

CASPER AREA TRANSPORTATION COALITION

CATC/The Bus

INFECTIOUS PANDEMIC PLAN

The Casper Area Transportation Coalition (CATC/The Bus) has developed this Infectious Pandemic Response Plan to decrease the spread of seasonal flu and other contagious diseases that may occur in the workplace and to help maintain business continuity during such out breaks. The Goal is to not only to provide measures for the prevention of a workplace outbreak of illness, but to also meet the CDC/FTA policy recommendations to help prevent the spread of infectious diseases and a potential pandemic crisis. Transit employees by the nature of their business are at an increased risk of contracting influenza and other contagious diseases because the workers are consistently closer than 6 feet in proximity to a large number and diverse group of the public. Recommended increases in social distances during influenza season or in the event of another contagious disease outbreak are impossible to achieve in the transit environment. Transit Operators are considered to be a "Medium Risk" for exposure on the tables for vaccination recommendations and facemask stockpiling. This document will be included within the CATC/The Bus Transit Agency Safety and Security Plan.

I. Broad Prevention of Influenza and other Contagious Diseases

- a. Provide training to all CATC/The Bus employees regarding the practices outlined in the Infectious Pandemic Plan
 - i. New Hire training of all new employees
 - ii. Bi-annual training for regular staff on influenza/ contagious disease prevention

II. Specific Prevention Measures

- a. Encourage employees to be vaccinated for seasonal and specific influenzas and, if possible and available, other contagions as may be deemed necessary.
 - i. CATC/The Bus may offer vaccination clinics that potentially may be available free or at a discounted rate to the employees
- b. Encourage improved hand hygiene
 - i. Post hand-washing procedures by restroom sinks
 - ii. Provide alcohol-based hand sanitizing gels
- c. Encourage employees to cover their coughs and sneezes
 - i. Educate employees on how influenza and other contagious diseases are thought to spread from person to person and the importance of social etiquette
 - ii. Provide tissues and non-touch disposal receptacles

- d. Encourage employees to routinely clean surfaces and items that are more likely to have frequent hand contact
 - i. Countertops, door handles, phones, workstations
 - ii. For transit operators, an anti-bacterial wipe used on the steering wheel before driving is encouraged (especially when switching from one driver to another)
 - iii. Provide the necessary cleaning supplies and anti-bacterial wipes
- e. Employees who have traveled outside of the United States should be encouraged to remain home a full 24 hours following their return to the U.S. prior to reporting back to work to insure they are symptom free and not infected with influenza or any other contagion that has been identified.
- f. Prepare for employee absences due to illnesses
- g. CATC/The Bus has a layered approach for operations to provide coverage for sick call-ins:
 - a. Part-time positions
 - b. Supervisor coverage

III. Workplace Breakout Measures

- a. Identify normal absenteeism levels – monitor for when to escalate procedures
- b. Sick persons should stay home if they have influenza-like or influenza symptoms or symptoms identified as being associated with other identified contagions
 - i. Symptoms may include:
 - a. Fever (100° F +)
 - b. Chills
 - c. Cough
 - d. Sore throat
 - e. Headache
 - f. Tiredness
 - g. Diarrhea
 - h. Vomiting
- c. Expect sick employees to be out for about 3 to 5 days in most cases or for any specific period of recovery as may be identified by public health officials.
- d. Employees are not to return to work until at least 24 hours after they are free of fever (less than 100° F) without the use of fever-reducing medications or as advised by public health officials.
- e. Sick employees who report to work ill should be advised to return home or seek medical attention.
- f. Employees who become ill with symptoms of an influenza-like illness or other contagions during the work shift should be:
 - i. Separated from other workers/ the public
 - a. As an interim step, the employee should wear a facemask.
 - ii. The employee should be encouraged to go home as soon as practical

- iii. Other employees should be encouraged to monitor themselves for symptoms when another employee goes home ill.
- g. Whenever 20% or more of our staff has called in sick (4 out of 19 drivers per scheduled day –or– 6 out of 31 drivers during a week), employees will be offered the voluntary use of a facemask as an added preventative measure to prevent the spread of illness.
- h. Upon the 20% mark, we will disinfect the CATC/The Bus Operating offices and all buses, paying close attention to door handles, counters, tables/chairs, and any other surfaces
- i. Upon the 20% mark, the Executive Director will notify the Public Health Officer of a cluster of present cases
- j. Whenever 40% of our staff (12-14 drivers) or more is out ill, the mandatory use of facemasks will be required of all transit employees
- k. Upon the 40% mark, we will require active screening by taking employees' temperatures prior to the beginning of a shift
 - a. Suspension of service may occur if staffing levels do not permit normal operations utilizing our planned coverage for illnesses. We will be prepared to remain fluid and flexible looking at operations plans on a daily basis depending upon available daily staffing levels

IV. Local Breakout Measures

If we are doing a fabulous job of prevention, we may not have employees out ill with influenza-like or influenza symptoms or those symptoms identified with other contagions. In which case, we will reply upon the Public Health Officer to disseminate when progressive measures are required. The Public Health Officer has a statutory responsibility to notify all transportation providers when the seasonal flu and other contagions become more virulent and pose a safety concern within the local community.

