TABLE OF CONTENTS

1.

2.

2.1 What is influenza pandemic?
2.2 Past pandemics and the “Spanish Flu”
2.3 Seasonal vs. pandemic influenza
2.4 Past pandemics and Pandemic influenza in South East Asia
2.5 What may happen during an influenza pandemic?
2.6 Pandemic Phases

3. ASSUMPTIONS

4. R. ENGLAND PREPAREDNESS

4.1 influenza steering committee
4.2 influenza alert levels
4.3 preparedness
  4.3.1 precautions
  4.3.2 process
  4.3.3 onset in the workplace
  4.3.4 precautions (Masks)
  4.3.5

4.4 preparedness
  4.4.1 regional representatives
  4.4.2 resilience process
  4.4.3 continuity process
  4.4.4 of expatriates
  4.4.5 security

4.5 resources preparedness

4.6 preparedness

5. INFORMATION

5.1 External
5.2 Internal
### TABLE OF CONTENTS

6. REFERENCES

**ANNEX 1:** MANAGEMENT REQUIRED ACTION
- LEVEL
- LEVEL
- LEVEL
- LEVEL

**ANNEX 2:** PROTOCOLS FOR HEALTH CARE WORKERS

**ANNEX 3:** PROCESS

**ANNEX 4:** FOR SYMPTOM ONSET IN THE WORKPLACE

**ANNEX 5:** PRECAUTIONS

**ANNEX 6:** GUIDELINE FOR DRUG TREATMENT AND PROPHYLAXIS OF PANDEMIC INFLUENZA

**ANNEX 7:** LEVEL PREPARATION CHECKLIST

**ANNEX 8:** REPORTING TEMPLATE

**ANNEX 9:** BUSINESS CONTINUITY PLAN
1. INTRODUCTION

In response to the threat of an influenza pandemic, many governments have created national pandemic plans. However, there has been little or no specific information or advice given to the business community to assist with pandemic planning.

The risk could be greater in developing countries due to:
- Lower levels of hygiene, health care;
- Limited public health care systems; and/or
- Lower levels of influenza pandemic preparedness.

This preparedness plan is designed to provide divisions with the following:
- A thorough briefing on the risk of pandemic influenza;
- A substantial base from which to develop company/site-specific customized “Pandemic Preparedness Plans” by selecting or concentrating on the most relevant sections;
- Guidance on specific health issues during the preparation phase as well as for case management and treatment during the influenza pandemic.

Its goals are to:
- Minimize the health impact on our workforce.
- Minimize business disruption as a result of influenza pandemic.
- Maximize capacity for recovery after an influenza pandemic.

Each Site Manager is responsible for:

It is crucial that key personnel in all C. R. England sites be aware of the risks of Pandemic Influenza, be familiar with this PIPP, and that communication between C. R. England key actors during such an outbreak is seamless and appropriate.
2. BACKGROUND

2.1 What is influenza pandemic?
A pandemic is a disease outbreak that occurs over a wide geographic area and affects a high proportion of the population. An influenza pandemic could affect the entire world over a period of 12-18 months, and it is likely that millions of people could die.

When and how the influenza virus might undergo the change necessary to cause a pandemic is unknown. Some experts believe a pandemic is inevitable and unavoidable. Some believe a pandemic is already overdue. The majority of the past influenza pandemics were caused by an avian influenza virus, but it can also be caused by other influenza virus such as the swine influenza virus.

What is swine influenza?

Swine influenza (also called swine flu or pig flu) is a group of influenza viruses that usually infects pigs. Infections in humans are uncommon. The current swine flu which is infecting people is a new strain of influenza A/H1N1. It is not certain how it developed. Its genetic makeup shows parts of human flu, avian (bird) flu and swine flu.

2.2 Past pandemics and the “Spanish Flu”
History reveals that several influenza pandemics occur each century. There were three influenza pandemics in the 20th century. The most notable was the so-called “Spanish Flu” pandemic of 1917-18, during which more than 50 million people died. All continents were affected.

2.3 Seasonal vs. pandemic influenza
Pandemic influenza is quite different from the seasonal influenza that occurs annually in the northern and southern hemispheres during the winter months. (“Seasonal" flu also occurs throughout the year in tropical areas.)

Seasonal influenza
The influenza virus is continually changing. Small changes known as genetic drift occur and result in slightly different strains of influenza virus each winter. That is why the population suffers seasonal flu annually – people have limited residual immunity to the new, slightly different version of flu even if they had an influenza infection the year before. Seasonal influenza is a serious infection that kills over 30,000 people in the US annually, 2,000 in France and over 1,000 in Canada. The very young and the very old are at greater risk.

Pandemic influenza
A pandemic is triggered when the human population is exposed to a new influenza virus to which it has virtually no immunity. Pandemic influenza can be a much more serious illness, with much higher death rates, than seasonal influenza. Especially important is the fact that young healthy people can be seriously affected.

Pandemic influenza can occur under the following circumstances:

- A significant change occurs in the genetic structure of a human influenza virus (genetic shift);
- An influenza virus that previously has not affected humans (such as a Pandemic influenza virus) gains that ability to infect people.
There are three key conditions that must be met in order for an influenza virus to be able to infect people worldwide and cause a pandemic:

1. A new virus subtype must emerge to which people have little or no immunity;
2. The new virus must be able to infect people and cause substantial illness and death;
3. The new virus must be easily transmitted from person to person..

2.4 Past pandemics and avian influenza in South East Asia and the current swine influenza outbreak in Mexico

Two of the last three pandemic influenza strains have developed from a mix of avian or other strain of the influenza virus and human influenza. It is possible that the next pandemic flu will arise from the avian influenza (A/H5N1) that is currently widespread in Asia or from the recent outbreak of swine influenza (AH1N1) in Mexico.

