

Example: New Zealand Workplace Influenza Pandemic Health Plan

This example of a recent pandemic health management plan was prepared by The Shell Company Australia Limited (“Shell”), for use in its installations in Oceania.

MED acknowledges Shell’s support in making this example available for consideration by other Infrastructure Providers.

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Note that the example focuses mainly on health issues, and is not intended to be read as a complete business continuity or contingency plan.

The content of this example will need to be adapted to meet the needs and circumstances of each Infrastructure Provider.

The example includes references to certain “notices”, “forms” and the like. These materials can be found in the document “Planning Guide for Infrastructure Providers” accompanying this example.

Ministry of Economic Development
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Important note: The workplace in this example has multiple locations/sites and employs its own health staff, including a Chief Medical Advisor. These characteristics will vary from business to business, and need to be taken into account in adapting the plan to other situations.

Aims and Objectives of Plan

The plan aims to manage the impact of influenza pandemic on employees and business via the health impacts on two main strategies:

- 1) Containment of the disease by reducing spread within Business Facilities; and
- 2) Maintenance of essential services if containment is not possible.

This plan will provide guidance on the following:

- 1) Communication
 - a) To the business from external or internal sources regarding pandemic phases
 - b) Within business
 - c) To employees
- 2) Containment Activities
 - a) Reducing risk of infected persons entering the site
 - b) Social distancing
 - c) Cleaning
 - d) Managing fear
 - e) Management of cases at work
- 3) For Travellers
 - a) Travel advisories
 - b) Travel advice
- 4) Treatment
 - a) Anti-viral medication
 - b) Influenza vaccine
- 5) Maintenance of Essential Business Activities
 - a) Identification of core people and core skills
 - b) Business planning for absence
 - c) Communication
 - d) Knowledge Management
 - e) Short, Medium and Long Term Planning

Background Information

Influenza pandemics with novel viruses are recurring events, are unpredictable and result in serious health effects to large proportions of the population, with significant disruption to social, economic and security concerns of the community.

The recent appearance of the highly pathogenic avian influenza virus A / H5N1 has raised concerns that this virus may mutate to create a novel virus capable of causing a significant global influenza pandemic.

Predicted spread and virulence:

- Illness rates in population: 20-50%
- Global spread in: 3 months
- Vaccine availability: 6 months after initial outbreak
- Anti-viral treatment: Likely to be in short supply and may not be effective

Potential Effects:

- Widespread disruption to business: 20-60% of working population unable to work for 2-4 weeks at the height of a severe pandemic wave. Each wave may last about 8 weeks
- Significant death rate – loss of people and expertise
- Loss of emergency and essential services – fire, police, health services, air traffic controllers
- Loss of other services – retail, transport, government departments, etc.

Effect for Business:

- Loss of people to operate the business (either temporary or permanent)
- Loss of services from suppliers
- Operations (e.g. production) and support (e.g. IT) will be affected
- Business travel will be affected

Health Management Plan

Note:

All job positions referred to in the plan below should have nominated back-up people, in case of illness or unavailability for other reasons of the nominated people. The list of back-ups is maintained by the business crisis management team.

Communication

1/ To the business from external or internal sources regarding pandemic phases

New Zealand Government Communication

- 1) The designation of global phases is made by the Director General of the World Health Organisation (WHO).
- 2) The Ministry of Health (MoH) leads the New Zealand government's planning and response to pandemic influenza.
- 3) A health technical advisory group provides advice to the Ministry of Health.
- 4) Communication of the New Zealand situation with regard to the pandemic and the response will be via a variety of sources:
 - a) Pandemic Phone line
 - i) Free pandemic national phone line 0800 number (planned to use the Ministry of Health emergency phone line)
 - b) Website www.moh.govt.nz (Ministry of Health) for current status, fact sheets and FAQ, general information on vaccines, medication and treatment guidelines
 - c) Travel Advice
 - i) MFAT (Ministry of Foreign Affairs and Trade) will provide travel advice (www.mfat.govt.nz)
 - ii) Those returning to NZ may be required to undergo additional screening and quarantine, and maybe also be subject to exit screening at their point of departure
- 5) The Official's Committee for Domestic and External Security Co-ordination (ODESC) will advise government on appropriate responses, including:
 - a) Exercise of powers under the Health Act 1956 and the Civil Defence Emergency Management Act 2002, and
 - b) Communication strategy.
- 6) The New Zealand Government response will be coordinated through the CIMS structure (Co-ordinated Incident Management System) and the District Health Board major incident and emergency plans and regional incident co-ordination plans
- 7) Steps for escalations of the pandemic plan will originate with the MoH. The MoH will advise the Intersectoral Pandemic Group and at the same time put the notification on their website and into their media contacts. The Ministry of Economic Development (MED) (www.med.govt.nz) will also take reasonable steps to ensure that relevant infrastructure providers are aware.

