

Enterprise Pandemic Virus
Infrastructure Response Plan

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Introduction

As an Enterprise Global Corporation with multiple locations and geographically dispersed operations, Corporate may be particularly vulnerable to the impacts of pandemic influenza.

Due to the projected global dispersion and evolution as an example of the avian and avian line influenza viruses, it is anticipated that different global regions will face different impacts as the virus spreads and mutates during the 2-3 years that the virus is expected to persist.

To prepare corporate for the threat posed by a potential pandemic influenza outbreak, the following Corporate Pandemic Influenza Response Procedures have been developed to uphold Corporate's values: Safety First, Quality and Innovation.

The response thresholds and actions planned in these Procedures will be taken to mitigate and respond to the pandemic influenza threat, based upon information that becomes available prior to and during the spread of the virus.

These procedures will also integrate previously developed corporate plans and protocols that apply to a pandemic response.

This Pandemic Influenza Response Procedures document incorporates crisis management best practices for mitigating avian and pandemic influenza risks at a corporate level.

These Procedures will also serve as the basis upon which individual corporate units will develop their specific Pandemic Influenza Response Procedures.

Terms and Links

Employee – throughout this document the word employee is used. Where feasible, the units should take into consideration corporate employees, contingent employees and contractors.

Government Authority – in preparation of this document, the Pandemic Crisis Team produced a plan that would take into account a worst case scenario.

At the unit level, the program coordinator must take into account that during a pandemic, local, state and / or federal governmental agency may implement mandates that will take precedence over all or portions of this plan:

- World Health Organization –
 - http://www.who.int/csr/disease/avian_influenza/en/index.html
- Centers for Disease Control and Prevention -
 - <http://www.cdc.gov/flu/avian/>
- Department of Health and Human Services
 - <http://www.phe.gov/preparedness/Pages/default.aspx>

Response Procedures Format

Corporate Functions

This document consists of seven sections, corresponding to the eight major corporate functions identified by the Corporate Pandemic Influenza Procedures Planning Team. They are:

1. Crisis Management
2. Operational Status Tracking
3. Communications
4. Human Resources / Industrial Relations
5. Occupational Health
6. Enterprise Global Security
7. Business Operations and Continuity

The planned response actions are described in each Section.

Contact Information

Initial implementation of this procedure may require assistance. Before using the contacts listed in Sub-Section 39 of this document, address all questions regarding this program to your Business Continuity Plan Coordinator.

- Sub-Section 40 – Contact Information

Response Thresholds

The primary planned Response Thresholds correspond to the Strategic Action Phases as issued by the World Health Organization (WHO Phases 1 through 6).

A description of the WHO Phases appears as Sub-Section 35. Since we are currently in the WHO Phase 3, the Corporate

Response Actions Matrix begins with WHO Phase 3.

Plan Maintenance and Updates

Ownership of the Corporate Pandemic Global Response Procedures is assigned to the Corporate Emergency Preparedness Manager – Enterprise Corporate Security.

This document will be reviewed and updated at least annually or when changes are required. Reviews will be coordinated by the Emergency Preparedness Manager and will be carried out by the Pandemic Global Response Procedures Maintenance Team.

- Human Resources – Manager, HR Integration and Policies, Corporate HR
- Legal – Senior Counsel
- Pandemic Global Response Procedures Maintenance Team
- Crisis Management – Emergency Preparedness Manager, Global Security
- Occupational Health – Manager, Corporate Occupational Health Services
- Communications – Manager, News Services, Corporate Communications
- Security – Regional Security Manager – Global Security
- Pandemic Crisis Team – Team Leader
- All changes to the Pandemic Global Response Procedures must first be approved by the Corporate Incident Support Team.

Crisis Management

Crisis Management Structure for Pandemic Influenza Response

The Corporate response to pandemic influenza will be managed by the same crisis management process that has been developed to manage any potential enterprise crisis.

The enterprise crisis management process is documented and described in the Enterprise Corporate Crisis Management Plan.

The layered structure of crisis management shown below defines how Corporate will integrate and escalate crisis management efforts through the organization.

The Corporate crisis management structure has three functional levels: Incident Response, Corporate Incident Support and Corporate Crisis Management.

This section of the Plan describes the roles and responsibilities of the teams at each functional level within the organization.

Incident Response activities address immediate on-site needs that arise during an incident. The primary function of Incident Response is tactical, including initial emergency response and any immediate response requirements at the affected location in accordance with established Incident Response plans, procedures and processes.

Corporate Incident Support is the operational response conducted to provide additional corporate resources and assistance to the management of an incident, across all functional areas. If the incident affects multiple sites, divisions or geographic regions, the Corporate Incident Support level will coordinate overall response efforts.

Corporate Crisis Management consists of the organization's strategic response to a potential crisis. The strategic and long-term consequences of an incident are the main focus of the Corporate Crisis Management function.

Team Roles and Responsibilities

Each of the three functional levels above is implemented by a response team. The three response teams are as follows

Incident Response Team

The Incident Response Team (IRT) is responsible for the immediate tactical on-scene response to any emergencies and / or incidents.

There may be more than one Incident Response Team at a unit / site.

The Incident Response Team may take the form of an emergency response team (i.e. team responding to fire / security / medical emergencies) or a functional response team (i.e. IT response team).

The number and composition of the Incident Response Teams will vary depending upon the size and complexity of the unit as well as the potential hazards that could impact the unit. Incident Response Team responsibilities includes:

- Providing immediate emergency response
- Conducting incident assessment and determining resource needs
- Notifying the Corporate Incident Support Team based on notification thresholds
- Mitigating the emergency situation
- Implementing business continuity or product recall plans
- Restoring normal operations
- Communicating with affected and necessary parties
- Coordinating public communications with Corporate Communications
- Managing the on-site response and recovery and
- Ensuring adequacy of on-site response activities

The IRTs will respond according to the established emergency response plans or other unit contingency plans and procedures already in place.

These unit emergency response plans are separate documents that will be coordinated and integrated with the Global Crisis Management Plan, but are not part of this Plan.

Corporate Incident Support Team

The incident support function will be carried out by the Corporate Incident Support Team (CIST). The CIST is the corporate level team responsible for ensuring that the units and divisions have the best available resources necessary to effectively manage an incident.

Upon activation, the CIST not only provides corporate oversight to identify strategic issues, but also serves as an intermediary between the executive level team (Corporate Crisis Management Team) and the Incident Response Team(s).

The CIST provides resources such as personnel, expertise, facilities, funding, vehicles, equipment or supplies that are not available to the Incident Response Team(s).

The CIST typically operates from a central location, however, some CIST members may be sent to the unit/site depending on the nature of the incident.

When an incident affects multiple divisions or units, the CIST will prioritize needs and serve as a central clearinghouse for all the available information pertaining to the incident.

The CIST will collect, verify and disseminate incident information, with input from the relevant Incident Response Team(s).

The CIST role is also intended to reduce the information demands placed on the Incident Response Team(s) involved in the response.

It also provides a mechanism to ensure common facts on the incident are understood and that corporate response information and actions are shared across all the response teams and management in a timely fashion.

The Corporate Incident Support Team (CIST) responsibilities include:

- Providing resource support and/or technical expertise to the Incident Response Team
 - Coordinating the response activities of functional departments
 - Providing a clearinghouse for all incident information
 - Assessing the corporate-level consequences an incident could have on Corporate
 - Defining communication needs beyond the incident communication plan
 - Supporting incident response including product recall, business continuity, resumption and recovery
 - Managing issues beyond the Incident Response Team's authority
 - Obtaining information for and providing input on issues raised by executive management
 - Identifying and escalating strategic issues to the Corporate Crisis Management Team and
 - Coordinating the implementation of executive management policy guidance and decisions
- Core membership of the CIST is comprised of functional leadership within the organization.

The CIST membership may be supplemented by ad hoc members representing other Company functions and subject matter experts as necessary given the nature, geography and type of incident.

When activated, the general responsibilities of the CIST include:

- Response Team(s) with the best available Company-wide resources and support
- Forecasting potential outcomes and consequences
- Implementing strategies approved by the Corporate Crisis Management Team (if activated)
- Coordinating after actions/lessons learned activities

Corporate Crisis Management Team

The crisis management function will be carried out by the Corporate Crisis Management Team (CCMT). The CCMT is the executive level decision-making body for the response to incidents that threaten to become a crisis for the organization. Generally, the CCMT will become involved only in those relatively infrequent incidents that threaten to have an immediate and substantial negative impact on the health and safety, environment, brand, image, shareholder value and/or reputation of Corporate. A global pandemic can generate substantial negative effects for the organization and would likely require activation of the Corporate Crisis Management Team.

The primary focus of the CCMT is strategic. The CCMT will approve appropriate strategies to deal with all corporate level consequences and resolve all corporate level issues arising as a result of the incident. The CCMT has authority to define corporate policy and commit major corporate assets in responding to a potential crisis.

The Corporate Crisis Management Team responsibilities include:

- Overseeing strategic response and support activities
- Addressing the strategic and long-term consequences of an incident
- Managing strategic issues beyond the CIST and IRT authority
- Identifying, evaluating and managing those strategic issues that impact the organization on a broad basis
- Setting priorities for strategy development in response to specific potential consequences
- Executive decision-making for response to a potential and real-time crisis and
- Briefing the CEO

Pandemic Planning Team

The Pandemic Planning Team developed the Global Pandemic Influenza Procedures with Company and functional insight and expertise. The Pandemic Planning Team will oversee the Pandemic Work Group in future pandemic planning endeavors. The Pandemic Planning Team consists of representatives from Corporate:

- Security
- HR / IR
- Parts
- Supply Management
- Communications
- Legal
- Occupational Health
- Manufacturing Engineering
- Finance
- IT/Business Continuation Planning
- Safety
- Environment & Energy Management

Pandemic Work Group

A Pandemic Work Group was created to complete the Corporate Global Pandemic Influenza Procedures and prepare it for implementation. The Pandemic Workgroup also consisted of members from the functional areas of:

- Occupational Health
- Security
- Human Resources
- Communications
- Legal
- Supply Management
- Coordinators from each Division / Department

The Pandemic Work Group received direction and guidance from the Corporate Incident Support Team and the Pandemic Planning Team.

Response Actions – Crisis Management

WHO Phase 3	
Action Items	Description
1. Appoint a site specific Pandemic Influenza Coordinator	The Site Pandemic Influenza Coordinator is responsible for roll out of the Corporate Pandemic Influenza Global Response Procedures, Business Continuity Plan, employee education, prevention and response measures, and coordination with corporate and local health authorities. This person should be appointed by senior management and assisted by a cross-functional team. The Coordinator must have sufficient authority to drive the total planning effort and to direct local response efforts during a pandemic event. The team should be cross-functional in order that major functions are represented in the planning effort and include employees or their representatives. At least one alternate for the Coordinator should be identified.
Pandemic Influenza Coordinator: Pandemic Influenza Coordinator Alternate(s): Notes:	
WHO Phase 4 in countries with Corporate operations	
Action Items	Description
1. Incidence Response Team(s) meet weekly to direct/take response actions.	Carry out action items identified in each section of the Corporate Pandemic Influenza Global Response Procedures including Operational Status Tracking, Communications, Human Resources, Occupational Health, Security, Business Continuity and Supply Management.

Section 2: Operational Status Tracking

The Corporate Incident Support Team (CIST) will have primary responsibility for continuing to monitor events and identify issues relating to pandemic influenza for Corporate. In order for the CIST, the Corporate Crisis Management Team (CCMT) and other decision-makers to have the best and most current available information with which to make critical response decisions on pandemic influenza threats, the status of the threats and operational impacts will be monitored using an informational “Decision Dashboard” comprised of four key reports.

The Dashboard will serve as a key decision-making aid to the CCMT; the Dashboard will be used by the Corporate Incident Support Team to provide briefings to the CCMT. Information within the Dashboard will be compiled and maintained by the CIST. The Dashboard will present status information compiled from these four reports:

- Medical Surveillance Report
- Global Intelligence Report
- Business Impacts Report
- Site Status Report

2.1 Dashboard Reports

Each component of the Dashboard information will be gathered as independent reports from the following sources:

2.1.1 The Medical Surveillance Report will be compiled by the Corporate Medical Director and the Manager of Corporate Occupational Health Services. It will include the latest information on the nature, infectivity and behavior of the disease.

2.1.2 The Global Intelligence Report will be compiled by the Global Security function through its Regional Security Managers. It will include local intelligence information on the capability, state of preparedness and publicly available response plans of countries, particularly those with Company sites. It will also include any early intelligence on the intentions of governments, airlines or other organizations to close borders restrict travel or take other actions that might affect our assets, sites, personnel and business operations. The report will be compiled and delivered to the CCMT by the CIST Chairperson.

2.1.3 The Business Impacts Report will be compiled by the Vice Presidents representing each Division in the areas of Manufacturing, Supply and Sales. Reports will include currently observed as well as forecasted supply/demand impacts, submitted along with any recommendations on mitigating the negative business impact(s).

2.1.4 The Site Status Report will be compiled by unit and other site managers. Each of the above reports will be submitted to the Corporate Incident Support Team (CIST). The CIST will subsequently compile the component reports into the Decision Dashboard for use by the CIST Chair. A significant change in one or more of the Reports may prompt the CIST Chair to direct more frequent meetings of the CIST. The Dashboard will also be the primary tool for the periodic briefing of the CCMT.

Response Actions – Operational Status Tracking

WHO Phase 3

Action Items	Description
1. Identify Manager responsible for submitting The Site Status Tracking Report	<p>The site status reports should be submitted by the general manager of each individual unit. The Site Status Report should be compiled up the organizational structure until a single report is submitted to the Vice President responsible for operations at the unit. The Manager with responsibility for submitting the Site Status Report should designate at least one alternate to produce the report in their absence.</p> <p>Applicable Documents:</p> <p>Unit Site Status Report</p>
WHO Phase 4 in countries with Corporate operations	
Action Items	
All Status Tracking Reports (for Decision Dashboard) produced and submitted bi- weekly.	<p>Applicable Documents:</p> <p>Unit Site Status Report</p>
WHO Phase 5 in countries with Corporate operations	
Action Items	
1. Continue to submit Status Tracking Reports (for Decision Dashboard) produced and submitted bi-weekly.	
WHO Phase 6 in countries with Corporate operations	
Action Items	
1. Continue to submit Status Tracking Reports (for Decision Dashboard) produced and submitted bi-weekly. 2. Significant changes or site facility closings trigger immediate notification	
Site Status Report Responsibility: Site Status Report Responsibility (Alternate):	

Notes:

Applicable Documents:
Unit Site Status Report

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Section 3: Communications

3.1 INTERNAL COMMUNICATIONS

The spread of avian influenza will be a high-profile media story and highly emotional on a personal basis, all of which will make confirming and sharing of facts exceptionally difficult. Corporate will communicate with employees as soon as feasible on what is known about avian influenza and what Corporate is doing to prepare for and respond to a potential pandemic.

Information will be made available proactively through existing internal communication routes, including email, corporate intranet, internal messages, daily memos, training material, posters/fliers, etc., with the objectives of:

- Supplementing local communications plans
- Creating a sound fact-based appreciation of the potential situation
- Reassuring employees that appropriate actions, though not necessarily visible to them, are being taken
- Positioning the organization as a credible source of information and
- Reaffirming the organization's compliance with its responsibilities as a good corporate citizen and employer
- A "Flu Fact Sheet" has been developed by Occupational Health in concert with HR/IR. This document was prepared and distributed to all Corporate Units Global. This information should be shared with all employees as part of an on-going communications process.

- Flu Fact Sheet

Additional fact sheets have been created for the following target audiences.

- Expatriates and employees that travel internationally
 - Guidelines for Travel to Areas Affected by Corona or H5N1 Avian Influenza or other similar strains

The fact sheets cover basic information concerning the virus, known risks, medicines, travel issues, personal hygiene practices, social distancing and the organization's current preparedness efforts.

The fact sheet has been translated and provided in the languages of locations where Corporate operates. The fact sheet was also provided to managers in a downloadable format to facilitate the ease of sharing with employees.

The fact sheet content will be reviewed and updated as necessary by Occupational Health, HR/IR, Legal and Communications, approved by the Pandemic Planning Team, and re-issued when substantive information or facts change.

3.1.2 24/7 Employee Information Source

A 24/7 employee information source will be established and activated during the early stage of a pandemic. This information source will be administered on the unit level through Human Resources.

The information source will respond to employees' real-time questions, providing information, guidance and advice. The 24/7 information source will be activated upon decision by the CIST.

3.2 External Communications

A potential pandemic influenza crisis represents a set of significant unknown factors for which Corporate must be prepared. Corporate will clearly communicate with all key audiences and stakeholders. This is part of a Strategic Communications Plan developed by Corporate Communications. The external communications focus will be on:

- Media Monitoring (CDC, State Department, the Global Media)
- Customer/Dealer Communications
- Supplier Communications
- Shareholder Communications
- Strategic Messaging
- Regulatory/Government
- Community

Response Actions – Communications

WHO Phase 3	
Action Items	Description
1. Distribute and maintain the all-employee fact sheet/information packet	<p>Pertinent information should be routinely communicated to employees, contract and contingent personnel. The Flu Fact Sheet should be distributed to all employees, contract, and contingent personnel using unit specific communication channels. As the information sheet is updated and redistributed through established appropriate channels, the information should be communicated again to all employees, contract and contingent personnel.</p> <p>Applicable Documents: Flu Fact Sheet - U.S. & Canada</p>
2. Develop 24/7 mechanisms for answering employee questions	<p>Each unit must develop methods for communicating information to employees internally and externally. Each unit must take into consideration scenarios whereby wage and salary employees should obtain information regarding unit status, closures, alternate work procedures (working from home), reassignments and other pandemic information. Information must be made available proactively through existing internal communication routes, including email, corporate intranet, internal messages, daily memos, posters/fliers, etc.</p>
3. Make available to all employees a Frequently Asked Questions list provided to support the	<p>The Pandemic Crisis Team has provided a Frequently Asked Questions list to support the 24/7 unit-specific mechanism for answering</p>

24/7 mechanisms.	<p>employee questions. The FAQs will be distributed to all employees, contract, and contingent personnel. As the FAQs are updated and redistributed through established appropriate channels, the information should be communicated again to all employees, contract and contingent personnel. This information is meant to provide answers to issues likely to arise during WHO Phase 3 and is generally related to the Flu Fact Sheet and Avian Influenza</p> <p>Applicable Documents: 24/7 Frequently Asked Questions</p>
4. Develop strategic communications plan distribution channels/modes (including all stakeholders such as customers, dealers suppliers, shareholders regulatory/government, community).	<p>As part of the Corporate Pandemic Global Response Procedures, the pandemic response communications process defines the role of management in the communication process; provides details on how management should fulfill that role; and identifies a structured method by which employees at your unit will receive information concerning Pandemic policies, procedures and plans</p> <p>Note: Supply Management has developed a separate Communications Plan directly related to Supply Management Employees and Suppliers.</p> <p>Applicable Documents: Global Strategic Communications Plan</p>
<p>Communications Responsibility:</p> <p>Communications Responsibility (Alternate):</p> <p>Notes:</p> <p>Applicable Documents:</p> <p>Flu Fact Sheet</p> <p>24/7 Frequently Asked Questions</p> <p>Global Strategic Communications Plan</p>	
WHO Phase 4 in countries with Corporate operations	
Action Items	Description
1. Distribute and maintain the all-employee fact sheet/information packet	See Communications Phase 3

2. Activate the 24/7 mechanism for answering During employee questions.	WHO Phase 4 of a pandemic the CIST may decide that the 24/7 mechanism for answering employee questions requires additional resources at the unit level. Additional information may need to be provided which may include: Additional FAQs related to Pandemic Procedures, worldwide pandemic status, site status, and initiation of pandemic procedures. The WHO Phase 4 24/7 FAQs will not be distributed immediately. This activation may be regional and will be initiated by the CIST..
3. Communicate specific instructions to international assignees, dependents and key local national employees.	The unit level Incident Response Team will have the responsibility of communicating country-specific instructions to international assignees, dependents and key local national employees identified in the Business Continuity Plan. An example may include recommendations for the evacuation of family members if elevation of the WHO Pandemic Phases is imminent

Notes:

Applicable Documents:

WHO Phase 5 in countries with Corporate operations

Action Items	Description
1. Distribute and maintain the all-employee fact sheet/information packet	See Communications Phase 3
2. Continue providing the 24/7 mechanism for answering employee questions.	See Communications Phase 4

WHO Phase 6 in countries with Corporate operations

Action Items	Description
1. Distribute and maintain the all-employee fact sheet/information packet.	See Communications Phase 3
2. Continue providing the 24/7 mechanism for answering employee questions.	See Communications Phase 4

SECTION 4: Human Resources / Industrial Relations (HR/IR)

4.1 EMPLOYEE ASSISTANCE

If the spread of pandemic influenza results in numerous infections of employees, the organization will address the human impacts with appropriate established employee/family emergency medical benefits, employee assistance services and death benefits.

