

## 8 Maintaining business continuity/public order

Contingency planning for a range of disruptive risks is a key business activity, and maintaining adequate staffing levels is critical to every organisation's ability to maintain its essential functions. A major infectious disease outbreak such as an influenza pandemic will place considerable pressure on all organisations and most individuals. Although business continuity plans made for other disruptive challenges provide a solid base, contingency arrangements for an influenza pandemic need to recognise the unique nature of some of its characteristics, particularly its likely duration and the fact that higher levels of staff absence are likely to be a major factor.

During a pandemic, the Government's overall aim will be to encourage those who are well to carry on with their daily lives normally for as long and as far as that is possible, within the constraints imposed by the pandemic, whilst taking basic precautions to protect themselves from infection and lessen the risk of spreading influenza to others. However, staff absence is likely to be significantly higher than normal across all sectors. Uncertainty surrounding the actual impact of the pandemic virus will continue until it emerges, so plans to mitigate the effects of staff absence need to be capable of coping with a range of potential levels.

To support the Department of Health in preparing and planning for a possible influenza pandemic, the Cabinet Office has issued advice to assist business continuity planning comprising *Guidance on contingency planning for a possible influenza pandemic*, *Pandemic influenza checklist for businesses* and *Introductory advice to staff on planning for pandemic influenza*, which are available at [www.ukresilience.info](http://www.ukresilience.info) and [www.pfe.gov.uk](http://www.pfe.gov.uk)

### 8.1 Factors leading to possibly high levels of staff absence

Over the course of a pandemic, staff are likely to be absent from work for a combination of reasons including personal illness, the need to look after family members who are ill, bereavement, fear of infection, the impact of public health measures such as school closures and other factors such as possible transport difficulties. Levels of absence may vary due to the size and nature of a workplace, the kind of activity that takes place there and the composition of the workforce.

### 8.2 Key assumptions

The following key assumptions, based on a uniform clinical attack rate across all age groups, should assist in carrying out impact assessments and developing contingency plans. As the attack rate may not be uniform across all age groups, plans need to retain flexibility to adapt as information emerges.

- Up to 50% of the workforce may require time off at some stage over the entire period of the pandemic, with individuals absent for a period of seven to ten working days. Staff absence should follow the pandemic profile with an expectation that it will build to a peak lasting for two to three weeks – when between 15% and 20% of staff may be absent – and then decline.
- Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependants, family bereavement, other psychosocial impacts, fear of infection and/or practical difficulties in getting to work.
- The Government may advise schools and group childcare settings in an area to close in order to reduce the spread of infection amongst children. Initial advice would probably be to close for a few – probably two to three – weeks, but closures may be extended if the pandemic remains in the area.
- Modelling suggests that small organisational units (5 to 15 staff) or small teams within larger organisational units are likely to suffer higher percentages of staff absences – up to 30–35% over a two- to three-week period at the local peak.

### 8.3 Estimating likely absence levels in individual organisations

Each organisation needs to estimate the level of staff absence and its potential impact on its own activities in the period leading up to and during an influenza pandemic. The actual impact will depend to some extent on the composition of the workforce, the environments in which people work and the extent to which the absence of even small numbers of highly specialist staff might constitute a material risk. In order to derive estimates for the total numbers likely to be absent, employers should consider the demographics of their work teams, including the percentage who have childcare or other family care responsibilities, 'normal' absence levels and options for home or remote working.

### 8.4 Protection in an occupational setting

In a pandemic setting, employers still have a duty to provide a safe place of work for their workers (Health and Safety at Work etc. Act 1974 as amended) and are required to maintain safe working systems and to implement protective measures based on local risk assessments. The risk assessment should consider whether an employee's work activity increases the risk of exposure beyond that of community-acquired exposure and what proportionate control containment and protection measures may be available. Most of the general principles for infection control in hospitals and other settings (see section 9.20) can be equally effective if applied in the general workplace.

Consultation and jointly conducted risk assessments by employers, staff and their trade unions or representatives, combined with documented procedures during the planning phase, can help ensure that employees are well educated and informed. Joint risk assessments can also assist in identifying and exploring any subjective perceptions of risk, the opportunities for more flexible working arrangements, and training requirements to help cover staff absences. Identifying those staff with co-morbid conditions or other factors that may put them at higher risk may also allow proportionate individual precautions.

Making temporary changes to working practices – eg reducing close face-to-face contact; providing physical barriers to transmission; enhancing cleaning regimes; ensuring that the necessary protective equipment is available; having hand washing, waste disposal and other hygiene facilities in place – and actively promoting these and other similar measures can help encourage and maintain attendance at work during the response phase.

Aside from their obligations under health and safety legislation, employers can help to minimise the spread of the virus and support good infection control practice by positively encouraging any employee who reports feeling unwell with influenza-like symptoms to stay at home until their symptoms resolve, by sending people home who develop influenza-like illness at work (avoiding public transport and wearing a face mask if possible) and by ensuring that stocks of surgical facemasks are available in the workplace for symptomatic staff to wear until they get home.

