

Being Prepared for a Human

# INFLUENZA PANDEMIC

A BUSINESS CONTINUITY GUIDE FOR AUSTRALIAN BUSINESSES

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ISBN 0 978 0 642 72581 3

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This document aims to assist Australian businesses better prepare for a potential human influenza pandemic in Australia. It draws on a number of already published sources in Australia and overseas and is the result of industry and government consultation.

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The content of this document was prepared based on information available in May 2010 and new information may become available over time. Readers are advised to visit the Department of Health and Ageing website [www.health.gov.au/pandemic](http://www.health.gov.au/pandemic) and other relevant sources to ensure they have access to the most up to date information and remain well informed.

Businesses are also referred to the HB221:2004 *Handbook Business Continuity Management* jointly published by Standards Australia and Standards New Zealand (Second Edition 2004 ISBN 0 7337 6250 6)

### Acknowledgements

The Australian Government would like to acknowledge the contribution to this work by other organisations.

They include the New Zealand Government Ministry of Economic Development for their work in developing *Influenza Pandemic Planning – Business Continuity Planning Guide October 2005* and *Influenza Pandemic Planning – Planning Guide for Infrastructure Providers October 2005* and The Shell Company Australia Limited for the *Example: New Zealand Workplace Influenza Pandemic Health Plan October 2005*. These documents are available at [www.med.govt.nz](http://www.med.govt.nz).

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# CHAPTER 1

INTRODUCTION AND PURPOSE OF THIS GUIDE

## Introduction and purpose of this guide

The prospect of an influenza pandemic is real. Recent experience and information provided by The World Health Organization (WHO) has indicated that, in the event of an influenza virus mutation, infections can easily be transferred from human to human and thus the world could rapidly face an influenza pandemic with significant consequences.

An influenza pandemic is a disease outbreak that occurs worldwide when:

- a new strain of influenza virus emerges to which no-one is immune;
- the virus causes disease in humans; and
- the virus is easily spread between humans.

In the absence of immunity, a new influenza strain can rapidly spread across the globe, causing epidemics or pandemics, infecting large numbers of people with fatal results.

The very nature of an influenza pandemic in Australia will be unlike any other modern disaster and will create new challenges for business continuity planners. It may:

- arise rapidly and spread quickly;
- make people very ill and many could die;
- generate unprecedented levels of fear and anxiety;
- occur in several waves, each lasting for several months;
- require full community mobilisation;
- result in health care services not being able to provide direct care in some cases; and
- result in very high staff absenteeism rates for some periods during the pandemic.

With these factors in mind, businesses will need to rethink their existing continuity response strategies to cope with such an event.

The actions of governments and businesses in preparation for a pandemic and during a pandemic will have a major impact on Australia's ability to cope with its effects, the economy and our ability to recover quickly.

This guide has been developed to help Australian businesses consider what impact a human influenza pandemic might have on their business, and to help businesses take appropriate actions to prepare themselves as best they can. Although the Government can assist in providing access to information and planning tools, it is up to businesses themselves to prepare and ensure they are in the best position to manage the effects of a pandemic, and to recover as quickly as possible.

Government alone cannot control and manage the spread of a pandemic or maintain the essential services that businesses and the community in general will require. Businesses will also play a vital role in helping to manage a pandemic in Australia. Advanced preparation will be critical in controlling a

pandemic by ensuring essential products and services such as electricity, telecommunications, fuel supply, water, food, health, transport finances and others that help maintain the core functions and services in the business and general community can continue.

This guide provides Australian businesses and other organisations with a range of tools and information to help them prepare for a human influenza pandemic in Australia.

# CHAPTER 2

WHAT IS PANDEMIC INFLUENZA?

## Human Influenza

The influenza virus is a very common virus among humans. Its symptoms are well known:

- chills, shivering and a fever (temperature  $>38^{\circ}\text{C}$ );
- onset of muscle aches and pains;
- sore throat;
- dry cough;
- trouble breathing;
- sneezing;
- stuffy or runny nose; and
- tiredness.

Influenza may be infectious for up to two days before the symptoms of fever and cough begin. This means people who seem well can actually pass the virus on to others.

At any one time there are several strains of influenza virus circulating amongst birds and animals and amongst humans in various parts of the world. Some strains of the virus are peculiar to bird or animal species and some are peculiar to humans. Some strains of the virus pass between different species of birds, animals and humans, with varying degrees of efficiency, causing illness which varies in severity between species. Some species suffer mild symptoms or none at all, and act as carriers for the virus.

### Definitions

<b>Influenza (the flu)</b>	A highly contagious disease of the respiratory tract caused by the influenza virus.
<b>Influenza Type A</b>	A virus that occurs in humans and animals.
<b>Influenza Type B</b>	A virus that occurs only in humans.
<b>Epidemic</b>	A sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area.
<b>Pandemic</b>	Epidemic on a global scale. Only Type A Influenza viruses have been known to cause pandemics.

## Prevention and Treatment

### Infection Control

Some of the most basic measures can have the greatest effect in controlling the spread of influenza. Personal hygiene such as hand washing, covering your nose and mouth when coughing or sneezing, workplace cleaning, use of

protective equipment, and avoiding contact with others will help you avoid infection. More information on these and other preventative measures can be found in Chapter 6 of this guide.

## **Immunisation**

The pandemic vaccine will be different from seasonal flu injections. The seasonal flu vaccine will not protect you against a pandemic virus, but may protect you from other less severe strains of flu.

As a pandemic strain cannot be predicted in advance, there will be a time delay before production can commence, and a further delay before there is sufficient vaccine for all Australians. Infection control measures are the most effective protection ahead of a vaccine being developed.

## **Influenza antiviral medication**

Antiviral medications may provide some effectiveness in preventing infection and in treating acute influenza infection. There is currently limited and mixed evidence about the effectiveness of antivirals.

To be effective, antivirals need to be administered either before or soon after a person is infected. The delay between infection and noticeable symptoms reduces the opportunity for effective use. If administered after the onset of symptoms, the antivirals may lessen the severity of the symptoms and duration of the influenza infection.

The two commonly available antiviral medications are oseltamivir (Tamiflu™) and zanamivir (Relenza™). A doctor's prescription is required for these antivirals.

The Australian Government possesses a large stockpile of antivirals, which can be used to minimise the overall impact of illness and prevent possible deaths. In the early stages of a pandemic people may be given the medication (a short course of capsules) if they are sick with pandemic influenza or if a member of their family or close work colleague develops influenza. This might prevent them from contracting the infection.

People whose work places them at high risk of contracting influenza (e.g. health care workers and others in close contact with infected people) may be given the antivirals for longer periods of time. When the pandemic vaccine is available, preventative antivirals will not be necessary, except to cover the period until the vaccine produces immunity.

Given the shortage of supply of antivirals it is unlikely that they will be available to businesses generally for use by staff. More practical and effective strategies for businesses to assist in keeping staff healthy include a range of infection control measures outlined in this guide and also available from the Department of Health and Ageing.

# CHAPTER 3

WHAT IS THE GOVERNMENT DOING?

## Government Support

Since the emergence of various influenza strains the Australian Government has committed considerable resources on influenza pandemic preparedness measures, including grants for urgent research projects aiming at preventing, detecting or controlling influenza outbreaks, and to strengthen Australia's frontline defences against these influenza strains.

## Australian Health Management Plan for Pandemic Influenza

The Australian Health Management Plan for Pandemic Influenza is reviewed every two years. (This plan is available on the Department of Health and Ageing website [www.health.gov.au/pandemic](http://www.health.gov.au/pandemic)).

The Australian Health Management Plan for Pandemic Influenza will guide Australia's response in managing pandemic influenza and will be continually updated and revised to include the most current research and expert information relating to areas such as infection control during a pandemic. It will be supported by a series of technical papers.

The Australian Health Management Plan for Pandemic Influenza outlines, from a health perspective, what the Australian Government is doing, and what the health sector, key stakeholder groups, organisations, the community and individuals can do to prepare for a pandemic.

The Plan relies on two main strategies. In the first instance, the focus will be on containment of the spread of the virus to make time for a vaccine to be produced. Containment strategies may include reducing travellers to Australia, infection control, social distancing, short term home quarantine for those exposed to the virus, and the targeted use of antivirals. If containment is no longer possible due to rapid spread of the virus, efforts will concentrate on maintaining essential services to keep society functioning until a pandemic vaccine becomes available, or the pandemic abates.

The Department of Health and Ageing will provide advice through the media and on their website if the pandemic phases change.

