



**Operations Plan
For
Employee Health, Safety,
And Continuity of Operations
In a Human Pandemic**

ARS Location: HPGRS – Cheyenne, WY
CPER – Nunn, CO Local Coordinator: Matt Mortenson

ARS Area Office: Northern Plains Area Area Pandemic
Health Coordinator: Michael Wiggett

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TABLE OF CONTENTS

Table of Contents	ii
1. Purpose.....	1
2. Situation	1
3. Planning Assumptions	1
4. Concept of Operations	2
5. Organization and Responsibilities	4
5.1. Local Human Pandemic Coordinator.....	4
5.1a. Facility Human Pandemic Coordinator.....	4
5.2. Employees.....	4
5.3. Direction and Control	4
5.4. Succession and Delegation	5
6. References.....	5
7. Operations Planning.....	6
7.1. Essential Functions and Staff Assignments	6
7.2. Social Distancing Opportunities	7
8. Plan of Action	8
Stage 0-2	8
Stage 3.....	9
Stage 4.....	9
Stage 5.....	10
Stage 6.....	11
9. Test, Training and Exercise.....	11

Annex A: World Health Organization (WHO) Global Pandemic Phases and the Stages for Federal Government Response

Annex B: Contact Information for Staff of the HPGRS and CPER

1. PURPOSE

The purpose of this plan is to define planning responsibilities and actions required to ensure:

- Health and safety of ARS employees and their families, ARS customers, and contractors within ARS facilities supporting the USDA mission(s) through:
 - Education and timely dissemination of information, and
 - Facility preparation and procedures
- Capability to continue essential functions in support of the critical mission(s).

2. SITUATION

USDA is a vital part of the ongoing Federal efforts to prepare for the possibility of a human influenza pandemic – a global outbreak of a new influenza virus that infects and can be transmitted between humans, and to which humans have little or no immunity. There is growing concern that a pandemic may soon strike the United States arising from the unprecedented outbreak of the highly pathogenic H5N1 avian influenza affecting birds in Asia since 1997 and that has continued to spread across bird populations in Asia, Europe, and Africa. There is concern that the H5N1 strain could mutate to a form that could be transmitted easily between people, although it is impossible to predict when, or if, that will happen. While there has been some human-to-human spread of H5N1, it has been limited, inefficient and unsustainable. Most recently, in June 2006, WHO reported evidence of human-to-human spread in Indonesia where eight people in one family were infected. The first family member is thought to have become ill through contact with infected poultry and then spread the virus to family members. No further spread outside of the exposed family was documented or suspected.

USDA has the responsibility to prepare the USDA workplace(s) to protect the health and safety of the workforce and carry out essential functions and services during an outbreak/pandemic of influenza that might occur in the United States. While current avian influenza concerns prompted this planning guidance, this operation plan is applicable to any influenza pandemic.

3. PLANNING ASSUMPTIONS

- Human pandemic influenza is likely to come in “waves” of several weeks to a few months in duration.
- The first wave is likely to be the most severe, as individuals will not have immunity and a targeted vaccine will not yet have been developed; subsequent waves will likely be less severe.
- Illness rates will be highest among school-aged children. At the height of the first pandemic wave, up to 40% of school-age children will contract the disease, and about 20% of adults will get sick.
- Some persons will become infected but may not develop clinically significant symptoms. Asymptomatic or mildly symptomatic individuals can transmit the infection and develop immunity to subsequent infection.
- At the height of the first human pandemic wave, up to 40% of employees may be absent for periods of approximately two weeks, as a result of their own illness, illness within their families, or fear of infection. There will be lower but still significant levels of absenteeism for several weeks on either side of the peak.