Business Communication for Health Professionals

- 1) The Business approach to the influenza threat is to align with Ministry of Health recommendations and to avoid causing unnecessary panic.
- 2) The business's primary communication channel will be the health website at <http://xxx> Specific professional information for Business health practitioner(s) will also be made available both through this website and through direct communication.
- 3) The Business Chief Medical Advisor (CMA) will notify the Business CEO.

2/ Within Business

Within Lines of Business in New Zealand

- 1) Notification of change in Alert Code (escalation of pandemic) will come from MoH on its website and through their media contacts.
- 2) The issue should be escalated to the Business New Zealand CEO or his delegates for a decision regarding activation of business continuity and/or health management plans.
- 3) The decision will be made in conjunction with the Chief Medical Advisor (CMA) for the business
- 4) Crisis management team will be informed. Depending on circumstances, team will include senior representatives from Health, HR, HSSE, External Affairs and Lines of Business as well as CMA.
- 5) If possible, the crisis team should meet virtually to avoid the risk of spreading infection amongst the team
- 6) If relevant, the crisis management team will take steps to invoke Business Continuity and Health Management Plans.

Health Response Communications

- 1) The CMA will coordinate the health communications in conjunction with the crisis team
- 2) In accordance with decisions made by the Crisis Management Team, the health plan will be invoked
- 3) Communications will be made via email and telephone
- 4) Communications will include nominated back up people

3/ Communications to Employees

- 1) Communications to employees will be managed as per the Business Continuity plan
- 2) This will be via email, internet and intranet website, telephone, SMS or postal services
- 3) Links to relevant Business or external sites will be included (e.g. NZ Ministry of Health, WHO, etc)
- 4) Instructions regarding information numbers to call, and the centre for reporting problems or concerns will be used.
- 5) A website showing the names of all worksite Influenza Managers will be posted on the Business Intranet

Containment Activities

1/ Reducing risk of infected persons entering the site

- 1) A list of worksite “Influenza Managers” will be maintained by the crisis team
- 2) The Influenza Managers will manage all local health related activities under the direction of the CMA.
- 3) On notification from the CMA, the health staff and nominated Influenza Managers for each location will do the following:
 - a) Set up prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of influenza
 - b) Set up Key General Infection Control (basic hygiene and hand hygiene) notices around workplace (including entrances, notice boards, meeting rooms and toilets)
 - c) Ensure they have adequate supplies of tissues, medical and hand hygiene products, cleaning supplies as well as masks for people who become ill at work.
- 4) The CMA will ensure that employee communications include pandemic influenza fact sheet and information on Key General Infection Control Notices and Social Distancing.

2/ Social distancing

- 1) Social distancing refers to strategies to reduce the frequency of contact between people. Generally it refers to mass gatherings but the same strategies can be used in the workplace setting
- 2) Information on social distancing will be sent by email by CMA
- 3) Influenza Managers should put up notices
- 4) Where operationally allowed, teams are encouraged to split into different work locations to build up back up and avoid cross infection.
- 5) Where operationally allowed, shift changes should be managed as follows: when one shift goes off duty, there should be an interval before the next shift begins so that the worksite can be thoroughly ventilated (either opening all doors and windows or turning up air conditioning system).
- 6) Social distancing strategies include:
 - a) 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.
 - b) Avoid any unnecessary travel and cancel or postpone non-essential meetings / gatherings / workshops / training sessions.
 - c) If possible, arrange for employees to work from home or work flex hours to avoid crowding at the workplace.
 - d) Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.
 - e) Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced.
 - f) Do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area.