HR/IR will provide policies and processes related to:

- Absence Reporting
- Employee Absence Due to Illness
- Reporting to Work of High-Risk Employees
- Refusal to Travel
- Refusal to Work
- Social Distancing
- Traveling to High-Risk Areas
- Returning from High-Risk Areas
- Acquiring Contingent Employees
- Country and State Leave Provisions
- Employee Assistance Services
- Food Service and Preparation
- Health Care Insurers and Providers

4.2 Social Distancing

Social distancing refers to strategies that reduce the frequency of contact between individuals to prevent the spread of disease. Depending on the location and severity of an outbreak some or all of the following may be employed.

Internal and External Meetings - As a general rule, during a pandemic, crowded places and large gatherings of people should be avoided, whether hosted in internal or external spaces. Meetings involving face-to-face contact should be avoided and when possible conducted through the use of the telephone, video conferencing and the internet – even when participants are in the same building. Meetings, gatherings, workshops and training sessions should be cancelled or postponed. The Corporate Incident Support Team (CIST) may recommend or require that business units cancel, postpone or limit participation in or hosting of external events, or that a hosted event venue be changed.

If a face-to-face meeting is unavoidable, the meeting time should be minimized, large meeting rooms should be chosen allowing participants to sit at least one meter (3 feet) away from each other if feasible; shaking hands or hugging should be avoided.

4.3 Work Arrangements

Alternate work arrangements may need to be considered to limit the exposure of employees to one another and to the general public. Some examples are:

- Where possible, employees will work from home or work variable hours
- Staggered shift changes will be used wherever practical, with the shift going off duty leaving the workplace before the new shift enters. If possible, workplace cleaning will be done during the interval before re-occupation of the workplace.
- Where feasible, the workplace will be ventilated by opening doors and windows or through operation of the HVAC system.
- Employees may be encouraged to bring meals and eat at their desk or away from others thereby avoiding cafeterias, eating areas, crowded restaurants, etc. Staggered mealtimes may be implemented so numbers of people congregating in lunch room areas are reduced
- Employees may be advised not to congregate in eating areas or other areas where people typically socialize. In certain instances it may be necessary to close eating areas and cafeterias.

4.4 Attending Work

Employees suspected of having the following symptoms will be monitored and screened at the workplace.

- Fever
- Cough
- Headache
- Muscle aches and pains
- Sore throat
- Eye infections and
- Respiratory distress

Employees, contractors, and contingent personnel with these symptoms, or exposed to others with the symptoms, should follow generally accepted medical recommendations to stay home and see their healthcare provider. They should remain home until considered not to be infectious by their healthcare provider. Generally, this will be approximately 5 days after onset of symptoms. People exposed to a confirmed case of pandemic influenza should monitor their health (temperatures/symptoms) for at least 10 days after exposure.

4.5 Employee Movement to Safe Areas

Employee movement to safe areas may be initiated by the presence of human-to-human influenza infection cases in areas if adequate medical care is not available to Corporate employees. The local/division HR will determine the appropriate course of action in the event that it is necessary to remove employees and/or their families from the country to which they are assigned. In some cases the Unit management may determine that it is appropriate to relocate the employee and/or his/her family to another area rather than repatriate.

The Company will determine whether costs of repatriation or extension of home leave will be

met. Relocated employees may return when it is considered safe by the organization. Emergency medical evacuation of vulnerable/infected employees and/or families will be implemented as local conditions determined by local/division HR and Unit Management.

Response Actions – Human Resources / Industrial Relations (HR/IR)

WHO Phase 3	
Action Items	Description
1. Assess the availability to provide employee assistance services during a pandemic	<p>Human Resources will have the responsibility to ensure that employee assistance services for employees use is assessed and available if feasible during an elevation of the WHO to Phase 4.</p> <p>Applicable Documents Providing EA Services During a Global Pandemic</p>
2. Contact health care insurers and providers about their plans	<p>Unit Human Resources will have the responsibility to develop a process to assess whether their health care insurers and providers are prepared for a global pandemic and have a plan in place to assist their employees who may require medical assistance during a global pandemic</p> <p>Contacting Health Care Insurers & Providers Regarding Their Pandemic Plans</p>
3. Examine state and country laws for special leave provisions.	<p>During a global pandemic, state, local and/or country governments may implement special leave provisions. Unit Human Resources/ Industrial Relations will have the responsibility for developing a process to monitor state local and/or country governments for this information. The Strategic Communications Plan will address the distribution of information provided by Global Public Affairs</p> <p>Applicable Documents: Examining Local, State and/or Country Laws for Special Leave Provisions</p>
4. Ensure adherence to corporate policies regarding privacy and confidential treatment of employee information	<p>Adherence to the organization's policies on privacy and confidential treatment of employee information is the responsibility of all employees. As the use and release of employment information (including both personal record information and medical record information) could be impacted by the occurrence of pandemic influenza outbreak, the process for use and disclosure of employment information is an important part of the pandemic planning process and operating procedures in. particular, Corporate Compliance, Human Resources Occupational Health Services, and Legal Services all play a role in articulating and applying the policies, processes and operating procedures, including addressing any questions or problems that should arise. This Privacy Planning and Operating Procedure provided are intended to support the Corporate Pandemic Influenza Response Procedures. It is intended to provide individual Corporate sites worldwide with guidance</p>

	<p>relative to privacy issues and the handling of employee-related personnel and medical information in the event of a pandemic.</p> <p>Applicable Documents: Privacy Planning and Operating Procedure</p>
5. Develop requirements for absenteeism reporting mechanism at the unit level	<p>Accurate and timely absenteeism reporting will be essential to the Corporate Incident Support Team during a pandemic or other crisis. Unit Human Resources and/or Industrial Relations will be responsible for ensuring a formal absenteeism reporting system is developed</p> <p>Applicable Documents: Absenteeism Reporting Process Requirements Employee Absence Due to Illness Policy</p>
6. Reach agreement with labor unions/works councils to use non-union personnel	
7. Develop a process to acquire contingent personnel (e.g., retirees, temporary workers) to temporarily fill absent positions.	<p>A pandemic will result in high absenteeism rates. In conjunction with each unit's Business Continuity Plan, a contingent personnel acquisition process is intended to ensure essential processes can continue. This process is to be completed during WHO Phase 3.</p> <p>Applicable Documents: Acquiring Contingent/Temporary Personnel</p>
8. Prepare action policy for social distancing	<p>Corporate HR has developed a policy intended to provide individual Corporate sites with a process to limit the exposure of personnel to pandemic influenza and to prevent its spread. Unit Human Resources and/or Industrial Relations will have the responsibility to implement this policy. Planning for social distancing should take place in Phase 3. This policy will be implemented when the WHO raises the pandemic alert to Phase 4 and there has been human-to-human transmission of pandemic influenza in the country or region where the employee was returning from</p> <p>Applicable Documents: Social Distancing Policy</p>
9. Assess food service preparedness and develop continuation plan.	<p>Unit Human Resources will have the responsibility to assess their site food service preparedness and develop a continuation plan (if applicable). The process is intended to provide individual Corporate sites with a guideline to assess if the food preparation or services provided on-site is adequate and to develop a continuation plan. This action is to be taken during WHO Phase 3.</p> <p>Applicable Documents: Assess Food Service Preparedness and Develop Continuation Plan</p>
<p>Notes:</p> <p>Applicable Documents:</p>	

Providing EA Services During a Global Pandemic
 Contacting Health Care Insurers & Providers Regarding Their Pandemic Plans
 Examining Local, State and/or Country Laws for Special Leave Provisions
 Privacy Planning and Operating Procedure
 Absenteeism Reporting Process Requirements
 Acquiring Contingent/Temporary Employees
 Social Distancing Policy
 Assess Food Service Preparedness and Develop Continuation Plan
 Employee Absence Due to Illness Policy

WHO Phase 4 in countries with Corporate operations

Action Items	Description
1. Implement policy on employee absence/refusal to work	<p>During a global pandemic, situations may arise where an employee may refuse to report to work when they believe the workplace is not safe and may cause serious illness or death. Corporate HR has provided a policy regarding refusal to work. Unit Human Resources and/or Industrial Relations will have the responsibility to implement this policy. This policy shall be implemented when the WHO raises the pandemic alert to Phase 4 and there has been human-to-human transmission of pandemic influenza in their country or region</p> <p>Applicable Documents: Refusal to Report to Work</p>
2. Implement policy on employee refusal to travel.	<p>During a global pandemic, situations may arise where an employee may refuse to travel to a destination, for essential business, that they believe may result in exposure to Pandemic Influenza that may result in serious illness or death. Corporate HR has provided a policy regarding refusal to travel. Unit Human Resources and/or Industrial Relations will have the responsibility to implement this policy. This policy shall be implemented when the WHO raises the pandemic alert to Phase 4 and there has been human-to-human transmission of pandemic influenza in the destination country or region.</p> <p>Applicable Documents: Refusal to Travel Policy</p>
3. Ensure adherence to absenteeism reporting mechanism at the unit level	See HR/IR Phase 3
4. Implement policy on reporting to work of high-risk employees (employees who have had or been exposed to	Corporate HR has developed a policy intended to provide individual Corporate sites with a process to use for employees who may have had or been exposed to pandemic influenza. This will assist in preventing employee exposure in the workplace. Unit Human

pandemic influenza)	Resources and/or Industrial Relations will have the responsibility to implement this policy. This policy shall be implemented when the WHO raises the pandemic alert to Phase 4 and there has been human-to-human transmission of pandemic influenza in their country or Applicable Documents: Reporting to Work of High-risk Employees
5. Implement policy on travelers returning from high-risk areas	Corporate HR has developed a policy intended to provide individual Corporate sites with a process to use for employees who are returning from a location that has reported human-to-human transmission of pandemic influenza. This will assist in preventing employee exposure in the workplace. Unit Human Resources and/or Industrial Relations will have the responsibility to implement this policy. This policy shall be implemented when the WHO raises the pandemic alert to Phase 4 and there has been human-to-human transmission of pandemic influenza in the country or region where the employee was returning from Applicable Documents: Reporting to Work of Employees Returning from High-risk Areas
6. Implement action policy for social distancing	See HR/IR Phase 3
7. Implement travel policy from and between locations based on Occupational Health recommendations.	Corporate HR has developed a policy intended to provide individual Corporate sites with a process to use for employees who are traveling to or returning from a location that has reported human-to-human transmission of pandemic influenza. This will assist in preventing employee exposure in the workplace. Unit Human Resources and/or Industrial Relations will have the responsibility to implement this policy. This policy shall be implemented when the WHO raises the pandemic alert to Phase 4 and there has been human-to-human transmission of pandemic influenza in their country or region. Applicable Documents: Travel of Employees to and from High-risk Locations Traveler Education Sheet
8. Implement food service limitations	See HR/IR Phase 3
9. Deploy preventative measures for all employees in affected areas (i.e. masks)	See Occupational Health Phase 3
10. Consider evacuation of at-risk expatriate employees from affected countries	See Security Phase 3
Notes:	

Applicable Documents:

Refusal to Report to Work

Refusal to Travel Policy

Reporting to Work of High-risk Employees

Reporting to Work of Employees Returning from High-risk Areas

Guidelines for Travel to Areas Affected by Corona or H5N1 Avian Influenza or other similar strains

WHO Phase 5 in countries with Corporate operations

Action Items	Description
1. Continue implementation of action policy for social distancing	See HR/IR Phase 3
2. Provide employee counseling	See HR/IR Phase 3
3. Continue implementation of food service limitations	See HR/IR Phase 3

Notes:

WHO Phase 6 in countries with Corporate operations

Action Items	Description
1. Continue implementation of action policy for social distancing	See HR/IR Phase 3
2. Continue to provide employee counseling	See HR/IR Phase 3
3. Continue implementation of food service limitations	See HR/IR Phase 3

Notes:

SECTION 5: Occupational Health

Preventative Measures

All employees will be provided personal hygiene advice for the workplace (hand washing and sterilizing with alcohol, covering their nose and mouth when sneezing and coughing, wearing masks, or taking medication). Corporate has provided policies and procedures regarding:

- Personal & Occupational hygiene
- Personal protective equipment (e.g. facemasks)

Personal Hygiene

Corporate will encourage basic hygiene practices and measures in the workplace and at home. Health authorities believe that good hygiene practices will assist in preventing, or at least delaying, the spread of infection.

Direct viral transmission, such as hand-to-hand contact, kissing and indirect viral transmission, such as hand-to-contaminated surface, are the two means by which influenza is passed from person-to-person. Proper hygiene along with cleaning and disinfection of potentially contaminated surfaces will be important in minimizing the potential for virus transmission.

In addition to employee education and awareness regarding the need for routine and frequent hand washing, maintaining an adequate supply of soap, tissues and alcohol or other antiseptic waterless hand wash products will be an important element in the overall prevention program.

A concerted education and awareness effort will be undertaken to remind all employees of the importance of personal hygiene in preventing infection. Personal hygiene guidelines will be distributed via:

- General Broadcasts (emails, messages, corporate intranet)
- Information posted on the organization website
- Placement of posters and other educational material in worksites

The awareness effort will outline the following workplace personal hygiene guidance:

- Wash hands often and thoroughly with soap and water to reduce spread of the virus from your hands to your face, or to other people.
- Clean hard surfaces of the workplace, such as tables, computer keyboards telephones, printers, and photocopy machines, door handles frequently using commercial cleaning products or alcohol-based wipes
- Cover your mouth and nose completely when sneezing, use disposable tissues and dispose of tissue carefully, or use your sleeve if no tissue is available
- Protective masks will be stockpiled at all facilities to provide protection for medical personnel, first responders and others (i.e., Security, IR or HR personnel, supervisors) who would have close contact with an employee experiencing influenza symptoms during a declared outbreak of pandemic influenza. Masks should also be given to anyone with a respiratory illness suggestive of influenza to wear until they are sent home from the workplace.
 - Disposable N95, P95 or R95 masks provide the best protection when fitted properly. If these are not obtainable, surgical masks should be obtained. According to the Centers for Disease Control, wearing a protective mask by the general population while out in public or at work during an influenza outbreak has not been shown to reduce infection rates. Employees who wish to wear a mask during an influenza outbreak should not be discouraged from doing so, however.
 - Employees with cuts on their hands should also wear disposable gloves to prevent infection. Employees will also wear protective gloves and safety glasses when conducting environmental cleaning with commercial detergents and/or disinfectants.
 - Sites should be equipped with either pedal operated covered trash receptacles or open top trash receptacles with a disposable plastic liner for contaminated items(tissues, disposable wipes)

Each site will be responsible for purchasing any hygienic supplies that would be necessary to offer to its employees and any other supplies recommended by local authorities or national health authorities.

Medical Treatment

Corporate will not stockpile antivirals for employees. Currently, the WHO is not recommending that travelers take antivirals with them.

Antivirals such as Oseltamivir ("Tamiflu") may reduce the duration of illness if used within 48 hours of the onset of the illness and shorten the illness by up to one day.

Some governments are stockpiling antiviral agents. They are not intending any for use as a prophylactic (as a preventative). It is a prescription-only medication and cannot be distributed on a wholesale basis. There are potential side effects and contra-indications that must to be understood by the employee.

Tamiflu is not licensed in all countries and cannot be given to children less than one year of age. The distribution of the stockpile during a pandemic is likely to be logistically very difficult. Expiration dates are governed by the capsule material and are now up to five years.

Vaccination

A vaccine for the specific subtype of influenza can be developed only after the exact make-up of the virus proteins is identified. Vaccination for the current seasonal influenza may reduce the potential for the avian influenza virus to mutate.

Factors regarding vaccination that needs to be considered for future planning:

- Availability
- Any pandemic-specific influenza vaccine will take at least four months to produce

Occupational Hygiene

During an influenza event, it is imperative that all employees, contract and contingent personnel use proper hygiene measures. Cleaning and disinfection procedures should also be implemented for potentially contaminated surfaces and objects that may serve as indirect points for the transmission of the infectious agent.

Indirect transmission can occur if general areas (desk and counter tops) or shared items (such as door knobs, desk tops, computer key boards, telephones, toilets, sink faucets, shelving, and kitchen equipment) become contaminated. These items can become contaminated either by direct transmission, e.g. droplet transmission, or indirectly if someone's hands are contaminated and they touch the object. The probability of the infection transmission can be significantly reduced if these items are frequently cleaned with common industrial detergents and commercial disinfectants. In addition, the virus can be readily inactivated by drying. The influenza virus can survive on hard, non-porous surfaces for 24-48 hours; on cloth, paper and tissue for 8-12 hours; and on hands for five minutes.

General Cleaning Guidelines

Surfaces and commonly used items should be cleaned daily and more frequently if they are frequently handled items such as door knobs, faucets or immediately if known to become contaminated. General cleaning procedures include the following:

- Use damp dusting versus dry dusting to reduce the potential to disperse dust particles If

- wet-cleaned, ensure that the surface is wiped dry to avoid residual moisture
- Use vacuum cleaners with HEPA exhaust filters to reduce the potential to disperse dust
 - Change cleaning solutions and tools frequently
 - Kitchen utensils should be thoroughly cleaned with hot water and detergent, and then dried
 - Use appropriate personal safety equipment (rubber gloves, safety glasses, apron, etc.) when handling hazardous cleaning solutions or handling trash that may contain discarded tissues and other contaminated items
 - Mop heads and cleaning cloths should be washed after each use and allowed to dry thoroughly. If the cost is reasonable, consider using disposable mop heads and wipes
 - Clean and air dry cleaning equipment between uses or changed frequently
 - After cleaning, maintenance staff should thoroughly wash their hands and face and change clothing.

Heating, Ventilation and Air Conditioning Systems

When changing filters or cleaning vent covers, workers should be equipped with appropriate safety equipment (gloves, dust masks, safety glasses, disposable overalls) to reduce their exposure to dust.

