



Document	Revision	Date
CS-H-5	0	4/7/2022

1.0. PURPOSE

- 1.1. These guidelines provide a framework for development of an Infectious Disease and Pandemic Prevention Plan to manage the impact of a pandemic or other public health crisis, minimize impacts to workers, reduce risks to critical business functions, and support the organization's business continuity plan.
- 1.2. These guidelines are not meant to supersede or replace regulatory requirements, nor is it intended to be all inclusive of the applicable regulatory requirements. Instead, view this information as supportive and complementary to any operating requirements.

2.0. SCOPE

- 2.1. This document is to assist with the development of an Infectious Disease and Pandemic Prevention Plan. The guidelines are not specific to any pandemic pathogen but outline steps that should be considered for pre-pandemic planning and preparation, initial responses, and the evaluation of control measures.

3.0. DEFINITIONS

- 3.1. **Pandemic** - An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting many people.
- 3.2. **Pathogen** – a microorganism that causes, or can cause, disease.
- 3.3. **Health Authorities** – authorities such as the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and state and local health departments.
- 3.4. **Route of transmission** - the transmission of microorganisms can be classified into five main routes: direct contact, fomites (surfaces and objects), aerosol (airborne), oral (ingestion), and vector borne (animal, insect). Some microorganisms can be transmitted by more than one route.
- 3.5. **Symptoms** - a physical feature that is regarded as indicating a condition of disease, particularly such a feature that is apparent to the patient.
- 3.6. **Outbreak** - an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.
- 3.7. **Contact Tracing** - the process of attempting to identify people who have recently been in contact with someone diagnosed with an infectious disease.



Document	Revision	Date
CS-H-5	0	4/7/2022

4.0. PRE-PANDEMIC PLANNING AND PREPARATION

- 4.1. Establish a team responsible for the initial planning response to a possible pandemic. This pre-pandemic group may be a part of the business continuity group with additional members brought in as the needs of the group expand. The pandemic group should ensure the establishment and monitor the maintenance of the following systems and plans:
 - 4.1.1. The evaluation of risk and mitigation requirements for service providers, including major projects and maintenance work.
 - 4.1.2. Monitoring an approaching pandemic by using information provided by the World Health Organization (WHO) or Centers for Disease Control (CDC) on emergent infectious diseases.
 - 4.1.3. The distribution of informational materials, training and mitigation strategies to employees and contractors.
 - 4.1.4. Enacting pre-pandemic mitigation strategies.
 - 4.1.5. The decision-making process for implementation of the full pandemic plan, how long to keep it in place, and the return to normal operations.
 - 4.1.6. The integration of pandemic specific procedures into the Business Continuity Plan, including how they will be carried out. This may include the modification of the work process to allow social distancing on site, and remote work for certain employees.

5.0. INITIAL RESPONSE

- 5.1. Upon declaration of a pandemic by the company with guidance from the health authorities, the pandemic response team should be activated to implement the pandemic plan. This group may include members from the initial planning group, operations leadership, procurement, and health & safety.
- 5.2. **Hazard Recognition**
 - 5.2.1. Using information available on the spread of the emergent pathogen from the health authorities identify employee roles and tasks that may have a higher risk of transmission.
 - 5.2.2. This information should be used for implementing control and prevention strategies.



Document	Revision	Date
CS-H-5	0	4/7/2022

5.3. Controls and Prevention

5.3.1. Utilize information provided by health authorities on routes of transmission to implement controls. These may include minimizing the number of employees on site via remote work, the modification of work practices to minimize exposure, implementing testing programs if available, and quarantining individuals who have been or may have been exposed to the pathogen.

5.4. Employee Education and Communication

5.4.1. Employees should be trained on the pandemic pathogen using information from health authorities. This should include what the pathogen is, routes of transmission, symptoms of infection, ways to prevent infection, the company's pandemic plan, policies, and mitigation strategies, who to contact if they are ill or have concerns with the mitigation plans in the workplace, local, state, and federal requirements.

5.4.2. Companies will communicate information on enactment of the plan and provide regular updates.

5.5. Investigation and Contact Tracing

5.5.1. Multiple infections at a worksite within a defined window of time, as defined by health authorities, should be investigated to determine the effectiveness of the controls in place at the worksite.

