



Business Continuity Planning and Pandemic Influenza in Europe An Analysis of Independent Sector and National Governments' Guidance

A Research Report by Alexandra Conseil, Sandra Mounier-Jack and Dr. Richard Coker (LSHTM, 2008)¹

Summary of Key Findings and Main Conclusions

The appearance and global spread of a highly pathogenic strain of avian influenza, which has the potential to ignite the next pandemic, have prompted European governments and independent organisations to plan and prepare an appropriate response to the threat. However, so far, most strategic and operational efforts have been directed towards building resilience in public health systems, and have overlooked the challenge of ensuring business continuity in independent organisations and institutions operating outside the health sector. In this report, we explore the breadth and depth of advice currently being offered to the non-health sector.

Independent advisory organisations and the 27 European Union (EU) member states, plus Turkey, Norway and Switzerland were included in the survey. Frameworks and advice issued to support business continuity planning (BCP) for pandemic influenza were identified and extracted from selected documents. In order to define the scope of advice available to non-health sector organisations, we developed an analytical framework. This framework is based on 'areas' of preparedness that emerged from the guidelines identified and which encompass relatively broad conceptual issues, associated with BCP, and on 'themes' which capture more detailed issues covered in each area. Given the differences in conceptualisation, purpose and contents of guidance, independent and government sectors were analysed separately.

We identified nine areas of preparedness and 65 themes across both sectors. Our analysis suggests that whilst some areas receive greater attention than others in guidance, the relative frequency given each is similar in both the independent advisory sector and government sector (where advice is given).

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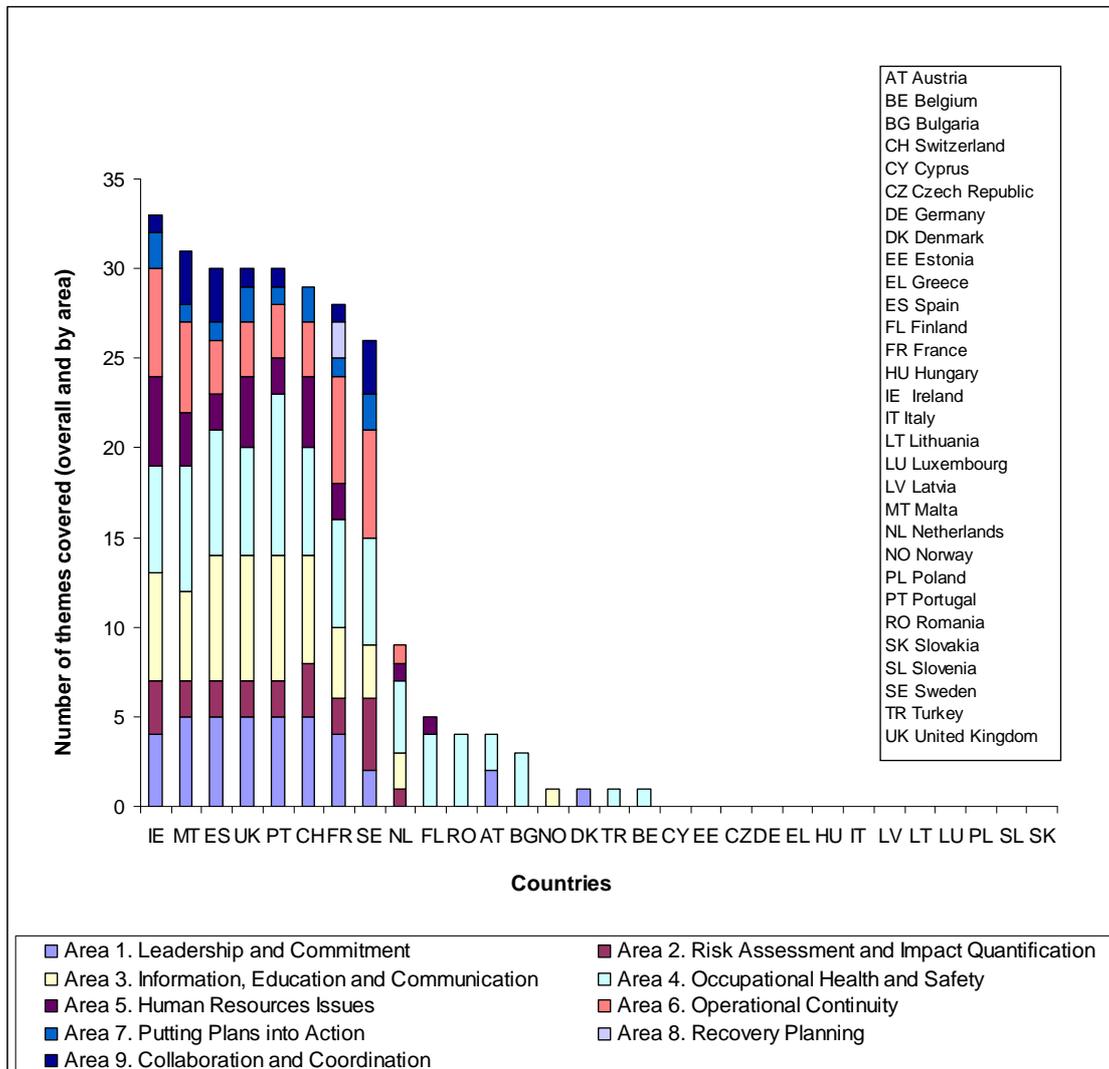


