

PANDEMIC PLANNING AND RESPONSE: CRITICAL ELEMENTS FOR BUSINESS PLANNING

Pandemic preparedness and response is a shared responsibility involving government (local, state and federal) and the private sector. A pandemic has the potential to be a catastrophic disaster of unprecedented scale. It is estimated that the clinical disease attack rate will be 30 percent in the overall population. Rates of illness will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

While many businesses have extensive contingency plans in response to threats from diverse natural and manmade disasters, pandemic planning must address the extreme health and mental health impact assumptions and containment strategies projected for a severe pandemic influenza.

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A pandemic will likely reduce dramatically the number of available workers in all sectors, and significantly disrupt the movement of people and goods, which will threaten essential services and operations within and across our nation. The ability to implement effective pandemic preparedness plans,

continuously monitor all business activities, and effect rapid adjustments based upon observed and anticipated impacts will be the hallmark of the business that copes most effectively during a pandemic. The following points related to an organization's human continuity are often forgotten and must be incorporated into workplace pandemic planning to sustain employee health, mental health and productivity.

Pandemic Planning and Response for Human Continuity in the Workplace

1. Distress behaviors and resilience, not just illness, are critical targets for workplace planning and response efforts. Health risk emotions and behaviors to be mitigated include worry, fear, insomnia, difficulty concentrating, avoiding certain situations at work, and increased use of alcohol or tobacco. These do not constitute disease but nonetheless disrupt and diminish social and occupational functioning.
2. Employee health protective behaviors such as movement restriction or "home quarantine" must be encouraged to reduce disease spread, but these behaviors will impact productivity.
3. All workers/workforces are not the same. Small businesses often do not have internal or employee health assistance vendor resources for psychosocial support that larger workplaces may have. Smaller companies do not necessarily have access to professional security, occupational health or employee assistance programs.
4. Sustained support over the "trajectory" of a pandemic will require considerable resources and a shifting of emphasis over time. The impact of a pandemic outbreak is not the same as a single-event disaster and requires planning for a prolonged or extended impact.
5. Family care and support are critical to business/ human capital continuity.
6. Leadership endorsement of and participation in preparedness, prevention, and grief management are necessary for success. Grief will be a significant component of the overall emotional cost of a pandemic.
7. Business-community integration and pooling of resources must be explored. Businesses must identify who will comprise their human response teams to conduct critical incident needs assessment (CINAT) during a pandemic and facilitate adaptive response.
8. Knowledge of and delivery of Psychological First Aid (PFA), an evidence-informed intervention favored over debriefing in the immediate aftermath of a disaster must be considered in workplace pandemic planning and response.
9. Continuation of worker productivity is not only important to national infrastructure/security, but an important contributor to the sustained mental health of our population.