

Doing Business During an Influenza Pandemic

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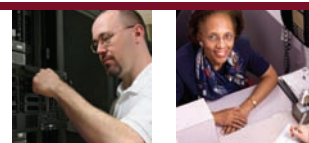
A Toolkit for Organizations of All Sizes



Human Resource Policies, Protocols, Templates, Tools, & Tips



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



November 2009

A Toolkit for Organizations of All Sizes

Doing Business During an Influenza Pandemic: *Human Resource Policies, Protocols, Templates, Tools, & Tips*

The Center for Infectious Disease Research and Policy (CIDRAP)

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Society for Human Resource Management (SHRM)

[SHRM](#) is the world's largest association devoted to human resource (HR) management. Representing more than 250,000 members in over 140 countries, the Society serves the needs of HR professionals and advances the interests of the HR profession. Founded in 1948, SHRM has more than 575 affiliated chapters within the United States and subsidiary offices in China and India. Visit SHRM Online at www.shrm.org

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www.cidrap.umn.edu
www.cidrapsource.com
www.shrm.org
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Letter from the Center for Infectious Disease Research and Policy (CIDRAP)

November 6, 2009

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 following toolkit is the product of a joint effort with the Society for Human Resource Management (SHRM) to bring the lessons of the summit to your fingertips. This resource would not have been possible without timely financial support from the US Centers for Disease Control and Prevention (CDC).

This document integrates federal guidance with practical suggestions from your peers seeking to lead their organizations in an uncertain environment. 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

Letter from the Society for Human Resource Management (SHRM)

November 6, 2009

Dear HR Colleague:

A day doesn't pass without more media coverage of "swine flu," or what we now know as the H1N1 virus. Separately, discussion can turn to the *other* flu—the annual seasonal flu. In the face of all this information, sorting out the facts can be overwhelming. We all have many questions.

With our responsibility for both the welfare of our employees and the productivity of our organizations, knowing these critical facts and being able to devise a plan of rapid response for this season is vital to us. And, being a leading global HR organization, the Society for Human Resource Management (SHRM) believes that assembling and providing that information is a moral imperative.

The Society has consulted with the government's leading health authorities—the Centers for Disease Control and Prevention (CDC) and the US Occupational Safety and Health Administration (OSHA)—to compile the facts you need to know. Then, in collaboration with the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP), we created this guide.

This important and unique publication, *Doing Business During an Influenza Pandemic: Human Resource Policies, Protocols, Templates, Tools, & Tips*, should be invaluable to you in planning for every possible impact of the flu season, and in mitigating that impact to the greatest extent. It should answer your questions, and do so with clear, concise and relevant advice. In addition to this publication, SHRM has created more information available on our Web site (www.shrm.org/SwineFluNews) to help you prepare your organization.

We should neither overreact to the potential of H1N1, nor minimize its possible seriousness. As the CDC says, the overwhelming majority of people who have been infected with H1N1 have had mild illness similar to that for seasonal flu, and have not needed medical care. But this virus still has the potential to disrupt every workplace in the nation. This will not be a conventional flu season, and our level of preparedness must be raised accordingly.

Remember: Although the potential *impact* of H1N1 makes it unique, many of the actions we take for preventing this flu infection are like what we do every year for seasonal influenza. With preparation, diligence, and the good sense to match our actions to severity, we can mitigate the H1N1's threat on our businesses and employees.

Sincerely,

Steve Miranda, SPHR, GPHR
SHRM Chief HR and Content Integration Officer

Executive Summary

Human resource professionals hold important keys to employee health and business continuity during an influenza pandemic.

Influenza 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 that is also experiencing a recession. Human resource professionals are on the front lines of pandemic preparedness.

Pandemic planning has been a priority for governments and some organizations for years; however, many organizations are not prepared to respond to a pandemic. In the absence of the widespread use of an effective vaccine, preventing sick employees from coming to work is one of the most effective strategies organizations have in reducing the risk of transmission to others in the workplace. This practice, however, runs counter to certain work culture norms in America, where employees may choose to work and operate at reduced capacity while ill. We see this pattern every year with seasonal influenza, which results in increased absenteeism and employers losing billions of dollars in diminished productivity.¹

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 minimizing absenteeism in the workplace under (1) conditions similar to seasonal influenza and (2) more severe conditions such as rising levels of illness and/or more serious symptoms.

Many steps can be taken to prevent your workers from becoming ill with pandemic influenza. Some of these steps—such as procuring and using personal protective equipment or antiviral drugs—involve regulatory and logistical issues that may not typically fall within the purview of human resources. Other policy options—allowing employees to work from home, ensuring that pay and leave policies do not penalize ill workers for staying

home, and modifying travel policies—are more commonly addressed by human resource professionals.

As an influenza pandemic begins to affect your workforce, certain protocols may need to change. Employees may believe that they have a financial need or other motivation for coming to work while ill—sometimes referred to as “presenteeism.” Reasonable procedures must be in place to respond to this tendency and to protect the rest of your workforce. The ability to quickly respond to situations in which critical employees are absent requires having cross-trained employees able to step in and continue your organization’s critical functions.

A host of federal agencies, among them the US Departments of Health and Human Services, Homeland Security, and Labor have issued guidance and resources to help organizations prepare and respond. The following paper provides key actions, templates, tips, and model policies that human resource leaders in public and private sectors have developed and used to plan for an influenza pandemic and did use during the spring outbreak of the novel 2009 H1N1 influenza pandemic. Whether your organization is small, medium, national, or international, has an internal human resource department or outsources that function, the intent of this paper is to help you effectively plan for and respond to pandemic influenza and ensure that your most valuable assets, your employees, are protected.

1. **Keech M, Beardsworth P.** The impact of influenza on working days lost: a review of the literature. *PharmacoEconomics* 2008; 26 (11): 911-4 [[Abstract](#)]

Introduction

During an influenza pandemic, the most realistic way to minimize absenteeism is to combine a mix of strategies that reduce workforce exposure to the virus, encourage employees to get immunized when a vaccine is available, and support their efforts to recover if they do become ill. As such, your business practices and public health measures are inextricably tied, and HR leaders play a pivotal role in the mix.

Recognizing the role that human resource (HR) professionals played during the spring outbreak of 2009 H1N1 Influenza and the wealth of knowledge HR professionals had gained from the experience, the Center for Infectious Disease Research & Policy (CIDRAP) at the University of Minnesota partnered with the Society for Human Resource Management (SHRM) to design an HR track as part of the 2-day summit, “Keeping the World Working During the H1N1 Pandemic: Protecting Employee Health, Critical Operations, and Customer Relations.” Leaders and presenters of four breakout sessions encouraged candid sharing among attendees, keeping the accent on practical tools, tips, and resources that can be put into action right away.

The Centers for Disease Control and Prevention (CDC), which has urged businesses to prepare for two possible scenarios—one in which the H1N1 pandemic influenza conditions remain similar in severity as in the spring and summer of 2009, and a second in which severity worsens—supported the summit both financially and with content. As a result, CIDRAP was able to aggregate this “on the ground” expertise for this paper, which combines:

- **Lessons learned by HR professionals** whose planning efforts and response skills were tested during the early, chaotic days of the H1N1 pandemic, many of whom attended and contributed information during CIDRAP’s third national summit September 22 and 23, 2009.
- **Original content** from CIDRAP and SHRM information services (the CIDRAP Business Source and the SHRM Knowledge Center) and respective Web sites.
- **Vetted, authoritative sources**, including practical, science-based information from the CDC and other government agencies.

The outcome is this document filled with model policies, templates, checklists, tips, and first-person accounts. It is intended to help business leaders new to pandemic planning come up to speed quickly on high-priority HR issues related to operating during an influenza pandemic, provide concrete ways that organizations can implement “[CDC Guidance for Businesses and Employers to Plan and Respond to the 2009-2010 Influenza Season](#),” offer new ideas that can be used to improve existing plans, and serve as a reference for benchmarking.

How to use this document

Surveys show that the vast majority of organizations do not have pandemic plans. Some do not consider the threat real. Others (particularly if they are small) cannot see how they would survive a severe outbreak, owing to absenteeism, supply-chain shortages, and potential loss of customers, and for them the prospect of planning is overwhelming. Many do not believe they can afford to divert the personnel, time, or resources from enterprises already financially strained by the poor economy. For

HR leaders in such organizations, Part 1 (page 7) is a **Quick-Start Guide** designed to meet you where you are right now.

