Pandemic Plan

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1. Pandemic Plan

1.1. Introduction

As part of the East Kentucky Power Cooperative's concern for the health of its staff, EKPC monitors reports on the global spread of diseases and the possibility of a pandemic.

Pandemics are global epidemics of disease that occur on a worldwide scale and are traditionally caused by infectious diseases, such as influenza. Pandemics are unpredictable in their timing and impact making it vital that EKPC plan properly. As it is not possible to predict the behavior of a pandemic, a pandemic plan must allow considerable flexibility in its response. In the event the pandemic is widespread and lasts for many months, EKPC will have to plan for depleted and/or displaced staffing for long periods of time.

Developing a plan is only one part of overall preparedness for an outbreak. EKPC must communicate the plan to employees, Members and Customers, then test and revise the plan to stay current with changing business needs. EKPC will make updates to the Pandemic Plan (Plan) annually and provide notification to each person or group with a defined role in the Plan of the updates.

1.2. Scope and Objectives

The objectives of this Plan are to provide:

- Background information on pandemic concerns
- Pandemic actions for EKPC employees
- A list of precautionary measures
- A checklist to assist management in providing the prerequisites that make the Plan effective
- A consistent approach regarding preparation for and management of the Pandemic

1.3. Coronavirus Disease (COVID-19) Information

EKPC is currently monitoring the coronavirus disease (COVID-19). COVID-19 is a highly contagious respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, China. While much is unknown, according to the Centers for Disease Control and Prevention (CDC), COVID-19 is spread from person-to-person in close contact (approximately 6 feet). Particularly, respiratory droplets produced when an infected person coughs or sneezes can spread the virus. These droplets can land in the mouths or noses of people who are nearby or can possibly be inhaled into the lungs. At this time, it is also suspected that a person can get this virus by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly the eyes.

EKPC is taking preventive action now to protect our staff from the coronavirus and ensure the continuity of our business operations.

1.4. Pandemic Background

According to the CDC, a pandemic occurs when a new influenza virus appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with large numbers of sick people and deaths. With the increase in global transport and urbanization, epidemics caused by the new virus are likely to occur rapidly around the world.

1.5. Business Continuity Planning Assumptions

The following are based on planning assumptions developed by the Critical Infrastructure Protection Committee (CIPC) of the North American Electric Reliability Council (NERC) and are available in their planning guide developed for use by the electric utility sector in the development of their own specific plans. EKPC has used the NERC planning guide in the development and approach to this Plan (See Appendix A – Plan Preparation Checklist). The following NERC assumptions are not predictions; rather they are situational planning parameters for business continuity planning for an influenza pandemic:

- The timing of the outbreak of a pandemic is uncertain and depends on many factors
- Once human to human transmission begins, the disease will spread very rapidly around the world within three to eight weeks
- Attack rate for the general population is expected to be in the range of 25%, and these people would be very ill for up to a week
- Absentee rates for employees may be in the range of 35% for the duration of the pandemic due to illness and other factors such as needing to take care of family members
    - The pandemic could last for 6 months
    - Absentee rates will not be uniform across an organization and will be caused by employee illness as well as family care issues, inability to get to work, etc.
- Persons who contract the virus are not expected to contract it a second time due to a buildup of immunity; however, if the virus mutates, recurrences for the same individual would be possible
- Employees will need to be managed differently to conduct essential business processes and to minimize the spread of the virus
- Not enough anti-viral medicines or vaccines will be available for the entire population
    - There may be none in the early stages and then limited quantities for select populations
    - Anti-viral medicines, such as Tamiflu, present a variety of difficult issues such as availability, shelf-life limitations, effectiveness against specific virus strains, and dosage levels for pre-infection prevention as compared to post-infection treatment
- A pandemic will strike in at least two waves, each lasting six to eight weeks
    - The first wave will peak in three to four weeks
    - The second wave will be three to six months after the first

    - and will likely be stronger than the first
    - There may also be a third wave with characteristics similar to the second
- It will be important to provide accurate and timely information distribution to employees, labor organizations, and government before and during the pandemic
- Interdependencies with other segments of the electricity sector (generators, transmission operators, distribution providers) and other critical infrastructures (communications, nuclear, natural gas, coal, petroleum, transportation, emergency services, etc.), as well as contractors and suppliers will be severely tested during an influenza pandemic

1.6. Levels of Response

Given that the nature of the next pandemic cannot be determined in advance, EKPC' Plan defines planning that should occur based on current conditions. These conditions are outlined in the following sections.