- Illness among the public and absenteeism in the private sector workforce will have a significant impact on essential functions and services needed by ARS customers, ability of ARS contractors to deliver goods and services, ARS's ability to procure needed supplies, and maintain internal distribution systems.
- A vaccine will not be available until at least 4 to 6 months after the pandemic virus appears and is isolated. The supply of antiviral drugs will be limited. When transmission of pandemic influenza has become widespread, the paramount goals of antiviral use will be to treat those at highest risk of severe illness and death and to preserve the delivery of healthcare and other essential critical services through early treatment and limited prophylaxis. Priority groups for vaccines / antivirals will be identified, but most likely will not include healthy persons between the ages of 2 - 64 years of age. As vaccine becomes available the top priority categories for administering vaccines / antivirals will be (1) medical and public health workers, (2) persons >65 years with influenza high-risk conditions, (3) pregnant women, (4) household contacts of children < 6 months old, (5) public health emergency response workers, and (6) key government leaders.
- Influenza is spread through droplets from an infected person. USDA planning must recognize that viral transmission occurs as much or more through touch (contact with contaminated objects) as through air dispersion (through coughing or sneezing).
- Persons contracting the virus will be infectious for a period of time before the onset of symptoms, during the illness, and for a period of time even after symptoms have disappeared. USDA ARS pandemic planning will follow HHS guidance on medical issues and amend its actions as necessary based on new guidance.

4. CONCEPT OF OPERATIONS

The Federal Government has defined seven stages of a human pandemic (See Annex A). The stages represent events which pose an increasing risk of a pandemic in the United States, through an actual pandemic, and into a period of recovery and preparation for potential new waves.

Stages 0 through 2 are considered pre-pandemic. Actions in this stage consist of planning and preparatory activities. At stage 3, actions will escalate and preparatory activities will increase. Stages 4 and 5 will trigger additional activities and execution of steps developed in preceding stages. Stage 6 will consist of actions designed to recover and prepare for any additional waves.

USDA Headquarters will provide broad guidance and announce trigger points that will empower field locations to respond to the pandemic based on local conditions. Special human resources authorities will be delegated to the local level to enable USDA managers to be flexible and creative in managing human capital and ensure continuity of essential functions and services while a pandemic is affecting their geographic area.

The execution of plans in stage 4 through 6 will be undertaken at the direction of the Research Leader or Location Leader who will attempt to keep all staff members informed.

Key strategies to maintaining a healthy work environment are the application of social distancing, employee education, and facility preparation. Social distancing involves infection control measures that reduce the duration, frequency, or intimacy of social contacts to limit the transmission of influenza. Key strategies to maintaining the ability to perform critical USDA missions are maintaining employee health,

prioritization of effort, and the identification of alternate resources through such means as cross training, mutual assistance agreements, hiring of annuitants, temporary hires and contractual assistance. Maintaining the ability to perform critical/essential functions includes support to the *National Response Plan* (NRP).

Factors Impacting HPGRS and CPER Operations during a Pandemic Influenza Outbreak

▪ Family Responsibilities

Should a pandemic influenza outbreak occur in a community where HPGRS or CPER employees reside, then schools and other activities where large groups of individuals typically come together will likely be closed or cancelled. Most likely, affected employees would be staying home to care for their children or family members. Employees that have pre-school children or infants would likely not want to risk coming to the workplace to avoid contracting influenza and infecting their children, should pandemic influenza become prevalent within the location workforce. Decisions to delegate the responsibility for essential functions listed in Table 7.1 to individuals having children must take this factor into account.

▪ Significant Absenteeism

There are five factors that could result in employee absences during a pandemic.

- (1) personal illness - very likely to occur
- (2) family member illness - very likely to occur
- (3) community containment measures and quarantines - may occur, depending on severity of pandemic.
- (4) school closures - very likely to occur
- (5) public transportation closures - would not affect HPGRS or CPER employees

In a moderate to severe pandemic, absenteeism due to illness, caring for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak. Employee sick and/or administrative leave policies during a severe pandemic will be issued by the Agency. Authority for extended administrative leave may be granted depending on the severity/duration of the human pandemic.

▪ Ability of Employees to Work from Remote Locations

Researchers at the National Institutes of Health (NIH) have found that the regional spread of annual influenza epidemics throughout the United States is more closely connected with rates of movement of people to and from work than with geographical distance or air travels. As such, one of the key strategies to maintaining a healthy work environment is social distancing. Social distancing involves infection control measures that reduce the duration or frequency, or increase the physical spacing of social contact to limit the transmission of influenza. One social distancing option for consideration during a human pandemic would be authorizing employees to telework from an offsite location (Sec 7.2). It is recognized that certain essential operations to sustain the facility during a pandemic would require employees to be physically onsite.

