

Great Western Painting

Pandemic Preparedness

PANDEMIC PREPAREDNESS PLAN

Our Pandemic Preparedness Plan Coordinator is: Robert Evans

The Pandemic Preparedness Plan Coordinator is responsible for developing a pandemic disease plan dealing with disease issues and their impact at the workplace.

Our plan, which is developed in **Phase 2** (See Phases, below) will address measures to take to ensure an appropriate response, mitigation, and recovery in the event of an outbreak/epidemic/pandemic. We will work with local hospitals and health care organizations to establish protocols for ill employees.

When a pandemic reaches **Phase 3** (See Phases, below), pandemic preparedness information and training will be provided to our employees. Training will include prevention of illness, initial disease symptoms, preventing the spread of the disease, and when it is appropriate to return to work after an illness.

When a pandemic reaches **Phase 4** (See Phases, below), the Pandemic Preparedness Plan Coordinator will ensure all plans are finalized and in place. Employee training will continue; N95 respirators will be on hand and fit tested; dust masks, hand washing facilities, hand sanitizers, tissues, towelettes, no touch trash cans, hand soap, and disposable towels will be stocked for probable use.

When a pandemic reaches **Phase 5** (See Phases, below), all employees will be alerted that there is a substantial pandemic risk and review the preparedness plan will be reviewed.

When a pandemic reaches **Phase 6** (See Phases, below) this pandemic preparedness plan will be instituted.

Training and information will include issues of the pertinent disease such as identification of the disease, prevention of the disease, initial disease symptoms, preventing the spread of the disease, and when it is appropriate to return to work after the illness. Training will be given in English and the information will also be communicated to non-English speaking employees in the language they understand. Efforts will be made to ensure that those who have disabilities, such as severe hearing deficiency, will be trained in our pandemic preparedness plan with sign language and pictures.

One naturally thinks of the recent 2009 H1N1 influenza when discussing pandemic preparedness, however a pandemic could apply to any epidemic

which could include any communicable disease such as colds, influenza, measles, mumps, tuberculosis, pneumonia, smallpox, etc..

If there were an outbreak of cancer, for example, which is not communicable, it would not fall under this pandemic preparedness plan.

Authorization to Implement the Plan:

The Safety Director or the Pandemic Preparedness Plan Coordinator is authorized to implement this Pandemic Preparedness Plan in Phases noted above.

Phases of Pandemic (Influenza)

| | Phases of Pandemic | Definition (per WHO.) | Action |
|----------------------------------|---------------------------|--|--|
| Pandemic | 6 | Pandemic: increased and sustained transmission in general population | Prepare to institute full Pandemic Plan at any moment. |
| Pandemic Alert | 5 | Larger cluster (s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk) | Alert all employees that there is a substantial pandemic risk and review pandemic preparedness plan. |
| Pandemic Alert | 4 | Small cluster (s) with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans | Assure all plans finalized and in place. Continue employee training. Ensure N95 respirators available and fit tested, dust masks, soap, hand wipes, towlettes, etc. readily accessible. |
| Time to Intensify - Preparedness | 3* | Human infections (s) with new subtype but no human-to-human spread, or at most rare instances of spread to close contact | Employee training begins. No changes is work procedures. |
| Inter Pandemic | 2 | Higher risk of human cases | Planning for a potential Pandemic begins. Person responsible is the Pandemic Preparedness Plan Coordinator. |
| Inter Pandemic | 1 | Low risk of human cases | No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals the risk of human infection or disease is considered to be low No action related to pandemic preparedness is required. |

Transmission: 2009 H1N1 influenza virus, a typical candidate for a pandemic, is transmitted from person to person through close contact in ways similar to other influenza viruses. Although the relative contribution of each mode is uncertain, influenza virus can potentially be transmitted through:

1. Droplet exposure of mucosal surfaces (e.g., nose, mouth, and eyes) by respiratory secretions from coughing or sneezing;
2. Contact, usually of hands, with an infectious co-worker or a surface that is contaminated with secretions followed by self-inoculation of virus onto mucosal surfaces such as those of the nose, mouth, and eyes; and
3. Small particle aerosols in the vicinity of the infectious individual.

Transmission of influenza is not believed to occur through the air over long distances such as room to room. All respiratory secretions and bodily fluids, including diarrheal stools, of persons with 2009 H1N1 influenza are considered to be potentially infectious.

Flu-like symptoms include: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.

Prevention of Transmission: Disease containment can be controlled following the recommendations of the CDC.

Employees should get yearly seasonal flue shots.

If a vaccine has been developed for the pandemic (as in the case of 2009 H1N1 influenza), employees should get this vaccine administered by health care professionals.

Employees should:

1. Cover their nose and mouth with a tissue when they cough or sneeze.
2. Throw the tissue in the trash after use.
3. Wash their hands often with soap and water. If soap and water are not available, use alcohol-based hand rubs.
4. Avoid touching their eyes, nose, and mouth. Germs spread this way.
5. Avoid close contact with sick people.
6. If an employee is sick with a flu-like illness, CDC recommends that they stay home for at least 24 hours after your fever is gone except

to get medical care or for other necessities. Your fever should be gone without the use of a fever-reducing medicine.

7. Avoid crowds.

Changes Required by Implementation of Pandemic Preparedness Plan

When a pandemic reaches **Phase 6** this pandemic preparedness plan will be instituted by the Safety Director or the Pandemic Preparedness Plan Coordinator. The following changes will take place to ensure the health of our employees and provide us the ability to perform our work.

Work Policies Attendance:

Employees who have contracted the pandemic disease are not to report to work.

Time and attendance work policies are modified to allow workers to care for sick family members. Employees will not be penalized for taking time off to care for family members and should have no fear of reprisal. However, if vacation time, compensation time, and/or sick time are used up, they will not be paid.

Work Policies Work From Home:

We will provide reasonable accommodations to allow employees to work from home when they are able to perform their assigned responsibilities. Under these circumstances, employees are expected to communicate with their manager and return to previously established work arrangements when it is both feasible and safe for the employee to do so.

Work Policies Operations:

In the event a large percentage of employees are ill or at home caring for their family who are ill, to effectively maintain business operations the following steps may be taken:

1. Mandatory Overtime
2. Supervisors performing all tasks qualified to perform
3. Hiring of temporary employees

Work Policies Internal Communications:

A telephone tree will be provided to all employees to allow employees who are sick, or becoming sick, to report their status to their supervisor immediately above them. If that supervisor is absent (sick), they report to the next highest supervisor in their chain of command.

Supervisors will inform the Safety Director at the beginning of each shift the number of persons absent and their job titles. As the shift progresses, the Safety Director will be informed immediately if an employee has to leave work due to the pandemic.

Work Policies External Communications:

In the event that, in spite of our efforts, work cannot continue, the Safety Director will notify our customers and suppliers of this fact and provide them a date and time when work can resume.

Work Policies Social Distancing:

Large or crowded meetings will not be held and employees will be reminded of the importance of social distancing in their work area to decrease the possibility of contact.

Work Policies Routine Cleaning & Disinfection:

Supervisors will ensure that surfaces which are likely to have hand contact (doorknobs, handrails, faucets, etc.) are routinely and frequently cleaned using normal cleaning products.

Annual Table Top Testing:

Annually, a table top exercise will be conducted by the Pandemic Preparedness Plan Coordinator and all job site supervisors to test the plan with emphasis on emergency communications procedures to ensure they are effective and workable.