## Containment

### Quarantine

In the event of a pandemic, the Government will take any necessary public health action that may be required to contain the spread of the pandemic virus.

The Department of Health and Ageing, Australian Quarantine and Inspection Service, and state/territory health authorities undertake the management of human quarantine.

The most effective way of stopping or minimising the risk of a pandemic coming into the country is screening at the borders and there are many measures that will be put in place, should a pandemic occur, to ensure that anyone who may be infected will be detected and placed in isolation or quarantine.

Further work will be progressed by relevant agencies on border restrictions/controls and the implications of these, together with quarantine arrangements, should they be necessary.

Some measures might include checking all incoming passengers for high temperature and signs of flu by health personnel located at airports to meet all incoming flights.

Other actions may include:

- home quarantine of infected persons;
- people being required to submit themselves for medical examination;
- people, places, buildings, ships, animals or other things may be isolated, disinfected or quarantined;
- refusing entry into Australia's air or sea ports by any vessel that is reported to be infected, or from an infected area;
- temporarily closing public places, including schools, workplaces, child care centres, churches, shopping centres, bars and clubs and other places where groups of people gather;
- advising people to stay at home; and
- culling infected animals.

In the event of a human influenza pandemic occurring overseas, but not yet reaching Australia, there could be a substantial reduction in people entering Australia because of border control measures, to delay the spread of the pandemic to Australia for as long as possible.

## **Use of antivirals**

In the early stages of a severe outbreak, the highest priority for the provision of antivirals would be people who had been exposed to the virus or who work in areas of high risk of exposure, such as health care workers, quarantine officers and others, to contain the spread of the virus.

## **Maintaining society's functions**

If containment of the spread of the virus in Australia is no longer possible, then in the early stages of a pandemic, focus would be on maintaining essential or 'lifeline' services to the community and businesses. At this time, the highest priority for antiviral treatment, and vaccine (should one become available) would be personnel who may be at risk of exposure to the virus (e.g. health workers, ambulance personnel, staff screening incoming passengers from infected countries, etc).

## National Action Plan for Human Influenza Pandemic

The Australian Government, state and territory governments and the local government sector all contribute to the National Action Plan for Human Influenza Pandemic. This plan brings governments together to develop nationally consistent measures to attempt to prevent pandemic influenza from entering Australia and to prevent human transmission of the virus. It outlines a coordinated, rapid response by all levels of government in the event of a human pandemic occurring.

### State and territory government activities

Australia's state and territory governments are also undertaking pandemic planning. Businesses should make themselves aware of these developments by visiting the websites in their state/territory.

#### New South Wales

<http://www.health.nsw.gov.au/pandemic/>

#### Queensland

<http://www.qld.gov.au/about/health-and-communities/pandemic-influenza.html>

#### Victoria

[http://www.health.vic.gov.au/ideas/regulations/vic\\_influenza](http://www.health.vic.gov.au/ideas/regulations/vic_influenza)

#### Northern Territory

[http://www.health.nt.gov.au/Centre\\_for\\_Disease\\_Control/index.aspx](http://www.health.nt.gov.au/Centre_for_Disease_Control/index.aspx)

#### Western Australia

[http://www.public.health.wa.gov.au/1/422/2/pandemic\\_influenza.pm](http://www.public.health.wa.gov.au/1/422/2/pandemic_influenza.pm)

#### Australian Capital Territory

<http://www.health.act.gov.au/c/health?a=&did=11088328>

#### South Australia

<http://www.pandemicinfluenza.sa.gov.au/>

#### Tasmania

<http://www.pandemic.tas.gov.au/>

# CHAPTER 4

HOW MIGHT PANDEMIC INFLUENZA AFFECT MY BUSINESS?

## Characteristics of a pandemic

The likely impact of a human pandemic depends upon characteristics of the virus such as its infection rate, the proportion of the population infected in each age group, and the severity of illness caused.

In the last century, pandemics have spread to all parts of the globe within less than a year and affected more than a quarter of the total population. The ability of health and emergency systems to respond can be put under pressure by the rapid increase of illness in the community.

Historically, there is a tendency for pandemics to occur in waves, so a second and sometimes third wave, may begin simultaneously in different parts of the world, and should be expected. However, this pattern may change as a result of interventions such as the use of antivirals, vaccination, infection control practices or social distancing measures. Each wave could typically last about eight weeks, building to a peak in week four before abating again.

A pandemic among humans will not be like a natural or physical disaster that you may have experienced previously, there will be a wider variety of variables that may affect businesses.

The impact of a pandemic could be widespread, even nation-wide, or may be localised to a single area through the use of containment practices. If other areas are also affected by the virus, outside assistance could be limited.

Smaller outbreaks are known as clusters. To date, there have been various influenza clusters in some overseas countries. A cluster occurs in limited settings indicating a single source point, for example, a family or a group of people, in a hospital or a town.

Many existing business continuity plans assume some part of an organisation is unaffected and can take up the required capacity for the organisation to perform at the required level—this may not be the case with a pandemic. They may also assume the event is short/sharp and that recovery can start immediately. A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase. It is not possible to predict exactly how long a pandemic may last, the severity, or when it may occur.

It is quite likely that there will be some advance warning from the development of the pandemic overseas, but it is always possible that any warning period may be minimal. Should pandemic influenza spread within Australia it will probably be some weeks before the full impact on the workforce would be felt, although there may be some early impacts resulting from closures of schools and similar containment measures.

This planning guide assumes that a pandemic will be wide-spread and will impact businesses in several ways—employee absenteeism will probably have the greatest effect. There would also likely be shortages of

supplies/resources, reduction in customers, and venue/event closures are also possible.

## **Staff absenteeism**

It is estimated that businesses should plan for 30 to 50 per cent staff absences at the peak of a pandemic.

Staff absences can be expected for many reasons:

- illness/incapacity (suspected/actual/post-infectious);
- some employees may need to stay at home to care for ill family members;
- others may need to stay at home to look after children (as schools/child care centres are likely to be closed);
- people may feel safer at home (e.g. to keep away from crowded places such as public transport); and
- some people may be fulfilling other voluntary roles in the community.

## **Other immediate effects**

A pandemic may have other impacts on businesses, for example:

- supplies of materials needed for ongoing activity may be disrupted (e.g. if they are imported, especially from a country that may be severely affected by the pandemic, or if a local supplier is no longer able to produce the goods/services);
- availability of services from sub-contractors or other suppliers may be impacted (this may affect maintenance of key equipment, and is an area that merits close planning attention);
- demand for services may be impacted—demand for some services may increase (internet access is a possible example); while demand for others may fall (certain types of travel may reduce);
- fuel and energy supplies may be disrupted to some locations at times; and
- the movement of people, imports and exports may be restricted/delayed by quarantine and isolation measures both within Australia and overseas.

## Financial implications

Some businesses may be placed under financial stress by a pandemic virus because of the potential disruption to normal activity. Sales revenue could fall because of operational problems or a lack of product demand. However, payments to staff, suppliers or financiers would be expected to continue where possible. Consequently, strategies to deal with a sudden slump in activity could assist businesses maintain a sound financial position.

Based on Treasury modelling, a global pandemic could have a significant impact on the economy. While the projected economic effects of a pandemic vary widely, the modelling indicates that staff absenteeism, combined with reduced consumer spending and investment confidence, could lower GDP by more than five per cent over the first year following an outbreak of a highly contagious pandemic.<sup>1</sup>

The extent to which a particular business would be affected by a pandemic virus depends on a range of factors, including geographical proximity, the nature of the business, and the length and severity of the pandemic. The measures outlined in this chapter assume a significant business impact. In most cases, they are general measures that would help a business cope financially with a sudden onset recession from any source.

## Financial pressures

Businesses affected by a pandemic could face cash flow problems because of a lack of sales revenue. Revenue could be lower for any of the following reasons:

- Businesses may need to close or downsize operations because of staff absences, supply chain problems, or quarantine measures;
- Consumers may avoid purchases and services that involve face-to-face contact (e.g. retail trade and tourism);
- Discretionary spending would be lower in general because of a lack of consumer confidence and reduced employment;
- Business and dwelling investment could be lower due to falls in investment confidence and activity; and
- Commercial buyers may also be under financial stress and so delay payments or cancel orders.