- g) If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one meter away from each other if possible; avoid shaking hands or hugging.
- h) Set up systems where clients / customers can pre-order/request information via phone / email / fax and have order / information ready for fast pick-up or delivery.
- i) Encourage staff to avoid recreational or other leisure classes / meetings etc. where they might come into contact with infectious people.

3/ Cleaning

- 1) Office cleaning should be stepped up during the pandemic period.
- 2) Filters of the air conditioning systems should be cleaned and anti-bacteria solution applied.
- 3) Telephone sets in common areas should be cleaned daily.
- 4) Anti-bacteria solutions should be applied to all common areas, counters, railings, washbasins, toilet bowls, urinals and septic tanks (where these are present) daily.
- 5) Details of suitable cleaning solutions can be found in table below.

Disinfectants	Recommended use	Precautions
<p>Sodium hypochlorite:</p> <p>1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.</p>	<p>Disinfection of material contaminated with blood and body fluids.</p>	<p>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>Granular chlorine:</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>Alcohol:</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, particularly when using diathermy, as this can cause diathermy burns.</p>

4/ Managing Fear

- 1) It is likely there will be anxiety regarding the pandemic situation and this is likely to contribute to increased work absence and/or increased distress to staff
- 2) The suggested ways to manage this is to:
 - a) Have communicated the possibility of a pandemic and the Business's preparedness to manage it very early to staff
 - b) Have a comprehensive management plan in place which is clearly communicated to staff
 - c) Provide clear, timely and proactive communications to staff when things are changing
 - d) Provide clear communications on how the Business is handling the situation if the pandemic does occur
 - e) Provide back up assistance for counselling staff through the EAP service

5/ Management of cases at work

Influenza Managers will put up posters giving information on what to do if people get sick at work.

CMA will access latest MoH advice regarding managing staff who become ill, contact definition and contact management from their website and modify the process outlined below as appropriate. Then provide this information to Crisis Team and Influenza Managers.

CMA will send out emails to all staff regarding what to do if people get sick at work including key message: if they feel unwell, don't come to work. Send out information regarding difference between influenza and common cold.

If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact their Influenza Manager by telephone if at all possible.

Using the screening flowchart, the Influenza Manager:

1. Should avoid visiting this person if it can be avoided – manage the process over the phone
2. Check if the employee has any of the symptoms outlined in the first section of the flowchart
3. If the employee does *not* have any symptoms like those listed, they are very unlikely to have influenza, and should be reassured but advised to call the Influenza Manager again later or to contact their GP if they are still concerned.
4. If the employee does have symptoms that match any of those listed, they should be treated as a "suspect case." The Influenza Manager should complete staff influenza notification form, including details of any staff

and/or visitors the person has been in contact with. This information will permit the CMA / Influenza Manager to monitor staff whereabouts and well-being during the pandemic.

5. The employee / suspect case should be informed where they can find a surgical mask and instructed to wear it immediately. This is to help protect other staff.
6. The suspect case should leave work immediately and be advised to contact their GP **by telephone** for a review. They should not use public transport if at all possible – the business will pay for a taxi if necessary.
7. The manager of the suspect case should be informed that they have left work.
8. Contact management – the Influenza Manager will
 - o identify contacts (once an employee is suspected to be infected);
 - o advise contacts in person that they have been in contact with a person suspected of having influenza; and
 - o Ask contacts to go home, and stay at home until advised otherwise.
9. The suspect case's work station should be cleaned and disinfected, as indicated in the section on Workplace cleaning.
10. Return to work of the suspect case and their contacts:
 - o Advise staff member on how long to stay away from work (the Ministry of Health website will have advice on this once the characteristics of a pandemic are known)
 - o Check on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc., if they become ill.
 - o Staff are to have confirmation from GP that they are well prior to their return to work.

