East Bay Municipal Utility District

Business Continuity Program Plan (BCPP) Annex

COMMUNICABLE DISEASE EMERGENCY RESPONSE PLAN

FY20

This document contains sensitive information that has restrictions on its use. Distribution (in whole or part) must comply with District Procedure 312.

When the District is responding to an emergency incident, the BC Program Plan can be released to outside official entities within the unified command structure. The Emergency Operations Director can direct the release of the BC Program Plan to outside official entities at any time
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1.0 Introduction

This Communicable Disease Emergency Response Plan is designed to guide the District during a potential or actual communicable disease outbreak that might affect District operations. A communicable illness is a disease whose causative agents may pass or carry from person-to-person directly or indirectly. This plan was developed to address planning for communicable, insect borne, epidemic, and pandemic conditions and will be referred to as a communicable disease for the remainder of this document.

1.1 Purpose

This document establishes the District’s approach to communicable disease outbreak. The Communicable Disease Emergency Response Plan provides a staged response to enable the District to prepare for, mitigate against, and respond to a communicable disease outbreak. This plan supplements the District’s Business Continuity Program Plan (BCPP) and bridges the gap between traditional, all-hazards continuity planning and the specialized planning required for a communicable disease outbreak. This plan may also be used as a basis for responding to severe air quality events (e.g., due to a wildfire).

Essential functions at the District can be maintained during a global health threat outbreak through mitigation (e.g., social distancing, increased hygiene) and response strategies. The objectives during a communicable disease outbreak are the following:

- Reduce the transmission strain among employees, customers, and vendors
- Maintain essential operations and services
- Minimize impact to the District
- Provide employees with timely and useful information

Human resources management practices and policies (e.g., screening, monitoring, leave, and absenteeism) may be reviewed and updated to address the threat.

1.2 Situation

District staff performs work at a number of facilities and in the field throughout our service area and upcountry. Some employees also have high interaction with the public and some work in isolated work groups or entirely alone. Staffed facilities include the following:

- Main Administration Building – Approximately 800 employees
- Adeline Maintenance Center – Approximately 460 employees
- Water Treatment Plants – Approximately 10-30 employees depending on the location
- Pardee – Approximately 50 employees
- Other Upcountry facilities – 60 employees
- Wastewater Treatment Plant – Approximately 200 employees
1.3 Background

A communicable disease outbreak may affect a large percentage of the human population either directly or indirectly. The impact to the United States or the District may vary depending on the circumstances. Unlike the seasonal flu, humans have not built immunity to these types of diseases, so they can spread quickly from person-to-person and cause severe illness. The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) monitor and collect information related to the influenza virus and other diseases.

This plan focuses on all infectious diseases. The District maintains an awareness of all potential epidemics, but also focuses on flu outbreaks. Although the mortality rate can be low with flu outbreaks, it can spread quickly and impact business operations. As part of this plan, the District reviews information and resources for indicators of potential outbreaks and impact to operations. Past experiences have shown:

- The flu incubation period is two days (time of infection to onset of symptoms).
- Some people will become infected but will not develop any clinical signs. Asymptomatic or minimally symptomatic people can transmit infection and develop immunity to subsequent infections.
- Outbreaks are different from other emergencies based on both the duration and lack of trained personnel to respond.
- Illness in communities could profoundly affect key services because personnel may be unavailable.
- Organizations need to be prepared to carry on with existing resources.
- Up to 40 percent of the staff may be affected by an outbreak through illness, caring for family member, or childcare issues for school closures.
- Outbreaks typically occur in 6 to 8 week periods and 2 to 3 waves per season.

2.0 Authorities and References

District Policy 7.03 requires the District to create and maintain an active Emergency Preparedness Program to help manage the District's critical functions during any emergency and protect people, property, and the environment. This Communicable Disease Emergency Response Plan supports these programs and is an annex to the BCPP.

3.0 Continuity Capabilities and Priorities

This Communicable Disease Emergency Response Plan summarizes information and references as they relate to a pandemic event or health threat.

3.1 District Priorities
The Emergency Operations Plan (EOP) serves as the District’s controlling document for producing the event specific action plans for response. The EOP specifies the following response priorities for all hazards:

- Life Safety
- Incident Stabilization
- Protection of the Environment

The individual BCPs support the EOP during business interruptions. As such, the essential functions that support these priorities are included in the following table.

<table>
<thead>
<tr>
<th>Water System</th>
<th>Wastewater System</th>
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<tbody>
<tr>
<td>Maintain source water</td>
<td>Maintain wastewater treatment plant operations</td>
</tr>
<tr>
<td>Maintain operation of water treatment plants</td>
<td>Maintain operation of the interceptor system</td>
</tr>
<tr>
<td>Maintain operations of distribution system</td>
<td></td>
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</table>

The BC Manager works with individual Business Continuity Plan (BCP) Coordinators to establish and document their priorities in the BCPs. The Senior Management Team (SMT) reviews and approves the overall approach and priorities in their respective Department BCPs. Minimum staffing levels is addressed in the District’s Continuous Operations Plan.

4.0 Planning Assumptions

The following planning assumptions were used in the development of this Communicable Disease Emergency Response Plan:

- Susceptibility to a communicable disease will be universal.
- Efficient and sustained person-to-person transmission.
- There may be less than 6 weeks of warning from the time the outbreak is announced until it impacts the District.
- The outbreak may last as long as eighteen months and occur in several waves.
- Waves of severe disease may last 1 to 4 months.
- The clinical disease attack rate is estimated to be about 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent). Absenteeism attributable to illness or the need to care for family members is currently estimated up to 40 percent during the peak weeks.
- The typical incubation period (interval between infection and onset of symptoms) for is approximately 2 days.
- Of those who become ill, 50 percent will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion may be higher.
- Some of the District’s vendors will be unable to deliver supplies or provide services.
• Mutual assistance/aid will be unavailable due to wide-spread effects of the pandemic.
• The stages of the outbreak would occur sequentially, though they may overlap or occur so rapidly as to appear to be occurring simultaneously or being skipped.

5.0 Concept of Operations

The Working Group will collect information (both internally and externally) and will monitor the severity of the communicable disease outbreak and establish continuity protocols or triggers to address the threat. The Working Group will coordinate with the EOT. These concepts are outlined in Section 6.0 and Section 7.0 of this plan. The following outlines the premise of the concept of operations:

• A communicable disease outbreak is a worldwide event that may or may not impact District operations.
• The District will monitor public health agencies (WHO, CDC, county public health agencies) and District operations to determine impact.
• The District’s response will be escalated based on recommendations from public health authorities and actual impacts to the service area, upcountry and District operations.
• Coordination of response and recommendations to the General Manager and SMT will be through the Communicable Disease Emergency Working Group Leader or EOT.

District activation or the EOT and actions may escalate as the District monitors current activities of other local government agencies in the service area, the County Operational Area offices, and information from the CDC and WHO. The EOD will determine recommended response actions for the District based on an assessment of the situation. Table 5.1 summarizes the District’s Communicable Disease Outbreak levels based on concepts used by the WHO and CDC.

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<thead>
<tr>
<th>District Level</th>
<th>Impact to District</th>
<th>Example District EOT Actions</th>
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<tbody>
<tr>
<td>1</td>
<td>No Impact to District</td>
<td>Routine awareness, preparedness, training, and exercises</td>
</tr>
<tr>
<td>2</td>
<td>General Impact to the Service Area</td>
<td>Increased awareness, training, communication, and advisories to employees; progressive cleaning procedures</td>
</tr>
<tr>
<td>3</td>
<td>Moderate Impact to the District</td>
<td>Increased EOT activities, cleaning procedures, advisories to employees and customers, and proactive approaches and some restrictions</td>
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<tr>
<td>4</td>
<td>Severe Impact to District Operations and Public Health Restrictions</td>
<td>Shutting buildings, restricting access, customer service impacts, work operation changes, and travel restrictions</td>
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The EOT reviews and evaluates business and operational priorities in the event of a loss of a significant number of District staff and/or suppliers or potential severe impacts to the District. The EOD provides recommendations to the General Manager regarding options for temporarily
discontinuing functions and augmenting highly critical functions. The General Manager decides if suspension of business functions and prioritization of critical functions is necessary.

6.0 Activation and Escalation

During normal operations, the District is at Level 1 – routine awareness, preparedness, training, and testing. This plan will be activated at Level 2 when two or more of the following are met:

- CDC declares the pandemic has increased and sustained transmission in the general population.
- Determination by the California Department of Public Health that an outbreak is imminent or has begun.
- Essential services are impacted due to either employee absenteeism or lack of supplies.
- Employee absenteeism is elevated and is impacting work units performing critical functions.
- Local Operation Area has declared an emergency due to a pandemic.
- There is a significant increase in cases in the service area or upcountry.

The Emergency Operations Director (EOD) will determine whether the EOT will be activated. The EOD recommends to the General Manager elevation to Level 3 or 4. The General Manager approves activation to Level 3 or 4. The intent is for the District to take a proactive approach to engage the SMT and communicate with employees. The EOD and GM will work with the Board of Directors regarding declaration of emergency for the District.

6.1 Notification of Activation

The Board of Directors, employees, customers, vendors, and major stakeholders may be notified when the plan has been activated or changes in levels. Changes in levels may also be communicated to employees. The following message will be communicated at Level 3 or 4:

As of (insert date and time) the District’s Communicable Disease Emergency Response Plan has been activated. This activation is in response to (insert reason for activation). As the situation progresses, updates on response will be provided (insert method of communication – e.g., email, website, etc.) at the following intervals, (insert days and/or times of updates). The goal of the activation is to ensure a safe working environment and maintenance of essential operations.

7.0 Roles and Responsibilities

This response plan may be activated without activation of the EOP. Below are the specific roles and responsibilities.
7.1 Communicable Disease Emergency Working Group

The District’s Regulatory Compliance Office (RCO) has the responsibility for development and coordination of this Communicable Disease Emergency Response Plan. As a part of this response plan, the District has created a Communicable Disease Emergency Working Group. The membership consists of managers or their designees from Workplace Health and Safety (WHS), Security and Emergency Preparedness (SEP), Business Continuity (BC), Human Resources (HR), Wastewater Department (WWD), Facilities Engineering, Office of the General Counsel (Legal), Community and Customer Services (CCS), Facilities Maintenance Construction (FMC), Purchasing, IT Security, and Public Information Office (PIO).

7.2 Communicable Disease Emergency Working Group Leader

The Manager of RCO or designee is the Communicable Disease Emergency Working Group Leader. The leader coordinates with the Communicable Disease Emergency Working Group efforts regarding District-wide preparedness and coordinates with the EOT, as needed. The leader is also responsible for communicating “trigger points” to the EOD when activities need to shift to the next level of the response plan.
# 7.1 The District Pandemic Response Actions by Responsible Party

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<tr>
<th>Responsible Party</th>
<th>District Level 1 Actions</th>
<th>District Level 2 Actions</th>
<th>District Level 3 Actions</th>
<th>District Level 4 Actions</th>
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<tr>
<td><strong>Emergency Operations Director</strong></td>
<td>Review and approve the Communicable Disease Emergency Response Plan.</td>
<td>Direct District operational response and communication.</td>
<td>Direct District operational response and communication.</td>
<td>Make recommendations to the GM regarding declaration of emergency.</td>
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<td></td>
<td>Direct District operational response and communication.</td>
<td>Provide updates to the GM, BOD, and SMT.</td>
<td>Provide updates to GM, BOD, and SMT.</td>
<td>Recommend changes in policies and procedures to GM.</td>
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<td>Provide updates to the GM, BOD, and SMT.</td>
<td>Coordinate meeting with EOT.</td>
<td>Approve communications and emergency notification system messages to District staff.</td>
<td>Direct changes in work rules, operational changes, and restrictions in response to impact to the District.</td>
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<tr>
<td></td>
<td>Coordinate meeting with EOT.</td>
<td>Recommend elevation to Level 3 to the GM.</td>
<td>Recommend elevation to Level 4 to the GM.</td>
<td></td>
</tr>
<tr>
<td><strong>Senior Management Team</strong></td>
<td>Support District preparedness, training and awareness programs.</td>
<td>Review absentee rates and work unit operational impacts with managers and supervisors.</td>
<td>Coordinate with the EOT on potential operational impacts.</td>
<td>Coordinate with the EOT on declaration of emergency.</td>
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<tr>
<td></td>
<td>Review BCPs.</td>
<td>Coordinate with other SMT members regarding workload sharing and resource sharing.</td>
<td>Plan for potential suspension of non-critical Department activities.</td>
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<tr>
<td></td>
<td>Review Communicable Disease Emergency Response Plan.</td>
<td>Brief Communicable Disease Emergency</td>
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<td></td>
<td>Collaborate with peers and GM regarding communication and preparedness activities.</td>
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<tr>
<td>Responsible Party</td>
<td>District Level 1 Actions</td>
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<td>District Level 3 Actions</td>
<td>District Level 4 Actions</td>
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<tr>
<td><strong>Division Managers, Superintendents, and Supervisors</strong></td>
<td>Review communication, roles, and responsibilities with supervisors and managers.</td>
<td>Working Group Leader regarding concerns with operational impacts. Communicate with Division Managers and Department staff regarding operational needs and priorities.</td>
<td>Update Department Director/Manager regarding absenteeism. Communicate with Director/Manager and Department staff regarding operational needs and priorities.</td>
<td>Develop and approve staffing plan for Division regarding non-essential staff when they should not come to facilities. Coordinate with Employee Relations regarding any meet and confer process requirements for changes in work rules or procedures.</td>
</tr>
<tr>
<td><strong>Manager of Security and Emergency Preparedness, Manager of Business Continuity</strong></td>
<td>Support District preparedness, training and awareness programs. Review BCPs. Review Communicable Disease Emergency Response Plan.</td>
<td>Update Department Director/Manager regarding absenteeism. Communicate with Director/Manager and Department staff regarding operational needs and priorities.</td>
<td>Update Department Director/Manager regarding absenteeism. Implement suspension of Division activities. Identify materials and supply needs and secure them, or work with EOT. Identify services needs and develop service contracts or work with EOT.</td>
<td>Support EOT. Coordinate crowd control needs with EOT at public access facilities and job sites, as necessary.</td>
</tr>
<tr>
<td><strong>Responsible Party</strong></td>
<td><strong>District Level 1 Actions</strong></td>
<td><strong>District Level 2 Actions</strong></td>
<td><strong>District Level 3 Actions</strong></td>
<td><strong>District Level 4 Actions</strong></td>
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</tr>
<tr>
<td>Manager of Workplace Health and Safety, and Manager of Employee Services</td>
<td>Collaborate with Communicable Disease Emergency Working Group members. Facilitate identification of critical personnel and business function in BCP. Coordinate the Communication Plan development as part of the BCP. Review BCPs.</td>
<td>announcements on prevention, preparedness, and emergency response. Provide District-wide tracking and reporting employee absences rates trends and issues. Coordinate distribution personal PPE.</td>
<td>Coordinate additional medical waste/bio-waste pick-ups. Coordinate stockpile or administration of Tamiflu for critical employees.</td>
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<tr>
<td>Communicable Disease Emergency Working Group Leader</td>
<td>Facilitate, compile, and distribute information with Work Group and communicate with the EOD and HR. Coordinate awareness, preparedness, training, and testing. Facilitate Work Group regular meetings (September and April). Provide status reports to EOD and SMT.</td>
<td>Coordinate increased awareness, training and communication, as necessary. Provide status reports to EOD and SMT. Provide recommendations to EOD for review and approval.</td>
<td>Coordinate and support the EOT and BC Team. Provide recommendations to EOD for review and approval.</td>
<td>Facilitate development of recommendations of changes to policies, procedures, and work rules. Coordinate employee notifications and alerts with EOT. Provide timely information to EOT.</td>
</tr>
<tr>
<td>Responsible Party</td>
<td>District Level 1 Actions</td>
<td>District Level 2 Actions</td>
<td>District Level 3 Actions</td>
<td>District Level 4 Actions</td>
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<td>Employees</td>
<td>Participate in awareness, emergency preparedness, EOP and BCP training. Follow personal hygiene guidelines. Come to work for scheduled shifts and workdays. Raise any concerns with Supervisor.</td>
<td>Review appropriate information on prevention, preparedness. Communicate status to Supervisor. Follow directives from Superintendents and Supervisors, or the EOT.</td>
<td>Support to EOT.</td>
<td>Support to EOT.</td>
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8.0 Communications Plan

During a communicable disease outbreak, there may be a high level of fear and anxiety. Rumors and misinformation can fuel those emotions. The District realizes that to sustain employee, customer and vendor confidence and morale, information sharing will be critical. Communication may be performed through a variety of tools (alerts, GM memos, webpage, and press releases). The Communicable Disease Emergency Working Group Leader, EOD, Manager of Workplace Health and Safety, Manager of Human Resources, and Public Affairs Office, with support from the Office of General Counsel will provide clear, consistent, relevant, accurate, and timely information to employees and the Board of Directors, vendors and major stakeholders, and customers, as appropriate.

8.1 Employee and BOD Communication

The District is committed to maintaining a two-way line of communication and providing regular updates to all employees. Prior to a potential communicable disease outbreak, employees will be provided with information about business continuity plans, disease facts, and healthy habits to use every day, how to develop an infectious disease emergency kit at home, and where to get information during an emergency (e.g., website). During a pandemic, key topics for inclusion in employee updates may include:

- Status of the pandemic
- Status of operations and response
- How routine updates and communication will be disseminated
- Disease control measures used in the workplace
- Policy changes
- Job reassignments
- Absentee reporting process
- Information regarding leave options (when caring for family and themselves)
- Information regarding use of the Employee Assistance Program (EAP) services
- Who to contact for additional information
- Other applicable information, as needed

All communications will come from a designated approved single source with review and approval by appropriate authorities within the District consistent with the District’s Crisis Communication Plan, policies, and procedures.

8.2 Vendor and Major Stakeholders Communication

The District may provide updates and ongoing dialogue with vendors and other key partners regarding operations, service/product needs, and emergency response activities. Key topics include:
• Changes in supply and service needs
• Disease control requirements at the work sites
• Status of operations and response
• How routine updates and urgent communications will be disseminated
• Updated contact information

Individual workgroups or the EOT will communicate with vendors.

8.3 Customer Communication

Customers may be unsure of how the District will continue to provide services and if it is safe to use the water. To ensure customers, elected officials, and the public are aware of services and adopted disease control safety standards, the District may provide updates and ongoing dialogue with customers. Key messages will include:

• Services being provided
• Operating hours
• Updated contact information
• Disease control safety standards being implemented at business locations
• How updates will be disseminated
• Any impacts on water quality or service
• Safety procedures for our employees and customers

The Public Affairs Office will prepare and disseminate all information to the public.

8.4 Information Gathering

The Communicable Disease Emergency Working Group Leader creates a central information repository of information. Each working group stakeholder monitors their designated sources of credible information and sends the information to the Communicable Disease Emergency Working Group Leader. Listed below are the responsible organizations and data sources.

8.1 Information Resources by Organization

<table>
<thead>
<tr>
<th>Organization</th>
<th>Data Type</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Health and Safety</td>
<td>Medical</td>
<td>WHO, NIOSH, CDC, County Public Health, CDPH</td>
</tr>
<tr>
<td>BC Program</td>
<td>Industry Response/Best</td>
<td>BC Team</td>
</tr>
</tbody>
</table>
### 9.0 Pre-Incident Mitigation and Prevention

The District is committed to safely maintaining essential operations and support personnel during an emergency. Essential operations include activities to maintain the District’s mission for the weeks or months of a communicable disease outbreak.Outlined below are activities employed by the District to mitigate or prevent the spread of a disease.

### 9.1 Disease Control

A combination of communicable disease control measures including heightened hygiene practices, social distancing, and PPE may be used to slow the spread of disease. The CDC stresses the first line of defense is to wash hands frequently with soap and water and/or use an alcohol-based cleaner.

### 9.2 Mitigations

The District provides the following prophylactic measures depending on the threat and the specific situation:

![Table of Organizations, Data Types, and Sources](BCPP Annex FY20 Communicable Disease Emergency Response Plan)
• One time free flu shots to all employees and encourage employees to get a flu shot.
• Communicate regularly with all employees regarding personal hygiene practices.
• Form a Communicable Disease Emergency Working Group to monitor global health threats and provide management with recommendations for appropriate actions.
• Provide training and presentations.
• Complete reviews of supplies (e.g., chemical, fuel, parts).
• Revision to janitorial disinfection and cleaning services to protect staff and the public.

9.3 Supplies

To assist employees with proper hygiene, the following supplies are regularly available:

• Soap (at all hand-washing sinks)
• Hand sanitizer (minimum 60% alcohol content)
• Office cleaning and disinfecting supplies (sanitizing wipes)
• Paper towels
• Trash bags
• PPE, as necessary

The pre-staged materials at key District facilities by the Incident Base Commanders include:

• Purchase and maintain N-95 respirators and other types of masks, as recommended.
• Purchase and maintain hand sanitizer (greater than 60% alcohol) and wipes.
• Purchase and maintain latex (or Nitrile) gloves.
• Maintain and survey use capacity for secure remote access to the District’s network capability for critical users.

9.4 Supply Distribution

The various divisions at the District (through the Incident Base Commanders or Superintendents) will coordinate with the Logistics Section (if the EOT is activated) or Purchasing on the types of supplies needed. For the purposes of estimating stocking levels for disinfection supplies, the assumption is to supply 40 percent of all employees for a minimum of three shifts in the emergency response phase of a major disaster.

Given that an uncertain number of employees may be at work in any given emergency event, the District’s supplies may last longer or shorter depending on the number of shifts scheduled for work completion during the pandemic. Each facility manager will be responsible for coordinating with Logistics regarding these supplies. In a worst-case scenario, an outbreak may last 6-8 weeks with potentially multiple (3-4) waves during the season. Each facility must monitor usage rates and order supplies as needed. Facility managers must consider supplies for common areas including break rooms, conference rooms, and fitness areas.
The Main Warehouse maintains a supply of three months inventory based on normal usage of these items. The goal is to stock 45 days’ worth of inventory for peak usage. The Main Warehouse maintains pandemic supplies separately from main stock items to maintain control of inventory and rotation of this stock periodically to ensure shelf-life.

9.5 District Business Rules Governing Emergency Supplies

Employees and supervisors must comply with the District policies and procedures for procurement and purchasing of supplies. Outlined below are the specific issues related to pandemic planning and supply management.

- Purchasing Division manages contracts and purchasing of supplies.
- Supplies are distributed and controlled through distribution from the Main Warehouse.
- Each facility has a designated site coordinator to maintain their supplies. This coordinator is responsible for communicating and working with the Main Warehouse to coordinate and manage delivery/handling/storage of the supplies.
- When authorized by the EOD, the Logistics Section will provide guidance for distribution of emergency supplies for employee consumption. Supplies consumed will be tracked at each facility and reported through their Incident Base as part of regular situation status reports to ensure adequate supplies are available.
- The Administration Building will use the Building Emergency Response Team (BERT) to issue consumption guidance and Floor Wardens will distribute the supplies as directed by the BERT.

9.6 Disinfection Procedures

Routine procedures for janitorial services are specified in procedures and work rules for individual facilities. Outlined below are janitorial services that may be over and above stated procedures to be implemented based on District Response Level 2 or higher action levels.

- Ensure adequate supplies for soap (in bathrooms and kitchens) and waterless hand cleaners (bathrooms, reception areas, break rooms, etc.) are stocked.
- Place disinfecting wipes in kitchens and fitness areas so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- Daily cleaning of all frequently touched surfaces in the workplace, such as workstations, countertops, entry/exit door handles, elevator buttons, handles and fixtures for common areas and bathrooms with EPA-approved disinfectant.

During a communicable disease outbreak, thorough workplace disinfection measures will be required to minimize the transmission of the virus through surfaces. Viruses may live up to 2 days on hard surfaces such as doorknobs, sink handles, railings or counters, and up to 8 to 12 hours on soft surfaces like cloth, paper, or tissues. Surfaces that are frequently touched by
hands should be cleaned and disinfected often (at least daily). When a person with suspected virus is identified and has left the workplace, their work area, along with any other known places they have been, should be cleaned and disinfected immediately. Non-essential items (e.g., magazines, newspapers) in common areas should be removed. The procedures for janitorial services will be coordinated between the Communicable Disease Emergency Working Group leader and the Manager of Maintenance Support to ensure consistency between facilities.

Table 9.1 Disinfectants, Recommended Uses, and Precautions

<table>
<thead>
<tr>
<th>Disinfectant</th>
<th>Recommended Use</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA – Approved Disinfectant&lt;br&gt;Product should be labeled as a disinfectant and have an EPA registration number.</td>
<td>Use to disinfect only after cleaning surface first. Follow directions on label for proper dilution and contact time.</td>
<td>Follow precautions on label.</td>
</tr>
</tbody>
</table>
| Sodium Hypochlorite (bleach)<br>1 part bleach to 100 parts water (1:100 dilution). Usually achieved by 2.5 tablespoons bleach per 1 gallon of water. | Use to disinfect only after cleaning surface first. Allow a contact time for a least 10 minutes. | • Use in well-ventilated areas.  
• Avoid inhalation.  
• Do not mix with strong acids or ammonium based products to avoid release of noxious fumes.  
• Corrosive to metals and certain materials. |
| Alcohol<br>Ethyl alcohol (60%) or isopropyl alcohol (70%) (a) | Use to disinfect only after cleaning surface first. Make sure the surface becomes wet or damp with the alcohol and then dries completely. | • Flammable and toxic. Use in well-ventilated areas.  
• Avoid inhalation.  
• Keep away from heat sources, electrical equipment, flames, and hot surfaces.  
• Dry completely – usually takes 10 minutes. |

(a) The CDC recommends alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers for personal hygiene. For hard surfaces, ethyl alcohol (60%) or isopropyl alcohol (rubbing alcohol) at 70% can be used. Isopropyl alcohol is more readily available and considered less stable and toxic than ethyl alcohol. (CDC – [http://www.cdc.gov/h1n1flu/business/](http://www.cdc.gov/h1n1flu/business/)). The District will purchase items consistent with the Sustainability Purchasing Guidelines.

The following locations have been identified as high-touch areas and should be disinfected with the following frequency.
Table 9.2 High-Touch Areas and Frequency of Disinfection

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency of Disinfection</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worksite of an individual reporting any illness with a shared workspace</td>
<td>Immediately following employee exit</td>
<td>As designated by direct supervisor in consultation with WHS and HR.</td>
</tr>
<tr>
<td>Dedicated workspace or office (i.e., non-shared)</td>
<td>Upon employee’s return from illness</td>
<td>Employee as directed by supervisor</td>
</tr>
<tr>
<td>Lunchrooms and Breakrooms</td>
<td>Once daily</td>
<td>Janitorial Services</td>
</tr>
<tr>
<td>Copy Room</td>
<td>Once daily</td>
<td>Janitorial Services</td>
</tr>
<tr>
<td>Conference Rooms</td>
<td>Once daily</td>
<td>Janitorial Services</td>
</tr>
</tbody>
</table>

10.0 Coordination of Response Activities

The Business Continuity Manager will work with the various District departments on approaches to prioritizing alternative work locations and staggered work hours for critical business functions, infrastructure support, standards of care, changes in business travel requirements, and customer interactions. Outlined in the table below are the individual general responsibilities for pandemic response activities.

10.1 Employee General Responsibilities

<table>
<thead>
<tr>
<th>District Activation Level</th>
<th>Employee Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yearly flu vaccine. Take every day preventative steps and maintain good hygiene. Cover mouth and nose with a tissue when coughing or sneezing. Stay home when sick. Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, and eat nutritious food.</td>
</tr>
<tr>
<td>2</td>
<td>Avoid close contact with people who are sick. Stay home when sick. Cover mouth and nose with a tissue when coughing or sneezing. Clean hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching eyes, nose or mouth. Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, and eat nutritious food.</td>
</tr>
<tr>
<td>3</td>
<td>Follow directions and guidance from District Management. Activate BCP and/or EOT. Notify Supervisor of any concerns.</td>
</tr>
<tr>
<td>4</td>
<td>Follow directions and guidance from District Management</td>
</tr>
<tr>
<td>District Activation Level</td>
<td>Employee Responsibilities</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>Notify Supervisor of any concerns.</td>
</tr>
</tbody>
</table>

10.1 Policy and Procedure Review

District policies and procedures include facility management, staffing, human resources, payroll, finance, travel, health and welfare. Policies and procedures may need to change during a pandemic. The decision to change policies and procedures will be made using the standard District process. The Communicable Disease Emergency Working Group Leader makes recommendations to the EOD who in turn provides the recommended changes in policies and procedures for approval by the GM and SMT. Supervisors and Managers are also responsible for reviewing applicable work rules and work unit protocols for potential areas of concern related to pandemic events.

11.0 Employee Training and Awareness

The District has an extensive Safety Program contained in the Injury and Illness Protection Program (IIPP) to prevent workplace accidents. RSP 1900 – Infection Control - Exposure Control Plan provides standard safety requirements to eliminate or minimize employee occupational exposure to infectious diseases. Employees are encouraged to perform self-screening based on CDC criteria (i.e., fever over 100 degrees, cough and sore throat) to stay home or return to work. Below is a list of relevant RPSs:

- **RSP 2500** – Safety Training Program covers the required safety training for District employees and contractors.
- **RSP 1000** – Personal Protective Equipment provides specific requirements for PPE.
- **RSP 900** – Respiratory Protection provides specific requirements for respiratory protection.
- **RSP 1900** – Infection Control – Exposure Control Plan addresses infection control and exposure procedures in compliance with OSHA standards.

WHS provides routine training for employees on these procedures and works with local safety committees and workgroups to facilitate training for field forces. The Regulatory Compliance Office (RCO) promotes proactive compliance with all pertinent federal, state and local, laws, rules and regulations affecting health and safety, environmental protection, security, and emergency preparedness.

12.0 Resources

Prior to a pandemic, the District will be prepared by maintaining stock supplies and resources for use during a communicable disease outbreak.
12.1 Critical Network Infrastructure Support

During a pandemic, it will be critical that information and technology systems are available. ISD is responsible for verifying adequate capacity is available to support potential large-volumes of employees working remotely, and ensuring necessary systems can be accessed remotely. The individual work unit BCPs addresses alternative work locations. Maintenance Support and Building Services or the EOT Logistics (if activated) is responsible for identifying transportation service options to assist employees getting to work and performing critical functions. If on-site medical services are needed, HR will coordinate and administer the service providers and locations. HR will provide instructions for communications to employees regarding medical services and instructions.

13.0 Recovery and Post-Emergency Activities

Following a communicable disease outbreak, it will be necessary to demobilize and coordinate a smooth transition from emergency response activities to standard (or modified standard) daily operating procedures and evaluate response.

13.1 Demobilization and Deactivation

The District will assess the impact of the pandemic on operations, personnel, customers, and vendors. Recovery from the pandemic can begin when it is determined that adequate personnel, supplies, resources, and systems exist to manage all or the majority of the standard daily activities. The EOT must approve deactivation and the transition plan.

13.2 Notifications

When the EOD has approved demobilization of the response, the following audiences will be notified: employees and the BOD, customers, and vendors.

13.3 Evaluation

The Communicable Disease Emergency Working Group will conduct an internal evaluation of the District’s pandemic response, and will gather documentation and information from the response and feedback from all the stakeholders and incorporate into an after action report and corrective action plan. They will update the Communicable Disease Emergency Response Plan and coordinate updates to other emergency response plans as appropriate.
REFERENCES

EBMUD Emergency Operations Plan
EBMUD Emergency Preparedness and Business Continuity Dictionary
EBMUD District-wide Business Continuity Program Plan

Visit the following web sites for more information about pandemic influenza and emergency preparedness:

- www.pandemicflu.gov for information regarding pandemic influenza including checklists for individuals & families, healthcare providers, businesses, local governments, community and faith-based organizations and schools.
- www.cdc.gov or https://emergency.cdc.gov for information about preparedness and response for pandemic, including infection control recommendations, antiviral medications and other health information.
- www.fda.gov for questions and answers about using personal protective equipment during an influenza outbreak.
- www.hhs.gov/ for information about pandemic surveillance, lab diagnostics, novel case reporting, and pandemic planning.
- www.redcross.org for all the information needed to make an emergency preparation plan and kit.
- www.dhs.ca.gov/ps/dcddc/dcddindex.htm for the California Department of Health Services’ Pandemic Influenza Preparedness and Response Plan and Isolation and Quarantine Order templates.
- WWW.Flu.gov includes information for parents, childcare providers, and school officials, as well as for seniors and the general population.
Isolation
Isolation is for people who are already ill. When someone is isolated, they are separated from people who are healthy. Having the sick person isolated (separated from others) can help to slow or stop the spread of disease. Isolated people can be cared for in their homes, in hospitals or in other healthcare facilities. Isolation is usually voluntary, but local, state and federal government have the power to require the isolation of sick people to protect the public.

Non-pharmaceutical Intervention
A non-pharmaceutical intervention is a non-medicinal (i.e., social distancing, masks, gloves, etc.) based tool or system used to intervene in treatment or prevention of a disease.

Prophylaxis
A prophylaxis is a tool or barrier (i.e., masks, gloves, or policies and procedures, etc.) used in the prevention of or protective treatment for disease.

Quarantine
Quarantine is for people who have been exposed to the disease, but are not sick. When someone is placed in quarantine, they are also kept away from others. Even though the person is not sick at the moment, the individual was exposed to the disease may become infectious and spread the disease to others. Quarantine can help to slow or stop this from happening. Local, state, and federal governments have the power to enforce quarantines within their respective borders.

Respiratory Hygiene and Cough Etiquette
The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection:

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.

The District will provide the following for employees as part of their normal operations:

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
Seasonal Influenza
A pandemic virus has little or nothing in common with the seasonal flu viruses we get every year. A pandemic would be a new strain of potentially much more serious virus and would affect many more people. While there is a vaccine for seasonal flu, there is no vaccine currently available to protect against a new pandemic.

Social Distancing
Social distancing is a term applied to certain actions (i.e., canceling public meetings, suspending social greetings in the workplace such as hugs and handshakes, increasing personal space, etc.) that are taken by workplaces to stop or slow down the spread of a highly contagious disease. The County Public Health Officer has the legal authority to order social distancing measures for the public (i.e., closing mass transit, canceling social gatherings, limiting public meetings or services). Since these measures will have a huge impact on our community, any action to start social distancing measures would be done in line with other local agencies such as cities, police departments and schools, as well as with state and federal partners. The District’s WHS works with Human Resources to determine the District’s response to health officials’ requirements for social distancing.

Virulence
Virulence (also called pestiferousness) is the strength and hardiness of an organism: the relative ability of a pathogen to cause disease or the relative infectiousness of specific bacteria or virus, or its ability to overcome the resistance of the host metabolism.
QUESTION 1: What can I do to protect myself against the Coronavirus?

Answer: According to the CDC, these steps help prevent personal infection and the transmission of the Coronavirus.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water for no less than 20 seconds, especially after you cough or sneeze. Alcohol-based hand cleaners and sanitizers serve as added protection.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick, stay home and limit contact with others to keep from infecting them.

QUESTION 2: What should I do if I get sick?

Answer: Stay home and take care of yourself. Contact your health care provider. Your health care provider will determine whether testing or treatment is needed. If you learn that you have been exposed to the Coronavirus, please inform Workplace Health & Safety or HR immediately.

QUESTION 3: Where can I get more information?

Answer: The following agencies are providing the latest updates and developments:

1. Centers for Disease Control and Prevention at www.cdc.gov
2. California Department of Public Health (CDPH) at www.cdph.ca.gov
3. Alameda County Department of Public Health at http://www.acphd.org/
4. Contra Costa County Health Services at https://cchealth.org/public-health/

The District will also provide updates as the situation develops.

QUESTION 4: If the District orders me to stay at home, will I still get paid?

Answer: If the District orders an employee to say home due to illness, the employee may use their leave balances to be compensated while they recover from the illness.

QUESTION 5: I’m sick or have to care for a sick family member, but I’ve run out of sick leave and family sick leave. What are my options?

Answer: If applicable, you may be eligible for FMLA or CFRA leave. Paid leave will apply if you have accrued vacation, compensatory time, or administrative leave. If you have exhausted all
your paid leave, State Disability Insurance or Paid Family Leave Insurance may be available. The District’s short-term disability leave may be available to those who do not participate in the State Disability Insurance Program.

*Please contact the HR Regulatory Coordinator (ext. 0380) to inquire about other options.*

**Question 6:** I have plans to travel to a country that has been identified as high risk (Level 2 or 3) for Coronavirus exposure. What should I do?

**Answer:** If an employee chooses to travel to a country at Level 3, the CDC recommends that upon return, the employee should stay home for 14 days after they return. Thus, an employee should anticipate that in addition to the time spent in the country, additional vacation time will be needed for the quarantine period. If an employee chooses to travel to a country at Level 2, the CDC recommends that upon return, the employee should monitor their health for 14 days after they return.

If an employee develops fever, cough or trouble breathing after their travel, he or she must seek medical care and are urged to call their doctors prior to going to the doctor’s office or emergency room.

**Question 7:** I learned that my co-worker contracted the Coronavirus. What should I do? Can I tell the other employees in our work unit?

**Answer:** If you learn that a co-worker has contracted the Coronavirus, contact the HR Regulatory Compliance Coordinator (ext. 0380) as soon as possible. Please refrain from sharing this information with your coworkers due to the confidentiality of medical information and out of respect for your co-worker’s privacy.

**Question 8:** Is telecommuting available to me during this time?

**Answer:** Whether an employee may telecommute during this time will be up to the needs of the work unit as determined by management, the employee’s workload, the availability of work that can be performed outside of the District’s office, availability of laptops, and supervisory discretion. Work from home arrangements will be evaluated on a case-by-case basis.
Question 1: What should I do if I believe someone is infected at work?

Answer: The District has a duty to protect the health and safety of their workers at the workplace and protect the confidentiality of an employee’s medical information. If you see that an employee is exhibiting symptoms of illness, employees are encouraged to report their concerns to Communicable Disease Response Leader (x0189), Workplace Health & Safety (ext. 0506) or to the Human Resources Regulatory Coordinator (ext. 0380). A safety analysis will be conducted and an assessment made regarding the level of risk, if any, to the health & safety of the workplace, based on guidelines provided by the U.S. Centers for Disease Control (CDC). If there is a risk of transmitting the virus to others, the employee and the supervisor will be instructed as to the measures to follow to minimize the risk. Those involved in making this evaluation will ensure that the identity and any medical information obtained and discussed will be kept confidential.

Supervisors should control rumors and disinformation by providing information that is relevant to protecting the health and safety of the workplace. For example, supervisors may inform other employees that the District is taking additional measures to disinfect and clean that employees work area to prevent the spread of disease in the work area. Supervisors must not share medical information about a specific employee with other employees in the work unit unless instructed to do so by HR.

If an employee is diagnosed with being infected by the Coronavirus, the Centers for Disease Control has specific protocols that will be applied to the District and those who come in contact with the affected employee. The District and employees are expected to comply with those protocols, which could include testing of those employees who have been in contact with the affected employees and quarantine.

Supervisors are encouraged to become familiar with the District’s policies and procedures for obtaining and maintaining confidential health information.

Question 2: Can I send an employee to a fitness for duty exam because they are coughing excessively?

Answer: The District’s fitness for duty program does not provide a medical diagnosis, but provides information about whether an employee may perform his or duties in a safe manner. The District’s medical provider who conducts fitness for duty exams will not test for exposure to the Coronavirus or any other communicable disease.
**Question 3:** Will the District continue to pay an employee who has been asked to go home due to illness?

**Answer:** The District will apply any paid leave available to the employee, including sick leave, vacation, administrative time off, or compensatory time off. If the employee has exhausted his or her accrued paid leave, he or she may be placed on unpaid sick leave. Under this circumstance, the employee may seek wage replacement under the California State Disability Insurance Program. If an employee does not participate in the California State Disability Program, he or she may be eligible for Short-Term Disability Leave under Procedure 213.

**Question 4:** Can the District require an employee who is out sick to provide a doctor’s note before they return to work?

**Answer:** Yes. The District’s Sick Leave Policy, Procedure 225, provides the District may request an employee provide written verification from a doctor before they return to work. However, during a pandemic or outbreak, healthcare resources may be overwhelmed and it may be difficult for employees to get appointments with doctors or other health care providers to secure a written verification.

*Supervisors are advised to consult with HR and refer to District policies and procedures for specific questions. Supervisors must also ensure any medical information received from an employee be kept confidential.*

**Question 5:** What if an employee must take time off work due to their child’s school closure?

**Answer:** The District policies, procedures, work rules, and MOUs would apply. Employees are encouraged to discuss their need for leave with their supervisors and discuss workload issues that may be impacted. Under these circumstances, leave may be provided and the employee may use vacation, compensatory time off or administrative leave.

*Supervisors are encouraged to consult with HR and review applicable District policies, procedures and MOU provisions.*

**Question 6:** Can an employee stay home under the Family Medical Leave Act (FMLA) if they do not show symptoms of serious illness?

**Answer:** No. FMLA and California Family Rights Act (CFRA) apply to employees who are incapacitated due to a serious health condition or who are required to care for a family member with a serious health condition. Employees may take other leave such as vacation or
compensatory time pursuant to applicable leave policies and procedures, the needs of the work unit, and supervisory approval.

*Supervisors should consult with HR regarding such requests from employees.*

**Question 7:** What options do existing leave policies provide for employees to be away from work?

**Answer:** Managers and supervisors are encouraged to review applicable MOUs and District policies and procedures. For an employee’s own illness, available paid leave includes Sick Leave, Short Term Disability leave, and State Disability Insurance. To Care for Family member, available paid leave includes Family Sick Leave/Kin Care (up to 13 days of employee’s sick leave balances), and California Paid Family Leave (up to six weeks of paid family leave to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse or registered domestic partner). If sick leave is exhausted, an employee may take Vacation leave. If an employee has exhausted all accrued paid leave, Leave Without Pay is available for up to six months.

**Question 8:** During an outbreak such as the Coronavirus, can an employee who has no symptoms of illness refuse to come to work, travel for work, or perform other job duties because of a belief that by doing so, he or she would be at an increased risk of exposure?

**Answer:** Generally, employees are expected to come to work for their scheduled shifts and workdays to ensure that the District continues to be able to deliver water and wastewater services to our customers. There are circumstances where an employee, who is not exhibiting symptoms of illness, may have legitimate reasons for not reporting to work. If an employee raises concerns about reporting to work, the employee must speak directly with his/her supervisor or contact HR.

Employees are strongly encouraged to communicate with their supervisors and with HR if they are unable to report to work during this time. Communication will enable both the employee and the District the opportunity to evaluate staffing needs, alternative options for performing work, and the use of leave time. Employees should be reminded the District’s Discipline policy (Procedure 223) provides that unauthorized absence from work for 5 or more workdays without reasonable excuse is considered gross misconduct. Thus, it is critical for employees to maintain communications with their supervisors or HR.
Question 9: Could my staff or I be re-assigned to another work group?

Answer: Yes. In the event of an emergency, and in accordance with the policies, procedures, and MOUs, District rights include the right to direct and assign its employees, maintain the efficiency of operations, and take all necessary actions to carry out its mission in emergencies. It is the responsibility of the supervisor assigning the work to determine if the employee has received the appropriate level of training for the task(s) to be performed prior to assigning the work. Supervisors should be aware, however, that absent an emergency, the impacts of a reassignment may be subject to meet and confer with the unions.
District Level 1 Checklist

Program elements and actions to be taken:

1) Plans and Procedures – Directors, Managers, Supervisors, and BCP Coordinators
   • Review BCPs, work rules, policies, and procedures for pandemic.

2) Essential Functions – Managers and Supervisors with support of BCP Coordinator
   • Ensure District essential functions and services have been identified in BCPs.
   • Review contractors, suppliers, shippers, resources, and other businesses that support
     essential functions, and as necessary, implement standing agreements for back up.

3) Delegations of Authority and Order of Succession Plans – Directors, Managers, and
   Supervisors
   • Review and update Delegations of Authority and Succession with respect to the three-
     deep rule and geographic dispersion in BCP.
   • Review and update Order of Succession with respect to the three-deep rule and
     geographic dispersion.

4) Alternate Work Locations – Directors, Managers and Supervisors with support from BCP
   Coordinator
   • Ensure readiness of primary and alternate operating facilities, telecommute locations,
     and other designated work sites in the event of an incident concurrent to a pandemic
     that would necessitate relocation of emergency relocation groups.
   • Ensure readiness of staff to telecommute and relocation arrangements to include
     readiness of required communications equipment.

5) Interoperable Communications – All staff with support from BCP Coordinator and Help Desk
   • Review and test communication mechanisms such as laptops, high-speed
     telecommunication links, smart phones, tablets, and GETS/WPS cards to provide
     relevant information to internal and external stakeholders, including but not limited to
     instructions for determining the status of agency operations and possible changes in
     working conditions and operational hours.
   • Update District website with latest pandemic information, if necessary.

6) Vital Records and Databases – BCP Coordinators
   • Test, review, and update vital records, databases, and systems, in particular those that
     will need to be accessed electronically from a remote location.

7) Workforce – Directors, Managers, and Supervisors
   • Implement workforce guidelines (contact and transmission interventions), if necessary,
     including PPE to prevent or minimize workplace exposure.
• Discuss the potential impact to the workforce and customer including procurement and contract workforce.
• Review and update pay and leave policies, as necessary.
• Review and update hiring policies, as necessary.
• Test telecommute capability for people, processes, and technology.
• Review and update technology support (i.e., help desk) to meet telecommute needs.
• Review and update safety and health policies, including but not limited to:
  o Restriction of travel to geographic areas
  o Employees who become ill or suspected of becoming ill while at work
  o Dissemination and posting of materials to raise awareness about the disease and workplace related policies (e.g., hygiene and social distancing strategies)
  o Performance and regular updating of hazard analysis based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., PPE, hand sanitizers)
  o The implementation of infection control measures, including (if applicable) the appropriate selection and use of PPE
  o Vaccine and anti-viral prioritization information and distribution
  o Psychological and social needs of employees.

8) Testing, Training, and Exercises – BCP Coordinators with support from Managers and Supervisors
   • Test, train, and exercise District workforce capability to maintain essential functions and services.

9) Reconstitution – Directors, Managers, and Supervisors with support from BCP Coordinators
   • Review plan against current conditions.
District Level 2, 3 Checklist

Program elements include items from the previous checklist and these actions:

1) Plans and Procedures – Directors, Managers, and Supervisors
   • Review the District Communicable Disease Emergency Response Plan.
   • Begin implementing relevant activities in the Communicable Disease Emergency Response Plan.

2) Essential Functions – Managers and Supervisors with support from BCP Coordinator
   • Review and communicate District essential functions and services that will continue and non-essential functions that may be suspended or shifted for personnel assigned to areas that are affected.
   • In anticipation of a migration of the outbreak to U.S. citizens, ensure essential functions and employees have been identified.

3) Interoperable Communications – All staff with support from BCP Coordinator and Help Desk
   • Realign and re-issue communication resources as appropriate.
   • Update website with latest information, if necessary.

4) Work Force – Directors, Managers, and Supervisors
   • Planning to provide workplace flexibility, including telecommute
   • Implement alternative work arrangements (e.g., job sharing, flexible work schedules)
   • Implement infection control measures.
   • Collect and report the status of its employees for the purpose of monitoring workforce levels and reporting information to the GM, EOD, HR
   • Discuss the potential impact to the workforce and customer including procurement and contract workforce
   • Review employee-labor relations plan and identify any meet and confer issues that may be necessary as the result of management actions
   • Administer and execute pay and leave policies, as necessary
   • Administer and execute hiring policies, as necessary
   • Test, and as necessary, implement telecommute capability
   • Review and continuously update safety and health policies, including but not limited to:
     o Returning previously ill, non-infectious, employees to work
     o Social distancing
5) Testing, Training, and Exercises – BCP Coordinators with support from Managers and Supervisors
   • Incorporate Lessons Learned from previous Response Phases and implementing corrective actions.

6) Reconstitution – Directors, Managers and Supervisors with support from BCP Coordinators
   • Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.
**District Level 4 Checklist**

Program elements include items from the previous checklist and these actions:

1) **Alternate Operating Facilities** – Directors, Managers, and Supervisors with support from BCP Coordinators
   - Coordinate with BC Team on activation of alternate operating facilities, as necessary.
   - Coordinate with BC Team on communication with employees on changes in operations.

2) **Interoperable Communications** – All staff with support from BC Manager and Help Desk
   - Coordinate with ISD Data Communication Group communication needs, changes, and implementation.
   - Update website with latest pandemic information – Public Affairs and PIO

3) **Work Force** – Directors with support from Communicable Disease Emergency Working Group
   - Coordinate with SMT implementation workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas.
Example District-wide Notification

The following message is from the General Manager

IMPORTANT NEWS ABOUT CORONAVIRUS—PLEASE READ

On March 2, 2020 the worldwide alert level for coronavirus was raised to provide a strong signal that a pandemic is imminent, and the United States Government declared a public health emergency in our country. Because of an increased risk that many people could become ill locally, the District is:

- Cleaning commonly touched areas such as door handles, elevator buttons, handrails, and telephones more frequently throughout the day.
- Providing hand sanitizers and wipes in common areas such as kitchenettes and break rooms for employee use.
- Issuing periodic safety alerts reminding employees of steps you can take to protect your health and that of your coworkers, friends and family.

WHAT TO DO TO PREVENT THE SPREAD OF ILLNESS. It is important for all employees to practice good hygiene to prevent the spread of illness. **Wash your hands frequently.** Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, and eat nutritious food. Try not touch surfaces that may be contaminated with the flu virus and avoid contact with people who are sick.

WHAT TO DO IF YOU THINK YOU HAVE FLU-LIKE SYMPTOMS. The symptoms of coronavirus are similar to the symptoms of regular flu and can include fever, cough, sore throat, body aches, headache, chills, fatigue and perhaps diarrhea and vomiting. Employees should not come to work if they feel sick (notify your supervisor according to usual sick leave procedures). Employees at work who feel the onset of flu-like symptoms should notify their supervisor and leave the workplace (time off should be charged to sick leave). Contact your doctor for medical advice.

WHAT SUPERVISORS SHOULD DO. Supervisors are asked to watch for employees exhibiting flu-like symptoms and encourage those employees to go home to protect co-workers from exposure. Supervisors may get advice from Workplace Health and Safety at Ext. 0704. Supervisors are asked to record time off attributed to the flu on the employee’s timesheet on a daily basis and not wait until the end of the pay period. Because the District is replenishing critical consumables (e.g., fuel and key chemicals) more frequently than normal in case supplies are interrupted by an epidemic, supervisors also are asked to discuss supply needs with their department manager.

FOR MORE INFORMATION. The District will be providing more information as the situation changes. To learn more, you can go to CDC’s website at [www.cdc.gov](http://www.cdc.gov). The US Center for Disease Control and Prevention’s (CDC’s) response goals are to reduce transmission and illness severity, and provide information to help health care providers, public health officials and the public address the challenges posed by this emergency.
Example District-wide Memorandum

EAST BAY MUNICIPAL UTILITY DISTRICT

DATE: January 2, 2020
MEMO TO: Board of Directors
THROUGH: Alexander R. Coate, General Manager
FROM: Clifford C. Chan, Director of Operations and Maintenance
SUBJECT: District Communicable Disease Emergency Response Plan

INTRODUCTION

The District has been monitoring the potential worldwide pandemic for over a year. The District’s Communicable Disease Emergency Response Plan provides a comprehensive approach to respond in the event of a pandemic affecting the service area and employees. A pandemic is a virulent human flu that causes global outbreak of serious illness. Recent outbreaks of avian, swine and severe acute respiratory syndrome (SARS) have indicated that a pandemic could profoundly affect availability of key services and employees. The Communicable Disease Emergency Response Plan is an appendix to the District’s Emergency Operations Plan, which provides specific guidance for this type of event.

DISCUSSION

The Emergency Preparedness and Business Continuity Programs include preparation of response plans. The purpose of these plans is to document key assumptions, outline roles and responsibilities identify priorities and specific response actions. The District provides essential functions and services that may be adversely impacted in the event of a pandemic. The District has prepared a Communicable Disease Emergency Response Plan as an appendix to the Emergency Operations Plan (EOP). The Communicable Disease Emergency Response Plan documents the process for activation of the plan, response activities, roles, responsibilities, and concepts of pandemic planning.

A key component of the District’s Communicable Disease Emergency Response Plan is the Communicable Disease Emergency Working Group. The Working Group consists of managers from various departments to ensure communication, protocols, and situational awareness is maintained. The Working Group is responsible for information consolidation and dissemination, implementation of the Communicable Disease Emergency Response Plan, review of policies and
procedures, coordination with the Emergency Operations Team (EOT) and Business Continuity (BC) Team.

The District’ is tracking changes in the WHO and CDC pandemic alerts. If activities need to shift to the next level of the response plan, the District will increase its activation level which may include activation of its Emergency Operations Team.

Depending on the audience, situation, and status of the pandemic event, communication includes pandemic alert email newsletters, District webpage references and links, GM memorandum, press releases, and implementation of the District’s Crisis Communication Plan. WHS training is conducted routinely. Through the Employee Awareness and Education Program employees are provided with instructions and guidance on wellness education and health issues.

The District priorities of the Communicable Disease Emergency Response Plan are in the following order:

- Life safety
- Incident stabilization for water supply and wastewater treatment
- Protection of property and other business functions
- Restoration of service

The District staff has made significant efforts to build relationships with outside agencies (state, county and local public health organizations). Through these efforts, the District is able to receive timely information, coordinate response, and determine issues affecting the District. District activation and actions will escalate in conjunction with activities of other local government agencies the service area, the County Operational Area offices, and the alert phases developed by the WHO. There is a possibility that WHO alerts and CDC alerts will not be in synchronicity. In all cases, the Communicable Disease Emergency Working Group will determine recommended response actions for the District based on a full assessment of the situation internally and externally. The activation includes coordination between the District EOT and BC Team members.

The District will use a variety of methods for communication depending on the audience and urgency of the information. Communication to employees and the public include press releases, email notices, webpage announcements, and memorandum from the GM. The Communicable Disease Emergency Working Group Leader creates a central information repository and distribution center for internal communications. The PIO provides the focal point for communications to the media, public and customers.

The District has implemented the following mitigation measures in anticipation of the potential pandemic:
- Flu Shot Program (Antiviral Drugs)
• Personal Protective Equipment
• Increased Hygiene and Sanitary Procedures
• RSP 1900 – Infection Control Exposure Control Plan
• Employees Awareness and Communication Program
• Employee Assistance Program (EAP)

Due to the nature of a pandemic, it is vital that the District have an approach to respond in a short period, have a process to reconcile a variety of sources of information and guidance, and the plan should be scalable and flexible as the situation develops. By implementation of the District’s Communicable Disease Emergency Response Plan, the District has established a comprehensive approach to monitor, train, communicate and respond to a pandemic.

DMD: MJW: jrh