1.6.1. Seasonal

Annually, winter produces an outbreak of influenza, affecting 5% to 10% of the population. The strains during the normal flu season are generally the same as, or similar to, strains in previous seasons, and some pre-existing immunity to these viruses exist. Flu shots also provide some level of protection, if the shots selected by authorities coincide with the virus that ends up circulating for that season.

1.6.2. Epidemic

A widespread outbreak of influenza affects 10% to 20% of the population. The strains of influenza during an epidemic, like the seasonal flu, are typically seen in humans. For example, Indiana, Iowa, and West Virginia experienced near epidemic levels during the flu season of 2006-2007. The circulating viruses were those familiar to health officials; however, the sheer number of reported cases were quickly approaching epidemic levels in these states. A rapid spread through any segment of the populations can increase the risk of spreading when a large number of households are affected by sick school-aged children, for example.

1.6.3. Pandemic

A global pandemic will impact more than 20% of the population worldwide. A pandemic flu can occur when a strain of influenza, previously unknown in humans, develops the ability to spread from person to person. The H1N1 flu of 2009-2010 is an example of a highly infectious, worldwide outbreak.

1.7. Recovery Strategy

The strategy for minimizing the spread of the infectious diseases among staff and allowing critical activities to continue is to employ

telecommuting as much as possible. Where unique products and services or staff with unique skills and critical information/experience exists in the business, EKPC employs cross training of other staff in order to provide continuous service.

Additionally, following any incident or pandemic, all procedures and policies related to pandemic response would be examined for effectiveness and modified on an on-going basis to prepare for any future continuity issues.

2. Incident Management Phases and Actions

2.1. World Health Organization (WHO) Pandemic Phases

The World Health Organization (WHO) has developed a phased approach in recognizing and reacting to a worldwide pandemic. These phases and associated pandemic periods are shown in Figure 1 below. These phases act as trigger points for specific recommended actions.

Figure 1. WHO Phase Levels

World Health Organization (WHO) Phase Levels		
Pandemic Periods	**Phase Levels**	**Phase Description**
Inter-pandemic Period	Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.
	Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Pandemic Alert Period	Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
	Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
	Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Pandemic Period	Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another

		WHO region.

2.2. Actions and Responses

In preparation for a potential pandemic event, the EKPC Incident Response Team has initiated the following activities:

- Monitoring WHO website (www.who.org) and the CDC website (www.cdc.gov) for regular updates
  - Providing daily updates to Executive Staff
- Maintaining working relationships with Local Health Departments representatives

Prior to an incident, EKPC will take the following actions:

- Purchase adequate levels (three-month supply) of Personal Protective Equipment (PPE)
  - Tissues
  - Latex gloves
  - Masks (N95 for operations staff as needed when around or transporting potentially, or known infected persons)
  - Alcohol wipes for phones, keyboards, doorknobs, etc.
  - Spare keyboards, mice, and phone handsets will be ordered and stored for 24-hour operations staff
  - Alcohol-based hand cleaner
- Educate staff and display signs, posters, pamphlets, etc. from local health departments in appropriate areas
  - Certain items will be displayed immediately (e.g., sanitary practices during flu season)
- Due to the uncertainty of when, or if, a pandemic will occur, EKPC will implement the following guidelines when the pandemic alert level reaches Phase 5:
  - Guideline for sending someone home who is showing signs of illness at work
  - Guideline encouraging sick persons to remain at home
  - Guideline regarding individuals who refuse to or are afraid to come to work
  - Guideline regarding visitor and vendor restrictions
  - Guideline regarding travel restrictions
  - Guideline regarding on-site vendor restrictions

Actions will take place at escalated levels based on the WHO phase descriptions shown in Figure 1. Refer to Appendix A – Plan Preparation Checklists, for specific steps taken for plan preparation.

3. Identification of Critical Staff

3.1. Category One

Category One employees perform mission critical work that must be performed on-site and challenging to perform remotely. It is important for EKPC to provide a safe working environment. Even if this is accomplished, it is possible that an employee may not be comfortable coming to work. Human Resources (HR) and the Executive Staff will monitor any crisis absenteeism and evaluate viable solutions.

3.1.1. Strategies for Category One Staff

Social distancing: This involves having employees work at least three to six feet from each other. If that cannot be done, masks and gloves are required. Workstation re-deployment may be involved.

