



Santee Cooper Pandemic Influenza & COVID-19 Response Plan

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Executive Summary

A global outbreak of an infectious disease has the potential to cause severe disruptions to operations across the spectrum of critical infrastructure. This document was developed to provide guidance for facilities on how to prepare for and respond to a pandemic outbreak, with the goal of minimizing disruption to operations. Revision 1 has aligned the functions and actions for facilities to take with the Center for Disease Control and World Health Organization Planning Intervals for pandemic response. Lessons learned and studies conducted as result of outbreaks demonstrate the importance and effectiveness of non-pharmaceutical intervention in minimizing the impact of a pandemic. As the specific characteristics of a pandemic will vary from outbreak to outbreak, this document was developed with a general concept of planning in mind, aiming to achieve utilization and flexibility for use with many different types of outbreaks.

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1 INTRODUCTION

Business continuity planning requires preparing for the full range of threats facing the owners and operators of Santee Cooper facilities. This document was developed with emphasis on power plants. The utilities industry has abundant experience in planning for significant events including extreme adverse weather, technological challenges & failures, terrorism, and other threats. Santee Cooper must also be able to safely operate its facilities amidst the effects of a pandemic.

While influenza pandemic is the most probable type of outbreak to occur, and planning is largely based upon this threat type, the guidance provided in this document should be largely applicable to other infectious disease pandemics that may occur.

1.1 Pandemic Defined

A pandemic is a global disease outbreak that spreads on a worldwide scale and infects a large proportion of the human population.

It can be safely assumed that pandemics will periodically occur, but the timing and impact will depend on many factors that are difficult to predict. The most probable and potentially impactful pandemic to occur is an influenza pandemic. Influenza Pandemics have occurred four times in the past century. While influenza pandemic is the most probable type of outbreak to occur, and planning is largely based upon this threat type, the guidance provided in this document should be largely applicable to other infectious disease pandemics that may occur.

1.2 Planning Framework

The objective of this document is to describe the pandemic threat, frame it for discussion, provide information, and to assist Santee Cooper in developing plans to manage this threat while providing business continuity. As many factors of a pandemic (mode and ease of transmission, incubation period, mortality rate) cannot be determined ahead of time it is essential for stakeholders to develop flexible plans and be engaged in the earliest stages of a potential pandemic to ensure effective response to the particular threat.

BUSINESS CONTINUITY DIMENSIONS

The threat of a pandemic to business continuity needs to be carefully considered. It is different from most other threats for the following reasons:

- **Worldwide Impact**

Unlike many threats that are localized, this has the potential to impact operations simultaneously across North America and around the world.

- **Duration**

A pandemic outbreak would likely occur in a localized area for six to eight weeks, severely disrupt operations. Multiple outbreaks would likely occur simultaneously across different geographical areas. Some level of fear would spread through the population prior to the actual outbreak and the actual “sickness” period would be for up to two weeks or more if complications occur for many individuals. This would then be multiplied as the pandemic worked its way through the population. The virus could mutate leading to multiple cycles or waves of illness.

- **Mortality**

Due to the wide range of potential threats, the potential mortality rates are difficult to predict – a pandemic caused by influenza can have rates from 1/2 percent to 2 percent. Even a low-end mortality rate would cause severe disruption for employees who lose family members and friends. Typically, pandemic mortality rates are usually much higher in young children, the elderly, and individuals weakened by other illnesses such as tuberculosis, diabetes, cancer, and HIV. However, the variability of pandemic mortality is difficult to predict. During the 1918 pandemic, mortality rates were highest among young adults. In the 2009 H1N1 outbreak, the elderly population was not as severely impacted as in previous outbreaks.

Santee Cooper has an excellent record of emergency planning. Proper planning will ensure Santee Cooper’s portion of the nation’s critical infrastructure will continue to function if a pandemic occurs. By working with federal agencies, in particular the Department of Homeland Security, Santee Cooper can be prepared to mitigate the impact of a pandemic and continue safe and effective operation of its facilities.

