

# Keeping the World Working During an Influenza Pandemic



## Key Themes, Tips, Tools, and Checklists from the 2009 CIDRAP Summit on H1N1

JANUARY 2010



Prepared by the Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota,  
with contractual support from the Centers for Disease Control and Prevention (CDC).



January 2010

## **Keeping the world working during an influenza pandemic** *Key themes, tips, tools, and checklists from the 2009 CIDRAP summit on H1N1*

### **The Center for Infectious Disease Research and Policy (CIDRAP)**

[CIDRAP](#), founded in 2001, is a global leader in addressing public health preparedness and emerging infectious disease response. Part of the Academic Health Center at the University of Minnesota, the center reduces illness and death from infectious diseases by effecting change through public policy refinement, fostering the adoption of science-based best practices in public health among professionals and the public, and conducting original interdisciplinary research.

This paper was prepared by Nicholas Kelley, MSPH, and Kathleen Kimball-Baker at CIDRAP and is based on the September 2009 CIDRAP summit on H1N1, with contractual support from the US Centers for Disease Control and Prevention (CDC). It incorporates a significant amount of content that was presented and discussed at the event, and it would not have been possible without a stellar faculty. R. Andrew Fernandes, Manager, Global BCRP Program Management Office, Dell Inc, provided additional information on supply chain vulnerabilities.

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## Letter from the Center for Infectious Disease Research and Policy

January 4, 2010

Dear Colleague:

We're in the midst of the novel H1N1 influenza pandemic. Despite all the research we've done on influenza viruses over the past 60 years, we still don't know how this virus will play itself out in terms of disease severity or number of cases. We don't even know what we don't know yet. Still, many of us are learning through the execution of plans that we've worked hard to develop. Many excellent tools and resources have been developed, and it isn't necessary to reinvent them if we share them.

Fortunately, I discovered something quite remarkable after spending two days in late September at CIDRAP's national summit on business preparedness for H1N1 influenza. Given half a chance to learn from each other, planners from public and private sectors will not be deterred from finding effective and timely ways to respond to the current pandemic. And that's good for business and for all of us in the general population who depend on the many critical products and services these businesses provide us on an everyday basis.

The candor, collegiality, and quality of information exchange between some 250 participants and presenters from organizations of all sizes and ilk exceeded my expectations. The summit provided an opportunity for planners to move past theory and discuss execution. As a result, this document is filled with suggestions from your peers seeking to lead their organizations in an uncertain environment—and it would not have been possible without timely financial support from the US Centers for Disease Control and Prevention (CDC).

I hope you find this to be a valuable resource as we work together to protect employee health, operations, and customer relations.

Sincerely,

Michael T. Osterholm, PhD, MPH  
Director of the Center for Infectious Disease Research and Policy  
Director, Minnesota Center of Excellence for Influenza Research and Surveillance  
Editor-in-Chief of the CIDRAP Business Source  
Professor, Division of Environmental Health Sciences, School of Public Health  
Adjunct Professor, Medical School  
University of Minnesota

# Executive Summary

*A flexible and proportional approach is key to a successful pandemic response.*

**I**nfluenza pandemics are a recurring cause of widespread morbidity and mortality in humans. The spring of 2009 ushered in the first influenza pandemic in more than 40 years and the first pandemic to occur in a global just-in-time economy, one also experiencing a recession.

Pandemic planning has been a priority for governments and some companies for years; however, many organizations are still not prepared to respond to a pandemic. While pandemic planning is viewed as a daunting task that covers a multitude of issues, one way to quickly address the challenge is to focus on two key issues:

1. **Flexibility.** There is a tremendous amount of uncertainty about this pandemic. Will it come back in a more severe wave in the coming months? What role will seasonal influenza play in the health of our workforce this year? What rate of absenteeism should you expect in your workforce? We will not know the answer to many of these questions for some time; thus, there is a need for a flexible response. Your plan needs to be adaptable to the current situation on the ground, whether the pandemic is causing mild illness or escalates to cause more severe conditions and more absenteeism.
2. **Proportional response.** You do not need to throw out your pandemic plan if it was written to respond to H5N1, a virus that causes much more severe illness but hasn't changed to pass easily to and by people. Many of the actions that you would take during a more disruptive pandemic are not relevant during a less severe scenario. Adapting your plan so that actions correspond to the proportional risk is key.

A host of federal agencies, among them the US Departments of Health and Human Services (HHS), Homeland Security, and Labor, have issued guidance and resources to help businesses prepare and respond. In September 2009, with a second wave of the H1N1 pandemic rolling toward North America and an effective, widely available vaccine still months away, some 250 public- and private-sector

professionals convened in Minneapolis to prepare for an unprecedented flu season. Among them were government officials, executives of Fortune 500 companies, and experts on infectious diseases, pandemic planning, business continuity, healthcare, and human resources. For 2 days these leaders discussed their planning, strategies for responding during the fall and winter, and lessons learned since the emergence of novel H1N1. Their willingness to share what they learned led to this document.

The key themes can be summarized thus:

1. **Coping with uncertainty**—*Expect the unexpected*
2. **Communicating during a pandemic**—*Talk to families, too, and use more than the Web*
3. **Varying dynamics of transmission**—*Encourage sick workers to stay home*
4. **Vaccines and antiviral drugs**—*Supply-side issues make them only part of your response*
5. **Supply chain vulnerabilities**—*Your outsourced suppliers are your business, too*
6. **Understanding how telework fits in your plan**—*Challenges may outweigh benefits*
7. **Public-private partnerships**—*No longer optional*
8. **Understanding the media's role in a pandemic response**—*Be proactive and keep messages consistent*
9. **Working across multiple jurisdictions**—*Government trumps all*
10. **Ensuring proportional and responsible travel policies**—*Track your travelers and monitor conditions in their locales*

# Introduction

*The first pandemic in the 21st century clearly pointed out the need for organizations to mount a proportional response in the midst of uncertainty. After years of planning for a severe pandemic, organizations had to scale back responses to H1N1 to reflect the risk at hand.*

While novel H1N1 to date has acted like a “super seasonal” influenza, the pandemic we prepared for was more catastrophic. Such a contrast has caused some challenges in our response and messaging, as revisions to pandemic plans had to be made on the fly. Novel H1N1 has especially affected children and young adults, and its impact on the health of the US workforce has appeared to be more akin to that of seasonal influenza. For some organizations, localized episodes associated with government actions, like school closures, were disruptive. But with a third wave in 2010 still a possibility, only time will tell the ultimate impact of the first pandemic of the 21st century on business.