Extensive workplace cleaning: All surfaces touched by hands and exposed to droplets exhaled during breathing need to be disinfected daily. This includes doorknobs, handrails, phones, desks and keyboard surfaces. Employees may prefer to do these themselves. They will need to be instructed in proper procedure and provided with supplies to do so.

Masks and Latex Gloves: If employees cannot be adequately distanced, masks and latex gloves need to be provided to employees who request them. Masks and latex gloves may be required for those persons transporting employees who exhibit signs of illness to a designated isolation room.

Shift work and flex scheduling: Critical staff shifts will be impacted by sick employees. Shifts may need to be altered to effectively use remaining employees.

Limit face time: Once Pandemic Level 6 has been declared face-to-face meetings will be cancelled. EKPC will ensure employees interface and work via conference bridges even if they are all physically present in the same work location.

No handshaking: EKPC will institute a no-handshaking policy. Hand-to-hand transmission is one of the greatest sources of infection.

Cross training: EKPC regularly reviews plans to ensure there is sufficient process and procedure documentation for someone to fill in for a sick employee, if necessary.

3.2. Category Two

Category Two employees perform mission critical work that does not have to be performed on-site and can be performed remotely. One of the key continuity strategies for a pandemic is to have mission critical employees telecommute. The following are telecommuting issues to consider:

- Do these employees have the necessary equipment to perform their work?
- Do they have broadband connection? Does the company's network have the bandwidth needed to support these workers?
- Is the corporate telecommunications system robust enough to support these employees working from home during the same hours for 6 to 8 weeks at a time?

EKPC has a telecommuting plan for any pandemic situation that could

occur.

EKPC will require Category Two employees to telecommute at least once annually to confirm appropriate functionality.

This test will help determine the bandwidth capability of the network to accommodate Category One, Two, and Three employees.

3.3. Category Three

Category Three employees perform activities that are not mission-critical during a pandemic but whose work could be performed by working remotely from home. Their network access would come second to Category Two employees who would be performing mission-critical work remotely. If limited access or bandwidth prevents Category Three employees from being able to work remotely, they will be subject to the same issues and concerns as those affecting Category Four employees described below. Category Three employees will telecommute at least once annually to verify connectivity to the network.

3.4. Category Four

Category Four employees perform activities that are not mission critical during a pandemic and cannot be performed or are unnecessary to be performed while telecommuting.

4. Annual Maintenance

The precautionary steps outlined in this section are recommended to minimize the effect of an outbreak that could affect EKPC employees.

4.1. Annual Preparation

4.1.1. Employee Education

EKPC will hold routine training sessions to discuss the impacts of influenza, how it spreads, and how EKPC is planning for the annual flu season, as well as any threat of a potential pandemic. Numerous resources will be used to develop and present material, primarily WHO and the CDC.
The sessions will be presented in the following order:

- Seasonal
  - How to avoid the flu
  - Preventing the spread of flu
  - Recognizing flu symptoms
  - Shifting behavior when sick – not coming to work when sick and not returning to work until symptoms have cleared
- Epidemic
  - Social distancing
  - Travel restrictions
  - Policy revisions and effective communication to staff

- Pandemic
  - Preparations
  - EKPC' response to pandemic (i.e., procedures outlined in this Pandemic Plan)
  - Put telecommuting in place for all critical staff
  - Social distancing strictly followed
  - Travel suspended

4.1.2. Awareness

To maintain a safe work environment, the following guidelines will involve employees, at all levels, to work together to communicate prior to or during a health crisis:

- Prepare awareness presentations for staff prior to flu season (add to the calendar for training)
- Provide general health and safety recommendations
- Add contingency plan updates to management agendas
- Ensure internal communication medium (e.g., EKPC Central) is regularly updated and accessible by all employees

4.1.3. Flu Shots

The CDC advises individuals should receive an influenza vaccine annually to better protect themselves from becoming sick and recommends use of any licensed, age-appropriate influenza vaccine.

4.2. Medical Equipment and Services

EKPC will provide, if available, the following equipment to critical staff that must remain at EKPC in order to carry out their job functions:

- N-95 Face masks
- Latex gloves
- Hand sanitizer and wipes for cleaning workstation surfaces
- Equipment (i.e., keyboards, mice, etc.)

