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Pandemic Planning: Getting Ready

**A Conversation with
Dr. James Young**

**Canada's Hidden
Emergency Response
Resource**

WCDM Preview

PANDEMIC PLANNING: GETTING READY

Pandemic planning is front and centre in many peoples' mind these days. What should we be doing to prepare—for our businesses? as emergency management professionals? as individuals? Emergency Management Canada was fortunate to engage the assistance of Regina Phelps, an internationally recognized expert in the field of emergency management and contingency planning, to help us answer some pressing questions.

BMC: Pandemics are different than physical disasters. What are some of the differences between pandemics and other types of disasters, and what unique challenges do you think would arise?

Phelps: Business continuity planning has two key principals:

1. Plans assume that you will return to "business-as-usual" in thirty days.
2. You recover your business by leaving your "damaged" location and go to a secondary location and continue business.

A pandemic completely negates those two main foundations. Pandemics can last up to eighteen months, with the most deadly time being the first ninety to 120 days. Of course, as the disease quickly spreads across the country and the world, there will be no such thing as a "safe or alternate place."

Significant issues include the following:

- Fear—there is nothing more frightening than something you can't see or an illness that has no cure or vaccine. We are likely to become fearful of each other.
- Closure of public places for a period of time is likely. This could include schools—which will impact parents and your workers—retail stores, leisure

businesses such as theaters, restaurants, and airports. It will have a significant impact on the economy.

- A pandemic will likely occur simultaneously throughout individual countries and the world, preventing shifts of resources that normally occur with natural disasters. For example, I have heard health officials describe it as a Category Five hurricane in every state of the United States simultaneously. Imagine Katrina happening in fifty states at the same time...mind boggling!
- There is likely to be a shortage of health care workers and first responders owing to their high risk for exposure and illness, as well as a shortage of critical personnel in important sectors such military, police, fire, utility workers, and so on.
- There is no medical "silver bullet!" Vaccines will likely not be available for at least six to twelve months from the time the organism is identified, and two doses will likely be necessary, thirty days apart.
- There will be a prolonged effect on communities that lasts for months, maybe as long as a year. It is very likely to change our way of living for some time.

EMC: What can organizations do to mitigate the effects of a pandemic? How can we protect our employees from getting sick?

Phelps: Understanding that there is no immediate medical treatment, we need to go back to the basics. This would include the following actions:

- Wash your hands frequently with soap and water for a good twenty seconds. (Sing "Happy Birthday" or "Twinkle, Twinkle Little Star" as a twenty-second timer!)
- Don't touch your face. That is often how we become ill. We shake the hands of someone with an illness and moments later scratch our nose or rub our eyes. Viruses and bacteria live on most surfaces (including hands, doorknobs, phones, pens, etc.) for about an hour.
- Stay home if you are ill. We are now plagued at work with people who bring illness into the workplace and spread it to the workers.
- Social distancing—space your staff at least three to six feet from each other. Wear masks if you need to be closer than that!
- Extensive workplace cleaning, which includes those places that are usually overlooked: phones, doorknobs, handrails, and desk and keyboard surfaces. An efficient way to do this is to give the cleaning agents to all employees and ask them to clean their own areas. Staff may prefer to do this anyway as they will know it has been cleaned.
- Provide masks for those employees who request them or if you cannot distance employees adequately.
- Encourage employees to have a family plan. Home preparedness is the key. Plan on at least two weeks with no outside assistance. Two good Web sites on preparedness are www.ready.gov and www.72hours.org.



EMC: How can we implement a business continuity plan if our people, our planner, or even we are not at work? Is telecommuting the simple answer? And if businesses are promoting telecommuting, what considerations should they understand (e.g., bandwidth)?

Phelps: Develop a robust work-from-home program now! Make sure that all mission-critical staff can work remotely, if at all possible. Deploy all necessary equipment such as laptops, printers, faxes, and other required peripherals. Do they have a high-speed connection so that they can move large files? Lastly, have them work at home at least one day a month to be assured they can perform all of their activities.

Telecommuting is not the only answer...the situation is far more complex than that. For example, do you pay people who are not working while others are working? If so, for how long?

An interesting issue to ponder is the phone system. Most phone systems (landline and cell) are made for 10 to 12 percent capacity. What happens when we all start working at home? If the phone system becomes overloaded, some solutions may be Web focused, such as Voice over Internet Protocol (VoIP) with products such as Skype, instant messaging, and Web meetings. If you don't know how to text message, ask a young person! All kidding aside, text messaging takes very little bandwidth by comparison to a phone call. It is a highly effective way of communicating on cell systems when the call won't go through!

EMC: How can we ensure our employees do not bring illness into the workplace?

Phelps: Develop an employee policy that requires that ill employees stay home. Last year Cornell University released a study on this phenomenon of ill staff coming into the office and titled it "presentism." This presentism has a big impact on overall productivity of all workers as more and more of them are likely to become ill.

You also need to screen visitors and vendors. Develop a visitor/vendor protocol, and then train security to screen all visitors once the pandemic reaches World Health Organization level five. After it reaches level six, no visitors will be allowed in the building.

Cancel all face-to-face meetings—all work is done via conference call bridges. There is no reason to be directly in front of another person.

Develop a travel policy. If a person travels to an area with an outbreak, consider placing that person on home quarantine for ten days upon his or her return. If it were a work-related trip, this would be compensable; if it were a personal trip, then it would not be compensable.

Institute a no-handshaking policy. Now, that might sound extreme, but consider that your hands are your greatest source of infection!

EMC: Should we develop a human resource redeployment plan to deal with staff shortages?

Phelps: Redeployment is a bit of a misnomer—other than sending someone to a bunker, to where does one deploy staff? Jest aside, the only viable option is a robust work from home strategy for those functions that can be done off site, and for those that must be done on site (such as data centre), using social distancing, employee education, masks and gloves as appropriate, and as much remote access as possible.

EMC: What can we do to combat fear in the workplace?

Phelps: Education is your greatest weapon in fighting disease and illness. Educate your staff now about what they can do to keep themselves and their family healthy:

- Offer brown bag lectures at work, provide links to value-added Web sites, and contact your employee assistance program and see if they provide talks on coping skills and counselling.
- Check with your provider to make sure that it can do remote counselling via phone, which will be critical in a pandemic.

Communicate, communicate, communicate! Use the Web, your employee 800 number, notification systems, e-mail, and whatever mechanism is viable!

EMC: Should all organizations have a health/medical advisor?

Phelps: The simple answer is yes. But, of course,

there are probably not enough trained physicians and health/medical advisors to go around! I encourage my clients to do the following:

- Reach out now to make a personal connection with their local department of health and to learn about their county or region pandemic plan.
- Ask the local health department what its plans are for isolation and quarantine in your area.
- Develop relationships with medical groups that provide medical consulting and vaccinations and treatments on site.

EMC: What expectations should we place on external business partners that we rely upon?

Phelps: It is essential that every business that is dependent on external vendors (which I would say is everyone) asks those vendors for their pandemic plan now. They will likely not have one, but this will be their impetus to develop one. Look for redundancy, out-of-the-box thinking, and a good understanding of the issues and how they plan to address them.

EMC: Do you see any difference between public and private sector business continuity planning with regard to the pandemic?

Phelps: Yes, the public sector has to provide services regardless of what happens; a private business has the luxury of being able to close for a period of time. Police, Fire, and health care services cannot stop providing services to the community! Having said that, businesses must plan for what to do if medical emergencies occur at work and EMS is not able to respond. Selecting isolation rooms, developing protocols, and having appropriate equipment ahead of time is essential.