▪ Maintaining Continuity of Research with Reduced Staffing Levels

Should an outbreak of pandemic flu occur locally, the conducting of research at the Station may be severely hindered by a shortage of trained staff. Any decisions to terminate non-critical research experiments will be made by the Principal Investigator.

5. ORGANIZATION AND RESPONSIBILITIES

5.1 Local Human Pandemic Coordinator – ARS Deputy Area Directors

The Local Human Pandemic Coordinator is Michael Wiggett. The Local Human Pandemic Coordinator will coordinate preparedness, response and recovery—including scheduled situation reports (SITREPS), according to pandemic stage—for local USDA facilities in their area.

5.1a Facility Human Pandemic Coordinator – ARS Location Specific Responsible Individual

The Facility Human Pandemic Coordinator uses planning guidance provided to develop local plans and procedures to be used in conjunction with existing facility emergency plans, such as the local Occupant Emergency Plan; coordinate with stakeholders and local governments; exercise delegated authorities to protect employee safety and health and ensure continuity of essential functions and services. They are also responsible to certify that local plans are in place for each of their individual locations.

5.2 Employees

Employees and contractors are responsible to stay informed and be prepared. Employees should take common sense steps to stop the spread of the flu virus. Employees and their family members with computers should immediately bookmark - both on their work and home computers - www.pandemicflu.gov for up-to-date information on the disease, how to prevent its spread, and how to treat it; and www.usda.gov/oo/beprepared/ for USDA updates and information; these two web sites will be key conduits for information before, during and after a pandemic. Please see Section 6 for links to other pertinent information regarding operations during a pandemic.

5.3 Direction and Control

Direction and Control during a human pandemic will be accomplished through normal RRRU supervisory channels. See section 5.4 for succession of leadership roles and responsibilities.

Keeping personnel informed becomes a critical function. This will be accomplished through:

- Employee e-mail and hazardous weather contact list.
- Access to web sites including:
 - www.pandemicflu.gov
 - www.usda.gov/oo/beprepared/
- Employee meetings, such as normal staff meetings and town hall meetings.
Note that commencing at stage 4, meetings should be curtailed and information exchanged via telephone conferences or Web-enabled methods.

5.4 Succession and Delegation Planning:

This section will identify the order of succession of leadership. Persons identified in this section will be the initial contact for information from the Area Office and will be the responsible for disseminating information to all staff of the HPGRS and CPER. It is also the duty of the responsible person to see that all essential functions are being performed at both locations. Contacting staff should be done through the hazardous weather contact list or phone numbers found in Annex B.

Responsible Person	Title	Phone number	e-mail
Jack Morgan	Research Leader	307-772-2433 x 103 (HPGRS) 970-492-7121 (CRL) 970-217-4766 (cell)	Jack.Morgan@ars.usda.gov
Justin Derner	Rangeland Ecologist / Location Supervisor	307-772-2433 x 113 307-421-4095 (cell)	Justin.Derner@ars.usda.gov
Kathie Peterson	Admin Officer	307-772-2433 x 105 307-631-6778 (cell)	Kathie.Peterson@ars.usda.gov

6. REFERENCES (links were functional as of 11/21/2006)

- 6.1 *National Strategy for Pandemic Influenza*
<http://www.whitehouse.gov/homeland/pandemic-influenza.html>
- 6.2 *Implementation Plan for the National Strategy for Pandemic Influenza.*
<http://www.whitehouse.gov/homeland/pandemic-influenza.html#section3>
- 6.3 *National Response Plan* http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml
- 6.4 *USDA Human Pandemic Planning Guidance for Employee Health and Safety and Continuity of Operations* <http://www.usda.gov/oo/beprepared/>
- 6.5 *Department of Health and Human Services Information page on Avian Influenza*
<http://www.pandemicflu.gov>
- 6.6 *New Pay and Leave Rules to Assist Agencies and Employees During a Pandemic Health Crisis* http://www.opm.gov/oca/compmemo/2006/2006-06_slides.pdf
- 6.7 *Human Capital Planning for Pandemic Influenza* http://www.opm.gov/pandemic/OPM-Pandemic_AllIssuances.pdf

