CANADIAN MANUFACTURERS & EXPORTERS

CONTINUITY PLANNING GUIDE FOR CANADIAN BUSINESS

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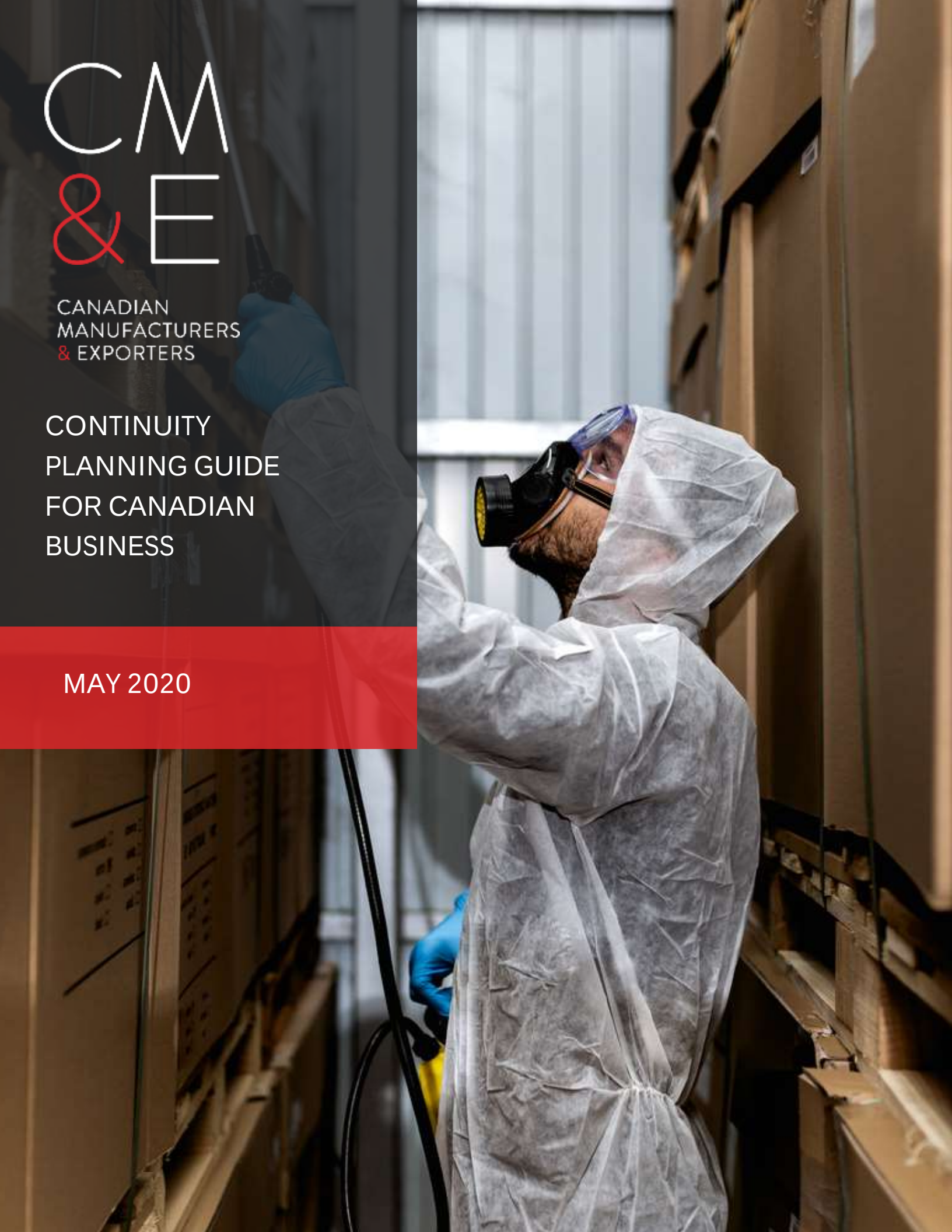

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Canadian Manufacturers & Exporters (CME) MADE SAFE has prepared this guide to promote best practices in planning for a possible pandemic. The information is current as of the date of publication.

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1. INTRODUCTION

This guide is designed to help businesses minimize the risk that a pandemic poses to the health and safety of employees, the continuity of business operations, and their bottom line. It is intended to provide all businesses in Canada with the basic information they require in preparing a continuity plan to mitigate the potential effects of a pandemic.

While COVID-19 threatens the Canadian economy, scientists are already looking ahead to the future. While there is no way to predict exactly when the next pandemic might occur or the severity of the impact, once a pandemic virus emerges, it will be too late to begin planning. The degree to which Canadian businesses were caught off guard by the rapidly evolving COVID-19 crisis is proof of this principle.

As with any risk that threatens the viability of business operations, continuity planning is critical. All businesses are affected by a pandemic, whether COVID-19 or a future crisis. In addition to the threat to human health, the economic impacts of a pandemic, including absenteeism in the workplace or the downstream effects stemming from supply chain and travel disruption, are significant and widespread.

All businesses should take immediate steps to develop continuity plans that protect employees, minimize disruptions, and minimize negative impacts on customers, the economy, and local communities. Companies that provide critical infrastructure services, such as energy, financial services, transportation, and telecommunications services, have a special responsibility to plan for continuing operations in the event of a pandemic and should plan accordingly. While a pandemic cannot be stopped, proper preparation may reduce its impact. Including a pandemic preparedness assessment as part of an annual strategic plan review can help Canadian manufacturers ensure the lessons learned from COVID-19 and other pandemics are not forgotten, and that we emerge stronger and more prepared to handle future events.

This guide provides need-to-know information that will assist all businesses in Canada in preparing business continuity plans (BCPs). To that end, the guide contains:

- A background summary of the potential impacts of a pandemic on business;
- An overview of the human resource issues involved; and,
- The critical elements that should be incorporated into business continuity strategies for managing the impact of a pandemic, including how to:
    - Maintain essential activities; and,
    - Contain/minimize the spread of infection in the workplace.

In addition:

- Appendix 1 provides a comprehensive list of federal, provincial and international contacts where businesses can find more information about pandemics and emergency preparedness measures;

- Appendix 2 provides a more detailed background on the nature of a pandemic, and briefly describes the government of Canada's strategy in preparing for, and managing, a future pandemic;
- Appendix 3 outlines the standard planning assumptions that should be taken into account in pandemic management;
- Appendix 4 sets out key elements of an organization-specific business continuity plan for a pandemic; and,
- Appendix 5 provides a sample business continuity contact list for pandemics.

The information on business continuity planning for a pandemic is necessarily generic. While efforts have been made to provide specifics around COVID-19, this guide will need to be adapted to meet the circumstances of each business.

Primary sources of information for this guidebook include Public Safety and Emergency Preparedness Canada (PSEPC)[1], Health Canada[2], the WHO[3], Human Resources and Skills Development Canada (HRSDC)[4], the Government of New Zealand's Business Continuity Planning Guide[5], Vancouver Coastal Health's Regional Pandemic Influenza Response Plan[6], the Virginia Department of Health, the U.S. government's pandemic flu site[7], the U.S Center for Disease Control and Prevention (CDC)[8], the Canadian Provincial and Territorial Emergency Management offices[9].

Refer to Appendix 2b for a list of acronyms contained in this guide.

1. www.psepc-sppcc.gc.ca/prg/em/gds/bcp-en.asp
2. www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/avian-aviare_e.html
3. www.who.int/csr/disease/avian_influenza/en/index.html
4. www.hrsdc.gc.ca
5. www.moh.govt.nz/pandemicinfluenza
6. www.vch.ca/public/communicable/pandemic.htm
7. www.Pandemicflu.gov
8. www.cdc.gov/business
9. www.publicsafety.gc.ca/prg/em/ges-emer-eng.aspx

2. CONTEXT

2.1 PANDEMIC CHARACTERISTICS AND ESTIMATED IMPACT ON CANADIANS

Viruses periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time, with the potential to cause serious illness, death, and colossal social and economic disruption throughout the world. Although we are in the middle of the COVID-19 global pandemic, experts agree that future pandemics are inevitable. Since there may be little warning, continuity planning in advance is required to contain the potentially devastating effects of a pandemic.

Historic evidence suggests that pandemics have occurred three to four times per century. In the last century there were three influenza pandemics ("Spanish flu" in 1918–19; "Asian flu" in 1957–58 and "Hong Kong flu" in 1968–69), separated by intervals of 11 to 44 years. The worst, in 1918–19, killed an estimated 30,000 to 50,000 people in Canada and 20 to 40 million people worldwide. During each of the last three pandemics, the greatest increase in death rates occurred among persons less than 60 years of age; in 1918–19, the greatest number of deaths occurred in those 20 to 40 years of age. COVID-19, on the other hand, is most serious in the elderly and those with pre-existing health conditions.

In the event of an influenza pandemic, Health Canada has estimated that 4.5 to 10.6 million Canadians would become clinically ill such that they would be unable to attend work or other activities for at least half a day. This proportion, representing 15 per cent to 35 per cent of the population, does not include individuals who contract the virus and feel ill, but continue their usual activities. In addition, it is estimated that between 2.1 and 5.0 million people would require outpatient care, between 34,000 and 138,000 people would require hospitalization, and between 11,000 and 58,000 people would die in Canada during an influenza pandemic. The current COVID-19 situation is evolving, and there are many estimates based on predictive models at present, ranging from as low as 30% to as high as 70% of the population of Canada being infected with the virus. Due to a higher R0 value (the rate of transmission) the impact of SARS-CoV-2 (the novel Coronavirus that causes COVID-19) should be expected to be more significant than the estimates for an influenza pandemic above. However, modeling data and projections will be impacted significantly by the success of current mitigation efforts. Because of the broad range of possibilities, this paper uses assumptions from a pandemic influenza generated by Health Canada as a baseline for assumptions.

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

WIDESPREAD IMPACT

The impact of a pandemic is widespread, even global in extent, not localized to a single area. Therefore, there may be little outside assistance. Many business continuity plans (BCPs) assume some part of an organization is unaffected and can take up the required capacity. That is not likely to be possible in the event of a pandemic.

NOT A PHYSICAL DISASTER

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

DURATION

A pandemic is not a short, sharp event leading immediately to commencement of a recovery phase. Many BCPs assume the event is short/sharp and that recovery can start immediately.

NOTICE

Based on recent pandemics, it is estimated that the next pandemic virus will be present in Canada within three months after it emerges in another part of the world, but in fact, it is likely to occur much sooner due to increases in the volume and speed of global air travel. Upon arrival, the virus will spread across Canada with great speed. For influenza pandemics, the first peak of illness in Canada is likely to occur within two to four months after the virus arrives. The first peak in mortality is expected one month after the peak in illness. When pandemic influenza appears in Canada it will probably be some weeks before the full impact on the workforce will be felt, although there may be some early impacts resulting from closure of schools and similar containment measures.

PRIMARY EFFECT IS ON STAFFING LEVELS

Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operations during a pandemic is mainly human-resource oriented. Businesses should plan for up to 50 per cent staff absences for periods of several weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Overall a pandemic wave may last about eight weeks.

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

As COVID-19 is a novel virus and different than previous influenza pandemics, information on the duration of public health orders is evolving and these projections may not hold accurate for the current outbreak.

STAFF ABSENCES CAN BE EXPECTED FOR MANY REASONS:

- Illness/incapacity (suspected/actual/post-infectious);
- Quarantine;
- Some employees may need to stay at home to care for the ill;
- People may feel safer at home (e.g. to keep out of crowded places such as public transport, concerns about working alongside with others who may have come into contact with COVID-19);
- Some people may be fulfilling other voluntary roles in the community; and,
- Others may need to stay at home to look after school-aged children (as schools and daycares are likely to be closed).

