

# **Milk Haulers Pandemic Planning Guide**

## **Introduction**

The purpose of this planning template is to record key business information and contacts that decision makers in your trucking company may need in the event of an emergency. Identify whom you need to work with for planning, training, capacity, communication, resources and information. To be sure you are working with the right people, ask your contacts to participate with you in a “dry run” or “table top” exercise to see how well your plan works.

## **Things change**

*Keep it current - set up a review schedule and update your contacts on a regular basis.*

*Plan for regular “table top” exercises to make sure your plan still works!*

**This template is based on the Alberta Food Industry Pandemic Preparedness Business Continuity Planning Template which was adapted from:**

**“Influenza Pandemic: Continuity Planning Guide for Canadian Business”, Canadian Manufacturers and Exporters, March 2006**

**[http://www.cme-mec.ca/national/template\\_na.asp?p=22](http://www.cme-mec.ca/national/template_na.asp?p=22)**

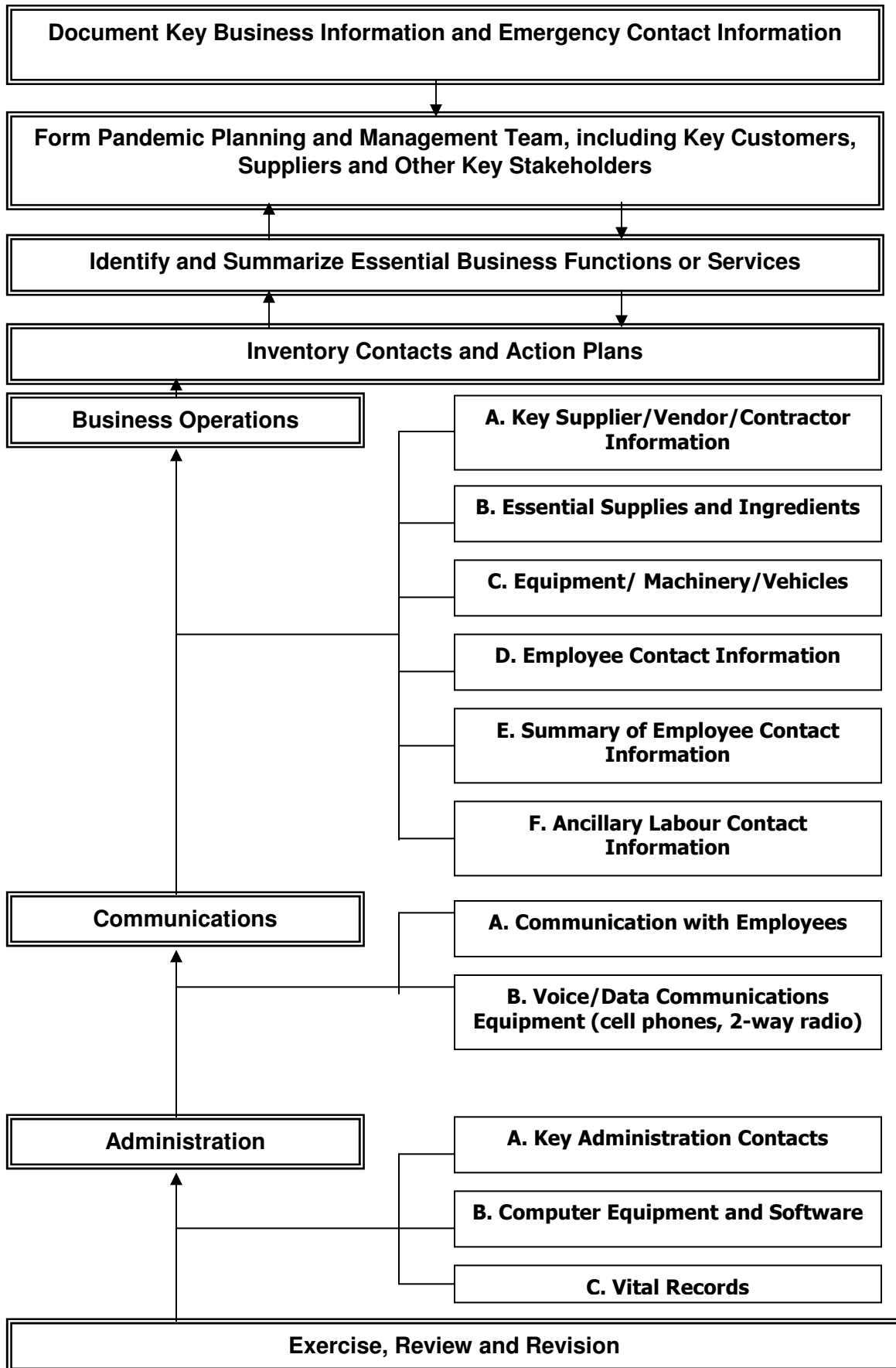
**It has been reviewed by transporters during the Eastern Pandemic Planning Workshop for the Dairy Industry held in Charlottetown, PEI on February 21-22, 2008.**

