

*Canadian Gas Association*

# ***Influenza Pandemic Planning Guide***

*2006 November*

**Version 1.0**

## Disclaimer

The Canadian Gas Association (CGA) has prepared this guide to assist gas distribution companies in the preparation of influenza pandemic plans. The information is current as of the date of publication. In order to keep the information current, it may be necessary to update its contents from time to time. Consequently, additions deletions and other amendments may be made to the information contained in this guide at any time without notice.

The CGA accepts no liability or responsibility for any acts or omissions arising from the use of this document. Users are advised to use this document with discretion.

## Copyright

This guide is subject to copyright protection but may be reproduced for planning, educational and awareness purposes without requiring specific permission. If the material is being published in another document, the source and copyright status must be acknowledged. The permission to reproduce copyright protected material does not extend to any material that is identified as being the copyright of a third-party. Authorization to reproduce copyrighted material must be obtained directly from the copyright holders of that material.

## Table of Contents

<b>1.</b>	<b>Introduction</b> .....	<b>5</b>
	a) Guide - Purpose and Objectives.....	5
	b) Alignment with other Emergency Response Plans.....	5
<b>2.</b>	<b>Planning Assumptions</b> .....	<b>6</b>
<b>3.</b>	<b>Legal Context</b> .....	<b>6</b>
<b>4.</b>	<b>Prevention and Threat Mitigation</b> .....	<b>9</b>
	a) Understanding the Threat.....	9
	b) Infection Control Measures.....	12
	i) Raise Employee Awareness.....	12
	ii) Personal Hygiene.....	13
	iii) Personal Protective Equipment.....	13
	iv) Social Distancing.....	14
	v) Workplace Cleaning.....	15
	vi) Travel Restrictions.....	16
	vii) Sheltering and Contact Restrictions Policies.....	17
	c) Risk Mitigation Measures.....	18
	i) Work from Home Policy.....	18
	ii) Decentralization of Certain Functions.....	18
	iii) Posting Notices at Work Sites.....	18
	iv) Restrict Access.....	18
	d) Policy for Exposed Employees.....	19
<b>5.</b>	<b>Preparedness</b> .....	<b>22</b>
	a) Pandemic Response Planning Team.....	22
	b) Elements of the IPP.....	22
	c) Training and Exercise Program.....	26
<b>6.</b>	<b>Response</b> .....	<b>26</b>
	a) Surveillance (continuous situation assessment).....	26
	i) Monitoring Absenteeism Levels.....	26
	ii) Reporting IPP Implementation Status - key operations.....	26
	iii) Monitoring Government Information and Decisions.....	26
	b) Alert Levels and Criteria (See Appendix G).....	27
	c) Mobilization Procedures.....	27
	d) Response Procedures.....	27
	e) Demobilization Procedures.....	27

f) Debriefing .....	27
<b>7. Business Continuity .....</b>	<b>27</b>
a) Listing and Prioritizing Critical Activities .....	27
b) Human Resources Requirements - planning for absences.....	29
c) Critical Supplies Requirements - logistics issues.....	31
d) Linking with commercial, institutional and industrial customers – gas demand management.....	33
<b>8. Communication.....</b>	<b>34</b>
a) Before a Pandemic .....	34
i) Internal Communications.....	34
ii) External communications .....	35
iii) Communication Technologies.....	36
b) During a Pandemic .....	38
i) Internal Communications.....	38
ii) External Communications .....	39
c) After a Pandemic.....	40
i) Internal Communications.....	40
ii) External Communications .....	40
<b>9. Conclusion .....</b>	<b>41</b>
Appendix A - Sample Influenza Notification.....	42
Appendix B - Sample Hygiene Notice.....	43
Appendix C - Sample Poster .....	44
Appendix D - Hand Hygiene Notice – Soap and Water .....	45
Appendix E - Hand Hygiene Notice – Hand Sanitizer.....	46
Appendix F - Suspected Influenza Case at Work .....	47
Appendix G - World Health Organization Pandemic Phases.....	48
Appendix H - Example Actions for each Phase .....	49
Glossary .....	51
References:.....	53

## 1. Introduction

### **a) Guide - Purpose and Objectives**

This document is designed to provide guidance to CGA member companies on how to prepare a plan that will minimize the risk that an influenza pandemic poses to the health and safety of employees, the continuity of business operations, and the bottom line.

In response to the threat posed by the continuing spread of the H5N1 virus (avian influenza or 'bird flu'), the World Health Organization (WHO) has recommended that all countries undertake urgent action to prepare. While the next influenza pandemic may not come from the H5N1 strain itself, the threat that it may develop into a pandemic is sufficient motivation to create plans for any pandemic before it strikes.

As with any risk that threatens the viability of business operations, continuity planning is critical. All businesses will be affected by a pandemic. In addition to the threat to human health, the economic impacts of a pandemic, including absenteeism in the workplace or the downstream effects stemming from supply-chain and travel disruption, will be significant and widespread.

All businesses should take immediate steps to appoint a **Pandemic Coordinator** and develop **Influenza Pandemic Plans (IPP)** that protect employees, minimize disruptions, and reduce negative impacts on customers, the economy, and local communities. CGA member companies have a responsibility to plan for continuing operations in the event of a pandemic. While a pandemic cannot be stopped, proper preparation may reduce its impact.

Initial research showed that a number of planning guides already exist for both public and private sector organizations. While a substantial amount of the information presented was found to be common in all of the guides, the remainder of the information was usually specific to the industry that created the guide. Since the gas industry has a number of unique requirements that must be addressed when specific plans are being prepared, it was concluded that a planning guide specific to the gas industry would be required with some of the common information being sourced from the other planning guides and related sources.

### **b) Alignment with other Emergency Response Plans**

It is essential that every company's IPP and alert levels be designed with considerations for those of government ministries, municipalities, industry sector working groups and other companies in mind. This entails a mutual understanding among these disparate groups so that each group will know what level on their own threat-assessment scheme corresponds to any given level on another group's threat-assessment scheme. With such an understanding each group will be able to determine which measures taken by every other group are pertinent to them.

Also, each CGA member company has developed emergency response plans and/or business continuity plans to cope with other types of potential disasters. It is important that the IPP be integrated with those existing plans structures and procedures to avoid unnecessary duplications of efforts or outright contradictions.

## 2. Planning Assumptions

Influenza Pandemic Plans and procedures are based on the following assumptions:

- The most likely form a pandemic illness will take is an influenza pandemic
- The pandemic will likely begin in the fall or winter seasons (peak demand for CGA members);
- There will be up to three waves of infection over a 12-month period;
  - The start of the 2<sup>nd</sup> wave can be expected in 3 to 9 months from the start of the 1<sup>st</sup> wave.
  - Each wave will last from 6 to 8 weeks;
  - During each wave, up to 35% of all employees will be infected;
  - In a worst case scenario absenteeism may reach 50% of the work force during the peak period of a wave (2 weeks duration);
- Each sick employee will miss the equivalent of 7 days of work;
- Expect to have a vaccine within about a year. Once the strain of influenza has been identified it will take at least 6 months to produce and test an effective vaccine.
- Initially the outbreak is expected to be localized “hot spots” that are followed by large concentrations.
- Anti-viral medicines, such as Tamiflu, can be administered as prophylactic or as a treatment. The dosage for these applications is different and the effectiveness may be limited.
- External suppliers and customers will be managed and reliable;
- A “non-pandemic” emergency situation may occur during a pandemic.

## 3. Legal Context

In the event of a pandemic, employees have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. In certain special circumstances some may elect to leave their jobs. Refusing work must, however, be based on reasonable grounds, and the worker must have attempted to resolve the matter with his/her employer before he/she can continue to refuse.

The right to refuse unsafe work does not apply unless the understood risks of the workplace have materially increased. To avoid such situations, it is best to have had discussions with staff prior to the occurrence of a pandemic.

Each CGA member-company should review provincial laws and regulations to ensure that it complies with them at all times. Contacts should be made with regulatory authorities early in the pandemic planning process to ensure coordination of activities prior to, during and after a pandemic.

Any employer or other person who controls the workplace has a legal responsibility for the health and safety of employees and others, and to ensure that employees’ actions or inactions do not cause harm to others.

Independent contractors and volunteer workers have the right to withdraw their labour or services at any time, including when they feel the work environment presents an unsatisfactory level of risk.

### **Any risks to employees and others must be reasonable**

### **Canada Labour Code and Occupational Health and Safety Regulations**

***\*Please note that there are some differences between federal and provincial legislation related to occupational health and safety. While the Canada Labour Code regulates some industries, most companies must also comply with applicable provincial legislation.***

The *Canada Labour Code Part II* and its regulations, the 'Canada Occupational Health and Safety Regulations' regulate aspects of health and safety in the workplace. The human resources strategies devised for the IPP must comply with the *Code* and its regulations. The Pandemic Coordinator should liaise with the following entities (if applicable) while preparing the IPP:

- Work Place Health and Safety Committees;
- Health and Safety Professionals;
- Policy Health and Safety Committees;
- Health and Safety Officers.

The *Code* establishes the legislative framework and duties and responsibilities of the employer and employees. The *Regulations* provide the detailed requirements.

The most relevant sections of the *Canada Labour Code Part II Occupational Health and Safety* are:

**Section 124.** Every employer shall ensure that the health and safety at work of every person employed by the employer is protected.

**Section 125.** (1) Without restricting the generality of section 124, every employer shall, in respect of every work place controlled by the employer and, in respect of every work activity carried out by an employee in a work place that is not controlled by the employer, to the extent that the employer controls the activity,

(p) ensure, in the prescribed manner, that employees have safe entry to, exit from and occupancy of the work place;

(s) ensure that each employee is made aware of every known or foreseeable health or safety hazard in the area where the employee works;

**Section 126.** (1) While at work, every employee shall

(a) use any safety materials, equipment, devices and clothing that are intended for the employee's protection and furnished to the employee by the employer or that are prescribed;

(b) follow prescribed procedures with respect to the health and safety of employees;

(c) take all reasonable and necessary precautions to ensure the health and safety of the employee, the other employees and any person likely to be affected by the employee's acts or omissions; ...

