaks in order to protect the health and wellbeing of people and the living collection; minimize disruptions to, and ensure continuity of, Smithsonian operations; and, ensure the Smithsonian complies with public health guidance and measures implemented by government authorities in affected areas.

Authority: SD 109, Smithsonian Emergency Management Program

Situation/Threat: Infectious disease outbreaks, regardless of where they start, can quickly become globalized due to ease of international travel and movement of people, animals, and materials around the world. With facilities and field stations around the world, the Smithsonian will need to be able to enact preparedness and response activities to mitigate disease threats and protect human lives and living/nonliving collections, as well as the Smithsonian's outward mission to host visitors, students, volunteers, etc. With millions of guests coming from around the world to Smithsonian facilities each year, we are at risk for disease introductions. With high densities of visitors in close airspace to each other, there is a significant risk, with the right pathogen, of substantial disease transmission at a Smithsonian facility between guests, staff, and living collections. Additionally, certain diseases can be transmitted via fomites (objects or materials which can carry infection such as clothing, equipment, waste), and in the event of an outbreak, Smithsonian staff (and affiliated personnel) or materials could perpetuate the spread of disease if mitigation actions are not taken.

Key Terms:

- **Epidemic:** An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.
- **Outbreak:** Outbreak carries the same definition of epidemic, but is often used for a more limited geographic area.
- **Pandemic:** Refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people.

Concept of Operations: The Smithsonian will monitor local epidemics and global pandemics to determine the potential/actual impacts on Smithsonian interests and respond appropriately. The emergency response structure established by the Smithsonian Emergency Operations Plan will facilitate planning for and responding to the potential/actual effects of an infectious disease outbreak threatening Smithsonian interests. The focus of response efforts will be to reduce the

risk of exposure to people and living collections (e.g. risk communication, protective measures), minimize the impact on Smithsonian operations, and ensure the Institution's ability to continue its emergency/essential functions.

Ensuring continuity of operations will follow the same process as maintaining emergency operations/continuity of operations staffing levels during other events, such as severe weather (e.g. blizzard) and government shutdown driven closures, recognizing that a public health emergency will directly impact staff availability. Due to the risks associated with a public health emergency, the Smithsonian Emergency Operations Center (SI EOC) may transition from its physical location to a virtual activation relying on information technology to facilitate coordination.

Decisions made by the Coordination Group (CG) will govern the enterprise response to an infectious disease outbreak; however, communication and coordination with units in affected communities outside the Washington, D.C. footprint will ensure local conditions are observed and the needs of those Smithsonian components are met.

Response Goals/Priorities:

- Protect the lives, health, and safety of people and the living collection.
- Ensure the security of the Smithsonian and the ability to maintain operational continuity.
- Do no harm to local public health measures and work (e.g. maintain biosecurity) to ensure essential Smithsonian staff does not play a role in perpetuating an outbreak.
- Protect and mitigate damage to Smithsonian interests (physical, reputational, financial, etc.).
- Coordinate response messaging and actions to align with federal and local public health guidance.
- Restore Smithsonian operations back to normal.

Planning Considerations/Assumptions:

Disease

- Each disease presents varying degrees of risk and may require adjustments to response plans - infectious disease outbreaks can vary substantially depending on the pathogen's pathogenicity/ability to cause morbidity/mortality, vectors involved in transmission (such as mosquitos or ticks), zoonotic potential (if it can be carried by or infect animals), and unique aspects of each disease.
- Disease severity (i.e., number of people who are sick, hospitalization and death rates) and local response measures may vary between affected jurisdictions, even when the jurisdictions are close to each other. For example, the response in Washington, D.C. may be different than in neighboring Virginia and Maryland.

- Disease “waves” could last multiple months - the length of waves of disease in any given community will be dictated by the incubation and illness duration of the specific pathogen.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur before an outbreak ends.

Communication

- Smithsonian leadership will need to respond to significant interest and address concerns from staff, stakeholders (Board of Regents, congressional), the public, and the media concerning the Smithsonian’s response to an infectious disease outbreak.
- Communication to staff must include contractors, volunteers, interns, visiting researchers, and consider the impact on the general public and museum guests.

