Eskom	**Outbreak, Pandemic or Epidemic Disaster Response Plan**	

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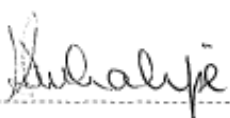Area of Applicability: **Eskom Holdings SOC Ltd**

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CONTROLLED DISCLOSURE

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1. Introduction

Outbreak, Pandemic or Epidemic Disaster Response Plan provides for co-ordinated planning for an Outbreak, Pandemic or Epidemic disasters that are some of the national disaster priorities identified in the Eskom Holdings Risk and Resilience Plan (240-54781471). It supports the integrated Eskom Disaster Management Plan (240-86377578), which is periodically updated and submitted to the National Disaster Management Centre (NDMC).

Eskom's requirements for disaster planning are stipulated in the Eskom Disaster Management Standard (240-86786675), in compliance to the Disaster Management Act 57 of 2002, as amended.

This plan addresses the requirements of the standard, taking into consideration the guidance provided in the Eskom Guideline for Disaster Management Working Groups (240-121405847).

2. Supporting Clauses

2.1 Scope

This Outbreak, Pandemic or Epidemic Disaster Response Plan addresses how Eskom and its response partners will:

a) Respond to infectious illnesses or diseases that lead to or could lead to a staff shortage or disruptions within the supply chain, negatively affecting Eskom's ability to execute its core business.

b) Manage risks, threats, and vulnerabilities that could give rise to such an event, incident, or reduce its response to and recovery from such an incident.

c) The following requirements are addressed:

(i) The disaster-specific institutional structures for co-ordinated planning, readiness, response, and recovery – including those associated with:

- Eskom's internal structures
- Arrangements with external response partners
- Co-ordinated planning with stakeholders.

(ii) Disaster readiness, response, and recovery (including incidents that may or may not result in a declared disaster).

(iii) Disaster-specific risk assessments and risk reduction.

d) This document does not include:

a) The detailed actions contained in the standard operating procedures (SOPs) of the National Centre of Infectious Diseases (NCID) and the World Health Organization (WHO), that support this plan.

b) The detailed actions and responses are contained in the plans of Eskom's response partners as indicated in paragraph 5.2.6.

2.1.1 Purpose

2.1.1.1 The purpose of this plan is to document Eskom's disaster planning in compliance with the requirements of the Disaster Management Act 57 of 2002, as amended, as well as applicable legislation in meeting its disaster management obligations in relation to this disaster priority.

2.1.1.2 The objectives of this plan are:

a) To establish an organised emergency response capability for timely, co-ordinated action of intervening organisations.

b) To describe the capabilities, responsibilities, and authorities of intervening organisations and a concept for integrating the activities in the interest of reducing the disaster risk and effective response, recovery, and (where applicable) rehabilitation.

2.1.2 Applicability

This document shall apply throughout Eskom Holdings SOC Ltd, including all divisions and subsidiaries.

2.1.3 Effective date

This document is effective from authorisation date.

2.2 Normative/Informative References

Parties using this document shall apply the most recent edition of the documents as listed below:

2.2.1 Normative

[1] Disaster Management Act 57 of 2002.

[2] Eskom Risk and Resilience Policy (32-86)

[3] Eskom Disaster Management Plan (240-86377578)

[4] Eskom Disaster Management Standard (240-86786675)

[5] Eskom Guideline for Disaster Management Working Groups (240-121405847)

[6] Eskom Incident Command System Standard (240-105203484)

[7] Eskom Integrated Risk Management Standard (32-391)

[8] Eskom Business Continuity Standard (240-79747329)

[9] Eskom Planning and Execution of a Simulation Exercise Standard (32-973)

[10]Eskom Holdings Risk and Resilience Plan (240-54781471)

2.2.2 Informative

[11] Policy Framework for Disaster Risk Management in South Africa, 2005 (Government Gazette No. 27534, Notice No. 654, Dated 2005-04-29) also known as the National Disaster Management Framework (NDMF)

[12] NCID – Standard Operating Procedures: Reporting of Notifiable Medical Conditions (NMC), Version 1.0 of June 2017.

[13] WHO – Standard Operating Procedures: Public Health Event Preparedness and Response in the WHO African Region: March 2014.

2.3 Definitions

The following definitions were obtained from the Disaster Management Act **Error! Reference source not found.**:-

2.3.1 Disaster means a progressive or sudden, widespread or localised, natural or human-caused occurrence which

    a) causes or threatens to cause

        i. death, injury, illness or disease;

        ii. damage to property, infrastructure, or the environment; or

        iii. significant disruption of the life of a community; and

    b) is of a magnitude that exceeds the ability of those affected by the disaster to cope with its effects using only their own resources.