2.5 What may happen during an influenza pandemic?

Events such as the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 have demonstrated how vulnerable the world is to a new infectious disease. International travel allowed SARS to spread around the world with unprecedented speed. The disease had a high death toll, with an estimated fatality rate of nearly 10 percent. In addition to its health impact, SARS caused widespread economic disruption. A pandemic influenza virus is expected to be far more infectious than SARS. People with influenza may be contagious even before developing symptoms.

Once a “novel” influenza virus develops the ability to spread easily from person to person, interventions probably will not keep the disease from spreading globally. At best, efforts may slow the spread of the virus. Hundreds of millions of people will be infected, and unfortunately many will die.

Each area of the world is expected to be hit by up to three separate episodes of wide-spread infection, which are called “pandemic waves”. Each wave could span 8-12 weeks. During these periods, it is possible that:

- Normal governance may be strained;
- Medical facilities will be overwhelmed, especially in developing countries;
- Normal services (water, food, sanitation) may falter;
- Businesses and factories may close;
- International travel will be severely restricted.

The risk could be greater in developing countries due to:
- Lower levels of hygiene
- Limited public health care systems
- Lower levels of influenza pandemic preparedness

2.5.1 Limited specific treatments

Vaccination

Although a vaccine is available against seasonal influenza, current vaccines are not expected to give any protection against a pandemic (avian or swine) influenza strain. Once a pandemic begins, it will probably take 4-6 months for an effective vaccine to be available. Even after development, vaccine will be in short
supply. A pre-pandemic vaccine has recently been developed, but it will not be available for the general population.

Currently there is a specific vaccine against swine flu A/H1N1, but generally available only to State Agencies. At this stage pandemic planning should proceed with the assumption that the current seasonal flu vaccination will offer no protection.

As a good health practice, all employees – whether travelling or not – should be up-to-date with their routine vaccinations. This includes seasonal influenza and pneumococcal vaccination for certain adults: those over 65, people with serious long-term health conditions and people whose immune systems are compromised due to transplants, cancer treatments, HIV/AIDS, etc.

**Antiviral drugs**

Antiviral drugs, in particular oseltamivir (Tamiflu) and zanamivir (Relenza) are likely to be effective in reducing the severity of cases of pandemic influenza. Some can also be used to prevent the illness – such preventative use is called “prophylaxis”. However, supplies of antiviral might be limited in many countries.

**2.6 Pandemic phases**

The World Health Organization (WHO) has divided a pandemic into “Phases”. The phases refer to an increasing risk of a pandemic happening and are used (and sometimes modified) in most national pandemic planning responses. The phases were revised in April 2009. The phases below are referred to throughout this document.

This PIPP uses WHO analysis and recommendations as one of its main drivers and sources of information.

**Pandemic phases (issued by WHO in April 2009)**

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

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1Viruses containing two or more pieces of nucleic acid (segmented genome) from different parents. Such viruses are produced in cells coinfected with different strains of a given virus.
Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

The current WHO phases and process are based purely on geographical spread and do not take into account the severity of the illness. WHO has recently indicated that they are considering changing the criteria to move from one phase to the next, particularly from Phase 5 to Phase 6, to give increased emphasis on the impact of the disease on the general population.

3. PLANNING ASSUMPTIONS

The precise characteristics and impact of an influenza pandemic will only be known when the virus emerges, therefore, governments and scientists have developed a series of assumptions and presumptions about a pandemic’s course that are being used to establish a planning process. However, given the uncertainties, the response arrangements must be flexible enough to deal with a range of possibilities and be capable of adjustments as they are implemented.

• Origin of a pandemic
  o An influenza pandemic will be caused by a new subtype of the influenza A virus (AH5N1 or AH1N1).
  o A new strain is likely to transmit more easily to people if it contains genetic material from a human influenza virus (that is why it is important to be vaccinated against regular influenza).
  o Although an influenza virus with potential to cause a pandemic could develop anywhere, it is most likely to emerge from South East Asia, the Middle East or Africa.

• Timing and duration
A future influenza pandemic could occur at any time. Intervals between the most recent pandemics have varied from about 10 to 40 years with no recognizable pattern, the last being in 1968/69. A new virus may emerge at any time of the year. Initially, pandemic activity may last for three to five months, depending on the season. There may be subsequent waves, weeks or months apart.

- Geographic spread
  - It will be almost impossible to contain the initial spread of a pandemic virus originating in Asia, the Middle East or Africa. It is almost certain that the virus will spread globally in weeks.
  - Spread from the country of origin is likely to follow the main routes of travel and trade.
  - A theoretical model suggests that the spread from the source country to Europe and North America (NA) through movement of people is likely to take two to four weeks, unless the new virus originates from NA, in this case Europe could be affected in hours or days.

- Infectivity and mode of spread
  - Influenza spreads through the respiratory route by droplets of infected respiratory secretions that are produced when an infected person talks, coughs or sneezes.
  - The incubation period is in the range of one to four days (typically 2-3).
  - People are highly infectious for four to five days after the onset of symptoms and can be infectious even before developing symptoms and may be absent from work for up to ten days.
  - Without intervention, and with no significant immunity in the population, one person infects about 1.4 to 1.8 people on average (likely to be higher in closed communities).

- Clinical attack rate and severity
  - In previous pandemics, the overall clinical attack rate (the proportion of population affected by the disease during a defined, usually short, period of time, has been in the order of 25% to 35%, compared with the usual seasonal range of 5% to 15%. Higher attack rates are possible depending on the number of spread waves.
  - Up to 4% of those who are symptomatic may require hospitalisation
  - Mortality rate is expected to be much higher than seasonal influenza and in previous pandemics was between 0.2% to 2%. The reported mortality for humans infected with the A/H5N1 avian virus is currently over 50%. At the moment, the mortality and attack rate associated to the outbreak of swine influenza in Mexico is unknown.
  - Up to 50% of our workforce may require time off at some stage over the entire period of the pandemic.