The uncertainty and fast-changing nature of pandemic influenza leave much out of an organization’s control. If your plan was built in response to H5N1 (bird) flu, in which most human cases have been severe, you no doubt understand this phenomenon well. You need not throw out the old

plans. Keeping in mind the concept of *proportional response*, adjust plans to make sure your responses fit the risk at hand. Many of the actions that would be undertaken during a severe pandemic are not relevant when conditions are similar to late spring and summer of 2009. But the 2009 H1N1 pandemic could go in any number of directions, including increasing in severity. If that's the case, the work you did around H5N1 may be of use.

Although so much is uncertain, absenteeism is an issue around which HR leaders of any size organization can bring to bear much expertise. Part 2 of this document, **How to Minimize Absenteeism and its Consequences** (page 11), is divided into two sections: The first addresses steps to *take immediately or in less severe conditions*, and the second (page 31) moves into steps to *take if pandemic severity increases*. Checklists, templates, tips, and real examples bring to life many of the key points, recommendations, and suggestions. Finally, Part 3 (page 36) is a checklist to help you assess

your preparedness to respond and to identify any gaps that need to be addressed.

Although summit breakout sessions were recorded, participants were guaranteed anonymity to encourage candor and sharing. As a result, not all direct quotes have attributions. We supply industry information and titles when it will not violate confidentiality. Additionally, some remarks have been paraphrased for clarity. Excerpts from CDC guidance as it relates to HR issues in this toolkit are also cited.

If you have received a print version of the toolkit, we encourage you to view it online to access the carefully vetted links. You can download a version at any of these sites:

www.cidrap.umn.edu
www.cidrapsource.com
www.shrm.org
www.shrm.org/SwineFluNews

PART 1

A Quick-Start Guide to Pandemic Response and HR Issues

If the pressure is on, you're in crisis mode, and you don't have a plan or are new to pandemic preparedness and response, here's what you need to know to help your organization now. (Part 2 provides a more comprehensive set of suggestions for planning and response.)

Influenza viruses are constantly mutating and reassorting, so planning for and responding during a pandemic will always involve an element of surprise. Bear in mind that influenza pandemics typically have **waves**—periods of up to 14 weeks during which large numbers of people will be sick and pressure on your operations may be more intense. In addition, you are likely to see more than one wave over a period, perhaps up to 2 years. In racing terms, think of operating during a pandemic as more like running a marathon with stages that feel more like sprinting. Pacing yourself is critical.

Human resource (HR) leaders of organizations in areas affected when the 2009 H1N1 influenza pandemic broke out in the spring of 2009 discovered quickly that **flexibility** and **nimbleness** topped the list of qualities they needed to deal with rapidly shifting conditions. Among factors expected to influence ongoing HR decisions are availability of and access to the pandemic vaccine, antiviral drugs, and personal protective equipment (PPE); severity of illness; geography; and governance at local, state, regional, and national levels. As such, it is unrealistic to depend on one strategy, for example, to protect employees. Layering the multiple approaches (sometimes described as the “swiss cheese” approach) mentioned here will offer your organization the best protection.

Protecting employees

- **Set and model the expectation that sick employees must stay home.** Although reliable attendance at work is a standard business expectation, an influenza pandemic challenges this norm. Ensuring that sick employees stay home may be the most powerful and immediate action you can take to protect other employees and ensure ill ones can fully recover and return to work as quickly as possible. You can't control what happens outside your purview, but you can address the spread of influenza at your workplace with this step. Owing to changing conditions, the Centers for Disease Control and Prevention (CDC) regularly updates [guidance](#) regarding the length of time an employee should stay home.
- **Allow flexible work arrangements for employees who are at highest risk** of developing severe complications if they become ill (eg, employees who are pregnant or who have compromised immune systems or chronic health conditions like heart disease or diabetes). These individuals may request accommodations such as telecommuting or taking leave to minimize their possibility of exposure to H1N1 at work. According to the US Equal Employment Opportunity Commission, unless the pandemic is severe, the Americans with Disabilities Act generally prohibits you from asking employees if they have a condition that makes them at high risk for H1N1 complications. However, employees who voluntarily disclose that they have a disability that makes them vulnerable to H1N1 may be entitled to telecommuting or other work arrangements as a reasonable accommodation.
- **Promote hygiene practices.** Provide alcohol-based hand sanitizer, promote effective hand washing, and encourage employees to avoid touching their mouth, nose, or eyes. Although it is not clear how much such practices can reduce the spread of the virus, they continue to make good public health sense.
- **Remember that the Occupational Safety and Health Administration (OSHA)** in its [General Duty Clause](#) states that employers must create a

recognized hazard-free workplace for employees. Pandemics are a recognized hazard, and OSHA has issued [guidance](#) on pandemic planning.

- **Explore options for antiviral medications for H1N1.** The federal government and some states maintain stockpiles of antiviral drugs and have plans for distributing the stockpiles as needed for the current influenza pandemic. Employers who have already stockpiled antiviral drugs in anticipation of a severe pandemic should maintain their stockpiles in accordance with state pharmacy regulations and federal laws and regulations. Currently the level of severity of the 2009 H1N1 pandemic does not warrant the use of antivirals for pre-exposure (“outbreak”) prevention in any setting. Most people who have had 2009 H1N1 influenza have had a self-limited respiratory illness similar to seasonal influenza. Current CDC guidance recommends using antivirals only for rapid treatment of ill persons and for post-exposure prevention for those who are at higher risk for complications or for exposed health-care personnel, public health workers, or first responders. See updated recommendations [here](#). The Food and Drug Administration (FDA) has [urged](#) organizations with stockpiled antiviral drugs (Tamiflu and Relenza) that are at or nearing their expiration date to consider keeping supplies while the Depart-

ment of Health and Human Services (HHS) evaluates options, “including those that may allow for their use if needed during the 2009 H1N1 flu outbreak.”²

- **Stay current on vaccine availability.** A targeted, effective, timely, and widely available vaccine is the best defense. Keep in mind that the United States does not regularly launch mass campaigns to vaccinate adults. Public health departments, through which H1N1 vaccines will come, have undergone massive budget cutbacks and layoffs in the past decade. Even when supplies are available, expect delays in the actual distribution and administration of vaccine. Stay in close contact with your local or state health department to know when vaccines are available, for whom, and whether your organization can administer them. The flu.gov site has a [Flu Shot Locator](#) feature and map that allows you to get information about vaccine availability by state.
- **Consider respiratory protection.** Many questions remain about how influenza is transmitted. Mounting data, however, support the likelihood of several modes (including virus being expelled through sneezes and coughs). CDC guidance addressing respiratory protection for healthcare workers, including the use of N95 face-fitting respirators, can be found [here](#).

Making good decisions during rapidly changing conditions

- **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. [SHRM](#), a membership organization, provides a special [H1N1 section](#) on its site with news and tools, including “[Step Up to the H1N1 Pandemic: SHRM’s Checklist for HR Professionals](#).” [CIDRAP Business Source](#), a Web-based information service, e-mails to subscribers weekly newsletters and special alerts as warranted.
- **Narrow the scope of work to what is possible.** During peak levels of illness and absenteeism, your organization may not be able to operate in a “business-as-usual” mode. Ascertain what functions you must maintain to keep your doors open. You may need to temporarily restructure around those.
- **Arrange daily (or more frequent) meetings or conference calls** to review the latest information, develop consistent messaging, and make decisions.
- **Use the principle of proportionate response.** Tie your decisions to pandemic severity, which may vary over time.
- **Involve legal counsel** in decision making to deal with questions about contracts and insurance and to communicate governmental issues of temporary regulation and authority.

2. **US Food and Drug Administration.** Stockpiled antivirals at or nearing expiration. News and Events. Oct 14, 2009. [\[Web page\]](#)

Managing sick employees

- **Temporarily suspend the requirement for a doctor's note.** Most sick employees will be discouraged from going to clinics unless they have severe complications or are in a high-risk group. As such, most workers will be unable to “prove” they had pandemic influenza or that they have recovered through a doctor's note. Requiring one could delay their return to work.
- **Send sick employees home.** Employees with influenza-like symptoms (eg, coughing, sneezing, extreme fatigue, and fever) are likely contagious. Because influenza strikes so quickly, individuals may wake up feeling well and arrive at the workplace with symptoms or develop them during the day. Immediately separate them from other employees until they can arrange to get home.
- **Review your sick-leave and pay policies.** If the pandemic continues at moderate severity, you may be able to adapt existing policies. If absenteeism reaches higher levels, you may need to consider other options such as advancing paid time off.
- **Explore telework options.** If schools are closed and child care arrangements cannot be made or if employees must stay home with ill children or relatives, some may be able to work from home. Telework may not be feasible for some positions, though, or may become unworkable owing to such difficulties as slow Internet connections, software incompatibility, data security issues, and not enough technical support.