2 PLANNING, PREPARATION AND RESPONSE REFERENCE GUIDE

Santee Cooper should carefully consider all implications on the spread of the contagion if there are plans to use off-site personnel during the pandemic. Additionally, implications of the use of National Guard or federal troops for security should be carefully considered prior to such a request. It is likely that National Guard and federal troops will not be available for this purpose.

2.1 Business Continuity Planning Assumptions

The following assumptions are meant to provide situational planning parameters, and inform business continuity planning for a pandemic, using the planning assumptions developed by the U.S. Department of Health and Human Services' Pandemic Influenza Plan:

1. The timing of the outbreak of a pandemic remains uncertain.
2. Once human to human transmission of a contagion begins, the disease could spread worldwide. The rate of spread is pandemic-specific but could occur within three to eight weeks.
3. The clinical disease attack rate could range from 20 to 40 percent of the overall population. Infected employees may be very ill for up to two weeks or more if complications occur. Time periods away from work will depend on family situation and recovery.
4. The typical incubation period (the time between becoming infected and developing symptoms) for influenza is approximately two days. This could vary based on a number of factors.
5. Absenteeism rates for employees could approach 40 percent over a period of six to eight weeks.
6. Experience with past pandemics has led the U.S. Department of Health and Human Services to conclude mortality rates among infected persons could approach two percent.
7. Persons who contract the disease are not expected to contract it a second time due to the development of immunity. However, if the virus mutates substantially, there may be recurrences in individuals who were previously ill. These persons would be expected to be available during subsequent waves of the pandemic. However, if others in their families are ill in these later waves these persons may need to care for their family members.
8. Personnel and business processes will need to be managed differently to maintain essential business functions and to minimize the spread of the disease.
9. Vaccines for novel types of infectious contagions will likely not be available during early stages of the pandemic. When vaccines are developed, it is likely there will not be sufficient quantities for all persons. Prioritization of critical infrastructure workers is still under consideration by the government.
10. Antiviral medicines will be available in very limited quantities and will likely be allotted by government agencies to the very ill.
11. During the pandemic, at least two waves (potentially more) of infection will occur. Each lasting six to eight weeks. There may be three to five months between waves.

12. Accurate and timely information distribution to employees, labor organizations and government will be imperative during the pandemic.
13. Power plants have existing plans for continued operations with limited staff. This guideline is a complement to those plans.
14. Electric system operators will keep the grid stable. Rolling blackouts will be used if load exceeds generation.

2.2 Interfacing Critical Infrastructure Sectors

The critical infrastructure sectors listed below are vital to the safe and secure generation of electricity. Pandemic response plans should be coordinated with the appropriate interfaces in these sectors. Other sectors may also be needed depending on local conditions.

- Chemical – deliveries of hydrogen, nitrogen, hydrazine, ammonia and other required chemicals
- Dams – river control, electric power and grid stability
- Emergency Services - fire, rescue, emergency medical service, and law enforcement
- Energy – electric power and grid stability, oil and natural gas if required
- Food and Agriculture – food distribution and services
- Information Technology – cyber security
- Postal and Shipping – daily deliveries of vital components and supplies
- Healthcare – state and local health departments, hospitals, and health clinics
- Telecommunications – telephone and internet
- Transportation – movement of supplies to the plant and items from the plant
- Water – for human consumption and if plant systems require offsite water supplies

2.3 Pandemic Intervals

In 2013, the World Health Organization published an interim guidance for pandemic response which utilized phases. To align the national pandemic response framework with the WHO phases and develop updated pandemic response, The Center for Disease Control (CDC) released an updated framework that replaced the previously used stages with six intervals for response planning. The response actions in this document are aligned with the six intervals used by the United States government.

Investigation

Identification of a novel infectious disease in humans or animals in the world or United States with potential implications for human health.

Recognition

Increasing number of human case or clusters of a novel infectious disease in the world or United States with characteristics indicating increased potential for on-going human-to-human transmission.