**Section 128.** (1) Subject to this section, an employee may refuse to use or operate a machine or thing, to work in a place or to perform an activity, if the employee while at work has reasonable cause to believe that:

(a) the use or operation of the machine or thing constitutes a danger to the employee or another employee.

(b) a condition exists in the place that constitutes a danger to the employee...

**Section 145** (2) If a health and safety officer considers that a condition in a place constitutes a danger to an employee while at work,

(a) The officer must notify the employer of the danger and issue directions in writing to the employer directing the employer, immediately or within the period that the officer specifies, to take measures to

(i) correct the hazard or condition or alter the activity that constitutes the danger,

(ii) protect any person from the danger...

If the employer agrees that a danger exists, the employer shall take immediate action to protect employees from the danger.

## Rights of Employees

The *Code* provides three rights:

- Right to Know;
- Right to Participate;
- Right to Refuse.

**Right to Know:** Employees have the right to be informed of known or foreseeable hazards such as a pandemic illness. They must be given the information, instruction, training and supervision necessary to protect their health and safety. Effective communication will be crucial in preparing for and responding to a pandemic illness.

**Right to Participate:** Employees have the right and responsibility to identify and correct job-related health and safety issues. They could exercise this right during a pandemic illness outbreak. Employees can also participate through a complaint process and may complain if a pandemic illness outbreak has not been well handled.

**Right to Refuse:** Employees can refuse work where there is reasonable cause to believe:

- A dangerous condition exists;
- An activity constitutes a danger to one or more employees.

It is possible that employees may refuse work when a pandemic illness poses a danger.

## Duties of Employers and Employees

Employers: Under Section 124 employers must ensure the health and safety of every employee is protected. This may require implementing programs, plans and response actions for a pandemic illness.

Employees: Under Subsection 126. (1), employees have obligations to prevent occupational related injuries and diseases. They must take reasonable and necessary precautions to ensure their own and others' health and safety.

An employer must provide information, instruction, training and supervision necessary to ensure health and safety. Employers must:

- Ensure supervisors and managers are trained and informed of their responsibilities where they act on behalf of their employer; and
- Ensure policy and work place committees and health and safety representatives are trained and informed of their responsibilities.

## 4. Prevention and Threat Mitigation

### a) Understanding the Threat

Influenza viruses periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time, with the potential to cause serious illness, death and colossal social and economic disruption throughout the world. Experts agree that future influenza pandemics are inevitable, but the timing of the next pandemic cannot be predicted. Since there may be little warning, continuity planning in advance is required to contain the potentially devastating effects of a pandemic.

<b>Fast Facts:</b>
<ul style="list-style-type: none"> <li>• Pandemic influenza is a global outbreak of disease that occurs when a new influenza virus appears in humans, causes serious illness and then spreads easily from person to person;</li> </ul>
<ul style="list-style-type: none"> <li>• Seasonal flu is a viral infection of the lungs that appears each year between November and March;</li> </ul>
<ul style="list-style-type: none"> <li>• About 8,000 Canadians die each year from seasonal flu. These typically are the very young, the elderly, and others with weak immune systems. Health Canada estimates that an influenza pandemic could claim 11,000 - 58,000 <i>additional</i> lives. Significantly, if the impact of the pandemic virus is similar to the impact of the 1918 pandemic, the death rate from a pandemic virus may be highest among otherwise healthy adults between the ages of 20 and 40;</li> </ul>
<ul style="list-style-type: none"> <li>• An influenza pandemic could last for a year or more, infecting up to one-third of the population of Canada;</li> </ul>

<ul style="list-style-type: none"> <li>• No amount of preparation will spare Canada from an influenza pandemic;</li> </ul>
<ul style="list-style-type: none"> <li>• All businesses, hospitals and government agencies will feel the effects of an influenza pandemic;</li> </ul>
<ul style="list-style-type: none"> <li>• 15 to 35 percent of your workforce may be ill at any one time.</li> </ul>

In the event of a pandemic influenza, Health Canada estimates that 4.5 to 10.6 million Canadians would become clinically ill such that they would be unable to attend work or other activities for at least half a day. This proportion, representing 15% to 35% of the population, does not include individuals who contract the virus and feel ill, but continue their usual activities. In addition, it is estimated that between 2.1 and 5.0 million people would require outpatient care, between 34,000 and 138,000 people would require hospitalization, and between 11,000 and 58,000 people would die in Canada during an influenza pandemic.

A pandemic is not like a physical disaster. A pandemic has unique characteristics when compared with a more “typical” disaster:

• **Widespread impact:**

The impact of a pandemic would be global in extent, not localized to a single area. Therefore, there may be little outside assistance available. Many business’ continuity plans assume some part of an organization is unaffected and can take up the required capacity.

• **Not a physical disaster:**

A pandemic is not a physical disaster. It has some unique characteristics that require measures to limit social contact such as restriction of movement, quarantine, and restriction of public gatherings.

• **Duration:**

A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase, as an earthquake or hurricane would be. The recovery phase will start weeks after the initial outbreak, and may last for a year or more.

• **Notice:**

Due to increases in the volume and speed of global air travel, it is estimated that the next pandemic virus will be present in Canada within three months after it emerges. Initially, the impact and rate of progress might be different from region to region within the country.

Upon arrival, the virus will spread across Canada with great speed (In 1918, returning soldiers with influenza traveling on trains carried the virus from Quebec to Vancouver in only a few weeks). The first peak of illness in Canada is likely to occur within two to four

months after the virus arrives in Canada. The first peak in mortality is expected one month after the peak in illness.

When pandemic influenza appears in Canada it will probably be some weeks before the full impact on the workforce will be felt, although there may be some early impacts resulting from closures of schools and similar containment measures.

• **Primary effect is on staffing levels:**

Unlike physical disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operations in the event of a pandemic will be human-resource oriented. Businesses should plan for up to 50 percent staff absences for periods of about two weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak.

In addition, it has been observed that an influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may cause more serious illnesses and deaths than the first. In any locality, the length of each wave of illness is likely to be six to eight weeks.

Staff absences can be expected for many reasons:

- Illness/incapacity (suspected/actual/post-infectious);
- Some employees may need to stay at home to care for the ill;
- People may feel safer at home (e.g. to keep out of crowded places such as public transport);
- Some people may be fulfilling other voluntary roles in the community; and
- Others may need to stay at home to look after school-aged children (as schools are likely to be closed).

A pandemic may have other impacts on businesses, for example:

- The provision of essential services such as information, telecommunications and financial services, energy supply, and logistics may be disrupted;
- Customer consumption and emergency call patterns may vary unpredictably;
- Demand for hot water may be higher;
- Industrial customers may shut down completely;
- Public places such as malls, theatres, arenas or schools may close;
- Supplies of materials needed for ongoing business activity may be disrupted. Further problems can be expected if goods are imported by air or land over the Canada-U.S. border;
- The availability of services from sub-contractors may be affected (this may affect maintenance of key equipment);
- Demand for business services may be affected – demand for some services may increase (internet access is a possible example); while demand for others may fall (e.g. certain types of travel activity).

Just as it is difficult to forecast the severity of a pandemic, it is hard to predict its economic effects, even if the outbreak's scope and severity are known. Based on past influenza pandemics and the SARS outbreak, the most significant impacts would be a sharp decline in demand as people avoid shopping malls, restaurants, and other public

spaces, and a reduction in the labour supply as workers become ill, stay home out of fear, or take care of others who are sick.

▪ **Influenza Transmission**

The influenza virus is capable of easy transmission among humans and its infection of the respiratory tract aids this effect. Persons infected with the virus develop a persistent cough, which generates droplets containing virus particles.

Therefore, droplet transmission from respiratory tracts of infected individuals is one of the primary means that the virus uses to find new hosts.

In addition, the influenza virus is found in the mucous membranes of the nasal cavities and around the eyes. This provides further means for virus transmission between persons.

Finally, uninfected individuals can acquire the virus by way of direct contact from hands in contact with mucous discharges from ill persons, or from surfaces where the virus has been deposited.

The influenza virus can live on the hands for five minutes, on a hard surface for 24 to 48 hours, and on porous surfaces, such as cloth, paper and tissue, from 8 to 12 hours.

The period of communicability for influenza ranges from 24 hours before the onset of symptoms to 3-7 days after the onset of symptoms (may be longer in children and some adults). (Canadian Influenza Plan) A person with influenza is typically contagious for 24 hours before the onset of symptoms, and for three to five days after the onset of symptoms (may be longer in children and some adults).

**b) Infection Control Measures**

**i) Raise Employee Awareness**

Informing and protecting the workforce will help avoid interruptions in essential functions.

- (1) Provide information material in cooperation with local health authorities. This will ensure employees have accurate information concerning influenza viruses. Before a pandemic arrives in Canada, employees need to know how to protect themselves at the workplace, at home, and elsewhere in their communities. Provide basic facts on how the influenza virus spreads and how to avoid acquiring the disease in the workplace.
- (2) Special presentations, information pamphlets and brochures can be provided to employees at regular safety meetings. Newsletters, global emails, notice boards, and payslip messages are some of the alternative means that can be used to communicate this advice.
- (3) Watch for regular influenza updates from Health Canada.
- (4) As soon as Health Canada advises that an influenza pandemic is imminent, post hygiene notices at entrances, washrooms, hand washing stations, and in public areas.

## ii) Personal Hygiene

Personal hygiene measures minimize influenza transmission and should be communicated to employees. They include:

<ul style="list-style-type: none"><li>○ Cover nose and mouth when sneezing or coughing;</li></ul>
<ul style="list-style-type: none"><li>○ Dispose of used tissues immediately;</li></ul>
<ul style="list-style-type: none"><li>○ Wash hands frequently;</li></ul>
<ul style="list-style-type: none"><li>○ Keep hands away from eyes, nose, and mouth.</li></ul>

Ensure supplies of hygiene products (soap, hand towels, gloves, and masks) are available while recognizing that their availability will be reduced during an influenza pandemic.

Post hygiene notices at entrances to buildings, in washrooms, near hand-washing stations and in public areas.

### Hand Hygiene

Hand hygiene is an important step in preventing the spread of infectious diseases, including influenza. Hand hygiene can be performed with soap and warm water or by using waterless alcohol-based hand sanitizers.