Communicating

- **Help employees understand that conditions can change quickly** and that news accounts often conflict but that the company can be relied upon to provide vetted, accurate, authoritative, timely information.
- **Communicate with accuracy, timeliness, and solidarity** your expectations of employees and what they can expect from you. If possible, offer a hotline for employees or use your Web site or intranet.
- **Communicate with employees' families** using a variety of formats (letters, envelope stuffers, e-mail).
- **Contact local and state health departments.** Decisions will be made at the state or local level on such issues as availability and access to vaccine and antiviral drugs.

You can find an extensive and searchable list of frequently asked questions about HR policies on this [page](#) at the [flu.gov](#) Web site and more information at SHRM's [H1N1 Flu Resource page](#).

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Steps to Take Immediately

It isn't necessary to 'reinvent the wheel' when it comes to HR policies, protocols, and practices that relate to pandemic influenza. Many organizations have developed tools and practices that you can use immediately or adapt to your organization's specific needs. What's more, the emergence of the H1N1 pandemic in the spring of 2009 put these resources to the test.

Members of your workforce *will* get sick during this influenza pandemic. Your enterprise *will* feel the effects financially. That much is out of your control. But HR leaders and those who support them can take immediate action to protect employees. Your organization can adopt strategies to reduce the level of absenteeism. And you can put in place measures to lessen the financial impact of operating with a workforce affected by pandemic influenza.

This section covers (1) the most critical policies, protocols, and contract and statutory issues to consider, (2) ways to mitigate the financial risks associated with absenteeism related to an influenza pandemic, and (3) what is known about employee protection. CDC guidance and recommendations related to these topics begin each subsection.

POLICIES, PROTOCOLS, AND CONTRACT AND STATUTORY ISSUES

The spring 2009 outbreak of the H1N1 pandemic influenza forced organizations to make decisions about a wide variety of HR policies, protocols, and practices, particularly as they related to how to handle sick leave and pay for flu-related absences. Since then, the CDC has asked employers to review “human resource policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws.” (From [CDC Guidance for Businesses and Employers](#))

Three CDC recommendations underscore the pressure to review policies in light of the extraordinary challenges posed by an influenza pandemic: (1) Allow sick employees to stay home without fear of losing their jobs. (2) Allow employees to stay home to care for sick family members. (3) Temporarily waive requirements for doctors' notes. The goal of the first two is to reduce the spread of illness. The goal of the third is to help reduce the demand on healthcare providers. While these steps may not be practicable or feasible at every worksite, addressing all three recommendations as early as possible is advisable to determine how best to minimize workforce absenteeism.

Flexibility is the quality that many participants who attended the 2009 CIDRAP summit cited as critical to their ability to respond during the early, chaotic days of the H1N1 outbreak. Given the unpredictability of a pandemic influenza virus, it will likely continue to be necessary. But policies are often needed to ensure consistency and compliance with statutes. How to square that fact with the need for flexibility means that HR leaders need (1) current, authoritative information to communicate confidently with decision makers, (2) the ability to synthesize information quickly and understand their options, (3) if possible, a way to benchmark with peers from other organizations, and (4) channels to clearly communicate appropriate messages to all (employees, contractors, customers, and business partners) when changes are made.

This area is likely to cause the most tension, particularly with regard to changing long-held policies and in view of what may be considered an influenza pandemic that causes illness similar to seasonal influenza. Bear in mind that at any time (1) for some people, pandemic H1N1 already is extremely dangerous, though the reasons why are not yet well understood, (2) the virus could change, and (3) changes need not be permanent.

STEPS TO TAKE IMMEDIATELY

POLICIES, PROTOCOLS, AND CONTRACT AND STATUTORY ISSUES

- Leave policies
- Pay policies
- Suspending the requirement for a doctor's note
- Encouraging sick workers to stay home
- Isolating and sending home symptomatic employees
- Statutory/labor contract issues
- Work-from-home practices
- Travel policies

RISK MITIGATION

- Absentee patterns
- Employees at higher risk for complications
- Cross training

EMPLOYEE PROTECTION

- Cleaning practices
- Vaccines
- Antiviral medications
- Personal protective equipment
- Workforce/family communication
- Communicating with public health authorities

STEPS TO TAKE WHEN SEVERITY INCREASES

- Social distancing
- Screening
- Travel policies
- School and child care closures
- Communication

Leave policies

[CDC Guidance for Businesses and Employers: “Sick persons should stay home.”](#)

Employees want and need clarity about your position on sick leave during an influenza pandemic, which understandably is not easy for you, given the unpredictability of influenza. The CDC has asked employers to allow sick workers to stay home without fear of losing their jobs and to plan for two scenarios: (1) that the severity of illness remains similar to that of the spring 2009 outbreak and (2) that the virus causes more severe illness, in which absenteeism is likely to be more widespread and public health officials invoke more restrictive measures such as school and child care closures. How long they may need to stay home if they have influenza depends on the severity and impact of the outbreak. The CDC has also encouraged employers to develop other flexible leave policies to allow workers to stay home to care for sick family members or for children if schools dismiss students or child care programs close.

[CDC’s Action Steps to Keep Your Business and Employees Healthy:](#)

Under conditions similar to spring and summer of 2009:

“Advise all employees to stay home if they are sick until at least 24 hours after they no longer have a fever (100° Fahrenheit or 38° Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). Make sure fever is gone without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).”

If flu conditions become more severe:

“Extend the time sick employees stay home to at least 7 days. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away, even if they feel better sooner.”

During the 2009 CIDRAP summit and SHRM-designed breakout sessions, questions largely focused on the applicability of the [Family and Medical Leave Act](#) (FMLA) to absences due to pandemic influenza. Barbara Bingham, director of the Office of Compliance Assistance Policy within the US Department of Labor, explained that as a rule, if your organization is covered under FMLA, then FMLA regulations apply. As noted in an FAQ on flu.gov: “The [Family and Medical Leave Act](#) protects eligible employees who are incapacitated by a serious

health condition, as may be the case with the flu where complications arise, or who are needed to care for covered family members who are incapacitated by a serious health condition. Leave taken by an employee for the purpose of avoiding exposure to the flu would not be protected under the FMLA. Employers should encourage employees that are ill with pandemic influenza or are exposed to ill family members to stay home and should consider flexible leave policies for their employees in these circumstances.”

SHRM experts said the key to whether a particular absence will be covered depends on a number of factors. The most relevant in this context is whether an H1N1 influenza-related absence involves the employee’s or family member’s “serious health condition.” Although this determination must be made on a case-by-case basis, in most cases, the answer is likely to be that it does not. Bingham described why:

- The FMLA definition of a “serious” health concern refers to one that (1) requires inpatient care or (2) involves continuing treatment by a health-care provider.
- Most employees who get influenza are not likely to be hospitalized.
- Unless they have serious symptoms or are in a group at high risk of developing complications, most employees will not need to visit healthcare providers during the pandemic. As such, many will not meet the regulatory requirements for “continuing treatment by a health care provider.”
- “Continuing treatment” includes: (1) A period of incapacity lasting more than 3 consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also includes: treatment 2 or more times by or under the supervision of a healthcare provider (ie, in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or one treatment by a healthcare provider (ie, an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (eg, prescription medication, physical therapy).
- If an employee stays home to avoid becoming infected, FMLA does not apply.
- Some states and localities also have family and

STEPS TO TAKE IMMEDIATELY

POLICIES, PROTOCOLS, AND CONTRACT AND STATUTORY ISSUES

Leave policies

Pay policies

Suspending the requirement for a doctor’s note

Encouraging sick workers to stay home

Isolating and sending home symptomatic employees

Statutory/labor contract issues

Work-from-home practices

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RISK MITIGATION

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medical leave laws, so organizations need to review them to see if there are implications. If there is any question, it is advisable to consult legal counsel.

Links to resources and [FAQs](#) regarding federal employment laws can be found [here](#) in the flu.gov business section and on SHRM's H1N1 Flu Resources [page](#).

■ REALITY CHECK

- For flexible leave policies to effectively encourage sick employees to stay home, an argument can be made that such policies should be com-

municated as soon as possible to employees and supervisors.

- A mild case of influenza can produce symptoms that resemble other kinds of respiratory illnesses. Some employees may not be able to distinguish the symptoms of a cold or seasonal allergy attack from symptoms of an influenza-like illness.
- Unless managers model staying home when sick, employees will receive a mixed message and not trust that their jobs will be secure if they follow the CDC recommendation.

