



Ontario Electricity Pandemic Continuity of Operations

Planning Guide

Issue 3.0

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Emergency Preparedness Task Force

This planning guide provides a common planning, mitigation and response framework to assure the continued reliability of Ontario's electricity system through an influenza pandemic.

Public

Emergency Preparedness Task Force

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Disclaimer

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Date	Version	Reference Section & Paragraph	Description of Change
August 23, 2006	1.0		Initial release
November 1, 2007	1.1	Various	Revised to reflect changes to the Ontario government's pandemic influenza plan and North American plan
September 29, 2009	2.0	Various, especially Section 2.0	Revised to reflect lessons-learned from the April 2009 H1N1 outbreak, including response actions according to severity.
February 16, 2011	3.0	Throughout Section 2.3	Housekeeping items throughout. Clarification of Pandemic Influenza Response Triggers in Section 2.3 – Phased Response.

1. Executive Summary

1.1 Purpose of this Document

The purpose of this document is to provide you¹ with a common planning and response framework to assure the continued reliability of Ontario's electricity system through an influenza pandemic. While this document is focussed on the reliability of the IESO-controlled grid, it provides guidance relevant to the continued operation of all market participants. We will continue to monitor the pandemic threat situation and, as facts become better known, this document will be revised as necessary.

This document is intended to be used by the IESO and all market participants to enhance existing emergency plans, and is available on the IESO's public web site.

1.2 Supplements Existing Plans

This is not a stand-alone guide. It is intended to support existing operational and emergency preparedness requirements as described in Chapter 5, Section 11 of the Market Rules at http://www.ieso.ca/imoweb/pubs/marketRules/mr_chapter5appx.pdf

Ontario's electricity emergency planning framework is described in the Ontario Electricity Emergency Plan available on the IESO's public web site at <http://www.ieso.ca/imoweb/pubs/ep/ontElecEmerPlan.pdf>

The threat of an influenza pandemic scenario poses unique challenges that may not be fully addressed in your existing emergency plans, such as:

- recognizing and addressing much higher levels of staff absenteeism, whereas emergency and business continuity planning has historically focussed on man-made and natural disasters with limited impact on staff
- ensuring frequent and effective communications with staff and external stakeholders
- the high degree of uncertainty regarding the nature, timing and impact of an influenza outbreak, particularly the severity of the illness and the impact on staffing and of social distancing actions such as school closures
- reconciling varying impact assessments provided by health agencies around the world, and at the provincial and federal levels

¹ In this document, "you" refers to all Ontario electricity market participants.

1.3 Acknowledgements

Ontario's Emergency Preparedness Task Force (EPTF), which collaborates on emergency planning matters amongst electricity market participants, has been monitoring the pandemic threat in consultation with health authorities. This document compiles these efforts, and acknowledges the substantial contribution of:

Bruce Power – Rick Cook, Dr. Mike Emond

Hydro One –Kathy Shalagan

Independent Electricity System Operator – David Dunn, Stuart Brindley

Ontario Power Generation – Gian Di Giambattista, Mary Lou Sinclair, Dr. Alain Sotto

1.4 Linkage with Health Authorities

While the electricity industry in Ontario has robust contingency plans in place for dealing with electricity-related emergencies, we do not have the expertise to assess the likelihood or impact on public health of an influenza outbreak. Therefore all disease-related planning assumptions in this document are based on information provided by the Ontario Ministry of Health and Long Term Care, which is consistent with the Public Health Agency of Canada and the World Health Organization. Your internal health or medical services department plays an important role in this planning by staying abreast of developments, and providing advice.

1.5 What You Need to Do

All Ontario market participants are urged to read this document, and take the necessary action to enhance your existing operations and emergency plans.

You will need to review your electricity emergency plan and, if necessary, revise and forward it to the IESO consistent with Chapter 5, Section 11.4 of the Market Rules. The rules also provide for independent audits of market participant plans, if requested by the IESO.

Specifically, you need to:

- Review your emergency plans considering the ranges of staff unavailability described in Section 2.2.2 of this document.
- If you assess that you can continue to meet your obligations under the Market Rules through the ranges of staff unavailability, and changes to your emergency plan are not required, confirm this to the IESO.
- If you assess that you cannot meet your obligations under the Market Rules through the ranges of staff unavailability, identify the actions you

are taking, revise your emergency plan and forward your revised plan to the IESO as part of the annual self-certification process for [Emergency Operations Planning \(form 1608\)](#).