Phased planning is essential

The development of an effective Pandemic Preparedness Plan needs to be "phased". This means that companies must have action plans that contain "trigger points" mandated by the actual pandemic phase. It is important, however, to understand that changes in the pandemic phase by WHO or other agencies do
not necessarily cause a change in actions taken by C.R. England. Changes in pandemic phases will, however, cause the C.R. England Pandemic Influenza Steering Committee to review the current situation and assess the impact of the developments on our employees and our business. The RT Pandemic Influenza Steering Committee will then recommend changes in actions if required.

Good planning both by national governments and employers can reduce the extent of the outbreak as well as morbidity and mortality rates.

Planning for an influenza pandemic increases the likelihood that our people will be adequately protected and that our company continues its business operations during a global health crisis.

This plan addresses three critical stages: preparedness, response and recovery.

4. **C.R. ENGLAND PREPAREDNESS**

4.1 **C.R. ENGLAND pandemic influenza steering committee**

A steering committee composed of Lakeside medical staff, Corporate Communication, Legal and Human Resources representatives was created to assess the potential threat caused by a Pandemic Influenza outbreak and/or pandemic, and to prepare C.R. England’s reaction should such an outbreak occur. (See 5.2 for the complete list of members.)

The Steering committee’s mandate is to monitor the situation, advise C.R. England upper management and disseminate corporate information to all site managers.

The Steering committee reports to the Chairman Of The Board, Chief Executive Officer and Chief Operating Officer and relies on its leadership to enforce its recommendations.

The Director of HR/Risk Management is in charge of:

- Analyzing the pandemic influenza steering committee’s recommendations;
- Authorizing actions and alert level changes;
- Facilitating the implementation of the action plan.

The C.R. England Pandemic Influenza Steering Committee is in charge of:

- Monitoring the situation continuously;
- Advising C.R. England Senior Management;
- Recommending alert level changes;
- Preparing and disseminating timely information to all C.R. England employees.
4.2 Pandemic influenza alert levels

There are four Pandemic Influenza Alert levels: GREEN, YELLOW, ORANGE and RED.

(The four alert levels are influenced by the WHO pandemic influenza alert criteria and information from the US Centre for Disease Control, national government Health agencies and International SOS.)

<table>
<thead>
<tr>
<th>Table 1: Pandemic Influenza Alert Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORPORATE</strong></td>
</tr>
<tr>
<td>Limited number of cases transmitted from sick animals to humans.</td>
</tr>
<tr>
<td>Recognized evidence of easy human to human transmission, however cases are limited to small clusters and impact of the disease is limited.</td>
</tr>
<tr>
<td>Major outbreaks in specific areas with significant impact on populations.</td>
</tr>
<tr>
<td>Worldwide global epidemic Pandemic with major impact on populations.</td>
</tr>
</tbody>
</table>

* recognized human cases in the same or adjacent region with intensive population/transportation links. (e.g. regions within the US, or Switzerland/Germany or France/Belgium, etc.)

In order to respect corporate and local operational responsibilities, different definitions of alert levels have been established. In fact, C.R. England’s corporate alert level could be YELLOW while an external site would be at a higher level (ORANGE or RED), depending on the proximity of the affected area.

These four levels are aimed to react to the evolution of the situation based on both medical and security criteria.

**A series of medical, security and business continuity actions that should be undertaken at each level are specified in 1.**
4.3 Medical preparedness

Medical Preparedness is a crucial step in Pandemic Influenza Preparedness. The following medical guidelines should be used in order to prepare for a potential Influenza pandemic.

In order to provide practical and technical guidance Lakeside Medical has adopted protocols that have been developed by International SOS.

Due to the dynamic nature of the situation, those protocols will be revised as needed and updated versions will be available and posted on the Lakeside Medical web site as soon as they are produced.

The protocols are available at [2].

4.3.1 Standard precautions

Good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are antiviral drugs that can be used to treat and prevent the flu.

Standard precautions should be employed at all times, regardless of the pandemic phase.

Basic recommended precautions are:

- Avoid close contact.
  Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too;

- Stay home when you are sick.
  If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

- Cover your mouth and nose.
  Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

- Clean your hands.
  Washing your hands often will help protect you from germs.

- Avoid touching your eyes, nose or mouth.
  Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

- Practice other good health habits.
  Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Hand washing

As indirect transmission (e.g. from hand-to-hand, or hand to contaminated object and contaminated object to hand) is one of the main ways influenza is passed from person to person, educational programs should reiterate the need for routine and frequent hand washing.
The influenza virus is relatively easy to destroy. Washing with plain soap or alcohol or other antiseptic-based hand wash products eliminates the virus. It is important to wash hands even if protective gloves have been worn. Gloves are not a substitute for hand washing.

The recommendations for frequent hand washing remain the same throughout all pandemic phases. However, as more is learned about the nature of the pandemic virus, the type of agent to be used may be updated.

**Method of hand washing in the non-healthcare setting**

- Remove all jewelry.
- First, wet hands under running water. Then apply soap. If a bar of soap is used, it should be permitted to drain when not in use. It is preferable to use small bars of soap that are changed frequently.
- Rub all surfaces of the hands vigorously for a minimum of 10 seconds.
- Rinse hands under running water. Dry with a clean cloth or disposable paper towel.
- Avoid splashing.
- Turn off the tap without re-contaminating the hands – use the disposable paper with which hands were dried.