Waste Disposal

All used liquid cleaners should be properly disposed of according to local sewer ordinances. Cleaning chemicals and disinfectant containers should be totally empty and discarded with trash. Contaminated gloves, masks and other clothing should be placed into impervious doubled plastic bags and discarded into the trash or according to local regulations.

Response Actions – Occupational Health

WHO Phase 3	
Action Items	Description
1. Policy for acquisition, stockpiling and/or distribution of antivirals to employees.	<p>Corporate will not stockpile antivirals. Antivirals may be available through the employee's personal health care provider. Corporate has provided a position letter concerning the use of antivirals at the unit level.</p> <p>Corporate Position Statement on the Acquisition Stockpiling and/or Distribution of Antivirals.</p>
2. Develop recommended policy for acquisition, stockpiling and/or distribution of facemasks.	<p>During WHO Pandemic Phase 4 – 6, supplies needed to protect employees appropriately will likely be difficult to obtain. Therefore, acquisition of these supplies before WHO Pandemic Phase 4 is critical. Enough of these supplies should be purchased to cover a six (6) week period, the anticipated duration of the first wave of influenza</p> <p>Applicable Documents: Acquisition, Stockpiling and Distribution of Protective Supplies</p>
3. Provide pandemic influenza training course to all Occupational Health, Security, HR and other key employees	<p>Corporate has created a training course for those employees in positions that may increase their risk of coming in contact with infected employees. This training course is mandatory for those employees identified by your Pandemic Planning and Business Continuity Plan to be in these positions. For example, this may include your</p> <p>Occupational Health employees, HR/IR, and Security An abbreviated version of this presentation that contains health information and many frequently asked questions may be given to all employees. This course will be available through the Learning Activities Catalogue</p>
4. Develop a rapid response plan for personnel who become symptomatic at work and employees who come to work symptomatic.	<p>To minimize contact with employees who come to work with influenza symptoms or develop symptoms at work, a policy has been developed for screening, isolating, and removing employees from the workplace. This procedure will be planned for by the unit Incident Response Team during WHO Phase 3</p> <p>Applicable Documents: Screening, Isolating and Removing Employees with Feasible Influenza</p>
5. Closely coordinate with local health authorities regarding pandemic planning.	<p>Unit Occupational Health, Pandemic Coordinator or HR/IR if no Occupational Health resources are available, shall make contact with local health authorities and coordinate pandemic functions.</p>
6. Develop plan for bio-protection and cleaning supplies	<p>During WHO Pandemic Phase 4 – 6, proper bio-protection and cleaning requirements will be critical to</p>

	<p>inhibit the transmission of the influenza virus. This will help reduce the employee illness and absence. Cleaning surfaces and proper ventilation guidelines are detailed. Planning will need to take place prior to WHO Phase 4 to ensure that employees involved in the process are familiar with supplies and related plans. This process should be implemented with continuing employee education.</p> <p>Applicable Documents Bio-protection and Cleaning Requirements</p>
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Occupational Health Responsibility:
Occupational Health Responsibility (Alternate):
Notes:

Applicable Documents:

Corporate Position Statement on the Acquisition, Stockpiling and/or Distribution of Antivirals
Acquisition, Stockpiling and Distribution of Protective Supplies
Screening, Isolating and Removing Employees with Feasible Influenza
Bio-protection and Cleaning Requirements

WHO Phase 4 in countries with Corporate operations

Action Items	Description
1. Implement the bio-protection and cleaning requirements	<p>During WHO Pandemic Phase 4 – 6, proper bio-protection and cleaning requirements will be critical to inhibit the transmission of the influenza virus. This will help reduce the employee illness and absence. Cleaning surfaces and proper ventilation guidelines are detailed. This process should be implemented with continuing employee education.</p> <p>Applicable Documents: See Occupational Health Phase 3</p>
2. Work with/assist local health authorities for distribution of antivirals and vaccine available	See Occupational Health Phase 3

Notes:

Applicable Documents:

Bio-protection and Cleaning Requirements

WHO Phase 5 in countries with Corporate operations

Action Items	Description
1. Work with/assist local health authorities on distribution of antivirals and vaccine if available.	See Occupational Health Phase 3

WHO Phase 6 in countries with Corporate operations

Action Items	Description
1. Continue to work with/assist local health authorities on distribution of antivirals and vaccine if available.	See Occupational Health Phase 3

SECTION 6: Worldwide Security/Aviation

6.1 TRAVEL RESTRICTIONS

Corporate employees may be subject to travel restrictions to prevent the spread of pandemic influenza. These restrictions may be issued immediately by local or national governments or be independently self-imposed by the organization. Corporate is developing a traveler identification process for travel risk with Global Security and the travel agencies utilized by Corporate.

During WHO 4 status reports provided to the CIST will include recommendations from Occupational Health and Security as to travel restrictions.

All employees planning trips to countries experiencing avian influenza infections may seek additional travel advice from the Corporate Occupational Health web site,

World Health Organization (WHO)

National Travel Health Network and Centre and the Centre for Disease Control (CDC), www.cdc.gov, as well as the national government website of the destination country before beginning the trip.

6.2 Security Considerations

During a pandemic, legal authority will be given to public health agencies to take certain actions. Corporate units will need to consider the following scenarios and develop contingency procedures to respond to the feasible implications. Public health agencies may take the following actions:

- Close, direct, evacuate or decontaminate any facility that is reasonably believed to endanger the public health.
- Control or limit access to and from any affected public area, the movement of persons within the area, and the occupancy of the premises therein
- Isolate or quarantine individuals or groups of individuals – including those who refuse medical examination, testing, or vaccination.

Corporate units will also need to have contingencies in place for the following:

- Securing and restricting access to the facility during influenza outbreak
- Identify the availability of Corporate and/or external transportation resources for relocating employees in affected areas
- Develop procedures for potential evacuation of employees, travelers and/or families
- Develop safe haven plans for affected countries
- Determine the source of personnel to assist in securing facilities within a quarantined area
- Ensure sites have a local level response plan consistent with the corporate plan
- Identify sources of additional security officers to expand capabilities

Response Actions – Worldwide Security/Aviation

WHO Phase 3

Action Items	Description
1. Develop a plan to secure and restrict during pandemic influenza	<p>During a pandemic, it may become necessary for Corporate facilities to secure and restrict access to their access facilities. Through their Incidence Response Teams, each facility will develop this plan. For those facilities that do not have on-site security, facility management will designate personnel to perform the identified security functions outlined in the process. Corporate facilities will implement this policy once the WHO raises the pandemic alert to Phase 4</p> <p>Applicable Documents:</p> <p>Guidelines for Restricting Access During a Pandemic</p>
2. Identify the availability of Corporate and/or external transportation resources for relocating employees from affected areas	<p>During a pandemic it may become necessary for Corporate employees to be relocated from an affected area This relocation will take place when the WHO raises the pandemic alert to Phase 4 and there is confirmed human to-human contact at or near the employee's location Global Security has provided guidelines to assist local units in developing their plan.</p> <p>Applicable Documents:</p> <p>Transportation Resources for Relocating Employees</p>
3. Develop procedures for potential evacuation of Corporate international assignees, key local nationals, travelers and/or dependents.	<p>During a pandemic, it may become necessary to evacuate Corporate International Assignees and/or their dependents. Evacuation may take place when the WHO raises the pandemic alert to Phase 4 and there is confirmed human-to-human contact at or near the employee's location. Each unit will develop a plan for the evacuation of Corporate International Assignees and/or their dependents. The planning could be extended to include known Corporate business travelers in the area at the time of the ordered evacuation and key local nationals that have been identified in the Business Continuity Plan (BCP) as essential to the continuation of the business Global Security has provided procedures to facilitate the planning process</p>

	<p>Applicable Documents: Procedures for Evacuation of Travelers, Employees and/or Families</p>
<p>4. Develop safe haven plans for affected countries</p>	<p>During a pandemic public health and governmental officials may institute quarantines and restrict travel to limit the spread of the disease. Employees may be required to stay on-site or at their residences for an extended period of time. The ability for people residing or working in the affected and/or quarantined area to obtain food, water and medicine may be limited. Each unit will develop a plan to establish safe havens at their facility. They can also provide this information to their employees and encourage their employees to make their residence a safe haven Global Security has provided guidelines to assist local units in developing their plan.</p> <p>Applicable Documents: Safe Haven Plan</p>
<p>5. Determine source of personnel to assist in securing facilities within a quarantined area.</p>	<p>A pandemic will most likely result in public health officials implementing quarantines in the affected locations. If a Corporate facility is located in the quarantined area, it will be difficult for employees, other than those residing in the cordoned off area, to have access to the facility. Public health and governmental officials will most likely restrict access to the area, although they may allow some limited travel within the quarantined area for emergency purposes. It may be necessary for a facility to cease functioning, but maintain some staff to assist in securing the facility. All facilities will develop a plan to secure the facility if it is in a quarantined area. This includes those facilities that have a Security contingent on-site, in the eventuality that the Security force is unable to perform any/all of its functions due to influenza. Global Security has provided guidelines to assist local units in developing their plan</p> <p>Applicable Documents: Personnel to Assist in Securing Facility</p>
<p>6. Ensure sites have a local level response plan consistent with the corporate plan.</p>	<p>Each Corporate facility will have a local level response plan that is consistent with the Corporate Pandemic Global Response Procedures. Global Security has provided guidelines to assist local units. Support services will be supplied by the Global Security Emergency Preparedness Manager and the</p>

	<p>respective Regional Security Manager.</p> <p>Applicable Documents: Local Level Emergency Response Plans</p>
7. Identify sources of additional security officers to expand capabilities	<p>Pandemic influenza can lead to a disruption in emergency services and upheaval in the affected area. This type of activity will lead to a need for increased security. All Corporate facilities will plan for extra security. Global Security has provided guidance to assist the units with their planning for additional security in the event of a pandemic.</p> <p>Applicable Documents: Sources of Additional Security Officers</p>
<p>Security Responsibility: Security Responsibility (Alternate) Travel Responsibility: Travel Responsibility (Alternate):</p> <p>Notes:</p> <p>Applicable Documents: Guidelines for Restricting Access During a Pandemic Transportation Resources for Relocating Employees Procedures for Evacuation of Travelers, Employees and/or Families Safe Haven Plan Personnel to Assist in Securing Facility Local Level Emergency Response Plans Sources of Additional Security Officers</p>	
WHO Phase 4 in countries with Corporate operations	
Action Items	Description
1. Evaluate all Phase 3 Security policies and determine if implementation is necessary	
2. Enforce pre-clearance procedures travel to high-risk areas	Beginning with WHO Phase 4, Unit Site Status Reports provided to the CIST will include recommendations from Occupational Health and Security regarding travel restrictions. All units considering employee travel to high risk areas must first consult the CIST
3. Make recommendations for travel restrictions to CIST/CCMT	<p>Recommendations to the CIST will be reported through the Unit Status Report</p> <p>Applicable Documents: See Operational Status Tracking – Phase 4</p>

4. Consider evacuation of at-risk expatriate employees and/or dependents from affected countries.	See Security Phase 3
WHO Phase 5 in countries with Corporate operations	
Action Items	Description
1. Control or restrict travel to high-risk areas	Beginning with WHO Phase 4, Unit Site Status Reports provided to the CIST will include recommendations from Occupational Health and Global Security regarding travel restrictions. All units considering employee travel to high-risk areas must first consult the CIST.
2. Continue to make recommendation on Corporate travel restrictions to CIST/CCMT	Recommendations to the CIST will be reported through the Unit Site Status Report Applicable Documents: See Operational Status Tracking – Phase 4
WHO Phase 6 in countries with Corporate operations	
Action Items	Description
1. Control or restrict travel to high-risk areas	Beginning with WHO Phase 4, Unit Site Status Reports provided to the CIST will include recommendations from Occupational Health and Global Security regarding travel restrictions. All units considering employee travel to high-risk areas must first consult the CIST
2. Continue to make recommendation on Corporate travel restrictions to CIST/CCMT	Recommendations to the CIST will be reported through the Unit Site Status Report Applicable Documents: See Operational Status Tracking – Phase 4

SECTION 7: BUSINESS OPERATIONS AND CONTINUITY

7.1 BUSINESS OPERATIONS

Pandemic Influenza presents a potential challenge to business operations that is currently difficult to predict. In order to facilitate proactive management planning and rapid adjustment of business strategies, a pandemic business impact assessment will be conducted.

The impact assessment will include appropriate variables including:

- Dependencies on other organizations, including vendors, logistics companies, utilities government authorities
- Suppliers' geographic location, financial robustness, the product(s) supplied, and their product distribution routes
- Changes in commodity, raw material or component prices

- Systems to support the safety and/or integrity of the facilities and equipment
- Supply chain distribution routes
- Minimum number/type of employees, contingents and/or contractors needed to continue operations at a site
- Critical facilities to remain open
- Need to relocate staff to unaffected or more critical sites
- Closing sites, facilities or units

The potential consequences for both production capacity and market demands are substantial in any scenario where the threat progresses beyond WHO Phase 4. Beginning with WHO Phase 4; the Operating Divisions and Supply Management will, through the Dashboard Report, closely monitor and forecast expected changes to the organization's ability to meet market demands. In conjunction with the CIST; divisions, Business Continuation Planning and Supply Management will develop actions to protect both short-term and long-term production capabilities. As a division's business strategy changes, advisories will be provided to the Corporate Crisis Management Team to aid in monitoring the financial consequences.

7.2 Business Continuity

There is a significant amount of work to be carried out to position the organization so that it has identified the key resources, the key suppliers, and plans in place such that, in the event of an incident, the necessary actions can be taken. This business continuity work forms the foundation of the planning that is supporting the potential impact of pandemic influenza on the organization's business.

The divisions and units will continually develop their business recovery plans to assure business continuity and recovery following the pandemic. Business continuation planning involves:

- Identification of those units, resources and processes critical to the business
- Determining and agreeing on the strategies for continuing operation (both the resumption of production on a temporary basis and also restoration of production)
- Defining the necessary advance arrangements to ensure that the strategies can be implemented
- Documenting the procedures to be followed

Pandemic influenza presents the special challenges of preparing the business for feasible curtailments in production, orderly and safe shut-down of business operations, as well as orderly recovery from the consequences of pandemic influenza.

For each critical asset, the business is establishing the minimum acceptable levels of operation, both in terms of the number of people required and performance levels. This includes the understanding of how long reduced levels of operation can be sustained and how they should be stepped back up over time. The prospects for severe impacts and potential waves of the virus's consequences may require extensive effort after initial recovery to return to normal operations.

7.3 Working from Home

During a pandemic, employees may be authorized and/or required to work from home. Factors that will be considered for employees to work from home include:

- Hardware, connectivity and bandwidth (see Sub-Section 34 for IT Analysis)
- Security of corporate/customer information
- Identification of critical job functions
- Cost of employee connectivity from home

7.4 Workplace Closings

If there are confirmed human-to-human cases among employees at a site, management will conduct a risk assessment of the significance of the health risk and the future business continuation at that site.

A Corporate decision to close a site will rest with the SBU management.

The risk assessment will include:

- The likelihood of infection of employees and others affected by Company activities
- The seriousness of the infection symptoms
- Advice given by Occupational Health
- Advice on government/WHO/CDC health websites dealing with the pandemic(interpretation by Occupational Health may be required)
- Availability of treatment
- Additional risk to employees because of travel restrictions
- What other local companies are doing

The site may be reopened when a risk assessment determines that it is appropriate.

RESPONSE ACTIONS – BUSINESS OPERATIONS AND CONTINUITY

WHO Phase 3	
Action Items	Description

<p>1. Update Plan based on Pandemic Plan scenarios</p>	<p>The update of the facility Demand Plan will be1. Demand completed as part of the unit Pandemic Business Impact Analysis. The Demand Plan may include product, service and/or supply demand. A critical step in building a business continuation plan relative to a pandemic event is an evaluation of the pandemic's impact to customer demand for a unit's products or services. The Enterprise Pandemic Planning documents recommend using a 5% reduction in global Gross Domestic Product with an impact of 15 to 35% to overall annual sales. However, each unit is somewhat unique both in market and products; therefore a review by unit leadership and validation of these estimates is requested. The Demand Plan Example will provide a framework for estimating production or services needs at each step in the planning scenario.</p> <p>Applicable Documents:</p> <p>Planning Scenario</p> <p>Demand Plan Example</p> <p>Pandemic Business Impact Analysis</p>
<p>2. Perform a Pandemic Business Impacts Analyses (BIA)</p>	<p>Division and Unit Business Continuation Planning activities within Corporate have primarily focused on Information Processing capabilities as well as our physical facilities (including manufacturing or service related equipment). Most units have spent less time</p> <p>The World Health Organization has declared a pandemic at Phase 3 Alert status. Phase 3 is defined as human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. Now is the time to consider the impacts of a substantial loss of employees (and key suppliers) into individual Business Continuation The Pandemic Crisis Team has provided a Business Impact Analysis worksheet to perform this analysis. Work with your unit Business Continuity Coordinator to complete this process.</p> <p>Applicable Documents:</p> <p>Pandemic Business Impact Analysis</p>
<p>3. Business Units identify essential employees for maintaining critical functions</p> <ul style="list-style-type: none"> • Develop skills matrix 	<p>Identifying essential employees and critical functions will be completed as part of the unit Pandemic will be completed as part of the unit Pandemic Business Impact Analysis. The Pandemic Business Impact Analysis will identify critical job functions Once complete, the Skills Matrix is a worksheet that provides a list of</p>

<p>for all employees</p> <ul style="list-style-type: none"> As part of the skills matrix, identify positions that can work from home Develop contingency plan to have contingent employee coverage for critical financial functions Identify opportunity for cross training 	<p>critical functions, identification of the ability to perform these functions remotely, employees who perform these functions and identify security and authority levels.</p> <p>The Remote Capability Worksheet will be completed to identify individual employee's capability to work remotely (hardware, software, connectivity, etc.)</p> <p>Applicable Documents:</p> <p>Skills Matrix</p> <p>Remote Capability Worksheet</p>
<p>4. Business Units develop Business Continuity Plan or update existing Business Continuity Plan on an annual basis</p>	<p>Business Continuity Coordinators have been identified at each unit. The coordinator will work with their respective units to develop or revise their existing plan to respond to a pandemic event</p>
<p>Business Continuity Coordinator:</p> <p>Business Continuity Coordinator (Alternate):</p> <p>Notes:</p> <p>Applicable Documents:</p> <p>Planning Scenario</p> <p>Demand Plan Example</p> <p>Pandemic Business Impact Analysis</p> <p>Skills Matrix</p> <p>Remote Capability Worksheet</p>	
<p>WHO Phase 4 in countries with Corporate operations</p>	
<p>Action Items</p>	<p>Description</p>

1. Increase frequency of Order Fulfillment Team (OFT) Demand Planning.	At WHO Phase 4, the units will need to increase the frequency of their customer demand forecasting in response to the increasing impact of the pandemic on customer demand. The unit leadership team will make the decision on the frequency of this process.
2. Leadership/Manager/Supervisor meetings to review unit/site pandemic BCPs.	At WHO Phase 4, the members of the Incidence Response Team will meet to review the Business Continuity Plan and the Pandemic Business Impact Analysis and determine if updates need to be made.
3. Enact and verify all plans to address any identified critical knowledge held by essential employees (cross training).	Review and update the Skills Matrix and fill any identified gaps and changes to the critical process and functions identified in the Business Impact Analysis' Applicable Documents: See Skills Matrix - Business Operating and Continuity Phase 3
4. IT – Implement all remote operation plans	To support the HR/IR Social Distancing Policy, IT will implement procedures to support those employees who telecommute. Each unit will determine which, if any, employees may work from home and encourage all employees who are able to telecommute to do so Applicable Documents: See HR/IR – Social Distancing Policy Phase 3 See Remote Capability Worksheet Phase 3
WHO Phase 5 in countries with Corporate operations	
Action Items	Description
1. Continue to increase frequency of Order Fulfillment Team (OFT) Demand Planning.	At WHO Phase 5, the units will continue to increase the frequency of their customer demand forecasting in response to the increasing impact of the pandemic on customer demand. The unit leadership team will make the decision on the frequency of this process.