**“Open for Business” – Internet based, interactive property protection and planning tool, Institute for Business and Home Safety**

**<http://www.disastersafety.org/>**

DM125250

# Planning Template At a Glance



# Key Business Information and Contacts

At a glance reference, current and contingency business information including key emergency contacts and decision makers.

## Primary Emergency Operations Site

If this location is not accessible, we will operate from location below:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Legal Land Description

\_\_\_\_\_  
Legal Land Description

\_\_\_\_\_  
City, Province, Postal Code

\_\_\_\_\_  
City, Province, Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Website

\_\_\_\_\_  
Website

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency:

If the person is not available to manage the crisis, the person below will assume management duties:

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternative Number

\_\_\_\_\_  
Alternative Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

# EMERGENCY CONTACT INFORMATION

Use this page to record names, telephone numbers and email addresses of any agency or individual that you may need to contact in times of emergency or pandemic influenza.

<b>Name</b>	<b>Telephone</b>	<b>Email Address</b>
<b>Public Health Agency Canada</b>	<b>1-800-484-8302</b>	
<b>Health Canada</b>		
<b>Provincial Agriculture Office</b>		
<b>Local Health Region</b>		
<b>Local Municipal Emergency Management Office</b>	<b>911</b>	
<b>Milk Boards</b>		







# ESSENTIAL BUSINESS FUNCTIONS OR SERVICES

Identify all business functions or services that are essential to our operation and/or critical to the survival of our business. The following are some key questions to help us decide what they are:

- What are our most critical and time sensitive business functions or services?
- How much down time can we tolerate for each business function or service?
- Which business functions or services are necessary to fulfill our legal and financial obligations and maintain cash flow?
- Which business functions or services are essential to maintain our market share and reputation, or to strategically adjust to changed circumstances?

*Copy this worksheet and complete one for each identified essential business function or service.*

Business Function:		
Priority:	<input type="checkbox"/> Requires resumption immediately or within 24 hours <input type="checkbox"/> Requires resumption within 72 hours <input type="checkbox"/> Requires resumption within 2 weeks <input type="checkbox"/> Could be delayed for 2 weeks or longer but are required to resume after crisis	
Employee in charge:		Alternate:
Timeframe or Deadline:		
Money lost if not done:		
<i>Who performs this operation? (List all that apply)</i>		
Employee(s):		
Vendor(s):		
Key Contact(s):		
<i>Who provides the input to those who perform the operation? (List all that apply)</i>		
Employee(s):		
Vendor(s):		
Key Contact(s):		
<i>Who uses the output from this operation? (List all that apply)</i>		
Employee(s):		
Vendor(s):		
Key Contact(s):		
Brief description of procedures to complete operation:		



# ESSENTIAL BUSINESS FUNCTIONS OR SERVICES cont'd

The following is a prioritized list of our critical functions/services, staff and procedures we need to survive a pandemic influenza emergency:

Priority	Operation	Staff in Charge/Alternate	Action Plan
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

# BUSINESS OPERATIONS

## A. Key Supplier/Vendor/Contractor Information

During a pandemic, we can expect disruptions in the flow of supplies and in the ability to ship those goods or deliver services. Our ability to resume operations also relies on the ability of our suppliers to deliver what we need on time.