**Everyone should wash their hands at the following times:**

- Before, during and after food preparation
- Prior to eating
- After using the toilet
- After touching animals or animal waste
- After touching the nose or mouth
- After changing diapers
- Whenever hands are dirty

**Use of Alcohol-Based Hand Rub**

- Only alcohol-based products should be used
- Read the label, apply to the palm of the hand in the recommended quantity
- Rub hands together covering all surfaces including fingers and wrists
- Rub into hands until dry (15-20 seconds)
- If hands are visibly dirty wash with soap and water rather than an alcohol rub
  (Hand rubs are not effective if hands are soiled)

**Respiratory hygiene**

As influenza is mainly spread by droplet transmission, maintaining respiratory hygiene is important to reduce its spread. All individuals, even those who do not appear infected, should be aware of and practice respiratory hygiene measures at all times.

**Cough etiquette**

- Use a tissue to cover the nose and mouth when coughing or sneezing. If a tissue is not available, it is preferable to cover the nose and mouth with the upper sleeve. Do NOT use your hands.
- Dispose of used tissues in the nearest waste receptacle.
- Wash your hands after covering a cough or sneeze.
- In common areas, try to sit at least 1 meter (3 feet) away from coughing individuals.

### 4.3.2 Screening process

This procedure (see 3) details the method of screening for potentially infected workers during an influenza pandemic.

These screening measures are most relevant.

Using such a screening process will:

- Reduce the risk of infection in the workplace,
- Reduce the risk of healthy workers being exposed,
- Reduce the spread of disease.

The screening procedure must be introduced as soon as the alert level turns to yellow (global) and should target all persons.

### 4.3.3 Symptoms onset in the workplace

This procedure (Annex 4) outlines the actions to be taken should any workers, visitors, suppliers, contractors or any other person develops symptoms in the workplace in a facility located within an affected area.

In this case, attention must be given to ensure adequate medical evaluation and treatment.

All symptomatic people must be aware of the most appropriate medical facilities in their region, and immediate contact precaution in the workplace should be taken until the case is confirmed.

### 4.3.4 Airborne precautions (Masks)

Use of face masks during a pandemic might be an important preventive measure recommended by the local health authorities. A guide to possible facemask recommendations during a pandemic is available (5). It will be important to continually refer to this guide as the recommendations may change due to the evolution of the pandemic.

### 4.3.5 Medication

As with any other medical intervention, Pandemic Influenza treatment and prophylaxis using antiviral drugs must only be undertaken under strict medical prescription, supervision and follow up.

Decisions on drug stockpiling should be made on a site by site basis, according to the considerations in the Health Guideline for Drug Treatment of Pandemic Influenza in conjunction with the local public health authorities (6).

### 4.4 SECURITY PREPAREDNESS

Security preparedness is critical to ensure that C.R. England is well prepared to face emergency situations. Site managers must ensure that a site-specific response mechanism, to a potential Pandemic Influenza threat, is put in place.
The following are basic preparation elements and must be considered in order to prepare for a potential Influenza pandemic.

4.4.1 Security regional representatives

Security representatives are identified regionally. They support C.R. England facilities nationally and they will continue to be helpful resources should an outbreak occur in a particular region.

Please consult 5.2 if you need to reach your security regional representative.

4.4.2 Business resilience process

Business resilience center (BRC)
The England BRC is designated as the England Logistic Facilities where the Business resilience team gather to manage an emergency or a crisis.

Business resilience team (BRT)
The Business Resiliency Team has been designated as all members of the Management Advisory Council who will co-ordinate all activities, to protect people and property and return to normal operation during a disaster. They will also ensure the most efficient use of resources, both internal and external.

Required immediate actions
Site managers must ensure that:

- A BRC is functional within their site, a Business Resilience Team (BRT) has been created and its members briefed on roles and responsibilities;
- All BRT members are familiar with this PIPP;
- All BRT members who are expatriates fall into the essential staff category;
- All BRT members are familiar with their site’s Business Continuity Plan in case of pandemic.
- They report to the Influenza Pandemic Steering committee that a BRC and a CMT are ready (send report (see 8) to: influenza@crengland.com).

4.4.3 Business continuity process

If an Influenza Pandemic crisis occurs, business has to continue as normally as possible; the shutdown of a facility is the last option in a business continuity process.

Business continuity plan (in case of pandemic)

Business continuity planning is an integral part of the C.R. England Business Resilience program. A business continuity plan is a collection of procedures and information developed, compiled and maintained in readiness for use in an incident to enable an organization to deliver its crucial activities at an acceptable and predetermined level.

A business continuity plan enables critical services or products to be incessantly delivered to clients. Rather than focusing on resuming business or recovering after a disaster, a business continuity plan strives to ensure that critical operations continue to be available.
Required immediate actions

Sites managers must ensure that:

- A business continuity plan in case of pandemic for their site is up to date or being prepared (Annex 9).
- They report to the Influenza Pandemic Steering committee that a Business Continuity Plan in case of pandemic is ready (send report (see ) to: influenza@crengland.com).

4.4.4 Evacuation of expatriates

A specific plan must be built in order to assist expatriates in case of an Emergency Evacuation. Each facility manager is responsible for the security of his/her expatriates (if applicable).

Required immediate actions

Site managers must ensure that:

- An Expatriate Evacuation Plan is up to date or is being prepared (if applicable).
- They report to the Influenza Pandemic Steering committee that an Expatriate Evacuation Plan is ready – if applicable (send report (see 8) to: influenza@crengland.com).

4.4.5 Travel

Considering that the situation may change very rapidly, it is now more than ever essential that site managers ensure that all travelers consult Hess Travel 24/7 (800) 516-0897 or (801) 292-8687 and or Melanie Gray 801-974-3812 - melanieg@crengland.com prior to travel, and that they book their trip through Hess Travel and Melanie Gray.