2.3.2 Disaster management means a continuous and integrated multi-sectoral, multi-disciplinary process of planning and implementation of measures aimed at

    a) preventing or reducing the risk of disasters;

    b) mitigating the severity or consequences of disasters;

    c) emergency preparedness;

    d) a rapid and effective response to disasters; and

    e) post-disaster recovery and rehabilitation.

2.3.3 Disaster risk reduction means either a policy goal or objective and the strategic and instrumental measures employed for

    a) anticipating future disaster risk;

    b) reducing existing exposure, hazard, or vulnerability; and

    c) improving resilience.

2.3.4 Emergency Preparedness

a. A state of readiness that enables organs of state and other institutions involved in disaster management, the private sector, communities, and individuals to mobilise, organise, and provide relief measures to deal with an impending or current disaster or the effects of a disaster; and

b. The knowledge and capacities developed by governments, professional response and recovery organisations, communities, and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent, or current hazard events or conditions.

2.3.5 Treatment: in relation to:

a. a disaster or disaster risk, means the lessening of the potential adverse impacts of physical hazards, including those that are human-induced, through actions that reduce hazard, exposure, and vulnerability; or

b. climate change, means a human intervention to reduce the sources or enhance the sinks of greenhouse gases.

2.3.6 Recovery (and rehabilitation) means efforts, including development, aimed at creating a situation where

a) normality in conditions caused by a disaster is restored by the restoration, and improvement, where appropriate, of facilities, livelihoods, and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors;

b) the effects of a disaster are mitigated; or

c) circumstances are created that will reduce the risk of a similar disaster occurring.

2.3.7 Prevention: in relation to a disaster, means measures aimed at stopping a disaster from occurring or preventing an occurrence from becoming a disaster.

2.3.8 Promotion is the ongoing awareness of the prevention and response to an outbreak, epidemic, or pandemic incident.

2.3.9 Response: in relation to a disaster, means measures aimed at stopping a disaster from occurring or preventing an occurrence from becoming a disaster.

2.3.10 Risk assessment means a methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods, and the environment on which they depend.

2.3.11 Vulnerability means the conditions determined by physical, social, economic, and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.

2.3.12 Pandemic means the widespread outbreak of infectious disease affecting large numbers of people, in excess of normal expectancy, that involves human populations across multiple continents, or even worldwide.

2.3.13 Epidemic means the widespread outbreak of infectious disease affecting large numbers of people, in excess of normal expectancy, that involves a community or region or country.

An epidemic is at least Eskom-wide, possibly province or even country-wide, affecting a larger than usual number of individuals. It involves an increased incidence of symptoms and signs reflective of an infectious disease. The duration of the epidemic will be dependent on the disease process involved. However, a typical duration for an epidemic is 4 to 12 weeks.

2.3.14 Outbreak means the increased incidence, in excess of normal expectancy, of an infectious disease within an Eskom business area.

An outbreak involves an increased incidence of signs and symptoms reflective of an infectious disease, with similar signs and symptoms. The outbreak is usually anticipated to be three to ten days in length.

2.4 Abbreviations

Abbreviation	Explanation
CAD	Corporate Affairs Division
CMO	Chief Medical Officer
CURA	Eskom System for Integrated Risk Management
DoH	Department of Health
ERC	Enterprise Resilience Committee
ERCC	Eskom Response Co-ordinating Committee
Exco	Eskom Executive Committee
GE	Group Executive
GP	General practitioner
ICS	Incident Command System
IRM	Integrated Risk Management
NCID	National Centre for Infectious Diseases
NDMC	National Disaster Management Centre
NDMAF	National Disaster Management Advisory Forum
OHMP	Occupational health medical practitioner
OHNP	Occupational health nursing practitioner
OREP	Occupational Risk Exposure Profile
PDMC	Provincial Disaster Management Centre
PEOC	Provincial Emergency Operational Centre
PJCC	Provincial Joint Co-ordinating Committee
PRT	Provincial Resilience Team
SASTM	South African Society of Travel Medicine
SOP	Standard operating procedure
TCC	Tactical Command Centres
WHO	World Health Organization

2.5 Roles and Responsibilities

The roles and responsibilities for the development and execution of this plan are outlined in the Eskom Risk and Resilience Policy framework (section 2.2.1). The following is highlighted:

2.5.1 The Group Executive: Human Resources is accountable for this Disaster Management Plan, including the readiness of the organisation to respond to any threat or incident of the nature addressed in the scope of this plan.