The IESO will use this information to develop an assessment of the possible impact of pandemic influenza on the reliability of Ontario's electricity system.

We welcome your questions, comments or suggestions as these will help us further develop this document as better information becomes available.

For further information, contact the IESO at emergency.preparedness@ieso.ca

2. Planning Assumptions

2.1 Government Coordination of Influenza Pandemic Plans

2.1.1 Health Authorities

The Minister of Health and Long-Term Care (MOHLTC) is responsible for developing an Ontario-wide approach to influenza pandemic planning in the health care sector. This Ontario Electricity Continuity of Operations Planning Guide is based on the planning assumptions detailed in MOHLTC's Ontario Health Plan for an Influenza Pandemic which is available at:

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

MOHLTC coordinates efforts with other health authorities, including:

Public Health Agency of Canada <http://www.phac-aspc.gc.ca/influenza>

World Health Organization <http://www.who.int/topics/influenza/en/>

This plan addresses a broad range of public policy and health sector operational matters, including the role of “critical infrastructures”.

It is emphasized that while the various health agencies provide planning assumptions that are broadly consistent, each of them acknowledge a high degree of uncertainty regarding key planning assumptions such as illness rate (called “attack rate” by health authorities), mortality and duration. As these planning assumptions are key to driving the development of electricity industry-specific plans, we have adopted planning assumptions that are consistent with the MOHLTC's Ontario Health Plan for an Influenza Pandemic. As reliable electricity supply is fundamental to the economy, health and well-being of the people of Ontario, we have adopted conservative planning assumptions where the degree of uncertainty by health authorities is high.

You are urged to contact your regional or local public health authorities to ensure that local authorities understand your critical role in supporting electricity reliability. This will help ensure coordinated action and will facilitate actions such as anti-viral and vaccine prioritization and distribution.

2.1.2 Emergency Management Ontario

To support MOHLTC's Ontario Health Plan for an Influenza Pandemic, Emergency Management Ontario has developed a [Provincial Coordination Plan for Influenza Pandemic](#) to assist in coordinating the provincial emergency response during an influenza pandemic emergency.

2.1.3 Coordination Across North America

The North American Plan for Avian & Pandemic Influenza² was released at the August 2007 Security and Prosperity Partnership meeting. It describes the collaboration occurring between Mexico, the United States and Canada in planning for a pandemic and commits to support critical infrastructure and increase resiliency and commits that the governments will:

- advise one another in advance of making any decision that could seriously affect the other
- recognize that highly restrictive measures to control the movement of goods and services might initially delay, but will not stop the spread of a virus
- avoid unnecessary interference with the movement of people and goods
- develop contact lists of “appropriate key critical infrastructure partners”

2.2 Electricity Industry Planning Assumptions

During 2005, the EPTF developed planning assumptions and a checklist of actions that should be taken by the industry to prepare for a possible influenza pandemic. In December 2005, members of the EPTF provided this document to the North American Electric Reliability Corporation (NERC) and recommended NERC establish a team to develop a reference document suitable for use at the North American level. This was completed in January 2006 and is available at <http://www.esisac.net/publicdocs/Influenza%20Pandemic%20Reference%20Guide.pdf>.

Ontario’s Ministry of Health and Long Term Care offers the following assumptions regarding the extent and severity of illness. While these severity levels have not yet become apparent with the H1N1 virus, health authorities caution that subsequent waves may be more severe. In general, it is expected that more severe illness than the usual seasonal influenza is likely in all population groups.

- An expected illness attack rate of 35% of the population over the duration of the pandemic will cause these people to be sick enough to take at least a half-day off work.
- At the peak of the first wave, about 20-25% of the workforce will be absent from work for at least a half-day.
- About 45% of people who become ill will not require medical care, but will need health information and advice. About 53% will require outpatient care, and approximately 2% will require hospitalization.
- Health authorities are indicating that an influenza pandemic may last 6-18 months, or longer.
- A vaccine will not be available for 4-6 months after the virus strain is identified, and may only be 70-90% effective.