A PANDEMIC MAY HAVE OTHER IMPACTS ON BUSINESSES, FOR EXAMPLE:

- The provision of essential services like information, telecommunications, financial services, energy supply, and logistics may be disrupted;
- Customer orders may be cancelled or may not be able to be filled;
- Supplies of materials needed for ongoing business activity may be disrupted. Further problems can be expected if goods are imported by air or land over the Canada-US border;
- The availability of services from sub-contractors may be affected (this may affect maintenance of key equipment and is an area that merits close planning and attention);
- Demand for business services may be affected – demand for some services may increase (internet access is a possible example); while demand for others may fall (e.g. certain types of travel activity);
- Public meetings are likely to be cancelled by the authorities or because of low attendance;
- Canada's trade status may be compromised;
- Impacts on critical infrastructure are likely to be moderate to serious; and,
- The tourism and hospitality industries will be badly affected.

Some sectors – retail, leisure, gaming, lodging, and restaurant industries – will take an especially hard hit during a pandemic. Public health orders restricting business operations and gathering sizes, combined with the fact that consumers are likely to cut down on travel and leisure-related expenditures, including transportation, hotels, cruises, entertainment, and visits to theme parks and other public venues; will mean an especially difficult recovery for these sectors and the businesses that supply them.

FAST FACTS

- A pandemic is a global outbreak of disease that occurs when a new virus appears in humans, causes serious illness, and then spreads easily from person to person.
- Seasonal flu is a viral infection of the lungs that appears each year between November and April.
- About 4,000 Canadians die each year from seasonal flu. Health Canada estimates that a pandemic flu could claim 11,000 - 58,000 lives. COVID-19 is expected to infect 30-70% of the Canadian population.
- A pandemic could last more than a year, until a successful vaccine is introduced.
- Despite all preparedness efforts, Canada is not spared from a pandemic.
- All businesses, hospitals and government agencies feel the effects of a pandemic.
- A large per cent of your workforce may be ill at any one time.
- Unlike other disasters, a pandemic will touch everyone in every part of the country, and every part of the world. Moving operations to another location is not likely to be a viable option.
- A pandemic will cost the Canadian economy billions of dollars in lost productivity and medical expenses.
- During a pandemic, it is not going to be business as usual.

2.2 ESTIMATED ECONOMIC IMPACT OF A PANDEMIC

Just as it is difficult to forecast the severity of a pandemic, it is hard to predict its economic effects, even if the outbreak's scope and severity are known. Based on past influenza pandemics and the SARS outbreak, the most significant impacts would be a sharp decline in demand as people avoided shopping malls, restaurants and other public spaces, and a reduction in the labour supply as workers become ill, stay home out of fear, or take care of others who are sick.

The general slowdown in economic activity would reduce gross domestic product (GDP). Business and consumer confidence would be severely eroded. The supply of labour would be restricted (owing to illness, mortality, and absenteeism spurred by fear of contracting the disease). Supply chains would be strained as transportation systems are disrupted. And, arrears and default rates on consumer and business debt would rise. The most important long-term impact of a pandemic is the reduction that would persist in the population and the labour force after overall demand in the economy returns to normal.

In 2006, the Congressional Budget Office (CBO) in the United States attempted to estimate the economic impacts of a pandemic on the American economy. The estimate is based on three strands of analysis:

- A rough estimate of the supply-side effects of a large proportion of the labour force becoming ill;
- A very rough estimate of a pandemic's impact on demand in individual industries; and,
- A comparison with the impact of the SARS epidemic in southeast Asia and Canada.

The CBO, in assessing the supply-side impact of a pandemic, estimates that 25-30 per cent of the non-farm business workforce would be infected with the disease, resulting in one to three weeks of missed work and a one to 2.5 per cent fatality rate.

"Under these assumptions, it concludes that GDP would be more than three per cent lower in the year in which the pandemic occurred than it would have been had the pandemic not taken place."

The following table summarizes the estimated impacts of an influenza pandemic on demand and by industry.

The estimated demand side-effects add up to about two per cent of GDP. Combining them with the supply-side impacts implies about a five per cent reduction in GDP in the year of the pandemic. While these predictions are based on very rough estimates, they do provide a general picture of the potential economic impact of a pandemic, which may be useful in conducting an economic impact analysis as part of your business continuity plan.

TABLE 1: CBO ESTIMATES OF ECONOMIC IMPACT

ASSUMED DECLINES IN DEMAND, BY INDUSTRY, IN THE EVENT OF AN AVIAN FLU PANDEMIC		
(Per cent)	Severe Scenario	Mild Scenario
PRIVATE INDUSTRIES		
Agriculture	10	3
Mining	10	3
Utilities	0	0
Construction	10	3
Manufacturing	10	3
Wholesale trade	10	3
Retail trade	10	3
Transportation and warehousing		
Air	67	17
Rail	67	17
Transit	67	17
Information (Published, broadcast)	0	0
Finance	0	0
Professional and business services	0	0
Education/health care		
Education	0	0
Health care	-15	-4
Arts/entertainment/accommodation/food		
Arts and recreation	80	20
Accommodation	80	20
Food service	80	20
Other services except government	5	1
GOVERNMENT		
Federal	0	0
State and local	0	0

(Source: The Congress of the United States, Congressional Budget Office, 'A Potential Influenza Pandemic: Possible Macroeconomic Effects and Policy Issues')

Note: The severe scenario describes a pandemic that is similar to the 1918-1919 Spanish flu outbreak. It incorporates the assumption that a particularly virulent strain of influenza infects roughly 90 million people in the United States and kills more than 2 million of them. The mild scenario describes a pandemic that resembles the outbreaks of 1957 to 1958 and 1968 to 1969. It incorporates the assumption that 75 million people become infected and about 100,000 of them die from the illness or complication.

3. BUSINESS CONTINUITY PLANNING FOR A PANDEMIC

3.1 WHAT IS BUSINESS CONTINUITY PLANNING?

Critical services or products are those that must be delivered to ensure survival, avoid causing injury, and meet legal or other obligations of an organization.

"Business continuity planning is a proactive planning process that ensures business critical services and/or products are delivered during a disruption."

It focuses on having decisions and actions predetermined as much as possible to avoid making difficult decisions under duress, limiting stress through a series of pre-planned responses.

A business continuity plan (BCP) includes:

- Pre-determined plans, measures, and arrangements to ensure the continuous delivery of critical services and products, which permits the organization to recover its facility, data, and assets with the least impact to itself, suppliers, and customers.
- Identification of necessary resources to support business continuity, including personnel, information, equipment, financial allocations, legal counsel, infrastructure protection, and accommodations.

Having a BCP enhances an organization's image with employees, shareholders, and customers by demonstrating a proactive attitude. It gives confidence to long-term sustainability in the event of a crisis. Additional benefits include overall organizational efficiency gains, improved understanding of interdependencies, better interdepartmental collaboration, and identifying the relationship of assets and human and financial resources with respect to critical services and deliverables. It is also a catalyst for continuous improvement and regular reviews of business processes.

Why is business continuity planning important?

A business continuity plan should be an essential element of any business' strategy. The impacts that Y2K, 9/11, SARS, ice storms, power outages, and other natural disasters have had on Canadian businesses and the economy only reinforces the need for continuity plans. The current COVID-19 pandemic further emphasizes the point that continuity planning must take the specific case of highly infectious diseases into account.

Canada's business community is at risk. While many larger companies and essential services have developed contingency plans, most smaller and mid-sized firms have not. This lack of preparedness not only threatens the viability of a large sector of the Canadian economy but, as in the case of manufacturing, also jeopardizes the delivery of critical goods that depends on complex supply chain systems.

Creating and maintaining a BCP helps ensure that an institution has the resources and information needed to deal with a disaster or crisis.

How is a business continuity plan different from a business resumption plan?

A Business Resumption Plan describes how to resume business after a disruption. A Disaster Recovery Plan deals with recovering Information Technology (IT) assets after a disastrous interruption. Both imply a stoppage in critical operations and are reactive.

Recognizing that some services or products have to be continuously delivered without interruption, there has been a shift from business resumption planning to business continuity planning.

A business continuity plan enables critical services or products to be continually delivered to clients during times of disruption and through resumption. Rather than focusing on resuming a business after critical operations have ceased, or recovering after a crisis occurs, a business continuity plan endeavours to ensure critical operations continue to be available.

When critical services and products cannot be delivered, consequences can be severe. All organizations are at risk and face potential disaster if unprepared. A business continuity plan is a tool that allows institutions not only to mitigate risk but also continuously deliver products and services despite disruption.

(Source: Public Safety and Emergency Preparedness Canada http://www.publicsafety.gc.ca/prg/em/gds/bcp-eng.aspx.)

3.2 CORPORATE PREPAREDNESS

As we have seen with COVID-19, the most significant impact on the private sector is likely to be disruption due to employee absenteeism due to illness, quarantine, or public health orders. Employees will be off work due to sickness or having to stay home and care for sick family members. Schools and daycares may once again be closed, forcing parents to stay home and care for children.

Personal hygiene (handwashing, covering nose and mouth when coughing or sneezing), environmental cleaning (rigorous cleaning of all hard surfaces in the workplace), social distancing (physical distancing and avoiding crowds), and possibly screening workers to exclude ill persons, are all strategies aimed at keeping the workforce healthy.

In addition, advance planning by business owners and managers will be critical to protecting employees' health, limiting negative economic impacts, and ensuring the continued delivery of essential services like food, medicine, water, and power. Government alone will not be able to provide answers to all of the issues facing Canadians in a pandemic. It will be up to every business to prepare its own continuity plan.

Continuity planning for a pandemic should include:

- Identification of essential business activities (and the core people and skills to keep them running) and measures to ensure that these are backed-up with alternative arrangements;
- Mitigation of business/economic disruptions, including possible shortages of supplies;
- Minimizing illness among employees, suppliers and customers.
- Agenda(s) that drives communication discussion focused on appropriate topics;

WHERE DO YOU START?

First, ask yourself these questions:

1. How will you maintain your business operations when 15 to 35 per cent of the workforce falls ill and up to 50 per cent of your workforce may be absent at one time?
2. How can you adapt your existing continuity of operations plans to take this kind of human resources impact into account?
3. How will you cope when the other businesses and suppliers you rely on experience the same absentee rates?
4. How will you adapt to disruptions in the supply chain for the raw materials, goods and services you require, and how will you get your product to the consumer if your distribution network is hit with high absentee rates?
5. How can existing return-to-work and travel policies be adapted to control the spread of this virus among employees?
6. How will you limit the economic impact of a flu pandemic on your business?

- Templates to capture critical measures such as supply lines, inventory, cashflow, infection rates and attendance curves; and,
- Spending authorities and limits

3.2.1 SUMMARY CHECKLIST FOR BUSINESS PANDEMIC CONTINUITY PLANNING

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

The following information is necessarily generic and will need to be adapted to meet the circumstances and needs of different businesses and industries. Small and medium-sized businesses may not have the resources to follow each of these suggested activities; however, it is recommended that every business, regardless of size, develop at least a basic plan for a pandemic, incorporating each of the main sections listed below.

Plan for the impact of a pandemic on your business:

- Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from employees and labour representatives (section 3.3.1).
- Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products and logistics) required to maintain business operations by location and function during a pandemic (section 3.3.2).
- Train and prepare an ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees) (section 3.3.3).
- Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (section 3.3.4).
- Determine the potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or business sites (section 3.3.5).
- Determine the potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures) (section 3.3.6).
- Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links (Appendix 1).
- Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with backups) and chain of communications (including suppliers and customers) (Appendix 5).
- Implement an exercise/drill to test your plan, and revise periodically.

