

# THE PILLARS

## OF A PANDEMIC PLAN

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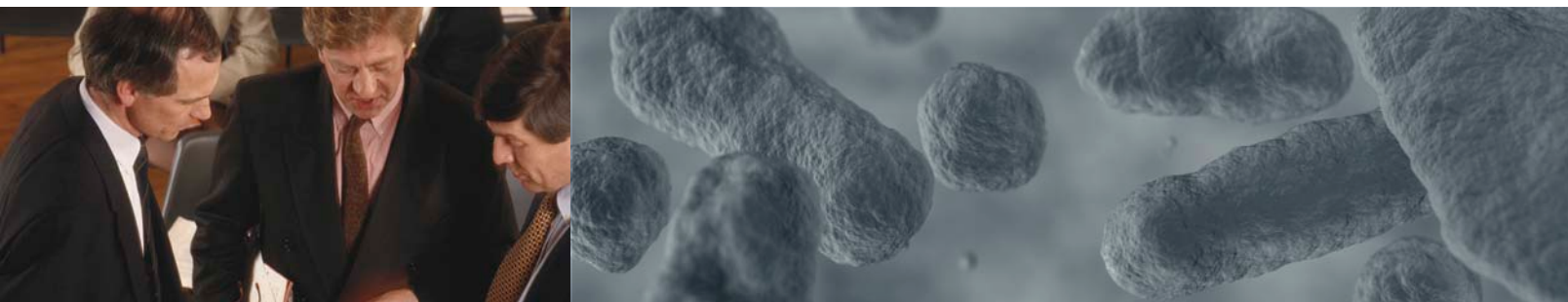


The emergence of the H1N1 flu virus (swine flu) from Mexico at the end of April 2009 caught everyone off guard. For the past five years, all eyes had been gazing east, to Asia and the Middle East as the likely origins of the next pandemic. It was astonishing to see how quickly the globe could move from WHO Pandemic Alert Level Three to Level Five in less than 72 hours! Use this article as a guideline to make sure you have addressed the major pandemic planning areas.

### Four Pillars – Building a Solid Foundation

Pandemic plans are built upon four basic and distinct pillars:

- Education and communication.
- Personal protective equipment (PPE).
- Facility cleaning.
- Social distancing.



## Education and Communication

One critically important pillar to any pandemic program is education and communication. The two go together hand-in-hand.

### Education

As we witnessed in April 2009, there was an insatiable desire for information, and the media's reporting of the H1N1flu virus was all over the map – from inflammatory to sophomoric. Your employees were seeking information from many sources – some less credible than others. Employers need to be viewed as a valid source of information. Aetna has created an excellent web-based training program, available online at [www.aetna.com/employer/pandemic](http://www.aetna.com/employer/pandemic).

A key education topic is hand and cough hygiene. Not only are hand hygiene practices the simplest things to do, they are the most effective, and the most recommended by all agencies and medical experts. Staff must learn about thorough hand washing (for 20 seconds, using warm water and soap) and the importance of not touching their faces or shaking people's hands. They must also learn proper cough and sneeze etiquette (always cough or sneeze into your elbow or shoulder, ideally into fabric). A very amusing and thoughtfully designed video called "Why don't we do it in our sleeves?" is available at [www.coughsafe.com/media.html](http://www.coughsafe.com/media.html).

It is also important to teach employee preparedness for other events. This is critical for your overall company readiness. The outreach should include preparedness information about the hazards of your particular area, in addition to pandemic planning.

### Communication

How quickly did you communicate with your employees in April 2009? Prompt, effective, and efficient communication can make the difference between what comes across as a thoughtful and timely response, and one that is perceived as sloppy and hurried. This requires your communications team to develop pre-approved template communication materials now, and to develop lists of all identified key stakeholders.

Timely communication is critical. Older tools such as a newsletter or memo might be too slow or not widely read. Consider using an internal pandemic website as a primary internal communication tool. An internal blog or email is also timely.

### Personal Protective Equipment (PPE)

In a pandemic event there will be work to do, but where staff cannot be separated a minimum of six feet. In these instances, personal protective equipment (PPE) will be required. The type of PPE will vary based on the workers and the work situation. The U.S. Department of Health and Human Services and the Centers for Disease Control have issued interim guidance on the use of facemasks and respirators, and update this site regularly: [www.cdc.gov/h1n1flu/masks.htm](http://www.cdc.gov/h1n1flu/masks.htm). Make a point of checking their websites on a regular basis to ensure that you have the most current guidance.

PPE program questions to address:

- When will the PPE be distributed?
- Who will develop the training needed to support use of PPE?
- Who will deliver initial and refresher training?
- Who will develop a security plan so that the supplies of PPE are secure during the pandemic?