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<sup>1</sup> Kennedy, S., J. Thomson and P. Vujanovic. 2006. A primer on the macroeconomic effects of an influenza pandemic. *Treasury Working Paper*. Available at: [http://www.treasury.gov.au/1069/HTML/docshell.asp?URL=TW\\_2006-01.htm](http://www.treasury.gov.au/1069/HTML/docshell.asp?URL=TW_2006-01.htm)

Although business activity may be subdued, costs could remain static in a number of areas (if special arrangements are not put in place), such as:

- staff salaries and wages, which include payouts on leave entitlement;
- rent and leasing costs;
- payments to suppliers for contractual purchases;
- loan repayments; and
- taxes.

Businesses relying on credit arrangements with suppliers or financial institutions may also face extra pressures if creditors seek to protect their own financial positions. Suppliers may be unwilling to provide goods or services without early up-front payment. Financial institutions may limit credit availability.

## **Financial preparation**

The capacity of a business to deal with the financial pressures associated with a pandemic virus depends on the strength of its balance sheet as well as its financial flexibility. Extra funds may be required over the duration of the business downturn to compensate for a drop in operating profits and to maintain business liquidity.

## **Cash reserves**

Maintaining a healthy reserve of cash (i.e. at-call funds held with a financial institution such as a bank) may be a safe method for ensuring a business can meet short-term financial obligations. Cash reserves can be accessed quickly and at minimal cost. Enough cash could be required to cover a business downturn extending for two or more months.

Although the yield on cash is relatively low, other assets are less liquid. Equities are generally not considered to be an ideal source of emergency funding by financial advisers since company values can decline sharply when there is an economic downturn.

Businesses should note that supply shortages may also lead to short-term price increases for uncontracted business inputs.

## **Credit facilities**

Credit may be in short supply during an influenza pandemic because of falling asset prices, potentially greater calls on savings, and the heightened business risks. Consequently, as part of general continuity planning, businesses may consider establishing emergency lines of credit.

## Insurance

Standard insurance policies will generally not cover financial losses associated with a pandemic. This is because insurance is not targeted towards the specific causes of the financial losses, such as lower product demand or staff absenteeism. In addition, insurance policies often contain 'force majeure' (natural disaster) clauses to protect insurers from incurring excessive liabilities.

A few adverse impacts of an influenza pandemic may be covered by some insurance policies. Self-employed people may be able to obtain Business Overheads Cover, which covers regular fixed operating expenses of the business if the individual becomes sick.

In addition, companies can take out Key Person Insurance, which provides death and/or disability cover in relation to an individual who is critical to business operations (including a director or specialised supplier). Companies can also insure against events such as suppliers failing to deliver vital production inputs, or fuel prices rising unexpectedly. Businesses may also wish to consider taking out Loss of Profit Insurance.

Businesses should review their policies with their insurers and ask if pandemic related issues are covered, and if not, consider taking out additional coverage.

## Closure strategy (for non essential services)

Businesses can lessen the risks associated with a pandemic by minimising long term financial obligations (sunk and fixed costs). This enables a business to close, either temporarily or permanently, incurring the least cost. Some methods for increasing flexibility include: negotiating shorter term contracts with suppliers and buyers; leasing rather than buying equipment; having flexible staffing arrangements; minimising inventories (i.e. have just-in-time operations, if viable); and maintaining low levels of debt. This approach may be prudent for certain businesses most exposed to risks from a pandemic (such as the tourism, education and childcare sectors) to consider.

## Emergency measures

Businesses with insufficient cash to meet their immediate financial obligations during a flu pandemic could pursue one or more of the following strategies to reduce short term financial pressures. (See also Chapter 5 for consideration of staffing policies.)

## Secure credit

Businesses with a viable commercial future and significant assets may be able to secure credit from financiers. The terms of loan agreements may, however, be unfavourable for the borrower given banks and other financial institutions may be more cautious about providing loans during a pandemic. Obtaining credit may also take more time than usual because of greater demand for credit combined with staff shortages in the financial sector.

## Liquidate assets

Financial or non-essential physical assets could be sold to provide necessary cash. There are, however, costs of doing this during a pandemic flu scenario. Asset prices could be temporarily low because of a general economic downturn. In addition, any temporary shortages of buyers could mean selling at a substantial discount.

## Adjust payment timing

A business may be able to defer certain payments (or advance payments to the business) in order to cope with temporary cash-flow problems. This depends on the cooperation of business partners (suppliers and buyers), financiers or staff. Purchase contracts, loan agreements and salary arrangements can all potentially be adjusted to reduce immediate financial pressures. Businesses also have the option of trying to ensure customers settle outstanding accounts.

# CHAPTER 5

HOW CAN I MINIMISE THE IMPACT OF A PANDEMIC  
ON MY BUSINESS?

## Preparation

To ensure you can continue to deliver your critical business processes, some planning and preparation will be required. Succession planning (for short and long term staff absences), and back-up staffing arrangements would be beneficial.

If you provide essential services for the community or other businesses, it is important that you are able to continue to deliver these services. Emergency management and overall national recovery will be greatly facilitated if essential services are available without significant interruption during a pandemic.

For businesses that do not provide essential services, you might like to plan for how you could best cope if you were to close during a pandemic (this is the worst case scenario for businesses and many businesses may continue to operate).

Continuity planning for a pandemic should include the following basics:

- identifying essential business activities (and the core people and skills to keep them running or alternative back-up arrangements);
- identifying the infrastructure and resources required for the organisation to continue operating at the minimum acceptable level;
- developing mitigation strategies for business/economic disruptions, including possible shortages of supplies and contingency plans for continued operation;
- ensuring relevant employees, customers and suppliers are aware of the contingency arrangements and that they work; and
- minimising illness in workers.

Businesses may also benefit from viewing pandemic planning as an opportunity to review their overall business processes and look at opportunities to develop more robust business systems taking into account all types of disruptions they could face. By incorporating pandemic planning into your business' overall business continuity plan you may be able to improve your business operations.

If you have not previously developed a business continuity plan or considered the risks facing your business, how you could minimise the impact of those risks, and how you might respond should unexpected events occur, you might like to put some time into this type of planning.

## Business continuity planning

### Step 1: Identify your business' core people and skills

In the event of a pandemic, it is important that core people and core skills are available to keep essential parts of your business operating. The following points are designed to help you plan for this.

- What are the essential parts of the business?
- Who are the core people required to keep the essential parts of the business running and what core skills do they require?
- Are there sufficient back-ups for people and skills if there is a high level of absence?
- Are there other resources (e.g. volunteers, retirees, etc) which could be drawn on if necessary?
- Is it possible to coordinate/operate your business remotely, using telephone, fax and email?
- Who will develop and manage your pandemic contingency plan?
- Do you have any systems that rely on periodic physical intervention by key individuals to keep them going? How long would the system last without attention/maintenance?
- Do you have adequate infrastructure to support changes in business operation (e.g. computer networks or internet presence)?

Once the core people and skills are identified, ensure that they are aware of their responsibilities and how they will be managed in the event of a pandemic. Consider strategies for minimising the possibility that they become ill with influenza, such as working from home even in the very early stages of a pandemic, or other measures to reduce exposure to others who might have been exposed to the virus (see Chapter 6 for details on helping prevent staff from getting sick).

If working from home is not a well-established practice in your organisation, you may wish to encourage staff to experiment occasionally, to aid familiarity and to iron out any computer connection/technological issues.

You may wish to have non-essential staff stand down if human to human transmission of the virus occurs in Australia to help minimise the number of staff who may be exposed to the influenza virus.

## Step 2: Establish a pandemic planning team

When planning for a pandemic, it is a good idea to identify one or more people in your organisation who will be responsible for planning and workplace health and safety, if your business is large enough to warrant it. Some of the roles you identify might include are:

### Continuity Plan Manager

- to oversee the development of your Pandemic Influenza Plan; and
- to communicate to your staff and clients what action is being taken to prepare for a pandemic.

### Influenza Manager

- to ensure your workplace has adequate supplies of tissues, medical and hand hygiene products, cleaning supplies and other relevant personal protective equipment, such as masks, for people who become ill at work or to protect them from contact with co-workers or customers—it may be difficult to purchase such products once a pandemic begins;
- to set up a system to monitor staff who are ill, or suspected to be ill, in the event of a pandemic, including contacting staff who are unexpectedly absent from work. Has their GP been notified of their illness? Do you know who they have been in contact with? Is someone able to care for them? and
- to encourage staff to return to work once they are better, or at the end of a quarantine period.

### Medical Adviser

If your business does not already have one, it may be prudent to ensure that you have access to medical advice in the event of a pandemic. At the time of a pandemic, national information lines will be available. State/territory governments will likely set up fever clinics or other methods of providing medical care during a pandemic. These will be widely advertised at the time. Businesses need to be aware of their local plans for health management.

