

DHS Pandemic Planning Needs Better Oversight, Training, and Execution





DHS OIG HIGHLIGHTS

DHS Pandemic Planning Needs Better Oversight, Training, and Execution

October 12, 2016

Why We Did This Audit

This review is the third in a series of audits on the Department of Homeland Security's pandemic preparedness and response. This audit focused on whether the Department had adequate preparedness plans to continue its essential missions during a pandemic.

What We Recommend

We made seven recommendations to address the planning efforts made by DHS and its components to ensure continued operations during a pandemic. These recommendations, when implemented, should improve the efficiency and effectiveness of the program.

For Further Information:

Contact our Office of Public Affairs at (202) 254-4100, or email us at DHS-OIG.OfficePublicAffairs@oig.dhs.gov

What We Found

The Department has taken steps to develop a Departmental Pandemic Workforce Protection Plan intended to protect the workforce during a pandemic event. In addition, as a result of our previous audit recommendations, the Department has created an integrated logistics support plan for personal protective equipment.

However, DHS cannot be assured that its preparedness plans can be executed effectively during a pandemic event. The Department did not always provide clear guidance or sufficient oversight to ensure components:

- completed and finalized their pandemic plans;
- verified pandemic training requirements were included in their plans;
- identified the personal protective equipment needed for a pandemic response; and
- met exercise and reporting requirements.

Without such plan, the eight components may not be fully prepared to continue mission essential functions during a pandemic event.

DHS Response

The Department concurred with all seven recommendations and has initiated corrective actions that should improve the planning process in order to protect its employees during a pandemic event. We consider all seven recommendations resolved and open.



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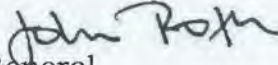
Department of Homeland Security

Washington, DC 20528 / www.oig.dhs.gov

October 12, 2016

MEMORANDUM FOR: The Honorable Alejandro N. Mayorkas
Deputy Secretary
Department of Homeland Security

Dr. Kathryn Brinsfield
Assistant Secretary and Chief Medical Officer
Office of Health Affairs

FROM: John Roth 
Inspector General

SUBJECT: *DHS Pandemic Planning Needs Better Oversight,
Training, and Execution*

Attached for your information is our final report, *DHS Pandemic Planning Needs Better Oversight, Training, and Execution*. We have incorporated the formal comments from DHS components and offices.

The report contains seven recommendations aimed at improving planning for pandemic preparedness. Your office concurred with all seven recommendations. Based on information provided in your response to the draft report, we consider all seven recommendations resolved and open. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions.

Please send your response or closure request to
OIGAuditsFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Maureen Duddy, Deputy Assistant Inspector General for Audits, at (617) 565-8723.

Attachment



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Abbreviations

CBP	U.S. Customs and Border Protection
CY	calendar year
ICE	U.S. Immigration and Customs Enforcement
ILSP	Integrated Logistics Support Plan
NPPD	National Protection and Programs Directorate
OIG	Office of Inspector General
OPS	Office of Operations Coordination and Planning
POD	points of dispensing
PPE	personal protective equipment
PWPP	Pandemic Workforce Protection Plan
TSA	Transportation Security Administration
USCIS	U.S. Citizenship and Immigration Services



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Background

This audit is the third in a series related to the Department of Homeland Security's pandemic preparedness and response. We previously reported¹ on the Department's management of pandemic supplies as well as its implementation of enhanced screening measures in response to an Ebola outbreak. We conducted this audit to determine whether the Department has implemented adequate preparedness plans to continue mission essential functions during a pandemic.

In 2009, the Department began planning for pandemics in response to an influenza outbreak and issued a pandemic plan for the DHS workforce. In April 2013, the DHS Secretary directed the Department to update and expand its plan to include potential pandemic events and emerging infectious diseases.

The Department issued its *Pandemic Workforce Protection Plan* (PWPP) in November 2013 to better prepare components to maintain essential functions during a pandemic event or in the wake of an emerging infectious disease. The PWPP required components to develop or update their own pandemic plans to enable mission readiness and the protection of DHS personnel.

The PWPP required components to submit their plans to the Department by January 2014. To assist components in meeting PWPP requirements, three departmental offices were responsible for reviewing component plans: the Office of Operations Coordination and Planning (OPS), the Management Directorate, and the Office of Health Affairs.

The Department provided guidance on:

- workplace protective measures;
- pandemic training and how to identify, maintain, and distribute pandemic supplies, such as personal protective equipment (PPE) and medication;
- points of dispensing (POD) for either antiviral medication in a pandemic response or antibiotic medication in an anthrax incident; and
- POD operations including exercises and reporting requirements.