Figure. Number of themes covered by each country's guidelines (in total and per area)

Through our analysis we identified a number of gaps in advice, including:

- ⇒ Policies and procedures for the management of employees suspected to be ill at work are scarce and non-specific.
- ⇒ Most organisations and countries do not take a position or do not provide advice on the issue of general corporate stockpiling of antiviral medication. Recommendations on advance purchasing of antiviral drugs are absent in the independent sector and lacking, in relation to BCP from the government sector. In addition, employers who choose to adopt pharmaceutical measures are not adequately advised on the purchase, storage and distribution of antiviral drugs.



- ⇒ Only a few organisations and countries clearly advise that business continuity plans should be coherent with national, regional or international (WHO) pandemic phases.
- ⇒ Whilst there is advice on internal communications, guidelines frequently overlook external communications.
- ⇒ Legal issues which may arise under the extra-ordinary circumstances of an influenza pandemic are under addressed by most organisations and countries (i.e. the fulfillment of legal obligations towards employees, clients, suppliers and other stakeholders in pandemic time).
- ⇒ Guidance related to the acquisition and distribution of personal protective equipment by organizations, outside the public health system, is non-specific and confusing.
- ⇒ Whilst some guidelines advocate teleworking, little advice is provided on social distancing measures within the workplace.
- ⇒ The advocacy of mechanisms to facilitate sharing of best practices across governments and across industries is lacking.
- ⇒ The development of plans to support business recovery after a pandemic is neglected in most guidance.

In the non-health sector substantial challenges and opportunities remain for governments to improve the advice they provide. The advice in the public domain being offered by advisory organizations to the non-health sector, needs to be improved and made coherent with government advice.

For each of the nine areas of preparedness, we have selected a number of issues which we believe have been most neglected and would deserve further attention, and have issued recommendations on these (see table below).

AREA OF PREPAREDNESS	GAPS REQUIRING ATTENTION
LEADERSHIP AND COMMITMENT	<ul style="list-style-type: none"> ⇒ BCP should be developed, acknowledged, and be in support of, national strategic planning guidelines and imperatives ⇒ Further initiatives should be launched to raise employers concern and actions, and to develop sustainable commitment to BCP ⇒ Business continuity plans should be tailored to the specific features of a pandemic, but not isolated from other emergencies ⇒ Business continuity plans should be tailored to the realities of individual organisations ⇒ Business continuity plans should be developed in accordance to WHO (or