7. OPERATIONS PLANNING

7.1 Essential Functions/Services and Staff Assignments:

This section will identify key tasks and identify personnel to perform these tasks in the event of a human pandemic. These roles and their priority may vary by time of year. The hazardous weather calling tree should be used for current phone numbers and contact information. Supervisors should be aware of all tasks that their employees may be called upon to do and monitor their ability to do them.

Essential Function	Primary	Alternate #1	Alternate #2	Notes
Time keeping / T&A transmission	Ann Heckart	Kathie Peterson	Area Office staff	Can be done on shifts, use laptop for home submission
Greenhouse temperature (HPGRS)	Larry Griffith	Shane Hott	Sam Cox	Temperature alarm contact system is in place.
Animal care (May to October at HPGRS)	Matt Mortenson	Justin Derner	Livestock providers	Livestock providers should be aware of need for possible removal of cattle
Facility maintenance / security (HPGRS)	Shane Hott	Robert Pate	Matt Mortenson	Can be done on shifts, physical presence and inspections required
Facility maintenance / security (CPER)	Mary Ashby	Jeff Thomas	Shane Hott	Can be done on shifts, physical presence and inspections required
IT maintenance	Pam Freeman	John Lambert	Area Office IT staff	Data back- up done automatically, building security / environmental controls are <u>not</u> computer controlled
Animal Care (Year round at CPER, higher numbers May to Oct.)	Mary Ashby/ Jeff Thomas	Matt Mortenson / Justin Derner	Livestock providers / Crow Valley	Livestock providers should be aware of need for possible removal of cattle

7.2 Social Distancing Opportunities

The following HPGRS and CPER functions can be performed off-site or at home by employees:

- *Data analysis by scientists and technical staff, basic analysis software loaded on lap-tops if necessary.*
- *Manuscript and Research proposal preparation by Scientists, submitted to journals via mail or e-mail.*
- *E-mail correspondence and file transfer available over webmail to all employees. Employees will not have access to location network from home.*
- *Procurement of essential products by cardholders. PCMS reconciliation will be done on-site (see below).*

Note – Supervisors and AO should be made aware of all purchases, which should be limited to emergency items necessary for continuing operations.

The following HPGRS and CPER functions must be conducted on-site, but they could be carried out in shifts:

- *Animal care (seasonal, May to October, at HPGRS, year round at CPER)*
- *Facility maintenance*
- *T&A and travel submission from computer in Ann Heckart's office.*
- **Personnel and budget items (NFC, PCMS, etc) will remain solely on the computer in Kathie Peterson's office.*

** Kathie Peterson and Ann Heckart should receive VPN client for their home computers so that the above items could be performed off site. All employee personal information will remain under lock at HPGRS.*

Note – Personal Protective Equipment and proper hygiene should be use to minimize transmission of influenza virus.

8. HPGRS and CPER PLAN OF ACTION IN RESPONSE TO PANDEMIC INFLUENZA

These are actions that the Location and the Area Office will take in response to the seven stages of Global Pandemic Influenza outlined by the World Health Organization.

STAGE 0 - 2 (Human Pandemic Flu Alert Period)

This is the planning and readiness stage prior to any outbreak of human to human transmission of pandemic influenza.

Actions Required by Research Leader / Location Leader

- Disseminate information from the HPGRS and CPER Pandemic Influenza Response Plan to employees.
- Post notices and pandemic influenza information bulletins as part of an employee awareness and information effort.
- Develop guidelines to modify the frequency and type of face-to-face contact (e.g., reception of visitors, location tours, meetings, freight deliveries, shared workstations / lab equipment, lunchroom use) among employees and between employees and visitors.
- Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory / cough etiquette, and prompt exclusion of people with influenza symptoms). Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal).
- Prioritize essential functions to ensure facility operation in the event that employee absenteeism reaches 40 percent.
- Identify and prioritize functions that can be performed by social distancing techniques versus those that must be performed on site.

