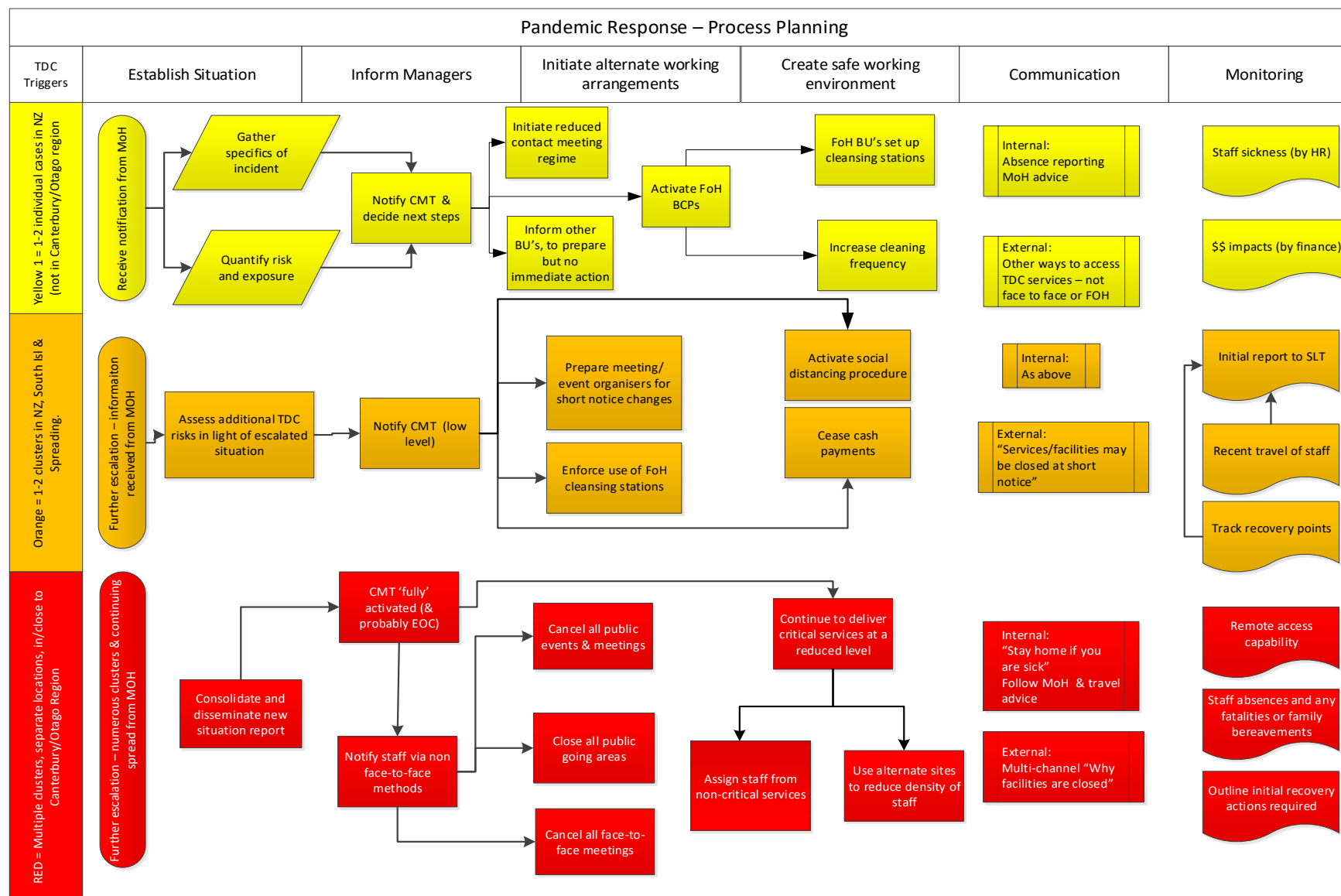


# Pandemic Plan





# Contents

Version Control.....	1
Review.....	1
Overview .....	2
Most at Risk Services and Staff .....	4
Critical Services During a Pandemic .....	5
Before a Pandemic Event .....	5
During a Pandemic Event .....	6
Detailed Action Plans as Determined by Alert Level .....	7
Appendix 1: White Activity i.e. BAU .....	14
Appendix 2: Example of Cleansing Station Set Up.....	15
Appendix 3: Examples of Education Material .....	16
Appendix 4: Leave Policy .....	17
Appendix 5: Cleaning .....	19
Appendix 6: Resources .....	19
Appendix 7: Social Distancing Procedure .....	20
Appendix 8: Current Arrangements and Areas for Further Work.....	20
Appendix 9: Schedule of Acronyms.....	21

## Version Control

Version	Date	Main Author
0.1	01 April 2014	Lamorna Cooper
0.2	17 February 2020	Gillian Fitchat
0.3	28 February 2020	Tracy Tierney
0.4	16 March 2020	CMT

## Review

This plan will be reviewed, and updated:

- As required;
- Following exercises; or
- After use.