Non-punitive personnel policies and reassurances should emphasise and support those aims. Follow-up contact with absent employees, the provision of occupational health advice and other similar measures indicated in the Health and Safety Executive's existing guidance can help minimise other absences and encourage return to work as soon as possible. Making best use of recovered staff should also be an important aspect of planning.

Further guidance for employers is available at [www.hse.gov.uk/biosafety/diseases/influenza.htm](http://www.hse.gov.uk/biosafety/diseases/influenza.htm)

## 8.5 Dealing with a large number of deaths

The projected scale of excess deaths during a pandemic, particularly at the upper end of the planning assumptions (which range from 55,000 to the reasonable worst case of 750,000 in the UK over 15 weeks), is likely to present many challenges for local services, with many more people dying at home. A key aim for planning and the response will be to minimise funeral delays and to treat those who have died with dignity and their families with consideration and respect.

Even well developed and robust local plans and preparations are unlikely to be successful during a pandemic without the active support of individuals, families, faith groups and communities. Local authorities will want to reassure their communities that every reasonable preparation for high volumes of additional deaths has been made and to consider how to manage the potential demands for advice, support and other needs before, during and after a pandemic.

During the early stages, local services will probably not know the precise scale of deaths in their area – although projections may become available – so plans need to be flexible and adaptable. Local service providers should aim to maintain current processes for as long as that is possible, but as numbers of additional deaths increase, those may soon become unsustainable. When that becomes the case, local services are likely to need to work differently and ways in which deaths are certified and funerals, burials and cremations arranged are likely to change.

Local authority emergency planners should work in conjunction with local health planners to develop plans and arrangements. They will also want to ensure that arrangements for local authority services (eg registrars, burial and cremation authorities) work with the health response (eg GPs and NHS mortuaries) and engage with local businesses (eg funeral directors and private cemeteries and crematoria) and faith groups.

To assist and inform those developing local contingency arrangements the Home Office – working with relevant government departments, representatives of the funeral industry, the Faith Communities Consultative Council, the Coroners' Society, the Local Government Association and others – has published draft guidance *Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths* for comment.

## **8.6 Business continuity/maintenance of the UK's essential services**

Planning in all sectors must recognise that no pharmaceutical countermeasures (antiviral medicines or vaccines) are likely to present a 'silver bullet' solution, particularly during the first wave of a pandemic. The Government has recommended that the UK's essential services – including essential public services provided by local government and other sectors – should build on and review their generic business continuity arrangements to reflect the potentially large number of staff who might be absent during a pandemic and identify other key interdependencies. The overall aim is to maintain business as usual for as long and as far as that is possible and at the very least to maintain core services and business activities for several weeks, particularly around the peak of a UK epidemic when staff absences are likely to be at their highest.

### 8.6.1 Communications

At the onset of a pandemic, the telecommunications industry would expect to be able to provide a near-normal service. However, like other sectors, the degree to which services may be affected will depend on a number of factors including the nature of the crisis, the number of workers who contract the virus and the resulting level of absenteeism. Above-normal absenteeism rates during a pandemic are likely to result in a gradual increase in the time taken for telecommunications providers to deal with customer requests and in carrying out routine maintenance.

The telecommunications industry would respond to a crisis by seeking to limit the impact on services by prioritising fault repairs at the expense of routine maintenance and the provisioning of new services. New services provided during such a crisis would generally be restricted to urgent requests from emergency responders recognised as Category 1 and Category 2 responders under the Civil Contingencies Act 2004.

Whilst telecommunications networks have the capacity to support a significant increase in home working, the reconfiguration of networks to enable them to handle significant short-term changes in the location and pattern of access cannot be achieved overnight. Organisations planning to increase home working in a pandemic must therefore talk to their telecommunications providers well in advance and will also need to ensure that they have the necessary hardware and software in place and appropriate arrangements to ensure support, oversight and audit of home workers

There may be some disruption to postal services due to the high level of staff absence at the peak of the pandemic, although a wide range of postal operators should ensure that the market maintains priority delivery services. Any reduction to Royal Mail's services would be overseen in accordance with a list of corporate priorities agreed with the regulator, focusing on those services involving high social responsibility (access to cash/benefits). Deliveries and collections would be maintained as far as possible with managed degradation.

### 8.6.2 Energy

The energy sector is planning to maintain supplies of gas and electricity at near-normal service levels during a pandemic. Whilst routine maintenance is likely to be afforded lower priority if there are staffing shortfalls, essential repairs will continue to be carried out. Similarly, planning by fuel suppliers is aimed at maintaining near-normal levels. In both cases, there may be some service disruption if peak staff absences coincide with technical or weather-related supply difficulties, leading to potentially longer periods of service loss than

would normally be expected, and imports from main overseas suppliers may also be disrupted.