- a. Upon initial confirmation from the Public Health Officer of an increase of influenza and influenza-like cluster cases in the Area, the Executive Director will begin daily dialogue with the Public Health Officer to monitor status, receive directives, and respond appropriately.
- b. The Public Health Officer will issue progressive directives of timing for the transit operators to begin wearing facemasks on a voluntary basis, on a mandatory basis, and the directive for us to offer passengers with symptoms (coughing) a facemask to put on upon boarding a public transit vehicle.
- c. The Public Health Officer will also make a directive for active screenings, by taking employee's temperatures prior to the beginning of a shift, of our transit operators as warranted.
- d. The Public Health Officer will monitor cluster cases throughout the City, the Towns, and Natrona County and make directives that are necessary in which to slow and/or stop the spread of the infectious threat.

V. Declaration of Emergency by the Health Department

- a. School closures – Since children shed the greatest amount of virus and are also in close proximity to one another within the schools, it can be possible that a school may need to be closed by order of the Health Department should a cluster of cases indicate a breakout and that level of containment is necessary.
- b. Should a school or school(s) be closed, parents with school-aged children should remain at home with their children.
- c. During a Declaration of Emergency by the Public Health Officer, an order to require suspension of transit service may be issued. This will be determined by the continual monitoring of the severity of the spread and virulence and number of confirmed cases within the local community, and the level of containment that is indicated.

VI. Resumption of Normal Operations

- a. Following a Suspension of Service due to an Infectious Pandemic, normal operations will not be resumed until:
 - i. An all clear is received from the Public Health Officer to resume transit operations.
 - ii. Scheduled drivers are actively screened and are deemed fever free and symptom free.
 - iii. All buses will be cleaned on the interior prior to being placed back into service.
 - iv. Determinations will be made based upon daily availability of staffing as to the operations plan.
 - v. The Public Health Officer decides whether or not facemasks should be voluntary, mandatory, or discontinued.
 - vi. The Public Health Officer will issue the progressive stand-down orders.
 - vii. Resumption of normal operations will occur as soon and as quickly as practicable.

Required Ramp Up in which to Execute this Plan:

Currently CATC/The Bus actively provides cleaning/disinfecting products, sanitizing hand gels, anti-bacterial wipes, and tissues for its employees. We also have hand-washing instructions posted by all sinks.

CATC/The Bus will need to procure (2) Thermometers with enough disposable probe covers to last for a 120-day infectious period and stockpile enough facemasks to achieve staff and passenger coverage if this plan were ordered in effect.

Table 2: Stockpiling Estimates for Respirators and Facemasks

Occupational setting	Proportion of medium or higher risk employees	Number of respirators or facemasks per employee per work shift		Number of respirators or facemasks per employee for a pandemic (120 work days)	
		N95 Respirators (high or very high risk)	Facemasks (medium risk)	N95 Respirators (high or very high risk)	Facemasks (medium risk)
Healthcare					
Hospital ¹	33%	4 ²	0	480	0
Outpatient office/clinic	67%	4	0	480	0
Long term care	25%	1	3	120	360
Home healthcare	90%	2	4	240	480
Emergency medical services	100%	8	0	960	0
First responders					
Law enforcement	90%	2	2	240	240
Corrections	90%	1	3	120	360
Fire department (non-EMS, career and volunteer)	90%	2	2	240	240
Medium risk employees	See Note ³	0	2	0	240

¹ In hospital settings, it is expected that known or suspected pandemic influenza patients will be cohorted (i.e., pandemic patients share rooms only with others pandemic patients in order to reduce the exposure risk to non-pandemic patients; cohorting patients may also include designating specific areas such as a hospital floor or wing for pandemic patient care). Through the cohorting of patients, hospitals are also expected to reduce the number of healthcare providers and support staff who might be exposed to pandemic influenza and thus reduce the number of employees who will need respirators.

² Four respiratory protection devices per shift is the estimate used for most healthcare and emergency response settings where employees are in contact throughout the shift with pandemic influenza patients. For example, employees might use one respirator from the start of the shift until a mid-morning break, a second respirator from the break until lunch, a third respirator from lunch to a mid-afternoon break, and the fourth respirator from the mid-afternoon break until the end of the work shift. If the work flow is not conducive to regular breaks, it may be necessary to modify the estimates used to determine stockpiling recommendation. In the following sections, formulas are provided to calculate respirator stockpiling needs for very high and high exposure risk employees. These formulas can adapt to a specific workplace by substituting estimates of daily respirator needs that are tailored to the work flow and schedule in your place of employment.

³ Includes employees in various retail and other settings where frequent and close contact with other people, whose pandemic infection status is unknown, is unavoidable. The purpose of this estimate is for purchasing and stockpiling of respirators and facemasks. During an actual pandemic the distribution of employees exposed at each risk level, and the distribution of respirators and facemasks necessary to protect employees will likely be less at the beginning and end of a pandemic wave and greater during the middle of a wave. These estimates are intended to provide an average over the duration of the pandemic in the absence of a work site-specific pandemic influenza plan.

This Infectious Pandemic Plan is a multi-layered and tiered response that addresses the needs for containing the spread of infectious illness within our workplace and sustaining operations

should we begin to see widespread influenza, influenza-like illnesses, other identified contagions, or worse yet a pandemic crisis.