# Overview

## Context

The Ministry of Health (MoH) leads the Government's response to a pandemic in New Zealand. Their framework for action sets out a six-phase strategy, and has associated health sector alert codes (White, Yellow, Red and Green).

Pandemics are characterised by "the global spread of a novel type of virus that may cause unusually high morbidity and mortality rates for an extended period."\* Previous pandemics have shown that vulnerable communities are more susceptible to pandemic influenza, than other groups.

The scale of pandemics can vary greatly, but MoH advocate planning for a severe-level event, which could result in 40% of the population becoming ill over an eight-week period and assumes a fatality rate of 2%. This is not a prediction but allows all sectors to plan for a very large event impacting all aspects of society.

## Purpose

This plan provides a flexible framework of action, outlining Timaru District Council's (TDC) response steps, tailored to the specifics, severity and phase of the pandemic event.

TDC's:

- Phases and triggers are informed by the MoH's phases – which in turn are informed by the WHO phases.
- Alert levels apply our local triggers specific for TDC.

This ensures our planning reflects the local situation and services, whilst accounting for national and international terminology and warning levels.

TDC along with other agencies must plan for and respond to a pandemic within our sector for the benefit of staff and our communities.

## Scope

Council's plan is to maintain normal business operations as much as possible while being prepared to reduce activities if necessary to a specified minimum credible level that can still sustain essential community services. To achieve this Council may need to modify some methods of managing services to the community with precautionary measures for reducing the spread of illness.

This plan covers the TDC response to a pandemic. It outlines the action that will be taken internally, to ensure that the critical services TDC delivers continue throughout the event.

This plan excludes the 'external' response that will be led by Public Health, District Health Board or CDEM mechanisms.

Using this plan the actions within this plan are laid out depending on the declared level of alert from the MoH, with added elements to reflect TDC local variations.

Actions are focused on protecting staff, minimising the spread of the infection and continuing to deliver critical services.

*\*NZ Influenza Pandemic Plan – framework for action.*

### **Structure – Roles and Responsibilities**

Council will use the following structures in response to a pandemic threat:

- **Crisis Management Team (CMT)**

This staff group is formed to initially manage a pandemic response short of a declared civil defence emergency. The CMT is largely a business structure that makes management decisions about Council's internal business operations. The CMT consists of Council's Senior Leadership Team, and the People & Capability Manager.

- **Health Coordinator**

The Environmental Compliance Manager is Council's Health Coordinator during a pandemic. In this capacity they are responsible for interpreting health messages from the South Canterbury District Health Board and the Ministry of Health and coordinating Council's Pandemic Managers and assisting MoH contact tracing if required.

- **Worksite Pandemic Managers**

All Tier 3 or Site Managers will automatically fill the role of Pandemic Managers and be responsible to the Health Coordinator in respect of infection management in the workplace. Their primary role in this capacity is to assist management of staff that become sick at work and assist implementation of safe and healthy practices within their work area.

- **Emergency Operations Centre (EOC)**

Should the situation escalate to a declared emergency under the Civil Defence Emergency Management (CDEM) Act 2002, Council's EOC will then assume control from the CMT. However the CMT will continue to manage Council's internal business decisions. The EOC structure will be determined at the time as its structure will be dependent on staff availability and the level of threat posed by the pandemic virus. Note that partial activation of the EOC can occur prior to a Declaration if greater support for Welfare services is required.

## Most at Risk Services and Staff

Front of House (FoH) services and staff will have the highest risk of exposure in the event of a pandemic:

- Libraries and Service Centres (three locations)
- Community Centres (Art Gallery and Museum)
- Waste Water Treatment Plant & Parks (contractor relations)
- Recreation Centres (including three district pools)
- Parking Officers (on-the-street contact with public)
- Planning Consent Officers
- Animal Control Officers
- Liquor Licensing
- Environmental Health Officers
- Building Unit
- Monitoring Officers.

**Each FoH service should review and if necessary insert an additional action plan within their BCP's.**

## Critical Services During a Pandemic

Whilst front facing services are most at risk, other services must continue to be delivered throughout the response to a pandemic event. These are highlighted below:

3 Waters
CDEM
Animal Control
Contact Centre
Property
IT
Health and Safety Officer/People and Capability
Waste
Communications
Finance

## Before a Pandemic Event

Prior to an event being declared there is a BAU level – termed as ‘White’ by the MoH.