Transmission of influenza can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual. By frequently washing your hands you wash away germs that you have picked up from other people, or from contaminated surfaces, or from animals and animal waste.

The influenza virus is readily inactivated by soap and water. Antibacterial hand wash products are not required because routine products, along with proper hand washing procedures, will inactivate the influenza virus.

Waterless alcohol-based hand sanitizers can be used as an alternative to hand-washing and are especially useful when access to sinks or warm running water is limited. Placing alcohol-based hand sanitizers at the entrance of facilities is useful in reducing the transmission of influenza.

## iii) Personal Protective Equipment

In the design of your IPP you should stockpile some basic Personal Protective Equipment (PPE) such as gloves and surgical masks. In the maintenance of your IPP or in the event of an outbreak you should refer to the Public Health Agency of Canada's web site for the most current information on the appropriate PPE, bearing in mind that after an outbreak some things may be difficult to obtain.

PPE can range from just a mask or a pair of gloves to a combination of gear that might cover most or all of the body. In the case of influenza, PPE may include using masks and protective barriers.

- *Using masks*

(Refers to surgical masks, not special masks or respirators)

Although there is a lack of evidence that the use of masks prevented transmission of influenza during previous pandemics, it may be prudent for employees to wear masks when interacting in close face-to-face contact with coughing individuals to minimize influenza transmission. It is also recommended that infected persons use a disposable surgical mask to reduce exposing others to their respiratory secretions. Companies are advised to attempt to harmonize these procedures with the procedures of other visible services in the local community. This will create a sense of consensus among employees and the public which should reduce anxiety in an already tense situation.

When using surgical masks:

Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze, in an appropriate waste receptacle, and hands must be thoroughly washed and dried after the used mask has been discarded.

- They should be used only once and changed if wet (because masks become ineffective when wet);
- They should cover both the nose and the mouth;
- Avoid touching it while it is being worn;
- Discard them into an appropriate receptacle;
- They must not be allowed to dangle around the neck. (Canadian Pandemic Influenza Plan)

At a minimum we recommend the use of surgical masks to protect your employees, but use of masks such as N95 respirators will do everything surgical masks will and more, so your company may choose to upgrade to them for other strategic reasons.

- *Protective Barriers:* Protective barriers (i.e., glass or plastic) may provide useful protection for people such as front-counter staff or public transport drivers, whose duties require them to have frequent face-to-face contact with members of the public where social distancing is either not possible or not practical.
- *Waste:* Garbage generated during the care of an individual with ILI does not require special handling and may be placed with household waste for disposal. All medical sharps, (i.e. hypodermic needles used in the care of an individual with ILI) should be placed in an impervious container (e.g., coffee can) with household waste prior to disposal.

#### iv) Social Distancing

Minimize human-to-human contact in peak phases of pandemic influenza. Close contacts are those persons who have had close (**one metre or less**) physical or confined airspace contact with an infected person **within four days** of that person

developing symptoms. These are likely to include family members and/or other living companions, workmates (if in confined airspace environments) and possibly recreational companions.

Epidemiological evidence from a developing pandemic may change the definition of “contact”. In Canada contact management with respect to reportable diseases is mandated by law (for instance the **Quarantine Act** and other health related Acts).

Employees will probably elect not to circulate in crowded places and large gatherings of people during pandemic influenza. It is recommended that business consider the use of new technologies to facilitate social distancing by using communications networks, remote access and web access (among other techniques) to maintain distance.

Ensure critical employees are able to work from home and are able to remotely access, or web access communication networks.

Limit face-to-face contact, and consider implementing a policy to avoid direct contact with the public. **Where personal contact is necessary, maintain a minimum of 1 metre of personal space.** Consideration should be given to the frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.

Suggestions on how to minimize close contact include:

- (1) Avoid face-to-face meetings.
- (2) Cancel or postpone non-essential meetings/workshops/training sessions.
- (3) Minimize meeting times.
- (4) Meet in large rooms.
- (5) Use communications and network technologies and devices to communicate.
- (6) Invest in technologies so that employees can work from home.
- (7) Avoid unnecessary travel (especially to endemic regions).
- (8) Leave a gap between shifts.
- (9) Ventilate the workplace between shifts.
- (10) Avoid cafeterias and restaurants.
- (11) Introduce staggered lunch times.
- (12) Avoid large public gatherings. If you cannot avoid crowds, minimize the amount of time you spend around people
- (13) Use stairs instead of crowded elevators.
- (14) Minimize visitors to your home.
- (15) Cancel or postpone family gatherings, outings or trips.
- (16) Shop at stores with smaller line-ups.
- (17) Shop at off peak hours and find out which stores stay open late/24 hours.
- (18) If possible phone ahead your grocery order for quick pick up.
- (19) Order groceries over the phone/on line for delivery.
- (20) Arrange to pay bills at ATMs, on line or over the phone.

#### v) Workplace Cleaning

Virus transmission can also be reduced by cleaning the environment and hard surfaces (sinks, handles, railings, objects, counters) with neutral detergents followed by a disinfectant solution. Influenza viruses can live for up to two days on hard surfaces but

are inactivated by disinfectants. Good disinfectants use sodium hypochlorite, granular chlorine and alcohol as the base ingredient.

<ul style="list-style-type: none"> <li>○ Surfaces that are frequently touched with hands should be cleaned often;</li> </ul>
<ul style="list-style-type: none"> <li>○ Do not share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water;</li> </ul>
<ul style="list-style-type: none"> <li>○ Clean the workplaces of employees that have recently become ill;</li> </ul>
<ul style="list-style-type: none"> <li>○ Consider removing all magazines/newspapers from reception areas/cafeterias/muster areas/depots.</li> </ul>

### **Air Conditioning**

There is scientific and medical evidence that influenza can spread in inadequately ventilated internal spaces. These spaces should be well ventilated and in office buildings this is usually done by using HVAC systems. HVAC should be maintained regularly according to appropriate standards and building codes.

### **vi) Travel Restrictions**

Employees whose jobs require substantial travel, particularly to other countries and overseas, will have a far greater likelihood of being in contact with infected persons and becoming a carrier of the influenza virus than those who do not. Special care should be taken to ensure these employees do not place themselves unnecessarily at risk or risk infecting other employees on their return.

- (1) Restrict travel to only the most essential.
- (2) Advise staff to get the annual influenza vaccine prior to travel.
- (3) Arrange for influenza screening immediately after return.

If your staff does travel overseas for business reasons, your IPP will need to include consideration of their management in the event of a pandemic. For example, on declaration of a pandemic, if any staff had recently (within the last 4-5 days) traveled to countries known to be affected by the disease, your business should:

- |   |
|---|
| <ul style="list-style-type: none"> <li>○ Advise the employee not to report for work for the duration specified by Health Canada;</li> </ul> |
|---|

<ul style="list-style-type: none"> <li>○ Ask them to follow instructions on the Public Health Agency of Canada's website for self-checking for influenza symptoms, which may include advice to telephone (rather than visit) their medical centre to seek advice immediately if symptoms occur. They should report their travel history to the treating doctor;</li> </ul>
<ul style="list-style-type: none"> <li>○ Ask them to document all the people they have been in contact with since returning;</li> </ul>
<ul style="list-style-type: none"> <li>○ Check on the staff member during his/her absence from work; and</li> </ul>
<ul style="list-style-type: none"> <li>○ Set up a process for ensuring that the employee has completed the time duration and is healthy before allowing him/her to return to work.</li> </ul>

## vii) Sheltering and Contact Restrictions Policies

### Isolation and Quarantine

The *Quarantine Act and Regulations* helps protect Canadians from dangerous and infectious diseases. Under this Act, Public Health Quarantine Officers have the authority to ask a person suspected of having an infectious disease to undergo a medical examination and to detain that person if necessary.

Quarantine may be used in the early stages of the pandemic to stop the spread of influenza.

A person may be placed in quarantine if they have been in contact or exposed to a person with an infectious illness such as influenza. In order to protect the public, Public Health Quarantine Officers can place people on quarantine to prevent influenza from spreading to others. Quarantine means staying at home or in a designated building for 3 days from last exposure until the Public Health Quarantine Officer is sure that the person is not infected with the flu. Quarantine means not going outside, not going to work, school or other public places and not meeting with other people unless given permission by the Public Health Quarantine Officer.

### Human Rights Legislation

Under both federal and provincial human rights legislation, employers have a duty to accommodate employees with infectious diseases or those who have been exposed to same. The level of accommodation will depend on the circumstances.

### Fit to Work

- Recovered from Influenza-like Illness (ILI);
- Immunized for longer than two weeks;
- On antiviral medication;

- Asymptomatic;

**Unfit for Work**

- Has ILI symptoms; (see Screening Checklist below)

**Fit to Work with Restrictions**

- Due to limited resources, persons with ILI symptoms may be asked to work with restrictions; (ex : work from home)
- Recommend such individuals be isolated physically from other employees or customers;
- Maintain meticulous hand hygiene and environmental cleaning.

**c) Risk Mitigation Measures****i) Work from Home Policy**

Companies need to design a way for crucial employees to continue working even at the height of a pandemic. This necessitates creating a way for them to do as many of their tasks as possible from their homes. Such employees would ideally be assigned portable computers which could be connected to the company network remotely. Considering the network security policies of each company, allowing employees without company laptops to install network access software on their home computers en masse may not be possible. A compromise possibility might be to assign special access software to certain employees and only have them install and use it once it becomes essential that they do so in order to keep the company in business.

**ii) Decentralization of Certain Functions**

During the height of a pandemic employees will be remaining home in large numbers, and large meetings will be restricted for health reasons. This creates a significant problem with allowing potentially fewer managers and supervisors to direct the activities of those assigned to them. To combat this a process by which employees can continue to work without direct face to face supervision is necessary. The best way to achieve this would be to instruct employees on the company's plan to weather the pandemic and the assumptions and objectives contained within it. Employees would then be able to continue with their work with limited supervision while keeping the larger goals of the IPP in mind. Regular communications between the employees and their supervisors through a variety of means (discussed in section 6) should also take place and thus reduce the need for direct face to face interactions.