*Copy this worksheet and use to record information about each key supplier, vendor, or contractor, including those that could be used as an alternate choice. Include suppliers of logistics, trucking services and outside storage facility contracts.*

Status:  Current Supplier/Vendor/Contractor

Back-up Supplier/Vendor/Contractor

Company Name:			
Account Number:			
Materials/Services Provided:			
Street Address:			
City/Prov/PC:			
Main Company Phone:			
Primary Contact:		Title:	
Primary Contact Phone:		Primary Contact Cell:	
Primary Contact Fax:		Primary Contact Email:	
Alternate Contact:		Title:	
Alternate Contact Phone:		Alternate Contact Cell:	
Alternate Contact Fax:		Alternate Contact Email:	
Website address:			
Notes:			



## BUSINESS OPERATIONS cont'd

### C. Equipment/Machinery/Vehicles

*Copy this worksheet and use to record information about each piece of key equipment, machinery, and vehicles necessary to perform essential business functions or services, that is the equipment or machinery that would shut the business down or severely curtail production of goods or services if it failed or was compromised. This would include tools and spare parts vital to the operation of equipment as well as company-owned vehicles.*

Item:	
Model:	
VIN:	
Status:	Currently in use <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Vendor/Supplier:	
Alternate Vendor/Supplier:	
Related business function(s):	
Backup Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Order time for replacement:	
Notes:	

## BUSINESS OPERATIONS cont'd

### D. Employee Contact Information

We need to gather information on all employees, including management, so that each person can be contacted at any time or place.

*Copy this worksheet and complete information for each employee. Maintain an up-to-date copy of contact information for each employee in an accessible and secure location. Due to privacy issues, the HR department should manage these documents.*

Name:			
Position:			
Key Responsibilities:			
Home Address:			
City/Prov/PC:			
Home Phone:		Cell Phone:	
Office Phone:		Fax:	
Home Email:			
Work Email:			
Emergency Contact:		Relationship:	
Emergency Contact Phone:		Alternate Phone:	
Certifications:	<input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Ham Radio Operator <input type="checkbox"/> Other: <hr/>		
Transferable Skills: (could be used in the event of an emergency)			
Health Profile: (include special medication needs, vaccination records, illness leave, etc.)			
Notes:			





# COMMUNICATIONS

## A. Communication with Employees

In the event of pandemic influenza we will communicate with employees in the following way(s):



## COMMUNICATIONS cont'd

### B. Voice/Data Communications Equipment

*Copy this worksheet and record the information for each piece of voice and data communications needed in case of emergency.*

Type of Service:	<input type="checkbox"/> Telephone <input type="checkbox"/> PC Data Communications <input type="checkbox"/> Cell Phone <input type="checkbox"/> Fax Machine <input type="checkbox"/> Two-way Radio and Pager <input type="checkbox"/> Ham Radio <input type="checkbox"/> Other: _____
Description & Model Number:	
Status:	Currently in use <input type="checkbox"/> Yes <input type="checkbox"/> No
Voice Communications Features:	<input type="checkbox"/> Voice Mail <input type="checkbox"/> Speaker <input type="checkbox"/> Conference <input type="checkbox"/> Conversation Recorder <input type="checkbox"/> Other: _____
Data Communications Features:	<input type="checkbox"/> Cable <input type="checkbox"/> DSL (high speed data connection using regular phone network) <input type="checkbox"/> T-1 (data transfer system used by businesses with many users) <input type="checkbox"/> Dial-up <input type="checkbox"/> Other: _____
Quantity:	
Primary Supplier/Vendor:	
Alternate Supplier/Vendor:	
Notes:	

# ADMINISTRATION

## A. Key Administration Contacts

<Copy this worksheet and record the information of key contacts required for administration of the business such as the bank, creditors, insurance agent, accountant, etc. Include services in the community needed to help resume operations, such as utilities, emergency responders, media outlets, business partners and business organizations. Key customers are an essential part of this list>