As this is a Tactical Continuity Plan, the actions required under BAU or ‘White’ are not included in the main body of this plan but can be found in Appendix 1.



# During a Pandemic Event

## Activation

This plan can be activated with the TDC CMT or as directed by the Chief Executive or nominated alternative.

The following conditions would make the use of this plan necessary:

- The MoH declares a pandemic alert – range from Yellow to Red.
- This TDC Plan will be activated depending on the specifics of the case; our alert levels range from Yellow to Orange to Red.
- If the first declaration of the pandemic event is anything other than Yellow: TDC will review and activate at the equivalent level. In this case, all preceding actions outlined under other alert phases will also need to be completed.

## Stand-down

MoH declares they are moving into Recovery Phase (Code Green) or return to BAU (Code White).

Prior to re-opening of sites and alongside staff returning to BAU, specific provisions should be made to ensure that Māori cultural considerations including traditional concepts such as tapu and noa, are implemented.

## Assumptions

The following assumptions have been made in the development of this plan:

- A pandemic is imminent.
- TDC sites will remain open for as long as safely practical.
- The CDEM (EOC and DHB) response is separate from the CMT pandemic response.
- A cluster is defined (by the MoH) as >1 linked cases of the outbreak.

## Detailed Action Plans as Determined by Alert Level

### Yellow

Respond to an Emerging Pandemic Event	
Triggers	MoH announces <b>YELLOW</b> alert = 1-2 <u>individual</u> cases in NZ, but none in or near Canterbury
TDC Alert and Objectives	<b>YELLOW</b> = Minimise staff exposed to the virus, prepare for potential site closures, meeting restrictions and ensure services continue to be delivered.
Roles / People / Who	Action
Emergency & Continuity Manager / Team	Based on MoH advice, brief CMT –with specifics of illness.
CMT / SLT	Authorise, in light of situation specifics: <ul style="list-style-type: none"> <li>Additional cleaning regime</li> <li>Meeting restrictions (e.g. reduce face-to-face, have anti-viral spray in rooms etc.)</li> </ul>
IT	Evaluate remote access capability and arrangements –increase where possible.
People & Capability	<ul style="list-style-type: none"> <li>Issue reminders to staff of infection control.</li> <li>Issue reminders of leave arrangements and process for reporting absence.</li> <li>Issue notification to all staff of face-to-face meeting restrictions.</li> <li>Start monitoring staff sickness numbers and any concern or staff shortages in critical service areas.</li> </ul>
Property	Initiate additional cleaning arrangements: <ul style="list-style-type: none"> <li>Include ‘high-touch’ surfaces &amp; areas such as pool cars.</li> <li>Determine any other additional cleaning measures, based on situational specifics.</li> <li>Increase frequency.</li> </ul>
	<ul style="list-style-type: none"> <li>Set up cleansing stations for public and staff (see Appendix 2).</li> <li>Allocate, conduct supply monitoring, &amp; restock where necessary of PPE – based on situational specifics.</li> </ul>

Communications (to be issued)	<ul style="list-style-type: none"> <li>• Disseminate MoH FAQs and localise if required.</li> <li>• Follow travel advice on Ministry of Foreign Affairs and Trade website.</li> <li>• Alert staff to international / domestic areas that are at risk – any recommend self-imposed travel restrictions.</li> <li>• “Stay home when sick” and on-going good hygiene practice reminders – additional to BAU.</li> <li>• Remind public about other ‘channels’ rather than face-to-face, and encourage use of them.</li> </ul>
ALL BU Managers / Team Leaders	<ul style="list-style-type: none"> <li>• Disseminate HR advice.</li> <li>• Check contact details for all team and key stakeholders.</li> <li>• Run a BCP familiarisation exercise with team members i.e. What we will do to continue to function.</li> <li>• Brief staff members providing critical services (pg 5) to prepare to work remotely if event escalates e.g. take laptops &amp; chargers home each day.</li> </ul>
High Risk BU Managers (additional to above)	<ul style="list-style-type: none"> <li>• Re-examine BCP in light of situational specifics and activate where appropriate.</li> </ul>