**iii) Posting Notices at Work Sites**

On declaration of the pandemic phase, companies should consider posting notices at all entry points advising staff and visitors not to enter if they have influenza symptoms. This notice could be communicated to all employees.

**iv) Restrict Access**

Once notices have been posted, access to the workplace should be restricted for the safety of those employees who remain healthy. This involves providing employees with a phone number or form (Appendix 5) to report people with influenza like illnesses (ILI) that have not voluntarily withdrawn from the workplace. Consideration should also be given to posting medical screening personnel at critical facility entrance points to assess employees for influenza symptoms prior to workplace entry.

#### **d) Policy for Exposed Employees**

##### **Manage Infected Employees**

Employees should be advised not to come to work when ill or under quarantine until symptoms are resolved or the quarantine has ended. They should be directed to the company's health professional or their family physician for further advice.

If employees acquire influenza symptoms while at work,

- i) Advise employees to go home as soon as influenza symptoms appear and to consult with the company's health professional or their family physician as soon as possible.
- ii) Stay at home, rest, take medicines to relieve the symptoms and drink plenty of fluids (or follow the advice of your doctor, if available).
- iii) Check with the company's health professional prior to returning to your office/workstation.

##### **Exposed Employees**

Exposed employees will have cared for or lived with a person known to have an infectious disease or have had direct contact with respiratory secretions and/or body fluids of a patient known to have an infectious disease. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within one metre), physical examination, and any other direct physical contact between people. Close contact does not include activities such as walking by a person or briefly sitting across a waiting room or office.

Epidemiological evidence from a developing pandemic may change the definition of "contact" or "exposed". In Canada, contact or exposure management with respect to infectious diseases is mandated by law (for instance the *Quarantine Act* and Regulations and other health related *Acts*).

##### **Exposure Tracing**

The role of exposure tracing may vary according to the phase of the pandemic. At an early phase, when efforts are directed at keeping the pandemic out or in managing small clusters, exposure tracing and associated quarantine of cases and contacts will be vigorous. However, if the pandemic affects larger numbers of people across the country, it will not be effective as a strategy to contain the pandemic, and therefore may be discontinued, since containment has already been lost.

In any circumstances, once an employee is suspected of having been exposed to an infected person, employers should:

1. advise the exposed employee that they have been in contact with a person suspected of having influenza;
2. insist that these employees go home immediately;
3. contact the company's health professional or their family physician

This should involve the employee phoning the company's health professional, their family physician or a specially designated centre to seek further advice, rather than sending the employee directly to their health professional's office without prior notification.

If any of the health professionals identify the employee as being a suspect or confirmed case, then the health professional will commence contact tracing in accordance with the protocols set by Health Canada at that time. This is likely to involve making contact with the employee's workplace.

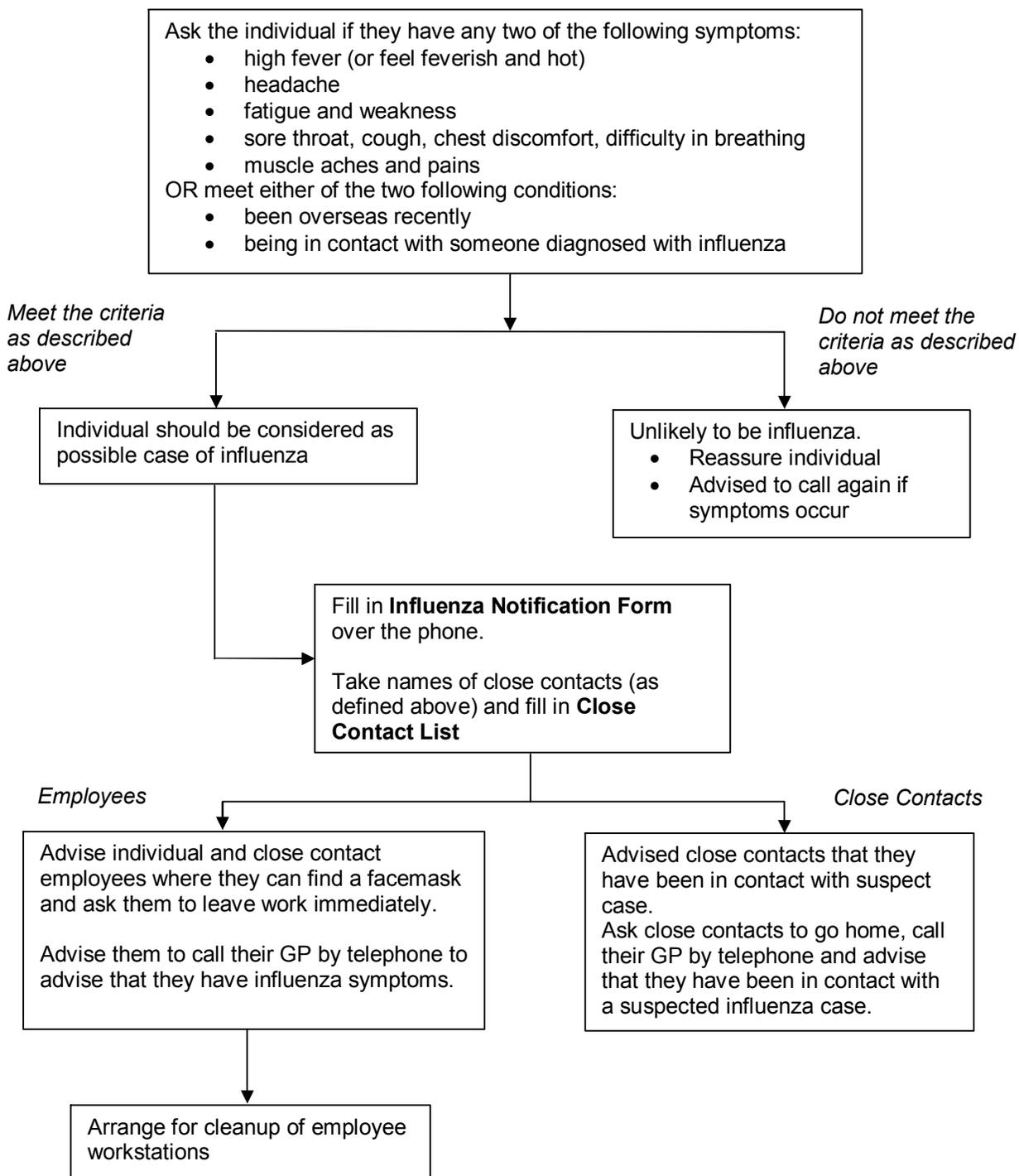
**Table I: A Comparison of Influenza and Common Cold Symptoms**

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset 38-40 degrees and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
Fatalities	Well recognized	Not reported
Prevention	Influenza vaccine; frequent hand-washing; cover your cough	Frequent hand-washing; cover your cough

***Refer to the following three pages for additional resources for exposure management and tracing.***

**Screening Checklist for Detection and Management of Suspected Pandemic Influenza Cases**

**Process** 1) A Manager receives a call from a person suspecting they may have influenza;  
 2) Do not visit the person if this can be avoided – manage the process over the telephone;  
 3) Follow the flowchart below.



## 5. Preparedness

The most significant impact on CGA companies is likely to be disruption due to employee absenteeism. Employees will be off work due to sickness or having to stay home and care for sick family members. Schools may also be closed forcing parents to stay home and care for children.

In addition, advance planning will be critical to protecting employees' health, limiting negative economic impacts, and ensuring the continued safe delivery of gas to customers. Government alone will not be able to provide answers to all of the issues facing Canadians in the event of a pandemic. It will be up to every CGA company to prepare its own IPP (see section 5) below.

### a) *Pandemic Response Planning Team*

It is important for every CGA company to identify a **Pandemic Coordinator** to lead a team of people within its organization to be responsible for developing an IPP including measures to ensure business continuity and effective communications. The team members shall represent a cross section of all services within the company and be in a position to properly consult and bring to the table the various issues likely to be faced when a pandemic strikes.

#### **Medical Advisor**

Some larger businesses and industrial establishments have access to medical practitioners, advisors or physicians on site or on staff. Smaller businesses may not currently staff medical advisors.

In preparing your IPP, it is advisable that you ensure access to a medical practitioner or advisor for assistance and advice in the event of a pandemic. If your company already has medical staff on site, they should be made aware of the nature of the disease, how it is transmitted, its symptoms and health care precautions available and appropriate. If your current practitioner is unable to fulfill the desired role for your organization, they should recommend another medical practitioner for that function.

### b) *Elements of the IPP*

Planning for an influenza pandemic is essential to ensuring the continuity of business operations. The following checklist identifies specific steps that all companies can undertake now to prepare for a pandemic. Many are also applicable to other emergency situations.

#### **Plan for the impact of a pandemic on your company:**

- **Identify essential employees and other critical inputs** (e.g. gas control, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.

- **Train and prepare an ancillary workforce** (e.g. contractors, employees in other job titles/descriptions, retirees).
- **Develop and plan for scenarios** likely to result in an increase or decrease in demand for your products and/or services during a pandemic.
- **Determine the potential impact of a pandemic on company business financials** using multiple possible scenarios that affect different operating regions and either transmission or distribution systems.
- **Determine the potential impact of a pandemic on business-related domestic and international travel** (e.g. quarantines, border closures).
- **Find up-to-date, reliable pandemic information** from community public health, emergency management, and other sources and make sustainable links.
- **Establish an emergency communications plan and revise periodically.** This plan includes identification of key contacts (with back-ups) and chain of communications (including suppliers and customers).
- **Implement an exercise/drill to test your IPP**, and revise periodically.
- **Develop a prediction of how different sorts of customers will react to a pandemic.** Commercial customers such as shopping malls and theatres may close completely, while hospitals and homes will likely be full and using more hot water than usual.

#### **Plan for the impact of a pandemic on your employees and customers:**

- **Forecast and allow for employee absences** during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
- **Implement guidelines to modify the frequency and type of face-to-face contact** (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.
- **Encourage and track annual influenza vaccination** for employees (optional).
- **Evaluate employee access to and availability of healthcare services** during a pandemic, and improve services as needed
- **Evaluate employee access to and availability of mental health and social services** during a pandemic, including corporate, community, and faith-based resources, and improve services as needed (if applicable).
- **Identify employees with special needs**, and incorporate the requirements of such persons into your IPP (if applicable).