SAMPLE SICK LEAVE DONATION FORM

Employee name: _____ Date: _____

Current annual leave balance: _____

Current PTO leave balance: _____

Current vacation leave balance: _____

Current sick leave balance: _____

I am donating _____ hours of my current leave to _____ of the _____ department.

I understand that this leave donation is irrevocable.

Approved by: _____

Date: _____

New annual leave balance: _____

New PTO leave balance: _____

New vacation leave balance: _____

New sick leave balance: _____

Employee signature: _____ Date: _____

From the Society for Human Resource Management (SHRM)

VOICES FROM THE FIELD | On Sick Leave Policies

“There’s a **difference between policies and protocols**. Policies should be written broadly enough to cover all contingencies and are a lot harder to change. A protocol, however, can be created much more easily for special circumstances like a pandemic.”

*Vice President of corporate resilience
with a Fortune 500 company*

“You have to evaluate as an employer whether you are willing to trust employees in this unusual circumstance.”

“Most employers have some **flexibility** to bring to bear. They just may not be talking about it publicly.”

2009 CIDRAP summit participants

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VOICES FROM THE FIELD | On Sick Leave Policies

To provide more flexibility, employers discussed having adopted or having considered adopting the following options:

- Allowing employees to **exhaust paid time off** (PTO) hours and go into negative balances
- **Advancing sick time** up to a year of accrual (if, for example, the employee normally accrues 5 days of sick time per year and has used all 5 days, then you may want to consider advancing another 5 days)
- **Suspending point attendance policies** during the H1N1 influenza pandemic
- Providing a **special time off allotment for H1N1**
- Allowing employees to **donate leave** to others

2009 CIDRAP summit participants

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When an employee is absent with no paid leave eligibility, the question arises whether federal or state wage and hour laws, nevertheless, may require the employee to be paid. Under the federal [Fair Labor Standards Act](#) (FLSA), for example, so-called “non-exempt” employees are required to be paid only for the hours they actually work. So if an employer sends an apparently ill employee home after less than a full day's work, the employer need only pay the employee for the time worked.

For so-called “exempt” employees lacking any available paid leave, time away from work for 1 or more full days for personal reasons or due to sickness can be unpaid as long as it is in full-day increments (and not FMLA leave). For time off mandated by employers (eg, closing the business for 3 days), the time away from work for exempt employees can be unpaid only if the employee performs *no work whatsoever* in that workweek; then, the exempt employee would not receive pay for the full week. If, however, an exempt employee per-

forms *any work* during a given workweek, the employee must receive the entire weekly salary for that week, even though the employer required the employee to take some time off.

Many employers are opting to advance employees vacation/PTO to cover H1N1 absences to help ensure workers sick with H1N1 do not come to work.

■ REALITY CHECK

- **If an organization does not institute paid time off, H1N1 may spread to a much larger percentage of the workforce, jeopardizing the fulfillment of contracts and services on deadline.**
- **Though some organizations may decide they are too financially constrained to pay for pandemic influenza-related absenteeism, not paying may wind up being more costly. Run a cost-benefit analysis to provide a more objective assessment.**

“Be as flexible as possible within your means. It will create loyalty with your employees. Blend sick, vacation, and holiday allowances into one bank of PTO, if possible. Allow people to borrow from future accrual with written authorization to deduct from their final check if they don’t stay with the company long enough to earn it. If no sick or vacation time is available in a small operation, consider developing a contingency bank of time off for extreme situations. Restrictions can be placed on it to only include time off for H1N1. Allow people to work extra shifts to offset lost time. ”

Human Resource VP, Indiana

Suspending the requirement for a doctor’s note

CDC Guidance for Businesses and Employers:

“Do not require a doctor’s note for workers who are ill with influenza-like illness to validate their illness or to return to work, as doctors’ offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.”

Without question, few employees will be able to produce a doctor’s note if they become ill, owing to widespread public health recommendations that people who are sick with mild symptoms not seek medical care, the fact that the healthcare systems will likely be overwhelmed, and the fact that testing for H1N1 is reserved for only the sickest who likely will require hospitalization. Requiring a doctor’s note for return to work is likely to keep employees away from the workplace longer than necessary. And yet this is one area with which many organizations are struggling, particularly if legal counsel advises against it. For a detailed discussion of the pros and cons of this issue, see, [Some Employers Require Doctors’ Notes for H1N1 Flu Despite CDC Recommendation](#) on SHRM Online.

■ REALITY CHECK

Organizations that opt *not* to suspend the requirement—even temporarily—should:

- Let employees know that they are not planning to follow the CDC recommendation so there is no confusion.
- Be aware that employees who are unable to get a doctor’s note may have to stay out of work longer than necessary.

Organizations that *do* suspend the doctor’s note requirement for employees who have H1N1 should:

- Review their requirements and process for a doctor’s note for other illnesses.
- Alert employees to this temporary change, but reserve the right to request a doctor’s note or other documentation from a particular employee if the need arises.
- Consider having returning employees sign forms confirming that they had the flu but were unable to provide written documentation that they were cleared to return to work.
- Consider not counting the occurrence as an absence if the employee *does* bring in a doctor’s note.

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CDC's Action Steps to Keep Your Business and Employees Healthy: "Advise all employees to stay home if they are sick."

Under conditions similar to the spring 2009 outbreak of the H1N1 pandemic, the CDC recommends that people stay home until at least 24 hours after they no longer have a fever (100° Fahrenheit or 38° Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). Make sure fever is gone without the use of fever-reducing medicines. Providing a hotline for employees to call in sick (or if they are not well enough and your organization is willing, for a family member to call) can help encourage this action and help you monitor the level of absenteeism should senior managers request that information.

If conditions become more severe, the CDC recommends that people with an influenza-like illness stay home for at least 7 days after becoming ill, whether or not they take antiviral drugs and even if they feel better sooner. Those who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away. Communicating this policy to employees and supervisors is also essential.

■ REALITY CHECK

- **Employees' attempts to show up and work when sick likely will be a problem. Managers should be trained to send sick employees home.**

Isolating and sending home symptomatic employees

CDC Guidance for Businesses and Employers: "Sick employees at work should be asked to go home."

Because the onset of influenza symptoms can be sudden, employees could leave from home feeling fine but be quite sick when they arrive at work. Supervisors will need to know where to locate sick employees until they can get home or make arrangements to be picked up. The CDC recommends providing employees with a surgical mask to minimize the likelihood of spreading the infection. Employers are within their rights to send sick employees home so long as they do not discriminate. Information found [here](#) at flu.gov states that

employers must make decisions that "comply with the laws prohibiting discrimination in the workplace on the basis of race, sex, age (40 and over), color, religion, national origin, disability, or veteran status." It goes on to say that employers should notify employees (and if applicable, their bargaining unit representatives) about decisions made under this plan or policy at the earliest feasible time.

■ REALITY CHECK

- **Unless a company's culture and practices support employees in going and staying home when they are ill, people are going to feel they aren't doing the right thing if they are absent.**

VOICES FROM THE FIELD | On Sending Sick Employees Home

"Limiting workplace risk should become a priority, and HR professionals can help by getting word out to managers that it's permissible, and legal, to ask workers who appear to have symptoms to go home and not return until they have recovered. If an employee is obviously symptomatic, I would send that employee home. **What is the worst-case scenario if it turns out that you mistakenly sent a healthy employee home**—that you will have to pay the employee for the day?"

Employment attorney at 2009 CIDRAP summit

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SAMPLE COMMUNICABLE DISEASES POLICY

[**Organization Name**]'s decisions involving persons who have communicable diseases shall be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to an employee with a communicable disease.

Communicable diseases include, but are not limited to, measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), HIV infection, AIDS, AIDS-related complex (ARC), leprosy, severe acute respiratory syndrome (SARS), and tuberculosis. [**Organization Name**] may choose to broaden this definition within its best interests and in accordance with information received through the CDC.

[**Organization Name**] will not discriminate against any job applicant or employee on the basis of the individual having a communicable disease. Applicants and employees shall not be denied access to the workplace solely on the grounds that they have a communicable disease. [**Organization Name**] reserves the right to exclude a person with a communicable disease from the workplace facilities, programs, and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace.

[**Organization Name**] will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure procedurally sufficient safeguards to maintain the personal confidence about persons who have communicable diseases.

From the Society for Human Resource Management (SHRM)

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Statutory/labor contract issues

An additional challenge for HR leaders is understanding how statutory employment regulations are affected during an influenza pandemic. According to SHRM, the [Fair Labor Standards Act](#) (FLSA) mainly will be an issue with respect to exempt employees. Employers can make deductions from exempt employees' pay only in limited circumstances that are very precisely defined in [regulations](#) under that law. An employer acts at its significant peril in making improper deductions from exempt employees' pay.