To manage DHS' procurement and maintenance of PPE across its components, the Department issued supplemental guidance, the Integrated Logistics

¹ OIG-14-129 - *DHS Has Not Effectively Managed Pandemic Personal Protective Equipment and Antiviral Medical Countermeasures*, August 2014; and OIG-16-18 - *DHS' Ebola Response Needs Better Coordination, Training, and Execution*, January 2016.



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Support Plan (ILSP), in July 2015. This guidance established instructions to support and manage PPE. The ILSP required components to use risk assessments for determining the type and quantities of protection needed during a pandemic. Components were to use all of the guidance provided to improve their pandemic preparedness.

Results of Audit

The Department cannot be assured that its preparedness plans can be executed effectively during a pandemic event. The Department did not always provide clear guidance or sufficient oversight to ensure components:

- completed and finalized pandemic planning efforts;
- verified pandemic training requirements were included in all component plans;
- identified PPE supplies needed for pandemic response; and
- met POD exercise and reporting requirements.

Components' Pandemic Plans Did Not Meet All Department Requirements

The Department's PWPP required components to update or develop their pandemic plans and evaluate workplace protective measures. However, DHS did not ensure that the eight components reviewed had final approved plans that met all requirements. Without such plans, the eight components may not be fully prepared to continue mission essential functions during a pandemic event.

The Department did not adequately oversee the planning process and fully review the eight components' pandemic plans to ensure the plans met all the PWPP requirements. Senior officials at two of the components did not approve their own pandemic plan. Further, we found the Department did not ensure the eight components that we reviewed had final, approved plans. DHS did not complete a final review and provide approval of the eight components' plans we tested (see table 1).



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Table 1: Component PWPP Review Status as of March 2016

Component	Initial Review by OPS	Approved by Component Senior Official	Final Approval by OPS
U.S. Customs and Border Protection	Yes	No	No
United States Coast Guard	Yes	Yes	No
Federal Emergency Management Agency	Yes	Yes	No
U.S. Immigration and Customs Enforcement	Yes	Yes	No
National Protection and Programs Directorate	Yes	Yes	No
United States Secret Service	Yes	Yes	No
Transportation Security Administration	Yes	Yes	No
U.S. Citizenship and Immigration Services	Yes	No	No

Source: Office of Inspector General (OIG) analysis of data provided by the Department and each component.

The Department established OPS as the office responsible for reviewing component pandemic plans. After OPS' initial review, components were to resubmit revised plans to OPS. However, the office responsible for reviewing pandemic plans changed, and the Department did not perform oversight continuously during this change. For about a year, it was unclear which office, if any, was responsible for conducting PWPP oversight.

Among the requirements in the PWPP, components had to consider three types of workplace protective measures:

- **Administrative controls** reduce employees exposure through training, telework, shift changes, and social distancing;
- **Engineering controls** include ventilation, mechanical, and structural changes used to place a barrier between a worker and a hazard; and
- **PPE** limits exposure by providing an immediate barrier between the employee and the hazard. PPE includes respirators, protective clothing, and gloves.

The Department has not ensured the eight components we reviewed evaluated and incorporated workplace controls needed to protect its personnel.



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For example, we found:

- The United States Secret Service:
 - addressed engineering controls in its headquarters pandemic plan, but did not ensure similar controls were addressed at field office locations;
 - did not assess administrative controls, including the telework capabilities of its workforce, and did not know which employees have the technology to telework; and
 - did not determine the quantity of pandemic PPE needed for employees located within its field offices.
- U.S. Customs and Border Patrol addressed engineering controls in its draft headquarters pandemic plan; however, it has not ensured field office locations have addressed engineering controls.
- U.S. Immigration and Customs Enforcement (ICE) did not complete the required risk assessment to evaluate the need for PPE controls and their applicability for specific employees during a pandemic.
- The United States Coast Guard did not complete the required risk assessment to determine the quantity of pandemic PPE necessary for employees.

The Department considers PPE (see figure 1) as the least effective protective control. According to its guidance, engineering controls (see figure 2) and administrative controls (see figure 3) have the greatest impact on minimizing exposure to pandemic risks.



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Figure 1: Examples of Personal Protective Equipment



Source: Occupational Health and Safety Administration

Figure 2: Examples of Engineering Controls



Source: DHS OIG

Source: DHS Science and Technology



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Figure 3: Example of Telework as an Administrative Control



Source: Washington State Department of Transportation

Pandemic Readiness Training

The Department did not develop clear requirements for pandemic readiness training. The DHS PWPP requires components to train and exercise staff and senior leadership on pandemic readiness at least annually. However, the Department did not provide details on applicable trainings or the frequency needed to meet this requirement. As a result, seven of the components we reviewed did not always include the necessary details in their plans on how pandemic training requirements would be met, such as applicable trainings, methods for providing training, and how often pandemic training was required.