2.5.2 The chairperson of the working group assigned by the Group Executive (GE), is responsible for co-ordinating Eskom's planning and preparedness across the organisation and with its stakeholders. The chairperson is supported by Health and Wellness, functional specialists, and divisional representatives (assigned by the divisional TCC committees) on the working group.

2.5.3 GEs are accountable for their divisional plans, readiness, and responses, as outlined in this plan, and the normative documents in section 2.2.1.

2.5.4 The chairperson of Eskom's Emergency Command Centre (ERCC), assigned as the incident commander by the Group Chief Executive, is responsible for co-ordinating Eskom's integrated response in line with this plan, as outlined in the Eskom Incident Command Standard (240-105203484).

2.5.5 The chairperson of the national disaster working group for this disaster priority is responsible for providing support to various divisional tactical command centres (TCCs), the incident commander and ERCC Planning Section in the execution of Eskom's response.

2.5.6 The specific responsibilities of the different external response partners for implementation of the respective divisional response are outlined in Table 1.

2.5.7 The general and or senior manager of various Eskom business units and subsidiaries shall ensure that this plan is an integral part of their site Emergency Preparedness and Business Continuity Plans.

2.5.8 The Responsible Manager

2.5.8.1 Incident within Workplace

When an employee, contractor or visitor shows signs or symptoms of an illness or disease within the workplace:

a) Refers employee, contractor or visitor to the occupational health facility with a Line Referral to Occupational Health Services (240-58314439)

b) If no clinic is on site, refer to local medical/health facility (hospital, clinic or GP).

c) Implements recommendations or preventive care of health practitioner.

d) Monitors health of staff on site.

2.5.8.2 Incident away from the Workplace

When an employee or contractor reports an illness or disease that could be infectious or contagious away from the workplace:

a) Informs occupational health.

b) Implements recommendations or preventive care of health practitioner.

c) Monitors health of staff.

2.5.9 The Occupational Health Nursing Practitioner

2.5.9.1 Incident within Workplace

When an employee, contractor, or visitor has been referred or reports to the medical facility showing signs or symptoms of an illness or disease within the workplace:

a) Medically assesses the patient.

b) Informs the relevant occupational health medical practitioner (OHMP).

c) Refers to an external health facility, if required.

d) Follows up with external health service provider to confirm the outbreak, pandemic, or epidemic.

e) Provides feedback to the manager.

f) Recommends preventive care.

g) Determines fitness for duty on return to work.

2.5.9.2 Incident away from the Workplace

When an employee or contractor reports an illness or disease that could be infectious or contagious away from the workplace:

a) Follows up with external health service provider to confirm the outbreak, pandemic, or epidemic.

b) Informs the relevant OHMP.

c) Reports to manager on status of employee or contractor.

d) Recommends preventive care.

e) Determines fitness for duty on return to work.

2.5.10 Employees

2.5.10.1 Incident within Workplace

When an employee, contractor, or visitor shows signs or symptoms of an illness or disease within the workplace:

a) Reports to manager and follow their instructions/directions.

b) If referred to an Eskom or external medical facility, immediately reports for diagnosis, referral and or treatment, if required.

c) If booked off from work advises the manager.

d) If illness is infectious or contagious, advise the Eskom occupational health nursing practitioner (OHNP) and the line manager.

e) Adheres to occupational or external medical treatment protocols.

2.5.10.2 Incident away from the Workplace

When an employee or contractor reports an illness or disease that could be infectious or contagious away from the workplace:

a) Reports to medical practitioner, GP, or hospital.

b) Notifies manager of illness and absenteeism.

c) If infectious or contagious, advises the Eskom medical practitioner and the line manager.

d) Maintains contact with the line manager and the OHNP on health status.

e) Reports to OHNP on return to work for fitness for duty assessment.

2.6 Process for Monitoring

The process for monitoring the implementation of this plan is as follows:

- Human Resources Tactical Command Committee
- Eskom Resilience Committee
- Disaster Priority Team – Pandemic
- Functional Specialist Team – Health and Wellness
- Functional compliance with Human Resources

a) This plan is reviewed, if necessary updated, and re-authorised at least annually as Eskom enhances its disaster planning readiness for its identified national and provincial disaster priorities.

b) The chairperson of the working group shall monitor and report to the GE: Human Resources on the progress of this plan.

c) The Disaster Management Plan will be tested from time to time through a simulation exercise in accordance with the Eskom standard for planning and execution of simulation exercises.