Initiation

Confirmation of human cases of a pandemic disease in the world or United States with demonstrated efficient and sustained human-to-human transmission.

Acceleration

Consistently increasing rate of pandemic cases identified in the United States or local area, indicating established transmission.

Deceleration

Consistently decreasing rate of pandemic rate of pandemic cases in the United States or local area.

Preparation

Low pandemic activity but continued outbreaks possible in some jurisdictions.

2.4 Key Planning Actions by Function

The following provides an overview of specific planning functions by key actions associated with each pandemic interval. Include medical personnel in development of the plan. Ensure plans are flexible to be able to respond to a wide range of disease characteristics and on the availability of vaccine, antivirals, and other medical treatment options as applicable.

Table 3-1 — Maintain Awareness and Communicate	
Function	CDC Interval
1. Company medical resources should monitor for health threats via official bulletins or web sites.	All intervals
2. Provide staff and decision makers with the most up-to-date information available by documenting specific characteristics of the virus, such as the following: <ul style="list-style-type: none"> • Mechanism(s), speed, and ease of transmission by which the virus is spread, and mode(s) of transmission, such as droplet, airborne, person to person, etc. • Time the virus remains active on surfaces, such as door handles. • Incubation period, time to exhibit symptoms, and maximum contagious period. 	All intervals
3. Communicate early and regularly to staff; include recommendations such as maintaining appropriate social distance (at least three to six feet) during discussions to minimize potential transfer of infectious agents, so these measures can be practiced and internalized. Anticipate fear; there may be no vaccine and the supply of other medicine may be limited. Identify community resources for timely and accurate information. If medicine is available in the community describe how to get it.	All intervals
4. Communicate early and regularly to staff, and include recommendations that minimize potential transmission of the virus among staff, so that these	Initiation

<p>measures can be practiced and internalized. Use various media for communication: newsletters, posters, supervisor briefings.</p> <ul style="list-style-type: none"> • Publicize what actions will be expected of employees who either become ill or exposed to an ill person, both when at work or outside of work. • Publicize pandemic hygiene practices such as covering one's mouth with a disposable tissue when sneezing or coughing. • Publicize frequent hand washing as a means to prevent the spread of many diseases. 	
<p>5. Encourage pandemic vaccines for all employees, regardless of the pandemic phase.</p>	<p>Initiation</p>
<p>6. Coordinate with public health departments or emergency management agencies on the identification of critical staff as recipients of any available vaccine and antiviral medicine in the event of a pandemic outbreak.</p>	<p>Initiation</p>

Table 3-2 — Develop Plans

Studies of the recent H1N1 pandemic in 2009 demonstrated the effectiveness of non-pharmaceutical intervention (NPI) to help reduce the impact of infectious disease outbreaks on business operations. With the likely limited availability of vaccines and anti-viral medicine, ensure NPI techniques (social distancing, isolation, workplace closure, frequent cleaning of surfaces, etc.) are included in pandemic response plans.

Function	CDC Interval
1. Coordinate with public health officials or emergency management agencies and review plans and preparations with them.	All Intervals
2. Develop appropriate level response and contingency plans and procedures, include the following as a minimum: <ul style="list-style-type: none"> • Criteria for the recognition of an incident or threat, and appropriate response levels considering various international, federal, state and commercial resources • Roles and responsibilities of staff, supervisor, and staff medical personnel • State and local public health and medical contacts and phone numbers • Internal contacts for notification • Consider having as many staff as practical work from home. Determine whether IT support, plant and local internet structure are adequate. Block non-vital users or establish a priority access methodology. Since there will be many organizations with employees telecommuting it may be advisable to have as many people telecommute on evening or night shifts as possible. This may lessen the delays sure to occur due to overloads on all modes of internet connectivity. • Plans and procedures should include support and assistance at an increased level, if necessary, from Human Resources staff to employees' families. • Prevention of spreading influenza virus 	Investigation
3. Consider a plan to separate the work forces to establish independent locations, and/or preserve a "clean" site. <ul style="list-style-type: none"> • Consider a paperless work process to reduce human contact. • Establish a team at a site remote from the plant to screen people before they go to the plant site. Ensure personnel manning the screening site have adequate personnel protective equipment. No one will be infected in the workplace unless an infectious person is allowed into the workplace. Consider infra-red technologies to identify people with fevers. Look for signs of respiratory symptoms. Exclude people with sick family members. Allow only those 	Initiation

