



NEWSLETTER

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IS YOUR ORGANIZATION PREPARED IN THE EVENT OF A PANDEMIC?

In 2003, the world witnessed the emergence of a previously unknown coronavirus dubbed *severe acute respiratory syndrome* (SARS). SARS was one of the world's shortest biological invasions, but soon became one of its most expensive with an estimated bill totalling somewhere around \$50 billion. In Canada, although it was primarily an issue in Toronto's hospitals, it soon provided an impetus for major changes in emergency preparedness throughout the country.

Around the same time, concerns began to grow over the nasty poultry virus H5N1 which became known as the *avian or bird flu*. Since its re-appearance in Asia in 2003, the World Health Organization (WHO) confirmed that by the end of 2008 the avian flu had killed 247 people in several countries.

Since the infamous global outbreak of the so-called *Spanish Flu* of 1918, which killed an estimated 50 million people, the term *pandemic* has increasingly entered into our everyday lexicon. Today, the WHO and most countries have introduced precautionary measures to deal with potential pandemic outbreaks. The most recent outbreak of *swine flu* in Mexico is being taken very seriously given that it is a new and unusual strain of H1N1 flu, and had resulted in over 150 people dying in Mexico in April 2009, with hundreds more infected. With its potential global spread, the WHO quickly determined that this new strain of H1N1 has the capability to become a pandemic strain because it spreads easily and can cause serious disease and ultimately fatalities. It also appears that younger and healthier adults are vulnerable.

Pandemics occur when a flu virus mutates into a more deadly form and begins to spread easily from person to person. Currently, health officials worldwide are worried about swine flu because it has quickly spread from Mexico to North America, Europe, Africa and the Pacific region and they fear that it could mutate into another more deadly transmissible form. Consequently, the WHO raised its pandemic alert to level five, having determined that a pandemic is **imminent**. For this reason, this strain is being closely monitored by health authorities. Although experts believe the current outbreak may be short-lived, most also believe that another potentially more virulent outbreak of the influenza could occur by the fall or winter of this year. If such is the case, organizations should have time to better prepare. Hopefully, a swine flu vaccine will be available by then, although in very limited amounts if governments do indeed decide to go ahead with its production. In addition, there is the potential problem that producing swine flu vaccine might interfere with the production of seasonal flu vaccine for next winter. It must be remembered that seasonal influenza still kills thousands of people every year and cannot be ignored by health authorities.

As a result of the above noted examples and scientific predictions of a future pandemic, the question has to be asked as to what organizations themselves can do to prepare for a pandemic. In Canada, occupational health and safety legislation requires employers to have emergency response procedures within their workplaces. Preparation for a potential pandemic should be incorporated into continuous emergency planning in order to protect not only the employees, but also to limit the extent of ensuing damage to the organization's business and to assist in its business continuity and recovery planning.

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A survey released by the Conference Board of Canada in 2006 showed that only four percent of the 75 responding organizations had a completed pandemic preparedness plan. Almost a third of organizations without a plan indicated their existing business continuity and/or emergency preparedness plans would be used instead. But a pandemic is a different animal, coming in waves, which is not the usual M.O. for “traditional” disasters. “Canadian organizations are much more concerned about a pandemic outbreak than they are prepared for one,” the Conference Board noted in a statement at the time. The upside, however, was that slightly more than 70 percent of survey respondents reported that their organizations were working on a pandemic preparedness plan.¹

What is the potential impact on organizations of a pandemic?

The difficulty with a pandemic is that it can strike anywhere at anytime, particularly given the global speed and volume of modern-day transportation. Like most emergencies, there are potential serious impacts on organizations to carry out their day-to-day operations, be they producing products or providing services. No sector is oblivious to pandemics. Influenza can affect almost everyone who comes into direct contact with infected individuals or objects recently infected by individuals. Being able to isolate people is a major problem in today’s interconnected society. Organizations are no different.

For example, how would an organization continue to function when over half of its work force is absent due to influenza at the same time? What kind of program can an organization implement to ensure that precautionary measures are put into place and managers and employees are adequately informed about limiting the severity of flu infections and protecting uninfected people from the disease? Recognition will have to be given to the fact that governments, health care providers and other essential services will most certainly be greatly overextended during the pandemic.

With such potential devastating impacts during the outbreak and as a result of the broader impact on the economy, organizations will experience major declines in product and service demand. Suppliers will also be affected. Organizations will be faced with the need to enter into a continuous emergency mode until the crisis has turned the corner, maintaining minimum operations while relying on limited staff, affected suppliers and stockpiles of required materials.