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

- Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school, daycare and/or business closures, and public transportation closures (sections 3.3.3).
- Implement guidelines to modify the frequency and type of face-to-face contact (e.g. handshaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (section 3.5.4).
- Evaluate employee access to and availability of healthcare services during a pandemic and improve services as needed (Appendix 1 – list of Health Authorities).
- Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed (if applicable).
- Identify employees and key customers with special needs and incorporate the requirements of such persons into your preparedness plan (if applicable).

Establish policies to be implemented during a pandemic:

- Establish Plan Activation Guidelines (section 3.4)
- Establish policies for employee compensation and sick-leave absences unique to a pandemic, including policies on when a previously ill person is no longer infectious and can return to work after illness (section 3.5). Consider adjusting leaves related to COVID-19 in attendance policies if labour standards have not yet addressed this.
- Establish policies for flexible worksites (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) (section 3.8).
- Establish policies for preventing the spread of influenza at the worksite (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms) (section 3.5.1 and 3.5.4, 3.5.5).
- Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave) (section 3.6).
- Establish employee contact control and tracing guidelines (section 3.7).
- Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (section 3.3.6).
- Set up authorities, triggers, and procedures for activating and terminating the company's response plan, alerting business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees (section 3.4).

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

- Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal, cleaning and disinfecting supplies) in all business locations (section 3.5.2).
- Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access (section 3.8).
- Ensure availability of medical consultation and advice for emergency response (Appendix 1 and section 3.3.1 – Medical Advisor).

Communicate to and educate your employees:

- Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of the pandemic illness, mode of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans) (section 3.5.2).
- Anticipate employee fear and anxiety, rumours and misinformation, and plan communications accordingly (section 3.3.7).
- Ensure that communications are culturally and linguistically appropriate (if applicable).
- Disseminate information to employees about your pandemic preparedness and response plan (section 3.4).
- Provide information for the at-home care of ill employees and family members (Consult local Health Authority (Appendix 1) for current advice on taking care of ill patients).
- Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and

actions for employees, vendors, suppliers, and customers, inside and outside the worksite, in a consistent and timely way. Include redundancies in the emergency contact system (section 3.8).

- Preselect and stage the launch of communication systems such as video conferencing platforms and conference call numbers
- Create and maintain a call list with backup contacts and scripts where required
- Identify community sources for timely and accurate pandemic information (domestic and international), and resources for obtaining countermeasures (e.g. vaccines and antivirals) (Appendix 2).

Coordinate with external organizations and help your community:

- Collaborate with insurers, health plans, and local healthcare facilities to share your pandemic plans and understand their capabilities and plans (Appendix 1).
- Collaborate with federal, provincial, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plan, and understand their capabilities and plans (Appendix 1).
- Communicate with local and/or provincial public health agencies and/or emergency responders about the assets and/ or services your business could contribute to the community (Appendix 1).
- Share best practices with other businesses in your communities to improve community response efforts.

(Checklist adapted from pandemicflu.gov) These items are addressed in further detail in the following pages.

3.3 CRITICAL ELEMENTS OF A CONTINUITY PLAN

3.3.1 PANDEMIC MANAGER AND/OR COMMITTEE

While it is not always possible for all companies to form a committee to address a pandemic, it is important for every business to identify one or more people within the organization to be responsible for workplace health and safety and for developing a Pandemic Preparedness Plan, including measures to ensure business continuity and effective communications.

Ultimately, there should be only one person responsible as Pandemic Manager or committee chair to ensure a clear line of reporting and responsibility.

Some of the tasks the 'Pandemic Manager(s)' should perform include:

- Dedicating a resource to maintaining up-to-date information being relayed from government and health authorities, as well as announcements that may come out frequently, which may impact your planning and continuity plans;
- Ensuring team members have access to industry and service provider partners to obtain quick responses to legal and other matters;
- Setting up a system to monitor staff who are ill or suspected to be ill during the pandemic, including contacting staff who are unexpectedly absent from work. Employees may need access to supports, or an EAP during this time;
- Setting up a process to facilitate/encourage the return of staff to work once they are better or at the end of a quarantine period; and,
- Ensuring that the workplace has adequate medical supplies and hand hygiene products, cleaning supplies, and masks for people who become ill at work. It may be difficult to purchase such products once a pandemic begins.

Medical Advisor

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

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

Smaller businesses should consider contracting out the services of a local medical physician for this exercise; however, depending on the severity of the outbreak in your region, the availability and access to such staff may be difficult. It is advisable that all businesses contact their local Health Canada office to obtain more information on available options.

3.3.2 MAINTAINING ESSENTIAL BUSINESS OPERATIONS

In the event of a pandemic, it is important that core people and core skills are available to keep essential parts of your business operating. A business impact analysis underpins the business continuity planning process.

In planning for the impact of a pandemic on your business (business impact analysis) you will want to identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor

services/products, and logistics) required to maintain business operations by location and function during a pandemic.

Identification of Critical Operations and People

Issues you should consider include:

- What are the "essential" parts of the business?
    - What are the core technologies you need to access in order to keep your business moving?
    - What credentials are needed and how will they be provided?
    - What equipment or technologies need to be ready for remote use?
    - Who are the core people required to keep the essential parts of the business running?
- What are the core skills required to keep the business running?
- Are there sufficient back-ups for people and skills if there is a high level of absence?
- Are there other resources (e.g. volunteers, retirees) that could be drawn on if necessary?
- Is it possible to coordinate or operate your business through a "virtual war-room" – that is, remotely, by using telephone and email?
- Who are the people required to manage your pandemic contingency plan?
- Do you have systems that rely on periodic physical intervention by key individuals, to keep them going? How long would the system last without attention?

Once the core people and skills are identified, ensure that they are aware of their position and how they will be managed in the event of a pandemic. Consider strategies for minimizing the possibility that they become ill with Covid-19, e.g. working from home even in very early stages of a pandemic, or other social distancing measures.

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

In the event of a pandemic, employees have the option of leaving their jobs. They also have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. However, their belief must be based on reasonable grounds, and they must have attempted to resolve the matter with their employer before they can continue to refuse.

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

3.3.3 BUSINESS PLANNING FOR ABSENCES

Unlike natural disasters, where any disruption to business service provision is likely to be hardware related, disruption to business operation in the event of a pandemic will be mainly human resource-oriented. Individual employers must consider their workforces and their particular circumstances; however, most should plan for up to 50 per cent or more staff absences for periods of about two weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Overall, a pandemic wave may last about twelve weeks.

Standard planning assumptions:

- The impact of a pandemic would likely be widespread, even global, and not localized to a single area. Therefore, little outside assistance may be available.
- Businesses are likely to be confronted with up to 50 per cent or more absenteeism, as many workers become ill, stay home to take care of children or family members, or refuse to go to work, especially in heavily populated office towers.
- Fifteen to 35 per cent of the workforce is likely to become ill at some time during the twelve weeks of a pandemic wave.
- The workplace attack wave follows a pattern similar to that expected in the general population.
- Every person who becomes ill is likely to miss 14 days of work.
- There is a 100 per cent additional absence rate – that is, for every person in the workforce who gets ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work.
- The additional absences follow the workplace attack pattern.
- Two per cent or more of workers who become ill are likely to die.

Note that no estimate is made for people doing extra or longer shifts, or for any recruitment into the workforce during the pandemic.

(See Appendix 3 for additional planning assumptions)

3.3.4 SUPPLY CHAIN DISRUPTION AND BORDER CLOSURES

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

Shortages may occur because of disruptions in transportation systems, the inability of suppliers to meet demands because of their own staff shortages, or global government protocols such as emergency production acts. Canadian supplies travel long distances by truck, train, and aircraft and are vulnerable to any disruption. Loss of up to 30 per cent of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies.

During a pandemic there are likely to be restrictions at ports and airports. Persons leaving an area affected by the pandemic will most likely be screened for signs and symptoms of illness. Persons who are ill will be asked to defer travel so as not to spread illness to other areas that are pandemic free. Supply lines may also be affected by self-imposed travel restrictions, with truckers/transporters unwilling to travel through or to infected areas.

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

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

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

Administration and Logistics

Always maintain complete and accurate records to ensure a more efficient emergency response and recovery. Certain records may also be required by regulation or by your insurance carriers, and may prove invaluable in the case of legal action after an incident. All companies, large or small, should develop plans for ensuring that the impact of shortages of critical supplies and resources is minimized. Before a pandemic, logistics precautions may entail:

- Acquiring equipment,
- Stockpiling supplies,
- Designating emergency facilities,
- Establishing training facilities, which may need to be done remotely,
- Establishing mutual aid agreements,
- Preparing a resource inventory.

During an emergency, logistics plans may entail:

- Providing utility maps to emergency responders,
- Providing material safety data sheets to employees,
- Moving backup equipment in place,
- Repairing parts,
- Arranging for medical support, food, and transportation,
- Arranging for shelter facilities,
- Providing for backup power,
- Providing for backup communications.

Alternative Transportation Routes

Ensure that your distributors, suppliers, carriers, and drivers are aware of alternate routes to your facility and those of your customers. For international shipments, alternate border crossings should be considered. A list of border crossings and corresponding wait times is available online.

Planning with Customers

Businesses may suffer from loss of economic revenue and sales due to a reduction in customer numbers. The general public will be advised to avoid crowded situations and to stay home as much as possible. Businesses will have to alter usual practices in order to meet the needs of their customers during a pandemic.

Business-to-Consumer

- Extending business hours to accommodate customers wanting service at off peak hours.
- Taking orders over phone/email for pickup or delivery to minimize the time people are in contact with others. Implement contactless delivery, curbside pickup wherever possible.
- Arranging for services to be provided via phone, online, or mail.

Gain customer confidence by maintaining a healthy workforce and workplace. Screen employees for illness and maintain a clean work environment with scrupulous cleaning and hygiene, including:

- Regular staff reminders and hand hygiene signage,
- Substantially increase cleaning and disinfection schedules,
- Train and enforce social distancing protocols.

Business-to-Business

Ensure that not only have you identified alternate suppliers and contractors, but, as a supplier, you have also given consideration to your customers. Your customers, especially international customers, should be made aware of your BCP and given instructions on how to minimize the impact of the pandemic on their supply chain. This might include identification of alternate suppliers, contractors, or alternate transportation routes.

3.3.5 FINANCIAL ANALYSIS

An essential part of any business impact analysis is determining the potential effects of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites. Depending on the sector and severity of the pandemic, the decline in demand could range from three per cent (mild scenario, manufacturing industry) to 67 per cent (severe scenario, transportation, and warehousing industry). Conversely, demand in the health sector will increase.

"The financial analysis overlays location-specific financial data to loss scenarios, estimating the profitability at risk through lost revenue and the additional costs incurred to mitigate the potential loss of revenue."

This allows your business to get the full picture of your true financial exposure.

Financial impact analysis should include:

- Estimates of the impact of decrease in consumer demand (per cent depends on sector and severity of pandemic);
- Estimates of supply shortages (plan on the assumption that shortages will take place);
- Estimates of the cost of employee workdays lost (15 – 25 per cent absenteeism, 14 days/employee);
- Costs associated with stockpiling and sufficient surge capacity for shortages in supply;
- Costs associated with hygiene supplies;
- Costs associated with implementation of alternate communications channels in case normal communication channels become unreliable or overloaded;
- Increase in materials unit costs or reduced discounts;
- Increased cost for alternative shipping/freight;
- Costs associated with drops in efficiencies; and
- Costs associated with reduced uptime if key staff are not available to operate critical equipment.

ACTIVATION OF PANDEMIC CONTINUITY PLAN

Health Canada will widely publicize any changes to the pandemic phases that are designed to alert government agencies to action.

Businesses should consider crisis management alert levels that correspond to the WHO phases listed below. Corporate and local activities can be based on the corresponding alert level

- Phases 1-3: Predominantly animal infections; few human infections.
- Phase 4: Sustained human to human transmission.
- Phases 5-6 (Pandemic): Widespread human infection.
- Post Peak: Possibility of recurrent events.
- Pandemic: Disease activity at seasonal levels.

