

	ROAD MAP ELEMENT 3.05 Wellness	Document Number: 3.05-02
Stanley Security - CSS	Pandemic Preparedness	Original Issue Date: NOV 2017 Revision: 02 Revision Date: March 2, 2020

I. PURPOSE

This plan/annex provides guidance to Stanley Security and may serve as the plan for maintaining essential functions and services during an influenza, or similar, pandemic.

II. POLICY

The purpose is to set forth the guidelines for Management and staff to use in establishing and maintaining policies and procedures in order to prepare and respond to the onset of a potential influenza pandemic.

III. SCOPE

This program applies to all employees, contractors, vendors, and visitors at the customer’s site, all branches, and corporate office buildings.

IV. ALERT LEVELS

The World Health Organizations (WHO) developed an alert system to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic. Organizations are encouraged to monitor the WHO phases and establish continuity “triggers” as deemed appropriate. The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained. However, the pandemic phases have been re-defined (Table 1). In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods.

Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

Table 1: World Health Organization Pandemic Influenza Phases

Phase 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post-Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible New Wave	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
Post-Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

V. **CONTINUITY PLANNING**

All organization personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by STANLEY CSS Director of Communications.

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines, working remotely); establishing flexible work hours or worksite, (e.g., telecommuting); promoting social distancing between employees and customers to maintain three-foot spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms. Planners and pandemic response teams will include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies. Human Resources will coordinate with local public health and emergency response points of contact to ensure open, adequate communications. Offices and Field Service branches are equipped with handwashing facilities, air dryers and antiseptic hand cleaners.

VI. PANDEMIC RESPONSE TEAM-DISEASE PLAN COORDINATOR

In the event action levels are triggered by the WHO, The Director of HR will act as a Pandemic Disease Plan Coordinator. The STANLEY Pandemic Disease Plan Coordinator will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on the Field branches and offices and to assist with developing strategies to manage the effects of an influenza outbreak.

VII. STAFFING AND PLANNING

HR requires each Branch Manager to develop a staffing plan for 10%, 20% or 30% absenteeism rates. The plan should include cross training of mission critical functions wherever possible. It is critical to the mission of the entire business. In the unlikelyhood of reaching these absenteeism levels, this plan will be implemented immediately. The plan should include cross training of mission critical functions wherever possible to ensure business plans and objectives are met despite these fluctuations in the workplace.

Staffing Plans:

- 10% Absenteeism Plans: Based on current volume and demand, no action is required. Business will be able to absorb absenteeism.
- 20% Absenteeism Plans: Based on current volume, limited action is required. Overtime will be utilized to compensate for any misses.
- 30% Absenteeism Plans: Based on current volume, risk exists. Overtime will be utilized and will run only priority work. The use of temporary employees through coordination with a temp agency will be utilized as needed.

VIII. MESSAGE DELIVERY

The primary delivery of Level 4 through Level 6 alert communications will be through the electronic email distribution for all employees. This medium is immediate, and it will ensure urgent messages are communicated to all business levels.

If Level 4 is reached utilize the employee communication matrix (referenced in section XI Communication Matrix).

IX. PERSONAL HYGIENE AND PREVENTION

- Wash your hands often with anti-bacterial soap and water, especially after sneezing
- If you are unable to wash your hands, use the hand sanitizers containing 60-95% alcohol content
- Avoid touching your eyes, nose, or mouth because germs can spread through these routes
- Cover your nose and mouth with a tissue when you cough or sneeze; dispose of the tissue properly
- Disinfect your workspace at the end of each day, including laptops, keyboards. Where appropriate, janitorial services will disinfect common areas such as lunch areas, door knobs, faucets, and other high traffic touch areas
- Do not share drinks, foods, or eating utensils
- Increase use of remote communication methods and minimize non-critical business travel or physical meetings
- Employees are encouraged to obtain appropriate vaccinations through our Wellness Program

X. EMPLOYEE TRAINING

1. The contents and requirements of this program will be communicated to all affected employees.
2. Employees at Customer Sites with pandemic plans shall receive training at Customer Sites regarding specific Processes as required by the customer.
3. Communication and general awareness training extend to all levels of management, hourly, and temporary employees, where applicable.
4. Annual refresher training will be conducted by Branch Management. All training can be delivered via toolbox talks and/or completion of approved online courses and documented.

XI. COMMUNICATION MATRIX

If the site must close unexpectedly, an employee communication matrix will be utilized to disperse urgent messages to every employee at this location. See current emergency contact list for your location.

XII. INTERNAL AND EXTERNAL CONTACT INFORMATION

The site will maintain a current employee list. External contacts, which include municipal and state health departments, will also be notified if the Site must close unexpectedly due to an outbreak.

As questions arise regarding employee health and safety, employees can reach out to their respective Human Resources Manager, EH&S Manager and Branch Manager.

XIII. PROGRAM REVIEW & TABLE TOP EXERCISES & LESSONS LEARNED

This program will be reviewed annually by Branch Management with Employees. The plan and emergency communication systems shall be tested/reviewed during annual Emergency preparedness Testing at the Field Service Branch. The Program review will include an analysis of Year-Over-Year (YOY) trends in any of these types of incidents to identify, prioritize, and if necessary modify corrective actions with the highest priority. Review/revisions will be documented on the attached history sheet. During and after a pandemic event or potential pandemic event, critical processes will be reviewed at all management levels to update and implement Best Practices improving our overall process through lessons learned and roadblocks identified.