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## Overview of 2009 CIDRAP summit

The first flu pandemic of this century has underscored how unpredictable the influenza virus is, how even our best medicine, science, and technology cannot prevent or cure all the damage it causes, and how preparing and responding to a pandemic requires, above all, **flexibility**. The new gold standard for pandemic preparedness appears to be **proportional response**, the ability to adjust your organization’s plan and response to match the severity of illness and account for geographic differences, public reaction, and political and economic constraints.

In September 2009, with a second wave of the H1N1 pandemic rolling toward North America and an effective, widely available vaccine still months

away, some 250 public- and private-sector professionals convened in Minneapolis to prepare for an unprecedented flu season. Among them were government officials, executives of Fortune 500 companies, and experts in infectious diseases, pandemic planning, business continuity, healthcare, and human resources.

For 2 days these leaders discussed their planning, strategies for responding during the fall and winter of 2009-10, and lessons learned since the emergence of novel H1N1. The summit was designed to accent practical solutions, and participants in breakout sessions were guaranteed anonymity to encourage candor and a lively exchange about mistakes and successes.

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## How to use this document

Think of this document as “Pandemic Planning and Response 2.0.” Based on the actual experience of organizations that had their plans tested by the first wave of the H1N1 pandemic, this document:

- **Examines the key themes and lessons learned** that emerged from the summit
- **Presents practical tips, tools, and caveats** that coalesced during interactive breakout sessions
- **Provides “Reality Check” and “Planner’s Checklist”** features (following theme summaries) that can be used to review and refine plans
- **Includes “Voices from the Field” breakout boxes** that highlight tips, tools, and practical information from business, nonprofit, and government experts in pandemic planning who presented at the summit
- **Provides highlights of live polling results** (on page 22), which can be used as a benchmarking tool
- **Offers a tool for updating plans to include the key elements of flexibility and proportional response** (you may also be interested in reviewing [CIDRAP’s 10-Point Framework for Pandemic Influenza Business Preparedness](#))



### Looking for answers to human resource questions?

In preparing the agenda for the summit, CIDRAP worked with the Society for Human Resource Management (SHRM) to offer a specific track for human resource leaders. The collaboration produced a toolkit, *Doing Business During an Influenza Pandemic: Human Resource Policies, Protocols, Templates, Tools, and Tips*, which is designed for organizations of all sizes.



# Key themes and lessons learned

*The first wave of the century's first influenza pandemic swept the globe quickly, testing plans and planners alike.*

No matter what level of pandemic preparation employers undertook to ensure the health of employees and continuity of operations, no one was quite ready for what came to be known as the novel 2009 H1N1 pandemic. But as the new virus circled the globe, easily transmitting between people, organizations of all kinds had the opportunity to test their preparations in real time—or experience the consequence of having done nothing.

During the 2009 CIDRAP summit, participants freely shared what they learned and discovered their common ground. This document summarizes key themes that emerged and highlights actions taken, lessons learned, and tools developed and used by organizations that presented or shared in breakout sessions during the summit. Each theme is summarized and followed by (1) a “reality check” that offers additional, more specific information and caveats and (2) a checklist of action steps to apply to your plan. Breakout boxes with tips and tools also provide illustrative examples “from the field.”

## 1. Coping with uncertainty

Summit participants agreed that everyone was caught by surprise in the spring of 2009 when novel H1N1 emerged out of Mexico. They had expected that the next pandemic would begin in Southeast Asia and take weeks to arrive in North America. Instead, it was a matter of days from the first hints of a new influenza virus south of the US border until the first cases in the states appeared. This turn of events reminded planners that a plan is never final and that preparing for the element of surprise is a must.

### ■ REALITY CHECK

- We cannot predict what will happen in the future with the H1N1 virus.
- The pandemic will unfold over months, not days, so be ready for a marathon rather than a sprint.

- Plans need to be flexible enough to cover both the relatively mild illness (for most people) now circulating and a more severe scenario.
- Why some previously healthy individuals become very ill and some die is not yet known.
- We won't know the case-fatality rate with some certainty until well after the pandemic is over.
- Most pandemic planning was done around the H5N1 virus; many plans thus have had to change significantly to ensure that responses are proportional to the risk at hand.

### KEY THEMES AND LESSONS LEARNED

1. Coping with uncertainty
2. Communicating during a pandemic
3. Varying dynamics of transmission in the workplace
4. Vaccines and antiviral usage
5. Supply chain vulnerabilities
6. Understanding how telework fits into your pandemic plan
7. Public-private partnerships in pandemic preparedness and response
8. Understanding the media's role in a pandemic response
9. Working across multiple jurisdictions
10. Ensuring proportional and responsible travel policies

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## PLANNER'S CHECKLIST

### COPING WITH UNCERTAINTY | Action Steps

**Identify areas of your plan that are heavily based on a single scenario.** Revise them to include actions needed under scenarios of differing levels of absenteeism, illness severity, and case-fatality rates.

**Focus on sources of information and news** that are the most trustworthy and forward-thinking so you can reduce information overload and depend on receiving alerts about changes that may have an impact on your decisions. The CDC offers a variety of [widgets](#) (or buttons) to add to your Web site for regular updates.

**Make sure your response is proportional to the risk at hand.** Don't, for example, restrict travel to one region and not another when both are experiencing similar conditions. Try to tie your decisions to pandemic severity, while understanding, of course, that government actions may override your efforts.

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## 2. Communicating during a pandemic

Communication tools need to be used more effectively, especially during the highly uncertain times of an influenza pandemic. Every day a new report changes some aspect of our understanding of the pandemic, and misinformation is rampant. This uncertainty makes communication a challenge. Education and the promotion of self-advocacy in employees can be essential pillars of your communication policies.


