PG&E Infectious Disease and Pandemic Response Plan

March 20, 2020

Version 1.0

FOR INTERNAL USE ONLY

Table of Contents

1. Introduction

In addition to the natural, technological or human caused hazards that threaten the enterprise, an infectious disease is also one of the greatest risks the organization could encounter. Planning for an infectious disease is an effective step towards mitigating the impacts that this type of event could have on the organization.

While viruses occur every year, a pandemic outbreak is unique in that it involves a new and virulent virus for which humans have not developed immunity, and there are no known vaccines. Although the timing, nature and severity of the next pandemic cannot be predicted with certainty, preparing, planning, and testing is imperative to lessen the impact of an infectious disease outbreak or pandemic to our organization. The unique characteristics and events of a pandemic will likely strain our organizations personnel and ability to perform everyday tasks, as it will local, state and federal resources as well.

With past pandemics, the virus reached all parts of the globe within six to nine months and occurred in waves, meaning not all parts of the world were affected at the same time. Viruses that have caused past pandemics typically originated from animal influenza viruses and were transmitted to humans. One of the most destructive global pandemics in history is HIV/AIDS. Here are a few of the largest pandemics in history:

- HIV/AIDS Pandemic (at its peak, 2005-2012). Cause: HIV/AIDS. Death toll 36 million since 1981
- Flu Pandemic (1968). Cause: Influenza. Death toll 1 million
- Asian Flu (1956-1958). Cause: Influenza. Death toll 2 million
- Flu Pandemic (1918). Cause: Influenza. Death toll 20-50 million
- Sixth Cholera Pandemic (1910-1911). Cause: Cholera. Death toll 800,000+

2. Purpose and Scope

The PG&E Infectious Disease and Pandemic Response Plan (Plan) is intended to provide guidance on specific aspects of infectious disease and pandemic planning, response, and recovery for the organization to:

- protect and educate the workforce and public
- protect essential functions, and
- minimize service impacts to the organization and customers.

Due to the variation in severity and mortality during a pandemic event or infectious disease outbreak a risk matrix is provided in Appendix 1. The Plan should be used in conjunction with Line of Business (LOB) business continuity plans*, infectious disease and pandemic annex (to be developed)* and is considered a living document that will be reviewed annually and updated every three years or as any major changes occur during infectious disease and pandemic planning or an outbreak. Individual susceptibility to infection varies an assessment tool has been provided in Appendix 2.

The Plan summarizes what a pandemic threat is and key actions the organization can and should take before, during and after an infectious disease outbreak or pandemic to ensure the necessary and appropriate company policies, procedures, and practices are in place to respond to an infectious disease outbreak or pandemic including:

- policies related to absence management, disability, compensation, privacy, and benefits
- communications for the education, information, and benefit of all employees
- liaison with emergency and public health authorities
- workplace issues; access, security, configuration, air handling, disinfection, and housekeeping, infection containment and mitigation
- business continuity issues such as workforce availability, business function continuation, and resumption under constrained conditions.

3. Infectious Disease and Pandemic Response Team

These roles and responsibilities are a subset of the Incident Management Team (IMT). These following areas of responsibility have direct input regarding pandemic and infectious disease outbreak planning.

PG&E will use its existing emergency management structure to respond to an infectious disease outbreak or pandemic. The management structure is flexible and can readily adapt to the unique challenges presented by an infectious disease outbreak or pandemic. The Emergency Operations Center (EOC) and its various supporting emergency functions will serve primarily to develop an overall assessment of the impact of the pandemic, provide direction, and ensure effective and timely communications.

The Incident Command System (ICS) structure establishes several unique positions during a pandemic activation. The key positions created during an infectious disease outbreak or pandemic are the Company Medical Advisor and Company Pandemic and Infectious Disease Advisor. Both can be placed in multiple places in an ICS structure depending on their role during the event and the requirements of the EOC Commander.