3. Disaster Risk Overview

3.1 Definition

A disaster of this nature can be an outbreak, epidemic, or pandemic of an illness or disease that becomes widespread and affects specific sites, regions, country, or a continent. This could lead to the organisation's inability to continue or sustain operations with Eskom not being able to deliver on its essential service mandate of generating, transmitting, and distributing electricity.

3.2 Description

An outbreak may occur at a site and spread into an epidemic (regional) or a pandemic (national or international), depending on the cause and severity of the infection and the availability of medical treatment and containment.

The spread of an infection or contagious illness or disease is not immediate and would normally take a number of weeks to spread before it is at the level of an epidemic or pandemic.

The management of infectious diseases is the responsibility of the Department of Health (DoH) and is operationally managed by the NCID.

The NCID has SOPs and detailed plans and actions to ensure the reporting, containment, and treatment of infectious illnesses and diseases.

4. Disaster Risk Assessment and Risk Reduction

4.1 Risk Assessment

The risk assessment indicates the following risk information:

Risk description	Consequence	Likelihood	Risk rating
Lack of awareness with management and employees due to awareness programmes not channelled to all staff, communication system not available to all staff and a communication barrier impacting on following treatment protocols **Resulting** a) in staff not taking adequate precautions or reporting incidents. b) employees not being available to ensure operations. c) CWS (critical groups of staff) unavailable.	6	A	I
Work environment is contaminated through air, water, or food due to contact with infected person(s) **Resulting** a) in closing down of site(s) b) Business Continuity Plans are negatively impacted and not sustainable.	3	B	III
Delayed infectious or contagious disease identification, reaction, and containment of spreading due to employees or contractors not presenting to Eskom Occupational Health or an external medical facility and/or the external medical practitioner not informing Eskom. **Resulting** a) in closing down of site(s) b) Business Continuity Plans are negatively impacted and not sustainable.	3	B	III
Lack of resources from DoH and NCID to contain and treat the infectious illness or disease due to the lack of capacity and or capability. **Resulting** a) in no assistance from DoH or NCID b) Occupational Health to function in isolation with limited resources, equipment, or medication to manage.	3	B	III

4.2 Disaster Risk Reduction

Disaster Management Act 57 of 2002, as amended, requires risk reduction to be undertaken; Eskom is aligned with the ISO 31000 Risk Management Standard to manage its organisational risks.

Eskom Occupational Health is a registered occupational health services provider with the Department of National Health, with all OHNPs (nurses) and OHMPs (doctors) and EAP Practitioners registered and accredited by their respective professional bodies.

The occupational health service is pivotal in the diagnosis, referral, reporting, containment, and co-ordination of the outbreak and to liaise with the DoH and NCID, where required.

In lieu of the above, the following controls are in place:

[1] Health and Wellness Policy – 32-1122.

[2] Procedure for Medical Surveillance – 240-84733329.

[3] Process Control Manual for Health and Wellness – 32-1250.

[4] Employee Assistance Standard – 240-91258590.

[5] DoH – the national infection prevention and control policy and strategy.

[6] NCID – National guidelines for recognition and management of viral haemorrhagic fevers.

5. Institutional Arrangements

5.1 Disaster Management Working Group

5.1.1 The Disaster Management working group is the planning team assigned to develop the Pandemic Disaster Management Plan in accordance to the committee's terms of reference.

5.1.2 The working group is appointed by the GE: Human Resources and mandated in accordance with the terms of reference.

5.1.3 The working group consists of members from all divisions identified as playing a role in:

a) Preventing or reducing the risk of the disasters.

b) Reducing the severity or consequences of disasters.

c) Preparedness in responding to the disaster.

d) An effective response.

e) Post-disaster recovery (and rehabilitation if applicable).

5.1.4   The chief medical officer (CMO), who is Eskom Senior manager: Health and Wellness, will represent Eskom in all liaisons with the DoH and the NCID.

5.2   Internal Response Structures, Roles, and Responsibilities

The general roles and responsibilities for incident command are outlined in the Incident Command Standard [6].

The specific roles of the emergency response structures as provided as follows:

5.2.1   ERCC

The role of the ERCC is to oversee the integration of Eskom's national response on any outbreak, epidemic, or pandemic on a strategic level and to oversee actions directed at the management of Eskom's reputation.