4.5 Human Resources Preparedness

The role of the Human Resources function is to support line management regarding HR issues related to a Pandemic Influenza. If the threat becomes a global pandemic that has a significant impact on our business operations, then the corporate HR function will define global guidelines for external as well as internal dissemination.

Site management has primary responsibility for the effective management of the site. This responsibility includes HR issues associated with the impacts of the spread of Pandemic flu on a particular site, region or country. The appropriate HR management will assist management in this process.

In terms of Human Resources preparation, at Green or Yellow Alert Levels, to support the actions outlined in Annex 1, Corporate HR staff will rely upon established company policies and programs in the Health & Welfare, Benefits, Compensation and Flexible Work Arrangements areas to provide specific guidance and support to local management. These policies and programs will be integrated with the relevant guidance from the appropriate regulatory agencies in the impacted jurisdiction.

If and when the situation reaches level Orange or Red Alert status, it is recommended that a rapid response HR task force be formed to address the
specific action plans, policy decisions and administrative issues that are critical for the location, geography and specific situation. Given the complexity of the Group's businesses, diversity of operations and locations, access to medical facilities and proximity to population centers and other C. R. England facilities, specific and detailed responses will be required to appropriately respond to the crisis. The task force should work in conjunction with the local Crisis Management teams and the C. R. England Pandemic Influenza Steering Committee to ensure all recommendations are incorporated into the overall facility and business continuity plan.

The task force should be comprised of representatives of the local HR management and Group HR to ensure the appropriate balance of location specific responsiveness in accordance with Group policies and for knowledge capture in the event of future incidents. In the event that more than one location is impacted or the crisis becomes country-wide or regional in nature, the task force would become cross-business unit in nature to ensure collaboration on common and consistent approaches, program development and relevant policy decisions. Depending upon the specific incident, it is likely that Special Measures would need to be developed that would have broader applicability to more than one business unit.

The Task Force would have responsibility to develop rapid responses to issues and questions related to the following areas (not exhaustive):

- Salary and Benefit continuation;
- Application of existing policies, programs and agreements;
- Policy revisions necessary for temporary special measures, including: employee health and safety, sick leave, leave to care for family, health insurance, compensation, discrimination and discipline issues, segregation and quarantine issues, privacy issues;
- Coordination with health care providers and other vendors for special services;
- Assistance to employees and/or family members impacted by the crisis

4.6 Communication Preparedness

During a contagious disease outbreak, misinformation is a danger. Rumors develop quickly; they are propagated via Internet and email, and can be spread in the office environment to create panic and disarray amongst office members. Official corporate information emanates from the C. R. England Pandemic Influenza Steering Committee via Internal Communication and can be found on C. R. England’s Intranet Page. Special means of communication for those without internet access (telephone hotlines, community announcements, etc.) should also be established as appropriate.

Site managers must ensure that Pandemic Influenza information coming from the C. R. England Pandemic Influenza Steering Committee is communicated to all employees and is being followed.

Consideration must also be given as to which other stakeholders (Communities, Officials, Customers and Suppliers) should also be advised of measures imposed across the Group or at particular sites.

Since this is a very dynamic situation, the C. R. England Pandemic Influenza Steering Committee will communicate guidelines as the situation develops.
5. CONTACT INFORMATION

5.1 Internal

**PANDEMIC INFLUENZA STEERING COMMITTEE**

Director HR/Risk Management – John Gogo
Health Care Manager - Jessaca Latteier
Clinical Director Lakeside Medical – Erik Moll
Vice President, RTSD – Thom Pronk
Facilities Manager – William Olpin
Corporate Director Communications – David Allred
Chief Operating Office – Wayne Cederholm

**BUSINESS RESILIENCY TEAM**

Designated as all members of the Management Advisory Council (MAC)
### ANNEX 1 - LOCAL MANAGEMENT REQUIRED ACTION

#### MEDICAL ACTIONS
- Develop the C. R. England Pandemic Influenza Strategy
- Communicate preventive information to all employees.
- Recommend seasonal flu vaccination.
- Ensure that medical staffs are properly informed on this strategy.
- Define standard precautions for contact and exposure control
- Actively communicate timely information to all employees
- Lakeside Medical health professionals to become familiar with the C. R. England Pandemic influenza Strategy and medical protocols.

#### SECURITY ACTIONS
Site managers must ensure that:
- A Business Resilience Center (BRC) is functional within their site, a Business Resilience Team (BRT) has been created and its members briefed on roles and responsibilities;
- All BRT members are familiar with this Plan;
- All BRT members who are expatriates fall into the essential staff category;
- All BRT members are familiar with their site’s Business Continuity Plan in case of pandemic (see 9).
- The Expatriate Evacuation Plan is up to date or is being prepared (if applicable).
- They report their level of preparedness to the Pandemic Influenza Steering Committee (see Annex 8)

#### BUSINESS CONTINUITY ACTIONS
Site managers must ensure that:
- A business continuity plan in case of pandemic (see 9) is prepared and/or revised by all key personnel.

**One of the objectives is to prepare in case we need to segregate employees in order to limit the spreading of the virus**

- Identify critical workers.
- Identify an alternative office location at a sufficient distance away from the main office.
- Identify which employee can work from this second office, from home or from a hotel.
- Establish a Competency List:
  - Identify the key employees that are essential to business continuity;
  - Identify replacement if those employees are infected;
  - Initiate training.

**Another objective is to maintain a normal level of business operations**

- Ensure raw material accessibility (identify other potential suppliers)
- Ensure clients’ shipping of goods.