### Step 3: Plan for staff absences

Issues you may wish to consider include:

- what critical staff numbers and skills are required to keep essential sectors of the business running—at what level does business stop? What arrangements need to be made to minimise risk to staff?
- if you do not provide an essential service, who should make the decision to shut activity down when absence rates threaten safe conduct of your business? and
- could some, or all, of your business operations shift to having most staff work from home with little warning?

Because an influenza pandemic may affect regions of Australia (and the world) differently in terms of timing, severity and duration, businesses with regional offices may need to consider rotating service delivery from hard hit areas to influenza-free areas, or areas that have been declared to be in a post-pandemic period. Restrictions on movement of people from region to region may be imposed, so rotation of staff would likely be difficult.

Businesses with overseas offices, or which use services outsourced from overseas, may be disproportionately affected. Not all countries have the means to cope with a pandemic. Employees and staff contracted outside Australia may have increased rates of illness and absence.

Some strategies to help lessen the impact of staff absences could include:

- sharing of critical information/filing and general knowledge management (store your information in known, accessible and shared locations);
- increasing the number of staff authorised to access critical information and systems;
- identifying back-up personnel (2 or 3) for key positions;
- encouraging staff to multi-task (learning other people's jobs);
- planning in advance how you will scale down your operations at various absenteeism levels and at what point you will suspend operations (if you do not provide essential services);
- establishing work from home policies;
- establishing leave and remuneration policies for staff unable to come to work; and
- conducting exercises to see how reduced staff levels might affect your business.

## **Step 4: Consider the effects of supply shortages on operations**

Shortages of supplies may occur because of increased demand during the pandemic (i.e. cleaning supplies, home-based services, etc). Pandemic planning should consider the need for ensuring adequate availability of essential supplies (e.g. stockpiling, if appropriate or securing alternate supply sources).

Shortages may also occur because of disruptions in transportation systems or the inability of suppliers to meet demands because of their own staff shortages. Many Australian goods travel considerable distances by truck, train, ship or aircraft, and are vulnerable to disruption.

Absences of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies. Supply lines may also be affected by mandated or self-imposed travel restrictions (e.g. transporters unwilling to travel through, or to, infected areas). Discuss with key suppliers a plan for regular shipments in the event of shortages or disruptions in transportation systems.

International air and ship movements may be disrupted in a pandemic, and this may impact on imported goods, especially if they normally arrive in freight-holds of passenger aircraft.

### **Businesses that export**

Businesses that rely heavily on exporting their products may be severely impacted if trade is affected and export markets are not operating fully, or significant delays are imposed. Businesses should take these issues into consideration when developing their business continuity plans.

## **Step 5: Establish and maintain two-way communication**

Consider communication needs and how communication channels might be maintained:

- throughout your business; and
- with government, key suppliers, key customers, and key contractors.

Two-way communication is particularly important so that you will:

- know if or when the overseas or Australian pandemic phase changes (the Department of Health and Ageing will provide this advice). This is important as it will likely be a trigger for you to take certain action in your continuity plan;
- become aware of any developments in treatments or new information about avian flu (e.g. medical advisories);
- know about the spread in other countries—particularly important if staff travel overseas;
- know about quarantine arrangements, if required; and
- be able to contact your staff and customers quickly if you need to get messages to them (e.g. office closures or scaling down of non essential parts of the business). You may like to consider establishing a website where this information can be posted, group email address lists or pre-recorded phone messages.

Updated health information will be available from the Department of Health and Ageing website at [www.health.gov.au/pandemic](http://www.health.gov.au/pandemic)

## **Step 6: Consider human resource issues**

The extent of your planning in this area will depend on the nature (essential or non essential services) and size of your business or workplace (e.g. home based business or national company).

Your business planning might include:

- identification of triggers where you might decide to stay open for business or close the business (if you do not provide essential services);
- consideration of employee risks; and
- application of relevant legislation and your duty of care as an employer.

## **Deciding whether a workplace should stay open or close**

A workplace may close through lack of staff, lack of customers, or because it presents an unacceptable level of risk to employees or others.

Different industries will involve varying degrees of risk in a pandemic, and there will be varying scope for staying in operation while reducing the risk. Businesses that are considering temporary closure should examine their

insurance policies (especially Loss of Profit Insurance) and consult with their insurers before making a decision to close, during a pandemic.

Some sectors may be able to manage the risk with relatively few restrictions, while the challenges in the service sector—including health, education, entertainment, hospitality and other industries—will be far greater. In the health sector, for example, the inherent risks will be compounded by a need to stay open to provide treatment and care.

### Businesses that stay open and the law

If a workplace or business stays open during a pandemic, the usual employment safeguard, including common law and application of other federal and state requirements (e.g. *Occupational Health and Safety Act 1991* (Cth)) will continue to apply.

The Department of Education, Employment and Workplace Relation's workplace website <http://www.deewr.gov.au> provides further information regarding employment and workplace issues.

For more information on workplace safety that relates to your business in your state or territory, please contact the relevant agency in that state or territory.

#### **WorkCover New South Wales**

Ph 13 10 50

<http://www.workcover.nsw.gov.au>

#### **WorkSafe Victoria**

Ph 1800 136 089

<http://www.worksafe.vic.gov.au>

#### **WorkSafe WA**

Ph 1300 307 877

<http://www.commerce.wa.gov.au>

#### **WorkCover WA**

Ph 1300 794 744

<http://www.workcover.wa.gov.au>

#### **Workplace Health and Safety Queensland**

Ph 1300 363 711

<http://business.qld.gov.au>

#### **WorkCover Corporation of South Australia**

Ph 13 18 55

<http://www.workcover.com>

**SafeWork SA**  
Ph 1300 365 255  
<http://www.safework.sa.gov.au>

**Workplace Standards Tasmania**  
Ph 1300 366 322  
<http://www.wst.tas.gov.au>

**NT WorkSafe**  
Ph 1800 019 115  
<http://www.worksafe.nt.gov.au>

**WorkCover/WorkSafe ACT**  
Ph (02) 6207 3000  
<http://www.ors.act.gov.au/WorkCover>

**Comcare**  
Ph 1300 366 979  
[www.comcare.gov.au](http://www.comcare.gov.au)

Any employer or other person who controls the workplace has responsibility for the health and safety of employees (and others there), and to ensure that employees' actions or inactions do not cause harm to others.

Businesses should also note that the Australian Standard for Risk Management (AS/NZS ISO 31000:2009 Risk Management – Principals and guidelines) is promoted in state occupational health and safety laws. For more information visit Standards Australia website <http://www.standards.org.au>

Employers must take all practicable steps to mitigate the risk and protect employees, especially those at high risk, such as health care personnel, support staff and first responders (fire, police, ambulance, other emergency workers) from pandemic influenza.

Employers need to actively plan to cover their risks and the risks to their workers and the public.

Statutory requirements relating to the employment relationship and any specific requirements of employment agreements will not be affected by workplace closure in a pandemic.

In the event that the employer decides, or is required, to suspend business during a pandemic, it is important that the employment conditions during the business suspension are discussed with, and made clear to, employees. Those discussions may include, for example, the use of annual leave.

Contractors for services will be subject to their contracts, and contract law generally.

## Keep communication with staff open and frequent

In all cases, it will be useful to discuss any likely impacts with employees and others that may be affected, beforehand. Whatever agreement and clarification can be achieved before a pandemic will prove a valuable investment should a pandemic occur.

Whether workers decide to come to work depends not only on how serious they perceive the risks to be, but also on how transparent and receptive management have been during pandemic planning and what risk management strategies employers have in place. It will depend upon the effectiveness of the organisation's risk communications.

The more open and frank employers and employees can be with each other about things like the status of their health, their expectations and what decisions are likely to be taken during a pandemic, the better prepared your business will be.

## Managing fear and anxiety

It is likely there will be anxiety regarding a pandemic and this is likely to contribute to increased work absence and/or increased distress to staff. The suggested ways to manage this include:

- communicate the possibility of a pandemic, and your organisation's preparedness to manage it, very early to staff;
- discuss with staff possible health and safety issues, the potential for stand down, and leave arrangements if they are ill or need to look after children or relatives;
- have a comprehensive management plan in place which is clearly communicated to staff. Ensure that communication management during the pandemic is part of the plan;
- activate your plan—provide clear, timely and pro-active communication to staff, including how your organisation is handling the situation;
- consider establishing a 'communication's tree' so that people can keep in touch; and
- establish a process for contacting staff who have not reported to work and may be ill.