Type:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Accountant</li> <li><input type="checkbox"/> Bank</li> <li><input type="checkbox"/> Billing/Invoicing Service</li> <li><input type="checkbox"/> Benefits Administration</li> <li><input type="checkbox"/> Building Manager</li> <li><input type="checkbox"/> Building Owner</li> <li><input type="checkbox"/> Building Security</li> <li><input type="checkbox"/> Creditor</li> <li><input type="checkbox"/> Emergency Management Agency</li> <li><input type="checkbox"/> Fire Department</li> <li><input type="checkbox"/> Hazardous Materials</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Insurance Agent/Broker</li> <li><input type="checkbox"/> Insurance Company (Claims Reporting)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Key Customer/Client</li> <li><input type="checkbox"/> Media (newspaper, radio, TV)</li> <li><input type="checkbox"/> Mental Health Professional(s)</li> <li><input type="checkbox"/> Payroll Processing</li> <li><input type="checkbox"/> Police Department</li> <li><input type="checkbox"/> Regional Health Authority</li> <li><input type="checkbox"/> Regulatory Agencies (CFIA, AAFRD, Public Health)</li> <li><input type="checkbox"/> Telephone Company</li> <li><input type="checkbox"/> Utility (gas, electricity, water)</li> <li><input type="checkbox"/> WCB</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|--|

Company Name:			
Account Number:			
Materials/Services Provided:			
Street Address:			
City/Prov/PC:			
Main Company Phone:			
Primary Contact:		Title:	
Primary Contact Phone:		Primary Contact Cell:	
Primary Contact Fax:		Primary Contact Email:	
Alternate Contact:		Title:	
Alternate Contact Phone:		Alternate Contact Cell:	
Alternate Contact Fax:		Alternate Contact Email:	
Website address:			
Notes:			

## ADMINISTRATION cont'd

### B. Computer Equipment and Software

<Copy this worksheet and complete for each piece of computer equipment, hardware and software needed to fulfill essential business functions. Use the "Notes" section to record how a plan to keep this equipment safe in the event of emergency>

Item:			
Type:	<input type="checkbox"/> Computer Hardware <input type="checkbox"/> Computer Software		
Status:	Currently in use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Vendor/Supplier:			
Alternate Vendor/Supplier:			
Title & Version or Model Number:			
Serial Number:		Purchase/Lease Date:	
Quantity (equipment):		No. Of Licenses (software):	
License Numbers <i>(enter one per line):</i>			
Notes:			

# ADMINISTRATION cont'd

## C. Vital Records

<Copy this worksheet and complete for any records that are vital to perform essential business functions. Use "Media" to indicate if the record is print version, on a CD, diskette, etc>

Name of Vital Record:			
Media:	<input type="checkbox"/> Network <input type="checkbox"/> Laptop <input type="checkbox"/> Hard Drive <input type="checkbox"/> CD <input type="checkbox"/> Diskette <input type="checkbox"/> Print Version <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____		
Is it backed up?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Media for backup:	<input type="checkbox"/> Network <input type="checkbox"/> Laptop <input type="checkbox"/> Hard Drive <input type="checkbox"/> CD <input type="checkbox"/> Diskette <input type="checkbox"/> Print Version <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____		
How often is it backed up:	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Yearly <input type="checkbox"/> Never		
Can the record be recreated?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business function(s) it supports:			
Who is responsible?		Business Phone: Cell: Home Phone:	Email:
Alternate:		Business Phone: Cell: Home Phone:	Email:
Where is it stored on-site?			
Another set of back-up records is stored at the following off-site location:			

# DOCUMENT ADMINISTRATION

## Exercise Log

The following table logs the date, type of exercise and any pertinent comments each time the plan is exercised:

Date	Type of Exercise	Comments

## Document Review

The following table logs the date, the name(s) of the reviewer and any pertinent comments each time the plan is reviewed:

Date	Reviewer	Comments

## Document Revision History

The following table tracks all revisions made to this document:

Date	Author	Comments

## **Appendix 1 – Social distancing protocol for truck drivers**

Social distancing means minimizing human-to-human contact in peak phases of pandemic influenza.

Suggestions on how to minimize close contact include:

- Avoid face-to-face contact – remain in the cab or away from others who are in the milkhouse or vicinity on the farm or in the unloading bay at the plant
- Minimize contact with others if unavoidable. Meet in large areas. Use cell phones or radios to communicate.
- Avoid non-essential stops at restaurants or stores. Cancel or postpone non-essential meetings/workshops/training sessions.
- If there is a second driver, leave a down time between shifts. Ventilate the cab between shifts. Use disinfectant to clean the steering wheel, the door handles, and all other surfaces that are often touched in the truck before starting your shift.
- Avoid unnecessary travel (especially to endemic regions).