

Pandemic Flu Threat and Business Continuity

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Today's challenge for survival in an ever increasing hostile world calls for a transformational shift to a "culture of readiness." The triple threats of:

- emerging infectious disease, both naturally occurring and novel man made creations;
- more robust natural disasters; and,
- terrorist events, alone or in tandem with the other two,

require a collaborative national effort unlike any we have experienced before. The overarching national strategic theme for *All-Hazards Homeland Security* (HLS) embraces the concept of a unified, comprehensive structure built on the good faith partnership between and among all the nation's economic sectors; Federal, State, Tribal, Public, Private, and Non-governmental organizations.

There are a number of explanations which account for the current "Hot Topic" focus on *Pandemic Avian Flu* and conditions which present flu-like symptoms. First, is the intense interest from the White House for a timely implementation of the November, 2005 guidance on the nation's strategy for *Pandemic Flu Protection*. Second, it is Flu season and each Flu season we are reminded by the media that we are not properly prepared to deal with current "wimpy strain" of the virus, let alone a worldwide pandemic. Third, the research and exhaustive documentation of the recent SARS experience and the graphic tales of its impact on our Canadian neighbors hovers in the background. Fourth, public trust in the nation's capacity, and for some, its will, to protect it from all-hazards threats is waning. Fifth, the Institute of Medicine's (IOM) reports on healthcare acquired infections raise the specter that the Nation's Healthcare System may not be able to deal with emerging infections or virulent man made agents since it is unable to control unintended infections.

And Sixth, it will happen. By April 27, 2006, the World Health Organization had tracked 205 non-US cases of bird flu that led to 113 deaths. On April 28, 2006, a mild form of bird flu was found at a live-bird market in New Jersey. According to the Department of Health and Human Services, a severe bird flu pandemic would make 30 percent of the US population, or 90 million people, ill and result in 2 million deaths. Companies would have absentee rates of about 40 percent.

Assessing the level of preparedness has a surprising number of dependent and independent variables, some obvious and some not so obvious. While preparations are fluid, there is one bright side: We have some time. An avian flu pandemic most probably will not occur tomorrow, but this nation's annual flu epidemic is in its first wave and now is the time to plan. Insuring continuity of

operations under either scenario depends on the successful execution of a set of complex tasks requiring proactive steps over which you may have full control and others over which you have marginal to no control. Even though various federal agencies, such as the CDC, state health agencies, and the majority of business Trade Associations have published guidance materials and “check-lists” for pandemic flu preparation, many companies are not paying any attention at all or are extremely reticent to discuss their preparation processes, although many have noted the risks. As of the fiscal year ending April 2006, avian flu was mentioned 388 times in the quarterly and annual regulatory filings with the Security and Exchange Commission. Similarly, many public companies view responses to a pandemic or severe epidemic scenario as extensions of their current Business Continuity Plans rather than as a risk management strategy to avoid a Sarbanes-Oxley disclosure of an operational failure or vulnerability (safety, environmental, or property) that may “significantly impact” the organization’s financial soundness.

The Center for HealthCare Emergency Readiness (CHCER) has evolved from assessing healthcare facilities for Homeland Security Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE, with or without radioactive elements) readiness to assessing All-Hazards readiness. Our findings over the years are not unlike the "lessons learned" from recent all-hazards events, e.g., Hurricanes Katrina and Rita. Hospitals have been required to respond to threats from natural disasters, endemic/pandemic agents and all manner of casualties from associated accidental events. Even with their long history of attention to preparedness and good faith efforts to protect their stakeholders, many "best practice" actions have eluded them. We would like to share with you what we have observed over time to be *Continuity of Entity Readiness Imperatives* that can be generalized to all businesses in their pandemic or epidemic flu planning efforts. These observations represent a limited set of actions which are far from comprehensive but are those we find most important.

What will it take for your organization to be ready?

- Perform a Hazard Vulnerability Analysis (HVA) to include:
 - Self-identified Internal and External Hazards
 - External hazards identified by the your community and geographic region - do not accept community and regional HVA’s at face value as hazards often are overlooked
- Provide strong leadership from Board and Executive levels to include:
 - High profile advocacy and oversight
 - Identified and documented resources for short and long range planning
 - Selection of a competent and respected planning task coordinator
 - Selection of a planning committee and meeting protocol enforcement

- Appropriate input from labor representatives
- Dissemination of the emergency response and business continuity plans throughout the organization
- Establishment of an “operations” center to direct and coordinate the organization’s response.
- Implement and maintain ongoing Planning Processes which include and address:
 - Preparedness-Identification of resources needed to sustain operations and to ensure the continuation of essential services
 - Establishment of a policy on workforce safety and survival to determine the appropriate numbers of essential personnel that would be a priority for receiving antiviral prophylaxis, vaccination and personal protective equipment (PPE), e.g., masks, to protect those staff most at risk
 - Actions designed to maximize worker availability
 - Annual Immunization programs for workers and family members
 - Stockpiling of items needed for treatment (e.g., antivirals)
 - Disinfection requirements for equipment and facility and proper disposal of infectious waste, including disposable supplies/equipment
 - Identification of safe havens for workers, families and their pets and other family/dependent care issues to maximize employee numbers at work.
 - Cross- and multi-competency training of staff
 - Identification of retirees and volunteers as potential back-up
 - Actions designed to increase flexibility of approaches for continuity
 - Alternative work sites, selected in advance - the fewer people who are physically together, the better
 - Consolidation of like corporate entities or transfer of corporate functions to other organizational locations currently unaffected
- Establish Mutual Support Agreements (MSAs) based on:
 - Assessments of projected personnel supplementation needs to include exclusive agreements with personnel agencies in unaffected areas for temporary staff
 - Assessments of demand for raw materials and supplies in advance - if a supplier is also affected and transportation networks are down, just-in-time inventory arrangements will be disabled.
 - Assurances that the provider/contractor has not oversubscribed its capacity to respond to:
 - Insure that the provider/contractor has adequate stockpiles of fuel and parts
 - Insure that the provider/contractor has established its own “plan” and provides for availability of its workforce