During a pandemic many of your employees will experience fear, grief and anxiety. Trauma and stress can have effects on staff and these will need to be managed. Some issues you might like to think about include:

- staff may suffer from increased fatigue and this may affect work performance;
- conflicts with co-workers may increase because of the added stress; and
- financial concerns from staff may be important to manage.

Be prepared for hostility towards fellow workers who might be perceived to be spreading the virus if they sneeze or cough.

The most important thing employers can do is communicate with their staff and listen to their concerns. Employers can start by encouraging them to discuss how they have been affected by what is happening around them and can work with staff, where possible, to alleviate worries and concerns.

### Supporting staff and their families

During a pandemic your staff will likely be concerned and preoccupied about the wellbeing of their families. Their commitment, or ability, to work may not be their major concern.

In many cases, childcare centres and schools may be closed temporarily and parents will need to stay at home to care for their children. Consider how you might be able to assist essential workers who are needed at work, with childcare arrangements. Consider their needs to have regular contact with their families to ensure they are safe and well (e.g. providing periods during the day they can go home to check on their family).

Staff may also have family members who are ill and need to be cared for at home. Consider if there is any support or assistance you are able to offer.

Many larger businesses may already have access to counselling services, which would be an essential element of business recovery following a pandemic. Consider how your business would benefit from such services.

## **Step 7: Test your plan and know when to activate it**

Once you have developed your continuity plan to help prepare your business for a possible pandemic, it is worthwhile to test your plan. This way you will know how well it might work in a real situation and if you have overlooked anything.

The Australian Government will advise the public of any changes to the pandemic phase and this may signal the need to activate business continuity plans or specific actions in those plans. See Appendix A, check list. Having well rehearsed plans in place can help you know when to activate all, or some sections, in your business continuity plan.

# CHAPTER 6

HOW CAN WE HELP PROTECT STAFF FROM GETTING SICK?

## Basic precautions

Some of the most basic measures can have the greatest effect in helping protect your staff from illness. Personal hygiene (such as hand washing, covering your nose and mouth with a tissue when coughing or sneezing, throwing the tissue in a bin and washing your hands afterwards), work place cleaning (rigorous cleaning of all hard surfaces in the workplace), personal protective equipment, shutting down public drinking fountains, social distancing or avoiding contact with others, restricting staff travel, restricting work place entry and screening workers, are all strategies aimed at keeping your staff healthy.

This section offers guidance on these basic precautions and refers to examples of notices, posters and other information available from the Department of Health and Ageing website ([www.health.gov.au/pandemic](http://www.health.gov.au/pandemic)) for your convenience and use in the workplace. (More information on infection control is also available on the Department of Health and Ageing website.

## Practice good personal hygiene

### Hand washing

- Adopt good hand washing/hand hygiene practices, particularly after coughing, sneezing or using tissues.
- Immediately dispose of used tissues.
- Keep hands away from the mucous membranes of the eyes, nose, and mouth.
- Ensure that adequate supplies of hand hygiene products are available. (This is a high planning priority as there may be interruption to the supply or shortages of soap and hand towels).
- Have a supply of tissues available and provide no-touch receptacles for used tissue disposal.
- Consider having conveniently located dispensers of alcohol-based hand rub.
- Provide soap and disposable towels for hand washing near sinks.

The most important thing you can do to prevent illness is  
**WASH YOUR HANDS REGULARLY**

Influenza can be transmitted by indirect contact from hands and items that have been in contact with an infected person or contaminated surfaces. By frequently washing your hands you can wash away any germs from these sources. This is especially important before you eat.

Hand hygiene includes both hand washing using soap and water and the use of alcohol-based products (gels, rinses, foams) containing an emollient that do not require the use of water.

- If your hands are visibly soiled with respiratory secretions, you need to wash them with soap (either plain or antimicrobial) and water. It is best to wash your hands with soap and warm water, scrubbing your wrists, palms, fingers and nails for ten to fifteen seconds. Rinse and dry with a clean, dry towel.
- In the absence of visible soiling, alcohol-based products for hand disinfection may be preferred. They dry the skin less and may be more convenient.
- Always wash your hands after contact with other people and after removing a mask or gloves if you have been wearing them.
- You should ensure you have facilities for people to wash their hands frequently. This includes sinks with warm and cold running water, soap (plain or antimicrobial) and disposable paper towels. You may also wish to have alcohol-based disinfectants available.

Hand and personal hygiene information should be communicated to staff and visitors. This might include hygiene notices posted in entrances to washrooms, hand washing stations and public areas. Posters are available from <http://www.health.gov.au/internet/panflu/publishing.nsf/Content/plans-resources-bus-comm-1> Use brochures, newsletters, global emails, employee notice boards, and staff newsletters to inform employees of the importance of personal hygiene during a pandemic.

Examples of brochures and posters illustrating effective methods of hand washing are available from the Department of Health and Ageing's pandemic resources which can be found at: <http://www.health.gov.au/internet/panflu/publishing.nsf/Content/plans-resources-bus-comm-1>

## Coughing and sneezing

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue).
- Dispose of tissues in the nearest waste receptacle after use. Do not store them in your pockets.

- Wash your hands after coughing or sneezing or touching used tissues.
- Consider putting up signs about cough and sneeze etiquette.

## Workplace cleaning

During a pandemic, you will need to implement additional measures to minimise the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely, but influenza viruses may live up to two days on such surfaces.

Increased cleaning regimes may need to be introduced. Influenza viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. Table 1 suggests the appropriate choice and concentration of disinfectants.

It is important to practice infection control even if a person does not have symptoms of the flu. Remember a person may be infectious before symptoms occur and others may have only very mild illness with few symptoms. The Infection Control Annexe of the [Australian Health Management Plan for Pandemic Influenza](#) gives more details of the types of detergents to use for disinfection and ways to practice infection control in many different settings.

Staff should be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with detergent and hot water after use. Use of water fountains may also pose a risk.

Removing magazines/papers from waiting rooms and common areas (such as tea rooms, kitchens) is also a good precautionary measure.

When a person with suspected influenza is identified and has left the workplace, it is important that their work area/office, along with any other known places they have been, are thoroughly cleaned and disinfected.

Among other things, planning should identify the basic hygiene practices to be followed by cleaners, protocols for the use of personal protection equipment (if recommended) and methods for waste disposal.

**Table 1 Workplace Cleaning Products**

Disinfectants	Recommended use	Precautions
<p><b>Detergent and water</b></p> <p>(If there is the possibility of the virus remaining after cleaning, use Sodium hypochlorite—1,000 parts per million of available chlorine, usually achieved by a one in five dilution of hospital grade bleach.)</p>	<p>Disinfection of material contaminated with blood and body fluids</p>	<p>Leave to dry.</p> <p>If disinfectant is used, it should be used in well-ventilated areas.</p> <p>Protective clothing required while handling and using undiluted bleach.</p> <p>Do not mix with strong acids to avoid release of chlorine gas</p> <p>Corrosive to metals</p>
<p><b>Granular chlorine</b></p> <p>e.g. Det-Sol 5000 or Diversol, to be diluted as per. manufacturer’s instructions.</p>	<p>May be used in place of liquid bleach, if it is unavailable</p>	<p>Same as above.</p>
<p><b>Alcohol</b></p> <p>e.g. Isopropyl 70%, ethyl alcohol 60%.</p>	<p>Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.</p>	<p>Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation</p> <p>Keep away from heat sources, electrical equipment, flames, and hot surfaces.</p> <p>Allow it to dry completely.</p>

## Air conditioning

There is scientific and medical evidence to suggest that influenza can spread in internal spaces that are not adequately ventilated. All internal spaces should be well ventilated, preferably by fresh air via opening windows, or otherwise by properly designed and maintained air-conditioning systems.

As part of their workplace health and safety monitoring, employers should gain assurance from the owner of any air conditioned building they occupy that air conditioning systems are maintained regularly and comply with Australian Standard - *AS 1668 Part 2, The use of ventilation and air conditioning in buildings - Ventilation design for indoor air contaminant control*.

In certain situations, it may be beneficial to allow fresh air into the internal space.

Influenza survives longer, and is more easily transmitted, in conditions of low temperature and low humidity.

## Personal protection equipment

In some instances, the Department of Health and Ageing may suggest that use of personal protective equipment is advisable. The most commonly used equipment would be masks and protective barriers.

### Using masks

People with respiratory infection symptoms should use a disposable surgical mask to help prevent exposing others to their respiratory secretions. Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze, in an appropriate waste receptacle, and hands must be thoroughly washed and dried after the used mask has been discarded.