Responsible Department/Position	Key Functions
Executive Sponsor (Vice President, HR)	Lead task force. Report to officer team. Responsible for activating necessary resources.
Incident Commander	Interface with Task Force on behalf of Emergency Response Team. Responsible for activating Incident Management Team (IMT).
Company Pandemic and Infectious Disease Advisor	Point person for the company on infectious disease and pandemic planning issues. Ensure consistent development of enterprise-wide planning efforts. Coordinates with the IMT.
Company Medical Advisor	Assist in pandemic plan and mitigation strategy development. Assist in communication with employees, management, and key external audiences. Monitor medical and governmental sources to keep company management current on the nature of the pandemic threat.
Business Continuity Planners in Lines of Business	Subject matter expert on business continuity during emergency events. Identify critical work and ability to keep services for our customers.
Responsible Department/Position	**Key Functions**
Communications	Provide accurate and timely messaging to employees, contractors and customers before, during and after a pandemic. Support internal communications. Interface with media and issue press releases.

Facilities Services	Manage janitorial, sanitation, maintenance, repair and heating, ventilating and air conditioning (HVAC) services.
Procurement	Secures resources and supplies such as specific protective items specific to the infectious disease outbreak.
Human Resources	Responsible for all employee/contractor HR policies.
Corporate Safety and Health	Provide health/safety expertise for workforce. Monitor compliance with health/safety regulations.
Information Technology	Ensure adequate capability for telecommuting/remote work. Ensure critical systems are operational.
Legal	Provide legal counsel and input on liability exposure.
Security	Ensure physical and cyber security, and act as liaison with local law enforcement.

4. External References

- World Health Organization (WHO)
- California Governor's Office of Emergency Services (Cal OES)
- California Emergency Medical Services Authority (EMSA)
- California and County Departments of Public Health (CDPH)
- County Offices of Emergency Services
- Centers for Disease Prevention and Control (CDC)
- California Utility Emergency Association (CUEA)
- Local Hospitals

5. PG&E Infectious Disease and Pandemic Stages

PG&E has identified five main stages during a pandemic or infectious disease outbreak. These are slightly different from the WHO's six stages that address global impact, whereas PG&E's stages address the protection of our workforce, public and the continuity of services in our territory.

PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 1: Recognition				
Recognition of increased potential for ongoing transmission of an infectious disease including pandemic – Minimal Human Transmission	News reports of infectious disease outbreak in the world	Monitor sources such as World Health Organization, CDC alert network, public health advisories, and notices of public health concern or other sources and report significant findings to IMT.	Company Medical Advisor (CMA)	Weekly
When increasing numbers of human cases of infectious disease are identified and the virus	WHO or CDC confirms human-to-human transmission but no U.S. cases	Convene IMT; ensure all roles are filled and develop company messaging if necessary;	EP&R, Business Continuity, CMA	Weekly
has the potential to spread from person-to-person, public health actions focus on control of the outbreak, including treatment of sick persons		review Infectious Disease and Pandemic Response Plan and Business Continuity Plans, *infectious disease and pandemic annex (To Be Developed)*		

PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 2: Initiation				
Initiation of a pandemic wave - A pandemic occurs when people are easily infected with the infectious disease that has the ability to spread in a sustained manner from person-to-person	Some human cases confirmed in United States; WHO confirms human-to-human transmission; CDC issues Travel Health Notice at level 3 or higher related to outbreak	Convene a cross-functional IMT to prepare for and manage the impact of a pandemic on company operations, identify and implement appropriate mitigation measures, educate employees and vendors, and provide communications to key internal constituencies on the company's planning effort.	EP&R, Business Continuity	Within 24 hours

PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 3: Acceleration				
Acceleration of an infectious disease event occurs when the WHO declares a Pandemic. These actions combined can reduce the spread of the disease, and prevent illness or death	WHO declares a pandemic or CDC declares local epidemic and Infectious disease identified in PG&E service territory Or Presidential National Emergency	Consult with Senior Management, Safety and Health, Corporate Security, and the CMA regarding specific concerns whether to declare a Level 2 or 3 Emergency	Chief Operating Officer	Within 24 hours and then Weekly
		Consult with Senior Management, Safety and Health, Corporate Security and the CMA and determine if Level 3 Emergency is appropriate. Make available EOC, AEOC, and relocation facilities. Message all staff regarding mitigation guidance	EP&R	Within 24 hours and then Weekly

PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 3: Acceleration - Continued				
		Staff emergency centers appropriately as needed.	Each Emergency Center	Ongoing
		Monitor effects of the epidemic on company operations to ensure continued delivery of gas, electric, IT, financial, and support services. Report status to EOC.	Each Emergency Center (if activated)	Ongoing
		Provide centralized communications, consistent with local city/county/state messages, to employees, customers, and key external constituencies on the impact of the pandemic and the company's efforts to manage through it.	Joint Information Center	As Needed and ongoing
		Monitor the CDC and WHO websites, as well as local and state health departments, and media to determine the spread and severity of the epidemic.	CMA	Ongoing
		Communicate any relevant information to the Incident Commander, Safety and Health and Company Pandemic and Infectious Disease Advisor		

PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 3: Acceleration - Continued				
		Make policy decisions regarding the need to implement epidemic-specific measures such as closing offices, sending non-essential employees' home, prioritizing company work functions, entry-screening processes, etc.	EOC Commander	As needed
		Coordinate implementation of epidemic-specific measures such as closing offices, sending non-essential employees' home, prioritizing company work functions, entry-screening processes, etc.	EOC Commander	As needed
		Evaluate critical operating staffing needs and move resources in the service territory as needed.	EOC Commander	Ongoing

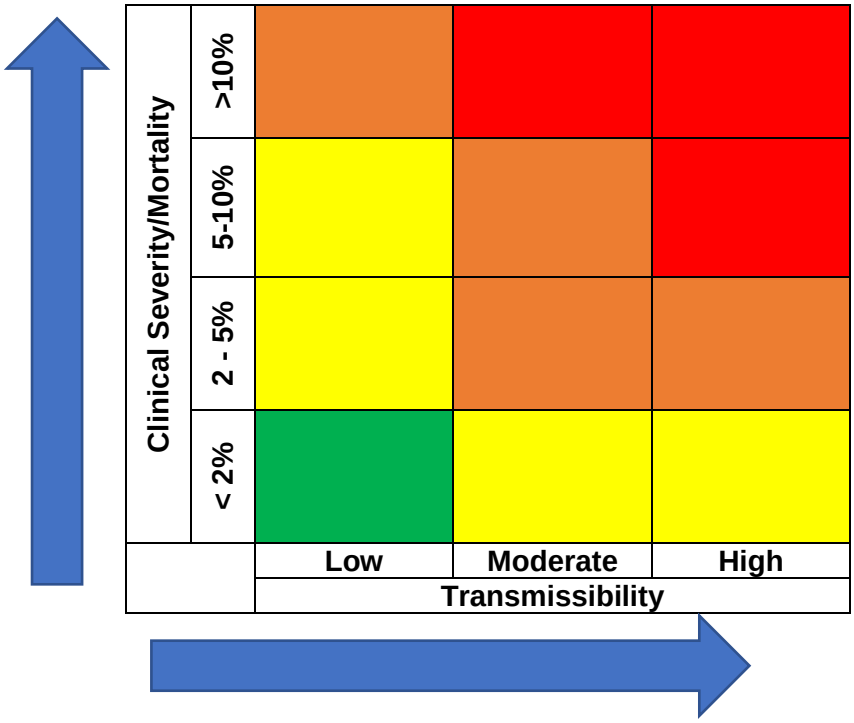
PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 4: Deceleration				
Deceleration of the infectious disease event happens when cases consistently decrease.	CDC and WHO report decreased incidents Local and County data report decreased incidents in PG&E service territory	Keep the IMT and CMA actively monitoring, and meeting as needed. Adjust temporary guidance on work practices to restore normal business operations. Provide centralized communications, consistent with local city/county/state messages, to employees, customers, and key external constituencies on the impact of the pandemic and the company's efforts to manage through it.	IMT and CMA	Within 24 hours, Weekly and as needed