- Identified back-up providers/contactors in different geographic areas
- Know your State Laws and Regulations on Emergency Health Powers
 - Quarantine
 - Immunizations
 - Social distance
 - Isolation
 - Seizure of Property
 - Physical restraint
 - Limits and Use of Police powers
- Address Human Resources Issues
 - Personnel Policies on Extended Leave and Extended Work Hours – establish a policy to monitor the health status and absenteeism of staff during the epidemic/ pandemic
 - Fitness for Duty Standards and Symptom Assessment Processes including ongoing screening of personnel in key positions
 - Reassignment of staff who have recovered from flu to other positions as appropriate
 - Reassignment of staff at high risk for complications of flu (e.g., pregnant women, immuno-compromised persons) to low risk duties (e.g., assignment to home or telecommuting)
 - Workers Compensation
 - Employee Insurance coverage
 - Tracking of infected and recovering staff – the 1st infected who have recovered will be immune
 - International Exposure Issues (SARS, Avian Flu, etc,) and Return to Country/Work Policies, to the extent applicable
- Provide Work Force Training and Competency, and Communications
 - Information and education to staff on infection control precautions, PPE (e.g., masks,) antiviral prophylaxis and family/dependent care options
 - Situation and risk communication briefings to staff in conjunction with local public health and emergency management
 - Just-in-time training for executive staff regarding the status of the event, precautions they should take, and rumor control.
 - Monitoring of media outlets for updates on the epidemic/pandemic and possible impacts on the facility and Communication of information via regular briefings to Department heads and general announcements to the organization’s workforce.
- Plan for Physical Security and Protection

- Adequate numbers of security personnel to maintain facility security and security of stockpiles of vaccines and antiviral medications
- Procedures to limit access, e.g., lockdown, to a small number of designated and monitored entrances so that staff and visitors entering the facility can be screened for illness (e.g., temperature checks)
- Conduct Exercises and Drills to evaluate organizational proficiency and provide instruction and/or training for personnel on particular roles, responsibilities, plans, and/or equipment using a “crawl-walk-run” approach through the following:
 - Tabletop Exercises (*crawl*) which allow participants to move through a scenario based on discussions regarding the coordination of plans and procedures with other departments or agencies.
 - Functional Exercises (*walk*) which allow participants to work through plans and procedures in a real-time scenario, typically based in an operations center environment. The exercise pace can be increased or decreased depending on participants ability to work through their plans and procedures.
 - Full-scale Exercises (*run*) which require participants to move people and apparatus while working through plans and procedures in real-time.

Personnel conducting drills or helping to plan exercises should have the experience and documented training to facilitate these events. Additionally, a system to provide a critical evaluation process for use in every exercise, drill and actual event is strongly encouraged. Such evaluations should provide both quantitative and qualitative data/information upon which to define a process for improvement in future drills, exercises or actual events. The ability to identify both strengths and areas for improvement is critical to effective drill and exercise management over time and helps to strengthen the organization’s Corrective Actions developed in response to evaluation findings.

Realization of a successful Pandemic and or “Severe” Flu readiness status requires strong leadership and executive management buy in for the need to be prepared and a belief that the effort will produce the desired protection. Paradoxically, the organization’s corporate vision must include a sense of partnership with local county, State, and Federal authorities, including National Preparedness Goals (outlined by the Department of Homeland Security) and the discrete uniqueness of the organization’s “Part,” adapted to the nature of its operation and local conditions. Fundamental to this partnership is the adoption of HLS missions to Prevent, Protect, Respond, and Recover from all-hazards events. A Nation prepared to deal with the anticipated Avian Pandemic or a “Severe” Flu Epidemic must be able to deliver the appropriate combinations of all sector capabilities in a seamless, protracted manner. Your company’s role needs to focus on the immediate environment and the scope of your

organization's operation. In order for your organization to be a viable part of the solution and not of the problem, it must have a plan for business survival.

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About the Center for Healthcare Emergency Readiness

The Center for Healthcare Emergency Readiness, LLC (CHCER) assists health care facilities in their efforts to comply with the National Incident Management System (NIMS) and the National Response Plan (NRP) and with the disaster preparedness requirements of the Medicare Conditions of Participation and national accrediting bodies. CHCER provides assessments to determine a facility's current state of readiness and with recommendations related to its preparation for, response to and recovery from future natural disasters, pandemics, and acts of terrorism. CHCER combines the expertise of a diverse group of subject matter experts in the areas of hospital management and security, risk management, government regulation and oversight, vigilance skills

and CBRNE training, law enforcement and counter-terrorism. For additional information see (<http://www.chcer.org>).