**Establish policies to be implemented during a pandemic:**

- **Establish IPP Activation Guidelines**
- **Establish policies for employee compensation and sick-leave absences** unique to a pandemic, including policies on when a previously ill person is no longer infectious and can return to work after illness.
- **Establish policies for flexible worksite** (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
- **Establish policies for preventing the spread of influenza at the worksite** (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
- **Establish policies for employees who have been exposed to pandemic influenza**, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
- **Establish employee contact control and tracing guidelines.**
- **Establish policies for restricting travel to affected geographic areas** (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas.
- **Set up authorities, triggers, and procedures for activating and terminating the company's IPP**, alerting business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.
- **Review your policy regarding shutting off gas service to customers considering undue hardship to customers during a pandemic emergency.**
- Establish a policy for employees entering customer premises. Gas utilities should consider how they will respond to:
  - emergencies (odour and carbon monoxide calls),
  - discretionary (regulator checks, meter reading, service suspension and reactivation)

**Allocate resources to protect your employees and customers during a pandemic:**

- **Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.**
- **Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.**

- **Ensure availability of medical consultation and advice for emergency response.**

**Communicate to and educate your employees:**

- **Develop and disseminate programs and materials covering pandemic fundamentals** (e.g. signs and symptoms of influenza, mode of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
- **Anticipate employee fear and anxiety, rumours and misinformation, and plan communications accordingly.**
- **Ensure that communications are culturally and linguistically appropriate (if applicable).**
- **Disseminate information to employees about your IPP.**
- **Provide information for the at-home care of ill employees** and family members (Consult Medical Advisor or Local Health Authority for current advice on taking care of ill patients).
- **Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees**, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.
- **Identify community sources for timely and accurate pandemic information** (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

**Coordinate with external organizations and help your community:**

- Collaborate with insurers, health plans, and local healthcare facilities to share your IPP and understand their capabilities and plans.
- Collaborate with federal, provincial, and local public health agencies and/or emergency services to participate in their planning processes, share your IPP, and understand their capabilities and plans. (i.e. if the gas utility decides to reduce service levels regarding response times, this may increase calls to the 911 system)
- Ensure your company is on your Health Authority's list of essential services in order to plan for and obtain antivirals and vaccines as soon as possible.
- Communicate with local and/or provincial public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.

- Share **best practices with other businesses in your communities** to improve community response efforts.
- Contact the gas appliance service providers in your service area. If they are planning to reduce customer response levels, then the gas utility may experience an increase in emergency calls.

### ***c) Training and Exercise Program***

Once completed, the IPP must be shared with all employees through the internal communications program discussed under section 6. In addition, it is critical that those employees having a specific role assigned to them under the IPP be trained to perform it. It is also important to put together a multiyear exercise program to allow the IPP to be tested and revised periodically. Various types of exercises are possible. The exercise program should allow a gradual increase in the complexity and comprehensiveness of the exercises to ensure that lessons learned allow a build up of the organization's ability to face an actual pandemic.

## **6. Response**

### ***a) Surveillance (continuous situation assessment)***

#### **i) Monitoring Absenteeism Levels**

When the IPP has been put into motion, it is imperative for each manager to monitor and report the absenteeism level (and the underlying reasons) in the groups of employees reporting to him or her. This data will then be reported to and analysed by the pandemic response team to discover potentially infected groups, buildings or geographical areas, anticipate future absenteeism and judge the capacity of the various groups and functions to perform the critical activities identified in section 5 below. Pre-emptive actions such as reallocation of personnel can be taken to avoid serious operations disruptions.

#### **ii) Reporting IPP Implementation Status - key operations**

It is also important for the managers to continuously verify that their operations are conducted as planned. Any surprises, unplanned disruptions or events shall be quickly reported to the pandemics response team for resolution.

#### **iii) Monitoring Government Information and Decisions**

During a pandemic, government decisions will have a large impact on the company's ability to perform its mission. For example, the closure of schools, child care facilities or mass transit systems may suddenly increase the absenteeism levels at the work sites. The pandemic response team must therefore remain connected to the government authorities in order to quickly react to their decisions.

**b) Alert Levels and Criteria (See Appendix G)**

The gas company's alert levels should be linked to alert levels of the World Health Organization such that a raising or lowering of their alert level will coincide with the companies. The gas company's criteria for each alert level should include public health examples as well as the more conventional examples of emergencies. Consideration should also be given to reviewing the criteria in the company's Security Threat Plans.

**c) Mobilization Procedures**

This is company specific and should be based on the emergency response structure that currently exists. This is normally based on the alert level that has been declared.

**d) Response Procedures**

See Appendix H as a good example of actions to be taken.

**e) Demobilization Procedures**

At the end of a pandemic wave, the alert levels will be gradually lowered as people return to work and business activities slowly come back to normal. Each company must ensure that situation assessments are conducted regularly and that resources are sufficient to allow a gradual return to normal business activities. Work postponed or cancelled during the pandemic wave must be assessed and decisions taken on how to catch up if it is necessary to do so.

**f) Debriefing**

At the end of a pandemic wave, it is important for the Pandemic Response Planning Team to conduct debriefings of all the employees involved in the activities conducted during the pandemic period. IPPs will afterwards be adjusted according to the lessons learned from the debriefing sessions.

**7. Business Continuity**

Business Continuity Planning is a proactive planning process that ensures critical services or products are delivered during a disruption. The planning assumptions are listed at the beginning of the document (section 2).

**a) Listing and Prioritizing Critical Activities**

Each department, service and/or business unit should identify its critical activities based on the standard format below. It is recommended that a first, high level pass be made to identify areas of concern. This first pass will concentrate on critical functions that will need to be performed during a pandemic to ensure the continuity of the services provided by CGA member companies. These critical functions will be later broken down into tasks and subtasks if required to clearly identify critical skills, systems and materials necessary to

perform the function and to emphasize training requirements for replacement crews. An example is provided in the table below.

It is likely that useful information already exists to complete this table. For example, existing business continuity plans are a primary source of information that the planning team should use.

Table II: Critical Functions Identification Table

Service: Operations

<b>Function*</b>	<b>Expertise required</b> (skills, number of persons needed)	<b>Supplies required</b> (materials, software, information from other services, etc.)	<b>Potential assistance</b> (inside or outside the company)	<b>Justification</b> (legal obligation, adverse impacts on customers, financial losses, etc.)	<b>General comments, potential solutions to alleviate issues</b>
Response to emergency calls within regulated timeframes (gas odour or gas leaks calls)	24 hours per day/7 days per week coverage. Training on emergency response procedures and tools.	Timely and adequate information from call centres; Access to and capability to use emergency response vehicles and equipments. Proper communication tools (2-way radios, cell phones, etc.).	Reassign construction crews to emergency response. Stop connecting new customers. Interrupt all major projects work. Third party contracting on emergency response. Recall of retired employees.	Provincial regulations, public safety	Put on hold preventive maintenance work during a pandemic wave. Supply emergency response crews with proper protective equipment and training on use of same. Lobby municipalities and local governments to minimize excavation permits during a pandemic.

\*: Initially avoid listing all tasks and subtasks related to the function. List in order of importance for the service

The Pandemic Response Planning Team should consolidate the tables from each department or services in order to prioritize the critical functions globally for the company according to the following criteria. These criteria should be put in order of importance according to the company’s values, business and legal environments:

- Public and employee safety
- Environmental concerns
- Compliance to laws and regulations
- Damages to third party property
- Impact on clients (loss or revenues, damages to their installations)
- Loss of revenues for the company;
- Costs
- Public image, damages to critical relationships.

Based on this consolidation, the Pandemic Response Planning Team should seek approval by management and, upon approval, will recommend a series of actions to enable the functions to be performed during a pandemic. Those are detailed in the following sections.

### ***b) Human Resources Requirements - planning for absences***

In the event of a pandemic, it is important that core people and core skills be available to keep essential parts of the business operating. Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operation in the event of a pandemic is anticipated to be human-resource oriented. Individual companies must consider their workforces and their particular circumstances.

In planning for the impact of a pandemic the following issues should be addressed:

- What are the “essential” parts of the business?
- Who are the core people required to keep the essential parts of the business running, including suppliers and contractors?
- What are the core skills required to keep the business running?

Additional issues that need to be considered are:

- Are there sufficient back-ups for people and skills if there is a high level of absence?
- What are critical staff numbers and skills required to keep essential sectors of the business running – at what level does business stop?
- Are there other resources (e.g. volunteers, retirees) that could be drawn on if necessary?
- Is it possible to co-ordinate or operate the business through a “virtual war-room” – that is, remotely, by using telephone and email?
- Who are the people required to manage the IPP?
- Are there systems that rely on periodic physical intervention by key individuals, to keep them going? How long would the system last without attention?
- What arrangements need to be made to minimize risk to staff?
- Who should make the decision to shut activity down when absence rates threaten safe business operations?
- Could some, or all, of the business operations shift to having most staff work from home with little warning?

Once the core people and skills are identified, ensure that they are aware of their position and how they will be managed in the event of a pandemic. Consider strategies for

minimizing the possibility that they become ill with influenza: e.g. working from home even in very early stages of a pandemic, or other social distancing measures.

If working from home is not a well-established practice in your organization, you may wish to encourage staff to address computer connection or technological issues and enable this option. You may wish to have non-essential staff “stand down” (with appropriate pay arrangements) in the full pandemic phase to help minimize the number of staff who may be exposed to the influenza virus.

An influenza pandemic may affect regions of Canada and the world differently in terms of timing, severity and duration. Some regions may be hit earlier, longer or harder. Businesses with regional offices may need to consider rotating service delivery from hard hit areas to influenza-free areas, or areas that have been declared to be in a post-pandemic period.

Restrictions on movement of people from region to region may be imposed, and rotation of staff may therefore be difficult. You may want to consider training and preparing an ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees). This might include training your current employees in several areas of the business or ensuring you have a pool of available workers outside the company on call if need arises.