DHS Pandemic Personal Protective Equipment Planning Guidance and Oversight Needs Improvement

The Department did not establish sufficient oversight or provide clear instruction on the number of days for which components should maintain a supply of PPE for pandemic response. The PWPP required components to keep sufficient PPE on hand until the supplies can be received. It, along with the ILSP, required components to determine the time it takes to order and receive replenishment supplies. However, the Department did not establish a deadline for meeting these requirements.

We found three components — the Coast Guard, ICE, and the Secret Service — did not determine their pandemic PPE requirements. Additionally, ICE, U.S. Citizenship and Immigration Services (USCIS), and the Secret Service either could not identify their pandemic PPE stockpile or were unaware of whether local offices had pandemic PPE available on site.



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The ILSP contained several requirements for maintaining pandemic PPE supplies; specifically:

- Components with a pandemic PPE requirement are encouraged not to store PPE, but rather use a just-in-time² approach.
- Components with operational requirements for PPE are encouraged to maintain a supply based upon lead times for replenishment.
- Delivery time for pandemic supplies is not to exceed 14 days.
- Components with both operational and pandemic³ PPE requirements are encouraged to maintain enough pandemic supplies to provide protection for 5 operational days.

The ILSP recommendations for stockpiling may not have been clear to components that identified a pandemic PPE need. The Federal Emergency Management Agency and USCIS determined they would not maintain PPE for pandemic purposes and, if needed, will order them using a just-in-time method, as recommended by the ILSP. While the Transportation Security Administration (TSA) planned to maintain a 2-day supply, U.S. Customs and Border Protection (CBP) and the National Protection and Programs Directorate (NPPD) identified a pandemic PPE supply that significantly exceeded the maximum lead time of 14 days. Specifically, CBP maintained a 60-day stockpile, and NPPD had a 90-day stockpile requirement.

Without clear guidance and proper oversight, the Department cannot ensure components have the necessary amounts of PPE to protect their personnel during the initial stages of a pandemic response. The Department has initiated corrective actions to address these concerns. The Department reported it was revising its supplemental guidance and has drafted implementation instructions. These changes will clarify how PPE will be procured and managed.

DHS Pandemic Reporting and Exercising Requirements Need Additional Oversight

The Department did not provide clear guidance or oversight on how components were to report required POD information and execute exercises.

² Just-in-time is an inventory strategy used to increase efficiency and decrease waste by receiving goods only as they are needed in the operations process, thereby reducing inventory costs.

³ PPE is required by some DHS employees to perform everyday operational activities that support the DHS mission. PPE is also used to support and sustain the safety of DHS employees during a pandemic event.



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Consequently, the components did not always complete reporting requirements for POD locations or conduct exercises. Without sufficient guidance and oversight, the Department cannot ensure its employees are prepared to dispense medication, as needed, to protect its workforce during a pandemic.

Reporting Requirements for Points of Dispensing

The Department required all component POD locations to exercise PODs (see figure 4) at least annually, preferably twice per year. To ensure components completed POD exercises, the Department requested components submit quarterly updates. These reports allow the Department to track personnel coverage, ensure components conducted required exercises, and identify areas for improvement. However, the Department did not provide clear instructions on how to report this information on a quarterly basis.

Figure 4: POD Exercise



Source: Federal Emergency Management Agency

We determined the Department did not ensure components completed and submitted these quarterly reports. Although the Department provided components with a reporting template, it was missing some required items. As a result, the Department could not accurately determine what percentage of its personnel had access to PODs or ensure components were adequately prepared to dispense medication during a pandemic.

We reviewed the POD quarterly reports of eight components for calendar years (CY) 2014 and 2015. We determined none of these components submitted



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complete reports and two components, NPPD and USCIS, did not submit any reports in CY 2015. This occurred because the Department did not provide components with clear instructions on how to report POD information on a quarterly basis.

Most components submitted information on POD locations and reported whether exercises were conducted. However, components did not include information required for assessing the personnel covered by POD locations. Specifically, components using the department-provided template or component-developed report did not always include the following items:

- number of employees and those in its care and custody who are covered by component PODs;
- percentage of their workforce that has access to PODs;
- POD policy or procedure updates;
- after-action reports for POD exercises;
- number of component PODs exercised in the past 12 months; and
- identification of any PODs that have not been exercised in the past 12 months.

Without receiving complete quarterly reports, the Department and components cannot fully assess their preparedness and response capabilities. In addition, the Department cannot identify areas for improvement without reviewing after-action reports of POD exercises. During the audit, a Program Manager stated the Department was aware that the reporting requirements were not being met and indicated these requirements would be revised.

