

Avian Armageddon by *Alan Morrison*

If the experts are to be believed it is a case of “when” not “if”. But the same experts quote vastly differing consequences resulting from the next influenza pandemic. What they all seem to agree on is that the consequences will be staggering, with only the degree of “stagger” up for debate.

We are told that the next pandemic will sweep the globe in waves, each at least as severe as the last. This will continue for a year or more by which time the surviving global population will have built up an immunity to the new flu bug or science will have developed, produced and mass inoculated the population against it. It is thought that 25% of the world’s population are likely to be effected by the new bug, with this average percentage figure increasing depending on population density. In Hong Kong, for example, it is thought that between 30%-50% of the population will be effected and percentage figures may rise even higher for places like Mongkok, which is one of the most densely packed residential areas on Earth. Some experts routinely quote figures of 60-100 million global fatalities.

By any stretch of the imagination this is staggering. But if we can’t stop it happening, whatever it’s eventual scale and consequence, what can we do to mitigate the effects on our organisations?

In considering any threat to an organisation, equipment and even buildings can be replaced, but it is far more difficult to replace your key asset: your staff. What is more frightening is that this threat is aimed directly at your staff. So my pandemic contingency planning focus mainly on one simple factor: People Protection. If you protect your people, you have protected your organisation.

Drugs, like Tamiflu, are reported to be effective in reducing the severity of influenza but can’t cure it and have a tight window of opportunity to be beneficial. They also have side effects and need to be prescribed by a medical professional. So while purchasing stocks of these drugs can form a part of any contingency plan, the plan cannot stop there.

Influenza is airborne. You run most risk of catching it by being fairly close to an infected person. Therefore if you reduce your employees exposure to potentially infected people you reduce their risk. Your employees will run most risk of infection by travelling to and from work and mixing with colleagues. By designing remote working systems, which allow most of your staff to work from home, you vastly reduce their individual risk of infection and prevent mass contamination of your workforce from one source.

But some tasks will have to be carried out in your offices. How will you reduce the risk for these staff members?

My solution would be to train several standalone teams to perform all your core tasks. During a pandemic situation only one team will be in your offices at any one time to perform these core functions and will leave before the next team comes on shift. With no

physical contact between the teams quarantine conditions can be maintained. Shift changes would be arranged at times well outside peak commuting hours, with the teams avoiding public transport if possible. At the height of the pandemic you may have one team on shift for up to a week, living in your offices, to reduce the risk of infection even further.

These basic contingency plans can be adapted to work for almost any organisation. But if you have not, as yet, prepared similar contingencies you need to design these working arrangements as soon as possible so that proper training and adequate tests of your new working systems can be carried out before the pandemic starts.

We all hope that the experts are wrong and it is not simply a case of “when”. Or that if they are correct the pandemic passes with limited infection rates and minimal fatalities. But can we afford to ignore the risk?

Alan Morrison
CS&A Associate and Member of the Business Continuity Institute

Published In CS&A Newsletter- Autumn 2007 – issue 1