### **Deciding Whether a Workplace Should Stay Open**

A workplace may close through lack of staff, lack of customers, or because it presents an unacceptable level of risk to employees or others.

Utility workers will face increased risk by virtue of their potential exposure to infected persons. The utility company must have plans in place to mitigate the risk of exposure to their workers, which may include office closure.

### **Preparing for the Possibility of a Workplace or Business Closure**

During the planning process, the utility should discuss with all workers, including contractors, the possibility of office closures.

This discussion should include identifying whether services can be delivered outside of the workplace in a way that minimizes or does not pose any health and safety risk, and implementing methods of communicating workplace closure to workers.

Statutory requirements relating to the employment relationship and any specific requirements of employment agreements will not be affected by workplace closure during a pandemic.

In the event that the employer decides, or is required to, suspend business during a pandemic, it is important that the employment conditions during the business suspension are discussed with workers early in the IPP development. Those discussions may include, for example, the use of annual leave. It should be emphasized that in a union environment special considerations may apply, and that it is of great importance to conduct planning with union involvement throughout.

Contractors for services will be subject to their contracts, and contract law generally applies.

### **If a Workplace or Business Stays Open**

If the workplace stays open during a pandemic, the appropriate provincial and/or federal legislation (ie. *Canada Labour Code* and Federal and Provincial *Occupational Health and Safety* regulations) will continue to apply according to the circumstances.

### **Training and Awareness**

Risk communication, training and awareness programs will be essential to provide information on the pandemic illness. Supervisors, managers and members of committees will have specific responsibilities.

Training should include safe practices and procedures, and plans, policies, or programs that the employer develops under the applicable legislation.

Employees, supervisors, managers and members of committees should have specific responsibilities in the IPP and should receive appropriate training to exercise these responsibilities. Training should cover:

- Duties of the employer and employees;
- The three rights of employees; and,
- Procedures required by the applicable legislation.

Training should include steps to follow in cases of refusal to work, when complaints are filed, and when hazardous occurrences need to be investigated. Methods of instruction can include lectures, films, hands-on demonstrations, and information materials of various kinds. The extensiveness of the training is dependent on the work practices and procedures particular to the work place.

### **c) Critical Supplies Requirements - logistics issues**

Pandemic planning should consider the need for stockpiling of essential supplies. Discuss with key suppliers a plan for regular shipments in the event of shortages or disruptions in transportation systems.

Shortages may occur because of disruptions in Transmission systems or inability of suppliers to meet demands because of their own staff shortages. Loss of up to 30 percent of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies.

During a pandemic there are likely to be restrictions at ports and airports. Persons leaving an area affected by the pandemic will most likely be screened for signs and symptoms of the pandemic illness.

Persons who are ill will be asked to defer travel so as not to spread the illness to other areas that are pandemic free. Supply lines may also be affected by self-imposed travel restrictions, with workers unwilling to travel through or to infected areas.

Difficulties at border crossings may substantially affect supply lines. Consideration should be given to purchase products made in Canada/locally to avoid potential supply problems due to border crossing restrictions implemented at the time of the pandemic.

International air movements may be disrupted in a pandemic, and this may affect the delivery of imported goods, especially if they normally arrive in freight-holds of passenger aircraft.

**Emergency funding can be critical immediately following an emergency like a pandemic. Consider the need for pre-approved purchase requisitions and whether special funding authorities may be necessary.**

All CGA companies, large or small, should develop plans for ensuring that the impact of shortages of critical supplies and resources is minimized. Before a pandemic, logistics precautions may entail:

- Acquiring additional equipment;
- Stockpiling supplies and selecting distribution locations;
- Designating emergency facilities;
- Establishing training facilities for replacement employees;
- Establishing mutual aid agreements;
- Preparing a resource inventory;
- Identifying a Medical Support Team;
- Providing for backup power and re-fuelling plan;
- Providing for backup communications.

During a pandemic, logistics plans may entail:

Moving backup equipment in place;
Moving stockpiled supplies to pre-selected distribution locations;
Activate the Medical Support Team;
Engaging replacement employees as necessary;

Providing utility maps to replacement employees;
Arranging for shelter facilities for critical employees to limit the potential for becoming infected;
Keep an accurate count of available employees.

**d) *Linking with commercial, institutional and industrial customers – gas demand management***

Companies may suffer from loss of economic revenue and sales due to a reduction in customer numbers. The general public will be advised to avoid crowded situations and to stay home as much as possible.

Businesses will have to alter usual practices in order to meet the needs of their customers during a pandemic. Possibilities of altered practices are:

**Business-to-Consumer:**

- Closing customer reception booths to minimize the time people are in contact with others;
- Arranging for services to be provided via phone, Internet, fax or mail;
- Gain customer confidence by maintaining a healthy workforce and workplace;
- Screen employees for symptoms of the pandemic illness and maintain a clean work environment with scrupulous cleaning and hygiene.

**Business-to-Business**

Ensure that you not only have identified alternate suppliers and contractors, but, as a supplier, you have also given consideration to your customers. Your customers should be made aware of your IPP and given instructions on how to minimize the spread of a pandemic influenza in your business dealings with the customer.

**Financial Analysis**

An essential part of any business impact analysis is determining the potential effects of a pandemic on company business financials. Each company should assess the financial situation that is likely to occur during an influenza pandemic and make appropriate arrangements to meet its financial obligations.

## 8. Communication

### a) *Before a Pandemic*

In order for an IPP to work reliably, effective and up-to-date communication of that IPP with your employees, management, other business units in your organization, government, key suppliers, customers, key contractors and the media, will be essential. This will enable the appropriate measures to be put in place long before an event actually occurs. Without a good communication plan with stakeholders during a pandemic, there will be little if any control and the “chaos” period is likely to be prolonged. Building highly available communications systems and communication protocols is a must for both normal operations and disruptions. This is vital to the successful recovery of critical services.

It is important to ensure that communications are culturally and linguistically appropriate, and that your suppliers and contractors are aware of their role in your IPP.

### i) **Internal Communications**

It is likely there will be a high level of anxiety regarding the possibility of a pandemic and this is likely to contribute to increased work absence and/or increased distress to staff. Suggested ways to manage this include:

#### **Employees**

- An early communication plan to educate and update employees regarding a pandemic is advisable vs. having employees interpret information from sources such as the internet. For example, there are known to be 25 to 35 million sources of “bird flu” information on the internet. A regular update from the employer would better serve your staff.
- Upgraded hygiene rules and suggestions for upgrading hygiene and food security for both home and work should be an early communication item. The item could cover issues from food preparation and eating to upgrading hand washing techniques and facilities.
- Upgraded travel rules and restrictions should be sent out. They should cover employee travel notifications as to where they are going, travel approvals to certain locations at risk and travel resources to help an employee who has traveled to an area that has just been quarantined.
- Communicate the possibility of a pandemic – and your organization’s preparedness to manage it – very early to staff. The influenza fact sheet, available from Health Canada’s website (see References) as well as your company’s plans and intentions will be helpful for this purpose.
- Discuss with staff possible health and safety issues, potential for stand down, and leave arrangements if they are ill or need to look after those who are, or who have been “shut out” of childcare and school, etc.

- Have a comprehensive management plan in place which is clearly communicated to staff. Ensure that communications management during the pandemic is part of the IPP (see “During a Pandemic” section below).

### **Managers**

- Managers at all levels of CGA member companies should be made aware of the pandemic planning process early in the development of the IPP.
- The company’s Pandemic Coordinator will ensure that knowledgeable resources are allocated to the planning process.
- Managers should review and approve the plans for their respective department or service area and be responsible for their implementation when necessary.
- Managers should be responsible for coordination with other internal services and functions.
- Managers should also be responsible for communications with their staff and to report any significant problem or issue to the pandemic management team for resolution.

### **Union Representatives**

- Unions are key stakeholders before, during and after a pandemic.
- Involving union representatives early in the planning process will ensure that unionized employees concerns are understood and responded to.
- CGA companies will be in a position to convince their workforce that coming to work is as safe, if not safer, than staying home.
- For those employees not essential to operations, having a clear understanding of how they will be treated by the company (e.g. continued pay and insurance coverage) will reduce anxiety and ensure the most expedient return to normal operations.
- Identifying areas which may end up being in conflict with current collective agreements during a pandemic may be good to know early rather than later.

## **ii) External communications**

Managers will be required to assess the needs of their respective departments and advise those affected of the service level expectation. In the event that service expectations are not likely to be met, alternatives should be considered, and actions taken to develop a communication link to the alternative service.

Those affected would typically be (but not limited to) the following:

- Suppliers and Key Contractors
- Customers
- Shareholders
- Regulatory Authorities
- Public Health Authorities
- Media

### **Suppliers and Key Contractors**

Dialogue should start early in the design phase of your IPP as to what is expected of any key suppliers and/or contractors involved in your day to day operation. Realizing that

they will be experiencing similar staff shortages, it is key to ensure they have created a plan to help them continue with their business commitments.

### **Customers**

Regular updating of web sites and media releases should keep the public informed and reduce harmful business rumors from spreading. Any pandemic security measures developed to stop infection of field staff needs to be issued to the public. If the plan of the gas company is not to go into homes during the height of the pandemic, this policy should be shared.

### **Shareholders**

Investors are nervous at the best of times. Ensure that your shareholders receive accurate information well in advance of any rumours, regarding your plans to manage the company through a pandemic. Shareholders should retain their confidence that the company is being capably managed at all times.

### **Regulatory Authorities**

Some programs that are mandated by law may require the availability of employees that are not available during the pandemic. Regulatory authorities should be made aware of your plans to suspend or reduce the program activity and to resume compliance as soon as the workforce levels will allow.

### **Public Health Authorities**

Public Health authorities will be working to ensure that medication and health professionals are available in sufficient quantities and numbers to deal with a pandemic crisis. Early communication of your expected service requirements and the essential nature of your service will assist them in planning to provide the service level your company will require.

### **Media**

It is expected that each company already has a Corporate Communications group that deals with the media on all official news releases. As the inevitability of a pandemic draws nearer, you may find it necessary to enlist additional people within your company to deal with a large volume of media requests. All of your media contacts should be advised of who their contact will be in your organization to ensure that information releases are controlled, accurate and appropriate.