2. Advise all non-business critical employees to work from home (temporary layoffs may be utilized).	See HR/IR - Social Distancing Policy Phase 3
3. IT - Test remote operation of Virtual Private Network (VPN) Plans. Test any critical business functions of remote operation plans.	Each unit's IT support shall continuously monitor the operation/traffic of their networks and identify any potential issues. Applicable Documents: IT Pandemic Analysis
4. IT - Implement all remote operation plans	To support the HR/IR Social Distancing Policy, IT will implement procedures to support those employees who telecommute. Each unit will determine which, if any employees may work from home and encourage all employees who are able to telecommute to do so. Applicable Documents: HR/IR – Social Distancing Policy Phase 3
WHO Phase 6 in countries with Corporate operations	
Action Items	Description
1. Continue to increase frequency of OFT Demand Planning.	At WHO Phase 6, the units need to increase the frequency of their customer demand forecasting in response to the increasing impact of the pandemic on customer demand. The unit leadership team will make the decision on the frequency of this process.
2. As attendance is affected, shift healthy employees to business critical sites where feasible.	HR/IR, Security and Business Continuity Plans take into account procedures for acquisition and identification of employees and back-up personnel. If attendance is affected to the point where shifting employees to business critical sites is necessary each unit should enact their procedures. Applicable Documents: See Business Operations and Continuity – Skills Matrix – Phase 3 See HR/IR – Acquiring Contingent/Temporary Personnel – Phase 3 See Security – Personnel to Assist in Securing Facility– Phase 3

	See Security – Sources of Additional Security Personnel – Phase 3
3. IT - Implement all remote operation plans	<p>To support the HR/IR Social Distancing Policy, IT will implement procedures to support those employees who telecommute. Each unit will determine which, if any employees may work from home and encourage all employees who are able to telecommute to do so.</p> <p>Applicable Documents:</p> <p>See HR/IR – Social Distancing Policy – Phase 3</p>

SECTION 8: Supply Management / Logistics

Corporate's dependence on its critical supply chain during a pandemic requires contingency planning that includes supplier availability and supplier continuity. Planned response actions include an analysis of supplier planning for pandemic impacts. The business units' supply chain analysis should be conducted in conjunction with the assessment described in Section 7: Business Operations and Continuity.

Response Actions – Supply Management / Logistics

WHO Phase 3	
Action Items	Description
1. Develop process for unit SM to assist them with decision making related to material continuation and resource planning	<p>Enterprise Supply Management has created a Supply Continuation Plan – Unit Supply Management Business Continuity Plan to assist the individual unit's decision making on how they keep their factory supplied in the event a pandemic disrupts the world wide supply chain Each unit's supply management group will work with their Strategic Sourcing Manager to gather the appropriate information and assist in identifying opportunities for supply continuation. Steps for this process are outlined in the Supply Management Unit Level Response Plan.</p> <p>Applicable Documents:</p> <p>Supply Management Unit Level Response Plan</p> <p>Strategic Sourcing Managers Supply Continuation Plan –Unit</p> <p>Supply Management Business Continuity Plan</p>
2. Develop global supply exposure tool with Data Warehouse	<p>A supply exposure tool is available from Data Warehouse to assist the units in determining their risk exposure to</p> <p>Applicable Documents:</p> <p>Strategic Sourcing Managers Supply Continuation Plan – Unit Supply Management Business Continuity Plan</p>
<p>Unit Supply Management BCP Contact:</p> <p>Unit Supply Management BCP Contact (Alternate):</p> <p>Notes:</p> <p>Applicable Documents:</p>	

Supply Management Unit Level Response Plan

Strategic Sourcing Managers Supply Continuation Plan – Unit Supply Management Business Continuity Plan

WHO Phase 4 in countries with Corporate operations

Action Items	Description
Activate supply continuation plan based on progress.	

WHO Phase 5 in countries with Corporate operations

Action Items	Description
1. Activate supply continuation plan as needed based on pandemic progress if not already activated	

WHO Phase 6 in countries with Corporate operations

Action Items	Description
1. Activate supply continuation plan as needed based on pandemic progress if not already activated.	

APPENDIX 1: Site Status Report

Corporate Pandemic Influenza Global Response Procedures

I. Site / Unit Operational Status	A. Absenteeism	Wage Employees (%)	
		Salary Employees (%)	
		Contingent Employees (%)	
	B. Employee Safety	Unit Manager Concerns; Major Incidents (text)	
	C. Production	Supply – Expected shortages/ Supplier PPM/ Line down shortages (text)	
		Output – Expected schedule impact (%)	
		Transportation / Distribution – Outbound Carrier Issues (text)	
		Customer Issues - Mass Channel Impact (text)	
		Organized Labor Issues (text)	
		Product Quality Impact – First Pass Yield/ Ship-Away Quality	
II. Human Impacts	A. Productivity – Output/Input		
	B. Percentage of employees telecommuting (%)		
	C. Employee Concerns(text)		
	D. Employee Morale(text)		
III. Requests for Corporate-level (CIST) Support			
IV. Site Manager Recommendations	A. Immediate		
	B. Short-term (0-30 days)		
	C. Mid-term (30-90 days)		
	D. Long-term (90+ days)		
V. Requests for Enterprise-Level (CCMT) Policy Decisions			

APPENDIX 2: Flu Fact Sheet

The World Health Organization warns of a potential threat for both avian (or bird) flu or a worldwide pandemic flu. The following information is provided to help you understand the differences between seasonal or common flu and other, more serious flu. If you have questions regarding this information, please contact your healthcare provider or unit medical department.

Key Definitions of Influenza (Flu)

Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available. Since flu viruses change easily, a new vaccine is needed each year.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 type is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Pandemic flu is a human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

How is flu virus spread?

The flu is spread by respiratory droplets produced by a cough, sneezing, or talking. We become infected from:

- The droplets in the air we breathe
- Direct contact with infected materials. People may become infected by touching something with influenza virus on it, and then touching their mouth, nose, or eyes

How long is someone contagious?

Healthy adults may be able to infect others 1 day before getting symptoms and up to 5 days after getting sick. Children may be able to spread the disease for more than 2 weeks. Therefore, it is possible to give someone the flu before you know you are sick as well as while you are sick.

Symptoms of flu include

- Fever (usually high)
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Stomach symptoms, such as nausea vomiting and diarrhea, can occur but are more common in children than adults

Complications of flu

Complications of flu can include bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children may get sinus problems and ear infections.

Treatment of flu

- Rest and drink plenty of fluids

- Avoid using alcohol and tobacco
- Treat your symptoms
Take acetaminophen, ibuprofen or aspirin for fever, muscle, and body aches. Never give aspirin to children or teenagers who have flu-like symptoms, particularly fever.
- Contact your healthcare provider. You may be a candidate for cough suppressants and antiviral medication. Antivirals can be used to reduce the impact of the flu for someone who is already infected but they must be taken within two days after flu symptoms start. It is important to know that antiviral drugs can have some potentially serious side effects.

Protection against the flu

- The single best way to protect yourself and others against the flu is to get a flu vaccination each year. If you plan to travel internationally, check with your health care provider for recommendations regarding flu vaccination.
- Eat healthy and get your rest. Poor nutrition, dehydration and lack of sleep decrease your resistance to the flu.
- Cover your nose and mouth with a tissue when you cough or sneeze, and throw the tissue away. Alternately, cough into a shirt sleeve. Never cough in the open.
- Clean and disinfect surfaces. Use a disinfecting spray or dilute chlorine bleach solution daily on common surfaces, such as telephones, door and refrigerator handles, faucets, or other shared equipment
- Best defense: Wash your hands often. Wash your hands frequently and thoroughly using soap and water or, if not available, an alcohol-based hand cleanser. Hand washing should take at least 20 seconds, taking care to wash thumbs and fingertips. Use a towel to shut off the faucet. Wash your hands:
 - Before and after food preparation
 - Before eating
 - After using the restroom or changing diapers
 - After coughing, sneezing, cleaning, or handling trash
 - After handling money or pets
 - After caring for someone sick
- Keep your distance. Stay at least three feet from others, and avoid crowds during an influenza outbreak. Handshaking and hugging/kissing should be avoided.
- To prevent the spread of influenza, if you become ill with flu-like symptoms (see page 1), follow generally-accepted medical recommendations to stay home and see your healthcare provider

APPENDIX 3: 24/7 Frequently Asked Questions

1. What is pandemic influenza?

A pandemic is a global disease outbreak. Pandemic influenza occurs when a new influenza virus emerges for which there is little or no immunity in the human population. This begins to cause serious illness and then spreads easily person-to-person worldwide.

2. Are we experiencing a pandemic influenza?

Currently there is no pandemic influenza. A pandemic influenza occurs rarely; the most recent pandemic occurred in 1968 and was known as the "Hong Kong Flu."

3. Why are we receiving information about the threat of pandemic influenza?

The World Health Organization and the United States Centers for Disease Control warn of a potential threat for the avian (or bird) influenza to mutate, having the potential to become a worldwide pandemic influenza. The World Health Organization is monitoring the progress of avian influenza around the world. To help control the spread of illness, it is important to be aware of the potential threat, and how you can protect yourself against avian influenza.

Read Flu Fact Sheet

4. What is avian (or bird) influenza?

Avian (or bird) influenza is a serious viral infection that occurs primarily in poultry, migratory waterfowl, and, less commonly, pigs. The risk from avian influenza is generally low among most people because the viruses do not usually infect humans. Most human cases are thought to have resulted from direct contact with sick or infected poultry or with their droppings. Confirmed cases of human infection from several subtypes of avian influenza infection have been reported.

5. Why are health experts concerned about avian influenza?

The current strain (H5N1) of avian influenza is highly contagious among birds. Since 2003, there have been nearly 300 documented cases of human infection with H5N1 among people working in close contact with infected domesticated birds in Asia, the Middle East, Africa, and Eastern Europe. Nearly half of the reported cases resulted in death. This mortality rate is one reason public health authorities are so concerned. Further mutations of this virus into a form easily transmitted from person-to-person would result in a worldwide outbreak (or pandemic) of the disease. The mortality rate after the virus has mutated is unknown.

6. What is the difference between seasonal and avian influenza?

Seasonal (or common) influenza is a respiratory illness that can be transmitted person-to-person. Most people have some immunity and a vaccine is available. Avian (or bird) influenza is caused by influenza viruses that occur naturally among birds. Currently there has been a very limited outbreak of the H5N1 type, which is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and a vaccine is not available.

Read Flu Fact Sheet.

7. How do the symptoms of seasonal influenza differ from symptoms of the avian influenza?

Initially avian influenza may appear like a severe case of regular seasonal influenza with typical influenza-like symptoms (fever, chills, cough, runny nose, sore throat, muscle aches, headaches), but the person then deteriorates rapidly, suddenly developing severe pneumonia and respiratory distress approximately 3-5 days into the illness.

Read Flu Fact Sheet.

8. How can I protect myself against seasonal influenza?

Protect yourself and others against seasonal influenza by getting an influenza vaccination each year. Cover your nose and mouth with a tissue when you cough or sneeze; never cough in the open. Clean and disinfect surfaces, and wash your hands often. Stay at least three feet (one meter) from others and avoid crowds during an influenza outbreak. If you are ill, follow generally-accepted medical recommendations to stay home and see your healthcare provider.

Read Flu Fact Sheet

9. Are medications available to prevent or treat avian influenza?

Antiviral medications can reduce the impact of the avian influenza. Your healthcare provider can provide additional information on these medications.

10. Is it safe to eat poultry?

Cooked properly, it is safe to eat poultry. Cooking destroys germs, including avian influenza viruses. Follow these guidelines for safe preparation of poultry: wash your hands before and after handling food; keep raw poultry and its juices away from other foods; keep hands, utensils, and surfaces, such as cutting boards, clean; use a food thermometer to ensure food has reached the safe internal temperature in all parts of the bird – poultry should be cooked to at least 165° F (74° C) to kill food-borne germs that might be present, including the avian influenza virus.

11. How is the potential threat of avian influenza or a worldwide pandemic influenza monitored?

The World Health Organization is monitoring the potential threat of a global outbreak of avian influenza or a pandemic through a series of severity levels, or phases. The World Health Organization assesses the current world situation as “Phase 3” of a six-phase plan. The Company continues to monitor the WHO reports on the avian influenza so that quick and effective actions can be taken.

12. What will prompt the World Health Organization to elevate the potential threat to the next phase?

At Phase 3 there is rare human-to-human transmission of disease; at Phase 4 there are small localized areas of human-to-human transmission; at Phase 5 there are larger localized areas of human-to-human transmission; and at Phase 6 there is increased and substantial transmission in the general population and there is a global pandemic risk.

For more information, visit the World Health Organization Web site.

13. Is it safe to travel out of the country?

Currently there have been very limited outbreaks of avian influenza, and there has been no pandemic influenza reported. Health risk information is available from the World Health Organization.

General travel advice for areas you plan to visit is available from World Watch. You may also request a travel risk assessment from Enterprise Corporate Security. Additional guidance is provided in Guidelines for Travel to Areas Affected by Corona or H5N1 Avian Influenza or other similar strains.

14. What precautions should I take when traveling to area with reported cases of avian influenza?

See your healthcare provider or unit medical department 4-6 weeks before travel to make sure your vaccinations are current, and obtain medicine or other information you may need. Make certain to pack personal prescription medications, and take non-prescription medications. For additional recommendations, read Guidelines for Travel to Areas Affected by Corona or H5N1 Avian Influenza or other similar strains or other similar strains.

15. What do I do if I'm traveling overseas and get sick?

If you become ill with anything requiring immediate medical attention, employees from the

United States and Canada should contact the International SOS organization (800- XXX-XXXX), use member number “Influenza” to assist you in finding medical services and contacting your family or friends. Employees outside the United States and Canada should contact their unit human resources department before they travel for advice on what procedures they should follow.

16. What should my family do to prepare for a pandemic?

The World Health Organization recommends that you store a two-week supply of water and food; make sure you have an adequate supply of prescription drugs, and a supply of non-prescription drugs and other medical supplies on hand. Additional recommendations are available from the World Health Organization.

17. How do I learn where avian influenza outbreaks have occurred?

The World Health Organization monitors world outbreaks of avian influenza. Current information is available from the World Health Organization.

18. Where can I get more information about avian influenza and pandemics?

The World Health Organization can provide additional information about avian influenza and pandemics.

19. How is Corporate preparing for a pandemic?

It is imperative that the organization be prepared to react to the potential global spread of the avian influenza or pandemic. Policies and activities have been developed and will be implemented across the organization to prepare and safeguard Corporate employees and business continuity.

20. Who is in charge of pandemic response procedures at my unit?

Each unit has identified a Business Continuity Plan Coordinator who is responsible for ensuring pandemic response procedures are in place.

21. Will the organization keep me informed about the spread of avian influenza or the threat of a pandemic?

A communications plan has been developed to ensure all corporate employees receive ongoing, timely information on avian influenza or pandemic developments.

Note:

If you do not have access to Corporate Online, the Corporate employee's intranet, or to the Internet, please contact your unit human resources department to obtain copies of the Flu Fact Sheet and Guidelines for Travel to Areas Affected by Corona or H5N1 Avian Influenza or other similar strains.

World Health Organization -<http://www.who.int/>

World Watch: <http://monitor.airsecurity.com/>

APPENDIX 4: Global Strategic Communications Plan

Scope:

The communications plan for pandemic planning includes Corporate facilities worldwide. Beginning with World Health Organization (WHO) Pandemic Phase 3, appropriate and timely communications will be delivered to all employees.

Purpose:

As part of the Corporate Pandemic Influenza Global Response Procedures, the pandemic response communications process defines the role of management in the communications process. It provides details on how management should fulfill that role, and identifies a structured method by which employees at all Corporate locations will receive information concerning pandemic policies and plans.

Responsibilities:

1. The executive-level Corporate Crisis Management Team (CCMT) provides overall direction to the Corporate Incident Support Team (CIST), including communication messaging and strategy.
2. The CIST, through Corporate Communications, HR Communications, and various audience owners, has ultimate responsibility for message development and delivery
3. Corporate Communications provides strategic counsel and tactical communication services to the CIST and CCMT during response to the pandemic
4. The HR Communications team has primary responsibility for communication of all HR topics via HR managers and will work in concert with Corporate Communications
5. Each member of the Corporate Global Leadership Group has the ultimate responsibility for ensuring that appropriate communication channels are in place to relay information to all employees, including contract and contingent personnel. This will normally be done in concert with human resource management and business continuity plan. It is imperative to the success of these procedures that communication channels are in place in advance of any activation of this process
6. All news media inquiries and outreach will be managed as a responsibility of the Director, Strategic Public Relations. Communications to other outside audiences will be directed by the CIST through the various positions identified later in this plan as owners of those audiences. All disclosure of information will be coordinated through Corporate & Company Corporate Communications to ensure appropriate guidelines for public company information are followed.

Process:

1. The Corporate Incident Support Team (CIST) will educate and prepare the various teams, departments or individuals who have responsibilities within this communications process.
2. Within each WHO pandemic phase, the Corporate CIST will assess the need to communicate to management, employees, the media and/or other outside audiences.
3. With approval of the CCMT, the CIST will develop and utilize an alert system to provide strategic messages to the Global Leadership Group and will initiate and provide communication direction to Corporate Communications, HR Communications, and others who have responsibility for communicating to a specific outside audience.