### ■ REALITY CHECK

- Sending out regular messages to employees is not sufficient communication during a pandemic.
- Concerns raised by employees also need to be addressed; summit presenters urged monitoring employee concerns and questions and responding to them rapidly at any time.
- Responding to misinformation and fear is best accomplished by "throwing knowledge at it."
- The widespread nature of the disease and the inability to quickly determine the number of people infected can frustrate efforts to provide

clarity. Owing to a lack of *reliable* data about infection rates and case-fatality rates, it is important to have access to credible influenza *experts* for your information and be able to talk about trends.

- Effective communication needs to occur both inside and outside of the workplace. In the spring of 2009, many companies needed to be able to quickly communicate with staff at home.
- Communicating with the family of your employees helps to ensure compliance with company guidance. Workers who know their employer cares about families and will provide them with credible information are more likely to be able to focus on their jobs.
- While communicating electronically may seem the least expensive and most expedient method, not all employees have access to computers at work or home.
- You can't rely on the media to tell your staff that all facilities are closed or that only certain staff members are to report to help open the facility.

## PLANNER'S CHECKLIST

	<b>COMMUNICATIONS   Action Steps</b>
	<b>Locate and establish a relationship with reliable subject matter experts</b> in pandemic influenza whom you can contact to clear up confusing or conflicting information.
	<b>Help employees understand that conditions can change quickly</b> and that news accounts often conflict but that your organization can be relied on to provide vetted, accurate, authoritative, and timely information.
	<b>Communicate with accuracy, timeliness, and solidarity your expectations of employees</b> and what they can expect from you. If possible, offer a hotline for employees or use your Web site or intranet.
	<b>Use multiple communication channels (not just online)</b> to communicate with your staff, clients, suppliers, and community.
	<b>Communicate with employees' families using a variety of formats</b> (eg, letters, envelope stuffers, e-mails).
	<b>Make sure you are intentional about working across cultures.</b> Translate guidance in relevant languages.

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## VOICES FROM THE FIELD | On Communication

From the 2009 CIDRAP summit

"If you create an external Web site for crisis communication for your employees, be sure to give it an easy-to-remember name, like [crisishelp.companyname.com](http://crisishelp.companyname.com)"

*Penny Turnbull, PhD, CBCP,  
Senior Director, Business Continuity  
Marriott Hotels International, Inc*



While communicating electronically may seem the least expensive and most expedient method, not all employees have access to computers at work or home.

Tips presented at the 2009 CIDRAP summit

- You've got to communicate **openly and honestly** without being an alarmist but at the same time being truthful. I can't tell you how much time I've spent with people inside my own company trying to craft the rightly balanced message.
- One of the things we found out is that we need to educate not only employees but their **families**, too. You can write a contingency plan in house all day, but if you don't have employees to come into work to implement the plan, all you have is a really thick three-ring binder someplace, and it's not going to help you at all.
- Send out a list of items that families will need at home if someone gets sick, something that costs \$30 to \$40 tops to put together.
- You can't just dump all this information on them at once. Give it to them in **small bites**. Less is more.
- We set up an **e-mail for employees who have questions** and we respond to the e-mails. Based on the questions we get, we create FAQs. The questions tell us that we may not have communicated something all that well the first time.
- At the end of the day, it's about building trust and loyalty. Employees want to know you have a plan. You need to **instill confidence** that you're thinking ahead. It doesn't have to be a complicated communication. Sometimes just showing the chapter titles of your plan is enough; 9 times out of 10 they'll see you know what you're talking about.

*Scott Mugno, Managing Director of Safety, Health, and Fire Prevention  
FedEx Express*

KEY THEMES AND LESSONS LEARNED

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### 3. Varying dynamics of transmission in the workplace

The vast majority of the workforce is more likely to become infected with novel H1N1 at home or in the community than at work. This is due in part to ongoing efforts to encourage sick employees to stay home and in part to the greater likelihood of exposure to ill individuals outside of work. The [Occupational Health and Safety Administration](#) (OSHA) has developed an occupation risk pyramid for pandemic influenza workplace exposure. It contains four risk levels: very high, high, medium, and low. Most businesses fall in the low- to medium-risk levels. These businesses do not need to take the same

precautions for H1N1 preparedness as businesses in the high- to very-high-risk levels. Employees in the latter levels of occupational exposure risk are almost exclusively in the healthcare field. In general, businesses in the medium- and low-risk categories, as all businesses should, can focus their prevention efforts on [keeping sick workers home](#). Social distancing and using personal protective equipment (such as a surgical mask or N95 respirator) are [not recommended](#) for businesses in the low to medium occupation risk categories, given the current situation with H1N1.

## ■ REALITY CHECK

- Transmission of influenza is likely to occur when viral shedding is high. While an ill person may shed virus for days, the amount being shed falls during the course of the illness to below the infectious level.
- When an employee has an ill family member, it is OK to go to work if he or she does not have symptoms.
- Education is key to reducing transmission in the workplace. The more educated your workforce is, the more likely employees will be to stay home when sick and to cooperate with other aspects of your plan.
- Segregation in the workplace of individuals at higher risk of developing complications if they become ill from H1N1 is not a good idea. There is no evidence that it will work, and there are legal restrictions regarding even trying to identify who they are.
- **Hand washing** and use of hand sanitizers work well for removing common pathogens from hands and should be encouraged.
- Expect the possibility of shortages of such items as cleaning supplies, hand sanitizers, and tissues if supply chains are disrupted. Consider stocking up when they are available.
- Cleaning solutions of bleach diluted with water are stable for only a day; they need to be remixed daily.

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## PLANNER'S ✓ CHECKLIST

✓	MINIMIZING TRANSMISSION IN THE WORKPLACE   Action Steps
	<b>Encourage sick workers to stay home.</b> Explore whether during peak periods of illness you can temporarily suspend policies that penalize a worker who does not have sick time and may feel the need to work while sick. <a href="#">Doing Business During a Pandemic: Human Resource Policies, Protocols, Templates, Tools, &amp; Tips</a> is an online toolkit that includes practical tips on dealing with sick leave and sick pay policies.
	<b>Let supervisors know they can and should send sick workers home,</b> and ensure the practice is consistent throughout the organization. Because the onset of influenza symptoms is so sudden, an employee may leave home feeling healthy and arrive at work sick.
	<b>Encourage hand washing and respiratory etiquette.</b> The CDC offers materials to help businesses with this step in its publication, <a href="#">Preparing for the Flu (Including 2009 H1N1 Flu): A Communication Toolkit for Businesses and Employers</a> .
	<b>Frequently clean with commercially available soap or detergent</b> frequently touched areas.