### Protective barriers

Protective barriers in the form of Perspex or glass may provide useful protection for people such as front counter staff or public transport drivers, whose duties require them to have frequent face-to-face contact with members of the public where social distancing is either not possible or not practical.

For more detailed information on personal protective equipment, particularly for businesses operating in the health environment visit the Department of Health and Ageing website <http://www.health.gov.au/pandemic>. A series of resources is available at this site.

## Social distancing—reducing contact with others

Another strategy to protect staff is minimising their contact with others. Crowded places and large gatherings of people should be avoided, whether inside or outside. Because the virus can travel up to one metre when someone sneezes or coughs, a distance of at least one metre could reduce the propensity to be infected. Visiting or other contact with, unwell people should be avoided wherever practicable.

Suggestions on how to minimise contact include:

- avoid meeting people face to face—use the telephone, video conferencing and the internet to conduct business as much as possible—even when participants are in the same building;
- avoid any unnecessary travel and cancel or postpone non-essential meetings/ gatherings/workshops/training sessions;
- if possible, arrange for employees to work from home or work variable hours to avoid crowding at the workplace;
- practice shift changes where one shift leaves the workplace before the new shift arrives. If possible, leave an interval before re-occupation of the workplace. If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning;
- avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
- bring lunch and eat it at your desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced;
- do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area;
- if a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one metre away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air;
- set up systems where clients/customers can pre-order or request information via phone/email/fax and have the order or information ready for fast pick-up or delivery; and
- encourage staff to avoid large gatherings where they might come into contact with infectious people.

## Restricting staff travel

The Department of Foreign Affairs and Trade (DFAT), in conjunction with the Department of Health and Ageing, will publish appropriate travel advisories for Australians travelling to other countries infected by the pandemic on their website <http://www.smarttraveller.gov.au>. DFAT will also provide advice for Australian Government staff and other Australians in infected areas overseas.

Once a pandemic is recognised in a country, that country may close its borders and similarly, Australia may look at invoking quarantine measures, or other restrictions, for all incoming passengers and aircrew from that country.

It is possible that all incoming passengers may be required to complete quarantine for a period equivalent to the estimated incubation period of the virus—this could be up to one week. Members of the household of the person who is in quarantine, who have an infected person in the home, will be in quarantine for seven days.

If your staff travel overseas for business reasons, your plan will need to include consideration of their management in the event of a pandemic. For example, on declaration of a pandemic, people who arrive from a country affected by pandemic influenza will be asked to go into home quarantine. This will be for three days. They will be given information on what to do if they develop symptoms and who to contact. It is likely that they will receive a phone call from the public health authorities on a daily basis to monitor the situation.

Check on staff members during their absence from work and set up a process for ensuring that employees have completed the required time in quarantine and are healthy before allowing them to return to work.

## Restricting workplace entry

On declaration of 'Pandemic Phase CONTAIN or PROTECT' (see Appendix A), your business should consider putting up notices (at all workplace/facility entry points, advising staff and visitors not to enter if they have influenza symptoms).

Employees should be advised not to come to work when they are feeling unwell, particularly if they are exhibiting any influenza symptoms.

Unwell employees should also be advised to see a doctor. Workers who are ill should stay at home until symptoms resolve. At the same time, you may wish to provide them with further information about how to stay well during an influenza pandemic (e.g. by distributing the information provided on the Department of Health and Ageing's website <http://www.health.gov.au/pandemic>).

In your pandemic planning, set up a process for ensuring that ill employees have completed any required quarantine period and are healthy before allowing them to return to work.

Staff who have recovered from the pandemic influenza are unlikely to be re-infected (they will have natural immunity) and should be encouraged to return to work as soon as they are well.

## **Annual influenza injections**

While the seasonal flu vaccine is unlikely to combat a previously unseen human influenza pandemic virus, it may provide protection against recent pandemic viruses. It may also be a useful preventative measure in helping keep staff healthy and keeping the health system freed up to cope with a potential pandemic. Businesses may like to consider encouraging staff to receive an annual influenza vaccine.

## **Screening workers and managing staff who become ill at work**

Your pandemic plan should indicate how your business would manage staff who report symptoms or become ill at work.

It is, however, important to know the difference between influenza symptoms and a common cold. Because colds and the flu share many symptoms it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. Colds are usually milder than the flu. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems such as pneumonia, bacterial infections or hospitalisations.

Anyone who becomes ill at the time of a pandemic should be referred for medical assessment according to the state and territory health authorities' and the Department of Health and Ageing's guidelines.

The Influenza Manager might be the best contact point for advice of such illness. They should avoid visiting this person where possible and manage the situation over the phone.

- If the employee does have symptoms that match some of those listed above, they should be treated as a 'suspect case.'
- The employee should be informed where they can find a surgical mask and instructed to wear it immediately. This is to help protect other staff.
- The employee should leave work and immediately contact a health professional by telephone in the first instance. This may involve

phoning the person's normal doctor or nurse, or a specially designated centre to seek further advice. The employee's manager should be informed that the person has left work (workplaces may like to consider an isolation room for staff too sick to leave of their own accord and arrangements for transport home).

- The employee, should, if at all possible, avoid public transport when leaving work.
- The employee's workstation should be cleaned and disinfected.
- Any person the affected person has been in direct contact with should be identified.
- Then those people should be advised they have been in contact with a person suspected of having influenza.
- Those people should be asked to go home, and stay at home until advised otherwise.

Your Influenza Manager may like to set up a system to manage the absence and return to work of the employee and the people with whom they have been in contact. Some issues to consider include:

- deciding on the leave policy and associated arrangements;
- checking on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc., if they become ill;
- ensuring the employee is healthy before allowing them to return to work; and
- encouraging staff to return to work once they are well.

## **What if employees become ill at work during a pandemic?**

If a person has a fever or becomes unwell at work then the person should be referred, as soon as possible, to a General Practitioner (GP) for medical assessment.

Any unwell person should be kept at least one metre from others.

You, or your company medical officer/adviser (if you have one), should familiarise yourselves with state, territory or local health authority plans for reviewing possible cases of pandemic influenza, which may include specialist fever clinics or designated general practices.

People who are unwell should not return to work until they have fully recovered and have received medical advice that they can safely return to work.

Work colleagues who have been in close contact with a person who has become unwell, should be advised to monitor their health and to be medically assessed by a GP, if they become ill.

# CHAPTER 7

HOW DO I MANAGE MY CUSTOMERS AND STAKEHOLDERS?

## Communication

Part of your business continuity plan should examine how you can best communicate your preparedness for pandemic influenza.

Reassuring your customers and stakeholders that you have plans in place to protect workers, customers and the community will assist in establishing consumer confidence

You should also consider communicating the nature of your plans to your customers. This may include advising of your decisions to minimise face-to-face contact or to close during a pandemic, your intention to improve remote client interfaces, your policies for clients with special needs, and your plans for recovery.

When planning, keep in mind that most health messages for your customers will be the same as those for your staff (see Chapter 6).

## Duty of care to your customers

Duty of care requires everything 'reasonably practicable' to be done to protect the health and safety of your customers.

'Reasonably practicable' means that the requirements of the duty vary with the degree of risk of a particular activity or environment which must be balanced against the time, trouble and cost of taking measures to control the risk. It allows the duty holder (i.e. the business owner) to choose the most efficient means for controlling a particular risk from the range of feasible possibilities.

Businesses should take reasonable steps to ensure that their customers are provided with as much assistance as possible, including during a pandemic, without exposing others to risk.

In the case of businesses whose client base is international (e.g. tourism businesses), all visitors to Australia during a pandemic will have access to the same assistance and conditions as Australian citizens.

# CHAPTER 8

WHAT OTHER TOOLS ARE AVAILABLE?

The information below and the appendices on the following pages provide a range of information sources, checklists and other information to assist businesses with their preparations.

