Purpose

Business continuity means ensuring that essential business functions can survive a natural disaster, technological failure, human error, or other disruption. Many existing business continuity plans anticipate disruptions such as fires, earthquakes, and floods. These events are restricted to certain geographic areas and the time frames are fairly well defined and limited. Pandemic disease, however, demands a different set of continuity assumptions since it will be widely dispersed geographically and potentially arrives in waves that could last several months at a time.

Development of a Pandemic Disease Plan and the Appointment of a Coordinator

A pandemic disease plan or disease containment plan will be developed for the Railroad Construction Company, Inc. (RCC) and a coordinator appointed. There will be a workplace coordinator who will be responsible for dealing with disease issues and their impact at the workplace. This may include contacting local health department and health care providers in advance and developing and implementing protocols for response to ill individuals.

Assumptions

A pandemic disease will spread rapidly and easily from person to person, affecting all businesses due to absenteeism. Businesses that are relied upon by other businesses will be facing the same massive absentee rates, and will be unable to provide essential components to maintain the daily operations.

Risk assessments to identify the essential/critical components of our RCC business operation need to be conducted. Recognize that a pandemic includes:

- Healthcare services not being available (they are already full at present with the usual ailments).
- Schools, churches and other public places not being open.
- Borders are partially or fully closed, especially airports, leaving people (our families, co-workers, business partners, customers and suppliers) "stranded".
- Essential materials and supplies may be limited due to distribution chains that are affected by the travel restrictions or absentee workers supporting those transportation means.
- Essential services around utilities, food distribution/access and banking systems may not be at "normal levels"; access to cash flow could be tight.
- People may not be willing to or able to come to work.

Communications

Communications during a pandemic involves both internal communications and external communications. Internal communication will be provided to co-workers to educate them about pandemic diseases and measures they can take to be prepared.

Key contacts, a chain of communications and contact numbers for RCC co-workers and processes for tracking business and co-workers status have been developed as described in this section.

Risk communication is critical to inform co-workers regarding changes in the pandemic status. The following is one method for providing such information.

Alert: conveys the highest level of importance; warrants immediate action or attention.
Advisory: provides key information for a specific incident or situation; might not require immediate action.
Update: provides updated information regarding an incident or situation; unlikely to require immediate action.
Provide continuous updates through internal & external communications when a pandemic is imminent:

- Notification to co-workers of operational changes
- Provide frequent updates about the pandemic status
- Provide advisories and alerts as conditions change
- Ensure vendors and suppliers have available a dedicated communications contact
- Monitor local, state, and federal pandemic updates

*RCC* will notify key contacts including both customers and suppliers in the event an outbreak has impacted our company's ability to perform services. This procedure also includes notification to customers and suppliers when operations resume.

*RCC* will use our phone systems that can perform automatic dialing from a database with each co-workers contact number to send notifications and messages about alerts. The use of *RCC* web-site also will serve as a portal for sharing information with co-workers and vendors.

**Business Continuity Planning**

During an emergency, co-workers look to management to provide leadership for *RCC*. If a large percentage of personnel become ill our business continuity plans will be initiated so that if significant absenteeism or changes in business practices are required business operations can be effectively maintained.

**RCC COMMAND STAFF:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Commander (President/CEO)</td>
<td>Organizes and directs all aspects of the incident response</td>
</tr>
<tr>
<td>Public Information Officer</td>
<td>Creates and releases upon approval from the incident</td>
</tr>
<tr>
<td>(Media/Public Relations)</td>
<td>commander all information to the staff, media and public.</td>
</tr>
<tr>
<td>Liaison Officer (Vice President)</td>
<td>Establishes and maintains relationships with outside</td>
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<tr>
<td>Safety Officer (Safety Director)</td>
<td>Ensures the safety of all persons involved with the</td>
</tr>
<tr>
<td></td>
<td>pandemic</td>
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**OPERATIONS SECTION:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Operations Section Chief (Director of Operations)</td>
<td>Initiates and manages ongoing operations throughout a pandemic</td>
</tr>
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</table>

**LOGISTICS SECTION:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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</thead>
<tbody>
<tr>
<td>Logistics Section Chief (Purchasing/Inventory Manager)</td>
<td>Meets the goods, services, and staffing needs of the operation during the pandemic</td>
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**PLANNING SECTION:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Planning Section Chief (Lead Administrator)</td>
<td>Collects information and resources potentially relevant to the pandemic and <em>RCC</em> operations</td>
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**FINANCE SECTION:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Finance Section Chief (Purchasing/Accounting Manager)</td>
<td>Monitors all expenditures and ensures fiscal resource availability during the pandemic</td>
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</table>
Pandemic Response by Pandemic Phase
Currently the World Health Organization (WHO) has created various phases for a pandemic, but does not always relate to events locally.

Level 0 (WHO Phase 3) - Novel virus alert - not human-to-human transmission
Level 1 (WHO Phase 4) - Confirmed cases of human-to-human transmission of novel disease virus.
Level 2 (WHO Phase 5) - Suspected/confirmed cases in the area.
Level 3 (WHO Phase 5) - Numerous suspected/confirmed cases in the area.

Work At Home Considerations
There is a work-at-home and stay-at-home policy when co-workers are ill or are caring for others. Flexible work policies will be developed as much as possible. Co-workers are encouraged to stay at home when ill, when having to care for ill family members or when caring for children when schools close, without fear of reprisal. Tele-commuting or other temporary work-at-home strategies will be developed.