## VOICES FROM THE FIELD | On Cleaning Practices

Tips presented at the 2009 CIDRAP summit

“Remember that **not all employees can afford to buy hand sanitizer**. They may be having to choose between that and dinner for their kids. Consider making it available.”

“It could be that cleaning activities are not that effective in actually controlling the disease, but they may have an enormous **psychological impact**.”

*Steve Miranda, Chief HR and Content Integration Officer, SHRM*

## 4. Vaccines and antiviral usage

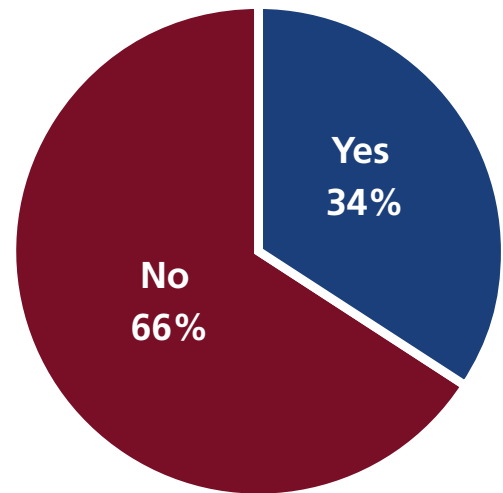
A widely available **vaccine** that is well-matched to the circulating virus has long been considered the best method of defense against influenza. However, with currently licensed technology, a vaccine takes about 6 months to come to market. As we have seen with pandemic H1N1 vaccine, once the vaccine was produced, there have been limitations on how quickly it could be packaged and distributed. Even reaching the estimated maximum of 20 million vaccine courses a week for distribution has been problematic. In addition, the majority of the workforce was not able to get the H1N1 vaccine until after it was made available to [priority groups](#), people who either were at higher risk of developing severe complications from H1N1 or provided healthcare services:

- Pregnant women
- Household contacts of and caregivers for children younger than 6 months of age
- Healthcare and emergency medical service personnel
- All people from 6 months through 24 years of age
- Persons aged 25 to 64 years who have health conditions associated with a [higher risk](#) of medical complications from influenza

For organizations that employ people in the high-priority groups, the [Americans with Disabilities Act](#) (ADA) prevents employers from singling out these individuals. Employers, however, can educate all employees about the priority groups and emphasize the importance of getting vaccinated as soon as possible. Employers should stay in communication with local public health departments and medical providers so they can communicate to their employees any changes in who is at high risk and provide timely information about the availability of H1N1 vaccine. Every effort should be made to allow workers to get the vaccine. The CDC has a [frequently asked questions](#) page for businesses on its H1N1 flu site.

**Antiviral medications** are another tool to treat and prevent influenza. Both Tamiflu and Relenza are effective against novel H1N1. [Antivirals](#) are typically used for treatment but can also be given for prophylaxis (ie, taking antivirals to prevent an infection). Some companies have stockpiled antivirals, as shown in Figure 1.

**Figure 1**  
Percentage of CIDRAP 2009 summit attendees whose companies have stockpiled antivirals



Among companies that have stockpiled antivirals, there was wide variation in what percentage of their workforce the supply covers, as shown in Table 1.

**Table 1**  
Percentage of workforce covered by antivirals stockpiled by CIDRAP 2009 summit attendees' companies

WORKFORCE COVERAGE	% OF RESPONDENTS
100%	19
99–50%	19
49–10%	31
<10%	31

The federal government has a significant quantity of antiviral medication available for distribution to states as part of the Strategic National Stockpile. About 25% of the stockpile was distributed to states during the spring of 2009 for treatment purposes. The vast majority of antivirals being produced around the world currently are going toward filling government orders, with limited supplies available for private-sector purchase.

### KEY THEMES AND LESSONS LEARNED

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## ■ REALITY CHECK

- Transmission of influenza is likely to occur when viral shedding is high. While an ill person may shed virus for days, the amount being shed falls during the course of the illness to below the infectious level.
- Antivirals and vaccines are only part of your pandemic plan. Think of the parts as spokes in a wheel. You need many of them to have an effective plan.
- The United States does not regularly launch mass campaigns to vaccinate adults. State and local public health departments, through which pandemic vaccine is channeled, have undergone massive budget cutbacks and layoffs in the past decade.
- There is no one-size-fits-all approach to antivirals. Each organization needs to thoroughly think through its intended use of antivirals and examine how that fits into the pandemic plan.
- For multinational companies, an antiviral plan must be developed for each country so it can be adapted to local conditions. This often means that antiviral drugs must be purchased in-country.
- Antivirals, like all medications, have expiration dates. The [Food and Drug Administration and HHS](#) are evaluating options for antivirals at or near their expiration date.
- Antivirals require a prescription, which necessitates an assessment by a healthcare professional. This assessment can be performed in person or remotely by phone.
- Actually getting antivirals to your employees is a difficult task. Immediate distribution is the easiest method, but it is fraught with issues from storage to ensuring proper use. Distribution using mail-order pharmacies allows for vendor-managed stockpiles but makes your distribution system dependent on third parties. Centrally managed distribution through your occupational health system works well but requires ill employees or a proxy to receive antivirals.
- Numerous companies can assist you as you work through these questions and help with procurement, health assessments, and logistics. See who your peers are using and consider working with one of these companies to fully develop your antiviral program.