The characteristics of any new pandemic-causing influenza virus will not be known, until the virus has been detected or analyzed; even then, the characteristics

² www.spp.gov/pdf/nap_flu07.pdf

may change over time, and affect different populations in very different ways. Therefore the assumptions about the characteristics of the disease are based on the general characteristics of past severe influenza outbreaks such as the Spanish flu in 1918, and Swine flu in the 1960s.

You may not have a lot of time to prepare once a World Health Organization Global Alert has been declared, as it may only take a few days or a few months until local outbreaks occur. The H1N1 outbreak originated in Mexico and within a few days had reached parts of the U.S. and Canada, including Ontario,

You should develop your own plans with the following assumptions regarding pandemic severity, mortality, duration, and staff unavailability in mind.

2.2.1 Duration

It is anticipated that an outbreak may occur in several waves, each lasting about 8 weeks. A second wave may follow 3-9 months after the first and may be more severe. A third wave may also occur.

2.2.2 Unavailability of Staff

There is currently a great deal of uncertainty by public health authorities and governments regarding the expected illness rates that might occur during a pandemic. At present, authorities are not defining the rate of absenteeism that may occur as a result of people being either too ill to attend work, or staying away for other reasons such as taking care of family members.

Therefore, we recommend that you plan using a range of assumptions that would recognize peak absenteeism as follows. Each of these ranges correspond to the attack rates of 15%, 25% and 35% respectively described in the Provincial Pandemic Plan.

- 20% absenteeism for one week, 10% for the remainder of the wave
- 30% absenteeism for one week, 15% for the remainder of the wave
- 40% absenteeism for one week, 20% for the remainder of the wave

For each of these ranges, you need to consider the possible impact on your essential operations and identify the means to eliminate or reduce the impact of these reduced staffing levels. While a pandemic may occur in multiple waves, this range of assumptions is expected to be appropriate for any one of the waves.

2.2.3 Mortality

According to the Public Health Agency's Canadian Pandemic Influenza Plan, mortality rates are expected to be in the order of less than 1% of the general population. While some deaths may occur, they are not expected to be at a level to require additional planning above and beyond the levels described above.

2.3 Phased Response

The World Health Organization uses six phases to describe how rapidly the virus is spreading (i.e. transmission rate). However, even at the highest, Phase 6 global pandemic, the H1N1 outbreak was found to have a relatively moderate degree of severity in the vast majority of cases, and did not require that response plans be implemented at the highest levels. It has become apparent that a measure of severity, in addition to transmission rate, is needed to help ensure our response plans are triggered at the appropriate times. Health authorities are being urged to develop a severity measure.

In the meantime, the following tables provide a framework for implementing plans under mild, moderate, and severe conditions. This basic framework was published by the North American Electric Reliability Corporation as part of their [H1N1 Influenza Outbreak Update advisory](#) on August 12, 2009. Detailed response actions as they relate to the reliability of Ontario's electricity system are outlined in Section 3– Continuity of Operations.

Table 1 below describes how the response actions in Table 2 would be implemented through mild, moderate and severe staff absenteeism severity scenarios on the horizontal axis and increasing mortality rates (% case fatalities as published by the CDC) on the vertical axis. The table is intended to help guide decisions to take the right action at the right time and has appropriate flexibility to consider other contributing factors. Implementing response actions too early may seem like the prudent thing to do, but it will consume resources that might best be held until they are really needed. It can also reduce overall capability as time goes on. For example, maintenance activities cannot be deferred indefinitely. Implementing response actions too late can also have negative consequences. Employees may be placed at greater risk or may feel neglected, particularly as they learn of other companies taking action.

While Table 1 has been developed with a pandemic scenario in mind, entities may find it to be a useful framework for managing any emergency that could affect the availability of staff needed to maintain continuity of operations.