### 8.6.3 Finance

Pandemic planning in this sector is being led and coordinated by the tripartite authorities (HM Treasury, the Financial Services Authority and the Bank of England), which share responsibility for maintaining financial stability in the UK. Planning – involving financial firms, infrastructure providers and overseas financial regulators – is advanced and has primarily focused on business continuity (ie maintaining core business activities whilst experiencing above-normal staff absence levels) and provision of basic services, such as cash circulation, banking and payment systems. Further information on the financial sector plan is available at [www.fsc.gov.uk/section.asp?catid=434](http://www.fsc.gov.uk/section.asp?catid=434)

### 8.6.4 Food

Companies across the food sector will work together through their representative organisations and the Department for Environment, Food and Rural Affairs to maintain supplies as far as possible. However, at the peak of the pandemic, there may be a reduction in choice and accessibility if some local outlets close due to non-availability of staff.

### 8.6.5 Public transport

Public transport operators aim to run as near to normal services for as long and as far as that is possible during a pandemic and their plans provide for emergency timetables, redeploying staff and operating revised working (shift) patterns, if required. Although the Government is not planning to impose closure of transport hubs/facilities in the UK, all sectors may experience operational difficulties when the pandemic virus is circulating and staff absence levels are significantly higher than normal. The aviation sector may also experience difficulties if non-UK airports or airlines have operational problems or stop operating.

### 8.6.6 Water

All water and sewerage companies have identified the minimum staffing levels required to maintain essential supply and sewerage operations, and have factored in potential staff absences in a pandemic scenario. As many key operations are automated, companies are confident that they will have sufficient staff to sustain these essential operations during a pandemic. Water companies have generic contingency plans for continuity of essential supplies. They have

worked with suppliers and contractors to check preparedness arrangements, particularly in critical areas such as chemical supplies for water treatment.

Essential repairs to maintain water and sewage pipe work will continue, but staff shortages may reduce or halt non-essential work.

#### **8.6.7 Emergency services**

Business continuity planning is well developed in emergency services across the UK, and multi-agency exercises have been conducted to test arrangements. The general aim will be to maintain emergency provision at near-normal levels and to support the wider response to a pandemic, although there are likely to be constraints caused by loss of key or retained staff. Some routine and non-emergency functions could be affected by the need to redeploy and by higher staff absence levels.

#### **8.6.8 Judicial process**

All the delivery agents involved in the judicial process (police, Crown Prosecution Service, courts, judiciary, Prison Service and Probation Service) are working through the Office for Criminal Justice Reform and local criminal justice boards to develop pandemic plans. Similar work is being undertaken for civil and family business. The overall aim is to minimise disruption to each element of the process, although high levels of staff absence may lead to difficulties in maintaining normal activity.

#### **8.6.9 Financial support**

The Department for Work and Pensions (DWP) and HM Revenue and Customs (HMRC) provide and administer financial support to a range of customers, including children and their carers, people of working age, disabled people and their carers, and pensioners. DWP also supports customers in finding employment. During an influenza pandemic, DWP will aim to continue services that support people into work, but will give priority to maintaining financial support. Customer payments – which are largely automated – will continue to be paid. DWP and HMRC have robust business continuity plans in place to ensure that the administration and key services that support these payments can be maintained during a pandemic. Using existing legislation, a number of changes can be made to the way key services are delivered during a pandemic, to take account of priorities at that time. Suppliers that provide key services to DWP and HMRC, such as postal delivery or IT support, have their own business continuity plans in place to ensure that these services can continue during an influenza pandemic.

### 8.6.10 Planning by local authorities

Local authorities will be key players in the local-level multi-agency response to an influenza pandemic and are planning accordingly in the following main areas:

- business continuity to sustain key local services
- arrangements to support central government in communicating public messages
- implementation of possible social measures that the Government may recommend on an advisory basis to reduce the risk to individuals of infection
- supporting the health and social care response
- preparing for the wider impacts of a pandemic in their area, including reporting information to the Regional Civil Contingencies Committees at regional level
- reviewing capacity to handle excess deaths.

British Standard BS25999 may be helpful in reviewing those business continuity and emergency arrangements.

### 8.6.11 Public order

Whilst the population usually responds in a calm and responsible way to any major disruptive challenge, an influenza pandemic is likely to cause public concern and anxiety, particularly if the virus causes high levels of illness and death and/or the communications strategy has limited success.

Under the worst-case scenario, factors such as capacity pressures on health establishments, the need to prioritise medicines, the application of measures to control the spread of infection, possible shortages of basic necessities or short-lived disruption to essential services could result in disturbances or threaten breakdowns in public order.

Preserving the rule of law, maintaining the democratic process and ensuring public safety will be important elements of the UK's response. Engaging the public in the development of policies, plans and choices, and ensuring that expectations are realistic and that advice and information are readily available prior to and during a pandemic are key elements of planning and should assist in minimising the risk of civil disorder.

In the event of any civil disorder, the Government would rely on existing legislation and normal enforcement measures as far as possible, but may consider the need for additional powers should that become necessary. Response plans should, therefore, anticipate that operational or logistical

assistance might be required to support health efforts to control the outbreak or treat patients, or to respond to civil disorder. In this regard, it should be recognised that any request for police support is likely to be in the context of reduced police availability through illness and the need to service similar requests for policing support from other sectors.