APPENDIX D

Sequencing of Industry Responses to Sample Scenarios Based on WHO Pandemic Phases

The following chart provides sample responses and actions to sample scenarios based on the World Health Organization's pandemic phases:

<table>
<tr><th colspan="4">INTERPANDEMIC PERIOD</th></tr>
<tr><th></th><th>WHO description of phase</th><th>Canadian context (sample scenarios)</th><th>Sample business actions and responses</th></tr>
<tr><td>Phase 1</td><td>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 animal, the risk[(a)] of human infection or disease is considered to be low.</td><td></td><td rowspan="2">• Obtain management commitment and resources needed to develop and maintain a pandemic preparedness plan and program.
• Appoint a planning co-ordinator.
• Assemble a planning team.
• Develop planning objectives, i.e. maintaining business operations, employee protection, etc.
• Assign responsibility for tasks needed to coordinate the development and maintenance of a plan.
• Establish a planning framework and schedule.
• Undertake business impact analysis.</td></tr>
<tr><td>Phase 2</td><td>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk[(a)] of human disease.</td><td>H5N1 virus common in bird populations throughout the world. WHO issues advisory about the risk of H5N1 virus mutating to human-transmissible strain.</td></tr>
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PANDEMIC ALERT PERIOD			
	WHO Description of Phase	Canadian Context (sample scenarios)	Sample business actions and responses
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.[(b)]	Poultry farmer in Vietnam and his 3 children diagnosed with H5N1 virus. WHO confirms first cases of animal-to-human transmission of H5N1 virus.	• Set priorities for food production and services. • Document required resources including critical staff, information, equipment, utilities, computer and communication systems, supplies, etc. • Develop plan and procedures to address supply and staff shortfalls. • Determine whether your suppliers have undertaken reasonable contingency planning to address pandemic issues. • Identify alternative suppliers and products as back-up. • Consider increasing inventories of critical supplies. • Establish management team to focus on human resource issues, including: workplace safety and protection; communication within the organization; tracking the health status of employees; tracking employee availability; how to suspend non-critical operations; the reassignment of staff to critical jobs. • Set clear policies and emergency employees procedures to minimize illness and to prevent influenza spread prior to pandemic. • Develop comprehensive contact lists. • Establish an emergency operations centre. • Establish a pandemic monitoring and information collection system. • Develop communication plans that address audiences to be contacted, messages to be delivered, tools to be used and feedback mechanisms. • Provide information and training to staff on measures to minimize influenza transmission.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is localized, suggesting that the virus is not well adapted to humans.[(b)]	A half dozen sudden deaths of villagers are attributed to H5N1 virus in 2 Southeast Asia countries.	
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).	H5N1 is responsible for a dozen more deaths in 4 Southeast Asia countries. The people who died had no known exposure to infected poultry, or connection with the areas where H5N1 spread is suspected. The WHO issues a regional pandemic alert for Southeast Asia.	

PANDEMIC PERIOD			
	WHO Description of Phase	Canadian Context (sample scenarios)	Sample business actions and responses
Phase 6	Pandemic: increased and sustained transmission in general population.	Pandemic spreads rapidly from Southeast Asia to Europe, Africa and India. WHO issues world-wide pandemic alert. International trade and travel is at a standstill. Containment efforts in affected countries are abandoned.	• Alert staff to change in pandemic status. • Update pandemic plan. • Conduct training exercises to practise, educate, motivate and test plans and procedures. • Make adjustments to plan based on results of training exercises. • Activate staff travel restrictions. • Activate measures to minimize introduction and/or spread of influenza in workplace (post notices, workplace cleaning, social distancing, etc).
		First Canadians diagnosed with H5N1 virus in Vancouver. Vancouver Medical Officer of Health directs the closing of all schools, universities, day care centres and other public gathering places and advises public to avoid crowded places.	• Alert staff to change in pandemic status. • Activate essential business continuity measures. • Communicate with staff to promote confidence in the workplace. • Activate communication pipeline to local health authorities. • Update contact/tracking information for all staff.
		Employee arrives at your restaurant with symptoms consistent with H5N1.	• Activate procedures for screening and managing suspected pandemic influenza case. • Assemble emergency management team. • Contact local health authorities to report illness and obtain guidance and direction. • Determine internal and external reach of implications from illness. • Activate internal communication plan using

			templates prepared in advance. (Provide information on the situation, any public health messages, give direction on what employees can do, strive to reduce anxiety/fear/panic.) • Activate external (non-media) communication plan using templates prepared in advance (.i.e. suppliers, customers, other restaurants in proximity, police, etc.). • Activate media communications plan with prepared spokesperson. • Document all activities and decisions. • Activate contact tracing of all employees. • Reduce employee interaction with customers. • Ensure meticulous hand hygiene and environmental cleaning.
		Over 150,000 people have been infected by the H5N1 virus across Canada and it is estimated that another one million people will be infected over the next 6 weeks with the peak expected in 2-3 weeks. The federal Minister of Health prohibits public gatherings.	• Activate policies for employees who have been exposed to influenza or are suspected to be ill. • Cease non-essential services and activities. • Determine feasibility of keeping restaurant open or partially open (limited menu, reduced hours). • Activate excess capacity procedures. • Activate plan for employees needing help when laid off. • Activate emergency communication plan. • Activate process for recovered/well staff members to return to work if restaurant operational.

POST-PANDEMIC PERIOD			
	WHO Description of Phase	Canadian Context (sample scenarios)	Sample business actions and responses
	Return to interpandemic period (phase 1 or 2)	No new cases of H5N1 have been diagnosed in your community for 3 weeks and the Medical Officer of Health advises that the crisis is over.	• Implement recovery plan (i.e. stress counseling, recruitment and training of replacement workers, communication with customers and suppliers). • Conduct full debrief process. • Review and update risk and impact assessment. • Revise your business pandemic response as necessary.

(a) The distinction between ***phase 1*** and ***phase 2*** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.

(b) This distinction between ***phase 3, phase 4*** and ***phase 5*** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.