## Orange

Respond to an Emerging Pandemic Event	
Triggers	MoH announces increased intervention (e.g. surveillance and quarantine) – <b>YELLOW + 1-2 clusters of cases in NZ, in the South Island, and starting to spread</b>
TDC Alert and Objectives	<b>ORANGE</b> = Implement social distancing, expect short notice site closures, prepare for escalation, and ensure critical services continue to be delivered – although in an altered or scaled down way.
Roles / People / Who	Action
Emergency & Continuity Manager / Team	<ul style="list-style-type: none"> <li>Brief &amp; activate CMT– with new information from MoH</li> <li>Brief FoH / High risk BU's</li> </ul>
CMT / SLT	<ul style="list-style-type: none"> <li>Emphasise to BU Managers and T/L's a consistent approach to pay and leave must be applied across TDC.</li> <li>Staff providing critical service roles, who have been identified as being able to work from home, can be advised to do so, if managers or CMT determine this is necessary.</li> <li>Initiate additional meeting protocols (e.g. no face-to-face meetings, social distancing [see Appendix 7], and sanitiser available).</li> <li>Identify possible recovery requirements.</li> </ul>
IT	<ul style="list-style-type: none"> <li>Initiate monitoring of remote access ability – include current number of staff accessing systems this way, report any issues and highlight any predicted increase in demand.</li> <li>Reassess (in light of the current situational specifics) the remote access capacity and ensure sufficient ongoing and increased capacity for critical service delivery if situation worsens.</li> <li>Ensure ALL alternate TDC facilities' hardware and software is operational.</li> </ul>
People & Capability	<ul style="list-style-type: none"> <li>Communicate leave arrangements – emphasise the spread of the pandemic is accelerated by close proximity of symptomatic people and so if staff members are ill, they should stay home.</li> <li>Report initial staff absence monitoring data – including incidents of fatalities and critical service staffing levels – see Appendix 4 and 4a.</li> <li>Notify EAP that there may be an increase in demand for their services.</li> <li>Monitor planned/recent domestic and international travel of staff.</li> </ul>

Property	<ul style="list-style-type: none"> <li>• On-going, increased frequency of cleaning arrangements.</li> <li>• Continue to minimise opportunities for cross-contamination e.g. pool car and other council vehicles</li> <li>• On-site security and reception staff insist public use of cleansing stations prior to approaching staff (see Appendix 2).</li> <li>• Distribute, continue to monitor stocks and restock when necessary the following items – tissues, gloves, sanitisers and masks</li> <li>• Depending on specific event - identify, purchase and distribute other personal protective equipment as required.</li> </ul>
Communications & Engagement (to be issued)	<ul style="list-style-type: none"> <li>• Revise/re-distribute MoH FAQs and amend as necessary for TDC applicability.</li> <li>• Remind staff to follow the travel advice on the Ministry of Foreign Affairs and Trade website.</li> <li>• Display signs all ‘public-accessible’ areas, facilities and alternate working locations to warn they may be closed and events and meetings may be cancelled at short notice.</li> <li>• Change cleansing stations signs to more firm words, to ensure they are used prior to approaching staff.</li> <li>• Notify the public (again) that services are available without coming into TDC facilities and encourage them to use them – to minimise waiting times and spreading risk.</li> </ul>
ALL BU Managers / Team Leaders	<ul style="list-style-type: none"> <li>• Reassure staff regarding pay and leave arrangements to ensure a consistent approach is applied across TDC.</li> <li>• Remind staff the process for reporting illnesses / absence from work – see Appendix 4.</li> <li>• Complete staff absence monitoring spreadsheet and return to HR each day (see Appendix 4a.)</li> </ul>
High Risk BU Managers (additional to above)	<ul style="list-style-type: none"> <li>• Re-visit BCP in light of new situational specifics and activate where appropriate.</li> <li>• Activate social distancing approach (see Appendix 7).</li> <li>• Cease to take cash payments or card payments where the terminal is shared.</li> <li>• Any staff providing critical services to be put-on-notice that they may need to work from alternate locations, should the situation worsen.</li> </ul>