See Appendix 3 for additional planning assumptions used to assess the potential impact of a pandemic on the bottom line.

3.3.6 STAFF TRAVEL AND EXPATRIATES EVACUATION PLAN

The Department of Foreign Affairs posts appropriate travel advisories for Canadians travelling abroad where certain risks exist including those of a pandemic. The department also provides advice to Canadians working in foreign countries. This advice is available online.

During a pandemic, certain countries will close their borders and/or implement travel advisories and restrictions. Screening (with quarantine measures) will be established at borders. During certain phases of the pandemic, ask employees to postpone non-essential travel outside Canada.

Arrangements may also be required for employees who are stranded outside of the country because borders are closed. In addition, it may be advisable to develop an impact analysis model taking into account that many or all of your employees may be restricted from travelling or taking business trips. Communications technologies can be used to minimize the impact of quarantines or border closures.

If your staff does travel overseas for business reasons, your plan will need to include consideration of their management in the event of a pandemic. For example, on declaration of a pandemic, if any staff had recently (within the last 7-14 days or other incubation period defined by the current public health guidelines) travelled to countries known to be affected by the disease, your business should:

- Advise the employee not to report for work for the duration specified by Health Canada;
- Ask them to follow instructions on the Public Health Agency of Canada's website for self-checking for influenza symptoms, which may include advice to telephone (rather than visit) their medical centre to seek advice immediately if symptoms occur. They should report their travel history to the treating doctor;
- Ask them to document all the people they have been in contact with since returning;
- Check on the staff member during his/her absence from work; and,
- Set up a process for ensuring that the employee has completed the time duration and is healthy before allowing him/her to return to work.

Table 2 provides summary guidance as to how a business might proceed at different stages of a pandemic are reached.

Basic Preparedness: Expatriates Evacuation Plan

If applicable, your company should develop an Expatriates Evacuation Plan and ensure that the plan is current. The template for this plan should outline in detail such items as communications, responsibilities, and contents of departure kits. Non-essential expatriates and expatriate families may be evacuated relatively early in a pandemic.

An international medical assistance service provider like international SOS (http://www.internationalsos.com/) can assist in the successful evacuation of expatriates.

You should also ensure there are no changes or disruptions to travel health benefits during this time.

TABLE 2: SUGGESTED PRIVATE SECTOR RESPONSIBILITIES AND ACTIONS FOR BUSINESS FOR EACH ALERT PERIOD

PHASE	PRIVATE SECTOR RESPONSIBILITIES	SUGGESTED ACTIONS FOR BUSINESS
Interpandemic and Pandemic Alert Periods	• Establish plans and procedures to support Health Authority* initiatives to prepare for a pandemic. • Develop a program, in conjunction with the Health Authority, to facilitate routine annual influenza vaccinations of staff. • Ensure that areas of responsibility essential for the maintenance of your business have been backed up so that appropriate designated personnel can take over management in case of absence due to illness. • Identify essential staff and develop contingency plans for operations under prolonged staff shortages and/or shortages of resources. • Develop plans for procedures to address supply and personnel shortfalls. • Arrange and facilitate a meeting with local business leaders regarding the need for mutual aid and support among businesses. • Meet with representatives of local businesses to ensure essential businesses stay open. • Continue to monitor appropriate information sources for updated information. • Consider implementing a telecommuting system so more people can work from	• Review business continuity plans. • Identify essential services (including contractors), facilities/ plants, and other production inputs. • Plan for up to 50 per cent or more staff absences for periods of two-three weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the peak. • Plan for the possibility that Public Health orders will include the complete shutdown of the business for an extended period of time. • Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member. • Identify ways to increase "social distancing" in the workplace, reduce movement, etc. • Consider organizational policies to encourage the sick to stay at home and enable staff to work from home. • Identify ways to minimize illness among staff and customers and consider how essential messages (e.g. basic hygiene) can be communicated to staff. • Identify needs for Personal Protective Equipment (PPE), cleaning equipment, and check air

	home. • Implement a health education plan through appropriate workplace health and safety programs. • Working with the Health Authority, ensure that self-help guidelines are distributed to staff/workers. • Consult with the Health Authority on the need to close buildings and cancel public events. • Consult with the Health Authority on the need to control the movement of people and commodities in and out of the community.	conditioning. Purchase additional contingency supplies if needed.
Pandemic Period	• Increase public information effort designed to keep ill workers at home. • Ensure meticulous hand hygiene and environmental cleaning. • Cease non-essential services. • Be prepared to make arrangements to rotate hours/days of operation, and/or staff re-assignment.	• Alert staff to change in pandemic status. • Activate staff overseas travel restrictions. • Activate essential business continuity measures. • Activate measures to minimize introduction and/or spread of influenza in workplace (post notices; social distancing, managing ill staff members, workplace cleaning, etc.). • Communicate with staff to promote confidence in the workplace. • Activate contact tracing where staff become ill at work. • Activate process for recovered and non-infected staff members to return to work.
Post-pandemic Period	• Review, evaluate, and revise your business pandemic response as necessary.	• Manage return to business as normal.

3.3.7 COMMUNICATION WITH STAFF

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

- Communicate the possibility of a pandemic – and your organization's preparedness to manage it – very early to staff. Fact sheets, available from Health Canada's website will be helpful for this purpose;
- Discuss with staff possible health and safety issues, potential for stand down, and leave arrangements if they are ill or need to look after those who are, or who have been "shut out" of childcare and school, etc;
- Have a comprehensive management plan in place which is clearly communicated to staff. Ensure that communications management during the pandemic is part of the plan. It will be important to have systems in place to allow your business to communicate effectively in a pandemic;
- In activating your plan, provide clear, timely, and pro-active communications to staff, including how your organization is handling the situation; and,
- You may wish to establish a "communications tree" so that people can keep in touch.

Knowledge Management

Key operating and emergency management information should be stored in known, accessible, and shared locations.

3.5 MEDICAL PRECAUTIONS AND INFORMATION

This section contains preliminary and notional suggestions to control and prevent the spread of pandemic Covid-19 in a company. Businesses are advised to follow the explicit instructions of PHAC, Health Canada and Provincial and Municipal Health Authorities with respect to the following activities.

The main strategies include:

- Restrict workplace entry of people with Covid-19 symptoms.
- Practice good hygiene and workplace cleaning habits.
- Increase social distancing (i.e., enable telecommuting; avoid face-to-face contacts).
- Manage staff who become ill at work.
- Manage staff who travel overseas and possibly out of province.

TABLE 3: SUMMARY OF COVID-19 PROTECTION MEASURES

PROTECTION MEASURES	WERE APPLICABLE
Hand hygiene, cough etiquette, ventilation	Everyone, all the time
Departmental BCP Policies related to pandemic influenza	Senior Management
Social distancing	Everyone, all the time (leverage technologies)
Protective barriers and HVAC	Physical security staff. To avoid close contact with the public and maintain a clean environment
Health related equipment. Temporary surgical masks, gloves, cleaning substances	Workplace health and safety committees for distribution to all employees
Respiratory masks, eye protection,gloves, gowns, aprons	Front-line health care workers in close contact with patients and other high-risk areas

3.5.1 RESTRICTWORKPLACEENTRYOFPEOPLE WITH COVID-19 SYMPTOM

On declaration of the pandemic phase, companies should consider posting notices at all entry points advising staff and visitors not to enter if they have Covid-19 symptoms. This notice could be communicated to all employees. Employees should be advised not to come to work when ill or under quarantine until symptoms are resolved or the quarantine has ended. They should be directed to their family physician and/or to information materials on the websites of health service providers such as the PHAC and Health Canada.

3.5.1 SAMPLE NOTIFICATION

COVID-19 NOTIFICATION

Covid-19 is a contagious disease.
There is currently an increase in the numbers of people in Canada with Covid-19.
In order to reduce the spread of illness in this workplace, the following is required of everybody:

DO NOT COME TO WORK IF YOU HAVE

A FEVER
(TEMPERATURE >38C)

DRY COUGH

TROUBLE BREATHING

- If you are experiencing any of the above symptoms, please go home, call your Public Health line and wait until you have recovered before returning to work.
- If you have recently arrived from overseas or returned from overseas, please ask to speak to the COVID-19 Manager.

IF YOU START TO FEEL ILL AT WORK, DO NOT LEAVE YOUR WORK AREA, IMMEDIATELY CONTACT:

Covid-19 Manager _____ ext. _____

3.5.2 SAMPLE HYGIENE NOTICE

PROTECTING YOURSELF AND OTHERS AGAINST RESPIRATORY ILLNESS

HANDWASHING IS THE MOST IMPORTANT THING YOU CAN DO TO PROTECT YOURSELF

- Cover your nose and mouth when coughing or sneezing.
- Cough or sneeze into your elbow.
- Use a tissue and dispose of this once used in the waste receptacle.
- ALWAYS wash hands after coughing and sneezing or disposing of tissues.
- Keep your hands away from your mouth, nose and eyes.
- Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until Covid-19-like symptoms have resolved.
- Avoid contact with people who have COVID-19-like symptoms.
- Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

3.5.2 PERSONAL HYGIENE

Personal hygiene measures minimize virus transmission. Communicate these to employees. They include:

- Cover nose and mouth when sneezing or coughing.
- Dispose of used tissues immediately.
- Wash hands frequently.
- Keep hands away from eyes, nose and mouth.

Hand washing (with soap and water, alcohol-based hand rub, or antiseptic hand wash) is the single most effective measure to reduce risks of transmitting infection.

Ensure supplies of hygiene products (soap, hand towels, gloves, and masks) are available while recognizing that their supply will be reduced in pandemic influenza. Ensure the environment is cleaned regularly and in particular, maintain HVAC systems.

Hand Hygiene

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

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

The coronavirus family are readily inactivated by soap and water. Antibacterial hand wash products are not required because routine products, along with proper hand washing procedures, will inactivate the influenza virus. Waterless alcohol-based hand sanitizers can be used as an alternative to hand washing and are especially useful when access to sinks or warm running water is limited. Placing hand sanitizers at the entrance of facilities as well as near high touch areas is useful in preventing transmission of infectious diseases.

COVID-19

Personal hygiene measures minimize transmission. Communicate these to your employees. They include:

- Wash your hands often with soap and water for at least 20 seconds regularly throughout the day and especially after you have been in a public place, after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth, and never with unwashed hands.
- Avoid close contact with people who are sick. Close contact being defined as anything closer than two metres.
- Put distance between yourself and other people if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.

Post hygiene notices at entrances, washrooms, hand washing stations, and public areas.

Global emails, notice boards, and communication screens are some of the materials that can be used to communicate this advice. Avoid communication tools that require multiple people handling the communication tool prior to getting to the worker (such as paystubs, or brochures). Contactless forms of communication are preferred.

3.5.3 WORKPLACE CLEANING

Everyone should be responsible for cleaning and disinfecting their own workstation and shared tools to prevent transmission among and by the staff performing the cleaning. For shared areas, designate someone internally or increase external presence to meet the above cleaning schedules. An important note to remember, you must clean the surface before you disinfect it. Clean first, then disinfect.