### Facility Cleaning

Respiratory illnesses are spread by droplet nuclei, and our hands carry bacteria and viruses to our faces, where we can then breathe them into our lungs. This makes extensive cleaning of all commonly touched surfaces absolutely essential. During a pandemic, however, janitorial staff is likely to be in short supply. The solution will be a combination of well-trained janitorial staff, and employees cleaning their own areas.

- Develop and/or refine procedures for facility cleaning to minimize disease spread during a pandemic.
- Identify which cleaning agents will be used. Ideally, products should have both anti-bacterial and antiviral properties.

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## Social Distancing

Social distancing is a technique used to minimize close contact among persons in public places, such as work sites and public areas. It involves keeping people three to six feet apart. This can be a challenge in some work environments. The first cases of pandemic influenza in your immediate area could be a trigger for action. Assess your situation daily. Be sure to include this social distancing information in your pandemic staff education.

Some social distancing options include:

- Split teams into different work locations.
- Stagger shift changes so staff can be more easily separated.
- Prohibit face-to-face meetings. Whenever possible, use technology solutions to conduct business, including telephones, video conferencing, and the Internet.
- Avoid unnecessary travel. Cancel or postpone non-essential meetings, gatherings, workshops, and training sessions.
- Contrary to non-pandemic situations, advise your employees to avoid public transportation and drive to work. Or allow a version of “flex time” that will work for you, with employee work hours shifted earlier or later to avoid rush-hour crowds on public transport. Consider enlarging the parking lot, if necessary.
- Introduce staggered lunchtimes to minimize numbers of employees in lunchrooms at any one time.
- Encourage employees to bring lunch and eat at their desks or away from others.
- Encourage them to avoid eating in the cafeteria, lunchrooms, and crowded restaurants.
- Advise employees not to congregate in break rooms or smoke-break areas where people normally socialize. If they do, advise them to keep three to six feet from their colleagues.
- Advise employees to avoid shaking hands or hugging.
- Close company gyms, childcare centers, and recreation areas.
- In areas where workstations may be shared (such as call centers) provide each worker with his or her own keyboard

and headset or phone. Remind employees not to share their equipment.

In work settings where social distancing is not possible, the introduction of personal protective equipment may make the difference between being open or closed.

## Antivirals

One cannot discuss the pandemic pillars without discussing antivirals. At present, the only pharmacological option for potentially preventing, shortening, or reducing the severity of illness is an antiviral for influenza. Vaccines take six to eight months to develop and prepare, and initially, supplies will be limited. Moreover, vaccines prevent illness from occurring; they offer no help to those already infected. Offering employees antivirals as part of a prevention or treatment strategy could be a cost-effective way of improving chances that critical staff can come to work, reducing worker absenteeism and bolstering employees’ and customers’ confidence in your company.

Antiviral program questions to address:

- Will antivirals be used as a strategic response to a pandemic? If yes, does that include families?
- When and how would the medications be ordered?
- Where will antivirals be stored?
- When will they be distributed?
- How will employees be educated about their use and storage?

These questions and your answers to them are crucial. In the absence of a readily available, effective vaccine – which will take months to produce and have limited availability – antiviral drugs appear to be the best pharmaceutical hope for mitigating disease and preventing death.

## Categorization of Employees

An important tool in pandemic planning is the categorization of employees into one of two basic “buckets” according to mission-critical or non-mission-critical functions. This

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categorization is essential for future identification of necessary resources, including acquisition of PPE and training. Within each of those categories there are two sub-categories.

Mission-critical Functions and Staff:

Category One. Those who perform a mission-critical activity and must be on-site to perform the work.

Category Two. Those who perform a mission-critical activity and may work remotely.

Non-mission-critical functions and staff:

Category Three. Those who perform an activity that is not mission-critical and cannot be performed via remote access (e.g., mail room clerk or shipping attendant).

Category Four. Those who perform an activity that is not mission-critical but could be performed via remote access. (These staff could also “backfill” the Category One and Two staff.)

#### Making It Safe for Category One Staff

If the company cannot make the Category One staff feel safe, these individuals will be reluctant to come to work. What options are available to promote their safety while on the job? The primary ways to make someone feel safe go back to the four pillars identified above. The only other option is to add antivirals to a pandemic plan.

Policy Questions to Address Regarding Category One Staff:

- What if Category One staff refuse to come to work? Or are unable to?
- If staff have sick family members at home, do you want them to come to work?
- Would you incentivize staff to come to work? What is the downside of doing that? Upside?