POD Exercise Requirement

Components did not always complete annual exercises for POD locations as required by the Department's plan. Although most components reported the locations that completed POD exercises for CYs 2014 and 2015, the Department did not verify the accuracy of this information. As a result, the Department may not be able to accurately assess its POD capabilities. Based on the component reports, two of the eight components reviewed met the annual POD exercise requirement, while four substantially met the requirement, and two did not meet the requirement. See table 2 for the reported number of required POD exercises completed for CYs 2014 and 2015.



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Table 2: POD Exercises Completed and Reviewed for CY 2014-2015

Component	Exercises Required	Exercises Reported Complete	Reported Completion Rate	Exercises Reviewed by OIG	Exercises Supported with Documentation	Exercise Accuracy Rate Based on Supporting Documentation
CBP	135	132	98%	20	4	20%
Coast Guard	80	77	96%	20	19	95%
Federal Emergency Management Agency	34	32	94%	20	15	75%
ICE	51	51	100%	20	14	70%
NPPD	75	8	11%	8	8	100%
TSA	906	896	99%	90	46	51%
USCIS	6	6	100%	6	6	100%
Secret Service	22	1	5%	1	1	100%

Source: OIG analysis of data provided by each component

As illustrated in table 2, five of the eight components did not maintain supporting documentation, including after-action reports, to demonstrate exercises were completed. In addition, CBP did not complete all exercises as reported, and TSA missed completing one.

Additional concerns identified during the audit included: one of the eight components we reviewed did not have an adequate number of POD locations to ensure sufficient personnel coverage, and another completed exercises just for its field locations. Specifically, USCIS' 4 POD locations were inadequate to cover its personnel at its more than 100 nationwide offices. In CY 2015, NPPD did not conduct exercises for all of its 42 POD locations; rather, it conducted just 4 regional exercises.

The Department and components cannot fully assess their preparedness and response capabilities or identify areas for improvement without completing POD exercises and reviewing after-action reports to determine whether future improvements are needed.

Conclusion

The Department left components to develop pandemic plans without continued guidance and oversight to ensure those plans were fully developed and approved. Specifically, the Department was responsible for providing oversight to ensure components developed plans, assessed and implemented protective



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measures, conducted pandemic readiness training, and properly exercised and reported on PODs. However, the Department did not verify components met all of these requirements. Maintaining oversight to ensure components have adequately planned and prepared for pandemics is critical to allowing components to maintain their mission essential functions when a pandemic occurs. As a result, the department cannot be assured that its preparedness plans can be effectively executed during a pandemic event.

Recommendations

We recommend that the Deputy Secretary of DHS:

Recommendation 1: Designate an office responsible for conducting oversight of component pandemic plans, including review and approval of those plans.

Recommendation 2: Update the Department's *Pandemic Workforce Protection Plan* to clarify pandemic readiness training requirements.

Recommendation 3: Issue implementation guidance, including deadlines, for components to execute the *Integrated Logistics Support Plan*.

Recommendation 4: Establish oversight to ensure component compliance with the *Integrated Logistics Support Plan*.

Recommendation 5: Establish clear and consistent guidance on timeframes for which components should maintain pandemic personal protection equipment.

Recommendation 6: Ensure the Department develops an oversight plan to ensure components are completing points of dispensing exercises and submitting complete points of dispensing reports.

Recommendation 7: Provide guidance on submitting required points of dispensing reports and update the quarterly reporting template to include all required items.

Management Comments and OIG Analysis

In its response to our draft report, the Department concurred with all seven of our recommendations. The Department indicated that our report identified many of the same issues the Department is already addressing as part of its ongoing efforts to improve pandemic preparedness.



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Recommendation 1: Designate an office responsible for conducting oversight of component pandemic plans, including review and approval of those plans.

DHS Response: Concur. The *DHS Pandemic Workforce Protection Plan* (PWPP) is currently undergoing significant revisions and will be republished as the “DHS Pandemic and Emerging Infectious Disease (PEID) Plan.” The PEID Steering Committee (PEID-SC), co-chaired by executives from the Management Directorate (MGMT) and Office of Health Affairs (OHA), is overseeing this effort. The co-chairs of the PEID-SC will establish a team to review and approve component PEID plans. The team will comprise participants in the current Core Planning Team (CPT) that developed the basic changes to the PEID. Team members will represent the major PEID Plan areas of expertise (OHA, Occupational Safety and Health, Chief Readiness Support Officer (CRSO), etc.) and will review the areas they are responsible for, as determined beforehand by the PEID-SC. The PEID-SC co-chairs will be the executive authority for plan reviews and will oversee the team's actions. This process will be repeated each time the components’ pandemic plans or the PEID Plan is formally updated. Estimated Completion Date (ECD): December 31, 2016.