Table 1 illustrates how the severity scenarios correspond to increasing levels of worker absenteeism, recognizing that absenteeism is influenced by a number of complex factors, such as:

- The likelihood of worker contact with the virus, either in the community or at work (e.g. rate at which the virus is spreading, contagion period)
- Severity of the illness (intensity, duration, extent to which hospitalization is required)
- Worry and fear
- Social distancing measures (e.g. limiting visitors and non-essential staff in the workplace, school closures, travel restrictions)

The absentee rates are grouped into 3 scenarios. Health authorities may soon develop a science-based quantitative severity index to measure these scenarios represented by the

horizontal axis of Table 1. While this will be helpful, emergencies are managed locally and entities will need to decide appropriate response actions by considering local circumstances affecting their community and the potential impact on workers and their families. In our case we have determined severity to be in the following three broad categories:

- **MILD:** Absentee rates of up to 20% for a week of the pandemic wave, 10% for the rest of the wave.
- **MODERATE:** Absentee rates of up to 30% for a week of the pandemic wave, 15% for the rest of the wave.
- **SEVERE:** Absentee rates of up to 40% or greater for a week of the pandemic wave, 20% for the rest of the wave.

TABLE 1: Pandemic Influenza Response Triggers

CDC Case Fatalities	SEVERE ≥ 2.0%	5	Full Activation	Full Activation	Full Activation	Full Activation	Full Activation
		4	Advanced	Advanced	Advanced	Advanced	Full Activation
	3		Advanced	Advanced	Advanced	Advanced	Full Activation
	MILD < 0.5%	2	Enhanced	Enhanced	Enhanced	Advanced	Full Activation
		1	Routine	Routine	Enhanced	Advanced	Full Activation
				MILD			MODERATE