#### Connecting the Category Two Staff

Category Two staff are mission critical, but can work remotely. There are two parts to the work-from-home solution. One

## EMPLOYEE CATEGORIZATION



**CATEGORY 1**  
Essential and “must” be at work



**CATEGORY 2**  
Essential and “must” work but can work remotely



**CATEGORY 3**  
Can work remotely but not essential



**CATEGORY 4**  
Not essential – no need for them to work at this time



part you can control (equipment, company systems, and network); one part you can't (telecommunications and the "last mile"). A December 2007 DHS study (DHS, Pandemic Influenza Impact on Communications Networks Study, December 2007) notes clearly that at times of high absenteeism, the remote work solution might not work. (Editor's note: For more details, see the Telework article on page 84 of this publication.)

What about Category Three and Four Staff?

Those employees identified as Category Three and Four (not mission critical and will not be working) bring up issues of employment policies, pay, and benefits. Get the best possible human resources and communications advice. Bring in outside experts if necessary to develop policies.

- Develop pay and benefit policies now. Consult with your labor attorneys to be clear about what you can – and cannot – do.
- Will you extend medical or family leave to accommodate Category Three and Four staff? If so, for how long?

It is important to remember that the influenza virus is highly unpredictable. We must remain alert, and be ready to invoke our plans at a moment's notice. No one has a crystal ball and knows what the future will bring – but we must be prepared by completing and strengthening our pandemic plans.

#### ABOUT THE AUTHOR

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Publisher's Note: As the GUIDE goes to press, the world is in a very dynamic situation relative to the novel H1N1 pandemic virus. This pandemic is the most documented disease event in history. Guidance changes as new information or research findings becomes available. Visit [www.disaster-resource.com](http://www.disaster-resource.com) for recent updates.

## PANDEMIC RESOURCES

### FROM SOCIETY FOR HUMAN RESOURCE MANAGEMENT

#### Pandemic Resources from SHRM

SHRM's H1N1 Pandemic Checklist: tips to plan and lead globally, ensure health and safety, communicate and educate, manage pay and benefits, manage employee and labor relations, staff and train, and deploy technology.

#### Tips for Managers Dealing with H1N1 in the Workplace

Comprehensive Steps for 2009 H1N1 Flu Virus Prevention, a 10-page report from the Preventive Health Advisory Board  
Visit [www.GUIDErequest.com/pandemic](http://www.GUIDErequest.com/pandemic) to link to the SHRM resources.

### FROM THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

#### Pandemic Preparedness in the Workplace and the Americans With Disabilities Act

EEOC offers a technical assistance document which provides information about Titles I and V of the Americans with Disabilities Act (ADA) and pandemic planning in the workplace. It identifies established ADA principles that are relevant to questions frequently asked about workplace pandemic planning.

Visit [www.GUIDErequest.com/pandemic](http://www.GUIDErequest.com/pandemic) to link to the EEOC report.

### FROM THE CDC

#### Updated Federal Guidelines for Businesses and Employers for the Flu Season

CDC offers guidance for businesses and employers to plan and respond to the 2009-2010 Influenza Season. Also download a communications toolkit developed by the CDC to provide information and communication resources to help businesses and employers implement the recommendations.

Visit [www.GUIDErequest.com/pandemic](http://www.GUIDErequest.com/pandemic) to link to the CDC's resources for businesses.

### FROM TOUCANED

Two Free Downloads – H1N1 Pandemic Tools You Can Use!

#### H1N1 PowerPoint Presentation

This contemporary slide presentation is a free educational tool about the H1N1 pandemic. Slides deliver current facts about Novel H1N1 influenza A, global prevention measures that are in effect, vaccines that are in progress, and the latest CDC guidelines.

#### H1N1 Fact Sheet in English and Spanish

Designed to coordinate with the H1N1 PowerPoint Presentation, this colorful fact sheet, in English and Spanish, "Are We in an Influenza Pandemic? Yes!" presents information on current H1N1 flu virus facts in a printed format.

Visit [www.GUIDErequest.com/pandemic](http://www.GUIDErequest.com/pandemic) to link to the free downloads.

### IMPORTANT SITES WITH LOTS OF INFORMATION

[www.pandemicflu.gov](http://www.pandemicflu.gov)  
[www.who.int/csr/disease/avian\\_influenza/en](http://www.who.int/csr/disease/avian_influenza/en)  
[www.cdc.gov](http://www.cdc.gov)  
[www.osha.gov/dsg/guidance/avian-flu.html](http://www.osha.gov/dsg/guidance/avian-flu.html)  
[www.cidrap.umn.edu](http://www.cidrap.umn.edu)