<p>persons identified in Function 4, below, on-site. Do not allow others.</p> <ul style="list-style-type: none"> • Consider measures to sequester staff. The sequester strategy may be for a full pandemic wave or for a shorter period of time. It may consist of keeping a core group at the site through the critical period, or simply screening all persons entering the site for symptoms. This can also be accomplished by isolating the incoming individuals from the sequestered population for a period of time sufficient for symptoms to become obvious. Note that people may be infected with the virus and not show symptoms, but people with the virus are less likely to infect others until they show symptoms. <p>In summary consider the strategy to be keeping out ill people, use appropriate sanitation measures to prevent spread of illness and provide personal protective equipment if it is appropriate.</p>	
<p>4. Identify those functions in your company critical to continue around the clock operations for six to eight weeks, and identify the people needed for those positions.</p> <ul style="list-style-type: none"> • Pre-screen critical staff to ensure their willingness to receive a vaccine and antiviral medicine. • Involve your human resources staff as well as established mechanisms such as joint health and safety committees early. • At a minimum include operations, security, maintenance, emergency planning, and information technology. • Consider supplies and accommodations needed for sequestered staff at each location. • Provide cross training for critical tasks. Consider use of retirees to supplement existing work force. 	<p>Initiation</p>
<p>5. Develop plans to buy and stockpile required supplies early and have contracts in place for support:</p> <ul style="list-style-type: none"> • Respiratory masks • Hand washing and sterilization equipment and gloves • Contractors for frequent cleaning and disinfecting of work locations • Medical consultants • Food, water and other living supplies for sequestered staff • Medicines and antivirals • Critical supplies from foreign nations • Other critical supplies typically delivered “just in time.” 	<p>Initiation</p>

<p>There will be shortages of several of these supplies as the pandemic begins. Large orders placed by government agencies of many nations may strain manufacturing capability. You may want to begin purchasing items early.</p>	
<p>6. Develop plans to buy and stockpile consumable supplies (such as compressed gases, chemicals, resin, and lubricants) that will be needed to operate the plant during the period of the pandemic. Early delivery of these items can reduce the workload during peak absentee periods and can also reduce the extent to which the site population is exposed to outside personnel who may transmit the disease. If items cannot be stockpiled, then consider having the transportation companies drop trailers which can be moved and unloaded by site personnel.</p>	<p>Initiation</p>
<p>7. Develop plans to request regulatory relief:</p>	<p>Initiation</p>
<p>8. Develop a contingency plan for diminished local law enforcement capability for activities such as evacuation route alerting and as responders for security events.</p>	<p>Initiation</p>
<p>9. Develop plans to coordinate civil authorities' requests for National Guard or federal troops to provide security. Incorporate planning for segregation of supplemental forces after their arrival.</p>	<p>Initiation</p>
<p>10. Develop plans to address pandemic issues that affect other critical infrastructure.</p> <ul style="list-style-type: none"> • Transportation issues • Telephone and related communications failures • Food and water issues • Plant consumables such as diesel fuel and chemicals • Keep staff informed if supplies from infected areas need to be restricted. 	<p>Initiation</p>
<p>11. Develop plans to integrate with other corporate pandemic plans as appropriate.</p> <ul style="list-style-type: none"> • Prioritize generation units to keep on-line if there is a personnel shortage. 	<p>Initiation</p>
<p>12. Review Emergency Preparedness procedures. Develop plans to use more extensive readiness reporting by individuals to know which ones are fit to respond on a daily or more frequent basis if a local outbreak occurs. Consider alternate methods to "all-call" staffing of facilities to reduce exposure of key individuals at a single time and location.</p>	<p>Initiation</p>
<p>13. Develop plans for outbreak occurrence during various types of outages. Consider that there may be more than one wave of infection.</p> <ul style="list-style-type: none"> • Minimize the number of off-site personnel. 	<p>Initiation</p>