OIG Analysis: The Department’s response addresses the intent of the recommendation. This recommendation is resolved and will remain open until the Department provides the document that outlines responsibilities and specifies the process for reviewing and approving component PEID plans to include a feedback loop for changes made in response to the Department’s review.

Recommendation 2: Update the Department’s *Pandemic Workforce Protection Plan* to clarify pandemic readiness training requirements.

DHS Response: Concur. The current departmental update and revision to the PEID Plan includes specific training requirements (personal protective equipment, POD, etc.) and a new concept of operations that requires training and exercises as a major activity during each phase of a PEID response, including steady state readiness activities. Subsequent to publication of this new plan, the PEID-SC will request component PEID Plans and ancillary documents, including a pandemic training plan for review by a team of subject matter experts. The team will evaluate submittals on matters regarding the quality and completeness of the training plans. If component training plans are deficient, components will be tasked with improving them to meet common quality standards for effective instructional design. This process will be repeated each time the pandemic plan or PEID Plan is formally updated. ECD: March 31, 2017.



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OIG Analysis: The Department's response addresses the intent of the recommendation. This recommendation is resolved and will remain open until the Department provides the updated PEID Plan and provides a copy of the results review of component training plans.

Recommendation 3: Issue implementation guidance, including deadlines, for components to execute the *Integrated Logistics Support Plan*.

DHS Response: Concur. The "Pandemic Integrated Logistics Support Plan" (ILSP) was approved by the DHS CRSO in July 2015. The implementation direction and guidance on its application will be in the updated PEID Plan, which is in final review. The ILSP identifies and describes specific logistics guidance, practices, and methodologies to standardize the general process for all DHS components to follow when supporting the operational personal protective equipment and pandemic personal protective equipment needs, to include planning, procurement, acquisition, managing, and maintaining personal protective equipment. This guidance was distributed to all components logistics points of contact involved in its development. They will adapt their processes to adhere to this plan no later than December 31, 2016. Quarterly reports, which are generated from the Department's Sunflower Asset Management System (SAMS) through the Consolidated Asset Portfolio & Sustainability Information System, will demonstrate component compliance. ECD: December 31, 2016.

OIG Analysis: The Department's response addresses the intent of the recommendation. This recommendation is resolved and will remain open until the Department provides the updated PEID Plan along with documentation that the December 31, 2016, deadline was communicated to all components.

Recommendation 4: Establish oversight to ensure component compliance with the *Integrated Logistics Support Plan*.

DHS Response: Concur. Program supportability and sustainment is managed through the DHS strategic sourced contracts by the DHS MGMT Office of Procurement, Strategic Sourcing, and MGMT CRSO's Office of Assets and Logistics. CRSO has direct oversight of pandemic personal protective equipment inventory and is responsible for reviewing quarterly reports to monitor procurement activities under the mandatory DHS personal protective equipment strategic sourcing contracts and ensuring that components use these mandatory sources. ECD: December 31, 2016.

OIG Analysis: The Department's response addresses the intent of the recommendation. This recommendation is resolved and will remain open until



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the Department provides documentation of the responsibility for oversight of component compliance with the *Integrated Logistics Support Plan* along with a copy of the most recent quarterly report.

Recommendation 5: Establish clear and consistent guidance for timeframes that components should maintain pandemic personal protection equipment.

DHS Response: Concur. The timeframes that components should maintain pandemic personal protection equipment are guided by the ILSP, see Appendix 4, “DHS PPE Rotational Stock Guidance.” Components are responsible for ensuring that the level of on-hand inventory maintained aligns with the demand and can be rotated in such a way that there is minimal waste in place. Furthermore, components must ensure any personal protective equipment designated for the purposes of pandemic protection is transferred to operational inventory within one year prior to the manufacturer's expiration date. Should a component not have an operational need for the equipment, that equipment stock must be offered to other components at least 180 days prior to the manufacturer's expiration date. The ILSP guidance also references existing guidance on the management of personal protective equipment, as personal property assets, under Management Directive 119-03, “Personal Property Management Program.” The updated PCID Plan, which is in final review, will direct implementation of the ILSP guidance. ECD: December 31, 2016.

OIG Analysis: The Department's response addresses the intent of the recommendation. This recommendation is resolved and will remain open until the Department provides the updated PEID Plan directing implementation of the ILSP guidance.

Recommendation 6: Ensure the Department develops an oversight plan to ensure components are completing points of dispensing exercises and submitting complete points of dispensing reports.