## Online Resources

- **The Department of Health and Ageing** has a range of information and resources for pandemic influenza. **Visit** <http://www.health.gov.au/pandemic>
- Much of this business continuity guide was based on the New Zealand Planning Guide for Pandemic Influenza. This document can be found on the **New Zealand Ministry of Economic Development** website. **Visit** [http://www.med.govt.nz/templates/ContentTopicSummary\\_\\_\\_\\_14451.aspx](http://www.med.govt.nz/templates/ContentTopicSummary____14451.aspx)
- The Fluready website hosts a copy of **Avian Influenza and Business Continuity Management—An Australian Perspective** plus planning tools for Avian Influenza. **Visit** <http://www.fluready.net>
- **The World Health Organization** has information on pandemic phases and other global information. **Visit** <http://www.who.int/en/>
- The United States' **Centers for Disease Control and Prevention** site hosts background information about pandemic influenza, how it is spread, vaccines, outbreak information, travel advice and professional guidance. **Visit** <http://www.cdc.gov/>
- **The Department of Foreign Affairs and Trade** provides regular advice for Australians travelling overseas and updated specific travel advice on avian influenza. **Visit** <http://www.smarttraveller.gov.au>
- **A Business continuity online newsletter is available for free subscription.** **Visit** <http://www.continuitycentral.com/subscribe.htm>

## Hotline

Department of Health and Ageing Pandemic Hotline Ph **1802007**.

Or alternatively **visit**

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/home-1>

# APPENDIX A

## PANDEMIC PLANNING CHECKLIST

Actions for each pandemic phase should be followed, where applicable, during that phase. If actions are not taken at the recommended phase, they should be reconsidered at the next phase.

(Smaller businesses may find that some of the planning checklist items are not applicable to their circumstances—see Pandemic Planning Checklist for Small Businesses available at

<http://www.business.gov.au/BusinessTopics/Insurance/Documents/BusinessContinuityGuideforAustralianBusinessPandemicPlanningChecklistforSmallBusinesses.pdf>

## Prior to a pandemic overseas or in Australia

- Establish a pandemic planning team and/or an Influenza Manager for your business to coordinate and monitor influenza pandemic issues and to brief your business' decision makers on relevant developments.
- Identify your key business activities and rank them in order of importance.
- Identify your essential physical, human, and financial resources needed to continue these critical business processes and any interdependencies you have on others (e.g. suppliers and distributors, etc).
- Develop contingency plans for continuation of the key business activities you ranked as critical, most likely at less than full capacity. In doing this, you should plan for a situation where you might lose 30–50% of your staff at the peak of the pandemic and there may be a 2nd and 3rd wave of absenteeism.
- Contingency plans might include training staff in alternative roles, making arrangements for staff to work from home, etc.
- Consider alternative suppliers or stockpiling.
- Implement effective knowledge management practices—develop standard operating procedures, spread knowledge and skills geographically, capture and store all critical information where it can be easily accessed.
- As part of developing your Business Continuity Plan consider the following:
  - the level of demand of your products/services during a pandemic? (e.g. need for hygiene supplies and restrictions on mass gatherings);
  - variations in product lines or product mix;
  - the effects of a downturn in business on financial flows;
  - purchasing personal protective equipment and developing a plan for their distribution;
  - measures to contain the spread of the virus by reducing human to human contact in the workplace (manage shift change-over);
  - remote location work or special transport arrangements—mini bus or car pooling);
  - alternative child care arrangements for essential staff (given child care centres may close);

- establishing a health information line or tapping into the government provided service by the Department of Health and Ageing; and
  - alternative distribution mechanisms that would reduce the need for staff movements.
- Update employees' personal data and contact details including emergency contacts and next of kin.
- Establish pandemic policies for employee leave, compensation, evacuating employees in and near infected areas, how to deal with those exposed to pandemic influenza and those who become ill (e.g. interaction, control response, immediate mandatory sick leave, etc).
- Communicate your preparedness planning to your staff and develop protocols for communications with staff during each phase.
- Prepare to disseminate personnel health information that might reduce the risk of the spread of the virus (e.g. hand washing, sneezing and coughing etiquette, and use of cleaning products).
- Develop a visitor's policy that would become operational during a pandemic.
- Undertake other preparations—review and service air conditioning systems to ensure the workplace is well ventilated, enhance IT networks (if required) to ensure they are capable of supporting your contingency plans, such as working from home, and establish mechanisms for staff communication such as web pages and hotlines.
- Develop staff counselling services or arrange access to these.
- Review insurance coverage for a pandemic—are you adequately covered for business cessation, voluntary closure, mandatory closure, loss of income, or liability for spread of disease amongst staff? If not, are there alternative insurance providers of this type of coverage?
- Plan for temporary business closure if your service is not essential.
- Establish contact with health providers and local, state and federal government —find out about personal protective equipment, if applicable, and likely availability of health services. Set up ongoing arrangements for essential services sectors.
- Identify any business opportunities, if appropriate.

## Pandemic Phases

The Australian pandemic phases are designed to describe the situation in Australia including whether the virus is in countries overseas or in Australia. Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the World Health Organisation. The description of each phase is shown in the following table.

Australian phases	Description		
<b>Alert</b>	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.		
<b>Delay</b>	Effective transmission of novel virus detected overseas in either: <ul style="list-style-type: none"> <li>• Small cluster of cases in one country overseas.</li> <li>• Large cluster(s) of cases in only one or two countries overseas.</li> <li>• Large cluster(s) of cases in more than two countries overseas.</li> </ul> Novel virus not detected in Australia.		
<b>Contain</b>	Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.	<b>Protect</b>	A pandemic virus which is mild in most but severe in some and moderate overall is established in Australia
<b>Sustain</b>	Pandemic virus is established in Australia and spreading in the community.		
<b>Control</b>	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.		
<b>Recover</b>	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.		

Source:

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/phases>

## Alert

- Regularly monitor DFAT travel advisories on [www.smartraveller.gov.au](http://www.smartraveller.gov.au)
- Make alternative arrangements for overseas business meetings where possible (e.g. video conferencing, online forums, etc).
- Provide staff travelling overseas with information on preventative health measures and where to seek medical advice overseas if they feel ill.
- Businesses involved in using animal products sourced overseas or domestically should monitor the situation and establish liaison mechanisms with AQIS and Customs for information about how this situation might affect their business (e.g. feather products, fertilisers and tinned food products).
- Businesses involved in the food industry should follow DAFF, AQIS and DoHA guidelines for personnel protective measures to minimise the possibility of human infection of workers and make themselves aware of the farm biosecurity and disease recognition and reporting requirements of their animal stock (see [www.daff.gov.au](http://www.daff.gov.au) and [www.outbreak.gov.au](http://www.outbreak.gov.au)).

## Delay

### When there is a small cluster of cases in one country overseas:

- Consider restricting non-essential travel overseas, especially to areas with cases of human infection.
- Provide staff travelling overseas with information on preventative health measures and masks to lessen the opportunity for infection.
- Assist staff located overseas by providing information about availability of medication and protective equipment.
- Consider more stringent controls over access to workplaces in overseas countries.
- In affected countries (if you have workplaces overseas) consider isolating the air circulation heating/cooling system into discrete areas to avoid contamination, and institute additional cleaning and disinfecting (e.g. handrails, door handles, lift controls, telephones, and rubbish bins).
- Test contingency plans and containment measures for your business should the pandemic arrive in Australia.

### When there are large clusters of cases in only one or two countries overseas:

- Arrange for non essential overseas workers to return to Australia because, if the virus spreads quickly and passenger arrivals to Australia are restricted, staff may not be able to return to Australia at a later time.
- Essential workers needing to remain overseas should be provided with personal protective equipment, and advised to limit their contact with others, if possible. They should regularly monitor the DoHA, WHO and Centers for Disease Control websites for updated information on how to reduce the risk of being infected.

- Maintain close communication with staff overseas who have been infected or exposed to pandemic influenza and provide whatever support is available.

### When there are large clusters of cases in more than two countries overseas:

- Consider own business viability and be prepared to reduce or suspend work if the supply chain from overseas is sufficiently interrupted, except for essential services.
- Be prepared for longer waits for goods imported from overseas and source alternative local products and services if possible.
- Support staff overseas if they are unable to return to Australia (e.g. access to stockpiled goods, information about precautions to take to lower the risk of exposure, etc).
- Prepare rosters for essential workers to meet the needs of critical business processes should the pandemic arrive in Australia, including child care arrangements, if necessary.
- Confirm communications linkages with appropriate government agencies and emergency services.
- Start educating staff with personal health messages on display in the workplace.
- Purchase personal protective equipment, if required.
- For essential service providers, all pandemic plans should be well tested and ready to implement at short notice.
- Assess the ability of critical infrastructure to be repaired or recovered quickly, and how this might be done if the pandemic virus arrives in Australia.

### Protect

- Communicate, via the Influenza Manager, the latest information from DoHA, WHO and Centers for Disease Control (from their websites) to senior management and directives to staff.
- Establish regular staff briefings on developments—may be in writing, online or teleconferencing—to reduce the need for group gatherings.
- Implement measures to reduce the spread of influence in the workplace such as isolating the air circulation heating/cooling system into discrete areas and instituting additional cleaning and disinfecting of surfaces.
- Continue educating staff with personal health messages on display in the workplace.
- Discourage staff from entering the workplace if ill.
- Provide health information and direct suspected cases of pandemic influenza to their local GP (via phone in the first instance).