<ul style="list-style-type: none"> • Defer work required by regulatory requirements as needed for continued operation. • Establish refueling contractors as critical staff. • Quarantine outage workers prior to allowing them on site. The quarantine period should be based on the actual incubation period. • Review outage plans with local public health officials. • For forced outages consider implications of off-site workers on spread of the contagion. 	
14. Develop plans for return to normal operations.	Initiation

Table 3-3 — Exercise	
Function	CDC Interval
1. Periodically test and verify your preparedness plans and procedures via a simulation exercise, tabletop exercise or process walk through. Also test the IT infrastructure internally.	Investigation and Initiation

Table 3-4 — Develop Policies	
Function	CDC Interval
1. Develop and update staff travel policy. <ul style="list-style-type: none"> • Do not travel to potentially infected areas even if human to human virus mutation has not occurred. • Do not let people who traveled to infected areas back to work until after the incubation period has ended. • Perform a thorough review of the need for travel and minimize or curtail travel as appropriate. • Consider mode of travel on potential impact for increased exposure to influenza virus. 	Initiation
2. Develop and update meetings policy. <ul style="list-style-type: none"> • Minimize personal contact by using telephones, email, teleconferences, video conferences and web conferences. 	Initiation
3. Develop a visitor policy that is to be implemented in the event of an employee health incident or threat.	Initiation
4. Develop and update human resources policies. <ul style="list-style-type: none"> • As permitted by federal, state and local laws then in effect, update the confidentiality policy for releasing names of staff that potentially have been exposed, to allow effective exposure tracking to be completed. Also include sick employees or employees with sick families. Local and state public health officials have great latitude in containing serious diseases. Coordinate with them. 	Initiation

<ul style="list-style-type: none"> • Develop a policy regarding support of families of workers remaining at the plant for long periods. • Develop a policy to address employees who should not come to the site/office. They may telecommute or not work during the pandemic. • Determine how employee practices will be monitored and enforced. • Encourage employees to stay home after they have been exposed. Consider: <ul style="list-style-type: none"> • Temporarily liberalizing the sick time policy to allow employees to stay home. • Granting an appropriate amount of time off to accommodate the recovery period. • The Family and Medical Leave Act permits most long-term employees to stay home and care for sick family members. Consider paying employees who do so. • Update the policy to process a larger than normal volume of survivor benefits for families in expectation of the death of several employees in a short time period. • Develop or update the policy to accommodate employees with several deaths in the family. 	
5. Develop and update telecommuting policy for office staff.	Initiation
6. Develop and update policies for employee compensation and sick-leave absences unique to a pandemic.	Initiation
7. Develop and update workforce deployment policies regarding teams and crews working together and the potential need to keep employees separated.	Initiation

<p align="center">Table 3-5 — Equipment and Facilities (Consideration should be given to stockpiling supplies during the Initiation Interval. Supplies may be difficult to obtain as the pandemic worsens.)</p>	
Function	CDC Interval
<p>1. As a part of a program to help reduce the spread of a pandemic, consideration should be given to the disinfection of fixed surfaces that are shared by multiple employees. This applies to any devices which would be used by individuals from several different shifts such as tools (i.e., test equipment, wrenches, screwdrivers, etc.), computer keyboards and mouse pointing devices, forklift steering wheels and shifters, crane controls, telephone handsets, full body radiation monitors, etc.</p> <p>Essentially, consider any surface that is used or controlled by handling that is shared among several different personnel. Each</p>	Acceleration