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**ALL LOCAL RISK LEVEL CHANGES ARE DECLARED BY THE PANDEMIC INFLUENZA STEERING COMMITTEE. PLEASE CONTACT THE STEERING COMMITTEE IF YOU WANT TO SUGGEST A CHANGE IN THE LEVEL OF RISK.**
### REQUIRED ACTION – LOCAL MANAGEMENT

<table>
<thead>
<tr>
<th>MEDICAL ACTIONS</th>
<th>SECURITY ACTIONS</th>
<th>BUSINESS CONTINUITY ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(The following actions are required in addition to those identified in the previous level(s))</em></td>
<td><em>(To be completed by each site)</em></td>
<td><em>(YELLOW LEVEL)</em></td>
</tr>
</tbody>
</table>

- **Screen all persons coming from affected areas prior entering the site, including employees, visitors, contractors, suppliers, and travelers.** *(annex 1 and 3)*
- Real time assessment of the situation and monitoring alert levels.
- Continually monitor the situation and work closely with the local health authorities.
- Implement the procedure for workers, visitors and suppliers with symptoms onset in the workplace in affected areas *(annex 2)*
- Re-enforce the hygiene measures including, but not limited to: hand washing, door knob cleaning, sanitizing hand-wipes in accordance to *(annex 4)*
- If required by the local health authorities, disposable surgical masks should be provided to suspected people and symptomatic patients *(annex 5)*.
- N-95 *(or equivalent)* masks should be provided to international travelers *(annex 5)*
- Reinforce workforce communication
- Establish ongoing communication with the local public health authorities and follow designated procedures for patient referrals, treatment and contact tracing.

- **For facilities located in directly affected areas only:**
- Implement the procedure for workers, visitors and suppliers with symptoms onset in the workplace *(annex 2)*

- **Restrict travel to affected areas according to the Steering Committee recommendations.**
- Emergency telephones in the Business Resilience Center (BRC) are forwarded to a remote, continuously manned position.
- If facility is involved in Pandemic Influenza medication packaging, consider increasing security measures *(for RTA Packaging sites - consult with regional security manager)*.
- Report level of preparedness to the Pandemic Influenza Steering Committee *(see Annex 8)*

- **Begin implementation of the business continuity plan in case of pandemic as needed (see 9).**
- Plan for sufficient IT resources to enable workers to effectively work from home if required.

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### REQUIRED ACTION – LOCAL MANAGEMENT

#### MEDICAL ACTIONS

(The following actions are required in addition to those identified in the previous level(s))

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Daily follow up of the situation.</td>
</tr>
<tr>
<td>- Review and update the screening process, PPE requirements, and other required measures in accordance with the actual situation.</td>
</tr>
<tr>
<td>- Recommendation to ban/restrict travel to affected areas as advised by the Pandemic Influenza Steering Committee.</td>
</tr>
<tr>
<td>- Ensure reliability of daily screening process for all persons at gate.</td>
</tr>
<tr>
<td>- The site takes necessary actions, when there is a suspected / confirmed case of disease. These actions should include:</td>
</tr>
<tr>
<td>• Screening process for employees / contractors / visitors / suppliers, etc., coming from infected areas.</td>
</tr>
<tr>
<td>• Provide assistance to the employees to ensure they have access to appropriate medical care.</td>
</tr>
<tr>
<td>• Continue communication and assistance with the affected employee to the point when re-integration into the workplace begins.</td>
</tr>
<tr>
<td>- Follow health authorities’ recommendations regarding the screening process, PPE requirements, and other required measures in accordance with the current situation.</td>
</tr>
<tr>
<td>- Report suspected and confirmed cases daily through SEART.</td>
</tr>
<tr>
<td>- Continually monitor and work with local governments, public health authorities, and information services.</td>
</tr>
<tr>
<td>- Ensure effectiveness of the hygiene measures including, but not limited to: hand washing, door know cleaning, sanitizing hand-wipes in accordance to Annex 4.</td>
</tr>
<tr>
<td>- Shutdown areas with high concentrations of people (e.g., cafeteria, fitness centers, etc.)</td>
</tr>
<tr>
<td>- Avoid face to face meetings. Where face to face meetings are required, limit to essential personnel only and ensure they</td>
</tr>
</tbody>
</table>

#### SECURITY ACTIONS

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Facility manager assess the need to evacuate non essential expatriate employees and their dependant(s) from the Orange regions.</td>
</tr>
<tr>
<td>- One person must be in the BRC at all times to perform the following tasks: answer all calls, log incoming calls/events, route calls as necessary, activate recall procedures, obtain regular updates/status from other BRCs concerned. BRT members must be reachable (including alternates) upon 3-hour arrival timeframe.</td>
</tr>
<tr>
<td>- A staff rotation will be agreed upon by members of the BRC.</td>
</tr>
<tr>
<td>- BRC members are prepared to work from remote areas.</td>
</tr>
<tr>
<td>- Report level of preparedness to the Pandemic Influenza Steering Committee (see Annex 8) and inform Business Unit BRC.</td>
</tr>
</tbody>
</table>

#### BUSINESS CONTINUITY ACTIONS

(To be completed by each site)

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Assess the need to keep the minimal amount of employees at office.</td>
</tr>
<tr>
<td>- Assess the need for clear separation between groups of employees. They may have to be instructed not to visit the other offices.</td>
</tr>
<tr>
<td>- Provide sufficient IT resources to enable quarantined workers to work effectively from home.</td>
</tr>
<tr>
<td>- If necessary, provide a clear communication to all employees regarding who will be working from home, from hotel or from the other office, for how long, and for what reasons.</td>
</tr>
</tbody>
</table>