Barbara Bingham, director of the Office of Compliance Assistance Policy within the US Department of Labor, provided the following information during the 2009 CIDRAP summit:

- **Civil rights laws** would come into play if certain employees are treated differently than others. Federal laws prohibit discrimination in the workplace on the basis of race, sex, age (40 and over), color, religion, national origin, or disability. (See the US Equal Employment Opportunity Commission [EEOC] or call 1-800-669-4000 if you have questions.)

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- **The Americans with Disabilities Act (ADA)** plays a role in planning for potential absenteeism, particularly if an employer is considering asking who is at high risk of developing influenza-related complications. [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#), a 14-page guidance document published October 5, 2009, by the EEOC, explains that “making disability-related inquiries or requiring medical examinations of employees without symptoms is prohibited by the ADA” unless the pandemic becomes severe (ie, as compared with conditions during the spring and summer). The new guidance also clarifies that employers can send employees home if they appear sick, a topic that is addressed on page 16 of Part 2.

- **Workers' compensation laws** are handled at the state level, and employers should check with officials in locations where they operate. (SHRM has noted that while there may be some successful claims in the healthcare industry, it is unlikely that employers or insurers will be paying out significant sums of workers' compensation benefits for claims related to H1N1 influenza.)

Businesses operating in a unionized work environment have additional concerns, and any changes to collective bargaining agreements first must be negotiated with unions. Unionized employers should closely review their labor agreements to determine whether special provisions have been made in the event of a disruption of business operations. For example, some agreements may have provisions that provide paid time off to union workers in the event of an emergency when employees are prohibited from reporting to work.

Additional links to resources and FAQs can be found [here](#) on the flu.gov business section.

■ REALITY CHECK

- An influenza pandemic requires a paradigm shift, and HR professionals need to consider all aspects of a situation as they may apply to ADA depending on the personal situation and pandemic severity.
- Faced with so much uncertainty during a pandemic, the temptation to fall back on familiar patterns can be great. The unusual circumstances, however, call for strategic thinking and an understanding that normal attendance rules simply may not apply.
- Unclear at this time are issues surrounding “occupationally acquired” or “community-acquired” H1N1 infections.
- Under the FLSA, only three partial-day salary deductions are permissible with respect to exempt employees: (1) first and last weeks of employment (you may pay proportionally for time actually worked), (2) partial-day leave under the FMLA (you may pay proportionally for time actually worked), and (3) violations of safety rules, which allow you to make deductions in any amount.
- Civil rights laws say that protected classes of employees must be treated the same as other employees or they may make claims of discrimination. Federal and state laws define which groups of persons are protected by law, including: race, color, national origin, sex, age, pregnancy and childbirth, disability, and veteran status.

VOICES FROM THE FIELD | On Leave & Pay Policies

“For the most part, we’re pretty generous with our policies. But these are tough issues with ADA and FMLA. I spend a lot of time working with my legal counterparts internally trying to bridge those issues. I’m here to tell you I think it can work. Like most everything in the business world, there’s always going to be compromise.”

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

Work-from-home practices

CDC Guidance for Businesses and Employers: “Prepare for increased numbers of employee absences due to illness in employees and their family members, and plan ways for essential business functions to continue.”

Telework is regarded as an option to mitigate the financial consequences of absenteeism. For example, it may be appropriate for employees who may be sick but have mild symptoms and feel up to working or for those who must stay home to care for healthy children whose school or child care center has been closed. This option, while appealing, is not without challenges. As a result, organizations that have opted to incorporate telework into their preparedness and response plans have made the following observations:

- Telework clearly is **not an option for all types of positions or all types of employers**, and it tends to be more appropriate for jobs that already depend on information technology but not necessarily face-to-face contact with customers, vendors, or supplies or equipment.
- Employees with **jobs considered essential to business continuity need to be identified** in advance if steps are to be taken to set them up for telework. It’s important to keep in mind that essential jobs don’t necessarily equate to hierarchy in the organization. Workers who process payroll, for example, may not be in the ranks of senior management, but their job function is likely considered essential.
- Employers need to have a sense of **who might need to stay home** and can legally survey employees using a [template](#) available through the EEOC (on page 22 of this toolkit under “Employees at High Risk of Complications”).
- Consider implementing a **telecommuting agreement** with those employees who must work from home and have been approved to do so. An agreement will define expectations and ensure there are no misunderstandings. Include a time frame as well as a clause for either employer or employee to end the agreement at any time.
- Expect **connectivity issues**. A heavy demand on the bandwidth of your organization’s information technology capacity may mean that prioritization of who has access to your system is necessary, and you may need the ability to shut off certain parts of the system not deemed critical.
- **Employee codes/log-ins that allow them access** to a variety of software and servers must be centrally stored and available to supervisors or others who could need access.
- The costs and effort to actually set up **secure, compatible systems** need to be determined. Examples include ensuring that employees whose jobs are identified as essential have a VPN (Virtual Private Network) set up on their portable devices (whether these belong to the company or individual). If employees are using personal computers, employers need to determine whether they will supply the requisite software.
- Telework **arrangements must be tested** to ensure that weak points (and respective solutions) are found and addressed.
- Backup systems need to be **identified and tested** for e-mailing, conference calling, and videoconferencing.
- Employers may need to request employees’ personal **contact information** (phone numbers, e-mail addresses, or contact’s information of where they may be if they are caring for family members).

■ REALITY CHECK

- **Using what is called “cloud” computing—or public-access Internet services—may not be a fail-safe solution, as these services are subject to power outages and are not always secure.**
- **Scott McPherson, a blogger for *Computerworld*, lists extensive challenges to consider in this [post](#).**
- **Many computing services are outsourced to countries (India, for example) that may have little access to pandemic vaccine or antiviral medication and are therefore likely to experience more absenteeism than countries that rely on them.**

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TIPS FROM THE FIELD | On Telework

Have employees **put all their personal codes in a sealed envelope** that the manager can store but use as necessary. Because many programs prompt users to change passwords every 90 days, ask employees to update their list of codes for you periodically.

Eileen Shue, SPHR, VP, Sterling Group

TOOL FROM THE FIELD | Employee Categorization

Categorize employees into two basic “buckets”: mission-critical and non-mission-critical functions. Such categorization is essential for future identification of necessary resources. In each of those categories, there are two subcategories:

Mission-critical functions and staff:

Category 1—Employees who perform a mission-critical activity and must be on site to perform the work.

Category 2—Employees who perform a mission-critical activity and might be able to work remotely.

Non-mission-critical functions and staff:

Category 3—Employees who perform an activity that is not mission-critical but could be performed via remote access. These staff could “backfill” category 1 and 2 staff.

Category 4—Employees who perform an activity that is not mission-critical and cannot be performed via remote access.

Regina Phelps, Founder, Emergency Management & Safety Solutions

Adapted with permission from the Society for Human Resource Management (SHRM) Web site

TIPS FROM THE FIELD | On IT Services in a Pandemic

“It is just not practicable to expect to support 100% of all your applications and services. Now is the time to sit down with leadership and ask which IT services may be turned off in a pandemic and which can be allowed to fail without restarting. Doing this now sets the expectation bar, reinforces the urgency of the coming second wave, and allows you to cross-train more efficiently and effectively. **Grab your list of IT services and (re)prioritize them with your governance board** to shut down or abandon ALL nonessential services.”

Scott McPherson, CIO, Florida House of Representatives, and Chairman, Florida CIO Council Pandemic Preparedness Committee

Travel policies

CDC Guidance for Businesses and Employers: “Advise employees before traveling to take certain steps.”

Companies dealt with considerable confusion regarding travel issues when the H1N1 influenza pandemic began in the spring of 2009, particularly with employees traveling for business and pleasure to and from Mexico, where severe illness was reported and images of citizens in blue masks filled television screens. Some employees were needlessly barred from coming to work for a period in case they were contagious. Later, in parts of Asia, particularly China, the US State Department issued travel advisories and warnings about severe quarantine conditions.

By the time the World Health Organization (WHO) had declared a pandemic, it became clear that travel restrictions could not contain the spread of the virus. Given the unpredictable nature of influenza and how different governments respond, however, travel restrictions could be imposed again.

The CDC offers a [travel Web site](#) specific to the H1N1 pandemic.