## Red

<b>Respond to a Pandemic</b>	
<b>Triggers</b>	MoH announces escalation human pandemic strain case(s) found in separate locations in NZ – <b>RED Multiple clusters in separate locations in NZ – including Canterbury and Timaru</b>
<b>TDC Alert and Objectives</b>	<b>RED</b> = Protect staff and minimise the potential spread of the pandemic, close / cancel public areas and events.
<b>Roles / People / Who</b>	<b>Action</b>
Emergency & Continuity Manager / Team	<ul style="list-style-type: none"> <li>• Activate CMT (via teleconference) &amp; liaise with EOC – brief with latest information from MoH.</li> <li>• Identify possible recovery requirements.</li> </ul>
CMT / SLT	<ul style="list-style-type: none"> <li>• Initiate remote working arrangements</li> <li>• Notify previously identified ‘critical’ staff to work from home or an alternate location.</li> <li>• Authorise closure of all public areas.</li> <li>• Instruct all non-critical staff to stand down and await further instruction – depending on remote access capability some may be able to work from home etc.</li> </ul>
IT	<ul style="list-style-type: none"> <li>• Ensure on-going remote access has sufficient capacity for critical service delivery (should situation worsen).</li> </ul>
People & Capability	<ul style="list-style-type: none"> <li>• Prepare, assist and monitor teams with high incidence of absence or any incidents of fatalities.</li> <li>• Report numbers and location of staff absences and incidents of staff affected by fatalities.</li> <li>• Provide support to affected staff through EAP.</li> <li>• Identify critical service staffing gaps and necessary secondments from other non-critical units.</li> </ul>
Property/PSR/Community Networks	<ul style="list-style-type: none"> <li>• Close all public-going areas – e.g. libraries, recreation centres, service centres depots and community centres.</li> <li>• Maintain increased frequency of cleaning arrangements – e.g. in offices and pool vehicles etc.</li> <li>• Monitor and restock (if necessary) required PPE.</li> </ul>
Communications & Engagement (to be issued)	<ul style="list-style-type: none"> <li>• Cancel or postpone all face-to-face meetings, use teleconferencing or phone calls.</li> <li>• Emphasise the importance of good hygiene practices, especially if using shared facilities or resources.</li> <li>• Issue ‘how to keep safe when travelling’ (e.g. wear mask and/or gloves) messages.</li> <li>• Issue any updated FAQs from MoH.</li> </ul>

	<ul style="list-style-type: none"> <li>• Reminder to follow the travel advice on the Ministry of Foreign Affairs and Trade website, including any travel restrictions / quarantine requirements that may have been implemented.</li> <li>• Display signs at all TDC sites that public have access to, to explain why they are closed.</li> <li>• Notifications to be sent out via all media channels, and all channels to be updated.</li> </ul>
<ul style="list-style-type: none"> <li>• ALL BU Managers / Team Leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate (via non-face-to-face methods) leave &amp; absence stance “if you are ill, stay home” – make use of H&amp;S and MoH advice.</li> <li>• Communicate frequently (via phone or email) with individual staff and teams delivering services remotely.</li> <li>• All staff that can safely get to their normal place of work (driving themselves) should continue to do so – if they are well and able to – unless they are notified by their managers that they are not to come to work. Staff who take public transport should follow Metlink/MOH advice.</li> </ul>
High Risk BU Managers (additional to above)	<ul style="list-style-type: none"> <li>• Any staff providing non-critical services to be stood down, from public-facing elements of their role.</li> </ul>
Critical service providing BU's	<ul style="list-style-type: none"> <li>• Activate alternate TDC facilities, where staff can be located to provide critical services.</li> </ul>
Non-critical service providing BU's	<ul style="list-style-type: none"> <li>• Staff stand down – do not come to work</li> <li>• Managers to keep in close contact with team to monitor incidents of illness</li> <li>• Report to CMT/EOC with possible staff reinforcements/secondments for critical services.</li> </ul>

## Green

Recover from a Pandemic	
Triggers	MoH notifies stand-down of response – <b>GREEN Population protected by vaccination and/or pandemic abated in NZ.</b>
TDC Alert and Objectives	<b>GREEN</b> = Commence recovery, return to BAU and provide support for staff.
Roles / People / Who	Action
CMT / SLT (Stand Down)	<p>Develop and implement recovery plan:</p> <ul style="list-style-type: none"> <li>• Determine actions required for recovery to BAU</li> <li>• Assess priorities for resumption</li> <li>• Analyse interventions and any restrictions still in place from previous alert phases</li> <li>• Assess longer term staff absences – start with critical services, identify gaps and secondments required.</li> </ul> <p>Arrange debrief with staff involved in the response phase and any other affected staff:</p> <ul style="list-style-type: none"> <li>• Evaluate the success of the pandemic plan.</li> <li>• Review cleaning protocols, policies, practices and supplies.</li> <li>• Make necessary modifications.</li> </ul> <p>Ongoing monitoring, assessment and review – lessons learned:</p> <ul style="list-style-type: none"> <li>• Watch for symptoms of grief and trauma (may surface a number of weeks after returning to work).</li> <li>• Review protocols for managing staff who become ill at work.</li> <li>• Revisit, review and revise BCPs and other plans accordingly.</li> </ul>
People & Capability	<ul style="list-style-type: none"> <li>• Arrange trauma and/or counselling as necessary, for individuals and teams</li> <li>• Acknowledge casualties and arrange ceremonies for colleagues, these should take account of the range of cultural protocols to be observed.</li> <li>• Employ temporary staff, appoint new staff, or redeploy staff with necessary skill sets to cover shortages.</li> <li>• Arrange Pastoral care from managers, SLT, CE etc.</li> </ul>
Property	<ul style="list-style-type: none"> <li>• Replenish supplies of PPE etc.</li> </ul>