## **iii) Communication Technologies**

It is possible to utilize communication technologies during an influenza crisis to avoid face-to-face meetings, increase social distancing and reduce human-to-human virus transmission. Contact your technical staff to further explore the following options.

Technologies you may want to consider include:

- a) Remote Access Technologies: These technologies promote telecommuting and permit employees to work at home or at an alternate site while maintaining connectivity to the headquarters network access server.

- b) Distributed Computing Environment (DCE): Otherwise known as the “client server model”, this software permits employees to access information on their normal workstation from a remote workstation. Connectivity is maintained by the Internet, extended networks, remote access, telecommunications devices, wireless devices and other technologies.
- c) Application Web Enablement: Web enabling applications facilitate secure access to applications via a browser software client over the Internet. If applications are web-enabled, end-users can access them using the Internet from anywhere (including their homes) using a client device that supports a browser.
- d) Communications Systems: Employees working remotely during an influenza pandemic must be able to communicate with headquarters or the alternate site using telecommunications systems. It is paramount to ensure the high availability of such systems.

Communications systems include:

- Land Line Telephone
- Cell-phones
- Satellite phones
- Private Branch Exchange (PBX)
- Video and phone conferencing
- Facsimile services
- Company radio systems
- Two-way radios
- Local Area Networks (LANS)
- Virtual Local Area Networks (VLANS)
- Wide Area Network (WAN)
- Blackberries

Characteristics of the communications systems should be based on the following criteria:

- Communications systems are interoperable with other systems;
- Layers of redundancy are built in (if they fail, other systems will take over);
- Systems demonstrate high availability (robust and resilient);
- Sensitive information can be protected (encryption and other technologies); and,
- Systems are regularly tested to ensure these objectives.

The Program Coordinator should work with the network staff to ensure the safeguards implemented are cost-effective and are justified by a business case to which the coordinator should have input.

### **Employee Information Line**

Employees that are away from work (sick, caring for others, working remotely) will need instructions, information on reporting to work, and information related to the scope, risks, magnitude and possible duration of disruptions. An employee information telephone line is an easy and practical way to achieve this.

The voice message can be pre-recorded and updated when required. Access to the voice recordings can be controlled by using a PIN provided to all employees. It is advisable to keep the length of the recording to a minimum. Those who utilize this service must be vigilant in keeping the information current. The service will be viewed as useless if the information is old and out-of-date when employees call in.

### **Keep Communication Open and Frequent**

In all cases, it will be useful to discuss any likely impacts with employees, unions (if applicable) and others that may be affected beforehand. Whatever agreement and clarification can be achieved before a pandemic will prove a valuable investment should the emergency occur.

## ***b) During a Pandemic***

Even though a pandemic is expected to move quickly, there will likely be sufficient time to invoke your IPP and make the appropriate communication systems operational. You should expect that your communication plan will require changes to overcome obstacles that were not evident during your planning and exercises. These changes will have to be made as the situation progresses.

Some communication options to consider for the assurance of an effective communications process during a pandemic include:

### **i) Internal Communications**

#### **Employees**

- Place messages on the Employee Information Line;
- Implementation of a dedicated email database to send information and receive feedback to and from a central location. People must be assigned the responsibility for the review of incoming feedback and respond promptly to requests or questions;
- Posting of all avian influenza-related documents on corporate intranet sites in all applicable languages;
- Posting and constant updating of a web-site pandemic fact sheet.

#### **Managers**

- Distribution of pertinent aspects of your IPP to all leadership personnel with an emergency management role.

#### **Union Representatives**

- Advise union officials of staffing issues and request their input. All health and safety issues should be discussed as soon as they become known to enable alternatives and solutions to be implemented without delay;
- Resolve unforeseen issues involving pay as quickly as possible.

## ii) External Communications

### Suppliers and Key Contractors

- Contact suppliers and key contractors to reaffirm that they continue to have the ability to deliver your typical requirements.

### Customers

- During a pandemic, current advertising may be deemed inappropriate, therefore some thought may have to be given to halt advertising programs or alter them;
- Consider revising your call center scripting so that it can be determined if anyone at the customer's location is showing ILI symptoms. This will allow technical staff to properly prepare for the service call. The phrasing of the scripting should assure customers that emergency services are still available even if occupants are showing ILI symptoms
- Most gas companies have a rather large customer base. Any changes to service levels, production levels, hours of work, notification phone number changes etc should be sent quickly and accurately. Communication of this information should be broadcast in such a way that a consistent clear message is received by all customers affected by the change. i.e. web sites, 1-800 information numbers, call centers etc.

### Shareholders

- Commence regular reporting to shareholders regarding the financial well-being of the company should be done on a regular basis. The reports need not be extensive but should convey the essential information.

### Regulatory Authorities

- Any indication that regulated activities will not be maintained should be communicated to the regulator along with a description of the situation that caused the disruption. A similar communication should occur at regular intervals and whenever activities may be resumed.

### Public Health Authorities

- Review current advisories and posted notices;
- Commence record-keeping and report information to public health authorities on a pre-determined basis. Public Health authorities may introduce mandatory actions and reporting requirements during a pandemic event. It will be important for companies to keep good records regarding the number of employees infected, at home, hospitalized, receiving outpatient care, the number that have returned to work, etc. so that they can be provided to the health authority as required.

### Media

- Conduct ongoing media monitoring (newspapers, TV, radio) and internally post relevant information;
- Contact media at regular intervals with prepared statements. The company's Corporate Communications Officer (or equivalent) should provide direction for all media contact.

### **c) After a Pandemic**

As an influenza pandemic is expected to come in up to two to three waves over a period of 12 months, post pandemic wave communications are critical to the state of preparedness of CGA companies to properly recover from a pandemic period and face future waves.

Some communication options to consider for the assurance of an effective communications process after a pandemic include:

#### **i) Internal Communications**

##### **Employees**

- Place messages on the Employee Information Line updating employees on the status of the company business and priorities;
- Implement a dedicated email database to send information and receive feedback to and from a central location. People must be assigned the responsibility for the review of incoming feedback and respond promptly to requests or questions.

##### **Managers**

- Distribute pertinent aspects of your IPP to all leadership personnel with a crisis management role. Of particular relevance are learnings from the just finished pandemic wave and the ensuing recommended changes and amendments to the IPP.

##### **Union Representatives**

- Advise union officials of staffing issues and request their support;
- Resolve unforeseen issues, such as pay issues, as quickly as possible.

#### **ii) External Communications**

##### **Suppliers and Key Contractors**

- Contact suppliers and key contractors to reaffirm that they continue to have the ability to deliver your typical requirements.

##### **Customers**

- The status of the various customer segments (i.e. residential, commercial, large volume, institutional, etc.) should be assessed;
- Late payments of outstanding bills should be investigated to determine their relationship to the pandemic period and the company's policy implemented as appropriate.

##### **Shareholders**

- Report to shareholders the financial well-being of the company.

##### **Regulatory Authorities**

- The status of regulated activities should be communicated to the regulator. Discussions should be held and agreement obtained on how to catch up with activities that were delayed because of the pandemic.

**Public Health Authorities**

- Review current advisories and posted notices.

**Media**

- Conduct ongoing media monitoring (newspapers, TV, radio) and internally post relevant information;
- Contact media at regular intervals with prepared statements. The company's Corporate Communications Officer (or equivalent) should provide direction for all media contact.

## **9. Conclusion**

As stated earlier in this document, a public health emergency of the nature of an influenza pandemic is a serious threat to CGA member companies. The information and processes presented in this guideline have been designed to assist your company in developing an IPP that will ensure essential operations are maintained in accordance with the mission of an essential service.

# Appendix A - Sample Influenza Notification

(Taken from the Government of New Zealand's Business Continuity Planning Guide, 2005)

# INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the numbers of people in New Zealand with influenza. In order to reduce the spread of influenza in this workplace, the following is required of everybody:

## DO NOT COME TO WORK if you have:

- chills, shivering and a fever (temperature >38°C)
- onset of muscle aches and pains
- sore throat
- dry cough
- trouble breathing
- sneezing
- stuffy or runny nose
- tiredness.

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

**If you have recently arrived from overseas or returned from overseas, please ask to speak to the Influenza Manager (see below)**

**If you start to feel ill at work, DO NOT leave your work area**

Call your Influenza Manager ..... Ext.....

## Appendix B - Sample Hygiene Notice

### PROTECTING YOURSELF AND OTHERS AGAINST RESPIRATORY ILLNESS

- ❖ **HANDWASHING IS THE MOST IMPORTANT THING YOU CAN DO TO PROTECT YOURSELF**
- ❖ Cover your nose and mouth when coughing or sneezing
  - Use a tissue and dispose of this once used in the waste
  - Always wash hands after coughing and sneezing or disposing of tissues.
- ❖ Keep your hands away from your mouth, nose and eyes.
- ❖ Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until influenza-like symptoms have resolved.
- ❖ Avoid contact with people who have influenza-like symptoms.
- ❖ Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

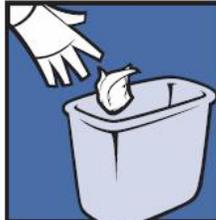
*(Taken from CME Continuity Planning Guide for Canadian Business, March 2006)*

## Appendix C - Sample Poster



**Protect Yourself** ...and others from influenza

Stop the spread of viruses that make you and others sick!

				
Cover your mouth and nose with a tissue when you cough or sneeze.	Throw tissues away immediately.	No tissue? Cough or sneeze into your upper sleeve, not your hands.	Clean your hands often with soap and warm water, or a gel or alcohol-based hand cleanser.	Stay home if you are sick.

Courtesy BC Ministry of Health

## Appendix D - Hand Hygiene Notice – Soap and Water

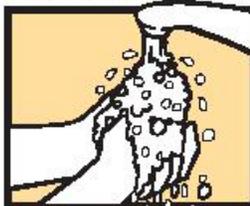
### Handwashing with Soap and Water

Protect Yourself and others from influenza

*Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes.  
Wash your hands often to keep yourself and others healthy.*



**1** **Remove jewelry.**  
Wet hands with warm water, add soap to palms and rub hands together to create lather.



**2** **Thoroughly cover all surfaces** of your hands and fingers with lather and work fingertips into palms to clean under nails.