5.2.2   Divisional TCC

The role of the Divisional TCC is to:

a)   Oversee a co-ordinated real-time response to threats or disruptions to critical business functions in the Eskom value chain (for example, primary energy, generation, system operations, security).

b)   Oversee the execution of divisional-approved Business Continuity Plans, response and recovery plans for each functional area and escalate decisions required to the ERCC.

c)   Provide consolidated, real-time situational intelligence updates and feedback on response actions to the GE/Divisional Executive and officials represented at the ERCC and monitor the health status of employees within the operational area.

5.2.3   Business/Operating Unit Manager

5.2.3.1   Develops and executes the Business Continuity Plans, response plans, and recovery plans.

5.2.3.2   Develops and executes the safety plans with the support from the Risk and Sustainability Department to ensure safety of employees, customers, and the public.

5.2.3.3   Develops and executes the security plans with the support from the Security Department to ensure the safeguarding of access, assets, plant, and equipment from damage and sabotage.

5.2.3.4   Identifies critical and core skills/staff to operate critical operations and ensure their safety and special needs during the outbreak, epidemic, and pandemic period.

5.2.3.5 Ensures contractors and sub-contractors have contingency/response plans in place and the execution of those plans.

5.2.3.6 Provides logistics, transport, food, and other required services to support critical employees on duty and ensuring minimum operation service is maintained during the outbreak, epidemic, and pandemic.

5.2.4 Corporate Affairs (Internal and External Communication)

The role of Corporate Affairs is to:

a) Provide internal communication platforms to effect commands or instruction received from the Eskom Emergency Response Command Centre. Provide support to the employees.
b) Provide pro-active, immediate, and urgent internal responses across media platforms, social media, and internal websites while managing reputational risks.
c) Keep the employees informed through ongoing communication.
d) Lead and co-ordinate emergency response issues by providing a communication function to and acting on commands received from the Eskom Emergency Response Command Centre. Provide support to the public information officer to obtain the status of industrial action and reputational impact of the strike. This includes reputational risk and effective response to crisis, disasters, and business continuity management.

b) Provide pro-active, immediate and urgent response across media; stakeholders; social media; website; Marketing while managing reputational risks.

c) Keep the public informed through daily power alerts.

d) Keep stakeholders informed through individualised and personal messages to key stakeholders.

5.2.5 External Response Partners

The external response partners and their roles and responsibilities specific to the Disaster Management Plan are provided below:

Table 1: External Response Partner

No.	External response partner	Roles and responsibilities
1.	DoH (provincial and national)	Provision of protocols, oversight, and monitoring
2.	Hospitals	Provision of medical services
3.	Clinics	Provision of medical services
4.	Medical practitioners	Provision of medical services
5.	Emergency management services (ambulances)	Stabilisation and evacuation to medical facilities
6.	Police	Ensuring the safety and access to sites
7.	SANDF	Assisting the DoH in provision of medical and related care or services
8.	EAP (PHS)	Providing psychological and emotional support to employees, families, responders, and visitors

6. Situational Awareness Capability

a) WHO monitors internal trends and communicates warnings to the respective health departments.

b) NCID is the DoH functional area to monitor, report, and warn all South Africans of possible outbreaks, containment, and recommended treatment protocols.

c) DoH is the primary authority for the management of possible outbreaks, containment, and recommended treatment protocols.

d) Local health structures implement the actions recommended by the DoH.

e) South African Society of Travel Medicine (SASTM) provides ongoing monitoring of possible travel hazards, inoculations, and vaccinations for travellers outside the borders of South Africa.

7. Preparedness, Response, and Recovery

7.1 Planning Scenarios and Assumptions

The following scenarios and related assumptions are considered in the plan.

Triggers will be signs or symptoms

a) Illness or disease.

b) After contact with ill person.

c) After visiting high-risk areas.

d) Returning to work after illness or disease that was contagious.

Table 2: Planning Scenarios

No	Scenario name	Description/Assumptions
A.	Illness or disease	Employees displaying signs and symptoms of illness and disease. • Assume as potentially contagious.
B.	After contact with ill person	Employees displaying signs and symptoms of illness and disease after being in contact with persons who had an infectious illness or disease.
C.	After visiting high-risk areas	Employees displaying signs and symptoms of illness and disease after visiting an area that has been identified with a high prevalence of an infectious illness or disease.
D.	Returning to work after illness or disease that was contagious	Employees returning to work after an infectious illness or disease was diagnosed.