## Appendix 1: White Activity i.e. BAU

Roles / People / Who	Action – Reduction and Readiness
Emergency & Continuity Manager / Team	<ul style="list-style-type: none"> <li>• Conduct a Continuity Resource Analysis to inventory and inform the purchase of sufficient stocks of the following items: Tissues, Hand sanitiser, Gloves, Masks</li> <li>• Identify, purchase and distribute other (predictable) personal protective equipment.</li> <li>• Liaise with CMT/SLT and confirm who/what teams/services to prioritise – and advise Smart Council and Property.</li> <li>• Define strategy for social distancing, how it would be implemented and train staff accordingly.</li> <li>• Confirm what level of responsibility TDC has for ‘service users’ e.g. tenants</li> </ul>
Smart Council	<ul style="list-style-type: none"> <li>• Assess remote access capacity, requirements and increase where possible, including work from home.</li> <li>• Network identified alternative locations where critical staff could work from</li> </ul>
SSW / HR	<ul style="list-style-type: none"> <li>• Determine necessary (and existing) support on how to manage trauma.</li> <li>• Provide necessary training / education to people leaders.</li> <li>• Introduce social distancing protocol (see Appendix 7) with FoH staff.</li> </ul>
Property	<ul style="list-style-type: none"> <li>• Acquire cleansing stations equipment and resources.</li> <li>• Audit supplies of relevant PPE – gloves, hand sanitiser etc.</li> <li>• Purchase additional supplies based on need.</li> <li>• Acquire resources for cleansing stations and train staff on how to set them up.</li> <li>• Determine critical business units / functions which could be sited across multiple locations, identify facilities e.g. Emergency Relocation Plan</li> <li>• Set arrangements, with cleaning contractors, for short term alterations to our cleaning procedures, e.g. increase frequency of cleaning.</li> <li>• Identify alternate locations where critical staff could work from.</li> </ul>
ALL BU Managers / Team Leaders	<ul style="list-style-type: none"> <li>• Use HR advice and guidelines to remind staff about the process for reporting illnesses / absence from work.</li> <li>• Identify critical staff and possible alternate locations of work – e.g. WFH.</li> <li>• Ascertain likely effect of a ‘pandemic’ on our stakeholders</li> <li>• Identify opportunities for cross-contamination e.g. book returns.</li> <li>• Review contact details held for staff and key stakeholders in call trees, email distribution lists, next of kin, BCPs and update where needed</li> </ul>
BU managers & teams (additional to above)	<ul style="list-style-type: none"> <li>• Confirm and resource alternate ways of delivering critical services.</li> <li>• Have up-to-date contact details for all team members – especially those who work remotely/off-site frequently</li> </ul>

## Appendix 2: Example of Cleansing Station Set Up

What should a cleansing station include?

- Surgical masks
- Hand sanitiser
- Tissues

Signage – different for Yellow and Orange.

Where should they be positioned? Positioned at entrance and egress of buildings.

Who are they for? Available to public and staff

[www.handhygiene.org.nz](http://www.handhygiene.org.nz)



## Appendix 3: Examples of Education Material

### Effective Hygiene Practices

Viruses like influenza are largely spread through droplets from an infected person (coughing or sneezing) being inhaled by another person, or through contact with contaminated objects.

- “Hand hygiene most important means of preventing spread of infection... in non-healthcare settings more crucial than wearing gloves.”
- ‘Hand-to-face contact such as eating presents high risk because of potential for ‘germs’ to be transmitted from contaminated surfaces.’
- Hands should be washed before any hand-to-face contact activities and immediately after communal items (e.g. money) are touched.

Any staff or public who visit our facilities and are coughing or sneezing, should be encouraged to avoid close contact with other people – for Yellow this can be subtle but needs to be strongly enforced at Orange.