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## PLANNER'S CHECKLIST

	<b>VACCINES AND ANTIVIRAL DRUGS   Action Steps</b>
	<b>Educate your workforce</b> about which groups have the highest priority for receiving vaccine and who is at higher risk of developing severe complications if they become ill.
	<b>Know whom you can contact at local public health departments for timely information</b> to share with employees about local availability of pandemic H1N1 vaccine. Make every effort to allow workers to attend these vaccine clinics.
	<b>Address essential issues for a successful workplace antiviral program:</b> <ul style="list-style-type: none"> <li>• Will antivirals be used for treatment, prophylaxis, or post-exposure prophylaxis (ie, taking antivirals after a known exposure to prevent illness), or all three?</li> <li>• Will some critical employees or all employees be covered?</li> <li>• Are dependents and spouses/partners covered?</li> <li>• What will trigger the distribution of antivirals?</li> <li>• What distribution method will be used?</li> </ul>
	<b>Properly store any antivirals you purchase.</b> Antivirals need to be maintained in a climate-controlled setting under specific conditions to ensure optimal shelf life.

From the 2009 CIDRAP summit

Communication is a huge challenge. You have to explain your choices and do it clearly. After internal communication to employees about our **antiviral program**, we sent a letter to employee families with a brochure tailored for them about our antiviral program and guidelines. Employee families actually pushed the employees to do what the company wanted them to do. We found that family support is crucial in gaining compliance.

—Director of emergency management, major utility company

**KEY THEMES AND LESSONS LEARNED**

1. Coping with uncertainty
2. Communicating during a pandemic
3. Varying dynamics of transmission in the workplace
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5. Supply chain vulnerabilities
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10. Ensuring proportional and responsible travel policies

## 5. Supply chain vulnerabilities

One expert summarized what has led to supply-chain vulnerabilities in today's global world this way: "How does one achieve **Operational Output** in order to maximize your **Offerings** at the lowest possible **Overhead**? The solution over the last 5 years—**Outsourcing**." Many industries in the United States and Europe ship out some portion, if not all, of critical product or services to a third party for completion as part of the extended chain. Outsourcing has brought about many economies in the process, and while many of today's supply chains have operational efficiency, they may not have business resilience. The question that remains unanswered is what happens if your supply chain has a business interruption and goes down?


### ■ REALITY CHECK

- Though your suppliers have multiple sites or multiple locations, typically they are reserved for certain clients and run at full capacity with very little buffer.
- According to one supply-chain expert, a high dependence on a labor force that has low retention makes supply chains vulnerable to a "people-oriented" crisis such as a pandemic.
- Suppliers typically draw from the same pool of labor sources; thus, the assumption that companies can rely on outsourced workers as a backup during a mass disruption is flawed.
- Suppliers typically draw from the same source of raw materials; thus, companies that outsource to such suppliers are in essence relying on a single source.

- To keep costs down, it is common practice not to keep more than one day's supply of raw material on site.
- Many overseas vendor-managed hubs have no or few fire safety standards, meaning millions of dollars of inventory may be sitting in tin sheds or other at-risk places.
- Most factories do not meet safety standards as defined by most property insurers; if your outsourcer suffers a business interruption, your organization's ability to claim business interruption income loss will depend on how your insurance policy is written.
- Given the subsequent economic ramifications that will be felt within days of a forced shutdown in the United States and Europe, including no availability of products or services, it's important to know whether your organization and your country can deal with the "melting effect" of this possibility.
- Accept the fact that your supply chain is now part of your business and part of your risk; therefore, it is your business.
- Building operational resilience depends on embracing suppliers as your partners, understanding what they are doing to prepare, and strengthening their weaknesses with your strengths.
- Most if not all supply-chain production occurs in Asia, where government intervention can take precedence over business action.



## PLANNER'S CHECKLIST

	<b>SUPPLY CHAIN   Action Steps</b>
	<b>Ensure that your suppliers are contractually obligated to provide you services</b> even when they are down; in other words, work a Business Continuity – Disaster Recovery Plan (BCRP) addendum into the contract, if one is not in place.
	<p><b>Clearly define your operational expectations.</b></p> <ul style="list-style-type: none"> <li>• For what services and products do you expect an increase or decrease in demand during a pandemic?</li> <li>• Which services or products must be maintained and which can be let go for a period?</li> </ul>
	<b>Once operational expectations are defined,</b> focus your attention first on the suppliers of services and products you must maintain or for which you predict an increase in demand.
	<b>Be open and proactive in communicating with your suppliers.</b> Make sure they know your operational expectations in a pandemic regarding which products or services must be maintained and which can lapse temporarily. Share with your key suppliers as much information as is practical, such as your plan, guidance, and resources. These investments will pay off in the long run.
	<b>Make sure you understand the ‘domino effect’ of loss of human capital.</b> How long, for example, can your supply chain sustain its production when 5%, 10%, or 15% of employees are absent?
	<b>Find out if your key supply-chain provider has the ability to ramp up production at another site.</b> How long will that take? Is that time acceptable to your business?
	<b>Diversify your logistics operations to the extent possible.</b> Having more options makes it easier to respond when a particular carrier has a problem.
	<p><b>Know whether your business is ready to deal with the impact of government actions that lead to:</b></p> <ol style="list-style-type: none"> <li>1. Immediate production shutdown</li> <li>2. Logistics shutdown (inbound raw material)</li> <li>3. Finished goods delay (inbound and outbound)</li> <li>4. People movement (inbound and outbound)</li> </ol>
	<b>When you consider the many tiers of suppliers that make up the scope of your chain,</b> make sure you understand how the failure of any of them could affect your customers. Find out about their ability to recover. Based on that knowledge, review your business continuity plan.

### KEY THEMES AND LESSONS LEARNED

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Accept the fact that your supply chain is now part of your business and part of your risk; therefore, it is your business.

**KEY THEMES AND LESSONS LEARNED**

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## 6. Understanding how telework fits into your pandemic plan

Information technology (IT) systems have enabled the flat, interconnected world to which we've all grown accustomed. Reliance on IT can provide a significant benefit to your pandemic response if properly considered. Telework is a well-established tool for allowing access to company resources from outside the office. Remote access means your staff can be geographically dispersed and socially distanced when needed, minimizing the local impact of pandemic illness. This option, while appealing, is not without significant challenges.