HIGH TOUCH ITEMS

Door Handles	For the duration, ask for internal doors to be propped open. Place a hand sanitizer station next to external doors to allow for hand cleaning after touching door handles.
Lunchroom Tables	Stagger breaks and ensure all personnel understand how to disinfect and apply the disinfectant product and to dispose of cloths in the lunchroom. Locate hand sanitizer stations near the break room exits.
Shared Printer / Fax Machine	Designate one person to load and disinfect the machine.
Desks / Countertops	Designate single person use or supply disinfectant training and equipment. Monitor and enforce disinfecting procedures, especially early on to create good habits surrounding disinfecting shared surfaces.
Huddle Board Markers	Each person that needs to write in information on huddle boards should be provided with their own marker.
CPU Mouse/keyboard	Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.
Punch Clock	Stagger arrival time where possible; relax your attendance policy to allow for physical distance between the workers during sign in. Consider whether an actual punch in is required or is it possible to have support staff monitor the entrances with a paper attendance sheet and check off people as they arrive.
Light Switches	Turn the lights on once per day and disinfect at the start and end of shift. Never spray liquid disinfectant directly onto a light switch.
Keypads (Microwave, Alarm System, Vending Machines, etc.)	Use personal "dialing wands" that can then be washed with soap and water or designate a single person to operate the door and timing buttons (the lunch owner will still load the microwave).

HIGH TOUCH AREAS

Remote Controls	Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.	Phones	Refer to "Remote Controls" Cleaning.
Shared Tools	Refer to "Remote Controls" Cleaning.	On / Off Buttons	Refer to "Remote Controls" Cleaning.
Faucet Handles	Post good hand washing technique posters in the washrooms and have the leadership team instruct ALL personnel in the correct technique.	Toilet Seats / Stall Handles	Increase professional cleaning frequency. Make all staff aware of how often they touch their faces between using the stalls and washing. their hands. Teach all staff good hand-washing procedures.

3.5.4 INCREASE SOCIAL DISTANCING

Social distancing means minimizing human-to-human contact in peak phases of a pandemic. Contacts are those persons who have had close (one metre or less) physical or confined airspace contact with an infected person within days of that person developing symptoms. These are likely to include family members and/or other living companions, workmates (if in confined airspace environments), and possibly recreational companions.

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

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

Social (physical) distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. Social (physical) distancing works by limiting the number of people that employees come into close contact. For COVID-19, the guidelines are within two metres (six feet). This distance is important because one of the ways that viruses can be spread from an infected person is through respiratory droplets generated when you breathe, cough, or sneeze. Keep in mind that sneezing can propel the virus beyond 2 metres. Additionally, close contact, such as shaking hands or hugging can bring you into contact with areas where a virus may be.

This means making changes in everyday routines to minimize close contact with others, including:

- Avoiding crowded places and non-essential gatherings;
- Avoiding common greetings, such as handshakes;

- Limiting contact with people at higher risk like older adults and those in poor health; and,
- Keeping a distance of at least 2 meters from others.

Suggestions on how to minimize close contact include:

- Avoid face-to-face meetings;
- Minimize meeting times;
- Meet in large rooms where you can maintain a distance of at least 6 feet (2 metres) from others;
- Use communications and network technologies and devices to communicate;
- Avoid unnecessary travel (especially to endemic regions);
- Cancel or postpone non-essential meetings/workshops/ training sessions;
- Leave a gap between shifts and stagger shift start and break times;
- Ventilate the workplace between shifts;
- Avoid cafeterias and restaurants; and,
- Introduce staggered lunch times.

3.5.5 SUMMARY: HOW TO STAY HEALTHY DURING THE PANDEMIC COVID-19

"Washing hands is the most important ways to prevent the spread of COVID-19"

Personal Health

- Eat, rest well and exercise in moderation;
- Wash your hands frequently with warm water and soap;
- Cover your nose and mouth when coughing or sneezing;
- Minimize visitors to your home;
- Check up on friends and family who live alone;
- Watch for regular Covid-19 updates from Health Canada; and,
- Get the vaccine when it becomes available.

It is recommended that people at high risk of getting influenza and its complications and their caregivers receive an annual influenza vaccine since anyone suffering from seasonal influenza would be highly vulnerable in the event of contacting Covid-19 as well.

Hygiene

Proper hygiene can help reduce the risk of infection or spreading infection to others:

- Wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food; and,
- Use alcohol-based hand sanitizer if soap and water are not available.

When coughing or sneezing:

- Cough or sneeze into a tissue or the bend of your arm, not your hand;
- Dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards;
- Avoid touching your eyes, nose, or mouth with unwashed hands.

Stay away from crowds

- Follow social distancing guidelines.
- Stock up on basic items.
- Shop at smaller stores with smaller line-ups.
- Shop at off peak hours and find out which stores stay open late/24 hours.
- If possible, order your groceries online or by phone for quick pick up or delivery.
- Arrange to pay bills at ATMs, online, or over the phone.
- Cancel or postpone family gatherings, outings, or trips.

"If you cannot avoid crowds, minimize the amount of time you spend around people."

Stay healthy at work

- Work from home or arrange to work flex hours if possible.
- Wash your hands frequently with warm water and soap.
- Use waterless sanitizing gel to clean hands if soap and water are not available.
- Clean objects and hard surfaces that are handled by many people with a disinfectant.
- Use stairs instead of crowded elevators.
- Cancel non-essential meetings and use teleconferencing/ video conferencing/emails/fax.

"If you feel unwell stay home, rest and drink plenty of fluids"

3.5.6 PERSONAL PROTECTION MATERIALS

In the event of a pandemic, refer to the Public Health Agency of Canada's website for the most current information on the appropriate Personal Protective Equipment (PPE).

Broadly defined, PPE is specialized clothing or equipment worn to protect someone against a hazard. It can range from just a mask or a pair of gloves to a combination of gear that might cover most or all of the body. in the case of influenza or COVID-19, PPE may include using masks and protective barriers.

Using masks

- People with respiratory infection symptoms should use a disposable surgical mask to help prevent exposing others to their respiratory secretions. Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze, in an appropriate waste receptacle, and hands must be thoroughly washed and dried after the used mask has been discarded. Follow the current guidelines on mask usage during the pandemic as dictated by your regional health authority.

Protective Barriers

- Protective barriers (i.e., glass or plastic) may provide useful protection for people such as front-counter staff or public transport drivers, whose duties require them to have frequent face-to-face contact with members of the public where social distancing is either not possible or not practical.

The COVID-19 virus has resulted in an unprecedented consumption of PPE in the healthcare system. Unfortunately, there has been no single effective way for manufacturers to understand the most pressing product needs and specifications, how become newly certified, or for the Health Authorities to efficiently evaluate the overwhelming number of proposals being received.

3.6 POLICIES FOR EXPOSED EMPLOYEES

All decisions regarding infectious diseases should be based on accurate and up-to-date information, taking into account your particular situation. When in doubt, contact your local Medical Officer of Health.

Your business may decide to have employees self-screen prior to coming to work or at the workplace to minimize the risk of a sick individual coming to work and infecting the rest of the workforce. Some employers have arranged for thermal imaging cameras to be available at their entrances or for non-contact laser thermometers.

Sick employees are encouraged to stay home until at least 14 days after their symptoms first appeared. In the event of a pandemic, it is recommended that employers check the Public Health Agency of Canada's website for the latest advice.

Develop a workplace policy around when an employee is fit or unfit to work. If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact the "Pandemic Manager" by telephone before coming to work if at all possible. If not, have a dedicated room, or area, set up to consult with the worker away from other personnel. Install a phone and computer terminal in this room and have the Pandemic Manager discuss the process with the worker over the telephone. Workers who are ill should stay at home until at least 14 days after the original symptoms appeared, this policy needs to be communicated as early as possible in the pandemic process

The Pandemic Manager should then do the following:

1. Avoid visiting this person if at all possible – manage the process over the phone.
2. Check if the employee has any of the symptoms listed.
3. If the employee does not have any symptoms like those listed, they are very unlikely to have coronavirus (or influenza) and should be reassured but advised to call the Pandemic Manager again later or to see their physician if they are still concerned.
4. If the employee does have symptoms that match some of those listed, they should be treated as a "suspect case" and instructed to go home and contact the local health authority for instructions on what to do next. Inform them NOT to attend a medical provider of emergency services without calling ahead for instructions. It may be helpful to have a staff illness notification form prepared, including requesting the details of any staff and/or visitors they have been in contact with. This information will permit the Pandemic Manager to identify recent contacts and potential areas for disinfection.
5. The employee should be informed where they can find a face covering and instructed to wear it immediately. This is to help protect other staff and community members.
6. The employee should leave work and immediately contact a health professional in the manner advised by Public Health Agency of Canada on its website at that time. This may involve phoning the person's normal doctor or nurse, or a specially designated centre to seek further advice. The employee's manager should be informed that they have left work.
7. The employee should, if at all possible, avoid public transport when leaving work.

8. Contact management – it is helpful for employers to:
    - Identify contacts (once an employee is suspected to be infected);
    - Advise contacts that they have been in contact with a person suspected of having influenza; and,
    - Ask contacts to go home, stay at home, and contact the local public health authority.
9. The employee's workstation should be cleaned and disinfected.
10. The Pandemic Manager will need to set up a system to manage the absence and return to work of the employee and their contacts. Some issues to consider include:
    - Advise the employee on how long to stay away from work (the Public Health Agency of Canada website will have advice on this once the characteristics of a pandemic are known, current instructions are 14 days minimum after the appearance of symptoms);
    - Decisions on leave and cover arrangements;
    - Checking on the staff member during their absence from work;
    - Establishing a process in your plan to ensure that:
        - Employees are healthy before allowing them to return to work; and,
        - Employees should be encouraged to return to work no sooner than 14 days after the beginning of their symptoms.

ISOLATION AND QUARANTINE

The Quarantine Act and Regulations help protect Canadians from dangerous and infectious diseases. Under this act Public Health Quarantine Officers have the authority to ask a person suspected of having an infectious disease to undergo a medical examination and to detain that person if necessary. Quarantine may be used in the early stages of the pandemic to stop the spread of influenza.

A person may be placed in quarantine if they have been in contact with or exposed to a person with an infectious illness. This is because a person with COVID-19 (SARS-CoV-2 virus) is infectious on average for 5-6 days before they know they are sick (pre-symptomatic), but potentially as long as 14 days prior to feeling symptoms. Additionally, some infected persons will never feel symptoms but can pass on the virus. In order to protect the public, quarantine means staying at home or in a designated building for three days from last exposure or until the Public Health Quarantine Officer is sure that the person is not infected.

Illness Assessment Form

An assessment tool may be used as a screening tool to determine if employees should be excluded from work due to illness. The presence of the following symptoms which could be due to the SARS-Co-V-2 virus:

- Difficulty Breathing,
- Fever,
- Dry cough,
- One or more of the following: a sore throat, joint aches; muscle aches or weakness.

Persons with Covid-19-like symptoms should remain at home at least 14 days after symptoms appear, unless otherwise directed by the local public health authority. Persons who have been exposed within the last fourteen days to someone with symptoms of COVID-19, should stay at home for fourteen days until they are sure they are not ill.

3.7 CONTACT MANAGEMENT AND TRACING

CONTACT DEFINITION

Close contact is defined as kissing or embracing, sharing eating or drinking utensils, close conversation (within two metres), physical examination, and any other direct physical contact between people.

Epidemiological evidence from a developing pandemic may change the definition of "contact" in Canada. The two-meter minimum distance is currently under review and may be extended. Contact management with respect to infectious diseases is mandated by law (for instance the Quarantine Act and Regulations and other health related acts).

CONTACT TRACING

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

3.7.1 SCREENING CHECKLIST FOR DETECTION AND MANAGEMENT OF SUSPECTED PANDEMIC CASES

Process:

1. The Pandemic Manager receives a call from a person suspecting they may have a virus or other illness;
2. Do not visit the person if this can be avoided – manage the process over the telephone; and,
3. Follow the flowchart.

ASK THE PERSON IF THEY HAVE ANY OF THE FOLLOWING SYMPTOMS

- High fever (or feel feverish and hot)
- Headache
- Fatigue and weakness
- Muscle aches and pains
- Sore throat, cough, chest discomfort, difficulty in breathing
- Been overseas recently
- Been in contact with someone diagnosed with a virus

YES TO ANY OF THE SYMPTOMS

V

Patient should be considered as possible case of having a virus

V

Fill in Virus Notification Form over the phone. Take names of contacts (those working within two meters or in enclosed place for more than 60 minutes).