5.5.2. Contact tracing using guidelines from health authorities should be used to trace the possible path of infection within the workplace.

6.0. SUSTAINED RESPONSE

6.1. Evaluation of effectiveness of controls

6.1.1. Review the pandemic health and safety plan at a scheduled frequency and/or respond to changes from local public health authorities, government, or health and safety regulations.

6.1.2. Develop a structured feedback loop to ensure controls strategies maintain operational effectiveness and can be sustained amongst Operations and Maintenance functions.

6.1.3. Outline responsible individuals to evaluate the evolving situation and maintain or adapt the pandemic health and safety plan as required.



Document	Revision	Date
CS-H-5	0	4/7/2022

- 6.1.4. Continually evaluate epidemiological data and leverage internal public health expertise to proactively identify local community and national transmission and incidence trends.
- 6.1.5. Where possible, continually evaluate and monitor proxy indicators of public health emergencies including hospitalization rates and mortality.
- 6.1.6. Develop early recognition indicators and site-specific screening tools to continually monitor and evaluate possible outbreaks.
- 6.1.7. Monitor case counts and rates of absenteeism in the workplace.
- 6.1.8. Develop escalation and de-escalation procedures that can be implemented and adapted in response to increasing or decreasing pandemic transmission in the workplace or in the local community. Ensure the company's communication strategy outlines the control measures applicable at the time of implementation.
- 6.1.9. Perform an investigation when there is an outbreak in the workplace to determine if there are breakdowns in control measures. Communicate and implement lessons learned from the investigations.

6.2. Supply chain

- 6.2.1. Ensure stockpiles are properly configured to respond to the diversity of requirements presented by the pandemic, including personal protective equipment, cleaning/disinfection materials, testing resources and other general supplies.
- 6.2.2. Stockpile, anticipate, and plan for front line worker requirements for PPE (Personal Protective Equipment) to maintain operations for a sustained pandemic or endemic event.
- 6.2.3. Leverage system to monitor material consumption, and trigger points to order additional supplies.
- 6.2.4. Identify suitable storage locations for bulk materials (e.g., PPE, cleaning, and disinfecting products).
- 6.2.5. Prepare, coordinate, and proactively identify challenges in the procurement, storage, and distribution of consumables. Personnel resourcing, inventory management, and distribution channels at storage facilities should be planned amongst the Supply Chain function.



Document	Revision	Date
CS-H-5	0	4/7/2022

6.3. Ongoing communication based on changes in mitigation practices and requirements

- 6.3.1. Develop internal and external communication materials to inform workers about changes to the company's pandemic health and safety plan.
- 6.3.2. Develop and deliver pandemic training that outlines control measures to prevent or limit transmission in the workplace.
- 6.3.3. Ensure communication resources are available for all personnel and are kept up to date with the most current requirements (e.g., websites, posters).
- 6.3.4. Ensure company pandemic procedures are communicated with external contractors and service providers providing goods and services to company sites for consistent implementation of controls and coordinating outbreak responses.

6.4. Return to normalcy

- 6.4.1. Use public health guidance and outbreak criteria to develop internal guidance materials to identify thresholds and multiple warning and outbreak thresholds relative to the size of the organization and site.
- 6.4.2. Ensure pandemic workplace protocols outline precautionary measures to be taken by vaccinated and unvaccinated workers.
- 6.4.3. Consider identifying a method to securely track employee vaccination status.
- 6.4.4. Consider implementing an educational campaign to increase worker uptake of the vaccine as applicable.
- 6.4.5. Ensure company has a sustainable process in place to allow the employer to trace the possible paths of infection within the workplace.
- 6.4.6. Consider a flexible work from home policy to minimize absenteeism.
- 6.4.7. Shift company culture to eliminate stigma regarding staying home or working from home when sick.
- 6.4.8. Implement an accommodation policy for employees affected by the pandemic policies and procedures.



Document	Revision	Date
CS-H-5	0	4/7/2022

7.0. REFERENCES

INGAA Foundation CS-H-04 Interim COVID-19 Guidance
Center for Disease Control and Prevention (CDC)
World Health Organization (WHO)

8.0. HISTORY OF REVISIONS

Revision	Date	Description
0	4/7/2022	Initial Issue