How can organizations prepare for a potential pandemic?

In emergencies, managers and their employees are often required to perform novel and unfamiliar tasks. Experience has shown that emergencies are handled much more effectively when the organization concerned is well prepared prior to the emergency. As in the case of any emergency, organizations need to have in place an emergency response plan. This plan is normally implemented by an emergency response organization (ERO) made up of management, staff members and volunteers from within the organization. In turn, the ERO is responsible for liaison with outside local emergency response providers, notably emergency medical services and public health authorities in the event of a pandemic.

The process for emergency response planning normally involves four stages:

Prior to the emergency:

- 1. Mitigation:** Actions taken to reduce the consequences of an emergency such as risk identification, risk assessment, arrangements for expertise, and monitoring systems.

¹ *This and That*, Angela Stelmakowich, OHS Canada, April/May 2009

- 2. Preparedness:** Actions taken to prepare for effective emergency response such as plans, security measures, emergency organization (command structures), employee training on and exercising of emergency procedures, and consultation with local emergency response providers. In parallel conjunction with such actions, organizations also need to prepare a business continuity and recovery plan so as to mitigate the impact on productivity and output during and after the emergency, and to facilitate the return to normal operational levels as quickly as possible.

During the emergency:

- 3. Response:** Actions taken to deal with consequences of an emergency such as situation assessment, activation of emergency procedures and the business continuity and communications plans.

After the emergency:

- 4. Recovery:** Actions taken in aftermath of an emergency such as returning to normal business operations, provision of support to affected employees, and, in consultation with local emergency response providers, assessment of effectiveness of emergency procedures taken. Recognizing the importance of drawing lessons from emergency situations to correct any problems, there needs to be ongoing communications by management and the ERO with employees on the results of emergency response preparedness and in turn business continuity/recovery preparedness.

What actual measures can organizations implement as part of their response?

In the case of a pandemic, the bulk of the planning will focus on methods to keep people from getting sick during the outbreak. Measures can range from ongoing monitoring to shutting down or limiting organizational gatherings and travel, or to ensuring the quarantining of people who may have been exposed to the flu and isolating those who actually have it. The use of proactive management and human resource practices, new technologies and telecommunications may be particularly helpful in limiting direct employee exposure to infected personnel, facilitating daily organizational communications and operations, and assisting employees to cope with the inevitable associated stressors. For example:

- ☞ **Proactive Management and Human Resource Practices:** Innovative approaches to business management and human resources management should be part of an organization's business continuity planning. As more and more employees are unable or unwilling to come to work, possible scenarios for the chain of command over critical parts of the business operation should be clearly assessed and pre-determined.

Employees need to be cross-trained in order to be able to take over one another's key responsibilities. Work shifts could be staggered and production lines altered so as to further limit worker-to-worker contact. In addition, it is most likely that schools, day-care centers, etc. will be closed to avoid persons-to-person contact. Employees will also be affected by the need to tend to sick children, elders and other family members. For these reasons, greater flexible working arrangements and ongoing employee assistance will be required during the outbreak.

- ☞ **Telework:** Increasingly, organizations have recognized the value of permitting their employees to telework, either from home or on the road. One of the reasons that numerous organizations, including the U.S. Federal Government, encourage the ability for employees to telework is its use as a means to continue operations in the event of emergencies. Since limiting exposure to infected persons is a major concern in cases of widespread contagious influenza, employees would have the option of carrying out their responsibilities from a secure offsite location

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- ☞ **Videoconferencing:** Since major travel restrictions most likely will apply in the event of a pandemic, videoconferencing may offer a feasible and safer means to interacting with colleagues in other parts of the organization, suppliers, clients and others as required.
- ☞ **Offsite premises:** Since 9/11 and various other major emergencies, both public and private sector organizations have created offsite premises which are available when needed to help continue critical operations. Such premises normally consist of backup power and computer capability, telecommunications, office space and even sleeping and eating quarters. In the event of a pandemic, persons admitted to such premises would have to be medically prescreened to prevent an infectious disease from occurring within the premises. The allocation of a portion of organizational staff to smaller offsite premises may also mitigate the possibility of wholesale contamination by facilitating better controlled prevention and containment procedures.

What are some specific practical precautions that can be implemented in the workplace?