■ REALITY CHECK

- **Employees need to be updated about any travel restrictions that have become out of date.**
- **Frequent travelers might consider keeping a supply of personal protection equipment (eg, masks, N95 respirators, gloves, and hand wipes) in their carry-on luggage.**

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.**

RISK MITIGATION

In addition to helping develop and enforce a variety of policies and procedures, you may wish to take action in the following areas to help your or-

ganization minimize absenteeism and its financial repercussions and help meet CDC guidance.

Absentee patterns

CDC Guidance for Businesses and Employers: “Businesses should have an understanding of their normal seasonal absenteeism rates and know how to monitor their personnel for any unusual increases in absenteeism through the fall and winter.”

Monitoring absentee patterns during a pandemic can alert you before spikes of sick workers occur in different regions where your organization operates. To do so requires that you (1) know what your typical absentee patterns is, particularly regarding seasonal influenza, (2) provide an efficient way for employees to notify you so that you can collect data, and (3) understand the threshold beyond which your organization’s operations will be threat-

ened. Running scenarios about what could happen at different levels of severity is a tool some organizations have used, though its usefulness is more for planning decisions rather than actually predicting changes. Some companies put in place hotlines to allow employees to call in sick if they have symptoms of an influenza-like illness.

■ REALITY CHECK

- **Though creators of mathematical modeling may argue otherwise, modeling is mostly unreliable, because it cannot account for all the possible variables involved in an influenza pandemic.**

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Employees at higher risk for complications

CDC Guidance for Businesses and Employers: "Take measures to protect employees who are at higher risk for complications of influenza."

Certain groups of people are at higher risk of developing severe complications and dying if they become infected with the novel H1N1 influenza virus. Some of these people may have special training or licensure that makes them difficult to replace, may make up a large part of your workforce, or be entirely dependent on your employees. While you cannot legally ask employees to identify whether they have a medical condition that puts them at high risk, you can administer a survey to all employees ([template](#) prepared by the EEOC) that can give you a rough estimate of the number of employees who might be absent for a variety of reasons, including being at high risk. The survey (see [template](#) below) simply asks employees to answer yes or no if any of a series of conditions is met.

Other actions to consider are extra efforts to encourage vaccination.

Pregnant employees may have special concerns about the H1N1 vaccine and antiviral medications. You can refer them to CDC guidance on the flu.gov site [here](#).

■ REALITY CHECK

- **The amount of information you can request regarding high-risk employees is limited until the pandemic is considered severe.**
- **Be prepared for certain workers, likely those who are pregnant, to ask for a temporary reassignment or the option of teleworking. Aim for maximum flexibility if an employee comes forward with such concerns.**

SAMPLE POTENTIAL ABSENTEEISM SURVEY

In the event of a pandemic, would you be unable to come to work for one or more of the following reasons?

- If schools or day-care centers were closed, you would need to care for a child.
- If other services were unavailable, you would need to care for other dependents.
- If public transport were sporadic or unavailable, you would be unable to travel to work.
- If you or a member of your household fall into one of the categories identified by the CDC as being at high risk for serious complications from the pandemic influenza virus, you would be advised by public health authorities not to come to work (eg, pregnant women; persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons less than 65 years of age with underlying chronic conditions; or persons over 65).

Answer: YES _____, or NO _____

From US Equal Employment Opportunity Commission

Cross-training

[CDC Guidance for Businesses and Employers: “Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff are absent.”](#)

Having people trained to cover operations essential to keep your enterprise going is a strategy that makes sense in principle but can be difficult to put into practice. It requires an intentional effort, and even then it can easily fall off the list of priorities when staffing levels are down, which is precisely when it is needed. Organizations that have undertaken this strategy have made the following observations:

- You need to **inventory the skills of your workers**; some employees may be able to cover for sick employees with minimal training, but you won't know this unless you look for the information.
- Rather than trying to be prepared to replace a particular employee, break the job into **tasks** and ask employees to document what tasks they do that no one else knows how to do.
- Make sure you know which employees have **special credentials** that are required to do their jobs.

EMPLOYEE PROTECTION

Until they can be vaccinated, people need 24/7/365 protection at work and away from work to avoid becoming sick. Because you cannot control what happens when employees are away from your workplace, looking at what you *can* do within your realm of influence is all the more important. Examine all of the options and determine what is appro-

- Explore using **other sources for backup**, including retired workers and temporary workers.
- Keep in mind that **contractors**, particularly those who keep information technology services going, must also have backup.

■ REALITY CHECK

- **You may not be able to provide backup for employees who have credentials that take a significant amount of training, certification, or licensure.**
- **Cross-training takes time and careful documentation. Some organizations have only one or two people who know how to do a task, but the procedures are not written anywhere.**
- **You may need to be intentional about setting up an expectation about this strategy and allow for other tasks to be temporarily dropped to accommodate this effort.**

priate for your workforce and financial picture. In the midst of an influenza pandemic, no one can predict whether the virus will change to cause more severe illness, stay the same, or taper off. Though your influence is limited to the workplace, you can encourage employees to take protective measures when they are away from work.

Cleaning practices

[CDC's Preparing for the Flu \(Including 2009 H1N1 Flu\): A Communication Toolkit for Businesses and Employers: “Clean surfaces that are frequently touched with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.”](#)

One way the virus may spread is by people touching a contaminated surface then touching their nose, mouth, or eyes. Frequent cleaning with com-

mercially available soap or detergent of frequently touched surfaces is considered sufficient. Encouraging hand washing and the use of alcohol-based hand sanitizers may help reduce the spread of the virus. The CDC offers materials to help businesses promote hand washing and respiratory etiquette (covering mouth and nose with a tissue when coughing or sneezing) in [Preparing for the Flu \(Including 2009 H1N1 Flu\): A Communication Toolkit for Businesses and Employers](#).

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Vaccines
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Personal protective equipment
Workforce/family communication
Communicating with public health authorities

STEPS TO TAKE WHEN SEVERITY INCREASES

Social distancing
Screening
Travel policies
School and child care closures
Communication

■ REALITY CHECK

- Expect the possibility of shortages of such items as cleaning supplies, hand sanitizers, and tissues if supply chains are disrupted or demand outstrips supply. 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. And be aware that bleach solutions may damage or alter office furniture or furnishings.

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VOICES FROM THE FIELD | On Cleaning Practices

“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

“If you want to know more about infection control, reach out to **someone from your local hospital** to talk to your employees. It's hard even to educate healthcare workers.”

Hospital infection control professional

“Be careful to use only **cleaners approved by the EPA** [Environmental Protection Agency]. You could start getting complaints about environmental sensitivities.”

2009 CIDRAP summit attendee



Encouraging hand washing and the use of alcohol-based hand sanitizers may help reduce the spread of the virus.

Vaccines

CDC Guidance for Businesses and Employers: “Encourage employees to get vaccinated.”

A targeted vaccine is the best defense against both seasonal and pandemic influenza. The federal government estimates the amount of vaccine needed, orders it from manufacturers, ensures its safety, pays for it, and determines how it will be distributed. Public health officials prioritize who will get first supplies (likely groups of people who are at greatest risk of developing severe complications from the virus) and subsequent batches. (CDC: [Key Facts About 2009 H1N1 Flu Vaccine](#))

VOICES FROM THE FIELD | On Vaccines

“You may wish to offer the H1N1 vaccine at your workplace but not be able to acquire it or arrange a campaign. **One alternative is to allow employees to take time off from work to get vaccine for themselves and family members. Another is to let them know about vaccination sites near the workplace.**”

Human Resource VP, Indiana

Antiviral medications

Antiviral medications, which require a doctor’s prescription, can reduce the severity and shorten the length of influenza-related illness if taken within 48 hours of becoming sick. A course of treatment is typically 5 days. Antiviral drugs are considered a second line of defense and are strongly recommended for people who are at high risk of developing severe and life-threatening complications from influenza. (CDC: [2009 H1N1 and Seasonal Flu: What You Should Know About Flu Antiviral Drugs](#)) Antiviral drugs can also be started if someone has been exposed or is likely to be exposed to influenza. But if used this way, they are taken at a lower dose and for longer. Such use is not authorized for stockpiles that the federal government and some states maintain, which are designated for treatment. Some companies have chosen to stockpile antiviral drugs or enter into reservation agree-

ments with the manufacturers of Tamiflu (Roche) or Relenza (GlaxoSmithKline). For more information on antivirals, go to the CDC [Web page on antiviral drugs](#).