Travellers

1/ Travel Advisories

- 1) New Zealand travel advisories are communicated by the Ministry of Foreign Affairs and Trade (www.mfat.govt.nz).
- 2) Travel advisories should be communicated to staff early to avoid the potential for travellers to be stranded overseas if flights etc are cancelled to minimise risk of spread

Preventing travel to infected areas

- 1) NZ Travel Agent will be notified by the CEO or delegate that all bookings to that location are to be blocked
- 2) NZ Travel Agent should be contacted to determine who may be already booked and due to travel to infected areas and immediate telephone contact made with travellers to advise that travel will be cancelled
- 3) The persons responsible for this will be the PA to the CEO, and the HR General Manager, under the direction of the CEO.
- 4) Back up information on impending travellers can be obtained from NZ Travel Agent

Managing Those Already in Infected areas

- 1) NZ Travel Agent will be contacted (as above) to determine who is currently in infected areas.
- 2) Advice regarding infection control precautions and potential for travel home will be provided to those business travellers already in infected areas
- 3) Back up lists of current travellers can be obtained from NZ Travel Agent
- 4) Advice to expatriates will also be given, and will include input from the Business Manager for expatriates. Expatriates may be advised not to travel back to New Zealand so as to minimise the risk of infection

Those recently returned from Infected Areas

- 1) NZ Travel Agent will be contacted (as above) for lists of those recently returned from infected areas
- 2) Advice will be sent by the CMA regarding the need to be vigilant regarding self-checking for symptoms and to seek medical advice by phone immediately if symptoms occur. The traveller should report their travel history to the treating doctor or nurse.

2/ Travel Advice

- 1) The CMA will be responsible for the health content of travel advice
- 2) Health content of Travel Advice will be taken from advice from MoH and MFAT (www.mfat.govt.nz)

Treatment

1/ Anti-Viral medication

- 1) The MoH will provide recommendations of the use of anti-viral medication.
- 2) The CMA should check the MoH website for the latest information on the use of New Zealand's anti-viral medication supply.

2/ Influenza Vaccine

- 1) Vaccine development cannot commence until the pandemic virus has been isolated
- 2) New Zealand does not have the capacity to manufacture vaccines. The MoH will provide the Government of New Zealand with advice on priority groups for immunisation.
- 3) It may take 6 months after the declaration of a pandemic by WHO before vaccine is generally available for use in New Zealand.

Maintenance of Essential Business Activities

Important note: An example of how this might be contained in your plan is not provided, as the variation from business to business, sector to sector is too great.

Your management team should ensure that core functions, people and skills have been identified and that strategies are in place to manage these prior to the pandemic. The Pandemic Planning Guide contains information to assist in the process of identifying core people and skills, planning for absences, information management, etc. This information is summarised here for convenience.

1/ Identification of core people and core skills

- 1) Who are the core people required to keep the essential parts of the business running?
- 2) What are core skills required to keep business running?
- 3) Are there sufficient back ups for people and skills in view of absence?
- 4) Is there a pool of retirees, volunteers etc who may be able to provide back-up?
- 5) Who are core people required to manage the disease contingency plan? These people should consider social distancing – even working from home, very early in the pandemic phase.
- 6) Are there any systems which rely on periodic physical intervention by a key individual, to keep them going? How long would the system last without attention, if there was no one looking after it?

2/ Business Planning for Absence

- 1) What are critical numbers and skills required to keep essential sectors of the business running – at what absence level does business stop
- 2) Who shall make the decision to shut sections of the business down when absence rates threaten safe business continuity?
- 3) Determine if people can logistically work from home (social distancing)

3/ Communications

- 1) What are essential communication channels regarding business continuity
 - a) With other business units within the Business
 - b) With Government
 - c) With key providers
 - d) With key customers
 - e) With key contractors

4/ Knowledge Management

- 1) Knowledge will need to be stored in easily accessible shared locations as key people may become sick or die
- 2) Consider setting up shared locations for contingency planning information
- 3) Consider where essential business information should be stored

5/ Short, Medium and Long Term Planning

- 1) Absence rates can be significant (30-60% predicted peaks)
- 2) The pandemic may last for 6 months and occur in several waves
- 3) Staff may be sick or may die
- 4) Planning should consider short, medium and long-term issues
- 5) The health plan primarily deals with the short-term issues
- 6) Succession planning and back up planning is essential