DHS Response: Concur. OHA has adopted SAMS as its solution to catalog, manage, and track MCM data. The system also provides the capability to capture and report POD exercise status and information for each POD location. OHA is providing each component, directorate, and office MCM POD locations with tailored instruction on how to input the required information into the SAMS POD exercise module. In-person SAMS POD exercise module training for component MCM points of contact (POC) is underway and expected to be complete by early calendar year 2017. Exercise status reports, by POD location and component, are available to OHA and MGMT POCs on a continuous basis. Quarterly POD exercise status reports will be submitted by the DHS MCM



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Program to MGMT's EP, which is responsible for oversight and management of POD training and exercise compliance, in accordance with DHS Directive 010-02, section VI.B.5.e, VI.C. 1, and VI.C.3. OHA is responsible for MCM policy, procedures, and training guidance and MGMT's EP is responsible for ensuring and reporting on training and exercise compliance. This information has been shared across the Department via monthly DHS MCM Working Group meetings hosted by OHA. ECD: February 28, 2017.

OIG Analysis: The Department's response addresses the intent of the recommendation. This recommendation is resolved and will remain open until the Department provides documentation that MGMT's EP is reporting on training and exercise compliance.

Recommendation 7: Provide guidance on submitting required points of dispensing reports and update the quarterly reporting template to include all required items.

DHS Response: Concur. OHA has provided MCM Program POCs in all DHS components, directorates, and offices with guidance for implementing and updating POD logistics and exercise information in the SAMS MCM materials module. This module includes fields for each required MCM POD data point. Component MCM POCs are responsible for updating their organization's POD information in the SAMS MCM materials module, to include exercise information and after-action reports. Local users will be able to query this information and the status of their PODs at any time. OHA (and soon, MGMT) MCM POCs will be able to query POD information, including the number of component PODs exercised in the past 12 months, and will be able to identify any PODs that have not been exercised in the past 12 months, at the local, component, and Department levels, any time, to assess POD readiness. OHA will provide a quarterly SAMS generated POD status report to MGMT EP. This information has been shared across the Department via monthly DHS MCM Working Group meetings hosted by OHA. ECD: February 28, 2017.

OIG Analysis: The Department's response addresses the intent of the recommendation. This recommendation is resolved and will remain open until the Department provides documentation that implementation guidance was provided to all responsible POCs, including a copy of the implementation guidance, and documentation of the component requirements to update their organization's POD information.



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Appendix A

Objective, Scope, and Methodology

The DHS Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*. This is one of a series of audit, inspection, and special reports prepared as part of our oversight responsibilities to promote economy, efficiency, and effectiveness within the Department.

The objective of our review was to determine whether DHS had implemented adequate preparedness plans to continue mission essential functions during a pandemic. To achieve our objective, we reviewed applicable Federal laws, regulations, and guidance. In addition, we reviewed applicable departmental policies and procedures for pandemic planning and identified the specific requirements.

We interviewed officials within OPS, the Management Directorate, and the Office of Health Affairs to determine the Department's pandemic planning efforts and oversight of components' development and implementation of their pandemic plans. To determine the adequacy of pandemic plans, we reviewed plans for 8 of DHS' 24 components that were judgmentally selected based on size of component. Those components were: CBP, the Coast Guard, the Federal Emergency Management Agency, ICE, NPPD, the Secret Service, TSA, and USCIS. We interviewed officials at these components and conducted site visits to local offices at CBP, the Coast Guard, and TSA.

This audit was done concurrently with the OIG-16-18 *DHS' Ebola Response Needs Better Coordination, Training, and Execution* audit. Site visits were selected to ensure coverage for both audits. Specifically, we met with CBP and TSA at the following domestic airport locations:

- John F. Kennedy International Airport, Jamaica, NY;
- Washington-Dulles International Airport, Dulles, VA;
- Newark Liberty International Airport, Newark, NJ;
- Chicago O'Hare International Airport, Chicago, IL;
- Hartsfield-Jackson Atlanta International Airport, Atlanta, GA;
- Miami International Airport, Miami, FL;
- Los Angeles International Airport, Los Angeles, CA; and
- San Francisco International Airport, San Francisco, CA.



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We met with CBP and the Coast Guard at the following seaport locations:

- New Orleans, LA;
- Houston, TX; and
- Corpus Christi, TX.

In addition, we met with CBP at the following locations:

- Champlain, NY Area Port;
- Montreal Trudeau International Airport, Dorval, Quebec, Canada; and
- Toronto Pearson International Airport, Toronto, Ontario, Canada.

We also selected a sample of component field locations to determine whether those locations completed POD exercises, as required. From our universe of 1,309 exercises for the 8 components reviewed, we randomly selected a sample of 10 POD locations for each component, or in the cases of larger components, we reviewed 10 percent of their POD locations, whichever was larger. For components with fewer than 10 POD locations, 100 percent were selected. For each site selected we reviewed supporting documentation to determine whether reported information was accurate. We determined significant discrepancies between what was reported as completed and what was supported. This testing was performed to assess and validate the reliability of the data provided on POD exercises. We determined that this data was inaccurate for five of the eight components we reviewed as we have detailed in this report.