Infection Control Measures
Guidelines for infection control are important to clarify the routes of transmission and the ways to interrupt transmission through measures of hygiene. Infection control is an essential component of pandemic management and a component of public health measures. Essential measures include:

- Hand washing and use of hand sanitizers shall be encouraged by RCC supervision. Hand washing facilities, hand sanitizers, tissues, no-touch trash cans (where practical), hand soap and disposable towels shall be provided by RCC.

- Workers are encouraged to obtain appropriate immunizations, when available to help avoid disease. Granting time off work to obtain the vaccine is considered when vaccines become available in the community.

- Social distancing including increasing the space between co-worker work areas and decreasing the possibility of contact by limiting large or close contact gatherings will be considered (current recommendation is 6 feet).

- RCC will clean all areas that are likely to have frequent hand contact (like doorknobs, faucets, handrails) routinely and when visibly soiled. Work surfaces will also be cleaned frequently using normal cleaning products.

Additional examples of RCC co-worker infection control measures include:
- Stay at home when you are sick. If possible, stay away from work, school and from running errands. You will help keep or prevent others from catching your illness.
- Cover your coughs and sneeze into tissues, or cough into your shirt sleeve.
- Enhance existing housekeeping service by wiping down and disinfecting work areas (i.e. keyboards, telephones, desks, etc.) frequently.
- Enhance housekeeping services for general public use areas several times throughout the work period.
- Use personal protective equipment where appropriate to minimize exposure (i.e. gloves- for handling money, masks- for ill employees)

COVID-19 Exposure Protocol:
- Travelers from Level 2 & Level 3 Countries (as defined by the CDC): Any co-worker, subcontractor or vendor returning from a CDC Level 2 or 3 countries (including layovers) must notify RCC’s Safety Dept. via phone prior to returning to work. The co-worker,
A co-worker, subcontractor or vendor who has been diagnosed with COVID-19 must remain out of work for fourteen (14) calendar days from the date of the positive diagnosis. The co-worker, subcontractor or vendor cannot return to work unless they have been cleared by both their personal physician and the RCC Safety Dept. is notified of this clearance.

Triage Procedure for Suspected COVID-19 Cases:

Step 1 – Co-worker, subcontractor or vendor informs supervisor/direct report they have symptoms consistent with COVID-19. Symptoms include (Fever, Cough and Shortness of Breath). If a co-worker, subcontractor or vendor on a RCC project or office location informs
their supervisor/ direct report they have symptoms consistent with COVID-19, or have concerns that they may have been exposed to COVID-19, the RCC supervisor/direct report will direct the co-worker, subcontractor or vendor to leave the work area immediately. The RCC supervisor/direct report will then immediately call the RCC Safety Dept. and provide information on the suspected case. The RCC Safety Dept. will reach out to the co-worker, subcontractor or vendor to obtain additional information. If RCC becomes aware that a co-worker, subcontractor or vendor may have contracted or has been exposed to COVID-19 on a MTA site RCC shall immediately notify the MTA HR.

**Step 2** – RCC Contacts the co-worker, subcontractor or vendor to work with them to complete a confidential incident report requesting all information needed to properly investigate the situation in accordance with federal, state and local laws. Specific personal medical information will not be gathered, the purpose of the investigation is to identity is other workers or members of the public may have come in contact with the infected person and take the appropriate actions to protect the MTA, RCC co-workers, subcontractors, vendors and the public. RCC will advise the co-worker, subcontractor or vendor to contact a medical professional regarding their symptoms. The co-worker, subcontractor or vendor must take appropriate action to ascertain whether or not they are infected and must remain out of work until a medical doctor advises it is safe for them to return to work and the RCC Safety Dept. approves.

**Step 3** – RCC is informed of a potential COVID-19 infection in a co-worker, subcontractor or vendor. RCC will promptly review all completed incident reports related to a possible infection of COVID-19 utilizing the current federal, state and local guidelines. In the event RCC is notified that a co-worker, subcontractor or vendor has tested positive for COVID-19 RCC will take all available measures necessary to contain the spread of the virus, including cleaning/disinfecting impacted areas.

In the event RCC obtains information that a co-worker, subcontractor or vendor working on a MTA project has traveled to a Level 2 or Level 3 country, has been exposed to COVID-19, are quarantined, or have tested positive for the COVID-19, RCC will immediately notify the MTA, via phone call to (877) 377-7059 ext. 1 with as much information regarding the situation as possible.

**Implementation, Testing, and Revision of the Plan**
The plan and emergency communication strategies will be periodically tested (at least annually) to ensure it is effective and workable.

Testing the plan will be accomplished by conducting exercises. Exercises range from low stress to full scale, hands on drills. A tabletop exercise is the easiest way to begin testing the plan. This type of exercise involves having discussions regarding a scenario that challenges the plan and the decision makers during an emergency. Functional exercises take on an additional level of complexity, in that they actually require participants to conduct functional components of the plan. This usually involves planning specific scenarios, creating pretend data and present issues that target an area within the plan to be tested.

Each of these methods of testing the plan requires extensive planning for the exercise and the evaluation. The evaluation is critical to revising the plan, by capturing actual responses during the exercise or drill.
objectively. Once this data is captured, an after-action report with recommendations to revising the plan should be completed within a few weeks of the exercise.

Training

**RCC** Co-workers will be trained on health issues of the pertinent disease to include prevention of illness, initial disease symptoms, preventing the spread of the disease and when it is appropriate to return to work after illness. Disease containment plans and expectations should be shared with employees. Communicating information with non-English speaking co-workers or those with disabilities must be considered.

Documentation of all training will be maintained.