----- Severity Scenarios -----

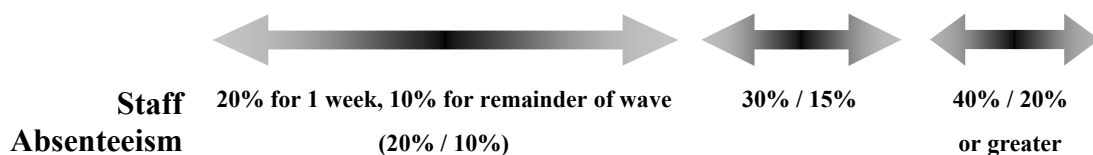


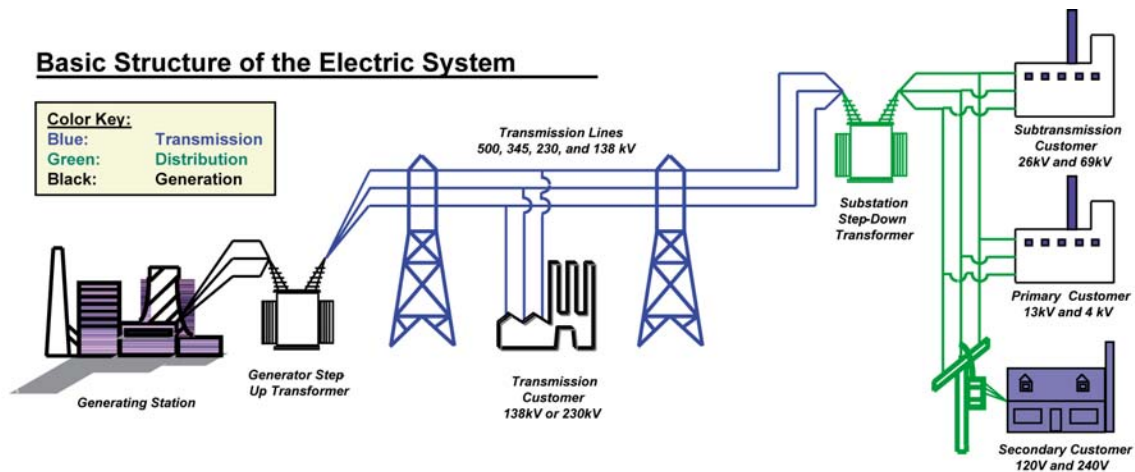
TABLE 2: Typical Response Actions

	Monitor Situation	Communicate	Control Infection	Support Employees	Maintain Essential Operations
Routine	Normal	Normal	Normal	Normal	Normal
Enhanced	Periodic updates from health authorities	Periodic updates to all staff Limited sector-wide notifications from NERC	Consider enhanced procedures	Consider enhanced support for managers to make decisions	Normal
Advanced	Frequent updates from health authorities Monitor employee absentee rates	Frequent updates to all staff Periodic sector-wide notifications from NERC	Confirm anti-viral priorities and consider distribution in consultation with health authorities Confirm vaccine priorities to support essential business	Enhanced support for managers to make decisions re: staff and their families, close contact situations	Essential business plus regulatory requirements only
Full Activation	Daily updates from health authorities Monitor employee absentee rates	Daily updates to all staff Frequent sector-wide notifications from NERC Notify the IESO of any potential reliability impacts due to site-specific pandemic conditions	Decide anti-viral distribution in consultation with health authorities <u>Prepare to</u> support requirements by state, provincial and local agencies/governments to identify critical workers for prioritized distribution of vaccine when available	Enhanced support for managers to make decisions re: staff prioritization	Essential business only

3. Continuity of Operations

3.1 Functions Essential to the Reliable Operation of the Electricity System

You need to identify those business functions that are essential to your operation, and assess the impact of reduced staffing levels on those functions.



3.2 Assess the Impact on Your Critical Functions

For each of your essential functions, you need to assess the impact on your essential functions on staff unavailability under three ranges described in 2.2.2 as follows:

- 20% absenteeism for one week, 10% for the remainder
- 30% absenteeism for one week, 15% for the remainder
- 40% absenteeism for one week, 20% for the remainder

To help you assess each of the above ranges, consider the following questions:

3.2.1 For Generators:

1. Will equipment and facilities be maintained? If not, can maintenance be deferred and if so, for how long?
2. Will equipment and facilities be repaired? If not, can repairs be deferred and if so, for how long?
3. Will equipment and facilities be operable? If not, would you be able to shut down, and subsequently resume operations?
4. Can your suppliers support essential functions?

5. Will you be able to continue to support reliable system and market operations?

3.2.2 For Transmitters:

1. Will equipment and facilities be maintained? If not, can maintenance be deferred and if so, for how long?
2. Will equipment and facilities be repaired? If not, can repairs be deferred and if so, for how long?
3. Will equipment and facilities be operable? If not, would you be able to shut down, and subsequently resume operations?
4. Can suppliers or mutual assistance arrangements support essential functions?
5. Will you be able to continue to support reliable system and market operations?

3.2.3 For Distributors:

1. Will equipment and facilities be maintained? If not, can maintenance be deferred and if so, for how long?
2. Will equipment and facilities be repaired? If not, can repairs be deferred and if so, for how long?
3. Will equipment and facilities be operable? If not, would you be able to shut down, and subsequently resume operations?
4. Can customer demand for your services be met?
5. Can suppliers or mutual assistance arrangements support essential functions?
6. Will you be able to continue to support reliable system and market operations?

3.2.4 For Connected Wholesale Customers:

1. Do you expect to change your pattern of electricity demand? If so, how?
2. Will you be able to continue to support reliable system and market operations?

3.2.5 For the System Operator

1. Will equipment and facilities be maintained? If not, can maintenance be deferred and if so, for how long?
2. Will equipment and facilities be repaired? If not, can repairs be deferred and if so, for how long?
3. Can suppliers or mutual assistance arrangements support essential functions?
4. Will you be able to continue to support reliable system and market operations?

3.3 Take Actions to Support Essential Functions

Depending on the impact of each range of staff unavailability, you will need to take actions to eliminate or reduce any adverse impact on your essential functions. Actions may include:

- Train additional staff to support essential functions
- Redeploy or acquire additional staff from non-essential functions

3.4 Monitor the Situation and Revise Your Pandemic Influenza Plan

It is clear that the pandemic influenza situation is continuing to evolve, and you will need to stay abreast of changes that will affect your plans and how you implement them. In particular, consider the following:

- Stockpile health-related supplies for multiple waves (e.g. anti-virals, cleaning supplies)
- Monitor employee absenteeism, and anticipate when critical functions may become at-risk
- Review human resources policies related to absenteeism and recognize that doctors will likely not provide notes to confirm illness or suitability to return to work
- Evaluate the impact of local school closures and employees who would need to stay home
- Communicate vaccine availability to staff

3.5 Review Your Emergency Preparedness Plan

You will need to review your electricity emergency plan and, if necessary, revise and forward it to the IESO consistent with Chapter 5, Section 11.4 of the Market Rules. The rules also provide for independent audits of market participant plans, if requested by the IESO.