### VOICES FROM THE FIELD | On Telework

Summit presenter Scott McPherson, CIO, Florida House of Representatives, and chair of Florida CIO Council Pandemic Preparedness Committee, is a blogger for *Computerworld*. He provides a thorough analysis of telework challenges in this [post](#).

### REALITY CHECK

- Before you can consider telework options during a pandemic, you need to understand which IT systems are critical to your core business functions and which IT systems can and cannot fail during a pandemic. Having a working understanding of your IT disaster plan and your IT pandemic plan is crucial for making decisions about telework.
- Telework is not a perfect solution. Ill employees cannot work whether they are inside or outside the office, and issues such as sporadic connectivity may arise.
- Security is a concern. Remote access to your crucial IT systems introduces many new vulnerabilities, such as personal computers with inadequate security and inquisitive family members using company equipment.
- Do you have "work" defined well enough to be able to track it and manage it remotely?

### PLANNER'S CHECKLIST

✓	<b>TELEWORK   Action Steps</b>
	<p><b>Determine if telework is a viable option by answering these questions:</b></p> <ul style="list-style-type: none"> <li>• Do all of your employees who could work from home have broadband access and the appropriate computer equipment and software?</li> <li>• Do you have any remotely accessible work functions aside from e-mail (eg, scheduling, document sharing) in regular use?</li> <li>• Do you have the capability to conduct normal operations digitally, without handling paper or being in the office?</li> </ul> <p>If you answered "no" to any of these questions, then you may have limited ability to implement an effective telework policy. But it may be possible to develop workarounds or altered procedures.</p>
	<b>Identify critical tasks that can be done securely at an employee's home.</b>
	<b>Identify which employees are equipped to telework if necessary and which should be.</b> Make sure they have the software, security, and access they will need.
	<b>Test any telework arrangements</b> to ensure that weak points are found and addressed.
	<b>Identify and test backup systems</b> for e-mailing, conference calling, and videoconferencing.

## 7. Public-private partnerships in pandemic preparedness and response

Successful public-private partnerships are still relatively new, having dramatically expanded in the post-9/11 world. Partnerships should be win-win situations. Although many existing partnerships were not developed for pandemic planning and response activities, they often include the same public agencies that would be involved in responding to a pandemic.

Building partnerships takes time and requires trust. If you have not yet developed these relationships, use this pandemic as a catalyst to start building them now. Numerous resources are available for building or using existing public-private partnerships. (See Planner's Checklist below.) Summit participants also noted a trend toward incorporating these partnerships as part of their organization's civic responsibility.

### ■ REALITY CHECK

- Owing to budget cuts over the past decade, public health offices are straining to handle the H1N1 outbreak.
- To make contact, you may need to take advantage of opportunities such as public meetings and conferences where public health authorities are speaking or fielding questions.
- The more partnerships you are involved with, the fewer meaningful points of contact you will have, so concentrate on a limited number of valuable partnerships.
- Understand that building partnerships is a process and will take time and often dedicated staff time. The sooner you start the better.

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PLANNER'S  CHECKLIST	
	<b>PUBLIC-PRIVATE PARTNERSHIPS   Action Steps</b>
	<b>Identify key public health contacts in all locations your organization operates.</b> Many decisions (eg, school closures, vaccine allocation) that can have an impact on the health of your employees and your business are made at the local and state level.
	<b>Ensure someone on your staff has the responsibility</b> of connecting with public health authorities.
	<b>Use the numerous tools already available to assist with building partnerships, such as:</b> <ul style="list-style-type: none"> <li>• Business Executives for National Security (BENS) – <a href="#">Getting Down to Business: An Action Plan for Public-Private Disaster Response Coordination</a></li> <li>• RPCfirst (regional partnership council) – <a href="#">information about current partnerships</a></li> </ul>

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## 8. Understanding the media's role in a pandemic response

The media world that many leaders of businesses today grew up with is long gone. Today's media operate 24/7/365 and are constantly changing. Social media now play a significant role in daily reporting activities and can have an impact on the local perception of a pandemic and on response efforts. In general, there are going to be more questions than answers in the media as the pandemic continues.

### ■ REALITY CHECK

- Understand that the news media see as their responsibility informing their audience—the public—and not acting as a channel to deliver messages from business or government.

- Healthcare reform may complicate the media's portrayal of the H1N1 vaccine.
- Human interest stories help the media put a face on the news but don't always provide an accurate context.
- If employees are forced to work while ill, the media will find that story.
- Your message to the media should be the same one you've given to your employees.
- A panel of media presenters at the summit concurred that if a reporter comes to you, chances are the story isn't going to be good for your organization.

PLANNER'S  CHECKLIST	
	<b>WORKING WITH THE MEDIA   Action Steps</b>
	<b>Be proactive.</b> Go to the media with a potential story before they come to you for a story.
	<b>Stay on your message and repeat it</b> as often as necessary.
	<b>Make sure the message to employees is the same one you tell the media.</b>
	<b>Limit media contact to a few individuals</b> and encourage all others to funnel media inquiries to them.
	<b>Make sure you know with whom you're speaking</b> (ie, the reporter) as well as his or her experience level, especially on health and science issues.



Your message to the media should be the same one you've given to your employees.

## 9. Working across multiple jurisdictions

Virtually all organizations/corporations, regardless of size, operate in more than one jurisdiction. These can include state governments and public health departments as well as their local counterparts. For multinational companies, operations may be under national jurisdictions overseas. Ensuring that your pandemic response complies with the conditions and requirements of multiple jurisdictions is not an easy task. Furthermore, regardless of how much planning you undertake, government mandates could completely derail your plans, which is why it's imperative that your response be flexible and proportional. Always keep in mind the caveat: Government trumps all.

### ■ REALITY CHECK



- Guidance at the local public health level might not match that at the state level, which might not match that at the national level, all of

which makes it hard to determine whose guidance is to be followed.