4. Based on the Global Pandemic Procedures, developed by the Pandemic Planning Team, recommendations for action will be approved by the organization's Corporate Crisis Management Team. The CCMT is responsible for the appropriate strategic response to the action phase to help ensure a positive impact on the health and safety, environment, brand, image, shareholder value and/or reputation of Corporate.
5. When directed by the CCMT or CIST, Corporate Communications will activate a crisis communication team with appropriate support personnel to provide communication services to the CCMT and CIST and to coordinate the communication activities of various audience owners. This team will be directed by the Vice President, Corporate Communications and Global Brand Management, and led by the Director, Strategic Public Relations
6. Whenever possible, the activities of Corporate Communications, HR Communications, and other audience owners will work within the currently established channels of communication. When appropriate, communication documents will be translated into 14 languages to help ensure clarity for Corporate employees worldwide.
7. At the approval of the CIST, information concerning the pandemic response will be published on the Occupational Health internal Web site as an aid to employees who have access to the site. To facilitate communication to all audiences, an external Website will be developed and activated when necessary

Audiences and Owner

Communications	
Audience	Owner
Corporate Senior Management and/or Corporate officers	Corporate Crisis Management Team or Corporate Incident Support Team
Global Leadership Group	CIST via alert system
Corporate Board of Directors	Corporate Chief Executive Officer
Corporate employees, including contract and contingent personnel	Members of the Global Leadership Group via HR Management
Corporate HR Management	CIST via HR representative on CIST and / or HR Communications

Investment Community	Vice President, Investor Relations
News Media	Director, Strategic Public Relations via various PR managers, unit management
Labor leadership	Vice President, Industrial Relations
Suppliers	Vice President, Supply Management
Government officials (elected and regulatory)	Vice President, Public Affairs
Customers	Divisional Marketing (through appropriate regional managers) <ul style="list-style-type: none"> • 1 • 2 • 3
Dealers	Divisional Marketing (see above)
Corporate retirees	Corporate Human Resources
Community leaders, local government officials	Director, Community Relations

APPENDIX 5: Providing EA Services during a Pandemic

Scope:

Corporate facilities worldwide will develop this process for all employees prior to the World Health Organization (WHO) raising the pandemic alert to Phase 4, where there has been reported human-to-human transmission of the pandemic influenza in their country or region.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It provides individual Corporate sites with a process to use for employees who may require employee assistance during a pandemic.

Responsibilities:

Unit Human Resources will have the responsibility to ensure that this process is developed at the unit level and is ready to be implemented once the WHO raises the pandemic alert to Phase 4.

Process:

1. An Employee Assistance Program (EAP) is intended to assist our employees in identifying and resolving personal concerns, including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues that may affect job performance.
2. Each unit will need to assess the availability to provide an EAP during a pandemic. Will it be available from current health care plan, other third party or government agency?
3. In some cases this service can and will be provided by the unit's health care plan. Individual units will need to investigate specific details regarding EAP Services.
4. If a unit does not currently have an EAP service available, if feasible, one will need to be developed prior to the WHO raising the pandemic alert to Phase 4.
5. Questions regarding EAP services may be directed to Corporate Occupational Health

APPENDIX 6: Contacting Health Care Insurers & Providers Regarding Their Pandemic Plans

Scope:

Corporate facilities worldwide will develop this process to ensure that their health care insurers and providers are prepared for the pandemic and have a plan in place. This should be completed prior to the World Health Organization (WHO) raising the pandemic alert to Phase 4, where there has been reported human-to-human transmission of pandemic influenza in their country or region.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It provides individual Corporate sites with a process to assess whether their health care insurers and providers have a pandemic plan in place that will be able to assist their employees who may require medical assistance during a pandemic.

Responsibilities:

Unit Human Resources will have the responsibility to ensure that this process is developed at the unit level and is ready to be implemented prior to the WHO pandemic alert being raised to Phase 4.

Process:

1. Units outside of the U.S. should inquire as to the following:
 - Will pandemic influenza be covered by the health plan for covered employees and dependents?
 - Will the health care plan add providers to covered networks if necessary? Will health care plan treat out-of-network providers as in-network for pandemic treatment?
 - Will antivirals (e.g. TamiFlu) be covered by the plan?
 - Is the health care plan doing anything to educate providers on how to handle pandemic influenza?
 - Does the health care plan provide employee assistance services (e.g. counseling for illnesses or death)?
 - Does the health care provider have a pandemic plan in place? If so, can a copy be obtained?
 - Will they be able to handle a significant increase in claims volume?
 - Will the health care insurer want the unit to provide employees communication that is related to how they will handle pandemic influenza?
2. Corporate HR has contacted United Healthcare and has obtained the answers to these questions for Units inside of the U.S.

APPENDIX 7: Examining Local, State and/or Country Laws for Special Leave Provisions

Scope:

Corporate facilities worldwide will develop this process to ensure that they are aware of and able to follow any local, state and/or country laws that are developed specifically for Special Leave provisions in the event of a pandemic. This should be completed prior to the World Health Organization (WHO) raising the pandemic alert to Phase 4, where there has been reported human-to-human transmission of pandemic influenza in their country or region.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It provides individual Corporate sites with a process to ensure that they are aware of any special leave provisions that are put in place for employees in the event of a pandemic.

Responsibilities:

Unit Human Resources will have the responsibility to ensure that this process is developed at the unit level and is ready to be implemented prior to the WHO raising the pandemic alert to Phase 4.

Process:

1. Units will need to continually monitor information provided by their local, state and country governments regarding the development of new employee leave regulations / laws that may apply in the event of a pandemic.
2. Once these regulations are put in place units must implement per the regulation/law.

APPENDIX 8: Privacy Planning and Operating Procedures

Scope:

Adherence to the company's policies on privacy and confidential treatment of employee information is the responsibility of all employees. As the use and release of employment information (including both personnel record information and medical record information) could be impacted by the occurrence of a pandemic flu outbreak, the process for use and disclosure of employment information is an important part of the pandemic planning process and operating procedures. In particular, Corporate Compliance, Human Resources, Occupational Health Services, and Legal Services all play important roles in articulating and applying the policies, processes and operating procedures, including addressing any questions or problems that should arise.

Purpose:

This Privacy Planning and Operating Procedure is intended to support the Corporate Pandemic Flu Response Procedures. It is intended to provide individual Corporate sites worldwide with guidance relative to privacy issues and the handling of employee- related personnel and medical information in the event of a pandemic flu outbreak.

Responsibilities:

Corporate Compliance has responsibility for privacy policy, training, and implementation, plus ensuring that appropriate safeguards and processes exist worldwide to protect employee information from unwarranted or unlawful release, and to ensure proper procedures are in place for the appropriate release of employee information in the event of a pandemic flu outbreak. Corporate Compliance also has responsibility for record- keeping and retention policies concerning employment and medical records, with the input and advice of Human Resources, Occupational Health Services, and Legal Services.

Corporate Human Resources has responsibility for Human Resource policies and processes pertaining to employment recordkeeping and confidentiality of employment records, including input on record-keeping and retention policies issued by Corporate Compliance.

Corporate Occupational Health Services has responsibility for policies, maintenance, protection, and release of employee health records, including input on record-keeping and retention policies issued by Corporate Compliance.

Global Legal Services has responsibility for legal advice, counseling and training relative to privacy laws, regulations, and court developments, including advice, counseling, and legal training for Corporate and Unit Privacy departments, Human Resource departments, and Occupational Health Services departments, plus legal guidance on record-keeping and retention policies issued by Corporate Compliance.

Policies and Process:

Corporate Compliance Privacy Policy and Process

Confidentiality of Personal Information

The confidentiality of an individual's personal information must be respected. No employee shall use or disclose personal information unless it is required to support Company operations and is in compliance with the organization's privacy policies.

As part of established Company policy, personal information contained in Company records and various systems regarding its employees, customers, suppliers, dealers or others, is treated as personal and confidential. State, federal and international laws regulate use and disclosure of such information. It is the responsibility of each employee to protect all confidential information. This personal information is therefore subject to disclosure to and use by only those employees with a need to know to conduct legitimate Company business.

Each employee having access or exposure to personal information must understand the confidential nature of such information and observe the following responsibilities:

1. To maintain the confidentiality of personal information
2. Not to misuse, abuse or obtain unauthorized access to personal information
3. Only to access or use personal information when there is a demonstrable need to know to conduct legitimate Company business
4. Only disclose to other Company employees when they have a demonstrable need to know to conduct legitimate Company business
5. Do not disclose to individuals or organizations outside the organization, except as required by:
 - legal process
 - local, state, federal or other governmental laws and regulations
 - a written request from the subject of such personal data
 - a written request from the subject's legal representative
 - otherwise in compliance with established Company procedures

For further reference, see the Corporate Compliance Privacy Policy and Procedure on Confidentiality for Personal Information:

Corporate Human Resources Policies on Privacy & Confidentiality of Employee Personnel Information and Employee Medical Information

Personnel Information and Records

Personal information concerning individual employees will be used within the organization only for legitimate business purposes and to comply with the requirements of law. Personnel information, other than confirmation of employment and length of service with the organization, will not be provided outside the organization unless the employee gives written consent, the disclosure is ordered as part of a legal procedure or arbitration, or information is requested by a governmental agency pursuant to the employee's complaint, as part of a criminal investigation or investigation for governmental security clearance.

Use of personal information for legitimate business purposes includes:

1. Employment placement, promotion, and disciplinary action
2. Eligibility for compensation and benefits
3. Compliance with governmental laws and regulations

Medical Information and Records

All records prepared by a physician or other health care provider pertaining to the physical or mental health of an employee, retired employee, former employee, a spouse, an eligible dependent or other person for whom records are prepared, including alcoholism and drug abuse counselor files, shall be considered confidential medical records.

1. Medical records as defined above will be stored separately from unit personnel records.
2. The confidentiality and storage of medical records submitted to the appropriate processing center for securing benefits under employee benefit plans of the organization are the responsibility of the manager of the processing center.
3. In units with a medical department or a first aid office, the designated physician will be responsible for the confidentiality and storage of medical records retained in that department or office.
4. In units not having a medical department or a first aid office, the Manager, Human Resources will be responsible for the confidentiality and storage of medical records if retained at the unit.
5. Only the unit physician or designated employees of the unit Human Resource Department may have access to the medical records or authorize the release of pertinent medical information from the medical records under the storage and control of the unit.
6. Pertinent information from medical records will be made available to the unit and/or Corporate Human Resource and Industrial Relations Departments when physical or mental condition may be a factor in the application of any provision of collective bargaining agreements, employee benefit plans, or state or federal law or other governmental laws and regulations.
 - Diagnoses are not ordinarily considered pertinent. However, when legally required, diagnoses will be provided for purposes of completing safety, workers' compensation, state, federal, OSHA and affirmative action reports.
 - Physical restrictions affecting job performance will be reported to the Human Resource Department.
7. Medical records containing diagnostic or evaluative information generated in outside physicians' or other health care providers' offices shall go directly to the concerned medical department, appropriate processing area, or the Manager, Human Resources as appropriate under II, III, IV, or V above.
8. Medical information will be released as directed only after a request is made and the concerned employee executes the proper release forms.
9. Confidentiality of pertinent medical information is waived when a claim, suit or charge against the organization is filed or when a grievance is filed pursuant to a collective bargaining agreement, but only if physical or mental condition is an

issue in the claim, suit, charge or grievance and then only such medical information that relates to the claim, suit, charge or grievance. Written evidence of the claim, suit, charge or grievance may be required before pertinent medical information is released to persons properly responsible for resolution of such issues.

10. Pertinent medical records will also be provided in compliance with court ordered subpoenas or to appropriate law enforcement authorities.
11. Nothing in this policy shall prevent the use of medical records information in the preparation and distribution of statistical and experience reports necessary for proper funding and cost control purposes.

Corporate Occupational Health Services Policy on Confidentiality and Privacy of Medical Records and Information

All records prepared by a physician or other health care provider pertaining to the physical or mental health of an employee, retired employee, former employee, a spouse, an eligible dependent or other person for whom records are prepared, including alcoholism and drug abuse counselor files, shall be considered confidential medical records.

Information obtained in the course of the occupational health program is held confidential and is not revealed to anyone except for the following reasons:

1. Life threatening emergencies.
2. Written authorization from employee to release information
3. Written authorization from employee's legal representative to release information
4. Information about a specific work-related injury or illness
5. Compliance with governmental laws and regulations
6. Compliance with legal process

For further information and reference, see the Occupational Health Services Policy on Confidentiality of Employee Medical Records

APPENDIX 9: Absenteeism Reporting Process Requirements

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4.

Purpose:

This policy is intended to support the Corporate Pandemic Influenza Response Procedures. It is intended to provide individual Corporate sites with the ability to track absenteeism during a pandemic. The absenteeism information will be documented and used by unit management as a statistic reported in the Site Status Report.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. Units will use their existing absence reporting process for employees to report their absence due to influenza.
2. If there is not an absence reporting process in place, the unit will need to develop one and communicate it to their employees. The process can be as simple as requiring the employee to notify his/her manager/supervisor or human resource contact of their absence.
3. When reporting their absence, due to influenza, employees should report the reason they are absent and how long they expect to be away from work. Due to privacy concerns, employees are not required to give details of the absence but to report only if they are sick or injured or if they are absent to care for another person.
4. The reason for absence (employee illness, family member illness, etc) and length of time expected to be away from work should be recorded and this information should be available in report form to unit management. Absenteeism information should be reported separately for wage, salary and contingent personnel.
5. Absenteeism reports will be available at the unit level. These reports are used by unit management to determine if production requirements can be met. This information will be provided to the unit level IRT and included in the bi-weekly Site Status report that is submitted to each Division.
6. Information that is reported via the absence reporting process should be shared only with those management personnel who have a need to know. This need should be consistent with the need to make decisions regarding personnel and financial matters, production requirements, the need for replacement workers, safety, security, an occupational health matters.

APPENDIX 10: Employee Absence Due To Illness Policy

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in their country. Where government mandates apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

This policy is intended to limit the financial burden of employees who become ill due to pandemic influenza and to encourage them not to return to work until after they are no longer infectious.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. Follow current unit policies/procedures/practices for employee's absence and pay for absence due to their own illness.
2. If the unit policies/procedures/practices for employees are governed by bargaining agreements, works council agreements or government-mandated laws or regulations, there will be no exceptions to these agreements/regulations unless a change has been approved by the appropriate parties.

APPENDIX 11: Acquiring Contingent/Temporary Personnel

Scope:

Corporate facilities worldwide will develop this guideline for all units prior to the World Health Organization (WHO) raising the pandemic alert to Phase 4, where there has been reported human-to-human transmission of pandemic influenza in their location.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It provides individual Corporate sites with a guideline to acquire contingent / temporary employees in line with their Business Continuity Plan in the event of a pandemic.

Responsibilities:

Unit Human Resources will have the responsibility to ensure that a unit plan is developed using this guideline and is prepared to be implemented once the WHO raises the pandemic alert to Phase 4.

Guidelines:

1. Units will need to follow any country/state regulations, including union contracts and works council agreements that may apply to hiring of temporary employees.
2. Units that have a contingent/temporary employment process in place should utilize it to secure temporary employees. They should identify the skills and/or potential candidates (if known) that may be required per their Business Continuity Plan and communicate that to their supplier.
3. Units with a process in place should ensure that their current supplier(s) have a plan in place to be able to supply workers, with the appropriate skills, during a pandemic. If necessary, their supplier list may need to be expanded using the company's supplier selection process.
4. When considering the addition of temporary employees, units should evaluate the time frame it may take to set up a work station for those employees compared to how long regular employees may be out.
5. If the temporary employees will be working from an alternate worksite, the unit will need to ensure that they have the necessary technology to perform the assigned work.
6. Temporary employees will be required to follow all the pandemic policies in effect at that unit at the time of hire.
7. Units that do not have a contingent/temporary employee process in place should develop one. Their plan should incorporate the items listed above. Corporate staffing is available to assist in this development.

APPENDIX 12: Social Distancing Policy

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in their country. Where government mandates apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

To inhibit the transmission of the pandemic influenza virus thereby reducing employee illness and absence by limiting the exposure of employees to one another, and to the general public.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Reference Documents:

- Recommendations for Personal Protective Equipment and Medical Supplies within the Corporate Pandemic Influenza Global Response Procedures
- Pandemic Influenza Travel Restrictions within the Corporate Pandemic Influenza Global Response Procedures

Process:

1. During the work day, employees are requested to:
 - Where feasible, employees will work from home, alternate work locations, or work variable hours as determined by unit management
 - Avoid meeting people face-to-face. Employees are encouraged to use the telephone, video conferencing and the internet to conduct business as much as possible, even when participants are in the same building
 - If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least one yard (one meter) from each other if possible; avoid person-to-person contact such as shaking hands, kissing or hugging.
 - Avoid any unnecessary travel and cancel or postpone nonessential meetings, seminars, conferences, gatherings, workshops and training sessions
 - Do not congregate in offices, hallways, restrooms, eating areas, copier rooms or other areas where people socialize.
 - Bring lunch and eat at your desk or away from others (avoid eating areas, cafeterias, and crowded restaurants). Staggered mealtimes may be implemented so numbers of people congregating in lunch rooms and cafeterias are reduced
 - Where the type of work makes it impossible to avoid face-to-face contact and employees are closer than one yard (one meter) they may wear protective masks per the recommendations of the Personal Protective Equipment and Medical Supplies policy
2. Telecommuting

- Unit management, in conjunction with the information provided through the Pandemic Business Impact Analysis, will determine which, if any, employees may work from home and encourage all employees who are able to telecommute to do so. (See Telecommuting Guidelines)
- 3. Conferences, seminars and educational events
 - The unit IRT will determine if and when to cancel or postpone company events
- 4. Additional Work Shifts
 - Adding additional shifts, where feasible, should be considered to reduce exposure between employees. When adding an additional shift, and if feasible considering the needs of production, there should be a 20 minute time period between shifts to further avoid crowding
- 5. Outside activities

Employees may be encouraged to:

- Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation, consistent with flextime policies and practices
- Avoid recreational or other leisure classes, meetings, activities, etc. where employees might come into contact with pandemic influenza

APPENDIX 13: Assess Food Service Preparedness and Develop Continuation Plan

Scope:

Corporate facilities worldwide will develop this guideline for all units prior to the World Health Organization (WHO) raising the pandemic alert to Phase 4, where there has been reported human-to-human transmission of pandemic influenza in their location.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Response Procedures. It provides individual Corporate sites with a guideline to assess if the food preparation provided on-site is adequate and to develop a continuation plan.

Responsibilities:

Unit Human Resources will have the responsibility to ensure that a unit plan is developed using this guideline and is ready to be implemented once the WHO has raised the pandemic alert to Phase 4.

Guidelines:

1. Units will need to follow any country/state regulations related to on-site or catered food preparation that is provided to their employees and is implemented in the event of a pandemic.
2. Units should ensure that upgraded hygiene practices are put in place for on-site food preparation areas, cafeterias and lunchrooms.
3. Communicate with food service providers regarding changes in number of employees working on-site, flexible work schedules or different work schedules that may affect their service.
4. Units that provide their own food service will need to have a separate pandemic plan to ensure that they have the proper processes in place in the event of a pandemic.
5. Units that use a third party food service will need to ensure that they have a pandemic plan in place. If they don't have a plan in place they should no longer use their service
6. Once the WHO pandemic alert reaches WHO Phase 4 the unit and third party pandemic plans must be followed.
7. Units will need to communicate to their employees, in advance, as to the level of food service that will be available as the stages of the pandemic elevate.
8. Units should encourage food service providers to provide pre-packaged meals during later phases to make it easier for employees to eat remotely (desks, work area, etc.)