Specifically, you need to:

- Review your emergency plans considering the ranges of staff unavailability described in section 3.2.
- If you assess that you can continue to meet your obligations under the Market Rules through the ranges of staff unavailability, and changes to your emergency plan are not required, confirm this to the IESO.
- If you assess that you cannot meet your obligations under the Market Rules through the ranges of staff unavailability, identify the actions you are taking, revise your emergency plan and forward your revised plan to the IESO.

The IESO will use this information to develop an assessment of the possible impact of pandemic influenza on the reliability of Ontario's electricity system.

3.6 Reporting Equipment or Facility Outages to the IESO

It is possible that these ranges of staff unavailability could lead to a change or anticipated change in the capability or the status of your facilities, and that this could have a material effect on the reliability of the IESO-controlled grid or the operation of the IESO-administered markets (ref. Market Rules Chapter 5,

Sections 3 and 6). If this is the case, you need to report this to the IESO using the outage request process.

The market participant guide for reporting outages is available on the IESO's public web site at:

http://www.ieso.ca/imoweb/pubs/systemOps/so_OutageRequestGuide.pdf

The Outage Request form is available of the IESO's public web site at:

http://www.ieso.ca/imoweb/pubs/systemOps/so_f1360_OutageRequest.doc

3.7 Impact on Ontario Consumer Demand for Electricity

It is expected that the pandemic period will affect consumer load profiles and result in some reduction in primary demand as a result of a decrease in some industrial and commercial activity. This will be partially offset by increased residential demand as some people stay home because they are ill.

3.7.1 Demand Forecast Methodology

Demand forecasting tools do not have the required historical data to model unusual events such as a pandemic, and so historical holiday periods were used as proxies to determine the impact for the ranges of absenteeism.

Absentee Range	Forecasting Assumption
20%	Twice the impact of the week of Canada Day, July 1
30%	Half the impact of the week between Christmas and New Years Day
40%	Full impact of the week between Christmas and New Years Day

3.7.2 Results

These forecast assumptions indicate that we might expect between 1% and 9% reduction in demand, depending on the impact of a pandemic. Differences between summer and winter are not significant. The bar charts compare each of these ranges with historical data for holidays and the week following the August 2003 Blackout.

Impact on Demand January	Absentee Rate			
	Normal	20%	30%	40%
Peak Demand (MW)	24,800	24,500	23,900	23,000
% Change		-1.1%	-3.3%	-6.9%
Energy Demand (GWh)	3,300	3,300	3,200	3,000
% Change		-0.7%	-4.2%	-8.8%

Impact on Demand July	Absentee Rate			
	Normal	20%	30%	40%
Peak Demand (MW)	25,700	25,500	24,900	24,000
% Change		-1.0%	-3.2%	-6.6%
Energy Demand (GWh)	3,100	3,100	3,000	2,800
% Change		-0.7%	-4.5%	-9.4%

Note: Data has been rounded to recognize degree of uncertainty.