We conducted this performance audit between November 2014 and April 2016 pursuant to the *Inspector General Act of 1978*, as amended, and according to generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based upon our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based upon our audit objectives.



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Appendix B
DHS Comments to the Draft Report


U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

September 16, 2016

MEMORANDUM FOR: John Roth
Inspector General

FROM: Jim H. Crumpacker, CIA, CFE
Director
Departmental GAO-OIG Liaison Office 

SUBJECT: Management's Response to OIG Draft Report: "DHS's
Pandemic Planning Needs Better Oversight, Training, and
Execution" (Project No. 14-111-AUD-DHS)

Thank you for the opportunity to review and comment on this draft report. The U.S. Department of Homeland Security (DHS) appreciates the Office of Inspector General's (OIG) work in planning and conducting its review and issuing this report.

We were pleased to see that the OIG's report identified many of the same issues the Department considers important and is already addressing as part of its ongoing efforts to improve pandemic preparedness. For example, in September 2015 the Under Secretary for Management issued a DHS-wide Directive 010-02, "Emergency Preparedness," establishing a new Emergency Preparedness (EP) Program to coordinate with Component heads – including the Chief Medical Officer for medical and public health activities – to assess EP capabilities, evaluate overall EP efforts, and report assessment results to the Secretary. In addition, a new "Pandemic and Emerging Infectious Disease Plan," to supersede the "2011 DHS Component Anthrax Operation Plan and Guidance Statement" and "2104 DHS Pandemic Workforce Protection Plan," which will clarify roles and responsibilities for oversight of Component pandemic plans and pandemic readiness training, are nearing completion. The DHS Medical Countermeasures (MCM) Program is also establishing a new process to collect point of dispensing (POD) exercise information through the Department's automated asset management system, and provide an exercise reporting mechanism to assess the readiness status of each POD location.

The Department will continue to take, concrete, substantive steps forward in the way it prepares for and responds to a pandemic, emerging infectious disease, or large-scale biological attack. The OIG's reports in these areas represent valuable resources for informing these efforts. Refining the guidance and oversight of DHS pandemic planning and preparedness will help ensure the Department is postured to maintain its mission essential functions when a biological incident occurs.



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The draft report contained seven recommendations with which the Department concurs. Attached find our detailed response to each recommendation.

Again, thank you for the opportunity to review and comment on this draft report. Technical comments were previously provided under separate cover. Please feel free to contact me if you have any questions. We look forward to working with you in the future.

Attachment



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Attachment: DHS Management Response to Recommendations Contained in OIG Draft Report for Project Number 14-111-AUD-DHS

The OIG recommended that the Deputy Secretary of DHS:

Recommendation 1: Designate an office responsible for conducting oversight of component pandemic plans, including review and approval of those plans.

Response: Concur. The “DHS Pandemic Workforce Protection Plan” (PWPP) is currently undergoing significant revisions and will be republished as the “DHS Pandemic and Emerging Infectious Disease (PEID) Plan.” The PEID Steering Committee (PEID-SC), co-chaired by executives from the Management Directorate (MGMT) and Office of Health Affairs (OHA), is overseeing this effort. The co-chairs of the PEID-SC will establish a team to review and approve component PEID plans. The team will be comprised of participants in the current Core Planning Team (CPT) that developed the basic changes to the PEID. Team members will represent the major PEID Plan areas of expertise (OHA, Occupational Safety and Health, Chief Readiness Support Officer (CRSO), etc.) and will review the areas they are responsible for, as determined beforehand by the PEID-SC. The PEID-SC co-chairs will be the executive authority for plan reviews and will oversee the team’s actions. This process will be repeated each time the Components’ pandemic plans or the PEID Plan is formally updated. Estimated Completion Date (ECD): December 31, 2016.

Recommendation 2: Update the Department’s *Pandemic Workforce Protection Plan* to clarify pandemic readiness training requirements.

Response: Concur. The current departmental update and revision to the PEID Plan includes specific training requirements (personal protective equipment (PPE), POD, etc.) and a new concept of operations that requires training and exercises as a major activity during each phase of a PEID response, including steady state readiness activities. Subsequent to publication of this new plan, the PEID-SC will request component PEID Plans and ancillary documents, including a pandemic training plan for review by a team of Subject Matter Experts. The team will evaluate submittals on matters regarding the quality and completeness of the training plans. If component training plans are deficient, components will be tasked to improve them to meet common quality standards for effective instructional design. This process will be repeated each time the pandemic plan or PEID Plan is formally updated. ECD: March 31, 2017.