APPENDIX 14: Refusal to Report to Work

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in their country. Where government mandates apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

This policy addresses an employee's refusal to report to work when he/she believes the work place may result in serious illness or death due to pandemic influenza.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. Corporate will make a concerted effort to ensure that all employees have a safe working environment in the event of a pandemic.
2. HR and/or IR, Occupational Health and/or the unit IRT will communicate to the work force regarding human resource, safety, and health issues during a pandemic.
3. Where applicable, employees may have access to the appropriate personal protective equipment in the workplace. Employee assistance counseling will be made available, regarding workplace safety and health, as it pertains to pandemic influenza.
 - Refer to Sub-Section 21 -Acquisition, Stockpiling and Distribution of Protective Supplies within the Corporate Pandemic Influenza Global Response Procedures
4. Employees who refuse to report to work because they believe the work environment is not safe, due to pandemic influenza, will be required to use paid time off (vacation, PTO, personal time, etc.) for this absence. If they do not have any accrued paid time off or if there is a contractual or statutory reason, the organization cannot require the use of paid time off, then the time away from work will not be paid.
5. Employees may not use more than 5 days of time without pay due to a refusal to report to work because they believe the work environment is not safe. If an employee refuses to return to work after these 5 days, he or she may be subject to disciplinary action up to and including termination based on the unit's disciplinary action policy.
6. If applicable, the organization may provide an alternative work arrangement for an employee who believes the working environment is unsafe due to pandemic influenza. This could include working from home, working from an alternate work site, and/or working an alternate shift, which could limit the exposure to pandemic influenza. If an employee refuses an alternative work arrangement, disciplinary action may be imposed consistent with the unit's disciplinary action policy.

APPENDIX 15: Refusal to Travel Policy

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in the destination country.

Purpose:

This policy addresses an employee's refusal to travel to a destination, for essential business, that he/she believes may result in serious illness or death due to pandemic influenza.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. The Company will make a concerted effort to ensure that all employees who travel on essential business will not be unduly exposed to pandemic influenza and will follow the travel restriction guidelines recommended by Corporate Occupational Health and Global Security.
 - Refer to Pandemic Influenza Travel Restrictions within the Corporate Pandemic Influenza Global Response Procedures
2. Corporate Occupational Health, Global Security and the appropriate travel provider will be responsible to provide travelers information regarding the status of pandemic influenza at the destination
3. The following alternatives will be utilized if an employee refuses essential business travel that is approved by management during a pandemic:
 - Investigate the use of virtual meeting tools that will accomplish the goals without travel
 - Identify a replacement to travel
 - Reassign the employee to a job that does not require travel. This may involve movement to a job at a lower grade and pay

APPENDIX 16: Reporting to Work of High-risk Employees

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in their country. Where government mandates apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

This policy is intended to support the Corporate Pandemic Influenza Response Procedures. It provides individual Corporate sites with a process to use for employees who may have had or been exposed to pandemic influenza. This will assist in preventing other employees from being exposed to this illness in the workplace.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. Employees who have contracted pandemic influenza should not return to work until five days after the onset of the illness. They must have a return to work slip from their personal health care provider or be cleared to return to work by a Company representative (medical, human resources, or other management).
2. Employees who have been exposed to pandemic influenza should seek the recommendation of the unit or Corporate Occupational Health personnel to determine how long they should stay away from the work site. Prior to returning, they should not show any influenza symptoms and will be required to have clearance to return to work from their personal health care provider, Corporate Occupational Health personnel or other Corporate management.
3. After an employee has recovered for five days after the exposure date, he or she may be asked to work remotely, if appropriate.
4. Employees may or may not be compensated for their absence depending on unit policies and procedures.
5. After return to work, an employee who has recovered or has been exposed to pandemic influenza should follow the social distancing guidelines and avoid close contact with other employees for at least 10 days or otherwise consistent with unit guidelines.
6. Employees who have been exposed should use the health-monitoring sheet for at least 10 days after their return to work. If they experience any pandemic influenza symptoms, they should immediately contact their unit medical personnel (if available) or their personal health care provider.

APPENDIX 17: Reporting to Work of Employees Returning from High-risk Areas

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in a location from which traveling employees are returning. Where government mandates apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Response Procedures. It provides individual Corporate sites with a process to use for employees who are returning from a location that has reported human-to-human transmission of pandemic influenza. This will assist in preventing other employees in the workplace from being exposed to this illness.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. An employee who is returning to work after traveling (business or personal) to an area that has reported human-to-human transmission of pandemic influenza or suspects that he or she may have been exposed to pandemic influenza should contact unit or Corporate Occupational Health or unit Human Resources to obtain a recommendation as to when he or she should return to work.
2. During the first five days following return, the employee may be asked to work remotely, if appropriate. The employee should also use the attached "Monitor Your Health" sheet for at least 10 days after returning. If the employee experiences any pandemic influenza symptoms, he or she should immediately contact unit medical personnel (if available) or their personal health care provider. See the "Sub-Section 37 - Monitor Your Health Data Sheet"
3. Prior to returning to work the employee should be cleared by unit medical personnel (if available) or have clearance to return to work from their personal health care provider. If this clearance isn't available, the employee should not report to their worksite until five days after returning from his or her travels to ensure he or she has not contracted the influenza.
4. After return to work the employee should follow the social distancing guidelines and avoid close contact with other employees for at least 10 days, or otherwise consistent with unit guidelines.
5. Employees may be compensated for the time they are required not to be at work, consistent with unit practices, policies, agreements, and government mandates.

APPENDIX 18: Travel of Employees to and from High-risk Areas

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been reported human-to-human transmission of pandemic influenza in the location they are traveling to or returning from. Where government mandates apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Response Procedures. It provides individual Corporate sites with a process to use for employees who are traveling to or returning from a location that has reported human-to-human transmission of the pandemic influenza virus. This will assist in preventing other employees in the workplace from being exposed to this illness.

Responsibilities:

Unit management along with unit Incident Response Teams (IRTs) will have the responsibility to implement this process utilizing input from Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. An employee who is traveling to a location that has reported human-to-human transmission of the pandemic influenza should follow Occupational Health's "Pandemic Influenza Travel Restriction Guide" as a recommendation. Unit management will determine the actual restrictions utilizing the Occupational Health recommendations.
2. An employee who is returning to work after traveling to an area that has reported human-to-human transmission of pandemic influenza, or suspects that he or she may have been exposed to the pandemic influenza, will follow the Human Resources "Travelers Returning to Work from High Risk Areas" policy.

APPENDIX 19: Corporate Pandemic Planning – Position for the Stockpiling and Distribution of Antiviral Medication

POSITION STATEMENT – 9 April 2007

Corporate Pandemic Planning Position for Stockpiling and Distribution of Antiviral Medications

It is recognized that antiviral medications will be difficult to obtain during a pandemic (World Health Organization Phases 4 – 6). Based on this issue, consideration was given to stockpiling antiviral medications to treat employees if they are exposed to influenza or become ill with influenza. Global companies such as Corporate have reached different conclusions; however, the majority of companies have decided not to stockpile these medications. The position of Corporate facilities shall be as follows:

- Corporate worldwide units will not stockpile antiviral medications primarily because a “current” physician evaluation is needed for these prescription medications. Additional factors include the potential ineffectiveness of particular medications against emerging viruses, limited shelf life and associated inventory cost
- The individual unit’s communication plan should ensure all employees receive information regarding antiviral medications through the distribution of employee factsheets, frequently asked questions, and training. Employees should contact their personal healthcare provider to obtain antiviral medications
- Where feasible, corporate units may initiate contact with local health authorities and volunteer to participate in the distribution of antiviral medications during a pandemic. This will ensure we are kept abreast of availability of antiviral medications

APPENDIX 20: Guidelines for Travel to Areas Affected by Corona or H5N1 Avian Influenza or other similar strains

Before traveling to an area affected by avian influenza

1. Make sure you are current with all your vaccinations. It is best to see your healthcare provider or unit medical department 4 - 6 weeks before travel to get vaccinations, medicine, or information you may need.
2. In addition to personal prescription medications, take non-prescription medications for common ailments such as headache, fever, sore throat, colds, diarrhea and indigestion. Include a thermometer and alcohol-based hand gel for cleaning hands when you cannot use soap and water. All medications should be packed in your carry-on luggage; check current airline security restrictions when transporting medications.
3. Find out what health care resources are available at your destination country before you travel. Check with your medical or human resource department for information on travel health resources to assist you in an emergency (see additional information in No. 10).
4. Check with your health insurance plan and your human resources department to determine if you have health insurance coverage when you travel internationally. Also determine if you have insurance that provides medical evacuation in case you become sick.
5. Visit the World Health Organization website <http://www.who.int/countries/en/> for information on health risks and advice for travel in areas you plan to visit. Some countries have introduced health-screening methods, such as point-of-entry temperature checks of travelers arriving from areas affected by avian influenza. It is highly recommended that travelers register with their embassy in their destination country a searchable database of all embassies is available at <http://www.embassyworld.com/>.

While traveling to an area where avian influenza had been reported

6. Avoid all contact with poultry, including touching well-appearing, sick, or dead chickens and ducks. Avoid places such as poultry farms and bird markets where live poultry are raised or kept. Avoid touching anything that may have poultry feces or secretions on it.
7. Wash your hands often with soap and water to remove contagious material from your skin and help prevent infection. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly dirty.
8. Eating healthy-looking poultry that is prepared hygienically and well cooked (no blood/pink juices) should be considered safe. Eggs should be considered safe if thoroughly cooked – boiled for at least 5 minutes or cooked until the yolk is not liquid. Because influenza viruses are killed by heat, the cooking temperature for poultry meat should be 165°F (74°C).
9. Monitor your health while traveling to or working in areas affected by avian flu; monitor your temperature. Fever is indicated above 100.4°F (38°C).
10. If you become sick with symptoms such as a fever with a cough, sore throat, or trouble breathing, or if you become ill with anything requiring immediate medical attention, United States and Canadian employees only should contact

International SOS, 1-800-523-6586 or 1-215-942-8226, use member number "1CMA1174" to assist you in finding medical services and contacting your family or friends. Inform your healthcare provider of any possible contacts with avian influenza. Further travel should be postponed until you are free of symptoms, unless traveling locally for medical care.

After you return

- Watch your health for 10 days
- If you become ill with a fever plus a cough, sore throat, or trouble breathing during this 10-day period, check with a healthcare provider. Before you visit a healthcare setting, tell the provider the following information. This will assist the provider in understanding your risk for avian influenza
 - What are your symptoms,
 - Where you traveled, and
 - If you have had contact with poultry or close contact with a very ill person.
- Do not travel while sick, unless you are seeking medical care. Stay away from others as much as possible to help prevent the spread of an infectious illness.

APPENDIX 21: Acquisition, Stockpiling and Distribution of Protective Supplies

Scope:

Corporate facilities worldwide will implement this policy during World Health Organization (WHO) Phase 3. The functions outlined in this policy should be continued through subsequent WHO Phases to ensure that supplies remain at designated levels.

Purpose:

During WHO Pandemic Phase 4 – 6, supplies needed to protect employees appropriately will likely be difficult to obtain. Therefore, acquisition of these supplies before WHO Pandemic Phase 4 is critical. Enough of these supplies should be purchased to cover a six (6) week period, the anticipated duration of the first wave of influenza.

Responsibilities:

Unit management and unit Incident Response Teams (IRTs) are responsible for acquiring and storing supplies in a secure manner, as well as for distribution of supplies when needed.

Process:

1. Identify local approved Corporate vendors of recommended supplies.
2. Acquire supplies in quantities recommended.
3. Store supplies in a secure location.
4. Develop a process for distribution of supplies during WHO Pandemic Phase 4 and higher
5. Ensure that respirators are fitted and used as recommended by the manufacturer. Though N95/CE EN143 P2/EN149 FFP2 Particulate Respirators are recommended for certain employee categories, their use is voluntary.
6. Maintain the appropriate level of supplies as they are used.
7. If supplies have an expiration date, dispose of outdated supplies appropriately and restock

Recommendations for Pandemic-Related Supplies

INFECTION CONTROL AND DISINFECTION	
Category	Recommendation
Infection Control Supplies <ul style="list-style-type: none">• Hand soap• Disinfectants for cleaning• Paper towels• Alcohol hand sanitizer – for individual use or common dispensing areas	Order enough to sustain rigorous hand washing and enhanced cleaning procedures for a 6-week period without re-supply Hand sanitizers must contain at least 60% alcohol to be effective. <ul style="list-style-type: none">• Check with unit safety and facility contacts to ensure that proper fire protection and storage practices are followed.
Non-latex medical gloves for infection control.	A minimum of 5 boxes (100 gloves each) for each on-site health care provider (OH) and, where there is no

	on-site OH staff, those designated to handle ill employees during pandemic. A minimum of 2 boxes for each first aid team member and security personnel.
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RESPIRATORY PROTECTION	
Employee Category	Recommendation
Onsite health care providers (OH staff) and, where there is no onsite OH staff, those designated to handle ill employees during pandemic	N95/CE EN143 P2/EN149 FFP2 Particulate Respirator is recommended. If N95 respirators cannot be obtained, P95 or R95 respirators may be used. One respirator per employee per workday for a 6- week period. For example, for each full-time employee in this category, a minimum of 30 respirators should be available (assuming a 5-day work week)
First Aid Team Members and Security Personnel	N95/CE EN143 P2/EN149 FFP2 Particulate Respirator recommended. 10 respirators per team member
Well employees	Surgical masks recommended to minimize viral shedding - One mask per employee per shift worked for a 6- week period

Supplies obtained for pandemic preparedness should be kept in a secure location. A procedure must be in place to dispense pandemic-related supplies to assure that they are being used for work-related purposes.

APPENDIX 22: Screening, Isolating and Removing Employees with Possible Influenza

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been confirmed human-to-human transmission in the affected country. Where government regulations apply, they may supersede this policy unless they are less advantageous to the employee.

Purpose:

Influenza is a contagious respiratory illness caused by influenza viruses. Influenza viruses spread mainly from person-to-person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with influenza viruses on it and then touching their mouth, eyes or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. Pandemic influenza is a human influenza that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person-to-person. Keeping employees infected with influenza virus out of the workplace will help to protect the healthy workforce from influenza.

Responsibilities:

Unit management and unit Incident Response Teams (IRTs) are responsible for keeping employees with confirmed influenza or suspected influenza from coming to or remaining at the worksite.

Process:

1. Communicate the necessity for employees with influenza symptoms (fever, headache, fatigue, muscle aches, cough, and sore throat) to follow generally accepted medical recommendations to stay home until 5 days from onset of illness or when cleared by their health care provider to return to work.
2. If an employee appears to have influenza symptoms and comes to work, they should be barred from entering by Security or someone designated to perform this function.
3. If an employee becomes ill with influenza symptoms while at work, they should be taken to a place away from other employees and hard to clean equipment until they can be transported home or to a healthcare provider.
4. The employee who stays with the ill employee until they can be transported should wear protective equipment (N95 respirator or equivalent and gloves).
5. The employee should be transported to their home or healthcare provider per unit policy.
6. The isolation area, the employees work area and the transportation vehicle (if Company owned) should be cleaned with an antiviral disinfectant cleaner. This cleaning process should be completed immediately following the employee's removal from the area and after each incident.
7. Employee should be told to follow generally accepted medical recommendations to stay home for 5 days or until cleared by their health care provider to return to work.

APPENDIX 23: Bio-protection and Cleaning Requirements

Scope:

Corporate facilities worldwide will implement this policy for all employees once the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there has been confirmed human-to-human transmission in the affected country.

Where government regulations apply they may supersede this policy unless they are less advantageous to the employee.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. The process outlined in this document is intended to inhibit the transmission of influenza virus thereby reducing employee illness and absence.

Responsibilities:

Unit management and unit Incident Response Teams (IRTs) are responsible for ensuring supplies are available and processes are implemented to provide adequate cleaning of facilities and to facilitate employee hygiene practices important to reducing the transmission of infection. The planning process for this policy shall be completed during WHO Phase 3.

Reference Documents:

- Flu Fact Sheet
- Travel of Employees to and from High Risk Areas
- HR Policy for: Reporting to Work of Employees Returning from High-risk areas

Process:

1. Each facility shall plan to ensure that the functions can be implemented in WHO Phase 4. Special considerations should be given to common areas such as conference rooms, restrooms, cafeterias, stairwells, and lobbies. This list is not all-inclusive.
2. Stock and provide the following to employees to facilitate employee hygiene practices.
 - Facial tissues to cover sneeze and cough
 - Soap in washrooms
 - Alcohol-based waterless hand cleaner where frequent access to soap and water isn't feasible
 - Antiviral disinfectant surface cleaner for personal workspace
3. Post Flu Fact Sheet in places readily viewed by employees.
4. Clean work surfaces, telephones, doorknobs, handrails, cafeteria surfaces, bathroom surfaces and any other tools touched by multiple individuals daily with antiviral disinfectant solution.
5. Ensure that work areas are well ventilated (> 15 CFM or .4 CMM of fresh outside air per employee delivered to work zones).
6. Ensure that heating/ventilation/air conditioning systems are properly maintained and functioning to the fresh air requirements noted in line item 5.
7. Use vacuum cleaners with HEPA exhaust filters
8. Cleaning staff should wear appropriate protective equipment and wash hands thoroughly after removing it.

APPENDIX 24: Guidelines for Restricting Access during a Pandemic

Scope:

During a pandemic it may become necessary for Corporate facilities to secure and restrict access. Corporate facilities worldwide will implement this policy once the World Health Organization (WHO) raises the pandemic alert to Phase 4.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to provide individual Corporate sites with the ability to restrict access to the facility during a pandemic.

Responsibilities:

Facility management along with the facility Incident Response Team (IRT) will have the responsibility of implementing this process utilizing input from Security, Communications, Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST). For those facilities that do not have on-site security, facility management should designate personnel to perform the identified security functions outlined in the process. The CCMT will be notified of these actions.

Process:

1. Security and facility management will have identified which entrances and exits will be locked down to restrict access. Those that remain open will be staffed by security personnel who will be responsible for ensuring that no one who displays influenza symptoms is allowed access to the facility. Each entrance or exit that is locked down to restrict access must not interfere with emergency egress from the facility.
2. All security personnel will have access to the necessary infection control supplies (face masks, hand washing gels, etc.) and utilize the equipment when coming into contact with employees and vendors who have suspected influenza symptoms. Respiratory protection provided may be used on a voluntary basis.
3. Security personnel will be trained in how to recognize the symptoms of pandemic influenza and will be required to follow the facility's Occupational Health or Human Resources procedures for reporting suspected cases.
4. During a declared pandemic, all employees who are absent from work because of reported illness will have their access badge temporarily suspended. Security will not reinstate the access or issue a temporary badge until the employee has received authorization that they can return to work from either Occupational Health or Human Resources.
5. When requested, Security will assist Occupational Health and/or personnel identified by the IRT in escorting an employee or vendor from the facility if they are known to be infected or outwardly showing influenza symptoms.

APPENDIX 25: Transportation Resources for Relocating Employees

Scope:

During a pandemic it may become necessary for Corporate employees to be relocated from an affected area. This relocation will take place when the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there is confirmed human-to-human contact at or near the employee's location.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to provide individual Corporate sites with a guideline to prepare for the possibility of having to relocate employees.

Responsibilities:

The facility management and Incident Response Teams (IRTs) collaborating with the Corporate Incident Support Team (CIST) will formalize an employee relocation plan. The Corporate Crisis Management Team (CCMT) will then be consulted for final approval to implement the relocation plan.

Process:

A key part of any contingency plan for dealing with pandemic influenza is when and how employees should be relocated from the affected area. The timing of any relocation is a decision that will be made by consultation between the facility Incident Response Teams (IRTs), the Corporate Incident Support Team (CIST), and the Corporate Crisis Management Team (CCMT). This decision will most likely be made after it is decided that having the employees work from home is not feasible. How the relocation of key employees is handled will be preplanned. In regards to the overseas facilities, the Overseas Evacuation plan would take effect. Within the United States, the decision may be made to relocate those key employees that have been identified in the facility Business Continuation Plan (BCP) for relocation, to a safer area.