Figure 1: Pandemic Impact on Energy Demand

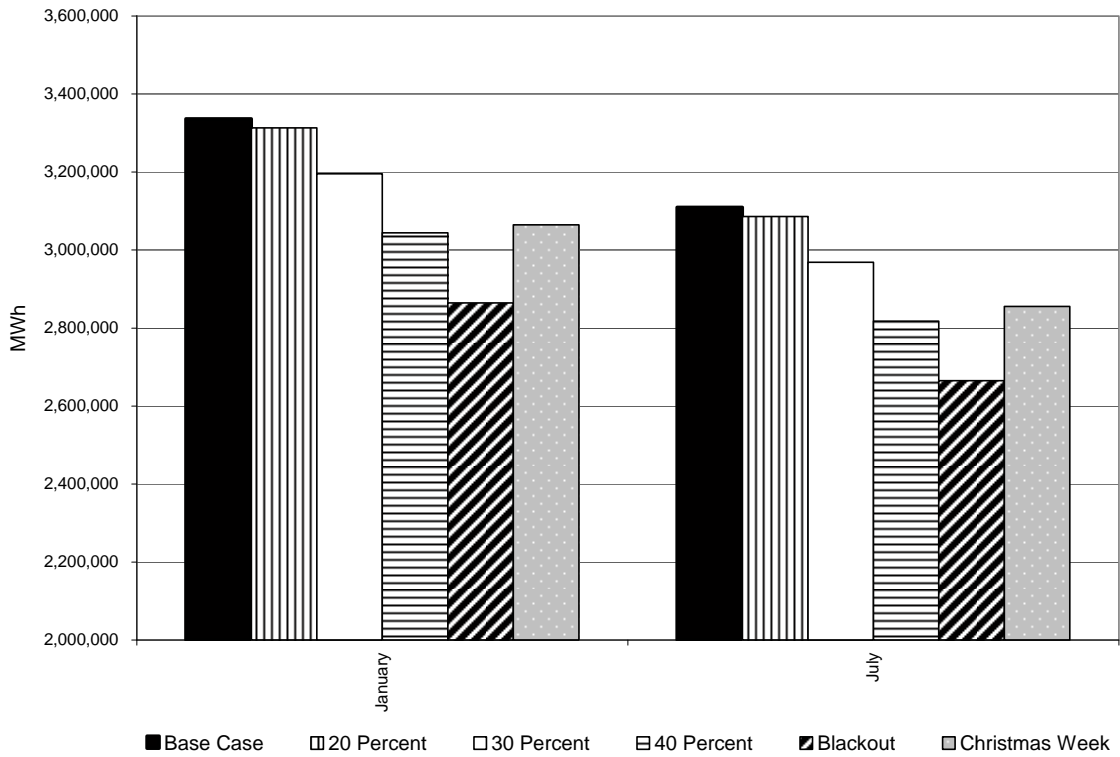
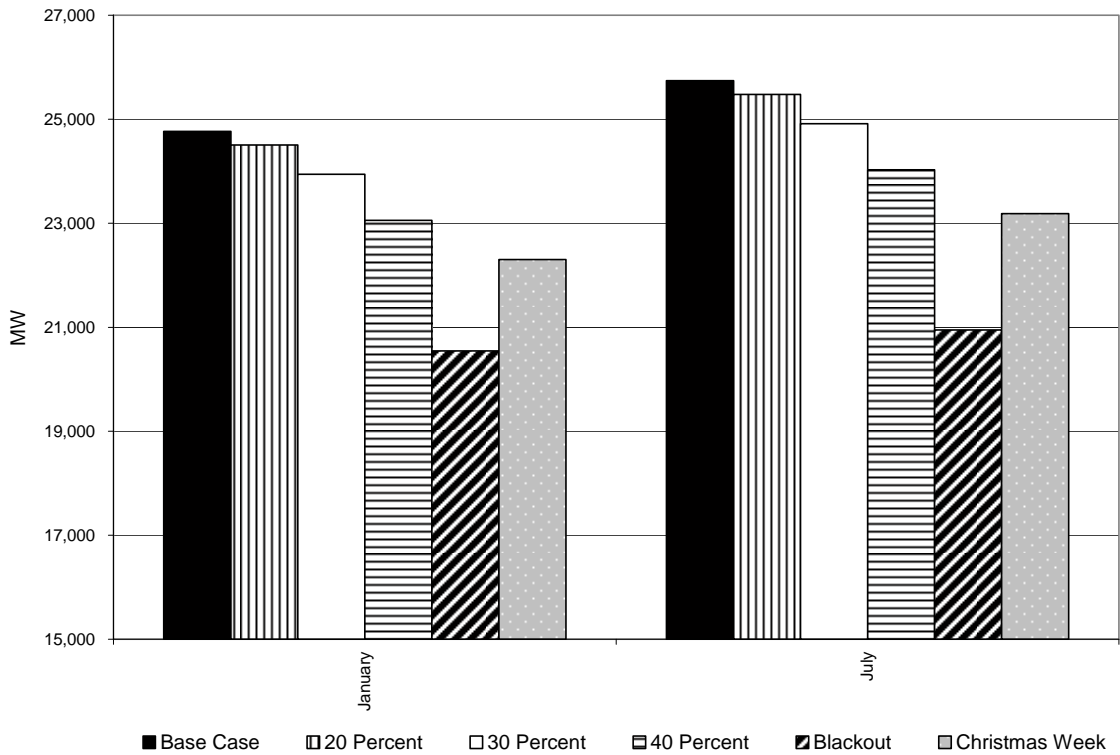


Figure 2: Pandemic Impact on Peak Demand



4. Communications during an Influenza Pandemic

4.1 Communication with Government and Health Authorities

From a planning perspective, the EPTF will continue to monitor this situation and collaborate with government and health authorities to obtain the best available information. The IESO will advise market participants of any significant changes by email and postings on the IESO's public web site.