REALITY CHECK

- If you choose to purchase antiviral drugs, explore your options, including stockpiling them (which requires proper storage) or reserving them through a manufacturer (which lessens your initial financial burden but may mean you’ll encounter supply issues if the manufacturer cannot fill your order or you have problems arranging transportation from the supplier’s warehouse).
- If your organization has purchased antiviral medications, you should proceed with great

REALITY CHECK

- Expect delays and complications in the actual distribution and administration of vaccine.
- Not all vaccine can be manufactured at one time; it comes in lots produced over a period by multiple companies.
- 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.
- Stay in close contact with your local or state health department to know when vaccines are available, for whom, and whether your organization can administer them.
- Some state laws and regulations and some healthcare organizations require workers who have direct patient contact to get a vaccine. The issue is controversial, however. Non-healthcare providers who consider mandating vaccines face liability issues, confidentiality regulations, and employee relations difficulties.

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caution and with the advice of counsel if you plan to *require* their use.

- You may be able to *offer* antiviral drugs, even if they have expired but have been properly stored, according to the [FDA](#).
- Even if you offer them, antivirals require a prescription, which requires an assessment by a healthcare professional. This assessment can be performed in person or remotely by phone.
- If you provide antivirals, know that actually getting them 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 by 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 if they are used for treatment.

- Storage needs to be addressed. Antivirals need to be maintained in a climate-controlled setting under specific conditions to ensure optimal shelf life.
- Numerous companies can assist you as you work through these questions and assist with procurement, health assessments, and logistics. See what vendors your peers are using and consider working with one of these companies to fully develop your antiviral program.

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Personal protective equipment (PPE)

PPE is used to prevent the transmission of infectious disease particles from one person to another. Questions remain about how influenza is transmitted, though mounting data support the likelihood of several means, including virus particles expelled when an infected person coughs or sneezes. The CDC [guidance](#) for healthcare workers for the 2009-10 influenza season recommends the use of respiratory protection “that is at least as protective as a fit-tested disposable N95 respirator for healthcare personnel who are in close contact with patients with suspected or confirmed 2009 H1N1 influenza.” OSHA, which provides information about respiratory protection during a pandemic [here](#), requires that employers have employees be properly fit-tested if you require that employees wear N95 respirators. ([CDC: Interim Recommendations for Facemask and Respirator Use to Reduce 2009 A \(H1N1\) Virus Transmission](#))

■ REALITY CHECK

- The CDC does not recommend the use of PPE for workers who are not providing healthcare or emergency services.
- N95 face-fitting respirators are not reusable.
- Most N95 face-fitting respirators are manufactured outside the United States.
- Shortages occurred early in the H1N1 pandemic owing to supply chain issues, and shortages of such high-demand supplies may be a chronic problem.

Workforce/family communication

CDC Guidance for Businesses and Employers: “Establish a process to communicate information to workers and business partners on your 2009 H1N1 influenza response plans and latest 2009 H1N1 influenza information,” “Sick persons should stay home,” and “Sick employees at work should be asked to go home.”

To prevent absenteeism, the most important message to communicate is to **stay home if you are sick**. (Such a message carries policy implications, which are discussed on page 16.) With severity levels similar to spring and summer of 2009, it is not necessary, however, for employees to stay home if they have been *exposed* to someone who has H1N1 influenza, even if that person shares the employee's home. Other messages that bear consideration are (1) encouraging employees to get seasonal and pandemic **vaccines**, (2) ensuring employees know what categories of people are **at highest risk** for complications, and (3) promoting **hand washing and respiratory etiquette**. The CDC's [Preparing for the Flu \(Including 2009 H1N1 Flu\): A Communication Toolkit for Businesses and Employers](#) offers a variety of communication tools, including posters, handouts, links to fact sheets, sample text messages, and instructions on how to add a CDC widget to Web sites. Also encouraged is (1) commu-

nicating to suppliers, vendors, and contractors how you plan to protect employees and encouraging them to adopt similar practices and (2) extending communication (in multiple languages as required) to family members of employees.

■ REALITY CHECK

- Many employers worry about perfecting their messages to avoid panic; however, risk communication expert Peter Sandman, PhD, suggests that apathy is a more likely problem. He offers a series of practical columns on the topic on his [Web site](#).
- Surveys repeatedly show that few employees even know their employers have considered their welfare and have taken steps to protect them during a pandemic. Informing them about your plans may help prevent fear-related absenteeism.
- While communicating electronically may seem the least expensive and most expedient method, not all employees have access to computers at work or home. Communicating through print and regular mail may also be needed.

VOICES FROM THE FIELD | On Communication

“If you have a plan, there's no downside to sharing it with your employees.”

Jeanne Denz, Director, Global Employee Benefits, General Mills

“You can use Microsoft Office Publisher to make your own posters. Then take them down to Kinko's or Office Max and blow them up. We tend to rotate the posters every 5 to 6 days so they'll get noticed. Payroll stuffers are also good.”

Risk and claims consultant



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

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VOICES FROM THE FIELD | On Communication

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 families will need at home if someone gets sick, something that costs \$30 to \$40 tops to put together.
- Since fall, we've sent out four messages. 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.
- If you find that fear is the problem, then **knowledge is the solution**.
- 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*

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CDC's Preparing for the Flu (Including 2009 H1N1 Flu): A Communication Toolkit for Businesses and Employers: "Engage your state and local health department to confirm channels of communication and methods for dissemination of local outbreak information."

During the H1N1 influenza pandemic, many critical decisions are being made at the state and local level, including distribution of vaccine and antiviral medications from government-owned stockpiles. Local public health authorities will have information that is most relevant to your location. Local public health authorities will know first, for example, about any changes in illness severity, a situation that could trigger such decisions as clos-

ing schools or child care centers, thus putting pressure on parents in your workforce. For organizations with locations in multiple countries, consider having a point person who maintains contact with local public health authorities.

■ REALITY CHECK

- Owing to budget cuts over the past decade, public health offices are straining to handle the H1N1 outbreak.
- You may need to take advantage of opportunities such as public meetings and conferences where public health authorities are speaking or fielding questions to make contact.

IDEAS FROM THE FIELD | On Public-Private Partnerships

From the 2009 CIDRAP Summit

When the H1N1 pandemic began in the spring of 2009, a group of HR professionals in Minnesota scheduled frequent conference calls to share updates and actions they were considering taking. A state public health official also joined the calls and was able to correct any misconceptions and provide critical information. A high level of trust had been established by the group during earlier planning activities, and **sharing was made possible by a mutual understanding of confidentiality.**



Local public health authorities will have information that is most relevant to your location.

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Steps to Take When Severity Increases

The severity of the pandemic could change at any moment. You need to be prepared to respond accordingly. It's also worth keeping in mind that even at peak levels of illness during a wave of an influenza pandemic, half of the people who will get sick have yet to become sick. You may be dealing with absenteeism for a while.

Many of the topics discussed in the previous section continue to be relevant when levels of illness rise and pandemic conditions worsen. This section covers additional steps that organizations plan to take (or are considering taking) that address CDC guidance for response should H1N1 become more severe than it was during the spring and summer of 2009.

Social distancing

CDC Guidance for Businesses and Employers:

If flu conditions become more severe:

“Consider alternative work environments for employees at higher risk for complications of influenza during periods of increased influenza activity in the community.”

“Consider increasing social distancing in the workplace.”

Social-distancing measures—attempting to keep 6 feet of space between employees, for example—are likely to be disruptive and difficult to implement. Additional measures include avoiding crowded work settings, canceling business-related face-to-face meetings, canceling nonessential travel, increasing use of teleworking, and using staggered shifts to allow fewer workers to be in the workplace at the same time. Perhaps most important, you will

need to communicate your expectations clearly and allow for considerable flexibility.

■ REALITY CHECK

- **With less personal interaction between employees, communication and morale could suffer. You may need to encourage regular contact through conference calls or e-mail updates to keep teams connected.**
- **Social distancing in work areas with a high density of small cubes may simply be unrealistic.**
- **During opening and closing hours, keeping 6 feet of distance between workers in a multi-level office building that depends on elevators may not be feasible logistically.**



Consider using staggered shifts to allow fewer workers to be in the workplace at the same time.

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SAMPLE SOCIAL DISTANCING POLICY

In the event of an influenza pandemic or other communicable disease situation, **[Name of Organization]** may implement these social-distancing guidelines to minimize the spread of influenza and other communicable diseases among the staff.

During the workday, employees are requested to:

1. Avoid meeting people face-to-face. Employees are encouraged to use the telephone, videoconferencing, and the Internet to conduct business as much as possible, even when participants are in the same building.
2. If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room, and sit at least 1 yard from each other if possible; avoid person-to-person contact such as shaking hands.
3. Avoid any unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops, and training sessions.
4. Do not congregate in workrooms, pantries, copier rooms, or other areas where people socialize.
5. Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).
6. Encourage clients and others to request information and orders via phone and e-mail in order to minimize person-to-person contact. Have the orders, materials, and information ready for fast pickup or delivery.