As is the case with an overseas evacuation, it would be prudent if the decision to relocate were made earlier rather than later. Commercial and private transportation systems will quickly become overloaded as the likelihood of pandemic influenza striking a specific location increases. The BCP plan for each facility should identify those employees who will be relocated, potential relocation sites and detail the resources that will be used to complete the relocation.

The following is a list of some of the resources that a facility should have contacted and/or contracted with in advance, for timely information on the availability of transportation resources for relocating employees:

Air Travel

1. Availability of Corporate Aviation providing air transportation can be accessed through the Corporate Aviation website on SharePoint
2. Corporate Aviation can assist with locating and selecting charter aircraft from a reliable carrier

Ground Transportation

- Rental Vehicles: If possible, any arrangements for use of rental vehicles should

- be made through the Corporate global travel provider
- Rail Services: Inquiries should be made regarding the availability of rail services in your respective countries
 - In the United States, information on the availability of rail services can be accessed through <http://www.amtrak.com>
 - Commercial Vehicles: Inquiries should be made regarding the availability of commercial transportation services in your respective countries
 - In the United States, information on the availability of commercial bus services can be accessed through <http://www.greyhound.com> or <http://www.trailways.com>
 - Private Transportation Services: Unit plan should also have identified the local transportation services in the area (such as limousine services) and have current contact names and telephone numbers

APPENDIX 26: Procedures for Evacuation of Travelers, Employees and/or Families

Scope:

During a pandemic, it may become necessary to evacuate Corporate International Assignees and/or their dependents, and business travelers. The procedures herein also can be used in other incidents or events requiring evacuation. An evacuation may be required when the World Health Organization (WHO) raises the pandemic alert to Phase 4 and there is confirmed human-to-human contact at or near the employee's location.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to provide individual Corporate sites with a template so that they can prepare a plan for the evacuation of Corporate International Assignees and/or their dependents. The planning could be extended to include known Corporate business travelers in the area at the time of the ordered evacuation and key local nationals that have been identified in the Business Continuity Plan (BCP) as essential to the continuation of the business.

Responsibilities:

The facility Incident Response Teams (IRTs) is responsible for ensuring that there is a current evacuation plan in place and that all involved persons are knowledgeable in what action they are to take. The facility Incident Response Teams will collaborate with the Corporate Incident Support Team (CIST) and possibly the Corporate Crisis Management Team (CCMT) in deciding when to implement the evacuation plan.

Process:

General

An evacuation plan is designed to cope with those situations that could require an evacuation of International Assignees and/or their dependents, and business travelers which removes them from the specific and/or general source of risk or threat, to an out

of country location. It outlines procedures to ensure an orderly, safe, and expeditious evacuation of International Assignees and their dependents.

In a pandemic event, there may be additional activities that can affect operations, such as a decline in services, shortages in goods or services, migrations out of the country, increased government travel restrictions, decreased internal security, and declines in the attitudes of established contacts. Country managers and the facility IRT should be alert to these changes and continuously evaluate the local conditions so that they can assess the situation and plan a gradual and orderly evacuation.

Organization

The Unit Leadership in conjunction with the unit IRT are responsible for making evacuation decisions and communicating these decisions to the International Assignee contingent and known visitors and business travelers in their area.

Each unit should develop, document and test a local evacuation/relocation plan to ensure that it is realistic and functional. Units are also responsible for the implementation of their plans in response to developing situations. Each facility must file their evacuation plan with the Enterprise Corporate Security Emergency Preparedness Manager and their Regional Security Manager.

Pre-planning

1. Employees and their families should register with their respective Embassy or, if one is not present in the host country, with the Embassy's representative.
2. The IRT should establish and maintain liaison with the appropriate embassies existing in the area.
3. Evacuation plans should be communicated to employees, and a test of the employee notifications systems should be conducted regularly.
4. The IRT should identify required information and ensure the availability of this information to include personnel files.
5. If practical, local staging areas and embarkations points for the assembly and accountability of personnel and their families should be identified and communicated. Preliminary security plans for the sites should be developed and tested.

NOTE: As a rule, it is preferable to assemble evacuees at a secure staging location prior to movement to embarkation points.

Movement should be arranged in groups, sized to the transport capacity and on a schedule calculated to minimize the exposure of evacuees and transportation assets.

6. Primary and alternate modes of travel should be identified. Contacts and commitments from carriers and agents should be maintained. Preliminary arrangements should be made to have local nationals available to drive to and translate at airports, roadblocks, checkpoints, etc.
7. The IRT should consider an agreement with other multi-national companies in the area to assist one another in evacuation and should consolidate the use of transportation equipment.

8. The IRT should distribute copies of the evacuation plan (only necessary portions) to employees on an as needed basis.
9. In the event of any emergency, International Assignees should be directed to stay away from the area of trouble or potential trouble and to advise all other International Assignees accordingly. During major disturbances, all personnel should be advised to return to their living quarters and to remain there until they receive further direction.
10. No International Assignee should be allowed unilaterally to attempt either to travel internally or to leave the country without authorization and direction.
11. The success of evacuating International Assignees is enhanced greatly by having advance warning so that most International Assignees can be withdrawn by commercial airline. The time required and the procedures necessary to obtain exit visas should be determined prior to the embarkation point.
12. Local laws should be observed at all times unless the situation results in a total breakdown of authority.
13. An evacuation of International Assignees under hostile conditions from local authorities and/or the public is usually not advisable. The risk of harm to International Assignees is greater when trying to move about the country than when maintaining a low profile and staying indoors. Waiting for the situation to stabilize generally is far less risky than traveling about.
14. Additional transportation information is noted in Evacuation procedures and provides planning guidelines for the emergency movement of International Assignees and dependents for which a corporation has responsibilities.
15. The IRT should designate authorized persons to issue return-to-work instructions.

Evacuation Concept

The purpose of the evacuation procedures is to establish a set of contingency plans for the withdrawal or evacuation of International Assignees and dependents from the host country.

The evacuation process usually evolves in three phases. A Stand Fast Phase, which does not involve evacuation from the country, will also need to be implemented.

Guidelines for each phase follow this section.

1. Phase I – Alert Stage, a warning to companies and individuals of host country instability or serious health risk.
2. Phase II – Preparatory Actions, increased preparation for evacuation includes those preparations made under conditions of increased tension, instability or imminent serious health risk that could lead to partial or complete evacuation of International Assignees and their dependents.
3. Phase III – Evacuation Phase, final preparation and/or evacuation includes those preparations made under conditions in which the decision to evacuate is imminent or has already been made. Withdrawal and cessation of business is imminent or underway.
4. Stand Fast – Could be implemented in the event that evacuation is not considered prudent or cannot be accomplished. Under this concept, International Assignees and their dependents would remain in their quarters (or other designated location) for an extended period of time until tensions abate or the situation recovers.

Making the decision to initiate each of the phases or stand fast is the responsibility of the facility IRT in coordination with the RSM, CIST and CCMT.

Evacuation Guidelines

Phase I – Alert Stage

1. This is a period during which routine collection and assessment of information about local and international events are in progress.
2. In the event the situation escalates documents/files containing proprietary knowledge should be backed up, secured per Corporate Compliance regulations, additional information is available at website:
3. Obtain advice from Corporate Occupational Health regarding medication/vaccine and health precautions to lessen or prevent the serious health risk.
4. Potential staging areas for assembling International Assignees and their dependents should be reviewed and/or selected.
5. The senior manager, International HR and the facility Regional Security Manager (RSM) should consider meeting periodically with the International Assignees to review current events and trends. It is important to develop a procedure to deal with rumors that have a tendency to emerge with the onset of any crisis situation. Left unattended, rumors can have a demoralizing effect. The best countermeasures are to have an open line of communication designed to address rumors and set of clear evacuation instructions.
6. Evacuation priorities should be established and individually assigned. The following categories should be considered:
 - a. First priority - dependents.
 - b. Second priority – individuals other than key International Assignees.
 - c. Third priority – key International Assignees.
7. Alternate routes to the international airports, seaports, or land borders should be established and checked for traversability under emergency conditions.

Phase II – Limited Action, Increased Preparation for Evacuation

1. This phase should be initiated when, in the judgment of the IRT, CIST and the CCMT the situation has reached a level of tension or instability that could lead to partial or complete evacuation of International Assignees and their dependents. The earlier an evacuation decision can be made, the more likely it can be completed in a calm, secure and less politically sensitive atmosphere.
2. The contents of departure kits (described in Annex A) should be examined and reviewed.
3. An inventory of household effects should be prepared in duplicate; one to accompany the International Assignee and his or her dependents and one to be left behind with an appropriate corporate representative. The possibility of having to secure or abandon personal property prior to evacuations should be addressed.
4. Normal work routines should continue, however, certain preparatory actions; such as obtaining required clearances, conducting programmed document destruction to begin on the order of the senior manager, etc., should be undertaken, if appropriate.

Phase III – Evacuation Phase, Final Preparation and/or Evacuation

1. This phase should be initiated when, in the judgment of the IRT, CIST and the CCMT the situation has deteriorated to the point that the decision to evacuate is imminent or has already been made. At this point, the company home office should

arrange for the services of other companies and outside commercial resources necessary to support and coordinate the evacuation process. It is assumed that total withdrawal of personnel will not meet active resistance from the authorities.

2. The facility IRT should determine whether it would be prudent and desirable to relocate evacuees from their quarters proceeding to pre-selected international airports or other departure sites, for final coordination of procedures for evacuation.
3. If need be, documents that had been identified in Phase I for destruction or encryption are properly disposed of or protected.

Stand Fast

1. In the event that evacuation is not considered prudent, International Assignees and their dependents will be asked to remain in their compound or residence until further notice. Due to the uncertainty surrounding the length of time required for this isolation adequate supplies (liquids, canned foods, medicines and other staple items) needed to support the family for an extended period, should be kept on hand to prepare for such an event. (i. e "Safe Haven Plans" document).
2. Instructions to and between families should be transmitted by whatever means available, depending on the circumstances. However, it is vital that whatever means are employed the facility IRT must be included to ensure that all International Assignees are accounted for and locations known.

Annex A

Departure Kit

The departure kit is a collection of items that should always be available for use in an emergency situation. The kit should be in two parts: Part 1 consisting of sustenance items and equipment and Part 2 of a packet of vital personal papers and documents and a departure kit checklist. The kit should be inspected periodically for complete and current supplies and accurate information.

Departure Kit Part I – Sustenance Items and Equipment

1. Without hoarding, maintain a reasonable supply (5-7 days) of food, water, and fuel. If you have a personal or company automobile, be sure it is ready for immediate use. Maintain a full fuel tank and a reasonable supply of spare tires and other extras as may be necessary. Also, periodically check oil, water and tires.
2. Maintain a family-size first-aid kit and an adequate supply of necessary prescription medicine(s).
3. Have a flashlight with fresh batteries and/or candles.
4. Keep a supply of matches, preferably waterproof and windproof
5. Keep a small battery-operated short-wave radio with fresh batteries. Monitor the news media closely, for relevant announcements from the local government or the international assignee's Embassy. The embassies will be closely monitoring any situation and will provide further information to the liaison contact person.
6. Have one blanket and/or sleeping bag for each family member.
7. Do not carry baggage that exceeds 50 pounds of clothing and personal effects per individual. (This weight is the absolute maximum that will be permitted on most government or military sponsored evacuation aircraft). Pack only essential items in a small handbag or carry-on bag in case it becomes necessary to restrict baggage further.
8. Pets are frequently not allowed in the emergency evacuation process. Consequently, owners need to be sure that they make appropriate custody arrangements.
9. Do not include firearms, other weapons or liquor in the kit.
10. Keep a supply of street and road maps of the metropolitan and rural areas.

Departure Kit Part 2 – Vital Personal Papers and Documents and a Checklist

1. Current passports for all members of the family.
2. Sufficient cash should be a regular part of your kit to cover family incidental expenses for at least 5-7 days of travel. Include sufficient currency in small denominations to take care of incidental expenses while en route to a safe haven.
3. Up to-date, International Certificates of Vaccination.
4. Current inventory of household effects.
5. All host country identification papers.
6. Essential personal papers (birth certificates, marriage license, etc.).
7. Copies of your last year's income tax return, if it has not already been sent to a safe place of record.
8. A blank Company expense statement to keep track of expenses.
9. Carry your international SOS card.
10. Prepare a list of significant telephone numbers and e-mail addresses.
11. Carry a cellular telephone and if possible a means to keep it charged.

Annex B

Transportation

Background Information

The country manager and the facility IRT should not totally rely on the local Embassies for information on the necessity or timing of an International Assignee evacuation in the event of an emergency situation. It would appear prudent for a multi-national corporation to consider early evacuation and to give strong consideration to any notices provided by the local Embassies for the evacuation of non-essential personnel and/or the evacuation of all foreign citizens. During this phase, the use of commercially scheduled airlines or chartered aircraft should still be available and may facilitate the withdrawal. If a country manager or facility IRT delays evacuating until the local Embassies close, undoubtedly, obtaining transportation and evacuating under adverse security circumstances will be extremely difficult.

Assessing Travel Options

1. To determine the feasibility of transportation by common carrier, investigate the frequency and normal capacity of commercial flights, trains, and ships leaving the troubled location.
2. Identify the most logical options for assembly and movement of evacuees to the departure or embarkation location while maintaining the best security posture possible. As a general rule, it is preferable to assemble evacuees at a secure location other than the embarkation point and then to move them to the embarkation points in groups sized to the transport capacity and on a schedule calculated to minimize the exposure of evacuees and the means of transport at the embarkation point. This procedure could aid in the security and effectiveness of the operation, but be aware that circumstances may prevent a phased movement.
3. Determine the most appropriate sites at which to assemble potential evacuees in anticipation of moving them to points of embarkation. If long-term, plans should consider shelter, security, food, water and sanitation needs. The facility IRT should appoint a responsible manager to document and list evacuees and to control movement to the embarkation point. The security risks of assembling in one place versus those of remaining in individual homes until departure or the risk of having employees making their way independently to embarkation points should be considered.
4. In selecting assembly points and routes, be aware of potential choke points, bridges, and areas that could be congested and identify alternate routes if possible. Maps should be developed for each route.
5. If overland movement out of the country is a possibility, define the circumstance under which overland transportation would be considered and special precautions that might be necessary.
6. The facility IRT should attempt to anticipate the degree of support or problems that might be offered by the host government in an evacuation situation. Identify contacts and develop procedures that could be helpful with exit formalities. Investigate any departure problems for evacuees in connecting with in-country taxes and any other business-related departure requirements. Consider what

- assistance should be asked of the host government for security of assembly areas, convoy routes, and embarkation points if appropriate. Assign liaison responsibilities to appropriate company representative who may serve as liaisons to the host government for the aforementioned purposes.
7. Security protection commensurate with the risk and resources available should be arranged for the various evacuation assembly areas, routes and embarkation points. Details such as assembly, timing of movements, aircraft schedules, etc., should be protected from unauthorized disclosure. Communications needs must be developed.
 8. Any inquiries received from the media regarding a planned evacuation or one in progress should be referred to the facility IRT and/or to the country manager. Speculative mentions for the evacuation could be harmful to the evacuation and the organization's relationship with the host government.
 9. As evacuees depart the embarkation point by aircraft, vehicle, or ship, the facility IRT or country manager should inform the Corporate Headquarters of the following:
 - Flight date (time, destination, arrival times) and destination port or city, if appropriate.
 - Number of evacuees.
 - Number wanting assistance with onward transportation to their home country.
 - Number who will stay at point of arrival and need arrangements for lodging, etc.
 - Medical assistance needed.
 - List of evacuees, if appropriate.

Methods of Transportation

Scheduled Airlines

1. Carriers that serve the area, both foreign and domestic.
2. Appropriate people to contact for arrangements should be the Corporate global travel provider.
3. Capabilities of scheduled airlines to respond to evacuation requirements, that is, routes, capacity, ticketing requirements, payment, etc.,

Nonscheduled (Chartered) Airlines

1. With the assistance of Corporate Aviation, select a reliable carrier, foreign and/or domestic.
2. Suitability of equipment available.
3. Response time (obtaining necessary over-flight and landing authority, fuel, etc.).
4. Through the local Embassies, identify names of carriers that have existing contracts to perform evacuations during periods of emergencies or civil unrest.

Sea Transportation

1. Identify shipping companies or shipping agents that serve the area.
2. Select shipping agent or charter agent.
3. Transport identification (aircraft, vessel registration numbers etc.) and capacity, and estimated travel time to reach your destination.

4. Consider charters of ocean-going yachts and cabin cruisers as a possible method of evacuating small numbers of essential personnel who may have remained in country after evacuation of non-essential personnel and families when it appears that airport embarkation points have been closed, but seaports or shoreline use is still available.

Land Transportation

Transportation by land methods should be examined closely as it is not recommended during sensitive times. Road transportation out of a country should be considered only as a last resort. The following information will help you in planning and developing road transportation.

1. Identify by name, location, and means of contact any other sources of vehicles that could be used in an emergency, either by rental, loan, or pooling by cooperating companies.
2. Have a checklist for road convoys:
 - a. Designate primary and alternate convoy leaders
 - b. Select routes (primary and alternate) that avoid choke points
 - c. Plan for rest stops
 - d. Determine availability of vehicles to meet convoy requirements
 - e. Ensure adequate supplies of personal medical or other special needs
 - f. Inventory and have available spare fuel, food, water, tools, first aid, comfort supplies, maps, and compasses with each convoy
 - g. If the convoy will cross an international boundary, have appropriate documentation for each vehicle
 - h. Arrange security for the convoy from local authorities, if possible. If the environment is hostile, contact the local Embassies for security assistance
 - i. Reconnoiter the route by sending a vehicle approximately 30 minutes or more in advance of the convoy
 - j. Provide communications capabilities for lead and rear convoy vehicles. Make Preliminary arrangements to have local nationals available to drive and translate at roadblocks, checkpoints, etc.
 - k. Where possible, overland evacuation in a convoy should be coordinated with other entities, particularly UN agencies and diplomatic groups

APPENDIX 27: Safe Haven Plan

Scope:

During a pandemic public health and governmental officials may institute quarantines and restrict travel to limit the spread of the disease. Employees may be required to stay on-site or at their residences for an extended period of time. The ability for people residing or working in the affected and/or quarantined area to obtain food, water and medicine may be limited.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to provide individual Corporate sites with guidelines that they can follow to establish safe havens at their facility. They can also provide this information to their employees and encourage their employees to make their residence a safe haven.

Responsibilities:

Facility management will have the responsibility of implementing this process utilizing input from Security, Communications, Human Resources and/or Industrial Relations, Occupational Health and the Corporate Incident Support Team (CIST).

Process:

1. The Facility Business Continuity Plan (BCP) should identify those key personnel who are necessary to keep the operation active during a pandemic that has resulted in a World Health Organization (WHO) Phase 4 alert.
2. Those key employees who can perform their job function from their residence should be encouraged to make their residence into a safe haven by stockpiling the following seven basic items:
 - Water
 - Canned and dry food
 - First aid supplies including prescription medicine
 - Clothing and bedding
 - Tools
 - Miscellaneous emergency supplies

A more comprehensive list can be obtained by accessing www.redcross.org/ Click on "Get Prepared", then choose "Prepare at Home", then click on "Disaster Supplies Kit".