Workforce/Collections (Living)

- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- There will be a significant increase in employee absences due to illness in employees and/or their family members and/or dismissals of early childhood programs and K-12 schools due to high levels of absenteeism and/or illness.
- Travel restrictions, such as limitations on mass transit, implemented at the federal, state, and local levels may affect the ability of some staff to report to work.
- Absenteeism may be severe enough to affect the Institution’s ability to fully staff emergency operations/continuity of operations positions.
- Affected interns and visiting staff (e.g. researchers) may require assistance from the Smithsonian.
- There is a risk that new diseases can spread from humans to animals; measures to protect the living collection may be required.
- The Smithsonian may need to procure protective equipment and sanitation supplies at a larger scale than usual, competing with other agencies and organizations for supplies; there may be limited quantities of such supplies and training may be needed prior to issuance (e.g. personal protective equipment).
- In order to enable teleworking on a larger scale than usual, the Office of the Chief Information Officer (OCIO) may need to respond to a surge in assisting staff with becoming telework ready (e.g. software uploads, filling equipment needs) and/or test the ability of the IT network to support a significant uptick in remote activity.

Response

- The Smithsonian’s response may be dictated by federal, state, and/or local government authorities issuing guidance and direction to combat the outbreak.
- The Smithsonian will be able to use guidance from federal, state, and/or local government authorities to assess the situation, communicate with staff and stakeholders, and respond to the outbreak.

Response/Continuity/Mitigation Actions:

Smithsonian Levels of Action in Response to an Infectious Disease Outbreak.
Level 4 – Normal Operations (Least Severe) <ul style="list-style-type: none">- No significant number of infectious disease cases in areas of Smithsonian Operations.- Emergency plan response level: Continuous monitoring and assessment by OHS/OSHEM and Units.- Emergency plan incident response level criteria:<ul style="list-style-type: none">o No/low risk to Smithsonian personnel, visitors, collections, and operations.o No coordination with outside agencies.o Full staff.o Museums/facilities open.
Measures: <ul style="list-style-type: none"><input type="checkbox"/> Monitor the infectious disease outbreaks through the World Health Organization (WHO), CDC, state and local health organizations.<input type="checkbox"/> Alert Smithsonian affiliated personnel traveling to geographic areas where potential infectious diseases have been isolated of the risks and precautions they should take.<input type="checkbox"/> Increased monitoring of international travel locations by International Travel Office and OHS/OSHEM, and travel security.<input type="checkbox"/> Consider canceling Smithsonian sponsored travel to geographic areas where outbreaks have been identified depending on disease characteristics.<input type="checkbox"/> Education/Communication<ul style="list-style-type: none">o Staff messaging – awareness level on institutional posturing and applicable travel impacts.
Level 3 – Minor/Moderate impact to Smithsonian Operations <ul style="list-style-type: none">- Increased number of infectious disease cases in regions where Smithsonian Operates or common international travel locations. Person to Person transmission or Community Spread confirmed but not within commuting distance from an SI facility.- Emergency plan response level: Planning and preparation at the Coordination Group + level (Coordination Group plus invitees); consider precautionary SI emergency declaration and appointment of a pre-designated Smithsonian Coordinating Officer (SCO).- Emergency plan incident response level criteria:<ul style="list-style-type: none">o Moderate to high risk to certain Smithsonian personnel, visitors, collections, and operations.o The issue can be resolved with minimal outside agency assistance.

- Minimal immediate hazard to the Smithsonian community at large.
- Limited to no absenteeism.
- Museums/facilities open (normal operations).

Measures:

- Review Annex H: Infectious Disease Plan (of SI Emergency Operations Plan).
- Establish a battle rhythm for CG and Emergency Operations Group coordination and staff communication.
- Consider declaring a precautionary Smithsonian State of Emergency and identifying pre-designated Smithsonian Coordinating Officer (SCO).
- Prepare disease specific modifications to Annex H.
- Monitor the infectious disease outbreaks through the World Health Organization (WHO), Food and Agriculture Organization (FAO), Centers for Disease Control (CDC), U.S. Department of Agriculture (USDA), state and local health organizations.
- Monitor status of school closures.
- Education/Communication: this phase is the most important phase in ability to reach target audiences with factual educational preparedness information. In public health outbreaks this phase often closes quickly, and a lack of information will drive audiences to speculation, assumptions, and other sources. Messaging that is not coordinated through the Emergency Response Structure for SI could potentially damage trust in the institution and create fear.
 - Internal
 - **Staff messaging** – awareness level on basic disease prevention and institutional posturing (via webpage, e-mail, e-mail updates, webinars).
 - Basic disease information: signs, symptoms, impact.
 - Prevention measures – e.g. decreased use of face-to-face meetings with more reliance on electronic meeting methods (e.g. Microsoft Teams)
 - What to do if you get sick
 - Smithsonian Response plan
 - Frequent messaging.
 - **Supervisor level messaging** - Sick leave policies and policies to send ill employees home from work.
 - Digital and traditional means of receiving and answering staff questions should be put in place and advertised to allow staff to get timely responses to their concerns, and to inform future planning and unit specific questions.
 - External
 - **Public Health Messaging:** Consider posting reminders (signs, posters, etc.) on sanitation etiquette/ transmission prevention measures, increased cleaning etc within museums. Demonstrate that the threat is being taken seriously and the measures taken to decrease risk are prudent and evident to protect public, collections, live collections etc.
- Determine necessity and frequency of increased cleaning or sanitation of public and back of the house areas.
- Determine what measures should be taken to increase personal sanitation should be taken (e.g. hand sanitizer).
- Travel
 - Alert Smithsonian affiliated personnel traveling to geographic areas where potential infectious diseases have been isolated of the risks and precautions they should take.

- Enhance surveillance among Smithsonian travelers returning from geographical areas in which a potential outbreak has been detected.
- Enhance Readiness
 - Advise all units to prepare for essential-only staffing.
 - How to cover essential duties with increased absences.
 - Cross-train employees to carry out essential functions.
 - Prepare to suspend operations if situation evolves.
 - Enrolling in Telework and remote access options.
 - Personal Protective Equipment (PPE) – determine what PPE would be needed if the outbreak were to advance to the next stage and obtain an appropriate stock supply for research areas, live collections, and museums depending on transmission risk.
 - Consider identifying and procuring critical supplies that might be quickly consumed during an outbreak and might be difficult to obtain should the outbreak interrupt normal supply lines (soap, gloves, disinfectant cleaning solutions, feed etc).
 - Perform risk assessments for living collections and determine risk mitigation needs if the outbreak were to advance.

Level 2 – Significant Impact to Smithsonian Operations

- Sporadic community transmission detected within commuting distance of Smithsonian facilities; direct or indirect impact on Smithsonian affiliated staff becomes evident.
- Emergency plan response level: Planning and preparation at the CG+ level (Coordination Group plus invitees); SI Emergency Operations Group involved. A Smithsonian Emergency Declaration is issued and a Smithsonian Coordinating Officer (SCO) is named, in accordance with SD 109. Smithsonian preparing to close/closes facilities and suspend(s) public operations if needed.
- Emergency plan incident response level criteria:
 - Significant risk to Smithsonian personnel, visitors, collections, and operations.
 - Increased coordination with outside agencies.
 - Staffing of normal Smithsonian operations becomes increasingly difficult.
 - Museums/facilities may be closed to the public (based on staff availability, public health guidance, etc.).
 - Special events may be cancelled/rescheduled.
 - Emergency operations/continuity of operations staff only.

Measures:

- Implement Disease specific Annex H plans: Infectious Disease Plan (of SI Emergency Operations Plan).
- Issue a Smithsonian Emergency Declaration and name a Smithsonian Coordinating Officer, per SD 109.
- Monitor the infectious disease outbreaks through the WHO, FAO, CDC, USDA, state and local health organizations.
- Continue all of the previous level's and additionally:
 - Establish recurring communication with state and local health agencies and emergency response agencies.
 - Develop continuity of operations plans for maintaining the Smithsonian's essential operations.