V

Advise them where they can find a surgical mask and ask them to leave work immediately.
Advise them to contact a health professional in the manner advised by the Public Health Agency of Canada on its website

V

NO TO ANY OF THE SYMPTOMS

V

Unlikely to be a virus
Reassure and advise to call again if concerned or visit their GP

> Advise contacts that they have been in contact with suspected case. Ask contacts to go home and to stay there until they have received further advice.

V

ARRANGE FOR CLEAN UP OF PERSON'S WORKSTATION.

In any circumstances, employers should urge sick staff members with virus-like symptoms to stay or return home immediately and contact a health professional in the manner advised by the Public Health Agency of Canada on its website at that time.

If the health professional identifies the patient as being a suspected or confirmed case, then the health professional will commence contact tracing in accordance with the protocols set by Health Canada at that time. This is likely to involve contacting the patient's workplace. As indicated in the previous section, it is helpful for employers to:

- Identify contacts (once an employee is suspected to be infected);
- Advise contacts in person that they have been in contact with a person suspected of having influenza; and,
- Ask contacts to go home and stay at home until advised otherwise.

Refer to the following three pages for additional resources for contact management and tracing

3.7.2 NOTIFICATION FORM: SUSPECTED PANDEMIC / VIRUS CASE AT WORK

DETAILS OF AFFECTED STAFF

Name: Worksite: Location of Isolation:
Job Title: Nationality: Date of birth: / /
Address:
Phone Number (W): ( ) - (H): ( ) - (M): ( ) -

SYMPTOMS NOTICED

Fever ☐ Aches ☐ Headaches ☐ Fatigue ☐ Dry Cough ☐ Cold ☐
Others: Details:
Time of fever on-set: : AM / PM Time of Isolation: : AM / PM

TRAVEL HISTORY IN THE LAST 14 DAYS

Countries visited:
Flights Taken:
Where Referred:

CONTACT LIST (SEPARATE PAGE)

DETAILS OF REPORTER

Name: Job Title:
Phone Number (W): ( ) - (H): ( ) - (M): ( ) -

3.7.3 CONTACT LIST

Close contact is defined as having cared for or lived with a person known to have an infectious disease or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have an infectious disease. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within two meters), physical examination, and any other direct physical contact between people. Epidemiological evidence from a developing pandemic may change the definition of "contact".

Retain this list and provide to his/her designated officer on request.

PERSONS WHOM THE AFFECTED STAFF HAS INTERACTED WITH SINCE DISPLAYING SYMPTOMS			
NAME	EMAIL	TELEPHONE NO.	ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

3.8 COMMUNICATIONS

You may have the most comprehensive and up-to-date plan possible, but without effective and up-to-date communication of that continuity plan with your employees, management, other business units in your organization, government, key suppliers, key customers, and key contractors, your plan will fail.

Some suggested steps to take to ensure an effective communications network include:

- Implementation of a dedicated email database to send information and receive feedback.
- Translation and posting of all avian influenza-related documents on corporate intranet sites in all applicable languages.
- Distribution of BCP Pandemic Crisis Management Plan and key points to all managers/communicators/security officers.
- Distribution/translation and web posting of pandemic fact sheet.
- Leverage all internal communications tools, including huddle boards, tv monitors, bathrooms and entryways.
- Conduct ongoing media monitoring.

"It is important to ensure that communications are culturally and linguistically appropriate, and that your supply chain is involved in developing and executing the plan."

LEVERAGE NEW COMMUNICATION TECHNOLOGIES

It is possible to leverage technologies in pandemics to avoid face-to-face meetings, increase social distancing, and cut down on human-to-human virus transmission. Contact your technical staff to further explore options. Be aware that the cybercriminal activity rises during a pandemic and that employees working from home networks may introduce new vulnerabilities.

Without the ability to communicate with stakeholders, partners, the media, and employees during pandemic influenza there will be no command and control and the "chaos" period is likely to be prolonged. Building highly available communications systems is a must for both normal operations and disruptions. This is vital to the successful recovery of critical services.

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

1-800 INFORMATION LINE

Employees working remotely will need instructions, information on reporting to work, and information related to the scope, risks, magnitude, and possible duration of disruptions. A 1-800 information line is a common BCP solution to this problem.

The voice message can be pre-recorded and updated when required. Access to the voice recordings can be controlled by using a PIN provided to all employees. It is advisable to keep the length of the recording to a minimum.

4. HUMAN RESOURCE CONSIDERATIONS

IMPORTANT NOTE

This section provides a brief overview of some of the human resource issues you may have to consider when developing your BCP. Please refer to the specific provincial and federal legislation applicable to your jurisdiction and type of business, and consult the health and safety officer or human resource expert in your company when developing your BCP in order to ensure a clear understanding of the rights and obligations involved for both employer and employee. Federal and provincial government labour ministries and corresponding regulations are listed at the end of this section.

Facing a pandemic in Canada includes preparing your workplace to deal with the spread of communicable diseases, and employees (including unions, if applicable) must be involved in such planning.

The extent of your planning in this area will depend on the nature of your business/workplace. Larger enterprises, or those providing essential services or infrastructure, should maintain a reasonably high level of preparedness at all times.

Smaller workplaces, and those providing "non-essential" services, will benefit significantly from some degree of preparedness. Planning will reduce the human cost and improve business viability during and after a pandemic.

ANY RISKS TO EMPLOYEES AND OTHERS MUST BE REASONABLE

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

Independent contractors and volunteer workers have the right to withdraw their labour or services at any time, including when they feel the work environment presents an unsatisfactory level of risk. Be sure you understand the various contracts that are in place for your staff, including independent contractors and volunteer workers, who may exercise unique clauses in their contracts during unusual or uncertain times.

DECIDING WHETHER A WORKPLACE SHOULD STAY OPEN

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

Different industries will involve varying degrees of risk in a pandemic, and there will be varying scope for staying in operation while reducing the hazard.

Primary industries for example, may be able to manage hazards with relatively few restrictions. On the other hand, the challenges in the service sector – including health, education, entertainment, hospitality, and other industries – will be far greater. In the health sector, for example, the inherent risks will be compounded by a need to stay open to provide treatment and care.

PREPARING FOR THE POSSIBILITY OF A WORKPLACE OR BUSINESS CLOSURE

It is strongly recommended that employers discuss this possibility with staff, staff representatives, and contractors as part of their preparedness planning. To protect your business from any future possible legal claims, all decisions that result in a substantial change to an employment contract, and in particular if there is none, should be reviewed by legal counsel before changes are made.

The discussion with staff should include identifying whether services can be delivered outside of the workplace in a way that does not pose any health and safety risk and implementing methods of communicating workplace closure to employees.

Statutory requirements relating to the employment relationship and any specific requirements of employment agreements will not be affected by workplace closure during a pandemic. In the event that the employer decides, or is required to suspend business during a pandemic, it is important that the employment conditions during the business suspension are discussed with employees. Those discussions may include for example, the use of annual leave.

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

IF A WORKPLACE OR BUSINESS STAYS OPEN

If a workplace or business stays open during a pandemic, the appropriate provincial and/or federal legislation (ie. Canada Labour Code and Federal and Provincial Occupational Health and Safety Regulations) will continue to apply according to the circumstances. During a pandemic there may be rapidly changing health directives or other emergency measures that are put in place. It is critical to stay abreast of those changes and adapt accordingly.

4.1 CANADA LABOUR CODE AND OCCUPATIONAL HEALTH AND SAFETY REGULATIONS

IMPORTANT NOTE

There are some differences between federal and provincial legislation related to occupational health and safety. While the Canada Labour Code regulates some industries, most companies must also comply with applicable provincial legislation (see below for contact information).

The Canada Labour Code Part ii and its regulations, the 'Canada Occupational Health and Safety Regulations' regulate aspects of health and safety in the workplace including hazardous substances like a biological virus. The human resources strategies devised for the BCP must comply with the code and its regulations. The BCP Coordinator should liaise with the following entities (if applicable) while preparing the BCP:

- Work Place Health and Safety Committees
- The Health and Safety Representative
- Policy Health and Safety Committees
- The Health and Safety Officer

The code establishes the legislative framework and duties and responsibilities of the employer and employees. The regulations provide the detailed requirements.

A hazardous substance could include the pandemic virus since it is a biological agent.

A hazardous substance is defined as: "a controlled product and a chemical, biological, or physical agent that, by reason of a property that the agent possesses, is hazardous to the safety or health of a person."

THE MOST RELEVANT SECTIONS OF THE CANADA LABOUR CODE

Part II Occupational Health and Safety are:

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

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

- (p) ensure, in the prescribed manner, that employees have safe entry to, exit from and occupancy of the work place;
- (s) ensure that each employee is made aware of every known or foreseeable health or safety hazard in the area where the employee works;

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

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

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

- The officer must notify the employer of the danger and issue directions in writing to the employer directing the employer immediately or within the period that the officer specifies, to take measures to:
    - correct the hazard or condition or alter the activity that constitutes the danger,

    - protect any person from the danger.
- if the employer agrees that a danger exists, the employer shall take immediate action to protect employees from the danger.

The full Canada Labour Code Part II – Occupational Health and Safety is available online.

THREE RIGHTS OF EMPLOYEES

The code provides three rights:

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

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

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

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

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

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

DUTIES OF EMPLOYERS AND EMPLOYEES

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

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

In the event of a pandemic, employees could exercise this obligation and would require guidance, training, education, cleaning substances, and protective clothing such as protective barriers, gloves, and masks.

4.2 TRAINING AND AWARENESS

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

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

Employers must:

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

Training should include safe practices, procedures and plans, policies, or programs that the employer develops under the applicable legislation. Employees, supervisors, managers and members of committees should have specific responsibilities in the BCP and should receive appropriate training to exercise these responsibilities. Training should cover:

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

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

KEEP COMMUNICATION OPEN AND FREQUENT

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

4.3 SELECTED FEDERAL AND PROVINCIAL LABOUR STATUTES AND REGULATIONS

*Please note that this list is not exhaustive and that other regulations not listed here may apply to your business. The Department of Justice Canada provides a full list of applicable statutes and regulations broken down by federal and provincial jurisdiction.

FEDERAL

- Canada Labour Code
- Canadian Occupational Health and Safety Regulations
- Canada Labour Standards Regulations:
- Department of Human Resources and Social Development Canada

BRITISH COLUMBIA

- Labour Relations Code:
- Health Act

ALBERTA

- Occupational Health and Safety Act

SASKATCHEWAN

- Occupational Health and Safety Act

MANITOBA

- Workplace Health and Safety Act:

ONTARIO

- Ontario Occupational Health and Safety Act

QUEBEC

- Occupational Health and Safety
- Quebec Statutes and Regulations

NEW BRUNSWICK

- Occupational Health and Safety Act

NOVA SCOTIA

- Occupational Health and Safety Act

PRINCE EDWARD ISLAND

- Occupational Health and Safety Act
- Labour Act

NEWFOUNDLAND AND LABRADOR

- Occupational Health and Safety Act

YUKON

- Occupational Health and Safety Act

NORTHWEST TERRITORIES

- Safety Act
- Labour Standards Act

NUNAVUT

- Statutes and Regulations

APPENDIX 1

WHERE CAN I FIND MORE INFORMATION?