3. Planning should also be done to make the facility a safe haven for the previously identified key personnel necessary to remain on-site during a governmental imposed isolation or quarantine. This would include the necessary number of security officers (or for those facilities without a security force, previously identified facility personnel) to secure the facility during quarantine.
4. The facility should stockpile enough water, food, first aid supplies, bedding, clothing and personnel infection control equipment to sustain the previously identified key employees and/or security officers who will be remaining on-site for a minimum of ten (10) days.
5. Those previously identified employees and/or security force that will remain on-site during the quarantine should be made aware of their duties through informational training.
6. International Assignees should be encouraged to make their residence into a safe haven in the event of travel restrictions enacted during the WHO Phase 4 and they and their families are unable to evacuate.

APPENDIX 28: Personnel to Assist in Securing Facility

Scope:

A pandemic will most likely result in public health officials implementing quarantines in the affected locations. If a Corporate facility is located in the quarantined area, it will be difficult for employees other than those residing in the cordoned off area, to have access to the facility.

Public health and governmental officials will most likely restrict access to the area, although they may allow some limited travel within the quarantined area for emergency purposes.

It may be necessary for a facility to cease functioning, but maintain some staff to assist in securing the facility from looters and vandals. As a part of their pandemic flu response planning, all facilities should have a plan in place that states how the facility is going to be secured if it is in a quarantined area.

This includes those facilities that have a security contingent on-site, in the eventuality that the security force is unable to perform any/all of their function due to pandemic influenza.

Purpose:

This document is intended to support the Corporate Pandemic Flu Global Response Procedures. It is intended to provide individual Corporate sites with a template so that they will have a plan in place in case the facility is in a quarantined area.

Responsibilities:

Facility management along with the facility Incident Response Team (IRT) will be responsible for ensuring that there is a plan for securing the facility if it is in an area under quarantine.

Process:

The elements of the plan should include the following:

1. The minimum number of people needed to effectively secure the facility 24/7 for a minimum of ten days.
2. Identifying those individuals who will be responsible for securing the facility.
3. Ensuring that those individuals who are securing the facility have access to the appropriate personal infection control supplies.
4. Ensure that there is a means of communication between the people staffing the facility and the Enterprise Corporate Security Center.
5. There should also be a means of communication between the people staffing the facility and the designated emergency services that would respond to the facility (law enforcement, fire and medical).
6. Pre-planning should include having made arrangements with a hotel/motel near the facility to supply housing for the security contingent.
7. In the event that basic services are disrupted and it is not feasible to house the security contingent at a local hotel/motel, the following items should be stockpiled in sufficient quantities to sustain the security contingent for ten days:
 - Water
 - Non-perishable food
 - First aid supplies

- Cleaning supplies
- Clothing
- Bedding

Staffing for this assignment can be obtained by utilizing current and former Corporate employees who reside within the probable quarantined area. Those individuals chosen for the assignment should have a full understanding of the plan and be able to respond to the facility with short notice.

APPENDIX 29: Local Level Response Plans

Scope:

Each Corporate facility will have a local level Pandemic Influenza Response Procedures document that is consistent with the Corporate Pandemic Influenza Global Response Procedures.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to identify who will be responsible for ensuring that each facility has a Pandemic Influenza Response Procedures document that is in alignment with the Corporate Pandemic Influenza Global Response Procedures.

Responsibilities:

Facility Management will be responsible for ensuring that their facility has local level Pandemic Influenza Response Procedures that are in alignment with the Corporate Plan. This will be done by using the Corporate Pandemic Influenza Global Response Procedures document as a basis for developing their facility specific plan. Support services will be supplied by the Enterprise Corporate Security Emergency Preparedness Manager and the respective Regional Security Manager.

Process:

- Corporate Pandemic Influenza Global Response Procedures are approved by Enterprise Senior Management
- Approved Corporate Pandemic Influenza Global Response Procedures are published and provided to the facilities
- Facility management will draft a local level Pandemic Influenza Response Procedures document utilizing the Corporate Pandemic Influenza Global Response Procedures document as a guide
- Facility management will supply a copy of the local level Pandemic Influenza Response Procedures document to the Enterprise Corporate Security Emergency Preparedness Manager
- The Enterprise Corporate Security Emergency Preparedness Manager and the respective Regional Security Manager will review the submitted plan to ensure that it is consistent with the approved Corporate plan
- Facilities will be audited on their local level Pandemic Influenza Response Procedures during a formal Security Audit

APPENDIX 30: Sources of Additional Security Officers

Scope:

A pandemic can lead to a disruption in emergency services and upheaval in the affected area. This type of activity will lead to a need for increased security. All Corporate facilities will perform planning for extra security.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to assist individual facility managers with their planning for additional security in the event of a pandemic.

Responsibilities:

Facility management along with the facility Incident Response Team (IRT) will be responsible for ensuring that there is a plan for obtaining additional security officers.

Process:

- If the facility already has a security contingent on-site; arrangements should be made in advance with the contract security company to staff additional officers upon request
- To guard against the possibility that pandemic influenza may prevent the contract security service from providing additional security officers; the planners should have a contact for another reputable security company to supply the additional officers
- If the facility does not have an on-site security contingent, the planners should establish contact with at least two reputable contract security companies and make arrangements in advance, for the number of security officers they may need
- Assistance in identifying and contacting contract security can be obtained from the facility's Regional Security Manager

APPENDIX 31: IT Pandemic Analysis

1. How many employees currently have the ability to work from home?
 - During the past 12 months, Corporate Administrative and Professional employees worldwide have remotely accessed Corporate's networks using their current equipment which provides secure access.
 - We can conclude that many employees have high speed internet access at home since 90% of the access has been through high speed internet connections
2. How many laptops are deployed in a geographic region?
 - 4-Hr circle

Desktops		
Laptops		
Workstations		
Total		

- Central Europe, includes Germany, France, Netherlands

Desktops		
Laptops		
Workstations		
Total		

- India

Desktops		
Laptops		
Workstations		
Total		

3. What options are available to allow employees to work from home?
 - If more than 11,000 employees with laptops is required for continuing the business operations, we would
 - 1) Upgrade the appropriate employees to a laptop for \$1,350
 - 2) Configure the desktop for remote access and send home with employee
 - 3) Temporarily allow for home computer access to the Corporate network
 - 4) Supply the employee with high speed internet if the employee does not already have for \$45/month.
4. Is printing at home from TN3270 or SAP a requirement?
 - Printing for production applications will still print at the designated printer, such as a shipping dock
5. Computer Center Operations in the event of a pandemic:
 - We currently have the ability to monitor and manage our computer center remotely and our 7X24 operations staff would utilize our data center remote management tools from home.
6. Assumptions
 - Utilities are operating as normal

- Public Telecommunications Infrastructure is available

Appendix 32: Who Pandemic Phases

Interpandemic period

Phase 1: 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.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period

(CURRENT)Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 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.

Phase 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).

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

APPENDIX 33: PLANNING SCENARIOS

1

Time = Day 0

Your government health agency, in coordination with the World Health Organization (WHO), this morning announced that new outbreaks of the H5N1 virus within the last week in Thailand have been identified as a new highly virulent variant of the H5N1 virus, capable of human-to-human transmission

More than three dozen cases have been reported, affecting all age groups and seemingly spread among extended families living in the same household. Although no cases of the virus have been reported outside of Thailand, U.S. health officials and hospitals have been notified to be on the alert for patients with severe respiratory symptoms and a history of travel to Thailand.

Cultures have also been sent to your government health agency, so that work can begin to produce an effective vaccine. Vaccine manufacturers have also been placed on alert. In this scenario, the world is currently at WHO Alert Phase 3..

This is a hypothetical situation only.

Interpandemic period

Phase 1: 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.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Current Phase

Pandemic alert period

Phase 3: Human infection(s) with a new subtype but no human-to human spread, or at most rare instances of spread to a close contact.

Phase 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.

Phase 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)

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

2

Time = T + One Month.

International news services are reporting outbreaks of the new highly virulent strain of H5N1 in small pockets of China outside Beijing and Shanghai, Ankara Turkey and Baghdad Iraq. Health officials believe the virus most likely spread by ill airline passengers.

Although the virus appears to be confined to only four countries, several major airlines have begun restricting or canceling their international flights.

This is a hypothetical situation only.

3

Time = T + Two Months.

Pandemic influenza cases have now been confirmed in your region, as well as other major cities throughout your country. Government health officials believe that the virus will spread to the remainder of your country within two months or less.

They are emphasizing frequent hand- washing and social distancing as the best preventative measures. Some local health departments in affected areas have begun to distribute antivirals, ensuring that medical personnel and first responders receive priority distribution.

Corporate employees at your location have begun to inquire whether the organization plans to provide antivirals and facemasks to the workforce. Others are asking whether they can work from home until a vaccine is developed.

Still others are asking whether Corporate has any plans to test potentially symptomatic employees prior to allowing them to enter Corporate work places.

The vaccine is not expected to be available for another two months at the earliest. Even then, supply will be limited to health care providers and other first responders.

This is a hypothetical situation only.

4

Time = T + Four Months.

Thirty-three percent (33%) of Corporate employees worldwide have become ill as a result of the pandemic. Absentee rates continue to rise, with only 60-75% of the workforce continuing

to report for work in some affected areas. Some locations have already seen a second wave of infections leading to high absenteeism again.

Only a small percentage of Corporate's critical employees are willing to come to work because they are dealing with a sick loved one, they are unable to find child care or simply don't want to take a chance. Employees in all walks of life admit to being more afraid of catching the virus than of losing their jobs.

Police forces are understaffed and local utility personnel shortages have led to blackouts and unreliable phone service. The extremely high use of the Internet by other companies' employees working from home has slowed the Internet to a point where it is virtually unavailable.

Higher than expected absenteeism among postal service employees has led to extremely slow mail processing and delivery. Grocery stores are suffering from shortages of food and other basic supplies because of trucker and railroad worker "sick-outs" and travel restrictions.

This is a hypothetical situation only.

5

Time = T + Twelve Months

Infections worldwide have begun to level off and health experts and media commentators are positing that the rate of new infections will continue to decline. A vaccine that is effective on the original strain has been developed and is being distributed globally.

However distribution and administration in less industrialized countries is very slow. Based on current infection rates in Asia, there is fear that a second wave of infection will occur within the next few months. It is unknown whether the current vaccine will be completely effective in the next wave.

The current death toll in your country alone stands at approximately 1% of the population.

The toll on the global, country and local economies has been devastating. Global GDP is estimated to be down 5% for the year representing a loss of approximately \$800 billion.

The travel and resort industries have been hit hardest with many companies declaring bankruptcy. Port and other freight operations have slowed due to worker shortages and severe back-ups for trucking and other intermodal forms of transport.

Share prices of most major manufacturing firms – including Corporate – have dropped markedly as a result of the heavy absenteeism rates and inconsistent schedules for critical supply chains.

This is a hypothetical situation only.

APPENDIX 34: Business Operations And Continuity Planning

Business Continuity Planning Human Impacts - Pandemic Influenza

Division and Unit Business Continuation Planning activities within Corporate have primarily focused on Information Processing capabilities as well as our physical facilities (including manufacturing or service related equipment). Most units have spent less time defining business continuation plans if a key supplier or substantial numbers of Corporate employees are unavailable.

The World Health Organization has declared a pandemic at Phase 3 Alert status. Phase 3 is defined as human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. Now is the time to consider the impacts of a substantial loss of employees (and key suppliers) into individual Business Continuation Plans.

The Pandemic Planning Team recommends each organization review this document and performs the recommended activities:

Pandemic Influenza Business Impact Analysis:

The actual impact of pandemic influenza on employee availability is dependent on many factors:

- How the disease mutates
- Rate of geographic spread
- Infection rates
- Mortality rates
- Availability and quality of medical services
- Availability of vaccines
- Living and hygiene standards
- Transportation disruption
- Government actions (e.g. isolation, quarantine and others)

Since these factors are not predictable with any degree of certainty, we have established a range of assumptions to be used by each organization in developing their plans:

- Infection Rate: 25-40% employees infected within first 12 months
- Employee Absenteeism & Duration – 25-40% for 4 to 8 weeks
- Absentee Wave Frequency: 2-3 pandemic waves could occur in the same location within a year
- Mortality Rate: 1-2% of infected employees
- Vaccine availability/distribution: one year from initial outbreak to develop produce, distribute and inoculate a significant portion of the global population to reduce the spread of the disease

- Impact to Customer Demand – 15-35% of annual sales (each business should make their own assessment based on their unique customer base)

Employee Job Analysis:

A large impact of pandemic influenza or other pandemic situations is the loss of key employees who hold specialized, specific business knowledge. The Pandemic Planning Team is recommending all Divisions perform an employee-by-employee analysis.

1. Analysis must extend to all employees / employee groups (salary, wage, contingent, contracted, other support, etc)
 - a. The greatest impact may occur within specialized support organizations (salaried, contracted)
 - b. It is acceptable to combine certain groups of employees when their daily, specific job responsibilities are identical
2. Does the employee hold knowledge or information critical to on-going business operations?
 - a. Reference the unit Business Continuation Plan for guidelines on business activities determined to be critical.
3. Is the knowledge / information readily documented and available, or known by a minimum of two additional employees?
4. If not, develop a plan to cross-train the required number of employees or document the critical business knowledge.

A major component of minimizing the impact of any pandemic situation is the application of social distancing. Through minimization of close contact of large groups of individuals, the virus may spread more slowly and not affect as many individuals. Therefore the Pandemic Planning Team is recommending evaluating each job position for working remotely. This activity is recommended to be completed as part of the employee-by-employee job analysis.

1. Could the employee effectively complete their job responsibilities from an off-site location (home)?
2. If a function cannot be done remotely, can employee work shifts be staggered to increase social distancing and minimize the potential for the spread of infections within the same work group/critical function?

Note: We have ascertained that ~ 40% of our salaried employees have laptops and that ~ 90% of the employees who have accessed the Corporate Network have done it via a Broadband service. Additional capabilities to enhance remote access are available through corporate IS.

Organization Capacity Analysis:

The second aspect of pandemic influenza is the loss of human capacity for an extended period of time. Each organization must evaluate their ability to meet the expected customer demand given the expected decrease in human capacity.

1. Estimate the expected increase/decrease in customer demand. Determine if the change is likely to be correlated in magnitude and timing with the decreased employee availability.

2. Can each functional area meet the expected demand given the expected employee absenteeism rate?
3. If not, what other sources of employee capacity may be available?
 - a. Shifting of non-business critical employees to support critical activities
 - b. Potential use of contingent recently retired employees. An interesting aspect of pandemic influenza is a reduced impact to those more advanced in age (postulated that aggressive immune systems harm the healthiest individuals while fighting the virus).

Integration of Pandemic Planning to Business Continuation Plan:

The results of these analyses should be documented and maintained within the units' Business Continuation Plan. The existing Business Continuity Plans may need to be updated to include more of the human impacts along with potential impacts to key suppliers, distribution networks, critical infrastructure, transportation and other factors.

Review periods are established within Business Continuation Plans and are recommended to occur at least bi-annually. A rapidly changing pandemic situation may require a more frequent review and update.

APPENDIX 35: Pandemic Influenza Travel Restriction Guide

Scope: Global

Governance:

- Corporate HR and Occupational Health will base the alert level on World Health Organization (WHO) pandemic phases and other reliable sources
- Corporate HR and Occupational Health will work with Global Security, Travel and business unit management to implement restrictions

Travel Restrictions:

WHO Phase	Travel Restriction
(Current Phase) 3	No Restriction
4	Travel to or from an area affected by influenza requires prior business unit senior manager approval
5	Non-essential travel to impacted areas banned. Essential travel to or from impacted areas requires prior senior management approval
6	All travel to or from influenza impacted areas banned. Non-essential travel to or from non-impacted areas banned. Essential travel to or from non-impacted areas requires prior senior management approval.

NOTE: National, regional or local governmental restrictions may conflict with internal policies and/or procedures. In these instances, governmental policies or procedures take precedent.

APPENDIX 36: Monitor Your Health Data Sheet

Monitor your health

Initially avian (H5N1) influenza may appear much like a severe case of regular influenza. Symptoms can range from typical flu-like symptoms such as fever (above 38°C or 100.4°F), chills, cough, sore throat, muscle aches, or headaches, to eye inflammation, severe pneumonia, acute respiratory distress, diarrhea, encephalitis (brain inflammation), seizures, or coma. From initial contact, it is not known exactly how long it takes for the disease to develop but it may be a week or more.

The onset of a fever is an important symptom of avian influenza. If you are traveling to or working in areas affected by avian influenza, you should monitor your temperature and other relevant symptoms. Take your temperature 3-5 times daily if you are in an epidemic area (for workers, take it 3 times while at work and twice daily at home: once in the morning before leaving for work and again in the evening). Record temperatures and any symptoms in a temperature sheet. This will allow for early detection of potential symptoms.

The accompanying Temperature Sheet is intended to be used if you are in an area where there is a known outbreak of avian influenza and it should also be used for 10 days after you return from an affected area.

Taking your temperature

- Take your temperature orally; wait at least 10 minutes after eating, drinking, brushing teeth, or smoking
- Place the thermometer under the tongue for 3 minutes
- Read and record the result: normal temperature ranges from 35.8° to 37.5°C (96.4° to 99.5°F)
- Readings of 37.6° to 38.0°C (99.7° to 100.4°F) suggest a low-grade fever: the reading should be repeated in 4 hours
- Readings of 38.0°C (100.4°F) and above indicate a fever: medical advice should be sought

Temperature Sheet

[illegible]

APPENDIX 38: SUPPLY MANAGEMENT UNIT LEVEL RESPONSE PLAN

Scope:

Each Corporate facility will have a Supply Continuation Plan – Unit Supply Management Business Continuity Plan document that is consistent with the Corporate Pandemic Influenza Global Response Procedures.

Purpose:

This document is intended to support the Corporate Pandemic Influenza Global Response Procedures. It is intended to assist the individual unit's decision making on how they keep their factory supplied in the event a pandemic disrupts the worldwide supply chain and that the document is in alignment with the Corporate Pandemic Influenza Global Response Procedures.

Responsibilities:

Unit Supply Management and their respective Strategic Sourcing Managers will be responsible for ensuring that their facility has local level supply continuation response procedures that are in alignment with the Corporate Pandemic Influenza Global Response Procedures document as a basis for developing their facility specific plan. Support services will be supplied by the Corporate Strategic Sourcing Managers and the Data Warehouse group.

Process:

- Corporate Pandemic Influenza Supply Continuation Plan – Unit Supply Management Business Continuity Plan is approved by Enterprise Strategic sourcing Managers.
- Approved Corporate Pandemic Influenza Supply Continuation Plan – Unit Supply Management Business Continuity Plan is published and provided to the facilities.
- Unit Supply Management and respective Strategic Sourcing Managers will draft a local level Pandemic Influenza supply continuation document utilizing the Corporate Pandemic Influenza Supply Continuation Plan – Unit Supply Management Business Continuity document as a guide.
- Unit Supply Management will supply a copy of the local level Pandemic Influenza Supply Continuation document to their respective Strategic Sourcing Manager and unit BCP Team leadership
- The Strategic Sourcing Manager and the respective unit BCP team leader will review the submitted supply continuation plan to ensure that it is consistent with the approved Corporate Pandemic Influenza Global Response Procedures corporate plan
- Units will be audited on their local level pandemic influenza response procedures during a formal Supply Management Audit