## Contain

- Limit business travel, particularly to affected areas. Use alternative methods of contact with these areas where practicable (phone, video conferencing, online forums, etc). Where travel is essential, ensure staff are aware of practical measures to reduce the risk of illness and that they know what to do if they become ill when away from home.
- In affected areas, consider isolating the air circulation heating/ cooling system into discrete areas to avoid contamination and institute additional cleaning and disinfecting (e.g. handrails, door handles, lift controls, telephones, and rubbish bins).
- Increase social distancing of essential workers (e.g. limit meetings, group morning teas, lunches etc).
- In affected areas, introduce restrictions on customer entry to the workplace and install protective barriers to distance any person-to-person interactions, if practicable.
- Adhere to your personal protective equipment and protective barriers policy for staff in customer interactive roles. Ensure staff know how to correctly fit and dispose of protective equipment.
- Where possible, implement work from home arrangements, in affected areas.
- Discourage non-essential workers from going to work in affected areas by encouraging them to take leave.
- Encourage home quarantine of suspected cases.
- Consider carrying out key business processes at alternative locations to the outbreaks, if possible (noting staff will not be able to move from an infected area to a non-infected area).
- Consider closing outlets/offices in affected areas, if critical functions can be performed in other parts of the business.
- Put in place security arrangements if your business will not continue to operate (does not apply to essential services).
- Purchase consumables for an extended period (e.g. health and cleaning products).
- Ensure you have access to finance or alternative arrangements for purchase of essential goods and services.
- Claim on insurance policies, if appropriate.

## **Sustain**

- Non-essential workers should be told to stay at home.
- Establish child care arrangements for children of essential workers in their own homes with pre-screening of carers and children.
- Essential workers must follow protective equipment policy (e.g. wear properly fitted masks).
- Provide staff counselling services by phone or remotely.
- Consider closing your business temporarily (if not an essential service).
- Secure your site, if operations are suspended.
- Establish a register of staff who contract the virus and are likely to develop immunity.
- Plan for business recovery, taking into account possible 2nd or 3rd waves of infection.

## **Control**

- Encourage immune staff to return to work.

## **Recover**

- Although immune staff may be protected from the initial strain, a variant may cause them to catch the mutated virus. Maintain social distancing and personal health preventative measures.
- Action repair/recovery of critical infrastructure as a matter of urgency.
- Implement plan for resumption of full business capacity.
- Seek access to available assistance, if eligible
- Arrange vaccines for staff (if available) to provide protection against a possible next wave of infection.

# APPENDIX B

BACKGROUND ON PREVIOUS AND ONGOING PANDEMICS

Past pandemics can help us to build a picture of what might happen in a pandemic. Most of the modelling used is based on the Spanish influenza of 1918. This was probably the world's worst pandemic. Planners use this pandemic because it provides the worst case scenario.

Building on this knowledge, Department of Health & Ageing has advised that if a pandemic were to occur in Australia today that affected 25 per cent of the population and there was no pandemic vaccine or treatment available, over a 6–8 week period it could lead to:

- 13,000 – 44,000 deaths
- 57,900 – 148,000 hospitalisations
- 2,600,000 – 7,500,000 outpatient visits.<sup>2</sup>

These figures are estimates only and the likely outcomes associated with a pandemic will depend upon many factors, such as the transmissibility and virulence of the virus, and the availability and success of health and social interventions which would be significantly different than during the pandemic in 1918, and how we prepare for it.

### Spanish Influenza, 1918–1919

The H1N1 influenza virus subtype caused the Spanish flu pandemic of 1918–1919. This pandemic was unprecedented in terms of loss of human life. The illness was notorious for its rapid onset and progression to respiratory failure and death. It is estimated that between 20 and 40 million people died worldwide, with the highest number of deaths in young and healthy persons in the age range of 15 to 35 years. Approximately 25 per cent of the population in the United Kingdom and United States developed the illness. In Australia, it was first notified in Victoria in 1919 and then New South Wales, where hospitalisation rates in Sydney for influenza increased exponentially. The virus retained its preference for the young and healthy in Australia, with 60 per cent of deaths occurring in those aged 20 to 45 years. By the end of 1919, 11,500 Australians had died.

### Asian Influenza, 1957–1958

In 1957 a new H2N2 subtype was reported in Singapore to the World Health Organization. It was a milder virus than the pandemic of 1918–1919 and the world was better prepared. The virus had spread throughout the world by May 1958. Rates of infection were reported to be 20 to 70 per cent, including an estimated 10 to 20 per cent who were infected, but were asymptomatic. Overall, case fatality rates were low, ranging from one in 2,000 to one in 10,000 infections. Mortality patterns more characteristic of seasonal influenza infections were seen, with excess deaths confined to infants and the elderly.

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<sup>2</sup> These projections have used the FluAid Meltzer model (now FluAid 2.0) developed by the US Department of Health and Human Services National Vaccine Program Office <http://www.hhs.gov/nvpo/>

The first wave was concentrated in school-aged children and the second wave in the elderly, with an associated higher mortality in the second wave. Quarantine measures were not implemented in Australia during this pandemic as the pandemic spread too fast and far for measures to have any impact.

### Hong Kong Influenza, 1968–1969

In July 1968, a new subtype, H3N2, emerged in Hong Kong, and caused a pandemic. Thirty years later, H3N2 remains the common influenza agent.

In most countries the disease was less severe with a low mortality rate and slow rate of infection. The relative mildness of this pandemic is thought to be due to some segments of the population possibly having partial protection either against infection or severe disease.

In Australia, mortality rates were similar to those caused by the Asian influenza virus and were greatest in those over the age of 65 years.

### H5N1 'Avian' Influenza, 2004-ongoing

In January 2004 a major new outbreak of H5N1 surfaced in Vietnam and Thailand's poultry industry, and within weeks spread to ten countries and regions in Asia, including Indonesia, South Korea, Japan and China<sup>3</sup>.

In 2010 the effects of the disease on humans have been relatively minor, however health commentators indicate that the risk of a potential future global pandemic is very real. The economic effects of H5N1 have been more serious, with a large amount of poultry forcibly slaughtered in an attempt to control the strain.

At the time of writing, 495 cumulative human-infected cases of H5N1 have been reported, with 292 deaths as a result, the majority of which were located in Indonesia and Vietnam. The World Health Organisation continues to closely monitor the outbreak and provides frequent updates<sup>4</sup>.

### H1N1 Influenza, 2009

While it is not known precisely where or when the virus originated, analyses in scientific journals have suggested that the H1N1 strain responsible for the current outbreak first evolved in September 2008 and circulated amongst humans for several months before being formally recognized and identified as a novel strain of influenza<sup>5</sup>.

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<sup>3</sup> WHO (February 27, 2004). "Situation (human) in Thailand". *Disease Outbreak News: Avian influenza A(H5N1)* 30; WHO (October 29, 2004). "Situation in Asia: altered role of domestic ducks". *Disease Outbreak News: Avian influenza A(H5N1)*.

<sup>4</sup> WHO (April 21 2010). "Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO", *Global Alert & Response*.

<sup>5</sup> New Scientist (29 April 2009), "Swine flu: The predictable pandemic?", *Magazine Issue* 2706.

The virus was first reported in two US children in March 2009, but health officials have reported that it apparently infected people as early as January 2009 in Mexico. The outbreak was first detected in Mexico City on March 18, 2009; immediately after the outbreak was officially announced, Mexico notified the US and world health organization, and within days of the outbreak Mexico City was effectively shut down<sup>6</sup>.

Within two to three months the virus had spread to dozens of other countries, with the World Health Organisation declaring a global pandemic. In August 2010, the World Health Organisation advised that, globally, “the new H1N1 virus [had] largely run its course” and that “we [were] moving into the post-pandemic phase.”

As at August 2010, there had been 1,483,520 confirmed cases of H1N1, with 25,174 deaths as a result. Germany and Portugal have the most confirmed cases of the virus, and Brazil, India and Mexico have suffered the most confirmed deaths as a result of the strain<sup>7</sup>.

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<sup>6</sup> WHO, (24 February 2010), “What is the pandemic (H1N1) 2009 virus?”, *Global Alert and Reponse*.

<sup>7</sup> Statistics gathered from [http:// www.flucount.org/](http://www.flucount.org/)