<p>of these devices has different types of disinfection methods. For instance, tools, steering wheels and shift levers are considerably more robust structures and can be washed or wiped down with strong disinfecting agents. Test equipment and computer components cannot withstand such disinfecting regimes.</p> <p>For more sensitive items such as electronic devices consideration should be made to provide washable type devices such as those that can be found in use in the medical practices area. Examples of these would be membrane keyboards or disposable keyboard covers. In the first case, the keyboard itself would be washed at the beginning and end of each shift and for the latter the cover is replaced. Pointing devices like touch pads that can be readily disinfected can be used instead of mice that would require more effort to clean. For test equipment either guidance from the equipment manufacturer should be solicited and followed or equipment with washable surfaces should be acquired.</p>	
<p>2. Provide each workstation with a disinfecting agent, paper towels and latex or vinyl gloves.</p>	<p>Acceleration</p>
<p>3. Purchase and store sufficient quantities of personal protective equipment (masks and gloves). Some masks deliver better speech clarity than others. Some masks are designed to protect the person wearing the mask; other masks protect exposure of others from the person wearing the mask. N95 masks seem to provide an appropriate level of assurance to prevent the spread of a contagion. Before the N95 masks are used for respiratory protection, a written respiratory protection program must be implemented meeting all OSHA requirements such as medical evaluation, training and fit testing.</p> <p>Shelf life should be considered for masks and gloves. Used masks and gloves may contain respiratory droplets that are the transmission vector so they would be considered medical waste. Consider handling a larger than normal volume of medical waste. Training should be provided to persons outside the current group who handle medical waste.</p> <p>Vendors should be secured for the removal and disposal of medical waste.</p>	<p>Initiation/Acceleration</p>
<p>4. Stock up on ready to eat meals, disposable plates and utensils, water, beverages, and other food, especially items that require heating. Also procure other items required if staff will be sequestered at the plant. This would include basic medical supplies, bedding, laundry supplies and personal care items. Consider sufficient supplies for a long duration.</p>	<p>Initiation</p>

5. Post personal protection techniques such as hand washing and social distance posters in all washrooms and common areas (kitchens, break rooms etc.).	Acceleration
6. Close non-critical common areas, such as exercise room and cafeteria.	Acceleration
7. If appropriate, isolate certain areas, post signs stating temporary quarantine at all exits, and change access control list.	Acceleration/Deceleration

Table 3-6 — Response Actions by the Affected Employee	
Function	CDC Interval
1. When an employee has contracted or suspects that they have contracted the virus, the employee is to seek medical attention immediately and advise his or her supervisor or line manager accordingly.	Acceleration/Deceleration

Table 3-7 — Response Actions by Plant Management to be Implemented throughout the Plant	
(The following is a list of roles, responsibilities, and actions to respond to a case in which one or more plant staff are infected or suspected of being infected.)	
Function	CDC Interval
1. Advise affected employees to contact their doctors and the company medical staff. Be aware that doctors and medical facilities may be overwhelmed and may not be able to help.	Acceleration/Deceleration
2. Line manager or supervisor contacts the company medical staff to follow up on affected employees.	Acceleration/Deceleration
3. Implement a process such that all employees and visitors to critical facilities are subject to appropriate screening to aid in identifying whether they are a potential risk. (For example: Have you visited a high-risk location in the past two days?). Post screening tool(s) at all entrances. The screening may be done at the security check point, further out on the access road(s) or at entrances to the plant buildings.	Acceleration/Deceleration
4. If appropriate, contract a cleaning service/agency and request the disinfection of the affected employee's workstation and shared work areas as well as all shared equipment and facilities (including washrooms, kitchen areas and meeting rooms). Assess the need for separation of plant staff from cleaning personal if they are from off-site. Ensure the cleaning personnel are appropriately trained on disinfection techniques.	Acceleration/Deceleration
5. Close non-critical common areas, such as exercise room, or perhaps the cafeteria.	Acceleration/Deceleration
6. Assess the need to direct staff to maintain a safe distance from each other.	Acceleration/Deceleration