Actions Required by Administrative Office

- Develop a tracking system to monitor employee illness and absenteeism during stages 4 through 6.
- The Research Leader / Administrative Office are responsible for obtaining and maintaining contact information (home and/or cell phone numbers) for all HPGRS and CPER employees.

Actions Required by Information Technology Group

- Develop platforms (e.g., Location pandemic flu information link along with state and federal pandemic influenza information Web site links) for communicating human pandemic status and actions to employees.

STAGE 3 (Widespread Pandemic Flu Outbreaks in Multiple Locations Overseas)

There is no way to forecast where the human pandemic will originate. If the first widespread cases of human to human transmission occur in the United States, this stage will be by-passed and any actions will have to be performed as rapidly as possible in stages 4 or 5. If the first cases occur overseas, most models and literature suggest that it will likely arrive in the United States within 4 to 6 weeks.

Actions Required by Research Leader

- Ensure that all Stage 0 - 2 Actions have been completed.
- Verify delegations of authority and orders of succession listed in Table 5.4. Ensure that Responsible Persons who may be delegated authority are knowledgeable of their responsibilities and are available to perform services.

Actions Required by Information Technology Group

- Conduct tests to ensure that remote communication systems are working.
- Issue guidance to employees on accessibility of pandemic influenza outbreak status and information available on the USDA (<http://www.usda.gov/oo/beprepared>).

Actions Required by Local Human Pandemic Coordinator (Deputy Area Director)

- Instructions for the preparation and dissemination of the “status of facility and mission operations” report to the Area Office should be issued to location.

STAGE 4 (First Human Case of Pandemic Flu in North America)

At this stage, there is evidence of increased human-to human transmission. The relevance of this stage is partially dependent on where the first cases appear. If it occurs near or within the Cheyenne/Nunn area, then the location will proceed to Stage 5. The pace at which pandemic influenza spreads is dependent to some degree on where it first occurs. The HPGRS and CPER locations are in an area that is not a major air hub but are located near two interstate highways which may facilitate the spread of pandemic influenza.

Actions Required by Research Leader

- Verify delegations of authority and orders of succession listed in Table 5.4. Ensure that Responsible Persons who may be delegated authority are knowledgeable of their responsibilities and are available to perform services.
- Implement policy for modifying the frequency and type of face-to-face contact (e.g., reception of visitors, location tours, meetings, freight deliveries, shared workstations / lab equipment, lunchroom use, etc.) among employees and between employees and visitors. The telework portion of the Social Distancing Plan will be implemented depending on site of outbreak.

- Large group gatherings (all-employee meetings, tours, outside visitors, stakeholder meetings) will likely be postponed or canceled.
- Implement policy for preventing influenza spread at the Location (e.g. promoting respiratory / cough etiquette, and prompt exclusion of people with influenza symptoms). Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal).
- Daily reports on the mission capability status of the facility and personnel including a situational summary of local community and governmental status will be forwarded to Area Office
- Track employee attendance daily, including essential employees, and report as directed.

Actions Required by Information Technology Group

- Conduct tests to ensure that data back-up systems are working.

STAGE 5 (Spread of Pandemic Influenza throughout the United States)

The human pandemic will not necessarily affect all parts of the country equally or at the same time. The Location will notify the Area Office when pandemic influenza moves into the area and will take their lead from local health authorities.

Actions Required by Research Leader

- Activate delegations and orders of succession as needed listed in Table 5.4.
- Track employee attendance daily, including essential employees.
- Track the spread or movement of pandemic influenza by accessing state and local health and news agencies
- Prepare and forward daily reports on the mission capability status of the Location, employee absenteeism rate, and a situational summary of local community and governmental status to the Area Office.
- Disseminate information to employees about local human pandemic preparedness and response plans and procedures - including deviations as necessary from normal operating procedures. The Location will disseminate information to employees via recorded messages on the location switchboard, via e-mail, or phone calls using the hazardous weather calling system.