Follow simple measures to reduce the transmission of a virus:

- Cover your nose and mouth when coughing or sneezing ideally with a tissue.
- Do not spit in public.
- Use disposable tissues rather than handkerchiefs, and dispose of them immediately in a rubbish bin.
- Wash and dry hands thoroughly after coughing and sneezing

### Adequate Ventilation

- Viruses can spread in inadequately ventilated internal spaces.
- Advised that air handling units do not re-circulate air and vented to the outside to the maximum extent possible.
- Windows should be openable – where otherwise safe.
- (CDC 2003) and <https://www.otago.ac.nz/administration/pandemic/otago001433>

### Other Information

- In the case of influenza, the incubation period can range from 1-7 days but is commonly 1-3 days. (Source <http://www.immune.org.nz/taxonomy/term/125>)
- Evidence has shown that adults are infectious for half day – 1 day before most symptoms start and until about day 5 of the illness. (Source <http://www.immune.org.nz/taxonomy/term/125>)
- Children generally remain infectious for up to 7 days after symptoms start but may be infectious for up to 21 days. (Source <http://www.immune.org.nz/taxonomy/term/125>)

- Have a 'flu jab' each year – it won't necessarily protect you from a pandemic of a novel virus, the more people that are protected against known viruses the less chance a virus has to mutate into a strain that could cause a pandemic. (Source <https://www.otago.ac.nz/administration/pandemic/otago001433>)

## Appendix 4: Leave Policy

The process for staff to report their absence remains broadly the same – staff will contact their line manager in the first instance, prior to normal start time and explain why they are not able to come to work.

During a Pandemic event – this information needs to be gathered and reported to HR on a daily basis to enable daily updates of staffing levels. This will ensure any risk to service interruption due to staff shortages can be reacted to, in as close to real-time as possible. If team leaders and managers are able to, absences should be entered, as normal, into the HR system. Where/when this is not possible – as outlined in Orange phase – HR to initially send the staff absence monitoring spreadsheet (excerpt below) to all BU Managers and Team Leaders, and they must complete and return every day, as per the process in 4a.

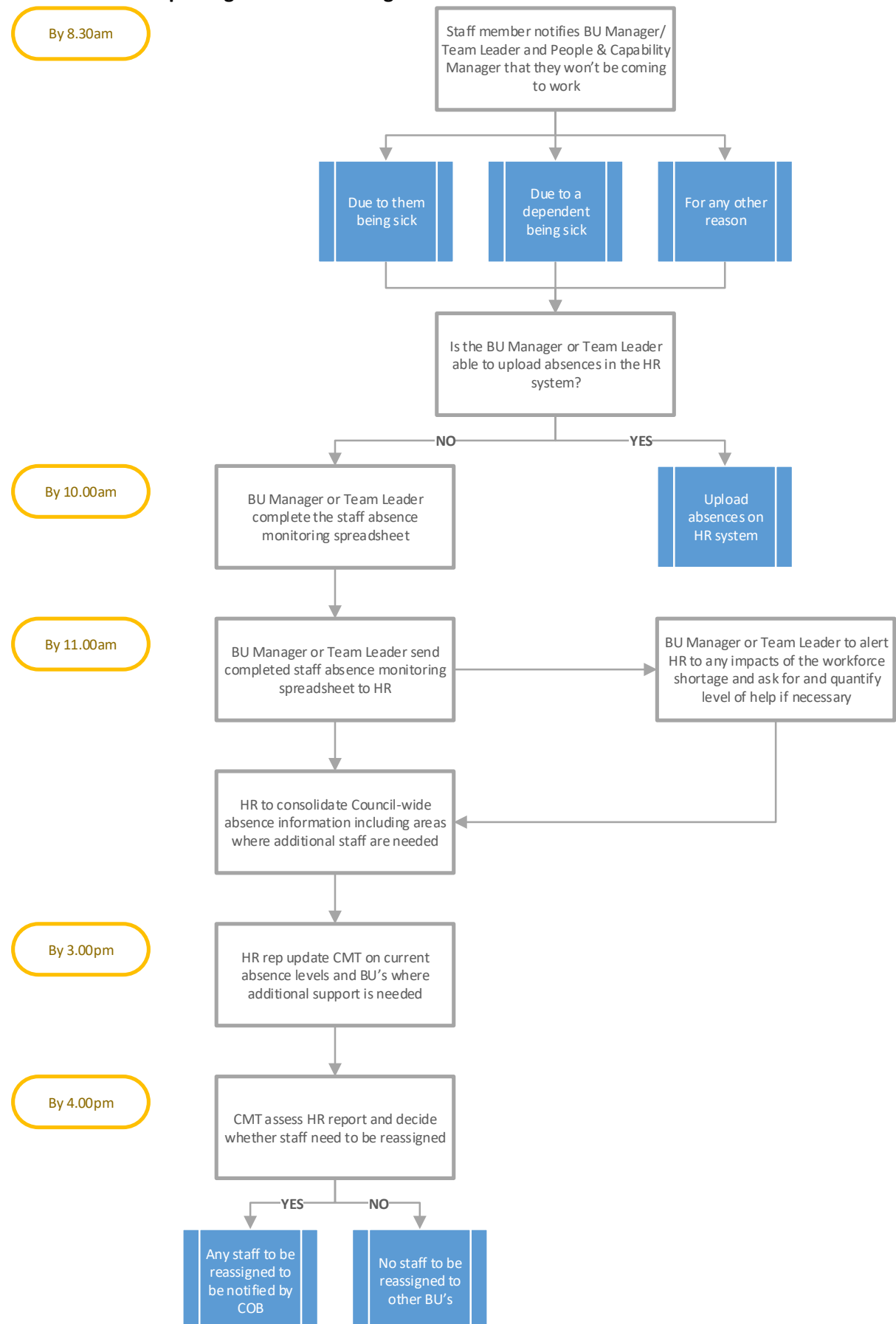
HR has developed a Discretionary Leave Policy and Process to be used in the event of a Pandemic. This is available via intranet.

- This leave is designated for pandemic related sick or carers leave and should be applied consistently to all staff.
- Guidelines have been developed by HR.
- Return to work policy – in less severe cases (early on in the pandemic event) a doctor's certificate could be required certifying that the employee is well enough to return to work. This is dependent on the situational specifics, based on incubation period etc. and therefore would be determined at the time an event was declared.

Example of staff absence monitoring spreadsheet:

Staff Name	Status	Role	Absence Date Started	Absence Cause (they're sick or have a dependent)	If other – please specify

#### 4a: Process for Reporting Absence Relating to Pandemic



## Appendix 5: Cleaning

For Bus that are responsible for the cleaning of their sites they will be briefed of the increase cleansing required as part of the roll-out of this plan.

Staff will be asked throughout any activation of this plan, to make sure they empty their personal bins to ensure that cleaning staff are not put at any risk that may be associated with tissue disposal etc.

## Appendix 6: Resources

Bus must conduct a check of current stocks of PPE (using the table below or something similar) and identify any other required for a Pandemic. This should be conducted as soon as possible and then periodically (every 3-6 months, and immediately at an increase in MoH alert code).

The level of PPE stocks during a declared pandemic will be reported to and closely monitored by CMT. Bus are responsible for purchasing their team's PPE. Should there be any issues with sourcing PPE, the request should be escalated first to CMT, then the EOC and ECC if necessary.

Resource / item	Current stock	Predicted level of required stock –No. of people attending [facility] per day multiplied by 8 weeks (predicted max timeframe)	Expiration dates	Supplier (primary and secondary)
Hand-sanitiser / alcohol gel		e.g. one refill = 800 doses <sup>1</sup>		
Auto (non-touch) hand sanitiser dispenser		Minimum of 2 per cleansing station recommended.		
Surface spray / antibacterial				
Surgical face masks				
Paper towels				
Lined rubbish bins (no lids)				

<sup>1</sup><http://hygienesystems.co.nz/sanitex-sanitiser/>

<http://www.dol.govt.nz/initiatives/workplace/pandemic/backstop.asp>

## **Appendix 7: Social Distancing Procedure**

The key message of social distancing is to 'avoid unnecessary contact with others'.

For staff such as parking wardens, service centre staff, this includes:

- Implementing / observing a one metre distance between yourself and other people, especially when speaking to members of the public;
- Avoid physical contact with other people;
- Where and when possible turning to the side, rather than directly face-to-face;

In communication messages:

- The public should be encouraged to avoid crowded spaces, large gatherings and curtail activities such as shopping etc.
- If at all symptomatic i.e. coughing and or sneezing (in an influenza scenario) avoid mixing with other people.

## **Appendix 8: Current Arrangements and Areas for Further Work**

- Annual flu shot campaign
- Keeping yourself safe campaigns
- Civil Defence PPE stocks and checks

Arrangements that require development:

- Monitoring of sick leave and the link to increased cleaning practices.
- Remote access capability / capacity
- HR to monitor sick leave rates to define when increased cleaning may be required.

## Appendix 9: Schedule of Acronyms

BAU	Business as Usual
BCP	Business Continuity Plan
BU	Business Unit
CDEM	Civil Defence Emergency Management
CE	Chief Executive
CMT	Crisis Management Team
COB	Close of Business
DHB	District Health Board
EAP	Employee Assistance Provider
ECC	Emergency Coordination Centres
EOC	Emergency Operations Centre
FAQ	Frequently Asked Question
FoH	Front of House
H&S	Health and Safety
HR	Human Resources
MoH	Ministry of Health
PPE	Personal Protective Equipment
SLT	Senior Leadership Team
T/L	Team Leader
TDC	Timaru District Council
WFH	Work From Home