



a quarterly newsletter
on risk management

Pandemic Preparedness Practical tips for avoiding the flu

By Tim Delaney

In late April the hot news was an emerging pandemic – H1N1 or human swine flu. It had killed several young people in Mexico and had made its way to King’s - Edgehill School in Windsor.

Prognosticators have been warning we were overdue for a pandemic, similar to the Spanish flu in 1918. Time will tell whether this strain of H1N1 is “the one” or just a blip on the radar. The point of this article is to give you some ideas for preparedness in case this flu comes back in a more serious form. If you’d like more information on the Spanish flu,

Wikipedia (http://en.wikipedia.org/wiki/1918_flu_pandemic) has an overview you may find interesting.

We know the flu virus has to get in your body to affect you and the most common points of entry are through the eyes, nose and mouth, typically through inhalation, ingestion or transmission by tear fluid, such as rubbing your eyes. We also know that flu particles exit an infected person through their saliva, mucus, etc. This can contaminate surfaces or people directly or by an aerosol (by sneezing or talking) or

In this issue:

Pandemic Preparedness – Practical tips for avoiding the flu

Business Continuity Planning – What is it and do we have a plan?

Watch out for typical flu symptoms:

- sudden onset fever
- sudden onset cough

Other symptoms may include:

- headache
- tiredness
- chills
- aching muscles
- limb or joint pain
- diarrhea or upset stomach
- sore throat
- runny nose
- sneezing
- loss of appetite

indirectly by touching with a contaminated hand. Virus particles remain active for some time after they've landed on surfaces.

If H1N1 becomes a serious pandemic, it's likely the healthcare system will be overloaded and understaffed. The response may be that hospitals and medical centres may be closed to people wanting diagnosis or assistance with the flu. Community centres may be used to screen people. Unless you are at risk of requiring hospitalization, you will probably be sent home.

There has been a lot of talk about Tamiflu, Relenza and other anti-viral medications. The governments have a National Antiviral Strategy and a stockpile of antivirals to treat about 17% of the population. There simply isn't a large enough stockpile for more than healthcare and emergency personnel. Don't count on these drugs being available to you. A vaccine for H1N1 is being developed although it probably won't be available until the fall. We may not have access to it until flu season is well underway.

Prevention and preparation are left as our best defence strategies against the flu.

Personal preparedness at work:

- 1. Wash your hands – correctly and often! Frequent and thorough hand washing is your best defence against the flu and colds. Remember to wash hands after shaking hands with others or touching surfaces used by others.**
- 2. Modify your social practices. If the flu season is underway, perhaps refrain from shaking hands. Consider tele-meeting rather than face-to-face. If you have to cough or sneeze, use your arm! Be prepared to cancel meetings or work from home if the flu situation gets serious.**
- 3. More hygiene! Keep your desk cleared off so you can disinfect it, your phone and keyboard easily. If someone sneezes on a pile of papers, it's difficult to disinfect.**
- 4. If you are feeling sick, stay home! HPP suggests 7 days off work if you have the flu. Although we'll miss you, it's better than infecting several other people. That's what sick days are for.**

The most practical and effective thing you can do to prevent the flu is to be diligent about washing your hands. Soap, water and friction do an excellent job of decontaminating your hands. In fact, it's more effective than using an alcohol-based hand sanitizer. Depending on where you go or who you see in the run of a day, it might not be out of line for you to wash your hands a dozen times a day.

Our food safety inspectors know the value of hand washing and have equipment to determine if you are properly washing your hands. I can't speak for them, but they may assist you if you have

questions about your technique. We will also be posting hand washing posters from the Department of Health Promotion and Protection (HPP) in office washrooms over the coming weeks.

Many of us use hand sanitizers. While soap and water are usually more effective, these products are sometimes more convenient or may be the only option to keeping your hands clean. Having hand sanitizer close by can be especially helpful after you've just taken public transit or visited the mall.

The trick to its effectiveness is not having organic matter – dirt – on your hands, which deactivates the compound. Some of our offices have dispensers in reception areas, but you may wish to consider having one at your desk, on your person or in your car. There are quite a variety of these products. In addition to the regular alcohol-based products, some now have moisturizers and some are water-based and odourless.