- **Simply identifying and keeping track of changing local regulations is complex and takes dedicated time and research.**
- **School closures or isolation policies can change quickly, even over the weekend, affecting staffing on Monday. You need to have access to local and national government officials, so you can get an early warning or explanation of new policies. This access will allow you to quickly determine the impact of government policies on your operations and to undertake mitigation strategies.**
- **One of the most effective ways to ensure compliance is to make sure your corporate-level response plan can be modified by appropriate employees at lower operations levels to comply with local and regional political and cultural issues and needs.**

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PLANNER'S  CHECKLIST	
	<b>WORKING ACROSS MULTIPLE JURISDICTIONS   Action Steps</b>
	<b>Local conditions should dictate the activation of pandemic response plans.</b> Provide guidance on a few triggers your local offices should be watching for, such as increased absenteeism and local health alerts.
	<b>Use a common set of terms</b> that are applicable across the organization to avoid misinterpretation of key messages.
	<b>Identify local contacts in all operational locations.</b> You probably already have all of these contacts as part of your security, employee health and safety, or disaster response planning. In most cases these same contacts will be needed in pandemic response or at least can readily connect you with the right contacts.
	<b>Sign up for e-mail news and updates from jurisdictions that offer them.</b> E-mails from school districts, for example, might give you an early warning that conditions in a certain area are changing.
	<b>Work with your unions closely to ensure that responses are equitable across jurisdictions.</b> If local guidance won't allow for similar responses, the relationships and open and direct communications you have with your unions will help mitigate problems.
	<b>Keep up two-way communication with your local offices</b> during your pandemic planning and response activities. Their feedback and situational awareness are invaluable.

## VOICES FROM THE FIELD | Lessons Learned

From the 2009 CIDRAP summit

“Government trumps everything. No matter what your plan is. No matter how well you’re prepared. We had been doing pandemic planning for an extensive period of time; we had our crisis management teams in place. We had all the fundamentals together. But then the government decided to close all schools, then the government decided you could not go to work, you could not assemble. If your crisis management team was going to meet at your headquarters but you were barred from entering your headquarters, what do you do now?”

*Fred Palensky, PhD*

*Chief Technology Officer and Executive Vice President of Research & Development, 3M Company*

### KEY THEMES AND LESSONS LEARNED

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## 10. Ensuring proportional and responsible travel policies

Your organization’s travelers could find themselves in environments that could quickly change for the worse. During the spring of 2009 when travel bans became commonplace, business travel slowed dramatically. Later, the number of countries actively screening for influenza-like illness and quarantining travelers decreased to just a handful. However, conditions may change as the situation continues to evolve.

### ■ REALITY CHECK


- Being able to track your employees is a key component of your pandemic response plan. The role and complexity of your tracking program will depend on your company’s size and pandemic strategy.
- A one-size-fits-all travel policy will not work during the pandemic. Policies must fit the resources, needs, and the risk at hand.

- The United States has no control over other countries closing their borders.
- You can’t plan for everything, so have a team in place that can respond to whatever situations arise. Make sure this team identifies ahead of time and stays in close contact with in-country staff and expertise.
- Accurate, detailed information about the epidemiology of H1N1 and response activities in the regions in which your employees travel is often difficult to find—and sometimes it simply does not exist.
- In a severe illness scenario, organizations will have to determine what level of screening is necessary for employees entering the workplace after returning from a potential outbreak area.

## TOOL FROM THE FIELD | On Travel Policies

International SOS updates a [map](#) that allows the user to mouse over a region in the world for a summary of H1N1 activity and click on a specific country to get full details.

## PLANNER'S CHECKLIST

	<b>PROPORTIONAL AND RESPONSIBLE TRAVEL POLICIES   Action Steps</b>
	<b>Familiarize yourself with the CDC travel site specific to <a href="#">H1N1</a>.</b>
	<b>Educate your employees prior to travel about ways to protect themselves</b> , their personal responsibilities, the company's responsibilities, and products provided by the company. This education is crucial and is one of the best ways to prepare and protect your employees.
	<b>Determine how to evacuate</b> expatriates and traveling employees.
	<b>Use the concept of "appropriate level of duty of care"</b> to ensure the safety of all entering the workplace if you develop point-of-entry screening for returning to work after travel.

### VOICES FROM THE FIELD | Tip on Travel Policies

From the 2009 CIDRAP summit

Carol Ley, MD, MPH, Director, Occupational Health, 3M, presented the following slide during her presentation on how 3M responded during the early outbreak of H1N1 in spring 2009:

Travel information updated for 3M business travelers included:

- *Countries where screening is reported to include thermal scanning*
- *Countries where screening is reported to consist of questioning or visual assessment of possible flu-like symptoms*

#### KEY THEMES AND LESSONS LEARNED

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You can't plan for everything, so have a team in place that can respond to whatever situations arise. Make sure this team identifies ahead of time and stays in close contact with in-country staff and expertise.

# Highlights of live polling during the summit

Live polling of some 250 attendees and presenters was conducted during three plenary sessions at the 2009 CIDRAP summit held Sep 22 and 23 in Minneapolis. Check boxes are provided so you can benchmark your organization with the polling data. The following are highlights from the polling (some percentages do not total to 100 owing to rounding):

## Industries represented – day 1 and day 2

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Respondents indicated they worked in the following industries:

Day 1	Day 2	Primary industry	Your organization
33%	33%	Healthcare, pharmaceuticals, and biotech	<input type="checkbox"/>
22%	21%	Manufacturing	<input type="checkbox"/>
14%	15%	Government	<input type="checkbox"/>
5%	6%	Financial services	<input type="checkbox"/>
26%	25%	Other	<input type="checkbox"/>

## Size of organizations

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Respondents indicated their organizations had the following number of employees:

Day 1	Day 2	Number of employees	Your organization
18%	16%	50,000 or more	<input type="checkbox"/>
21%	20%	10,000 – 49,000	<input type="checkbox"/>
30%	38%	1,000 – 9,999	<input type="checkbox"/>
12%	8%	250 – 999	<input type="checkbox"/>
18%	16%	Fewer than 250	<input type="checkbox"/>
2%	2%	Did not know	<input type="checkbox"/>

## Senior management perceptions about the impact of an influenza pandemic in disrupting business

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The following percentage of participants indicated they believed senior management viewed the impact as:

	Your organization
75% Important or serious	<input type="checkbox"/>
14% "Just another thing to plan for"	<input type="checkbox"/>
10% A crisis	<input type="checkbox"/>