The following websites provide further information about pandemic influenza:

- National Updates: Public Safety and Emergency Preparedness Canada
- Phone: 1-800-484-8302
- Email: PHAC_Web_Mail@phac-aspc.gc.ca

HEALTH CANADA

- Latest Headlines, Advisories and Warnings
- Local Health Canada Phone numbers:
- Travel Advisories

INTERNATIONAL

- World Health Organization: Epidemic and Pandemic Alert and Response (EPR)
- US Centre for Disease Control (CDC): Pandemic influenza
- PandemicFlu.gov – The official US government website for information on pandemic flu, influenza A (H1N1) and avian influenza includes a business pandemic influenza planning checklist.
- New Zealand Ministry of Economic Development influenza Pandemic Planning: Business Continuity Planning Guide

FEDERAL

- Health Canada latest Headlines
- SafeCanada.ca – Pandemic Preparedness
- Canadian Centre for Occupational Health and Safety

Public Health Agency of Canada

- Canadian Pandemic Influenza Plan
- On-line information and resources about influenza
- FluWatch Reports
- Immunization and Vaccines
- Public Safety and Emergency Preparedness Canada A Guide to Business Continuity Planning

Canadian Food Inspection agency

- Avian Influenza - Latest information (includes email updates)
- Influenza A (H1N1) - Latest information
- Canadian Centre for Emergency Preparedness

PROVINCIAL AND TERRITORIAL

Provincial and Territorial Emergency Management Organizations (EMOs):

Alberta

- Emergency Management Alberta Tel: 780-422-9000
- Fax: 780-644-1044
- Website

British Columbia

- Provincial Emergency Program (PEP)
- Phone: 250-952-4913
- Fax: 250-952-4888
- Website

Manitoba

- Emergency Measures Organization
  Phone: 204-945-4772
- Toll-free: 1-888-267-8298
- Fax: 204-945-4929
- Website

New Brunswick

- Emergency Measures Organization
  Phone: 506-453-2133
- Toll-free: 1-800-561-4034
- Fax: 506-453-5513
- Website

Newfoundland & Labrador

- Emergency Measures Division
  Phone: 709-729-3703
- Fax: 709-729-3857
- Website

Northwest Territories

- Emergency Measures Organization
  Phone: 867920-6133
- Website

Nova Scotia

- Emergency Measures Organization
  Phone: 902-424-5620
- Fax: 902-424-5376
- Website

Nunavut

- Nunavut Emergency Management
  Phone: 867-975-5403
- Fax: 867-979-4221
- Website:

Ontario

- Emergency Management Ontario Ministry of Community Safety and Correctional services
  Phone: 1-888-795-7635
- Fax: 416-314-3758
- Website

Prince Edward Island

- Emergency Measures Organization
  Phone: 902-368-4000
- Fax: 902-368-5544
- Website

Québec

- Direction générale de la sécurité civile et de la sécurité incendie Phone: 418-644-6826
- Fax: 418-643-3194
- Or one of the regional offices:
  - Gatineau: 819-772-3737
  - Montréal: 514-873-1300
  - Rimouski: 418-727-3589
  - Trois-Rivières: 819-371-6703 or call your municipality
- Website

Saskatchewan

- Emergency Management Organization
  Phone: 306-787-9563
- Fax: 306-787-1694
- Website

Yukon

- Emergency Measures Organization
  Phone: 867-667-5220
- Toll free (in Yukon): 1-800-661-0408 ext. 5220
- Fax: 867-393-6266
- Website:

Other Provincial and Territorial Contacts

Alberta

- Alberta Health and Wellness
- Alberta's Plan for Pandemic Influenza

British Columbia

- British Columbia Ministry of Health
- BC Centre for Disease Control Pandemic Influenza Preparedness Plan

Manitoba

- Manitoba Health
- Office of the Chief Medical Officer of Health Preparing for Pandemic Influenza in Manitoba

New Brunswick

- New Brunswick Department of Health and Wellness
- New Brunswick Pandemic Influenza Plan

Newfoundland & Labrador

- Newfoundland & Labrador Department of Health and Community Services

Northwest Territories

- Government of the Northwest Territories Health and Social Programs

Nova Scotia

- Nova Scotia Department of Health

Nunavut

- Nunavut Department of Health and Social Services

Ontario

- Ontario Ministry of Health and Long-Term Care Ontario Health Plan for an Influenza Pandemic
- HealthyOntario.com

Prince Edward Island

- Prince Edward Island Department of Health and Social Services

Quebec

- Santé et Services Sociaux Québec

Saskatchewan

- Saskatchewan Health

Yukon

- Yukon Health and Social Services

APPENDIX 2

BACKGROUND ON INFLUENZA

PANDEMIC, TERMINOLOGY, LIST OF ABBREVIATIONS

The questions and answers below are adapted from the website of the Public Health Agency of Canada (© Public Health Agency of Canada, 2005) and are also available online . As the information below will change, please refer to the Public Health Agency of Canada for the most up-to-date information available.

WHAT IS AN INFLUENZA PANDEMIC?

People are exposed to different strains of the influenza virus many times during their lives. Even though the virus changes, their previous bouts of influenza may offer some protection against infection caused by a similar strain of the virus. However, three to four times each century, for unknown reasons, a radical change takes place in the influenza A virus causing a new strain to emerge. Since people have no protection against the new strain, it can spread rapidly around the world, causing what is known as a pandemic. Frequently, the pandemic influenza virus causes severe complications, such as pneumonia and death in previously healthy individuals. The last three influenza pandemics occurred in 1918-19, 1957-58 and 1968-69.

THE NEXT PANDEMIC - CORONAVIRUSES

In 2019, a novel (new) virus emerged from the coronavirus family of viruses. Like the other coronaviruses SARS-CoV-2, the virus responsible for the disease commonly know as COVID-19, causes an upper respiratory tract infection. The "common cold" is a coronavirus, as are SARS-CoV and MERS-CoV. The symptoms can range from mild to extremely severe. All coronaviruses are susceptible to breaking down with normal soap and water handwashing techniques. The early estimates for the transmission rate SARS-CoV-2 has been as high as 3, meaning that each infected person is expected to transmit the virus to 3 other people.

There are hundreds of coronaviruses, most of which circulate among animals. Sometimes those viruses jump to humans—called a spillover event—and can cause disease. Four of the seven known coronaviruses that sicken people cause only mild to moderate disease. Three can cause more serious, even fatal, disease. SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004. Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic and localized outbreaks. The third novel coronavirus to emerge in this century is called SARS-CoV-2. It causes coronavirus disease 2019 (COVID-19 and was declared a global pandemic by the World Health Organization on March 11, 2020.

WHAT'S THE DIFFERENCE BETWEEN VACCINES AND ANTIVIRALS?

Vaccines are the primary means to prevent illness and death from influenza. They stimulate the production of antibodies against the flu virus components included in the vaccine, providing immunity against the virus.

Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness, and potentially reduce the serious complications of influenza. Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus.

SHOULD INDIVIDUALS GET A FLU SHOT TO GUARD AGAINST INFLUENZA A VIRUS?

"There is currently no vaccine available for SARS CoV, MERS CoV, or SARS CoV-2"

The current seasonal flu shot does not protect against influenza A virus. Immunization with the current season flu vaccine would be important though for those in close contact with infected poultry because it could reduce the likelihood that a worker would be infected with the human and avian forms of influenza at the same time. If a person were infected with both viruses at the same time, there is a possibility that the two viruses will "mix" and create a new virus against which people have no immunity.

GOVERNMENT POWERS IN THE EVENT OF A PANDEMIC EMERGENCY

The Chief Public Health Officer (CPHO - Head of the Public Health Agency of Canada), in consultation with the national Pandemic influenza Committee, monitors and responds to reports of novel influenza viruses circulating the world or in Canada. The CMOH reviews the progression of disease caused by a novel influenza subtype and advises the Minister of Health.

Provincial, Territorial health ministries, and/or local authorities assume lead responsibility for public communications within their jurisdictions, however, Health Canada is the lead organization for public communications if a pandemic has moved beyond a single province or if a national emergency has been declared. Specific responsibilities of Health Canada include disease surveillance and national guidelines for infection control.

In the event of a pandemic emergency, public communications among all involved national and international organizations will be coordinated by Health Canada. Public communications around an influenza pandemic will occur in the international context.

ESTABLISHMENT AND COORDINATION OF TOLL-FREE LINES AND WEBSITE

During a pandemic emergency, Health Canada will ensure that toll-free information lines are established for the general public (http://www.hc-sc.gc.ca/). If the emergency escalates, a central, emergency specific website will be established.

MINISTER OF HEALTH – INTERIM ORDERS

The Minister of Health also has the power to issue an interim order in the event of an emergency if the Minister believes that immediate action is required. An interim order is intended to address circumstances where there is no time to make a regulation as the law would normally require. An interim order has the advantage of being able to provide a short-term "tailor-made" solution to a specific situation.

DECLARATION OF A NATIONAL STATE OF EMERGENCY

The Prime Minister or the Cabinet can declare a national state of emergency. A national emergency is defined in the National Emergencies Act as "an urgent and critical situation of a temporary nature" that exceeds a provinces ability to cope and threatens the welfare of Canadians and the ability of the Canadian government to preserve the "sovereignty, security and territorial integrity of Canada."

The federal government has special powers in a national state of emergency:

- Regulate or prohibit travel when it is deemed necessary for health and safety reasons;
- Remove people and their possessions from their homes;
- Use or dispose of non-government property at its discretion;
- Authorize and pay persons to provide essential services that are deemed necessary;
- Ration and control essential goods, services and resources;
- Authorize emergency payments;
- Establish emergency shelters and hospitals; and,
- Convict or indict those who contradict any of the above.

Under the Emergencies Act, the Governor in Council may make various orders or regulations, but only if a state of national emergency has been declared. However, a situation may not justify declaring a state of emergency at the national level, but still require that immediate action be taken to protect the public. It should be noted that the scope of the powers the Minister could exercise is more limited than the powers granted to the Governor in Council under the Emergencies Act.

APPENDIX 2A - WHO PANDEMIC PHASES AND CORRESPONDING MANAGEMENT STRATEGIES

TABLE 1 WHO PANDEMIC PHASES AND CORRESPONDING MANAGEMENT STRATEGIES

PHASE	DESCRIPTION	STRATEGY
Phases 1-3	No new virus subtypes have been detected. If present in animals, the risk of human infection or disease is considered to be low.	Develop, exercise, and revise pandemic preparedness and response plans.
Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Direct and coordinate rapid pandemic containment activities in collaboration with WHO to limit or delay the spread of infection.
Phase 5	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.	Time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
Phase 6/Pandemic	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 indicates that a global pandemic is under way.	Minimize pandemic impacts.
Post-peak period	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.	Plan and coordinate for additional resources and capacities during possible future waves.
Post-pandemic period	Disease activity will have returned to levels normally seen for seasonal outbreaks.	Recovery.

WHO pandemic preparedness

APPENDIX 2B - LIST OF ACRONYMS

LIST OF ACRONYMS			
BCP	Business Continuity Plan	HR	Human Resources
BIA	Business impact Analysis	ID	Identification
BMO	Bank of Montreal	ILI	Influenza - like illness
CCRF	Canadian Charter of Rights and Freedoms (Charter for short)	IT	Information Technology
CFIA	Canadian Food Inspection Agency	IM	Information Management
CI	Critical infrastructure	MGI	Policy on the Management of Government Information
COE	PSEPC Centre of Excellence for BCP	MITSS	Management of information Technology Security Standard
Code	Canada Labour Code Part II	NCI	National Critical Infrastructure
CPIP	Canadian Pandemic Influenza Plan	NHEMS	National Health Emergency Management System
CSPS	Canada School of Public Service	NERS	National Emergency Response System
CSRM	Continuous Security Risk Management	PHaC	Public Health Agency of Canada
DSO	Departmental Security Officer	PIa	Privacy Impact Assessment
EOC	Emergency Operations Centre	PIC	Pandemic Influenza Committee
F/P/T	Federal/Provincial/ Territorial	PPe	Personal Protective Equipment
GSP	Government Security Policy	PSEPC	Public Safety and Emergency Preparedness Canada
GoC	Government of Canada	SARS	Severe Acute Respiratory Syndrome
GOC	Government Operations Centre	Taa	Training and Awareness
FAO	World Food and Agri- culture Organization	TRa	Threat and Risk Assessment
GDP	Gross Domestic Product	UPS	Uninterrupted Power Supply
GPHIN	Global Public Health Intelligence Network	VPn	Virtual Private Network
HVAC	Heat, Ventilation, and Air Conditioning	WHO	World Health organization

APPENDIX 3 PANDEMIC MANAGEMENT PHASE

STANDARD PLANNING ASSUMPTIONS

The assumptions contained in this appendix are adapted from information contained in the Canadian Pandemic Influenza Plan.