Recommendation 3: Issue implementation guidance, including deadlines, for components to execute the *Integrated Logistics Support Plan*.



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Response: Concur. The “Pandemic Integrated Logistics Support Plan” (ILSP) was approved by the DHS CRSO on July 15, 2015. The implementation direction and guidance on its application will be in the updated Pandemic and Infectious Disease Plan which is in final review. The ILSP identifies and describes specific logistics guidance, practices, and methodologies to standardize the general process for all DHS Components to follow when supporting the operational PPE and pandemic PPE needs, to include planning, procurement, acquisition, managing, and maintaining of PPE. This guidance was distributed to all Components logistics points of contact involved in its development. They will adapt their processes to adhere to this Plan no later than December 31, 2016. Quarterly reports, which are generated from the Department’s Sunflower Asset Management System (SAMS) through the Consolidated Asset Portfolio & Sustainability Information System (CAPSIS) will demonstrate Component compliance. ECD: December 31, 2016.

Recommendation 4: Establish oversight to ensure component compliance with the *Integrated Logistics Support Plan*.

Response: Concur. Program supportability and sustainment is managed through the DHS strategic sourced contracts by the DHS MGMT Office of Procurement, Strategic Sourcing, and MGMT CRSO’s Office of Assets and Logistics. CRSO has direct oversight over pandemic PPE inventory and is responsible for reviewing quarterly reports to monitor procurement activities under the mandatory DHS PPE strategic sourcing contracts and ensuring that Components use these mandatory sources. ECD: December 31, 2016.

Recommendation 5: Establish clear and consistent guidance for timeframes that components should maintain pandemic personal protection equipment.

Response: Concur. The timeframes that components should maintain pandemic personal protection equipment are guided by the ILSP, see Appendix 4, “DHS PPE Rotational Stock Guidance.” Components are responsible for ensuring that the level of inventory maintained on hand aligns with the demand and can be rotated in such a way that there is minimal waste in place. Furthermore, Components must ensure any PPE designated for the purposes of pandemic protection is transferred to operational inventory within one year prior to the manufacturer’s expiration date. Should a component not have an operational need for PPE, then that PPE stock must be offered to other Components at least 180 days prior to the manufacturer’s expiration date. The ILSP guidance also references existing guidance on the management of PPE, as personal property assets, under Management Directive 119-03, “Personal Property Management Program.” The update Pandemic and Infectious Disease Plan, which is in final review, will direct implementation of the ILSP guidance. ECD: December 31, 2016.



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Recommendation 6: Ensure the Department develops an oversight plan to ensure components are completing points of dispensing exercises and submitting complete points of dispensing reports.

Response: Concur. OHA has adopted SAMS as its solution to catalog, manage, and track MCM data. The system also provides the capability to capture and report POD exercise status and information for each POD location. OHA is providing each Component, Directorate, and Office MCM POD locations with tailored instruction on how to input the required information into the SAMS POD exercise module. In-person SAMS POD exercise module training for Component MCM points of contact (POCs) is underway and expected to be complete by early calendar year 2017. Exercise status reports, by POD location and Component, are available to OHA and MGMT POCs on a continuous basis. Quarterly POD exercise status reports will be submitted by the DHS MCM Program to MGMT's EP, which is responsible for oversight and management of POD training and exercise compliance, in accordance with DHS Directive 010-02, section VI.B.5.e, VI.C.1, and VI.C.3. OHA is responsible for MCM policy, procedures, and training guidance and MGMT's EP is responsible for ensuring and reporting on training and exercise compliance. This information has been shared across the Department via monthly DHS MCM Working Group meetings hosted by OHA. ECD: February 28, 2017.

Recommendation 7: Provide guidance on submitting required points of dispensing reports and update the quarterly reporting template to include all required items.

Response: Concur. OHA has provided MCM Program POCs in all DHS Components, Directorates and Offices with guidance for implementing and updating POD logistics and exercise information in the SAMS MCM materials module. This module includes fields for each required MCM POD data point. Component MCM POCs are responsible for updating their organization's POD information in the SAMS MCM materials module, to include exercise information and after action reports. Local users will be able to query this information and the status of their PODs at any time. OHA (and soon, MGMT) MCM POCs will be able to query POD information, including the number of component PODs exercised in the past 12 months, and will be able to identify any PODs that have not been exercised in the past 12 months, at the local, Component, and Department levels, any time, to assess POD readiness. OHA will provide a quarterly SAMS-generated POD status report to MGMT EP. This information has been shared across the Department via monthly DHS MCM Working Group meetings hosted by OHA. ECD: February 28, 2017.



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Appendix C

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