## Areas of greatest concerns

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Respondents indicated that the following issues represented their greatest concerns regarding a second wave of H1N1:

		Your organization
81%	Absenteeism	<input type="checkbox"/>
13%	Disruption of critical supply chains	<input type="checkbox"/>
3%	Closing borders to trade	<input type="checkbox"/>
3%	Wasting resources because of the hype	<input type="checkbox"/>
1%	Unforeseen disruptions due to government actions	<input type="checkbox"/>

## Types of pandemic budgets

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Respondents whose organizations had pandemic budgets indicated that funding was:

		Your organization
35%	A one-time investment	<input type="checkbox"/>
31%	A recurring line item	<input type="checkbox"/>
33%	Allocated by some other method	<input type="checkbox"/>

## Medical screening of employees

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Primary industry of respondents whose organizations had screening in place or plan to conduct screening:

		Your organization
42%	Healthcare, pharmaceutical, or biotechnology	<input type="checkbox"/>
28%	Manufacturing	<input type="checkbox"/>
10%	Government	<input type="checkbox"/>
26%	Other	<input type="checkbox"/>

## Expected absenteeism

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Of respondents who knew what their organization anticipated as peak absenteeism for fall 2009/winter 2010:

		Your organization
41%	Indicated their organization was planning for a range of scenarios	<input type="checkbox"/>
24%	Expected absenteeism to peak between 21% and 30%	<input type="checkbox"/>
20%	Expected absenteeism to be 20% or less	<input type="checkbox"/>
14%	Expected absenteeism to peak between 31% and 40%	<input type="checkbox"/>
0%	Anticipated more than 40% of peak absenteeism	<input type="checkbox"/>

## School closures and paying hourly/nonexempt employees who stay home to care for children

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*With regard to providing paid time off (not vacation pay) for hourly/nonexempt employees who stay home to care for children whose schools were closed, respondents said their organizations:*

	Your organization
47%	Do not now plan or do not plan to provide paid time off <input type="checkbox"/>
24%	Do now or plan to provide paid time off <input type="checkbox"/>
17%	Did not know if their organizations would <input type="checkbox"/>
12%	Are considering providing paid time off <input type="checkbox"/>

## School closures and paying salaried/exempt employees who stayed home to care for children

---

*With regard to providing paid time off (not vacation pay) for salaried/exempt employees who stayed home to care for children whose schools were closed, respondents said their organizations:*

	Your organization
41%	Do not now or do not plan to provide paid time off <input type="checkbox"/>
34%	Do now or plan to provide paid time of <input type="checkbox"/>
12%	Are considering providing paid time off <input type="checkbox"/>
13%	Respondents did not know <input type="checkbox"/>

## Caring for sick family members and hourly/nonexempt employees

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*With regard to providing paid time off (not vacation pay) for hourly/nonexempt employees to care for sick family members, respondents said their organizations:*

	Your organization
39%	Do not now or do not plan to provide paid time off <input type="checkbox"/>
37%	Do now or plan to provide paid time off <input type="checkbox"/>
12%	Are considering providing paid time off <input type="checkbox"/>
11%	Respondents did not know <input type="checkbox"/>

## Caring for sick family members and salaried/exempt employees

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*With regard to providing paid time off (not vacation pay) for salaried/exempt employees to care for sick family members, respondents said their organizations:*

	Your organization
46%	Do now or plan to provide paid time off <input type="checkbox"/>
36%	Do not now or do not plan to provide paid time off <input type="checkbox"/>
8%	Are considering providing paid time off <input type="checkbox"/>
9%	Respondents did not know <input type="checkbox"/>

## Policies on returning to work after illness

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*Of respondents who were familiar with their organization's policy for allowing employees with influenza-like illness to return to work:*


		Your organization
76%	Planned to follow current CDC recommendation of 24 hours after fever subsides without the use of fever-reducing medication	<input type="checkbox"/>
24%	Planned to require employees to wait longer to return to work (84% of whom indicated their organizations would require employees to stay home for 7 days after fever subsides)	<input type="checkbox"/>

### NOTES

## A CHECKLIST

# Building Flexibility into Your Pandemic Response Plan

The following checklist summarizes themes and lessons learned that emerged when some 250 business, public health, government, and influenza experts met for 2 days in September 2009. Participants agreed that the first influenza pandemic of this century has underscored how unpredictable the influenza virus is, how even our best medicine, science, and technology cannot prevent or cure all the damage it causes, and how preparing and responding to a pandemic requires, above all, **flexibility**. The new gold standard for pandemic preparedness appears to be **proportional response**, the ability to adjust the organization’s plan and response to match the severity of illness and account for geographic differences, public reaction, and political and economic constraints. Use this tool to improve the scalability of your pandemic response plan.

<b>Theme</b>	<b>Summary Lesson</b>	<b>Proportional Response</b> Minimal Impact  Severe Impact
1. Coping with uncertainty	Plans are never final; expect the unexpected, page 7	
2. Communicating during a pandemic	Talk to families, too, and use more formats than your Web site, page 8	
3. Varying dynamics of transmission in the workplace	Encourage sick workers to stay home without financial penalty, page 10	
4. Vaccines and antiviral usage	Supply-side issues mean you can consider them as only part of your response plan, page 12	

Theme	Summary Lesson	Proportional Response	
		Minimal Impact	Severe Impact
5. Supply chain vulnerabilities	What you've out-sourced is still part of your business and may be a liability, page 14		
6. Understanding how telework fits into your pandemic plan	Challenges and the costs may outweigh benefits, page 16		
7. Public-private partnerships in pandemic preparedness and response	No longer optional; key decisions are made at the local level, and you need contacts, page 17		
8. Understanding the media's role in a pandemic response	Be proactive, and keep your messages consistent, page 18		
9. Working across multiple jurisdictions	No matter how carefully you plan, government actions and decisions trump all, page 19		
10. Ensuring proportional and responsible travel policies	Track your travelers, monitor conditions in their locales, and extract employees when necessary, page 20		



## **Keeping the World Working During an Influenza Pandemic**

January 2010

*Key Themes, Tips, Tools, and Checklists  
from the 2009 CIDRAP Summit on H1N1*