**3** **Rinse hands well** under warm running water.



**4** **Dry with a single-use towel** and then use towel to turn off the tap.

*Hands should be washed for a minimum of 10-20 seconds.*

*Courtesy BC Ministry of Health*

## Appendix E - Hand Hygiene Notice – Hand Sanitizer

### Cleaning Hands with Sanitizer Protect Yourself and others from influenza

*Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes. Wash your hands often to keep yourself and others healthy.*

			
<b>1</b> <b>Remove jewelry</b> and apply enough product to keep hands moist for 15 seconds.	<b>2</b> <b>Rub product</b> in palms and thoroughly cover all surfaces of the hands and fingers, including the backs and each thumb.	<b>3</b> <b>Rub fingertips</b> of each hand in opposite palm.	<b>4</b> <b>Keep rubbing</b> until hands are dry.

*Do not use hand sanitizer with water. Do not use paper towels to dry hands.*

*Courtesy BC Ministry of Health*

## Appendix F - Suspected Influenza Case at Work Notification Form

### Details of Affected Staff

Name:	Worksite:	Location of Isolation:
Job title:	Supervisor:	Date of birth:
Address:		
Telephone no: _____ (W) _____ (H) _____ (M)		
<b>Symptoms noticed:</b>		
Fever <input type="checkbox"/>	Body aches <input type="checkbox"/>	
Headache <input type="checkbox"/>	Fatigue <input type="checkbox"/>	
Dry cough <input type="checkbox"/>	Others <input type="checkbox"/>	Details: _____
Cold <input type="checkbox"/>		
Time of fever on-set: _____		
Time of isolation: _____		
Travel history over the past 8 days:		
Countries visited _____		
Flights taken: _____		
Where referred:		
Contact List (See separate page)		

### Details of Reporter

Name:
Job title:
Telephone no: _____ (W) _____ (H) _____ (M)

*(Taken from CME Continuity Planning Guide for Canadian Business, March 2006)*

## Appendix G - World Health Organization Pandemic Phases

<b>Interpandemic Periods</b>	<b>Phase 1</b>	No new flu virus subtypes in humans.
	<b>Phase 2</b>	A circulating animal virus poses substantial human risk.
<b>Pandemic Alert Periods</b>	<b>Phase 3</b>	Human infection with new subtype – no or rare human-to-human spread.
	<b>Phase 4</b>	Small clusters with human-to-human spread (May indicate not well adapted).
	<b>Phase 5</b>	Larger clusters may indicate virus adapting to humans (Substantial Pandemic Risk).
<b>Pandemic Period</b>	<b>Phase 6</b>	Pandemic increased and sustained transmission in general population.

## Appendix H - Example Actions for each Phase

PHASE	Private Sector Responsibilities	Suggested Actions for Business
<p><b>Interpandemic and Pandemic Alert Periods</b></p>	<p>Establish plans and procedures to support Health Authority* initiatives to prepare for a pandemic.</p> <p>Develop a program, in conjunction with the Health Authority, to facilitate routine, annual influenza vaccinations of staff.</p> <p>Ensure that areas of responsibility essential for maintenance of your business have been backed up so that appropriate designated personnel can take over management in case of absence due to illness.</p> <p>Identify essential staff and develop contingency plans for operations under prolonged staff shortages and/or shortages of resources</p> <p>Develop plans for procedures to address supply and personnel shortfalls.</p> <p>Arrange and facilitate a meeting with local business leaders regarding the need for mutual aid and support among businesses.</p> <p>Meet with representatives of local businesses to ensure essential businesses stay open.</p> <p>Continue to monitor appropriate information sources for updated information.</p> <p>Consider implementing a telecommuting system so more people can work from home.</p> <p>Implement a health education plan through appropriate workplace health and safety programs. Working with the Health Authority, ensure that self help guidelines are distributed to staff/workers.</p> <p>Consult with the Health Authority on the need to close buildings and cancel public events.</p>	<p>Review business continuity plans.</p> <p>Identify essential services (including contractors), facilities/plants, other production inputs.</p> <p>Plan for up to 50 percent staff absences for periods of 2-3 weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the pandemic.</p> <p>Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member.</p> <p>Identify ways to increase “social distancing” in the workplace, reduce movement etc.</p> <p>Consider organizational policies to encourage the sick to stay at home; and enable staff to work from home.</p> <p>Identify ways to minimize illness among staff and customers, and consider how essential messages (e.g. basic hygiene) can be communicated to staff.</p> <p>Identify needs for Personal Protective Equipment (PPE) and cleaning equipment, and check air conditioning. Purchase additional contingency supplies if needed.</p>

Appendix H (cont'd)

	<p>Consult with the Health Authority on the need to control the movement of people and commodities in and out of the community.</p>	
<p><b>Pandemic Period</b></p>	<p>Increase public information effort designed to keep ill workers at home.</p> <p>Ensure meticulous hand hygiene and environmental cleaning.</p> <p>Cease non-essential services.</p> <p>Be prepared to make arrangements to rotate hours/days of operation, re-assignment of staff.</p>	<p>Alert staff to change in pandemic status.</p> <p>Activate staff overseas travel restrictions.</p> <p>Activate essential business continuity measures.</p> <p>Activate measures to minimize introduction and/or spread of influenza in work place (post notices; social distancing, managing ill staff members, workplace cleaning, etc.).</p> <p>Communicate with staff to promote confidence in the workplace.</p> <p>Activate contact tracing where staff become ill at work.</p> <p>Activate process for recovered and non-infected staff members to return to work.</p>
<p><b>Post-pandemic Period</b></p>	<p>Review, evaluate and revise your business pandemic response as necessary.</p>	<p>Manage return to business as normal.</p>

## Glossary

**Antiviral Medication** –a medication which can be used to treat infected persons and may lessen the effects and/or reduce the duration of the illness by one or two days. i.e. Tamiflu, etc.

**Avian Influenza** – a highly contagious viral infection caused by influenza A virus subtypes H5 and H7 that can affect all species of birds. Type A influenza viruses can infect several animal species aside from birds, including pigs, horses, seals and whales. Humans are only rarely affected.

**Business Continuity** – the capability to continue delivering products and/or services immediately following an emergency or disaster.

**Clinically ILL** - an individual who has symptoms associated with a particular virus or bacteria.

**Emergency Operations Centre (EOC)** – an emergency response central control centre utilized by an organization involved in a crisis to coordinate the emergency response.

**Endemic** - occurs when a disease is a common occurrence or habitually present in a certain area as a result of permanent local factors.

**Epidemic** - occurs when a disease affects more than the expected number of cases of a disease occurring in a community or region during a given period of time.

**Exposed** – having cared for or lived with a person known to have an infectious disease or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have an infectious disease.

**Health Canada** – a ministry within the Government of Canada that provides national surveillance for all health issues, in cooperation with the World Health Organization and other nations. They also provide nationwide coordination of responses to health emergencies including the obtaining and distribution of vaccines and antiviral medications for influenza response.

**Infected** – an individual who has a virus or bacteria in their system but may or may not show symptoms.

**Immunization** – a stimulation of the immune system to develop resistance to a disease. This is normally achieved through vaccination.

**Influenza** - is caused by viruses which affect the respiratory tract.

**Isolation** – removing persons with confirmed infectious diseases from possible contact with those who have not been exposed.

**Pandemic** - occurs when a disease spreads easily and rapidly through many countries and regions of the world, and affects a large percentage of the population where it spreads.

**Period of Communicability** – the time duration a person who is ill with an infectious disease

can infect others.

**Personal Protective Equipment (PPE)** - specialized clothing or equipment worn to protect someone against a hazard or threat.

**Public Health Agency of Canada (PHAC)** – an agency within the Government of Canada that works closely with provinces and territories and focuses efforts on prevention of chronic diseases, like cancer and heart disease, prevention of injuries and responds to public health emergencies and infectious disease outbreaks. The Infectious Disease and Emergency Preparedness (IDEP) Branch enables the prevention and control of infectious diseases and improvement in the health of those infected.

**Quarantine** - separating persons who may have been exposed to a particular virus from others who have not.

**Social Distance** – the recommended minimum physical distance to be maintained between persons in order to minimize the risk of transmission of infections.

**Strain** – a mutant variation of the influenza virus within a given subtype.

**Symptoms** - any subjective evidence of disease infection.

**Vaccine** – a serum provided to help prevent specific disease infections.

**Vaccination** - injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease. The healthy immune system is able to recognize the injected microbes (invading bacteria and viruses) and produce substances (antibodies) to destroy or disable them.

**Virus** - a micro-organism smaller than bacteria, which cannot grow or reproduce apart from a living cell. A virus invades living cells and uses their chemical machinery to keep itself alive and to replicate itself. It may reproduce with fidelity or with errors (mutations).

**World Health Organization** - a world-wide organization that monitors health issues and the status of various diseases around the world.

## References:

### Documents

1. Canadian Manufacturers and Exporters, Influenza Pandemic Continuity Planning Guide for Canadian Business, March 2006.
2. Canadian Electricity Association, Influenza Pandemic Preparedness Planning and Response Guideline, 2006 January 31.
3. Government of New Zealand's Business Continuity Planning Guide, 2005

### Websites

1. Public Health Agency of Canada (PHAC): ([http://www.phac-aspc.gc.ca/new\\_e.html](http://www.phac-aspc.gc.ca/new_e.html) )
2. Health Canada: ([http://www.hc-sc.gc.ca/index\\_e.html](http://www.hc-sc.gc.ca/index_e.html))
3. Health Canada – Fact Sheet: ([http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/flu-grippe\\_e.html](http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/flu-grippe_e.html) )
4. World Health Organization: (<http://www.who.int/en/>)
5. The Canada Labour Code Part II - Occupational Health and Safety: (<http://laws.justice.gc.ca/en/L-2/146493.html#rid-146499>)
6. Border Crossings and corresponding wait times ([http://www.cbsa-asfc.gc.ca/general/times/menu\\_e.html](http://www.cbsa-asfc.gc.ca/general/times/menu_e.html))
7. BC Ministry of Health: (<http://www.health.gov.bc.ca/pandemic/tools.html>)