One can learn a lot from how health care and long care institutions deal with infectious diseases within their workplaces. Worker education and training is important in implementing any form of infectious disease containment program. Standard precautions include the following:

- ☞ Inform employees about which symptoms to look for, additional sources of readily available health and personal hygiene information, and internal and external contacts for immediate medical assessments.
- ☞ Ensure that infected individuals do not enter the workplace and remain isolated at home or a health facility in the more serious cases.
- ☞ Wash hands regularly and rigorously with soap and water, or alcohol-based hand rubs, especially before and after direct contact with a colleague or client.
- ☞ Wear personal protective equipment (PPE), such as gloves, masks, eye protection, and gowns, if there is a risk of splashes or sprays of blood or body fluids. However, typical surgical cloth masks have proven not to be a defence against potential infection and are therefore not recommended. Used PPE should be disposed of immediately as prescribed and/or de-contaminated.
- ☞ Handle contaminated equipment according to safe work procedures. In office situations, use antiseptic wipes to clean desk tops, phones, computer mice and keyboards, doorknobs, elevator buttons and other equipment involving regular and immediate human contact.
- ☞ Develop and implement cleaning and cleanup procedures that include disinfection of potentially contaminated surfaces, especially in areas frequented by employees such as meeting rooms, washrooms and lunchrooms.
- ☞ Monitor for and investigate all exposures to help prevent recurrence.

The best protection for employees and organizations is to have healthy individuals.

Most experts agree that the best defence against an influenza outbreak is to have a healthier population at large. Organizations that promote healthier lifestyles among employees and have implemented wellness programs may have resulted in better functioning immune systems and individual abilities that can resist infection and recover more rapidly in the event of infection. Despite the current recession, it appears that organizations are increasingly recognizing the value of health and wellness promotion both within and outside the workplace.

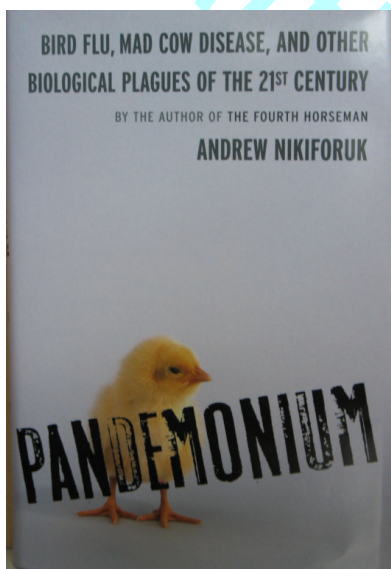
According to the survey by Watson Wyatt Worldwide and the National Business Group on Health in January 2009, nearly 58 percent of 489 large U.S. employers surveyed offer lifestyle

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improvement programs, up from 43 percent in 2007. 56 percent offer health coaches, compared with 42 percent two years ago.²

As in the case of seasonal flu immunization, organizations should encourage employees to take advantage of any swine flu vaccine that may become available. However, U.S. federal officials have stated that it would take until January 2010, or late November at the earliest, to make enough vaccine to protect all Americans from a possible epidemic of swine flu. Beyond the U.S., some experts in Canada and a few other countries that also make vaccines have concluded that it could take years to produce enough swine flu vaccine to satisfy global demand.³ Regular seasonal flu Immunization has been reported to reduce sick leave from upper respiratory illness by half and absenteeism from all illnesses by a third.⁴ Should a swine flu vaccine become available, it is hoped that it can achieve the same results.

Recommended Reading:



“Pandemonium”

(Bird Flu, Mad Cow Disease, and Other Biological Plaques of the 21st Century)

by Andrew Nikiforuk

(Viking Canada, Published by Penguin Group, Toronto, 2006)

- ☞ [Controlling Exposure - Protecting Workers from Infectious Disease](#), WorkSafe British Columbia
- ☞ [Pandemic and Your Business: Are You Ready?](#), Alberta Employment and Immigration

Recommended Web Sites:

- Public Health Agency of Canada, Emergency Preparedness and Response: <http://www.phac-aspc.gc.ca/ep-mu/index-eng.php>
- World Health Organization, Epidemic and Pandemic Alert and Response: <http://www.who.int/csr/disease/swineflu/en/index.html>
- U.S. Centers for Disease Control and Prevention – Swine Influenza: <http://www.cdc.gov/swineflu/index.htm>
- *What you should know about a flu pandemic* – Ontario Ministry of Health and Long-Term Care http://www.health.gov.on.ca/english/public/program/emu/pan_flu/pan_flu_mn.html

² *Despite Recession, Workplace Wellness Programs Continue to Grow: Workforce Management Week*, April 19 - 25, 2009, Vol. 10 Issue 14

³ *Swine Flu Vaccine May Be Months Away, Experts Say*, Andrew Pollack, New York Times, April 29, 2009

⁴ Ontario Ministry of Health and Long-Term Care: <http://www.gettheflushot.ca/workplace/businesscase.html>

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