- Consider implementing social distancing options
- Consider encouraging telework where possible.
- Permit flexible work hours.
- Consider partial closure, for example suspend public operations and limiting public or staff access to the Smithsonian based on risk factors such as venue, event size, disease characteristics, public health recommendations.
- Cancel attendance at large gatherings within or outside of the Smithsonian for affiliated staff.
- Handling ill SI affiliated personnel/contacts of ill persons:
 - Smithsonian policy for sick leave will be enacted as appropriate for the public health protection to allow supervisors to place personnel at high risk of transmitting the infectious disease of interest on sick or administrative leave.
 - Allow sick leave without medical documentation for anyone with symptoms matching the disease of interest and its estimated period of transmissibility.
 - Depending on the disease characteristics, identify the risk presented by persons who come into contact with a confirmed case of the disease (contacts) and determine appropriate risk mitigation for the contact during the incubation time of the disease (e.g., telework or administrative leave for the duration of the incubation period).
- Implement risk mitigation techniques, previously identified, to protect living collections.
- Continue staff communication (update on Smithsonian response, guidance to and actions needed from staff).
- Consider postponing/canceling internships and/or other arrangements involving “visitors” with staff-like responsibilities.

Level 1 – Major Impact to Smithsonian Operations

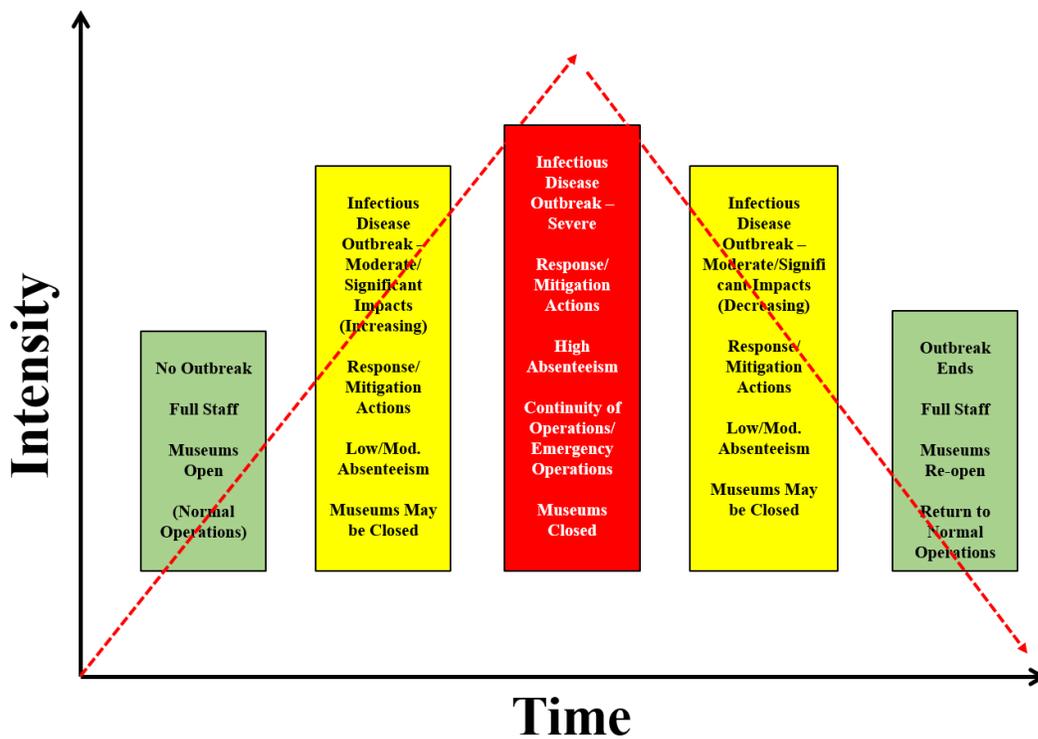
- Sustained community transmission detected within commuting distance; high number of Smithsonian staff are impacted directly or indirectly by disease and public health measures; SI challenged with maintaining emergency/continuity of operations staffing levels.
- Emergency plan incident response level criteria: High risk to Smithsonian affiliated personnel and visitors, collections, and/or operations. Emergency operations/continuity of operations. Requires substantial coordination with outside agencies.
- Emergency plan response level:
 - High risk to Smithsonian personnel, visitors, collections, and operations.
 - Extensive coordination with outside agencies.
 - Emergency level staffing may be difficult or impossible.
 - Emergency operations/continuity of operations staff decreased to minimal essential staffing only.
 - Museums/facilities closed.
 - Minimal or no in-person meetings; meetings limited to electronic methods only (e.g. Microsoft Teams, video-teleconferencing).
 - No special events.
 - No travel.