While most of us work with or meet clients on a daily basis, you may want to consider altering your social behaviour. If the flu becomes widespread, you may choose to meet by phone or electronically, rather than face-to-face. You may wish to avoid shaking hands. If your job allows it, you and your supervisor may decide you can work from home temporarily.

Since the flu can be transmitted by way of touching surfaces, the hygiene around our workstations and offices could be increased. Wiping down keyboards, mice, phones, desktops and arms of chairs may be an idea, especially if your workstation is used by other people. Commonly shared surfaces, like door knobs, light switches, photocopier or elevator buttons, should receive more frequent cleaning. Any disinfectant should do the job, but an aerosol can or disinfectant wipes will work and may be more convenient.

Finally, if you are stricken with the bug – go home and stay home! Health Promotion and Protection suggests staying home for 7 days. This does two things: you get a chance to recover and you aren't infecting healthy people in the workplace.

While these are steps each of us can consider, our management colleagues may be able to support or enable these efforts rather than leaving the decision solely to staff. At their discretion, supervisors may decide to cancel staff meetings or issue a directive suspending face-to-face client meetings. They may be able to arrange work from home for those whose jobs can accommodate it. They may find some other way to decrease the number of people in the office, thereby lessening the chance of flu transmission.

As a preparedness activity, supervisors may wish to cross-train staff in anticipation of illness in more critical roles of the business unit. Obviously, the

What management can (and may) do:

- 1. Modify or cancel meetings. This may include tele-meeting or canceling staff or client meetings during a flu outbreak.**
- 2. Modify work practices. This may include asking some staff to work from home or take other measures to lessen “staff density” in the office. It may also include cross-training of staff to fill in for absent workers. In a worstcase scenario, it may include closing offices.**
- 3. More hygiene! Management may request a higher level of hygiene from employees and cleaning staff, especially in disinfecting commonly touched surfaces like door knobs, light switches and photocopiers.**

more critical the role, the more effort the supervisor would put into ensuring it will continue in the event of staff absence. Management may also wish to consider the relative importance of each task in their workgroup and think about suspending certain activities or even closing offices until the flu has subsided.

Finally, management may wish to take steps to increase the level of hygiene in the office. Hopefully, janitorial service providers will automatically do this, but it may be worth the conversation to make sure they are aware of the need for this service.

So what about when you aren't at work? You have a home, family members and a social life. Your flu defence efforts should extend beyond the office.

In the event of a serious flu epidemic/pandemic, 30% of us could be affected. That means 30% of delivery drivers, store employees, public utility workers – everyone – may be affected. This could result in a lack of some commodities – even store closures. If for some reason the power goes out, the outage could take longer to repair. If you live with others, there's the potential that your whole family could become ill. How can you prepare?

Imagine all of your family members suffering from the flu at roughly the same time. How much toilet paper would you need, considering you don't really want to leave the house and supplies might be tight? I'm not suggesting you hoard toilet paper, but consider stocking more supplies than you normally do. An extra couple dozen rolls doesn't go bad, cost a lot or take up a lot of room. If you've got a houseful of sickies, you may be glad you stocked up.

You may also want an extra package or two of whatever else you use when you're sick – Pepto, Imodium – whatever your favourite cold or flu products are.

The same goes for food products. This may include juice or other fluids to stay hydrated, which

are easily stored, prepared food items and perhaps disposable plates and cutlery – in case you really feel lousy or if the power is off. And don't forget your pets. If you can't get your regular brand of dog food, it may trigger one more mess to clean up!

Hand washing and general hygiene is just as important at home as it is in the office. Remind your kids to properly wash their hands at home and at school. Maybe you want to put some hand sanitizer in their backpack. Don't forget to remind them to cough or sneeze into their arm. If some family members are infected, the more diligent they are at hygiene in the bathroom, the less effort to disinfect other areas of the house.

If there is a major outbreak, you may decide to modify your family's social activity and stay closer to home.

If you are vulnerable to an extended loss of power, this may be the excuse you need to get a backup generator and fuel to run it.

In general, they say we should be prepared for any disaster for up to 72 hours. www.getprepared.ca has an inventory of the things you should stock in an emergency kit. While not specific to a pandemic, it's worth thinking about.