Your plans should include who, how and under what conditions you should contact local government or health authorities.

Emergency Management Ontario, in collaboration with other ministries, has developed a [Provincial Coordination Plan for an Influenza Pandemic](#) to coordinate the provincial emergency response. This plan addresses pandemic planning issues outside the health sector, and focuses on maintaining critical infrastructure services and meeting human needs during a pandemic.

During a pandemic event, the Ministry of Health and Long-Term Care plays the role of the lead ministry and provides periodic updates to other ministries. The Ministry of Energy provides these updates to key energy sector representatives, including the Crisis Management Support Team as described below.

4.2 Operational Communication

All communications regarding your operation and any impact on the reliability of the electricity system should follow your normal procedures.

4.3 Communication during Large Scale Emergencies

In the event of a large scale emergency, the IESO activates the Crisis Management Support Team (CMST). The purpose of the CMST is to provide a forum for Ontario's electricity industry participants and stakeholders to co-ordinate emergency management initiatives, information and response during a major electricity emergency.

The CMST provides information and advice regarding the scope and duration of a major electricity emergency to Emergency Management Ontario's Provincial Emergency Operations Centre via the Ministry of Energy, these agencies provide information and advice to the CMST to mitigate the impact of an emergency.

The CMST takes no operational decision-making accountabilities away from participating organizations (including real time power system operations).

It is anticipated that CMST participants would be activated at WHO Phase 5 – the Enhanced Monitoring stage, and would participate with government and health authorities in daily conference calls at 2:00 PM to monitor the situation and share information. The IESO would advise market participants of any significant changes by email and postings on the IESO’s public web site.

Additional information is available in the Ontario Electricity Emergency Plan at <http://www.ieso.ca/imoweb/pubs/ep/ontElecEmerPlan.pdf>.

4.4 Communication with the Public

You should be prepared to communicate to the public according to your own plans. As usual, the IESO will address any real or potential impacts affecting the reliability of the IESO-controlled grid.

4.5 CMST Pandemic Response

As the CMST typically conducts its business by conference call, it is anticipated that the extent of CMST activity will be flexible according to need. For example, during the early stages of the H1N1 outbreak, the IESO posted updates to the CMST web site and held a CMST conference call on April 27, 2009 to discuss the situation and seek CMST input regarding the extent to which market participants should be taking the necessary action.

A worsening situation would have resulted in sharing information related to local impacts on workforce capability, and the actions needed to support continued reliable operations.

5. Training and Exercises

5.1 Exercising a Pandemic Scenario

You are encouraged to develop and test your plans through tabletop drills and exercises.

A number of activities have been conducted to help Ontario's electricity industry prepare for an influenza pandemic.

- In order to familiarize CMST members, certain aspects of a pandemic scenario were included as part of Ontario's large-scale integrated electricity exercise "Trillium Recovery", conducted on October 11, 2006.
- During 2007, seven electricity emergency planning workshops were held across Ontario at St. Catharines, Thunder Bay, Kitchener, Ottawa, Barrie, Oshawa, and Sarnia. Pandemic planning was one of the topics addressed, and included references to this planning guide, and a discussion of participants' own readiness.
- On June 20, 2007, Hydro One, OPG and the IESO participated in an interdependency workshop which involved the Ministry of Energy and Infrastructure and representatives from the telecommunications, oil and natural gas sectors and the Ministry of Health and Long Term Care.
- On April 27, 2009 the IESO initiated a CMST conference call to assess the H1N1 influenza outbreak and discuss actions taken. The IESO issued a bulletin to all market participants that provided an overview of the situation, recommended they review their plans, and referenced this document for further guidance.

-- End of Document --