Measures:

- Full Implementation Disease specific Annex H plans: Infectious Disease Plan (of SI Emergency Operations Plan) modified as needed by updated Public Health information.
- Continue monitoring the infectious disease outbreaks through the WHO, FAO, CDC, USDA, state and local health organizations.

- Continue the actions of previous levels and additionally:
 - Frequent communication with state and local health agencies and emergency response agencies; increase engagement as needed.
 - Implement and continue to assess continuity of operations plans for maintaining the Smithsonian’s essential operations.
 - Implement a work-at-home policy for non-essential staff.
 - Suspend public operations; close the Smithsonian.
 - Cancel all events at Smithsonian facilities.
 - Minimal or no in-person meetings; meetings limited to electronic methods only (e.g. Microsoft Teams, video-conferencing).
 - Cancel Smithsonian sponsored travel..
 - Postpone/cancel internships and/or other arrangements involving “visitors” with staff-like responsibilities.

Infectious Disease Outbreak and Associated Smithsonian Posture



Considerations for Restoring Staff and Public Operations

Should the Smithsonian limit staff and/or public operations in response to an infectious disease outbreak, restoration of these activities will depend on many variables, some of them interdependent. A tiered approach to resuming staff/public operations may be needed to account for gradual changes in conditions and allow for a systematic restoration of administrative and operational functions. Below are points to consider when making decisions to restore staff/public operations following an infectious disease outbreak. Such decisions will not be based on any one of these factors alone; rather, decisions will likely involve the evaluation of several factors, noting each is simply an indicator that conditions may warrant a change in operational status. Some of these factors may also require continued assessment and special considerations to guide Smithsonian activities through a transitional period, such as monitoring disease rates or continuing limitations on staff travel based on destination-specific factors. Finally, the nature of infectious diseases requires that the Smithsonian be prepared to react swiftly to changes in local conditions, to include reapplying limitations on staff/public operations (as necessary).

Points to consider:

- Local authorities rescind emergency declarations (or they are allowed to expire).
- Community disease transmission rates decrease to a point deemed favorable by Smithsonian, local, state, and/or federal public health officials.
- Prohibitions and recommendations against public gatherings by local, state, and federal authorities are rescinded. *Note: Museums are unlikely to open while gathering sizes are restricted.*
- Local area public transportation resumes normal operating schedules.
- Local recreational areas (e.g. parks, sports fields) re-open to the public.
- Non-essential businesses are allowed to re-open.
- Local schools re-open (*note: year-around schools may be the best or only indicators*) and/or childcare options are available for essential staff allowing them to return to work.
 - The operational status of school systems may vary throughout the National Capital Region; the availability of childcare may differ between employees.
- Staffing can be filled at “normal” levels, to include contract staff, allowing for a return to normal/routine public operations.
- Burn-rates and/or the availability of cleaning materials and personal protective equipment (PPE), especially if maintaining an enhanced cleaning schedule, can support public and non-public operations.
- Food and beverage supplies are adequate for Smithsonian food and beverage contractors to restock and open restaurant operations.
- Partner institutions (e.g. National Gallery of Art, Holocaust Museum) express a willingness and ability to return to normal operations.
- Travel warnings/restrictions issued by the Department of State and Centers for Disease Control and Prevention (CDC) are lifted/downgraded.
 - The situation abroad can vary by location and it may be necessary to continue enhanced monitoring of staff travel plans, to include maintaining restrictions against travel to specific locations, requiring higher level approval for travel, and/or mandating specific precautionary measures that enhance traveler safety.

Resources:

- World Health Organization (WHO): <https://www.who.int/>
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/>
 - CDC Pandemic Influenza site: <https://www.cdc.gov/flu/pandemic-resources/index.htm>
- Occupational Safety and Health Administration (OSHA): https://www.osha.gov/SLTC/healthcarefacilities/infectious_diseases.html
- Office of Personnel Management (OPM) Pandemic Information: <https://www.opm.gov/policy-data-oversight/pandemic-information/>
- D.C. Department of Health: <https://dchealth.dc.gov/>
- Maryland Department of Health: <https://health.maryland.gov/pages/home.aspx>
- Virginia Department of Health: <http://www.vdh.virginia.gov/>
- New York City Department of Health: <https://www1.nyc.gov/site/doh/index.page>

**Check your local city or state Health Department and/or Emergency Management website for more information, if not listed above.*