7. Assess the need for complete separation of staff including the activation of any backup facilities.	Acceleration/Deceleration
8. Assess the need to release non-critical staff from on-site duties to reduce the risk of infection of critical staff.	Acceleration/Deceleration
9. If appropriate, provide each workstation with a disinfecting agent, paper towels, and latex or vinyl gloves. Have each crew member wipe down all equipment and surfaces before and after each shift. Provide each workstation with sanitizing lotion with instructions on use.	Acceleration/Deceleration
10. Provide regular communication to all staff with the latest medical advisories and emphasize adherence to actions suggested. This includes actions to be taken to prevent the spread of the pandemic.	Acceleration/Deceleration
11. Provide on-site personnel with personal protective equipment.	Acceleration/Deceleration
12. If appropriate, isolate the building, post signs stating temporary quarantine at all exits.	Acceleration/Deceleration
13. Notify all staff on site to leave their full name, employee ID, and after- hours contact number(s), including numbers where they may be potentially relocated, such as parents, family etc. Instruct all employees when they are allowed to return to work, such as the following business day unless advised otherwise.	Acceleration/Deceleration
14. Have visitors provide their home and company contact numbers as well as after-hours contact numbers for follow-up.	Acceleration/Deceleration
15. Coordinate with corporate staff and with groups such as electric system operators, local hospitals, and the local health department. Be aware that hospitals and other medical facilities may be overwhelmed and may not be able to help. Consider coordination with all supporting critical infrastructure sectors. Coordinate with other sectors as needed based on local conditions. In some locales coordination between sectors may be coordinated by emergency management agencies.	Acceleration/Deceleration
16. If antiviral medicine is available consider the time sensitivity of reporting the illness to begin the antiviral course as soon as possible.	Acceleration
17. Update procedures for operator rounds and routine maintenance to accommodate reduced staff.	Acceleration
18. Establish a Rumor Control Organization to deal with possible misinformation that may spread by employees.	Acceleration
19. Implement enhanced verification of emergency response personnel availability to ensure ability to continuously implement emergency plan in the event of an emergency declaration. Ensure Emergency Response Facilities are equipped with supplies to minimize spread/prevent contamination of individuals.	Acceleration/Deceleration

Table 3-8 — Response Actions by Medical Staff	
Function	CDC Interval
1. Communicate regularly with company senior management. Consider assisting management in designing health decision trees for employees to follow, anticipating that they may require ongoing updates according to most recent available information.	Acceleration/Deceleration
2. Advise the affected employee to contact their doctor and to adhere to the advice given.	Acceleration/Deceleration
3. Advise the affected employee to contact their direct supervisor if they have not already done so.	Acceleration/Deceleration
4. Request that the affected employee keep you informed of their condition.	Acceleration/Deceleration
5. Advise the affected employee not to return to work until directed to do so by their doctor and the company doctor/nurse.	Acceleration/Deceleration
6. Support and provide input into employee communications.	Acceleration/Deceleration
7. Arrange for the placement of waterless hand cleaner and cleansers and/or wipes at key communal areas (washrooms, kitchens, workstations). They should be at each person's work station to encourage hourly hand cleaning.	Acceleration/Deceleration
8. Provide regular communication to all staff on the latest health advisories and recommend adherence to actions suggested.	Acceleration/Deceleration
9. Provide regular communication to all staff on any additional specific requirements or information.	Acceleration/Deceleration
10. Provide employees means to access mental health and social services providers.	Acceleration/Deceleration

3 ADDITIONAL INFORMATION

Additional information can be found at:

- U.S. Health and Human Services, www.hhs.gov
- U.S. Centers for Disease Control and Prevention, www.cdc.gov
- World Health Organization, www.who.int
- U.S. Office of Personnel Management, www.opm.gov
- Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/>
- Australian Department of Health and Aging, <http://www.health.gov.au/>
- United Kingdom Department of Health, www.dh.gov.uk
- Occupational Safety and Health Administration, Pandemic Influenza, <https://www.osha.gov/SLTC/pandemicinfluenza/>
- National Pandemic Influenza Plans, <https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/national-strategy-planning.html>