7.2 Response objectives

The response objectives are described in **Table 3** below:

Table 3: Response Objectives

No	Objective	Description
1.	Promotion and prevention of illness and disease.	• Informing all employees of the risks of illness and disease. • Providing preventive programmes for hygiene, travel, and self-responsibility.
2.	Declaring employees fit for duty	• Fitness for duty assessments in accordance with the OREP. • Medical surveillance for hazards.
3.	Travelling employees	Eskom-accredited travel clinics (internal and external) providing employees travelling outside the borders of South Africa with. • Synopsis of the health hazards. • Preventive care recommendations. • Required inoculations and vaccinations.
4.	Ensuring that illness or disease is contained.	Illnesses and diseases are to be managed when identified and contained to ensure no or limited further spread of the infectious illness or disease.
5.	Treatments of infected employees are in accordance with the recommended protocols.	Employees, contractors, and/or visitors will be referred and, where required, transported to a medical facility for treatment, to the extent possible. Cost for the treatment of contractors and visitors will not be borne by Eskom.
6.	Monitoring of employees for health status	Ongoing monitoring of employees to ensure effectiveness of the containment of, treatment of, and impact on operations
7.	Returning the operations as soon as possible.	Ensuring the safety of employees and contractors by ensuring the safety and declaring the site(s) free of illness or disease.

7.3 Preparedness

7.3.1 Early warning and Trigger Levels

The early warning and trigger levels will be monitored by local operational areas in accordance with medical protocols, fitness for duty assessments, travel hazards, and medical surveillance procedures.

7.3.2 Early Warning

a) DoH warnings of outbreaks.

b) Identification of high-risk areas for travel.

c) Illness or disease trends.

7.3.3 Triggers

Employees, contractors, or visitors who are displaying signs and/or symptoms of illness or disease while in the workplace or off site:

a) While being ill.

b) After contact with ill person.

c) After visiting high-risk areas.

d) Returning to work after illness or disease that was contagious.

The activation of the response will be in accordance with paragraph 7.4.2 with the dissemination and notification to the internal and external response partners.

7.3.4 Resource Management and Logistics

In terms of emergency preparedness plans, commercial sourcing managers will consolidate the resource requirements to ensure pre-arrangements with suppliers. This will be conducted in accordance with the approved procurement policies and procedures**.**

The logistics section chief will co-ordinate the resource requirements and logistics during the pandemic, epidemic, or outbreak incident preparedness, response, and recovery on request from the various divisions.

Divisional HR practitioners need to ensure there is a database available of their critical skilled staff internal and external (if required) for assignment to the emergency response team as and when required.

7.3.5   Emergency Classification and Declaration Protocols

7.3.5.1   Emergency Classification

The CMO, in co-ordination with the local and national health structures, following receipt of the early warning or diagnosis of an incident, will undertake classification of the level of the emergency/disaster.

The classification of the incident will be communicated based on the specifications below (in increasing level of severity):

Table 4: Emergency classification

Classification	Description	Scenario
Early warning	An abnormal occurrence that indicates an unplanned deviation from normal operations, the actual or potential consequences of which require the partial or limited activation of the emergency plan. Any event which calls for a redirection of physical or HR to areas not normally supported by them.	Warning from the DoH, NCID or South African Society of Travel Medicine (SASTM) Employee presenting with signs and symptoms of an infectious or contagious illness or disease
Alert	A situation exists that could develop into an emergency and therefore requires notification of all emergency personnel in order to obtain a state of readiness to respond. Any event that indicates the possibility that real-time resource management might be required.	Notification from the DoH, NCID or SASTM Multiple employees presenting with signs and symptoms of an infectious or contagious illness or disease
Emergency	An emergency condition that poses a serious hazard at multiple sites affected but poses no serious hazard beyond this. Any event which requires integration across divisions and management level decisions.	Declaration of emergency by the DoH Multiple Eskom Sites / Area presenting with signs and symptoms of an infectious or contagious illness or disease
Declared Disaster	A condition that meets the requirements for the declaration of a national/provincial disaster. Any event which requires national inter-agency cooperation.	Declaration of emergency by the DoH Multiple Eskom regions presenting with signs and symptoms of an infectious or contagious illness or disease.

7.3.5.2   Declaration of Early Warnings and Triggers

The declaration of early warnings and triggers are reflected in paragraph 7.3.3

7.4   Response Protocols

7.4.1   Invoking the Response Plan

The response plan will be invoked when the CMO, in consultation with the DoH, has declared an outbreak, epidemic, or pandemic.