This appendix models the potential impact of a large severe pandemic influenza wave on the workforce. The basic scenario is that of the 'Spanish flu' of November 1918, which killed an estimated 30,000 to 50,000 people in Canada and 20 to 40 million people worldwide. During each of the last three pandemics prior to SARS-CoV, the greatest increase in death rates occurred among persons less than 60 years of age; in 1918–19, the greatest number of deaths occurred in those 20 to 40 years of age.

Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operation in the event of a pandemic is anticipated to be mainly human-resource oriented. Individual employers must consider their workforces and their particular circumstances, however, most should plan for up to 50 per cent staff absences for periods of about two weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Overall, a pandemic wave may last about eight weeks.

ASSUMPTIONS

- The impact of a pandemic would likely be widespread, even global, not localized to a single area; therefore, there may be little outside assistance.
- Businesses would be confronted by up to 50 per cent absenteeism, as many workers become ill, stay home to take care of children or family members, or refuse to go to work, especially in heavily populated office towers or cramped shop floors.
- Low estimates of 15 to 35 per cent of employees are likely to become ill at some time during the eight weeks of the pandemic wave (after a case being confirmed in your region).
- The workplace attack wave follows a pattern similar to that expected in the general population.
- Every person who becomes ill misses 7 to 28 days of work.
- There is a 100 per cent additional absence rate – that is, for every person in the workforce who gets ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work. Daycares and schools may closed to contain the spread of the virus.
- The additional absences follow the workplace attack pattern.
- Fatality rates fluctuate wildly with each new virus and changes through the phases of the pandemic.
- No estimate is made for people doing extra shifts or longer shifts, or for any recruitment into the workforce during the pandemic.

In the event of a pandemic influenza, Health Canada estimates that 4.5 to 10.6 million Canadians would become clinically ill such that they would be unable to attend work or other activities for at least a half a day. This proportion, representing 15 to 35 per cent of the population (low estimates according to the SARS-CoV-2 models), does not include individuals who contract the virus and feel ill, but continue their usual activities. In addition, it is estimated that between 2.1 and five million people would require outpatient care, between 34,000 and 138,000 people would require hospitalization, and between 11,000 and 58,000 people would die in Canada during an influenza pandemic. (These numbers are estimates only and are meant to provide a picture of the magnitude and potential impact of the next influenza pandemic.)

ESTIMATED IMPACT OF PANDEMIC INFLUENZA IN CANADA

There are many estimates for the impact of COVID-19 at present time, ranging from as low as 30% to as high as 70% of the population of Canada being infected with the virus. Due to a higher R0 value (the rate of transmission) the impact of SARS-CoV-2 should be expected to be more significant than the below estimates based on 2005 data.

- 4.5-10.6 million clinically ill (i.e., unable to attend work for at least half a day),
- 2-5 million require outpatient care,
- 34,000-138,000 require hospitalization,
- 11,000-58,000 deaths.

These tables, developed by the Public Health Agency of Canada, show the approximate number of people who would become ill during a 15 to 35 per cent attack rate pandemic wave affecting the general population. The model used to calculate these numbers does not factor in the potential impact of a vaccine or antiviral drugs, which would reduce illness and deaths, nor does it account for the extreme virulence and transmission rates shown in the SARS-CoV-2. Clearly, the number of deaths depends on how the virus behaves, how it spreads, and what can be done to limit these factors.

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

Business continuity plans may need to be reviewed to ensure that they are robust enough to account for significant staff absences and other pandemic-related risks.

SARS-CoV-2 is not a normal seasonal influenza virus. SARS-CoV-2 is more serious and will occur simultaneously with the seasonal influenza. The impact of SAR-CoV-2 will place strain on the healthcare system at the same time as the seasonal flu.

APPENDIX 4

SPECIFIC BUSINESS CONTINUITY PLAN FOR PANDEMICS

The material in this appendix draws together key points from the planning guide, in a form that may assist individual businesses and other organizations in preparing their own business continuity plan for pandemic. The material is necessarily generic and will need to be adapted to meet the circumstances and needs of individual businesses and organizations.

OVERVIEW AND CONTEXT

- National and community perspective;
- Anticipated demands for the goods/services that you provide; and,
- Similarities to and differences from other emergencies.

Focus

- The focus of this plan is on reduction of the impact of a pandemic by:
  - Reducing the incidence,
  - Delivering an effective response.
- In order to achieve this impact reduction, comprehensive planning (readiness) arrangements must be in place;
- The Plan needs to consider the appropriate audiences:
  - Internal (Boards, Management and Staff),
  - External agencies.

Define Structure and Key Roles

(link with existing Business Continuity Plans)

- Leadership and direction within the organization in the event of a pandemic:
  - Who makes the strategic decisions in relation to pandemic?
  - Who communicates to whom internally and externally?
- Main expectations of staff with key roles; and,
- Allocation of other specific responsibilities (including ownership of this plan and its maintenance).

RISK IDENTIFICATION AND ANALYSIS

Develop summary statements (including organizational risk and potential impact corresponding to each pandemic stage, with reference to the Health Canada scenarios)

- Include the potential impacts on other agencies that you have close relationships with, including:
  - suppliers of materials and services'
  - sub-contractors (e.g. essential maintenance).
- Create and implement plans as per the outline in the following section.

	ATTACK RATE 15%			ATTACK RATE 35%		
Outcome	Mean number	5th Percentile	95th Percentile	Mean number	5th Percentile	95th Percentile
Death	17,768	10,544	24,954	41,459	24,603	58,227
Hospitalization	46,639	34,042	59,166	108,824	79,431	138,053
Outpatient Care	2,086,327	2,027,496	2,145,282	4,868,097	4,730,825	5,005,657
Ill, no formal care	2,394,443	2,335,458	2,455,967	5,587,035	5,449,401	5,730,591
Total	4,545,177	4,407,545	4,685,464	10,605,415	10,284,265	10,932,623

REQUIRED PREPARATIONS

Interpandemic and Pandemic Alert Periods: Develop the likely response processes and measures (with reference to Table 2 of this guide)

General Planning

- Review existing business continuity plans and develop pandemic-specific procedures as appropriate:
    - Identify essential services (including contractors), facilities/plants, and other production inputs;
    - Plan for up to 50 per cent staff absences for periods of two-three weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the peak;
    - Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member;
    - Identify ways to increase "social distancing" in the workplace, reduce movement etc.;
    - Consider organizational policies to encourage the sick to stay at home; and enable staff to work from home; and,
    - Identify existing arrangements that might assist pandemic outbreaks.
- Establish mechanisms for alerting staff to change in pandemic status; and
- Establish procedures and triggers for escalation of response.

Advanced Planning (Pandemic Period)

- Alert staff to change in pandemic status;
- Identify ways to minimize illness amongst staff and customers, and consider how essential messages (e.g. basic hygiene) can be communicated to staff; and,
- Identify needs for PPEs and cleaning equipment, and check air conditioning. Purchase additional contingency supplies.

RESPONSE ACTIONS

Pandemic Period – Implement the specific response processes and measures

Active Response

Border Management

- Alert staff to change in pandemic status;
- Activate staff overseas travel restrictions;
- Review/test essential business continuity measures; and,
- Process familiarization, including training for those with specific roles.

Pandemic Management

- Alert staff to change in pandemic status;
- Activate measures to minimize introduction and/or spread of influenza in workplace (post notices; social distancing, managing ill staff members, workplace cleaning, etc.);
- Activate essential business continuity measures and establish a regular review process:
    - Review and update risk and impact assessment;
    - Set response objectives and identify specific actions required;
    - Decide activities/services to be maintained/discontinued; who needs to come to work
    - Communicate with staff to promote confidence in the workplace and externally to inform other agencies that you have close relationships with; and

    - Review regularly (e.g. weekly).
- Activate contact tracing where staff become ill at work; and
- Activate process for recovered staff members to return to work.

RECOVERY PROCESSES

Post-Pandemic Period – Recovery

- Establish criteria and process for agreeing to return to business as normal;
- Review and update risk and impact assessment;
- Communicate internally with staff and externally with related agencies;
- Manage return to business as normal; and
- Conduct full debrief process(es)
    - Update pandemic plan as appropriate,
    - Update business continuity plan as appropriate.

The desired outcome of the plan is to achieve effective preparation and response through clarity, process familiarity, and confidence for staff and other stakeholders

APPENDIX 5

SAMPLE BUSINESS CONTINUITY CONTACT LIST FOR PANDEMIC VIRUS

PLAN TO CONTINUE OPERATIONS

		If this location is not accessible, we will operate from the location below:	
Business name		Business name	
Address		Address	
City, Province		City, Province	
Telephone number	( ) -	Telephone number	( ) -
The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.		If the person is unable to manage the crisis, the person below will assume management duties.	
Primary Emergency Contact		Secondary Emergency Contact	
Telephone number	( ) -	Telephone number	( ) -
Alternative number	( ) -	Alternative number	( ) -
E-mail		E-mail	

PANDEMIC EMERGENCY CONTACT INFORMATION

Public Health Agency Canada Toll-free number: 1-844-280-5020
Local Health Canada Office Contacts:

- Alberta 8-1-1
- British Columbia 8-1-1
- Manitoba 1-888-315-9257
- New Brunswick 8-1-1
- Newfoundland and Labrador 8-1-1
- Northwest Territories www.hss.gov.nt.ca/health-centres
- Nova Scotia 8-1-1
- Nunavut 1-888-975-8601
- Ontario 1-866-797-0000
- Prince Edward Island 8-1-1
- Quebec 8-1-1
- Saskatchewan 8-1-1
- Yukon 8-1-1

Emergency Contact numbers ( ) -

EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management:

WE PLAN TO COORDINATE WITH CUSTOMERS AND SUPPLIERS

The following customers and suppliers will participate in our emergency planning team:

OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff, and procedures we need to recover from a pandemic virus emergency:

Operation	Staff in Charge	Action Plan

EMPLOYEE EMERGENCY CONTACT INFORMATION

The following is a list of our co-workers and their individual emergency contact information:

ANNUAL REVIEWS

We will review and update this business continuity plan in

SUPPLIERS AND CONTRACTORS

Company name:

Street Address:

City: Province: Postal Code:

Phone: ( ) - Fax: ( ) - E-mail:

Contact name:

Materials/service Provided:

ALTERNATE SUPPLIER

Company name:

Street Address:

City: Province: Postal Code:

Phone: ( ) - Fax: ( ) - E-mail:

Contact name:

Materials/service Provided:

IF NOT AVAILABLE, WE WILL OBTAIN SUPPLIES/MATERIALS FROM THE FOLLOWING:

Company name:

Street Address:

City: Province: Postal Code:

Phone: ( ) - Fax: ( ) - E-mail:

Contact name:

Materials/service Provided:

COMMUNICATIONS

We will communicate our emergency plans with co-workers in the following way:

In the event of a pandemic virus we will communicate with employees in the following way:

CYBER SECURITY

To protect our computer hardware, we will:

To protect our computer software, we will:

RECORDS BACK-UP

is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records, and computer back-ups are stored on-site

Another set of back-up records is stored at the following off-site location: