



H1N1 PANDEMIC
PREPAREDNESS &
BUSINESS CONTINUITY
PLAN

10/15/2009

President's Message

The possibility of a second wave of H1N1 flu in Saskatchewan this fall is real.

We are implementing corporate and local-level plans to address this potential outbreak and manage its impact on our employees and the critical service we provide for our customers. As part of this effort, important information about the flu and how to fight it is currently being delivered by Corporate Safety. If you haven't already done so, please attend one of these sessions. Questions about your team's pandemic preparedness plan should be directed to your supervisor or manager.

As we at SaskPower work to put plans in place to continue to fulfill our mission of delivering safe, reliable sustainable power to our customers, our counterparts across government have done the same. The provincial government has developed plans to minimize service and economic disruptions in the event of an outbreak. Across government, emergency preparedness plans are in place to help ensure critical public services remain available. Maintaining critical infrastructure, such as utilities, food and water supply and transportation, and maintaining economic activity are key considerations in the government's overall emergency planning. All plans take into account interdependencies between various parts of government.

Each of us plays an important role in protecting the health of our families, friends and co-workers. As with any influenza, the best way to reduce the spread of the virus is to practice good infection prevention and control behaviours. This includes practices such as good hand hygiene, cough and sneeze etiquette, and staying home if you are sick.

A good home source for you and your family to learn more and get up-to-date information about H1N1 is the Ministry of Health's Influenza Update site at <http://www.health.gov.sk.ca/influenza-monitor>.

Our company plays a crucial role in the daily lives of Saskatchewan residents — a role I know each of you values. As we prepare to face the possibility of a second wave of H1N1, I appreciate your commitment to our customers and our company.

Pat Youzwa
President & CEO
SaskPower

Revision History

Date	Author	Revision
<i>10/15/2009</i>	<i>Nigel Patchett</i>	<i>Rev. 1, Origin</i>

Table of Contents

<i>How to Use This Document</i>	5
<i>Executive Summary</i>	6
<i>Goals and Objectives</i>	7
<i>Part 1 – Pandemic Begins</i>	9
<i>Part 2 – Business Continuity Risks</i>	10
2.1 <i>Business Continuity Risk</i>	10
2.2 <i>Potential for Higher Absentee Levels</i>	10
<i>Part 3 – Response to H1N1 Pandemic</i>	11
3.1 <i>Planning Principles</i>	11
3.2 <i>Situation Monitoring and Alerts</i>	11
3.3 <i>Linking the WHO Model with SaskPower’s Plan</i>	14
3.4 <i>Wellness Monitoring</i>	16
3.5 <i>Individual Participation in Reducing Illness</i>	18
3.6 <i>Pandemic HR Management Framework</i>	18
3.7 <i>Education and Training</i>	18
3.8 <i>H1N1 Pandemic Communication Plan</i>	19
<i>Part 4 – Operations Plans</i>	29
<i>Part 5 – Testing and Improvement</i>	31
<i>Glossary</i>	33

How To Use This Document

In meeting the challenges of the current H1N1 pandemic, detailed, flexible response planning is essential for SaskPower to continue to provide safe, reliable electrical services to the people of Saskatchewan, and to safeguard the health and safety of our staff and members of the public with whom we interact.

As SaskPower activates this plan, the applicable corporate level strategies and plans specifically developed for certain business operations will come into effect, and affected managers and supervisors will implement their respective parts of this plan. Therefore, all managers and supervisors must be familiar with all portions of this document that directly or indirectly affect their facilities, departments and/or business units.

All management personnel should:

- Read all of Parts 1 through 3
- Read the introduction for Part 4 and become familiar with your specific department or business unit pandemic operation plan. The plan information is presented in six sections that correspond with the World Health Organization's six phases of global pandemic alert. These six sections contain detailed steps and actions that are necessary to reduce the impact of a pandemic within your department or business unit. Each phase is color-coded and numbered for easy reference. Color codes by phase are:
 - Phases 1 and 2 – Green
 - Phases 3 and 4 – Yellow
 - Phase 5 – Orange
 - Phase 6 – Red
- Read Part 5, which provides recommendations for testing and improving the operational plans.
- Read through the Glossary as this will help you to become familiar with the terminology used in this plan and will enhance your knowledge about the pandemic event.

Comments or questions about any part of this document should be directed to:

Nigel Patchett
Project Lead – Pandemic Planning
npatchett@saskpower.com
office: 306-566-3273
cell : 306-539-0196

Executive Summary

This plan is intended to guide SaskPower in maintaining business continuity for the duration of the current H1N1 pandemic.

In the past century, there have been three pandemics caused by new or novel strains of influenza virus. At this time, a new strain of influenza called H1N1 Swine/Human Influenza is infecting large numbers of people around the world, and on June 11, 2009, the World Health Organization (WHO) declared an H1N1 pandemic. It is important to understand that the WHO declaration is based on the spread of the new H1N1 virus, and not on the severity of the illness it causes. The WHO continues to confirm that the H1N1 virus is causing generally mild illness globally and most cases recover fully at home without medical treatment.

As of this writing, one wave of H1N1 illness has occurred in Saskatchewan with the vast majority of cases being mild illness followed by full recovery. Nonetheless, as the pandemic proceeds, SaskPower may yet experience elevated levels of absenteeism for which it has prepared.

Staff absences can be expected for many reasons:

- Employees are ill or incapacitated (suspected / actual / post-infectious).
- Employees may need to stay at home to care for the ill.
- Employees may be involved in community-based emergency volunteer functions.
- Others may need to stay at home to look after school-aged children (as schools are likely to be closed).

Emergency management and business continuity will be greatly facilitated if critical duties and essential services are maintained without significant interruption. Keeping people healthy, informed, and at work are the main strategic thrusts of this plan.

In previous pandemics, those communities that took a “layered approach“, and applied successive layers of disease prevention and controls, fared considerably better than communities that did not. Experience with the first H1N1 pandemic wave tells us that the best response will continue to be a layered approach. The application of layers of prevention and control is a significant operational feature of this SaskPower H1N1 Pandemic Preparedness & Business Continuity Plan, hereinafter referred to as the SaskPower H1N1 Pandemic Plan.

Other operational considerations in this plan include:

- Developing a flexible plan with a range of response measures that meet the most probable range of possible pandemic threats.

- Identifying essential activities (and the core people and skills to keep them running), and ensuring that these are backed-up with alternative arrangements.
- Identifying essential tasks/functions available for reassignment to alternative staff.
- Mitigating business/economic disruptions, including possible shortages of supplies and reduction in availability of services from sub-contractors.
- Minimizing illness in workers.
- Maintaining a safe and secure work environment.
- Ensuring adequate plan testing and improvement.

In accordance with recommendations from the Public Health Agency of Canada (PHAC), and Saskatchewan Ministry of Health, the SaskPower H1N1 Pandemic Plan has identified responsibilities and prescribes necessary actions based on WHO pandemic phases and confirmed by PHAC alerts. For each phase, operational plans, specific to each business unit or department, are presented in Part 4 of this document under the headings:

- Command and Control
- Communications
- People
- Continuity of Operations
- Prevention and Containment
- Surveillance

Goals and Objectives

The goals of SaskPower's pandemic response are:

- To safeguard the health and wellbeing of all SaskPower personnel,
 - by limiting illness and death arising from infection, and
 - by reducing, as far as possible, disruption to employees lives.
- To protect SaskPower's business mission through continuity of core services and activities,
 - by maintaining business continuity, as far as possible.
- To protect SaskPower's long-term business and social interests,
 - by recovering to a pre-pandemic level of business as quickly as possible.

The objectives of this plan are to provide progressive preventive and response measures, commensurate with the WHO six phases of pandemic alert, such that:

- SaskPower is able to continue business operations during two 6 to 12, week waves of H1N1 pandemic influenza in Saskatchewan.

- SaskPower is able to deal with ongoing disruption at a lower level for 12 to 18 months for the life of the global pandemic.
- SaskPower is able to rapidly restore business operations and functions to their normal state, in the interwave and post-pandemic periods.
- SaskPower employees and suppliers have a ready reference to pandemic related information and procedures to ensure their personal safety and the safety of their families.
- SaskPower management has a detailed reference to help them in operational decision-making in each phase of the pandemic event.

While a pandemic response is primarily a public health response, Saskatchewan Crown Corporations, other provincial agencies and organizations, and private businesses will need to work in a coordinated and collaborative manner to ensure an effective overall response in our province. The SaskPower planning process has included consultation with other Crown corporations where applicable. The pandemic planning project teams for SaskPower and other Saskatchewan Crowns have established communication networks and shared pandemic plans for their respective organizations. Of particular benefit in continuing these discussions is the harmonization of preventive measures, communications, and the coordinated maintenance of critical infrastructure. In addition, SaskPower has presented its plan to key suppliers throughout the province and has provided some assistance to key suppliers to ensure their pandemic readiness.

The SaskPower H1N1 Pandemic Plan is considered a living document with information that is subject to change. The information in the plan will be updated with changes in assumptions, response capacities, and known status of the disease.

Part 1 – Pandemic Begins

In nature, birds (avian) are the natural reservoir for a wide range of influenza viruses. The different viruses are identified by their specific combination of the 16 different haemagglutinins and nine different neuraminidases, which are two important surface glycoproteins of the influenza virus. Flu virus subtypes are named according to these “H” and “N” proteins. Although all 16 of the H types can infect birds, to date only H1, H2 and H3 have been associated with widespread human disease. In recent contrast, humans have also become ill from infections caused by H5, H7 and H9 viruses, but these have been rare events and the cases few in number. When a new virus emerges that is able to infect humans, it is initially defined as a “novel” virus. Not all novel viruses will evolve into pandemic viruses, but the pandemic potential of any new virus must be considered. In order for an influenza virus to be classified as a pandemic, the following three conditions are necessary.

1. A new influenza A virus emerges against which humans have little or no immunity; and,
2. The new virus has the capacity to cause serious human illness and death; and,
3. The new virus can be and is easily and efficiently transmitted from person to person.

On April 17, 2009, the Public Health Agency of Canada (PHAC) became aware of an outbreak of Severe Respiratory Illness (SRI) clusters in Mexico and human swine influenza cases in the United States. Lab testing confirmed that a novel strain of H1N1 influenza had emerged. Over the following months the virus spread in the southern United States. and made the jump internationally to Europe and Australia. The vast majority of cases presented mild flu symptoms with full recovery without medical intervention. However, on June 11, 2009, the WHO declared the new virus to be a pandemic because it met the three qualifying criteria. It is worth noting that the declaration of a pandemic does not indicate very much about the severity of illness but only about the spread of illness.

Part 2 – Business Continuity Challenges

2.1 Business Continuity Risk

An influenza pandemic is not like a physical disaster. Pandemics have unique characteristics when compared with other business continuity challenges. For example:

- The impact of the H1N1 pandemic is widespread and not localized to a single area or region. Some regions have been impacted more heavily than others. This is likely to continue through the duration of the pandemic.
- The impact of the H1N1 pandemic has been, and will continue to be, mainly human resource oriented.
- The potential for elevated absentee levels suggests that the response plan must be a balance of pro-action and reaction. Proactive measures include delivery of awareness and education material for all SaskPower employees. Reactive measures include recommendations for actions to control sources of infection while limiting contacts between infected and non-infected persons.
- Influenza pandemics are typically not short duration events. H1N1 emerged in April 2009 and may continue to have an impact until at least spring 2010.

2.2 Potential For Higher Absentee Levels

The majority of H1N1 cases experience mild illness and typically recover after just a few days rest at home. While absentee levels are expected to be similar to a severe seasonal flu, other factors may contribute to a slightly elevated absentee rate. Staff absences can be expected for many reasons:

- Levels of illness/incapacity (suspected / actual / post-infectious).
- Some employees may need to stay at home to care for the ill.
- People may feel safer at home by keeping out of crowded places such as public transport, or workplace common areas.
- Some employees may be fulfilling other voluntary emergency roles in the community.
- Some may need to stay at home to look after school-aged children as schools may be closed.

In the event absence does occur it is important that staff notify their supervisor or manager as soon as possible and let them know if you are experiencing flu like symptoms. Supervisors and managers need to report all absences due to pandemic related illness to the Return to Work Office for monitoring, reporting and in order to work with immune compromised individuals to minimize their risk.

Part 3 – Response to H1N1 Pandemic

SaskPower’s pandemic readiness efforts reflect our commitment to sustaining the trust and support of Saskatchewan residents as a responsible and safe supplier of electrical services, even during an influenza pandemic. By implementing the response measures outlined in this part, we ensure the continued confidence of our employees, our customers, our suppliers and the people of Saskatchewan.

3.1 Planning Principles

Our pandemic response plan is guided by three basic principles.

- To safeguard the health and well-being of all SaskPower personnel.
- To protect SaskPower’s customer service mission through continuity of core services and activities.
- To protect SaskPower’s long-term business and social interests.

3.2 Situation Monitoring and Alerts

The World Health Organization (WHO) is the senior international health agency monitoring the progression of the H1N1 pandemic. For the duration of the H1N1 pandemic, SaskPower will respond to declarations of the pandemic state from WHO. The following chart shows the WHO pandemic phases and the strategic actions suggested by WHO, to the international health community as necessary responses.

	Phases	Transmission	Objectives	Strategic Actions
Interpandemic period. Planning and preparedness.	1	Influenza virus subtype in animals only (risk to humans low)	Strengthen pandemic preparedness at all levels	<ul style="list-style-type: none"> ◦ Prepare Pandemic Preparedness Plan ◦ Establish surveillance in animals ◦ Establish human influenza surveillance ◦ Establish collaboration between human and animal sectors

	2	Influenza virus subtype in animals only (risk to humans substantial)	Minimize the risk of transmission to humans Detect and report rapidly if it occurs	<ul style="list-style-type: none"> ◦ Enhance animal surveillance and aggressive response to animal outbreaks ◦ Strengthen human surveillance ◦ Stockpile antivirals, PPE etc. ◦ Strengthen collaboration between different sectors and WHO/OIE/FAO ◦ Develop and implement risk communication strategy ◦ Prepare health and essential service contingency plans
Pandemic Alert (emergency and pre-emptive response)	3	Human infection (transmission in close contacts only)	Ensure rapid characterization of new virus Detect, notify and respond to additional cases	<ul style="list-style-type: none"> ◦ Enhance animal surveillance and aggressive animal outbreak containment ◦ Early strategic use of antivirals ◦ Social distancing ◦ Implement risk communication strategy ◦ Issue alert for quick implementation of health and essential service contingency plan
	4	Limited human to human spread, small clusters < 25 cases lasting < 2 weeks	Contain the virus or delay its spread	
	5	Localized human to human spread, larger clusters 25 - 50 cases over 2 - 4 weeks	Maximum efforts to contain or delay the spread	
Pandemic (minimizing impact)	6	Widespread in general population	Minimize the impact of the pandemic	<ul style="list-style-type: none"> ◦ Implement health and essential service contingency plan ◦ Deliver risk communication messaging. ◦ Treat cases and contacts with antivirals, if available ◦ Deliver vaccine as it becomes available. ◦ Provide information and guidance on the progression of the disease in the province and make recommendations for prevention and management.

Table 1. WHO Pandemic Alert Phases

Explanation of WHO Alert Phases

In the table above, WHO identifies the level of pandemic alert based on the criteria in the chart, establishes the level of risk, and makes recommendations to international health responders. The Public Health Agency of Canada has accepted this alert regime to mobilize Canadian national response efforts.

INTER-PANDEMIC PERIOD

Phase 1 - Green

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. The risk of human infection or disease is considered to be low.

Phase 2 - Green

A circulating animal influenza virus subtype poses a substantial risk of human disease. The distinction between **Phases 1 and 2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors [e.g., pathogenicity (ability to cause disease) in animals and humans, occurrence in domestic animals and livestock or only in wildlife, whether the virus is enzootic (occurs among animals in a certain area) or epizootic (epidemic among animals), geographically localized or widespread, and/or other scientific parameters] and their relative importance according to current scientific knowledge.

PANDEMIC ALERT PERIOD

Phase 3 - Yellow

Human infection(s), with a new subtype, but no human-to-human spread, or only rare instances of infectious spread to a close contact.

Phase 4 - Yellow

Small clusters with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5 - Orange

Larger clusters, but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans. At this point there is a **substantial pandemic risk**.

The distinctions between **Phases 3, 4 and 5** are based on an assessment of the risk of a pandemic. Various factors [e.g., transmission rate, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters] and their relative importance according to current scientific knowledge may be considered.



PANDEMIC PERIOD

Phase 6 - Red

Increased and sustained transmission in the general population.

POST PANDEMIC PERIOD

Phase 7 – Not shown

Rates of infection return to normal flu season levels.

SaskPower has established an internal protocol to monitor WHO reporting activities on a daily basis by accessing the WHO web-site at www.who.int. WHO only reports on cases and events once they are medically confirmed by testing. SaskPower will confirm the WHO and PHAC reported alerts with Saskatchewan Ministry of Health before escalating its pandemic plan alerts. SaskPower’s executive will be immediately notified of any official changes to phase alerts from WHO, PHAC and Saskatchewan Ministry of Health, upon which our plan triggers are based.

Finally, SaskPower will share and compare surveillance information with other Saskatchewan Crowns.

3.3 Linking the WHO Model with SaskPower’s Plan

The table below shows the anticipated business impact the emerging pandemic might have on SaskPower’s operations and our plan trigger points for each of the WHO alert phases.

During the H1N1 pandemic, SaskPower will continuously monitor actual impacts versus these planning impacts and may hasten or delay trigger points, based on the best surveillance information available at the time.

The following table identifies the range of readiness and response activities SaskPower business units may implement at each phase of the WHO alert model.

INTERPANDEMICPERIOD		
WHO Description of Phase	Transmissibility and Risk to Humans	SaskPower Pandemic Plan Activities

<p>Phase 1</p>	<p>No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk(a) of human infection or disease is considered to be low.</p>	<p>Influenza in animals only. Risk to humans is low.</p>	<p>Educate SaskPower employees to ensure pandemic awareness. Test the pandemic plan to assess readiness. Strengthen pandemic preparedness as needed. Identify an influenza manager and establish situational surveillance. Initiate communication plan with all stakeholders. Coordinate planning activities with other Saskatchewan critical infrastructure providers.</p>
<p>Phase 2</p>	<p>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<p>Influenza in animals only. Viral subtype shows potential for transmission to humans. Risk to humans is moderate and building.</p>	<p>Communicate phase change to selected stakeholders. Continue all phase 1 activities except enhance situational surveillance. Educate SaskPower's key suppliers.</p>

PANDEMICALERT PERIOD

	WHO Description of Phase	Transmissibility and Risk to Humans	SaskPower Pandemic Plan Activities
<p>Phase 3</p>	<p>Human infection(s) with a new subtype, but no human-to-human spread, or, at most, rare instances of spread to a close contact.</p>	<p>Human infection is proven. Transmission requires close animal contact. Risk to humans is prevalent.</p>	<p>Communicate phase change with stakeholders. Continue all phase 2 activities except increase situational awareness. Raise level of pandemic awareness. Initiate specific PPE training sessions. Implement supplies stockpile strategy. Develop payment plan communications to establish the features of on-line payment through financial institutions, pre-payment and after hours drop off if applicable.</p>
<p>Phase 4</p>	<p>Small cluster(s) with limited human-to-human transmission but spread is localized, suggesting that the virus is not well adapted to humans.</p>	<p>Limited human to human transmission. Isolated clusters of < 25 people and lasting < 2 weeks. Risk to humans is substantial.</p>	<p>Communicate phase change with stakeholders. Continue all phase 3 activities. Ensure that all SaskPower staff know what to do to prevent personal and family infection. Implement pandemic web site / alerts. Implement travel restrictions and quarantine of international travellers if applicable. Expedite international shipments of parts and supplies if applicable. Implement & communicate changes to HR policies and procedures.</p>

			Implement close surveillance. Implement on-line and pre-pay bill payment options campaign if applicable.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Localized human to human transmission. Larger clusters > 25 people and lasting > 2 weeks. Risk to humans is extreme.	Communicate phase change to all stakeholders. Continue all phase 4 activities. Commence social distancing and telework if applicable. Implement pandemic state HR policies and procedures if applicable. Implement continuous situational surveillance.
PANDEMIC PERIOD			
	WHO Description of Phase	Transmissibility and Risk to Humans	SaskPower Pandemic Plan Activities
Phase 6	Pandemic: increased and sustained transmission in general population.	Infections are widespread in the population. Risk to humans is at maximum.	Minimize impact of Pandemic. Continue all phase 5 activities. Implement full personal protective and containment measures if applicable. Commence administration of vaccine whenever available. Assess sufficiency of plan measures daily and adjust as needed.
POST-PANDEMIC PERIOD			
	WHO Description of Phase	Transmissibility and Risk to Humans	SaskPower Pandemic Plan Activities
	Return to interpandemic period (phase 1 or 2)	Influenza in animals only. Viral subtype may have potential for transmission to humans. Risk to humans is low to moderate.	Return operating state to pre-pandemic. Capture lessons learned and adjust plan as necessary.

Table 2. SaskPower Readiness and Response Activities by WHO Phase

3.4 Wellness Monitoring

During a pandemic, monitoring the daily health of workers is a basic, yet effective way to protect everybody's well-being. Wellness monitoring should be implemented

at all SaskPower facilities, based on practicality, as part of the business unit or departmental operational plan. The function of wellness monitoring is to:

- Visually assess employees' physical appearance to identify flu-like symptoms.
- Provide information to employees exhibiting flu-like symptoms about procedures they need to follow to get the symptoms checked by a health care provider.
- Asking the employee to leave and stay away from work until the symptoms are no longer apparent.

To aid in determining if the symptoms are cold or flu, the following table shows a comparison between influenza symptoms and symptoms of the common cold.

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual with sudden onset. 38 - 40 degrees celsius and lasts 3 - 4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last several weeks after the acute illness	Occasional, usually mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting , diarrhoea	Typical in children < 5 years old, may occur in older victims	Rare
Watering eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare	Usual
Chest tightness/ pain	Usual and can be severe	Mild to moderate
Complications	Can worsen a prior existing condition, may become life threatening	Congestion or ear-ache
Fatalities	Frail elderly, very young and immunocompromised at greatest risk	Seldom/never
Cause	Viral infection	Viral infection
Treatment	Antivirals, rest, fluid replacement, allow to run course	Rest, over the counter cold medicine, allow to run course
Prevention	Flu vaccine, hand hygiene, cough etiquette, maintain distance from sources of infection	Hand hygiene, cough etiquette, maintain distance from sources of infection

Table 3. Comparison of Influenza and Common Cold Symptoms

3.5 Individual Participation in Reducing Illness

Individual participation in reducing illness is an extremely important part of this plan. Generally individuals should do the following:

- Wash hands frequently and thoroughly with soap and warm water, or use hand sanitizer.
- Cough and sneeze into a disposable tissue if available and immediately dispose of the tissue and wash your hands.
- If a tissue is unavailable, cough or sneeze into the fabric of your arm or sleeve
- Keep doing what you normally do, but stay home if sick
- Check the Employee Information Network (EIN) H1N1 Flu web site or the SafetyNet portal for more information.
- Talk to a health professional if you experience severe flu-like symptoms.

For more detailed guidance on what individuals can do to reduce illness, refer to the information available on the EIN site or on the SafetyNet portal and the links to health authorities from those sites.

3.6 Pandemic HR Management Framework

SaskPower's Human Resources department has developed a framework to provide guidance to all employees on appropriate management of human resource issues during the pandemic. This framework is available on the internal Employee Information Network (EIN) Flu site.

3.7 Education and Training

Education and training are critical to SaskPower's pandemic readiness. A significant learning objective is to understand personal responsibility in protecting individual health and the health of others. Education, beyond awareness, is aimed at knowing the steps to take to reduce the spread of respiratory illness, (i.e., hand hygiene, respiratory hygiene, social distancing, stay home when ill, etc.). This education is designed to reinforce the absolute importance of these fundamental steps in preventing and controlling illness.

Corporate Safety has taken the lead on meeting the education and training objective by developing and delivering high quality safety briefing presentations and supporting information that is specific to the challenges of the H1N1 pandemic. Presentation of safety briefing information to your business unit or group can be arranged by contacting Corporate Safety or through the safety coordinator assigned to your business unit. In addition, Corporate Safety and Poplar River Power Station have prepared a high quality DVD containing the presentation material. Copies of the DVD may be accessed by contacting the Safety department.

3.8 H1N1 Pandemic Communication Plan

This communication plan supports the successful achievement of SaskPower's H1N1 influenza pandemic readiness and response goals. It is a key component and accountability of the SaskPower Corporate Relations Pandemic Operations Plan, which is a Corporate Relations Business Continuity Planning Emergency Preparedness Plan.

SaskPower's internal and external communications will provide the backbone for dealing with many of the people issues before and during a pandemic, as well as recover and resume business as usual. To support this role, communication principles, accountabilities, goals/objectives and activities are outlined to address the event of a second wave of the H1N1 influenza pandemic. This plan also has the flexibility to respond to any form of an influenza pandemic.

Multiple communication methods will be employed to ensure that information conveyed and shared with a wide range of stakeholders at all levels is transparent, accessible, consistent and real time. This information will focus on what is known about the H1N1 pandemic, what is being learned as the pandemic progresses, and overall impacts on SaskPower and status of electricity service.

Communication Principles

Communication activities will be conducted in a manner designed to retain public confidence while minimizing anxiety and disruption, and encouraging vigilance. Key communication principles include the following:

- All communication materials will be reviewed by internal subject matter experts within the Business Continuity Management Committee or designates, and approved by the pandemic manager and/or Corporate Relations communications lead.
- During all stages of pandemic communication, appropriate SaskPower governance authorities and the Business Continuity Management Committee will be briefed regularly on activities and development.
- Essential information will be disseminated promptly through multiple mechanisms.
- Stakeholders will be provided with regular, up-to-date information.
- Official spokespersons will be credible and supported by internal or external subject matter experts.

Communication Accountabilities

Communication activities will be consistent with articulated communication roles and responsibilities for the federal government, provincial government and oversight of the Crown Corporation sector, and local governments/public health authorities.

Strategic accountabilities include but are not limited to:

- Work with the pandemic manager to support the manager's interaction with federal, provincial and electricity sector information sharing and briefings.
- Provide and/or assist with providing regular updates to senior SaskPower leadership.
- Support the pandemic manager in encouraging and assisting the Business Continuity Management Committee with effective collaboration and communication during pandemic planning and response work.
- Provide support to employee pandemic education and training.
- Identify the communications activities that must occur during each phase/wave of the pandemic.
- Develop a process to meet sustained, media attention during the course of the pandemic, and to ensure the materials and means to meet those demands are established and available.

Task accountabilities include but are not limited to:

- Daily monitor expert sources of information, including World Health Organization, Centres for Disease Control, Public Health Agency of Canada and Saskatchewan Ministry of Health.
- Develop key messages and statements in consultation with subject matter experts.
- Communicate information to internal and external stakeholders in most effective communications methods.
- Communicate with the media (Corporate Relations staff serving as sole SaskPower media contact).
- Identify and help prepare primary and backup spokespeople.
- Determine third-party contacts to use as spokespeople.
- Ensure that media and all stakeholder communication coordination is in place.

Communication Goals

During a pandemic, as with the H1N1 flu pandemic, media attention and information demands will continue over several months. Sustaining customer and workforce confidence over that time is a must. The significant communication goals will be to:

- Educate SaskPower stakeholders about our pandemic and H1N1 plans readiness and response through all pandemic phases.
- Reassure our customers that SaskPower is fully prepared to maintain electrical service during a second H1N1 wave or any other pandemic wave, and to respond, recover and resume our business mission.
- Ensure SaskPower employees have access to transparent, accessible, accurate, real time information that will help them respond to challenges during each phase of the pandemic.
- Ensure that SaskPower employees can share lessons learned and that shared information is used to continuously improve SaskPower's pandemic planning and response.
- Recognize our accountability to the people of Saskatchewan as both our customers and as our owners.

Communication Objectives

The education goal will be met by:

- Encouraging all SaskPower employees and affected stakeholders to take the threat of the second wave of the H1N1 flu pandemic seriously;
- Explaining how individuals can participate in reducing their risk of infection by providing useable information about practical measures and actions;
- Providing information that SaskPower employees can use to reduce the risk of infection in families and in their communities;
- Encouraging key SaskPower suppliers to understand pandemic risks and take appropriate preparedness actions; and
- Providing information for SaskPower employees that help them understand the operation and purpose of the workplace measures that are part of SaskPower's pandemic response.

The reassurance goal will be met by:

- Demonstrating that SaskPower is prepared and has pandemic and H1N1 flu plans in place;

- Demonstrating that SaskPower initiates its emergency response plan when required;
- Demonstrating that SaskPower is working with other Saskatchewan Crown corporations and is taking all necessary steps to address the situation;
- Issuing regular timely updates that provide accurate and relevant information;
- Being responsive to information from our operations and using that information to prepare communication messages;
- Recognizing the hard work and dedication of all SaskPower employees; and
- Modeling a calm approach designed to reduce fear, avoid panic and encourage vigilance.

The accountability goal will be met by:

- Providing appropriate timely information; and
- Reporting regularly on SaskPower's progress in responding to the H1N1 flu.

Stakeholder Summary

Governance

Government of Saskatchewan representatives

Official Opposition representatives

Crown Investments Corporation (CIC) and other Saskatchewan Crown Corporation representatives

SaskPower Board of Directors

SaskPower Executive

Employees

SaskPower employees and superannuates

IBEW Local 2067 representatives

CEP Local 649 representatives

Customers and Organizations

Customer groups (residential, farm, commercial, industrial, oilfield)

Business organizations (including chambers of commerce, economic development authorities)

Municipal organizations (including Saskatchewan Urban Municipalities Association, Saskatchewan Association of Rural Municipalities)

First Nations (including governments, business entities)

Industry associations (including Canadian Electricity Association)

Business Partners and Suppliers

Media

Includes local, provincial, national (international, if applicable)

Key Facts Statement/Message Mapping

Given that an important aim of SaskPower's pandemic communication plan is consistent, clear/transparent, accessible and timely communication, this will be achieved by applying "message mapping" based on an overall key facts statement. This message mapping, a series of short prepared messages, will help keep complex information organized for quick updating and use in any phase of the pandemic. This will speed communication during all pandemic phases, particularly in a crisis situation, and eliminate the potential for dissemination of incorrect information.

Key Fact Statement

This statement will be updated frequently to ensure its accuracy.

SaskPower has comprehensive influenza pandemic and H1N1 preparedness and business continuity plans that cover all operational areas, including power generation, transmission and distribution, and customer services. Plan drills are in progress to ensure their effectiveness for the current H1N1 situation.

Our pandemic preparedness plans detail how we will continue to work to provide province-wide customer service. They provide for keeping the public and our employees safe and informed, as well as keeping employees at work, including power generation and supply and other critical staff positions.

Specifically, in accordance with recommendations from the Public Health Agency of Canada (PHAC), and working closely with Saskatchewan Ministry of Health, SaskPower's pandemic plan has identified responsibilities and prescribed necessary actions based on the World Health Organization (WHO) pandemic phases and confirmed by PHAC alerts. For each WHO alert phase, our operational plans, as specific to each business area address the six key management areas: Command and Control, Communications, People, Continuity of Operations, Prevention and Containment, and Surveillance. We also exchange information and best practices with industry peers across the country.

From a people readiness perspective, for example, two layers of backups for essential staff positions are in place. Working from home and flexwork procedures, where possible and necessary, are also being finalized.

Another example, in the area of continuity of operations, is our comprehensive exchange of information with approximately 1200 key suppliers about their pandemic readiness and SaskPower's needs – everything from coal to food supplies.

In short, SaskPower is prepared to respond to any pandemic event, be it a second wave of H1N1 or another strain.

**Communications Approach:
Prior to Outbreak of H1N1 Second Wave (“Interwave”)**

SaskPower is using many methods to communicate with our customers, with our employees, and with other stakeholders concerning the H1N1 flu pandemic. We will continue to do so.

With our customers and other stakeholders:

Given the current sixth phase of pandemic alert (WHO phase 6), communications will continue to integrate messaging of previous phases, including focusing on stating our readiness and also encouraging our customers to access the Saskatchewan Ministry of Health web site at www.health.gov.sk.ca/pandemic-planning to find out more about pandemic and H1N1 influenza.

As well, communications will continue to confirm that we are closely monitoring the situation and that we continue to test and adjust our plans to improve our readiness and response capabilities.

With our employees:

Employees will continue to be encouraged to become “pandemic aware”, including how to prevent getting or spreading the H1N1 flu, and to recognize that the corporation has a plan in place to primarily protect their health in the workplace. Employees will be encouraged to participate in the H1N1 vaccination program.

Communications will also confirm that SaskPower is closely monitoring the situation and that we are prepared. SaskPower will continue to deliver fact based information as it becomes available. The need for operational plan review and vigilance will continue to be stressed. All communication channels will be used, including an “H1N1 Flu Readiness” site on the corporate intranet.

The communication Interwave Activity Plan summary follows, as at October 15, 2009.

Key Tactic	Purpose	Audience	Timing
Governance Information Items, Briefings and Briefing Notes	Ensure appropriate status reports and receive direction at all governance levels	Governance stakeholders	Per governance requirements
Provincial, Federal and Industry Information Sharing/Committee Meetings	Ensure appropriate information exchange with provincial, federal and electricity sector emergency management authorities	Deputy Ministers Committee, Sask Health, other Crowns, Public Health Agency of Canada, CEA	Weekly
Pandemic Awareness and Health/Safety Sessions Pandemic, H1N1, SaskPower planning overview Respiratory, hand and workplace hygiene Personal protective equipment and demonstration of donning/removing a respirator Wellness monitoring and social distancing Information package/FAQ on Safety Net DVD Version (Work and Home Use) Safety Bulletin Board Posters (All Facilities) Elevator Posters	Achieve employee briefing of SaskPower pandemic planning importance and readiness Achieve employee understanding of how to protect one's health and safety as well as the health and safety of others	All employees	September - October 2009
President's Message on Employee Information Network (EIN)	Encourage employees to help prevent getting or spreading H1N1 Convey emergency preparedness across Saskatchewan Government	All employees	September 14
Manager/Supervisor Discussion of Local Operational Plans with Staff	Ensure staff understanding of operational plans and roles	All employees	As scheduled by business areas

Key Tactic	Purpose	Audience	Timing
Monday Morning Memo Updates/Reminders for Managers/Supervisors	Support manager and supervisor review of plans/policies/procedures with staff	All managers, supervisors	As required starting September 14
<p>“H1N1 Flu Readiness” Site/Banner on EIN</p> <p>About pandemics/H1N1</p> <p>Symptoms and treatment</p> <p>Prevention – work and home</p> <p>SaskPower pandemic planning/updates, including business area plans, human resources framework, contagious illness guidelines, BCMC representative list</p> <p>Personal/family readiness planning</p> <p>FAQ, more Information (Safety Net, Sask Health, PHAC, CDC, WHO)</p> <p>Social Media as applicable.</p>	<p>Provide one-stop information source</p> <p>Provide highly visible, immediate updates, as required</p> <p>Support personal and family pandemic preparedness</p>	All employees	September 30 Launch
Employee Preparedness Stories on EIN	Demonstrate how employees are contributing to pandemic readiness at work, home or in the community	All employees	Starting October 01
<p>Tabletop Drills</p> <ul style="list-style-type: none"> • Business areas • Safety Summit 	Drill corporate and operational plans	Managers Supervisors Safety reps BCMC reps	July - Oct. 20-21
IBEW/CEP Meetings	Discussion of operational plans.	IBEW officials CEP officials	September 25 / Ongoing
IBEW Conference	Update delegates as required	IBEW delegates	November 6
Customer Front-line Staff Messaging	Provide front-line staff with key pandemic/H1N1 readiness messaging	Customer Service (CS) front-line staff (all customers)	Starting October

Customer Briefings by Account and Business Managers	for general inquiry As above, with customer specific information		
“H1N1 Flu Readiness” Information on saskpower.com SaskPower pandemic planning status/plan/updates Social Media as applicable.	As above	All customers	Starting October 16
Pandemic/H1N1 Readiness Messaging Corporate Sponsorship and Various Speaking Opportunities/ Meetings	As above	Business partner and various organization stakeholders	Fall 2009
Supplier Preparedness Request Letter	Achieve understanding of supplier readiness and convey SaskPower requirements	All key suppliers (1200)	Spring 2009 – ongoing
Cleaning Product & Information Package	Support contractor readiness and achieve understanding of SaskPower plan and requirements	All cleaning contractors (150 packs)	August – September

**Communications Approach:
During a Moderate to Severe Second Wave of H1N1**

With our customers and other stakeholders:

During a moderate to severe outbreak of H1N1 or any other influenza, the fundamental concern for our customers will be “can we keep the lights on”. If the outbreak is severe, customers will be living through their own experiences, which may include ill or seriously ill family members, possible closing of schools and some places of employment, and possible shortages of health care and other essentials. In that environment customers are going to want frequent reassurance that they will continue to have electricity. In this environment, communications will shift to focus on daily reporting of SaskPower’s status in maintaining a safe and secure electricity supply, including any customer advisories.

With our employees:

Reporting of events impacting SaskPower will be communicated daily. In order to ensure that the information is current, factual and needed, information sharing and communication planning will happen daily.

The daily regimen is outlined in the Moderate-Severe Activity Plan that follows.

Key Tactic	Purpose	Audience	Timing
Teleconference with Saskatchewan Emergency Management Committee (Includes Critical Infrastructure Providers)	Ensure appropriate status reports and receive direction at all governance levels	Senior Officials	Daily 8:30
Business Unit Teleconference Workforce report Issues identification	Ensure appropriate information sharing and decision recommendations	BCMC Decision-maker rep	Daily 10:00 am
Executive Briefing Minister Briefing (as required) Board Briefing (as required)	Provide updates on new information and pressing issues; secure approvals as required	Executive Minister Board	Daily 13:00
Media Conference (if Required)	Provide updates and reassurance	All Sask residents	15:30
EIN “H1N1 Flu Response” Site Update Social Media as applicable	Address issues of the day	All employees	15:30
Saskpower.com “H1N1 Flu Response” Site Update	As above	All Sask residents	15:30
Customer Contact Updates Through SaskPower Staff	As above	All customers	15:30
Inquiry Line	As above	All Sask residents	Hours TBD

Part 4 – Operations Plans

Introduction

Detailed operational planning is essential to SaskPower's pandemic preparedness and response success. This section contains detailed operational plans for each SaskPower business unit and department. In order for a business unit or department's operational plan to be declared complete, managers and supervisors will have:

- become familiar with the issues and SaskPower strategies for dealing with a pandemic health crisis.
- become familiar with the human capital implications of a pandemic health crisis.
- identified all operational points where SaskPower pandemic strategies are to be applied.
- identified alternative methods for continuing critical functions during a pandemic health crisis and discussed them with affected employees, including:
 - alternative work arrangements, such as telework, working from alternative sites, and flexible or compressed work schedules.
 - communication plans and procedures.
 - teleconferencing and/or videoconferencing arrangements.
 - using a contingent workforce.
- become familiar with SaskPower telework policies and procedures.
- updated employee contact information and developed a plan for keeping the information current.
- established and tested procedures for contacting employees (i.e., telephone trees or comparable procedures).
- developed a contingency plan for accomplishing work during increased employee absenteeism, including cross-training workers to cover for employees who are not able to work.
- become familiar with SaskPower Employee and Family Assistance Program (EFAP) procedures and communicated with employees about the EFAP during a pandemic crisis.
- identified employees with special needs, such as those with physical impairments, and included their needs in planning activities.
- become familiar with employee requirements and obligations for requesting and approving leave.
- become familiar with SaskPower specific guidance on communications and discussed the guidance with affected employees.
- established a procedure for communicating with SaskPower head office concerning employee status and deaths during a pandemic health crisis.

- developed a work contingency process for dealing with travel restrictions or quarantines during a pandemic health crisis.
- developed a process to ensure continuity of critical parts and supplies.
- discussed the potential of a pandemic with your employees.
- discussed your business unit or departmental plan with your employees.
- conducted an initial table top exercise to assess operational plan sufficiency.

Detailed operations plans have been prepared and may be accessed by written request.

Part 5 – Testing & Improvement

SaskPower’s H1N1 Pandemic Plan and Business Unit Operating Plans will be evaluated in at least one annual table-top exercise. The exercise is led by a facilitator who will present participants with chronological segments of a scenario separated by a series of discussion points that enable participants to describe how they would respond to the evolving scenario at isolated points in time. The exercise facilitator is aided by a note taker and other resource persons who are responsible for assisting or backing up the facilitator.

The exercise relies on a “forced decision-making” framework, which requires participants to make key decisions at each discussion point after they have had time to consider the scenario and the information provided to them at a specified point in time. Participants are given 30 minutes to make one or two key decisions at each discussion point.

The exercise focuses on six broad issue areas:

- Command and Control
- Communications
- People
- Continuity of Operations
- Prevention and Containment
- Surveillance

SaskPower’s tabletop exercises will have three sections. An example is presented here.

1. Unfolding Situation--Decisions and Responses.

A new influenza A subtype has been spreading from person to person in countries in Southeast Asia and initially breaches the Canadian borders with infected clusters in Montreal and Vancouver. Participants will be required to discuss the steps they would take to prepare for the disease before it spreads to Saskatchewan.

2. Later Developments--Decisions and Responses

The disease spreads to Saskatchewan and is confirmed in the communities of the participant operations. Participants will be required to discuss everything from how they would initially detect the disease’s presence in their community, to how they would mitigate the disease’s effect on their business operations, to how they would manage business operations for the duration of the pandemic wave.

3. Debriefing and Self-Evaluation.



Participants reflect on the exercise experience and discuss strengths and areas for improvement. Participants will then be asked to identify the most important gaps that they discovered and to outline concrete, short-term plans for addressing these gaps.

Test exercises are most effective when they are developed to test specific business operations. Specialized test exercises have been developed to evaluate the detailed operating plans.

Glossary

Adaptive mutation – stepwise changes in the composition of an organism, such as a virus, which occur during the infection of humans or other mammals, and make the organism more easily transmitted among humans.

Airborne transmission – the transmission of organisms, such as a bacteria or viruses, through the dispersion of very small infectious droplets (less than 5 microns in diameter). Such droplets can remain suspended in the air for long periods of time and may be inhaled into the lungs.

Antigenic drift – minor changes in the protein structure of the influenza virus.

Antigenic shift – an abrupt and major change in the protein structure of the influenza A virus resulting in a new subtype.

Antiviral medication – medication used to treat individuals who show early signs and symptoms of influenza and to prevent illness among those exposed to the influenza virus.

ARDS – acute respiratory distress syndrome. ARDS is a serious respiratory condition and is typically observed in extensive infections of highly pathogenic influenza viruses.

Asymptomatic – not showing signs or symptoms of disease.

Avian influenza (“bird flu”) – Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus infected millions of birds. Although it is primarily a disease of birds a small number of people have also been infected after having close contact with birds.

Cleaning – the physical removal of foreign material such as dust, soil, and organic material (e.g., blood, secretions, excretions and microorganisms) with water, detergents, and mechanical action. Physical cleaning removes rather than kills microorganisms.

Cluster - a cluster is a group of people who are sick with the same illness. The group is considered a cluster when its members are related by blood, geography, or time. In other words, a family that passes a cold around is considered a family cluster. When one of the members of that family brings the cold to school and passes it on to classmates who, in turn, spread the cold to others in multiple households in town, that would be a geographic cluster made up of multiple smaller family clusters.

Contact transmission – transmission of infection through direct physical contact and/or indirect contact via an intermediate object such as contaminated instruments, door handles, etc.

Contact precautions – precautions taken to prevent the spread of infectious agents through contact transmission.

Contagious - able to be spread from person to person, or from living object to nonliving object to living object (such as person to object to person).

Critical Operations – SaskPower business operations that must be performed without fail to ensure the continuing safe operation of SaskPower. These operations are referenced in the mission statement of the organization, and SaskPower has legal requirements for delivering specific services and products.

Disaster – a natural or man-made event that harms people, properties, livelihoods, or industries, often resulting in permanent changes to human societies, ecosystems, and environments.

Disinfection – the killing of infectious agents on objects and surfaces by direct exposure to chemical or physical agents.

Droplet transmission – the transmission of organisms, such as a bacteria or viruses, by large droplets (greater than 5 microns in diameter) produced by sneezing, coughing, or talking. These droplets are propelled a short distance (1 metre/3 feet or less) through the air and can come in contact with the eyes, nose or mouth of another person, potentially infecting them.

Endemic – the constant presence of a disease or infectious agent within a given geographic area or the usual prevalence of a given disease within an area.

Epidemic – the occurrence of cases of an illness (or an outbreak of illness) in a community or region more often than would normally be expected.

Epidemiology – the branch of medical science dealing with the transmission and control of disease, including the study of epidemics and epidemic diseases.

Flu – an abbreviation for influenza which is a highly contagious and common respiratory illness caused by a virus. There are three known types of influenza virus – A, B, and C.

FluWatch – weekly reports produced by the Centre for Infectious Disease Prevention and Control (CIDPC) summarizing influenza surveillance activities in Canada. Influenza surveillance is a collaborative effort involving provincial and territorial ministries of health, participating laboratories, the College of Family Physicians of Canada, designated health professionals, and the CIDPC.

Genetic reassortment – the process that occurs when genetic material is exchanged.

Hand hygiene - Hand hygiene is a term that applies to the cleaning of one's hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus, hands must be washed with soap and water for 20 seconds and hand sanitizers must be used according to recommended technique and have an alcohol content of at least 60%.

H1N1 – the present H1N1 is an A INFLUENZA subtype consisting of genetic material from swine, avian and human flu viruses. The virus is named H1N1 because it is comprised of the surface proteins hemagglutinin 1 and neuraminidase 1. Influenza types exist in variant forms or “clades”. For example, the H1N1 subtype was responsible for the Spanish flu pandemic of 1918 and for the current H1N1 pandemic, but they are both variant forms of H1N1 and quite different in the severity of disease they cause. The current H1N1 virus has caused only mild illness in the vast majority of cases.

Before 2009, there was only one H1N1 swine influenza outbreak in people that caused public health concerns. This outbreak occurred in 1979, in soldiers at Fort Dix, New Jersey. One recruit died, and approximately 12 were hospitalized with influenza. Further testing showed that more than 200 recruits had acquired the virus, although most had few or no symptoms. In March and April 2009, hundreds of cases of respiratory illness were reported in Mexico that were suspected or confirmed to be caused by a novel swine influenza virus. By April, confirmed cases were also reported in the United States. The first reported cases in the U.S. came from San Diego County and Imperial County in California and Guadalupe County in Texas. Reports from other states rapidly followed, and the disease spread rapidly around the globe. On June 11, 2009, the World Health Organization (WHO) officially declared the 2009 swine flu to be a pandemic. The U.S. Centers for Disease Control and Prevention (CDC) estimates that more than 1 million Americans were infected with swine influenza by June 2009. By August 2009, more than 170 countries and territories reported swine flu cases.

Host – a person or other living animal infected by an organism such as a virus.

Immunity – resistance to an infectious agent usually associated with the presence of protective antibodies or cells.

Immunize – to make immune, that is able to resist a particular disease, most often through administration of a vaccine delivered by a needle.

Incubation period – the time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

Indirect transmission – the transmission of a pathogen from an infected person to an inanimate object and then to another person.

Infection – a condition in which organisms multiply within the body and cause a response from the host's immune defences. Infection may or may not lead to clinical disease.

Infection control - activities aimed at the prevention of the spread of pathogens between people or animals.

Infectious agent – a disease-causing virus, bacterium, parasite, or other microbe.

Infectious disease – a disease of humans or animals resulting from an infection.

Influenza - a highly contagious and common respiratory illness cause by a virus. There are three known types of influenza virus – A, B, and C.

Influenza-like illness – acute onset of respiratory illness with fever and cough and one or more of the following: sore throat, joint aches, muscle aches or extreme exhaustion, which could be due to the influenza virus.

Isolation – the separation of an infected person or animal, during the communicable period of a disease, from others to prevent the spread of the infection to others.

Low Pathogenicity Avian Influenza (LPAI) - LPAI stands for low pathogenicity avian influenza. There are many different types of avian influenza, also known as avian flu or bird flu. To further confuse things, there are high pathogenicity and low pathogenicity variations on the same virus. For example, there is HPAI (high pathogenicity) H5N1 and LPAI H5N1. Pathogenicity refers to the virulence, or deadliness, of the virus. HPAI viruses cause severe symptoms and have a high mortality, or death, rate. LPAI viruses, like the present H1N1, cause mild symptoms and have a low mortality rate.

Mitigation - efforts to prevent a disaster from ever occurring, or to reduce the effects of a disaster when it does occur.

Morbidity – illness; departure from a state of well-being, either physiological or psychological.

Morbidity rate – the number of persons in a population who develop a disease during a specified period of time.

Mortality – death.

Mortality rate – the number of deaths occurring in a population during a specified period of time, usually a year, relative to the number of persons at risk of dying during the period.

Mutation – a permanent, transmissible change in the genetic material of a cell.

Novel virus – a virus that has never previously infected humans, or has not infected humans for a long time.

OIE - the OIE is an intergovernmental organization that tracks animal disease outbreaks all over the world. There are 167 member nations. When there is an outbreak of animal disease in a member country, including avian flu, the country's agriculture office is obligated to report it to OIE. Unfortunately, some countries, do not report on a consistent basis, resulting in inadequate tracking and containment of avian flu in poultry and other animals.

Oseltamivir – an antiviral drug effective against influenza A and B viruses that inhibits the neuraminidase protein, effectively trapping the influenza virus within the host cell and preventing it from infecting new cells. This can help in preventing infection (prophylaxis) or in reducing the duration and severity of illness once infected. It is effective if treatment is started within 48 hours of symptom onset. In Canada and the USA, oseltamivir is sold under the brand name Tamiflu.

Pandemic– an epidemic occurring worldwide, or over a very wide area, crossing international boundaries, and usually affecting a large number of people.

Pathogen - any organism capable of producing disease.

Pathogenicity – the power of an organism to produce disease.

Personal Protective Equipment (PPE) - PPE is specialized clothing or equipment worn to protect the wearer against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

Pneumonia – an inflammation of the lungs caused by infection.

Prophylaxis – prevention of or protective treatment of disease.

Quarantine – restriction of the activities of well persons or animals who have been exposed to a case of communicable disease, during its period of communicability, in order to prevent transmission of that disease during the incubation period if infection should occur.

Respiratory hygiene - simple tips to keep respiratory infections from spreading such as covering your nose and mouth every time you sneeze or cough; using a tissue when you blow your nose; putting used tissues in the trash; and washing your hands frequently, especially if you or someone you are close to is sick.

Seasonal influenza - seasonal influenza, commonly referred to as the flu, is an infectious disease. In Canada, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year.

Sentinel surveillance - surveillance based on selected population samples chosen to represent the relevant experience of particular groups.

Social distancing – a way to reduce the risk of exposure to an organism, such as the influenza virus, by reducing or avoiding contact with other people as much as possible.

Stockpile – reserve; goods saved for future use or a special purpose.

Strain - a specific genetic variant of an organism.

Sub-clinical infection – the presence of an infection without recognizable signs or symptoms. Of importance because an individual may appear well although infected and thus be capable of spreading the infection to others.

Susceptible - a person or animal not possessing sufficient resistance against a particular pathogenic agent to prevent contracting infection or disease when exposed to the agent.

Symptoms – any perceptible change in the body’s normal function, appearance or sensation which is experienced by the patient and indicates a disease process.

Tamiflu – the name under which oseltamivir is marketed in Canada and the United States.

Transmission – any mechanism by which an infectious agent is spread from a source of infection to other persons or animals.

Vaccine – a dead or weakened form of an infectious organism that is injected into the body to stimulate an immune response, without causing disease, and thereby protect against subsequent infection by that organism.

Virulence – the level of pathogenicity of an infectious agent, indicated by death rates among those infected or the ability of the agent to invade and damage tissues of the host.

Virus – a group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells' normal functions, causing the cell to behave in a manner determined by the virus.