



SHAPE

SAFETY & HEALTH IN ARTS
PRODUCTION & ENTERTAINMENT

Pandemic Influenza Exposure Control Plan

Updated: April 30, 2009

Statement of purpose and responsibilities:

The purpose of this Pandemic Influenza Exposure Control Plan (ECP) is to prevent harmful exposure of workers to a pandemic influenza virus in the workplace.

The precautionary principle will guide decision making relating to the ECP. We will take action to reduce the risk of infection without waiting for formal scientific identification or confirmation.

Responsibility for the implementation of the ECP is the Employer. That responsibility would be shared with a Joint Committee or worker representative if applicable.

Risk identification and assessment:

The level of risk is dependant upon the phase of production and/or size and workplace of employment. During periods of pure administration or small scale production:

Low risk: Workers who typically have no contact with pandemic influenza infected persons. Typically this period will involve small groups of workers who may be working in close proximity.

During periods of large scale production or public performance:

Moderate risk: Workers who may be exposed to infected persons from time to time in relatively large, well ventilated workspaces. Typically this period will involve large groups of workers and/or contact with the general public.

Risk control:

Pandemic phases (adapted from the *WHO global influenza preparedness plan 2005*)

Phase	Characteristics
Phase 1 Pre-Pandemic	No new influenza viruses detected in humans. The risk of human infection or disease is low.
Phase 2 Pre-Pandemic	No new influenza viruses detected in humans. However, a circulating animal influenza poses a risk of disease to humans.
Phase 3 Pandemic Alert	Humans have been infected with a new type of influenza originating from animals but there has been no significant human-to-human spread (except in rare instances of close contact).
Phase 4 Pandemic Alert	Small clusters of limited human-to-human transmission but the disease is not widespread (still localized).
Phase 5 Pandemic Alert	Larger clusters of human-to-human transmission but the disease is still not widespread. Evidence suggests that the virus is becoming increasingly better adapted to humans.
Phase 6 Pandemic	Increased and sustained transmission in the general population.

Education and training:

All workers will be formally educated in the following items:

- Exposure Control Plan
- Transmission Routes
- Cough and Sneeze Etiquette
- Proper Handwashing Procedures
- Personal Protective Measures.

Exposure Control Plan Implementation

In the event of a local Phase 4 Pandemic Alert or a Phase 5 Pandemic Alert the following risk control processes will be instituted:

Low Risk workplaces:

- All workers will be formally educated in hand washing and cough/sneeze etiquette (see Education and Training).
- Sick workers will be encouraged to remain at home.

Moderate Risk workplaces:

- All workers will be formally educated in hand washing and cough/sneeze etiquette (see Education and Training).
- Sick workers will be encouraged to remain at home.
- Consideration will be given to the level of risk experienced by workers in positions with direct public contact. Personal protective equipment will be made available (see Education and Training).
- Consideration will be given to the level of exposure by Occupational First Aid attendants. <http://www2.worksafebc.com/PDFs/firstaid/excontr01.pdf>
- Work procedures will be reviewed to eliminate or minimize the potential for exposure. Protective measures may be required if handling, on a regular basis, objects (e.g. money or ticket stubs) that may be contaminated, or if exposed to coughing or sneezing.

In the event of a Phase 6 Pandemic, it may be suggested or required that workplaces close until such time as the Public Health Authority recommends the resumption of regular activity.

Transmission Routes:

Anticipated primary routes of transmission:

Contact Transmission: Shaking hands, sharing food or utensils with an infected person or touching a surface (door knob, telephone, computer keyboard) contaminated with the virus followed by touching one's eyes, nose, or mouth. Contact transmission is important to consider because influenza viruses can persist for hours on surfaces.

Droplet transmission: Infectious droplets (from a coughing or sneezing person) landing in the eye or onto the mucosa (moist inner surface) of the nose or mouth. Droplets travel a short distance through the air.

Airborne Transmission: Airborne (inhalable) droplets can be generated from coughs and sneezes. Airborne transmission must be considered because large droplets can evaporate within seconds to form inhalable droplets or particles. These airborne particles can drift in air a substantial distance from a source, and can pose a substantial risk of infection, for example, in a small, enclosed, poorly ventilated area.

All methods of transmission need to be controlled. Appropriate protective measures will vary according to the kinds of activities performed and the relationship of those activities to routes of transmission.

Cough and Sneeze Etiquette:

Cough and sneeze etiquette involves covering one's nose and mouth, while coughing or sneezing, with a tissue or the crux of the elbow. This will minimize infective droplets, if any, from being released and suspended in the air for others to inhale or for surfaces to be contaminated.

Request a copy of SHAPE's *Something to Sneeze At* etiquette poster:
<http://www.shape.bc.ca/resources/posters.html>

Proper Handwashing Procedures:

To wash hands properly, rub all parts of the hands and wrists with soap and water or an alcohol-based hand rub. Wash hands for at least 15 seconds or more. Pay special attention to fingertips, between fingers, backs of hands and base of the thumbs.

- Keep nails short.
- Wash wrists and forearms if they are likely to have been contaminated.
- Remove watches, rings and bracelets.
- Do not use artificial nails and avoid chipped nail varnish.
- Make sure that sleeves are rolled up and do not get wet during washing.

Request a copy of SHAPE's *A guide to proper handwashing* poster:
<http://www.shape.bc.ca/resources/posters.html>

Personal Protective Measures

This Table provides basic information for personal protection of workers in some but not all types of work situations. **A risk analysis will need to be done in all cases**, including those covered by this Table, to ensure that control measures properly protect workers. The Table focuses on PPE and personal hygiene, but does not address work procedures or engineering controls, which also need to be considered as part of the exposure control plan.

	Low risk: Workers who typically have no contact with pandemic influenza infected persons.	Moderate risk: Workers who may be exposed to infected persons from time to time in relatively large, well ventilated workspaces*.
Hand hygiene	Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)	Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)
Disposable gloves	Not required	Not required; may be desired for workers in large groups or in direct contact with the public.
Apron, Gown, or similar body protection	Not required	Not required
Eye protection	Not required	Not required
Airway Protection - respirators (Minimum N95 respirator or equivalent)	Not required	Not required; may be desired for workers in large groups or in direct contact with the public. Effective use of respirators requires training and proper fitting.

*This category would typically include workers who routinely deal with the public, some of whom may be infected with the pandemic virus, in circumstances where typically the contact is short duration, and the workspace is relatively large and well ventilated. Examples include receptionists, production assistants, box office and front of house staff. In a small performance venue, actors may be at risk from infected audience members (and vice versa).