PG&E Infectious Disease and Pandemic Stages				
Stage	**Trigger**	**Stage/Trigger Response**	**Responsibility**	**Frequency**
Stage 5: Post-Incident / Closure / Recovery				
Post-Incident /Closure /Recovery happens when there are no significant reports of new cases and or an available effective vaccine is available.	CDC and WHO will declare the pandemic as over. Local and County data report decreased incidents in PG&E service territory.	Keep the IMT and CMA actively monitoring, and meeting as needed. Adjust temporary guidance on work practices to restore normal business operations. Provide centralized communications, consistent with local city/county/state messages, to employees, customers, and key external constituencies on the closure of the event.	IMT and CMA	Within 24 hours, Weekly and As needed
		Perform Hot wash and After-Action Review	EOC Commander	Within 2 weeks
		Update Infectious Disease and Pandemic Response Plan, as needed	EP&R	Within 90 days

Appendix 1: Pandemic Risk Assessment Matrix

The enterprise risk presented by an infectious disease outbreak, including a pandemic, depends on several factors, including:

- **Disease severity** – severity and duration of symptoms, duration of symptoms, etcetera.
- **Population immunity** – how quickly the population develops immunity, extent of immunity and whether or not immunity is permanent.
- **Treatability** – effectiveness of treatment, such as antiviral medications, and availability and effectiveness of a vaccine.
- **Genomics** – specific characteristics of the infectious agent itself, including survival rate on surfaces, aerosolization characteristics, susceptibility to disinfectants, etcetera.



Low transmissibility – very close or prolonged person-to-person contact required, such as for blood borne pathogens (e.g., HIV, AIDS).

Moderate transmissibility – Aerosolized (airborne) spread, such as coughing or sneezing, but not highly contagious (e.g., normal influenza or cold).

High transmissibility – Aerosolized (airborne) spread with short duration contact or contact with surface contamination (e.g., COVID-19).

Appendix 2: Assessing Employee Risk of Occupational Infection

Worker risk of occupational exposure to during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

Occupational Risk Assessment for Infectious Disease

Very High Exposure Risk

Employees with high potential for exposure to known or suspected sources of infection during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected infected patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected infected patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, active infection at the time of their death.

Examples of PG&E employees at very high risk include a small number of clinicians at fixed or mobile clinics, emergency medical technicians or fire fighters/paramedics.

High Exposure Risk

Employees with high potential for exposure to known or suspected sources of infection. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected infected patients.
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected infected patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, active infection at the time of their death.

Examples of PG&E employees at high risk include a small number who may have to enter health care facilities or morgues to provide service.

Medium Exposure Risk

Employees whose work requires frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with transmissible disease, but who are not known or suspected patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread infectious disease transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

Examples of PG&E employees at medium risk include those in crowded work spaces or customer-facing functions, such as Call Centers, Customer Service Office lobbies and Distribution Control Centers.

Lower Exposure Risk (Caution)

Employees whose work does not require contact with people known to be, or suspected of being, infected with transmissible disease nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Examples of PG&E employees at lower risk include most employees, particularly if they can work remotely or practice social distancing.

Note: If an employee has underlying medical conditions, they may be at greater risk of infection. Examples include obesity, pregnancy, underlying cardiovascular or respiratory disease, recent organ transplant recipient, age (the elderly are especially susceptible), caring for/living with an infected individual, compromised immune system.

6. Approvals

DOCUMENT APPROVER
XXXX

DOCUMENT OWNER
XXXXX

DOCUMENT CONTACT
XXXXX

Infectious Disease and Pandemic Response Plan Change Log

Version	Change	By	Date
1.0	Initial Draft	[redacted]	3/20/20