(See 9)
### REQUIRED ACTION – LOCAL MANAGEMENT

<table>
<thead>
<tr>
<th>MEDICAL ACTIONS</th>
<th>SECURITY ACTIONS</th>
<th>BUSINESS CONTINUITY ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(The following actions are required in addition to those identified in the previous level(s))</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>are able to maintain 1 m (3 feet) space between all participants.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALL LOCAL RISK LEVEL CHANGES ARE DECLARED BY THE PANDEMIC INFLUENZA STEERING COMMITTEE. PLEASE CONTACT THE STEERING COMMITTEE IF YOU WANT TO SUGGEST A CHANGE IN THE LEVEL OF RISK.**
<table>
<thead>
<tr>
<th>MEDICAL ACTIONS</th>
<th>SECURITY ACTIONS</th>
<th>BUSINESS CONTINUITY ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The following actions are required in addition to those identified in the previous level(s))</td>
<td>(RED LEVEL)</td>
<td>(To be completed by each site)</td>
</tr>
</tbody>
</table>
| - Ensure strict compliance with all control guidelines and procedures.  
- Travel will be banned to all regions identified by the pandemic steering committee.  
- Make provisions to operate from home as much as possible.  
- Take necessary actions, when there is a suspected / confirmed case of disease. These actions should include:  
  • Provide possible assistance to the employee to ensure that he/she has access to appropriate medical care.  
  • Continue communication and assistance with the affected employee to the point when re-integration into the workplace begins.  
- Report suspected and confirmed cases daily through SEART.  
- Continually monitor and work with local governments, public health authorities, and information services.  
- Ensure strict hygiene measures including, but not limited to: hand washing, door know cleaning, sanitizing hand-wipes in accordance to Annex 4. | - Travel to a red region is banned  
- Members are running the BRC from home or alternate location (segregation of BRC Members). All new contact information is provided to BRT members.  
- Facility manager assess the need to evacuate all remaining expatriate employees (if possible).  
- Report level of preparedness to the Pandemic Influenza Steering Committee (see Annex 8) and inform Business Unit BRC. | - Apply your Business Continuity Plan in case of pandemic (see 8). All non essential personnel working from home.  
Provide a clear communication to all employees regarding who will be working from home, from hotel or from the other office, for how long, and for what reasons.  
Expect significant reduction in worker numbers due to personal illness or enforced social isolation.  
If any employee needs to return to the office/site during his/her period of segregation authorization and instructions must be obtained by the BRC. |

**ALL LOCAL RISK LEVEL CHANGES ARE DECLARED BY THE PANDEMIC INFLUENZA STEERING COMMITTEE. PLEASE CONTACT THE STEERING COMMITTEE IF YOU WANT TO SUGGEST A CHANGE IN THE LEVEL OF RISK.**
ANNEX 2 - MEDICAL PROTOCOLS FOR HEALTH CARE WORKERS

In order to provide practical and technical guidance for Health care workers we have adopted the following protocols developed by International SOS. You can also find them on International SOS website.

<table>
<thead>
<tr>
<th></th>
<th>Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cleaning, and Infection Control</td>
</tr>
<tr>
<td>2</td>
<td>Treatment &amp; Management of a Case</td>
</tr>
<tr>
<td>3</td>
<td>Reduction</td>
</tr>
</tbody>
</table>
ANNEX 3 – SCREENING PROCESS

The medical screening process can change according to situation developments, however, below is a general guideline which employees can utilize to assess their current status.
Influenza Diagnostic Decision Tree

Is your temperature 100.4° or higher?

Do you have a dry cough and any of the following?
- Aching muscles
- Headache
- Extreme tiredness
- Sore throat
- Runny/Stuffy nose

Do you have any of the following?
- Chronic heart or lung disease requiring regular medical attention
- Chronic illness, such as diabetes, or diseases that affect the immune system
- Difficulty getting around or doing daily activities due to general weakness

Do you have any of the following?
- Shortness of breath while resting or doing very little.
- Finding breathing difficult or painful
- Wheezing
- Feeling Drowsy and finding it hard to wake up.
- Others note that you seem confused

Possible Cause: Uncomplicated flu or other respiratory infection

Do you have a sore throat or a stuffy nose?

Possible Cause: Uncomplicated cold

If your symptoms do not match the ones in the chart and you are concerned call your doctor

Call Your Doctor Now

Call Your Doctor or 911 Now
ANNEX 5 - AIRBORNE PRECAUTIONS (MASKS)

Use of face masks

The following is a guide to possible facemask recommendations by the local health authorities during a pandemic. It will be important to continually monitor the evolution of the pandemic, as the recommendations may change.

There are two main types of facemasks:

A) "Surgical" facemasks

There are many varieties of surgical facemasks; however the common feature is that they do not fit firmly around the face. While some air passes through the mask, both inhaled and exhaled air escapes around the mask.

Surgical facemasks are worn by infected persons to prevent the production of droplet particles. They can also be used by non infected people to reduce the chance that they will get infected, especially by “droplet spread” of the virus.

Appropriate masks may have ties or loops which secure the mask at the ears. Use disposable masks once before discarding, and change if it becomes wet. Do not allow the mask to dangle around the neck. Avoid touching the mask once in place.

B) “N-95 facemasks” also called “N-95 respirators”

N-95 masks are “high filtration” masks used to prevent a non-infected person being exposed to the influenza virus, either by droplet or aerosol spread. They provide a tight facial seal (<10% leak). Inhaled and exhaled air passes through (not around) the mask.

“Fit testing” is used to check the seal between the mask and the face. The mask should be tested with a forceful inspiration to determine if it seals tightly to the face. For instructions on how to best use the N95 mask or equivalent, refer to the manufacturer’s instructions.