The warning or the declaration of an emergency within a specific area or within multiple regions will activate this disaster plan by the CMO as follows:

Incident: outbreak, pandemic, or epidemic alert notification by the DoH in consultation with the CMO

1. CMO informs the HR TCC , ERCC, the responsible Eskom OHMP, and the relevant site emergency co-ordinators of the outbreak, pandemic, or epidemic disease its severity and the impact and recommends further actions to be taken by activating this response plan

2. Health and Wellness Department develops or updates Eskom's disease-specific medical control action plan in line with the national or provincial or district DoH Emergency Preparedness Response Plan and protocols

3. The site emergency co-ordinator activates the site emergency preparedness team

4. Site emergency preparedness team oversees the response to the outbreak, pandemic, or epidemic disease in terms of the local Emergency Preparedness Plan

5. The site emergency co-ordinator communicates the progress made in accordance with Eskom's Emergency Communication Procedure (internal and external)

6. The HR practitioners in various Eskom business units and the subsidiaries identify possible staff-related impacts that might affect employee availability and then implement Business Continuity Plans with the EP Plan

7. The site emergency co-ordinator communicates the progress made in accordance with Eskom's Emergency Communication Procedure
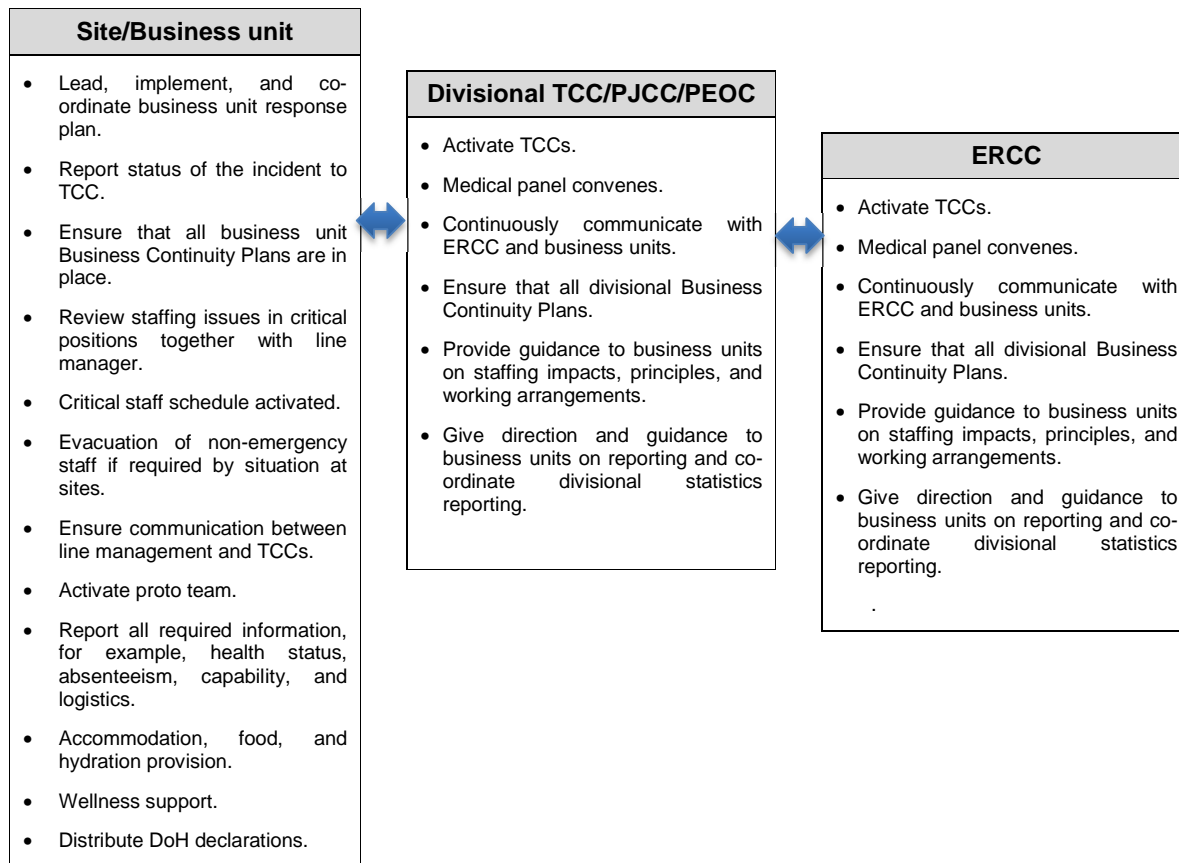
8. CMO informs the relevant site emergency co-ordinator concerning the end of the outbreak, pandemic, or epidemic disease as declared by the DoH

7.4.2 Activation of Incident Command Structures

Site/Business unit

- Lead, implement, and co-ordinate business unit response plan.
- Report status of the incident to TCC.
- Ensure that all business unit Business Continuity Plans are in place.
- Review staffing issues in critical positions together with line manager.
- Critical staff schedule activated.
- Evacuation of non-emergency staff if required by situation at sites.
- Ensure communication between line management and TCCs.
- Activate proto team.
- Report all required information, for example, health status, absenteeism, capability, and logistics.
- Accommodation, food, and hydration provision.
- Wellness support.
- Distribute DoH declarations.