Disposable gloves and masks may be used, but they aren't a replacement for hygiene and modified social behaviour.

Latex, vinyl or nitrile gloves may not be practical as a preventive measure. However, if you know you are working in a contaminated area, can't wash your hands or if you subconsciously touch your face, gloves may assist you.

Personal preparedness at home:

- 1. Stockpile a reasonable amount of household supplies, especially hygiene/health-related products like toilet paper, facial tissue, Pepto-Bismol, Imodium, Tylenol, etc.**
- 2. Teach everyone in your household how to properly wash their hands and practice an increased level of hygiene if the flu hits. That includes increasing diligence in hand washing, coughing/sneezing into your arm, not sharing food or utensils and increasing disinfection of doorknobs, shared surfaces and furnishings.**
- 3. Be prepared to modify social activity by spending more time at home and limiting your contact with others.**
- 4. Be prepared for secondary issues such as store closures due to staff illness, or supply shortages due to staff illness or redirected supplies. This would also include the chance of an extended power outage if one happened during the height of a serious flu outbreak.**

Useful Websites:

gov.ns.ca/hpp

fightflu.ca

getprepared.ca

In media coverage in other countries, you will have seen images of people wearing masks. Here are some of the realities about masks. In health care settings, surgical and N95 masks are used based on specific infection control and occupational health principles and protocols.

For the general public the only situation where surgical masks are recommended is for someone with a flu-like illness when they have to be in close contact with others (e.g. when they are at home and a family member is in close contact). Despite what is seen on TV, there is no evidence that having healthy people wear masks is effective in protecting individuals or controlling the spread of influenza.

If you have to travel by air, the Centers for Disease Control say that aiming the overhead vent at

your face will cause sufficient turbulence in your breathing zone you aren't likely to inhale the virus.

Time will tell if we have a serious influenza pandemic. This article is meant to offer a variety of ideas you may wish to use to prevent or prepare for getting the cold or flu.

To stay updated on pandemic information, refer to Health Protection and Promotion's website, www.gov.ns.ca/hpp. If you have other practical questions, our food safety specialists are trained public health inspectors and have a wealth of practical knowledge in this area. They may be able to help.

Business Continuity Planning What is it and do we have a plan?

By Tim Delaney

Many people think of health and safety as an end in itself. It's actually part of the risk management process. We try and **prevent** incidents where possible, which is typical health and safety. For the things we can't absolutely prevent, we try to **prepare** by taking First Aid courses, having First Aid kits, fire extinguishers and the like. If an incident happens, we **respond** by giving first aid, preventing further injury or damage. After the emergency has passed, we go into **recovery** mode. This includes things like investigation of incidents so we can prevent a recurrence. It also includes business continuity – getting our systems and processes back online.

We have a small staff committee and with the help of other business unit reps, we've created an inventory of job tasks done by our departments and each task's relative priority. This is a key part of our business continuity plan (BCP).

We use an "all hazards" approach to determining circumstances that would force us to engage our BCP. That is, we look at any circumstance that would cause a full or partial loss or denial of access to our facilities, our data, our human resources, or a loss of power. We don't include a specific pandemic plan in our BCP, we would consider the general inability of staff to come

to work, whether it was due to the flu, a strike, bad weather or any circumstance. Since the effects of the pandemic may "ramp up" over several weeks, our response to it will escalate accordingly. This will continue until staff return and are able to resume their normal duties.

The committee canvassed our business units to determine which tasks had a "maximum tolerable outage" timeframe of either 24 hours, less than a week, within a month or tasks that are interruptible. Most tasks fall in the 1 month or interruptible categories and require the least detail in terms of who and what we would need to get back online. We ask for more detailed information for jobs which need to be back up within a day to a week. This would include names and contact information of critical staff, infrastructure, power and data requirements.

Over the coming months, we will be reviewing the business continuity plan to ensure there are sufficient and up to date details for our critical tasks. Eventually, we will schedule "table-top" exercises to test components of the plan to make sure they are practical.

If you would like more information about our business continuity plan, please contact me at 424-0319.

If you have any comments, suggestions for future articles or would like to submit an article, please contact Tim Delaney at 424-0319 or by email at delanets@gov.ns.ca