4.3. Sanitary Practices and Planning

EKPC will perform the following in order to help minimize the impacts of influenza, as well as the potential pandemic:

- Increase frequency of cleaning routines and extend to all areas that staff comes into physical contact with (e.g., workstations, meeting rooms, door handles, phones, etc.)
- Workstation wipe down procedure for all EKPC employees (wipes made available at each pod)
- Work with the premises management to ensure that common areas (e.g., common lobby area, staircases, break room, etc.) of the building are cleaned with approved chemicals

4.4. Policy Modification/Development

Various EKPC policies will be impacted by a pandemic situation. Because of the nature and unknown probability of when a pandemic might

strike, EKPC will wait to address any policy revisions (excluding telecommuting) until WHO Phase 5 is established. At this time, the EKPC Executive Staff will address the following:

- Relaxation of the Sick Leave Policy definitions during a pandemic period to address sick hours taken in order for an employee to care for a sick family member
- Mandatory leave for employees who are sick or are showing the beginning signs of illness
- Guidelines to prevent employees from returning to work while still exhibiting sickness or still being contagious
- Guidance for accounting for missed time by employees who refuse, or are afraid, to come to work due to risk of exposure
- Visitor and vendor restrictions
- Travel restriction and potential quarantine for those traveling abroad

4.5. Incident Response and Business Continuity

The EKPC Executive Staff has designated a succession plan and has coordinated this plan with HR. This succession plan is not for public nor employee consumption, but will be presented in the event EKPC must implement the succession plan. Additionally, this succession plan specifically addresses CEO backup in the event the CEO becomes incapable of completing his or her duties as CEO.

Each department has been asked to consider the impact of the pandemic on their particular area of operation.

4.6. Continued Plan Testing

4.6.1. Telecommuting Load Testing

In order to effectively measure the performance of the corporate network during a telecommuting situation, a load test must be performed. This load test will determine whether or not sufficient bandwidth exists to support all Category Two and Three employees working remotely during a crisis situation.

EKPC will perform an annual rotational telecommuting test of all Category Two and Three employees using the network simultaneously and remotely. This test will verify the ability of the company to continue to function in the event all employees are encouraged to telecommute.

Since Category Two employees are instrumental to ongoing business operations, an annual test will be conducted for Category Two employees. Category Three employees will only also be tested once annually. This annual exercise will determine the bandwidth capability of the network to accommodate Category One, Two, and Three employees simultaneously.

Each department manager is responsible for articulating to the IT department a comprehensive list of observations encountered during the full-load test.

5. Appendices

5.1 Appendix A – Pandemic Preparation Checklists

5.1.1 Incident Response Checklist

Incident Response
* Prepare communication in advance to alleviate staff concerns. * Contact local healthcare and Employee Assistance Program (EAP) providers to understand their coverage and how they can assist. * Display health information posters in prominent places within the office. * Work with Facilities Staff to understand their responses and their ability to provide assistance during the pandemic. * Activate a staff tracking process/system to obtain status of employee health, sickness, employees caring for sick, employees that are quarantined, employees able to telecommute, etc. * Activate a visitor and vendor tracking procedure. * Gain an understanding of vendor plans and ability to provide services, and find out their response plans to the potential pandemic. * Review Plan, revise as necessary, and communicate Plan to employees. (This will be done on an annual basis, pandemic notwithstanding)

5.1.2 Local Authorities and Health Department Representative

Local Authorities and Health Department Representative
* Identify local authorities, government and health agencies that are dealing with the threat and understand their response and action plans. * Understand the plans for reporting infected individuals, containment, quarantine, commuting, and domestic/international travel restrictions. * Identify plans for vaccinations and the supply of drugs. * Take actions recommended by health agencies on cleaning and preventative care. * If appropriate, form a relationship with local hospitals and investigate its plans for a pandemic.

5.1.3 Preventative Measures and Hygiene

Preventative Measures and Hygiene
* Ensure adequate supply of masks, latex gloves and cleaning materials. All cleaning materials should meet local health authorities' recommendations.
* Place additional signage where appropriate reminding employees of good hygiene practices.
* Communicate information and requirements as requested by the Incident Response Team.
* Notify the Executive Staff and Human Resources of potential business exposures and concerns.
* Ensure that the telecommuting plan for critical employees has been put in place and is tested.
* Identify employees with related industry experience and cross train them in order to provide coverage for critical employees.
* Activate communication plan for extended periods of telecommuting.
* Keep the Pandemic Plan, Incident Response Plans, employee alert notification system, and communication measures up-to-date.