Divisional TCC/PJCC/PEOC

- Activate TCCs.
- Medical panel convenes.
- Continuously communicate with ERCC and business units.
- Ensure that all divisional Business Continuity Plans.
- Provide guidance to business units on staffing impacts, principles, and working arrangements.
- Give direction and guidance to business units on reporting and co-ordinate divisional statistics reporting.

ERCC

- Activate TCCs.
- Medical panel convenes.
- Continuously communicate with ERCC and business units.
- Ensure that all divisional Business Continuity Plans.
- Provide guidance to business units on staffing impacts, principles, and working arrangements.
- Give direction and guidance to business units on reporting and co-ordinate divisional statistics reporting.

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7.5 Roles and Responsibilities

The roles and responsibilities for the disaster management preparedness, response, and recovery are addressed in paragraph 2.5

7.6 Initial Assessment

The CMO in consultation with the local OHNP, OHMP, and the local medical structures will perform the initial assessment when the early warning or trigger levels are reached as indicated in paragraph 7.3.3

Information is received to confirm the specific actions on containment, prevention and treatment to be taken.

The CMO will initiate emergency notifications, specify the emergency category, specify the affected unit/area, provide the relevant and specific information on the situation.

7.7 Crisis Communications

The PIO will ensure that crisis communications and media engagements will be addressed in accordance with the Crisis Communication Plan.

The Crisis Communication Plan and Holding Statement will be adapted to reflect the latest and most relevant information received at the ERCC (incident briefings) and approved by the Eskom Group Chief Executive for release.

In addition to the external communication, HR Organisational Effectiveness will ensure that employees remain informed through their various communication platforms.

7.8 Termination of the Response Plan

The chairperson of the ERCC will terminate this Disaster Response Plan in consultation with the CMO and will advise all the relevant structures of the termination of the disaster and this response plan when the incident has been cleared by the DoH and the situation is within the control of EP teams and normal operations can continue.

8. Recovery

The disaster recovery manager will continue with the Disaster Recovery Plan based on the impact assessment. The Disaster Recovery Plan will be implemented until operations, resources, assets, and systems have returned to normal.

Business Continuity Plans will be in place for all time-critical systems to ensure that Eskom can deliver on its mandate during the response and recovery period.

The specific Business Continuity Plans applicable are provided in the Eskom Business Continuity Standard (240-79747329)

9. Disaster Management Plan Enablers

9.1 Exercise and Training of the Disaster Management Plan

It is important to note that a critical skills database will need to be maintained by HR to ensure that the people assigned to the "storm" or response roles are appropriately trained to respond in a state of preparedness.

Aspects of the pandemic disaster management may be incorporated into the annual Eskom Emergency Simulated Exercise after the Level 1 plan has been authorised.

The pandemic management working group co-ordinator will plan the desktop exercises for the development and enhancement of this Disaster Management Plan annually.

The skills and performance requirements for all positions relating to the Disaster Management Plan are defined and documented in authorised procedures. The training and periodic exercising programme are defined and documented in authorised protocols and procedures

10. Funding

10.1 Disaster Risk Reduction Programmes and Plans

Where applicable, this should be addressed in the respective divisional funding plans.

The CMO is to advise on a planning directive for the containment, prevention, treatment, and evacuation if not included within the site emergency plans.

10.2 Financial Management of Resources during Disaster Preparation, Response, and Recovery

The normal conditions of service will provide guidance to management on the implementation of the human capital management related to finances and reimbursement.

11. Acceptance

The pandemic working group and the health and wellness specialists have influenced this document.

12. Revisions

Date	Rev.	Compiler	Remarks
October 2019	2	Duke Lebethe	Revised document
November 2017	1	Duke Lebethe	New document

13. Development Team

The following people were involved in the development of this document:

Working group role	Division	Main working group member name
Chair	Human resources	Penny Mkalipe
Co-ordinator	Human resources	Duke Lebethe
Member	Human resources	Jan Olckers
Advisor and co-compiler	Human resources	Charles Gradwell