STAGE 6 (Recovery and Preparation for Subsequent Waves of Pandemic Influenza)

This stage focuses on evaluating capabilities to continue to perform your functions and preparing for the next wave.

Actions Required by Research Leader

- Review Location policies and procedures of what worked and what could have been done better and make the necessary changes. Assess impact on essential program and facility functions and services and adjust plans as needed.
- Prepare for next wave (history has proven that after the initial wave of illnesses, employees who did not catch the flu originally could catch it later)
- Depending upon employee absenteeism rate, update delegations and orders of succession as needed.

9. TEST, TRAINING AND EXERCISE

The local human pandemic coordinator must ensure that a viable test, training and exercise program is developed to ensure that components of the plan are tested before implementation and that the workforce, including backups and alternates, is trained and equipped to perform the essential functions and services.

Responsibility for the test, training, and exercise program is delegated to Matt Mortenson. The plan should include:

- Training for employees and the projected temporary workforce, including alternates and backups in tasks deemed as essential.
- Tabletop exercise designed to help define issues and actions required.
- Testing of communication systems and procedures including the verification of contact information for essential personnel, alternates, and backups.
- Testing to assess the accessibility and adequacy of vital records and reporting procedures, by all personnel, including alternates and backups. Test of VPN client should be performed by Ann Heckart and Kathie Peterson after installation.

NOTE:

For purposes of certifying a quality location plan is in place, all components of the plan must be identified and be testable. A testing schedule with recommended frequencies is currently under development and will be distributed in a separate guidance document.

Annex A
**World Health Organization (WHO) Global Pandemic Phases
for the U.S. Stages and Federal Government Response**

World (WHO) PHASES		USA - Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza subtypes 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 low.	0	New domestic animal outbreak in at-risk country
2	No new influenza subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
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.	0	New domestic animal outbreak in at-risk country
		1	Suspected 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.	USA Begins Accelerated Preparedness	
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 pandemic risk).	2	Confirmed human outbreak overseas
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

- As defined in the *Implementation Plan for the National Strategy for Pandemic Influenza*
- ** It is the policy of the Federal Government to accelerate preparedness efforts **prior to WHO Phase 4**, and to initiate pandemic response actions **at Phase 4**, when epidemiological evidence of two generations of human-to-human transmission of a new influenza virus is documented anywhere in the world.

Annex B
Contact Information

Please respect your coworkers' privacy. NEVER reveal a personal or cell phone # without permission

HPGRS

Name	Office Phone	Home Phone	Cell Phone
Booth, Terry	307.772.2433x110	307.637.8048	N/A
Cox, Sam	307.772.2433x112	307.635.8118	N/A
Derner, Justin	307.772.2433x113	307.421.4095	Same as home
Freeman, Pam	307.772.2433x109	307.635.0915	307.630.7489
Griffith, Larry	307.772.2433x131	307.635.6646	N/A
Heckart, Ann	307.772.2433x100	307. 256778-04781805	Same as home N/A
Hott, Shane	307.772.2433x128	307.637.3179	307.214.5086
Mortenson, Matt	307.772.2433x116	307.634.4024	307.631.0381
Pate, Robert	307.772.2433x133	307.637.8291	307.631.3028
Peterson, Kathie	307.772.2433x105	307.635.2526	307.631.6778
Power, Steve	See Shane's ext.	307.220.3085	N/A
CPER			
Ashby, Mary	970.897.2226	970.897.2676	970-371-9639 N/A
Thomas, Jeff	970.897.2226	970.897.2615	970-371-8687 N/A
Other Staff			
Morgan, Jack	970.492.7121	970.226.4367	970.217.4766
Lambert, John	970.492.7130		970.218.8423

It is the responsibility of the Supervisor to obtain contact information for temporary employees and ensure that temporary workers are:

- 1) provided with a copy of this Operations Plan and any other pertinent plan and,
- 2) participate in any testing, training or exercise related to this Operations Plan.

Supervisors also have the full responsibility for contacting temporary workers and timely disseminating information to them related to actions undertaken by the Research Leader or Location Supervisor resulting from this Operations Plan