	<p>national or regional) pandemic phases</p> <ul style="list-style-type: none"> ➤ The allocation and commitment of specific resources to pandemic preparedness and response have to be considered as a crucial component of the planning
<p>RISK IDENTIFICATION AND IMPACT QUANTIFICATION</p>	<ul style="list-style-type: none"> ➤ Employers should take the necessary measures to develop a clear overview of the possible risks and impacts of a pandemic on their resources and business activities. This provides basic assumptions to support pandemic planning ➤ Employers should use a worst-case scenario as a proxy indicator
<p>INFORMATION, EDUCATION AND COMMUNICATION</p>	<ul style="list-style-type: none"> ➤ External communication (clients, providers, etc) should be given considerable importance in the process of pandemic planning ➤ Employers are recommended to assign someone to regularly monitor the external development of the pandemic threat and to keep track of guidance issued by authorities ➤ Socio-cultural issues that may hinder communications between the employers and employees or external partners must be addressed ➤ Employers are advised to try to devise a transparent approach to communication and anticipate employees' fears and rumours and to address them as part of their communication and education strategies
<p>OCCUPATIONAL HEALTH AND SAFETY</p>	<ul style="list-style-type: none"> ➤ Measures to increase social distancing <u>within</u> the workplace must be incorporated into the planning ➤ Employers are advised to establish clear policies and procedures in place, so that they can manage employees suspected to be ill at the workplace ➤ Clear guidelines related to the purchase, storage, and distribution of antivirals by organisations <u>must be elaborated</u> ➤ Organisations should seek for guidance on office hygiene, including the issue of maintaining ventilation/air-conditioning in the workplace ➤ The usefulness of employee health screening at office entry points must be carefully considered and decisions must be based on evidence ➤ Psycho-social support to employees needs to be addressed ➤ Clear guidelines related to the purchase, distribution and use of personal protective equipment in the non-health sector must be elaborated ➤ Employers must anticipate the impact of a pandemic on health and safety regulations, and see how they can be comply with these if the need arise



<p>HUMAN RESOURCES ISSUES</p>	<ul style="list-style-type: none"> ➤ Employers are advised to carefully review HR policies to suit the extra-ordinary circumstances of a pandemic ➤ Policies for sick leave and other type of leave must be less restrictive ➤ Organisations should consider to establish clear criteria for employees' return to work ➤ Equity between employees must be considered in policy-making
<p>OPERATIONAL CONTINUITY</p>	<ul style="list-style-type: none"> ➤ It is important for employers to assess the resiliency of the supply by providers and also not to overlook provision of the most basic services which are essential to all businesses, such as water and power, and to plan for alternatives in case of disruption by their main providers ➤ The planning of increased physical security for critical facilities must be addressed ➤ Organisations are advised to identify strategies and agreements to ensure continued access to financial resources during a pandemic ➤ The determination of criteria on the temporary need to close some units or to shut down the entire operations of an organisation must be incorporated into the planning ➤ Legal aspects which may undermine business continuity must be addressed
<p>PUTTING PLANS INTO ACTION</p>	<ul style="list-style-type: none"> ➤ Whenever it is possible, every employer should test the effectiveness of their plans
<p>RECOVERY PLANNING</p>	<ul style="list-style-type: none"> ➤ There is an urgent need to encourage organisations to prepare for the recovery and this area should be addressed in all organisational guidance
<p>COLLABORATION AND COORDINATION</p>	<ul style="list-style-type: none"> ➤ Sharing of best practices with business partners, the community and within the industries must be encouraged ➤ Public-private collaborations must be facilitated



We suggest that public and independent advisory organisations should take immediate action in order to develop more comprehensive, evidence-based, coherent and operational guidelines. Non-health sector organisations should be reminded and further encouraged to urgently evaluate the risks and impact of an influenza pandemic on their operations and employees, and to develop and test business continuity plans which incorporate necessary pharmaceutical and non-pharmaceutical measures to address organisational preparedness gaps. Moreover, guidance should be more explicit about wider social responsibilities of organisations and specific advice on this point should be built into BCP in order to ensure, where possible, coherence with corporate strategic goals, operational planning and national strategies. Finally, business continuity plans for pandemic influenza should be specific, and should not be developed in isolation from other emergency contingency plans.

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