N-95 masks are used by people at a high risk of exposure: medical staff, medical reception staff, ambulance staff, etc. N-95 masks are designed to filter out particles larger than 0.3 microns at greater than, or equal to 95% efficiency. Some N-95 masks have exhalation valves making them more comfortable in hot and humid conditions.

A N95 mask can be re-used repeatedly by the same person, but must be stored clean and dry in a clean paper bag. It must be disposed of if it is wet, damaged, contaminated or visibly dirty.

Use of face masks by different population groups

A) Use of facemasks by the general public:

Investigation of past influenza pandemics provides little evidence that the use of facemasks by the general public is effective in preventing the spread of the pandemic virus. However, as pandemic progresses, public health authorities may recommend wearing “surgical” masks in public places. Note that due to varying
cultural perceptions and acceptance, these recommendations may vary from country to country.

B) Use of facemasks by infected people:

Infected people should wear a surgical mask to reduce the likelihood of spreading infectious droplets. This should begin as soon as symptoms develop and continue for at least seven days. Symptomatic patients should remain at home.

C) Use of masks by health care workers:

Health care workers (HCWs) who might face-to-face contact with infected individuals should wear a N-95 (or equivalent) mask.

D) At alert level yellow and higher, international travelers should be provided with a set of N-95 (or equivalent) masks (1 mask for each day of traveling). Specific recommendations on how to wear these masks should also be provided.
ANNEX 6 - HEALTH GUIDELINE FOR DRUG TREATMENT OF PANDEMIC INFLUENZA (H5N1 or H1N1)

As a general rule, for treatment purposes we do not recommend antiviral stockpiling since many countries are making sufficient provisions for a potential pandemic.

Exceptionally, in places where our employees will have limited or no access to these drugs, sites should consider stockpiling or making arrangements with a local health care provider to prescribe, supply and appropriately follow up on treatment, according to the local health authorities’ requirements.

The decision to stockpile Tamiflu/Relenza on site should be in compliance with the following conditions:

- **Physician in charge of program**: As any other medical intervention, sites considering stockpiling should have an agreement with a responsible physician (internal or external – contractual)
- **Alignment with the local public health authorities**: Sites planning to stockpile antiviral medication should comply with all local public health authorities’ recommendations.
ANNEX 7 - YELLOW LEVEL PREPARATION CHECKLIST

Pandemic Influenza
Yellow Level Preparation Checklist

In preparation to a possible Yellow level, each site should ensure they are prepared accordingly.

<table>
<thead>
<tr>
<th>General Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know where to find C. R. England’s Pandemic Influenza documentation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you familiar with the content of C. R. England’s Pandemic Influenza documents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you briefed employees on Pandemic Influenza Basic Facts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you trained employees on Basic Hygiene Measures?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Preparedness</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you ready to initiate the screening process? (Equipment, training, logistic, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have masks supplies based on the C. R. England recommended quantities for international travelers (N-95 or P2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you familiar with the local public health preparedness plan for Pandemic Influenza? Does this plan provide guidance for early treatment of sick employees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you identified medical resources (internal or external) to assist you in managing Pandemic Influenza issues/cases?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security Preparedness</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a Business Resilience Center (physical location)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you identified your Business Resilience Team members?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a Business Continuity Plan in case of pandemic ready?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an expatriate evacuation plan ready (if applicable)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Pandemic Influenza posters for self screening ready?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you identified an effective way of communicating with your personnel?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you addressed issues such as: employee assistance, high absenteeism, overtime, refusal to report for work, refusal to declare sickness symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the site Health and Safety committee been involved in Pandemic Influenza preparedness?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 8 – SECURITY REPORTING TEMPLATE

This template must be used by all facilities in order to report their level of preparedness.

It must be sent as soon as possible to the Influenza Pandemic Steering Committee at: influenza@crengland.com

<table>
<thead>
<tr>
<th>DATE:</th>
<th>NAME OF FACILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTRY:</td>
<td>CITY:</td>
</tr>
<tr>
<td>PRODUCT GROUP:</td>
<td>FACILITY MANAGER:</td>
</tr>
<tr>
<td>EMERGENCY CONTACT NUMBER (24/7):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>PARTIALLY (please explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our facility has a Business Resilience Center (BRC) and a Business Resilience Team (BRT) ready. Our BRT members have read the Pandemic Influenza Preparedness Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our facility has a business continuity plan in case of pandemic that is up to date. This plan takes into account the threat of pandemic influenza.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An expatriate evacuation plan is up to date (if applicable).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our travelers have been informed of the travel security procedures in section 4.4.5 of the Pandemic Influenza Preparedness Plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you need help with any of the topics above, please let us know and indicate your specific needs.
ANNEX 9 – PANDEMIC BUSINESS CONTINUITY PLAN

In case of a pandemic, your employees will be affected, and your equipment and infrastructures will remain available. On the other hand, in case of an explosion, earthquake or other similar crisis, your equipment and infrastructures will be affected; however your employees will remain available.

In case of a pandemic, the main objective is to continue to operate your facility safely. You therefore need to build a business continuity plan (BCP) in case of a pandemic (A/H1N1) that will affect your employees, their family and your operations.

In order to help you build such a BCP, please find below a few pointers:

1. Identify your business resilience team members.
2. Read the Pandemic Influenza preparedness plan and apply all measures according to each alert level.
3. Identify all critical activities and occupations that will allow you to continue your operations.
4. Estimate the minimal number of employees to continue operating safely.
5. Identify employees who previously worked in a similar critical occupation, who are able to work, given minimal training.
6. Put in place a process to either reduce or close your operations, depending on the employees’ absenteeism level.
7. Establish a permanent communication process with your employees

Please contact John Gogo 801-974-3853 or @crengland.com if you need assistance.