Outside activities

Employees might be encouraged to the extent possible to:

1. Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.
2. Avoid recreational or other leisure classes, meetings, activities, etc, where employees might come in contact with contagious people.

Telecommuting

Managers will determine which, if any, employees may work from home and encourage all employees who are able to telecommute to do so.

Conferences, seminars, and educational events

Managers will determine if and when to cancel or postpone company events.

From the Society for Human Resource Management (SHRM)

Screening

CDC Guidance for Businesses and Employers: “Consider active screening of employees who report to work.”

The symptoms of influenza, including 2009 H1N1 influenza, can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, nausea, diarrhea, and vomiting. If your organization adopts screening of employees, you'll want to become familiar with the CDC [guidelines](#) for infection control, which state: “In general, the incubation period for influenza is estimated to range from 1 to 4 days with an average of 2 days. Influenza virus shedding (the time during which a person might be infectious to another person) begins the day before illness onset and can persist for

5 to 7 days The amount of virus shed is greatest in the first 2-3 days of illness and appears to correlate with fever, with higher amounts of virus shed when temperatures are highest.” Participants at the 2009 CIDRAP summit also recommended screening vendors and guests.

■ REALITY CHECK

- **Not all employees who are sick with H1N1 will have a fever. According to CDC infection control guidance, “Depending on the case series, the proportion of persons who have laboratory confirmed 2009 H1N1 infection and do not have fever can range from about 10 to 50%.”**

Travel policies

CDC Guidance for Businesses and Employers: “Consider canceling non-essential business travel and advising employees about possible disruptions while traveling overseas.”

In a more severe scenario, the CDC may recommend cancelling nonessential travel, which could strand employees planning to return or who are already en route. Employers need to determine how to evacuate expatriates or other traveling employees who may need advanced medical treatment. The CDC offers a [travel Web site](#) specific to the H1N1 pandemic.

■ REALITY CHECK

- **The US has no control over other countries’ closing their borders.**
- **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.**

TIP FROM THE FIELD | On Travel Policies

From the 2009 CIDRAP Summit

During the early outbreak of H1N1 in spring 2009, **3M provided its business travelers updated information** with two lists, on countries where:

- (1) screening was reported to include thermal scanning
- (2) screening was reported to consist of questioning or visual assessment of possible flu-like symptoms.

*Carol Ley, MD, MPH,
Occupational Health Director, 3M*

VOICES FROM THE FIELD | On Travel Policies

“Depending on the local impact of the pandemic and the site’s business criticality, point-of-entry screening may span the spectrum from answering a simple health questionnaire to temperature screening. Underlying these efforts is the objective of providing the **appropriate level of duty of care** to ensure the safety of all entering the workplace.”

*Myles Druckman, MD, Vice President of Medical Services for the Americas Region
International SOS*

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School and child care closures

CDC Guidance for Businesses and Employers: "Prepare for school dismissal or temporary closure of child care programs."

Encourage workers to have two levels of backup for child care and to include the names and contact persons of all such individuals on emergency lists kept by child care providers. Workers should be discouraged from bringing children to work, even if they are healthy, during an influenza pandemic. In addition to the potential for distraction and disruption, having children at work can violate your lia-

bility insurance. To help anticipate the possibility of closures, sign up to receive e-mail updates from schools in the locations where you do business.

■ REALITY CHECK

- **If your organization works to be a family-friendly setting, banning children from the premises may appear harsh. Explaining the liability issues could help smooth employee relations; however, the same caution applies even during nonpandemic periods.**

VOICES FROM THE FIELD | On Risk of Children at Work

"From a liability standpoint, if I find out you have a child running around, your policy is cancelled. Period. It's one of the questions we ask inspectors to look at. We're looking for exposure. **Once that child is in your building, you are liable.** From an occupational and safety point of view, OSHA requires that children not be in certain work areas."

Risk and claims consultant

Communication

CDC Guidance for Businesses and Employers: "Establish a process to communicate information to workers and business partners on your 2009 H1N1 influenza response plans and latest 2009 H1N1 influenza information."

When the H1N1 pandemic began in the spring of 2009, the issue of how to communicate with employees became a high priority. News coverage of the pandemic intensified, heightening general awareness. Organizations that had planned in advance were prepared with a variety of approaches, including:

- Activating "dark" Web sites (sites that had been prepared but had not been "turned on" until the crisis began)
- Activating a "button" on the company's intranet that took employees to a page on pandemic information

Also mentioned by participants from the 2009 CIDRAP summit were the following:

- If you choose to alert employees that they have been exposed to a worker who has become sick with H1N1, you must protect the confidentiality of the ill worker.
- Appoint a limited number of persons to address any questions from the media, but answer questions with as much candor as possible and try to give them a human-interest angle.
- Frequent and clear communication with employees is essential to building trust.

■ REALITY CHECK

- **Members of the media might try to contact employees. It's important that employees know who the media contact within your organization is so they can refer media members to the correct point person.**

VOICES FROM THE FIELD | On Communication

“Between April 24 and May 29, 3M sent out **16 newsletters to its employees** in Mexico.”

Carol Ley, MD, MPH, Director, Occupational Medicine, 3M

“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.”

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

Measuring Your Progress— A Checklist

The following checklist is divided into two parts that correspond with recommendations listed in the Centers for Disease Control and Prevention (CDC) publication, "[Quick Reference for Businesses and Employers 2009-2010 Influenza Season Planning and Response](#)." The parts are based on two scenarios in which: (1) pandemic conditions are similar what was seen during the spring and summer of 2009 and (2) pandemic severity increases. Each step recommended by the CDC is linked to content in this toolkit with tools, templates, tips, and sample policies provided by business and human resource leaders in the field. Use the checklist to assess your organization’s level of preparedness, identify gaps, and benchmark your efforts.

▶ STEPS TO TAKE IMMEDIATELY

Actions recommended by the CDC under influenza conditions similar in severity as seen in the spring and summer of 2009

CDC	Toolkit	Your Status	✓
Sick employees should stay home.	Leave policies, page 12 Pay policies, page 14 Suspending the requirement for a doctor's note, page 15 Encouraging sick workers to stay home, pages 16		
Sick employees at work should be sent home.	Leave policies, page 12 Pay policies, page 14 Encouraging sick workers to stay home, page 16		
Encourage your employees to wash their hands often.	Cleaning practices, page 23		

CDC	Toolkit	Your Status	✓
Encourage your employees to cover their coughs and sneezes.	Workforce/family communication, page 27		
Clean surfaces and items that are more likely to have frequent hand contact.	Cleaning practices, page 23		
Encourage employees to get vaccinated.	Vaccines, page 25 Workforce/family communication, page 27		
Protect employees who are at higher risk for complications of flu.	Employees at higher risk for complications, page 22 Antiviral medications, page 25		
Prepare for increased numbers of employee absences due to illness in employees and their family members, and plan ways for essential business functions to continue.	Work-from-home practices, page 19		
Advise employees before traveling to take certain steps.	Travel policies, page 21 Cleaning practices, page 23		
Prepare for the possibility of school dismissals or temporary closure of child care programs.	School and child care closures, page 34		

► STEPS TO TAKE WHEN SEVERITY INCREASES

Additional actions the CDC recommends that organizations consider under conditions of increased severity (compared with spring/summer 2009)

CDC	Toolkit	Your Status	✓
Consider active screening of employees who report to work.	Screening, page 33		
Consider alternative work environments for employees at higher risk for complications of flu during periods of increased flu activity in the community.	Work-from-home practices, page 19		
Increase social distancing in the workplace.	Social distancing, page 31		
Advise employees about possible disruptions and special considerations while traveling overseas.	Travel policies, page 33		
Prepare for school dismissal or closure of child care programs	School and childcare closures, pages 34 Work-from-home practices, page 19		

CDC also urges organizations to stay aware that the severity of the 2009 H1N1 influenza could change rapidly, that local public health recommendations to communities and businesses could be revised quickly, and that planners should identify sources of timely and accurate information promptly so they can implement revised or additional measures. Information on communicating with public health authorities can be found on page 29.

ADDITIONAL CHECKLISTS USEFUL FOR PANDEMIC PREPAREDNESS

From CIDRAP:

[10-Point Framework for Pandemic Influenza Business Preparedness](#)

From SHRM:

[Step Up to the H1N1 Pandemic: SHRM's Checklist for HR Professionals](#)



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November 2009

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