



# **Government of Saint Lucia**

## **Influenza planning instructions for the Public Service**

*Developed by NEMO Secretariat with components from:*  
*The New Zealand Work place Influenza Pandemic Health Plan - <http://www.med.govt.nz/upload/27789/example.pdf>*  
*And*  
*the Nauru - Ministry of Health, Emergency Operations Plan for Pandemic Influenza*  
*[www.spc.int/phs/PPHSN/Outbreak/Influenza/nauru\\_pandemic\\_flu\\_plan\\_draft-version4.doc](http://www.spc.int/phs/PPHSN/Outbreak/Influenza/nauru_pandemic_flu_plan_draft-version4.doc)*  
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*Rev. MAY, 1<sup>ST</sup> 2009*

***Cabinet Approved May 7, 2009***

**Purpose:** The cornerstone of this Mission Statement is to provide comfort, not fear. This policy is intended to show that the Government of Saint Lucia takes this threat, as well as all threats, seriously and is working in and for the best interest of the organs of government and its stakeholders. It is not intended to cause panic or alarm stakeholders and should be introduced in a manner that is consistent with that message. It should be viewed within a larger context of business continuity/disaster preparedness and not necessarily as its own subject unless significant events occur that necessitates immediate attention.

**Policy:**

The Government of Saint Lucia is committed to doing all within its power to prepare for and mitigate the risks of the North-American Flu pandemic to the Government's business and its stakeholders including customers, vendors, employees and contractors as well as their families.

The Government of Saint Lucia will provide information on preparedness procedures and policies which conform to best practices and recommendations of such trusted sources as the World Health Organization CDC, PAHO, as well as national sources.

The Government of Saint Lucia is committed to fully communicating information to its stakeholders and creating an environment where personal safety and welfare are of the utmost importance.

### ***Aims and Objectives of Plan***

The plan aims to manage the impact of the influenza pandemic on employees and businesses via two main strategies:

- 1) Containment of the disease by reducing spread within Business Facilities; and
- 2) Maintenance of essential services if containment is not possible.

This plan will provide guidance on the following:

#### **1) Communication**

- a) To the business from external or internal sources regarding pandemic phases
- b) Within business
- c) To employees

#### **2) Containment Activities**

- a) Reducing risk of infected persons entering the site
- b) Social distancing
- c) Cleaning
- d) Managing fear
- e) Management of cases at work

#### **3) Travelling Officers**

- a) Travel advisories
- b) Travel advice

#### **4) Treatment**

- a) Anti-viral medication
- b) Influenza vaccine

#### **5) Maintenance of Essential Business Activities**

- a) Identification of core people and core skills
- b) Business planning for absence
- c) Communication

- d) Knowledge Management
- e) Short, Medium and Long Term Planning

### ***Background Information***

Influenza pandemics with novel viruses are recurring events, are unpredictable and result in serious health effects to large proportions of the population, with significant disruption to social, economic and security concerns of the community.

The appearance of the highly pathogenic North-American influenza virus H1N1 in April 2009 has raised concerns that this virus may mutate to create a novel virus capable of causing a significant global influenza pandemic.

#### *Predicted spread and virulence:*

- Illness rates in population: 20-50%
- Global spread in: 3 months
- Vaccine availability: 6 months after initial outbreak
- Anti-viral treatment: Likely to be in short supply and may not be effective

#### *Potential Effects:*

- Widespread disruption to business: 20-60% of working population unable to work for 2-4 weeks at the height of a severe pandemic wave. Each wave may last about 8 weeks
- Significant death rate – loss of people and expertise
- Loss of emergency and essential services – fire, police, health services, air traffic controllers
- Loss of other services – retail, transport, government departments, etc.

#### *Effect on Business:*

- Loss of people to operate the business (either temporary or permanent)
- Loss of services from suppliers
- Operations (e.g. production) and support (e.g. IT) will be affected
- Business travel will be affected

## **Communication**

### **1 -- To the business from external or internal sources regarding pandemic phases** ***Saint Lucia Government Communication***

- a. The designation of global phases is made by the Director General of the World Health Organisation (WHO).
- b. Steps for escalations of the pandemic plan will originate with the MoH.

### **2 -- Within NEMO**

1. Notification of change in Alert Code (escalation of pandemic) will come from the WHO via the MoH.
2. NEMO Secretariat leads the Saint Lucia government's planning and response to pandemic influenza.
3. The Saint Lucia Government response will be coordinated through the NEMO structure and the major incident and emergency plans of the members of NEMO.
4. The Prime Minister and Cabinet Secretary shall be informed.
5. NEMAC will be informed. Depending on circumstances the Prime Minister may call a meeting of NEMAC.
6. If possible, NEMAC should meet virtually to avoid the risk of spreading infection amongst the team
7. If relevant, NEMAC will take steps to invoke their individual Business Continuity Plans.

### **3 -- Communications to Employees**

1. Communications to employees will be managed by the Permanent Secretary – Ministry of the Public Service
2. This will be via internal memo, email, internet and intranet website, telephone, SMS etc.
3. Links to relevant Business or external web-sites will be included (e.g. CDC, PAHO, WHO, GIS, etc)
4. Instructions regarding information numbers to call, and the centre for reporting problems or concerns will be established.

## **Containment Activities**

### **1/ Reducing risk of infected persons entering Government Sites**

1. The NEMO Liaison Officers shall do the following:
  - a. Set up prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of influenza
  - b. Set up Key General Infection Control (basic hygiene and hand hygiene) notices around workplace (including entrances, notice boards, meeting rooms and toilets)
  - c. Ensure there are adequate supplies of tissues, medical and hand hygiene products, cleaning supplies as well as masks for people who become ill at work.
2. Permanent Secretaries/Heads of Departments will ensure that employee communications include pandemic influenza fact sheet and information on Key General Infection Control Notices and Social Distancing.

## **Cleaning**

1. Office cleaning should be stepped up during this period.
2. Filters of the air conditioning systems should be cleaned.
3. Telephone sets in common areas should be cleaned daily.
4. All common areas, counters, railings, washbasins, toilet bowls, urinals and septic tanks (where these are present) should be cleaned twice daily.
5. Details of suitable cleaning solutions can be found in table below.

Disinfectants	Recommended use	Precautions
<b>Sodium hypochlorite:</b>  1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.	Disinfect material contaminated with blood and body fluids.	Should be used in well-ventilated areas.  Protective clothing required while handling and using undiluted bleach.  Do not mix with strong acids to avoid release of chlorine gas.  Corrosive to metals.
<b>Granular chlorine:</b>  e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturer's instructions.	May be used in place of liquid bleach, if it is unavailable.	Same as above.
<b>Alcohol:</b> e.g. Isopropyl 70%, ethyl alcohol 60%.	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.	Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation.  Keep away from heat sources, electrical equipment, flames, and hot surfaces.

## Social distancing

- 1) Social distancing refers to strategies to reduce the frequency of contact between people. Generally it refers to mass gatherings but the same strategies can be used in the workplace setting
- 2) Information on social distancing will be sent by internal memo from the Chief Medical Officer via the Ministry of the Public Service
- 3) Notices shall be put up
- 4) Where operationally possible, teams are encouraged to split into different work locations to avoid cross infection.
- 5) Where operationally possible, shift changes should be managed as follows:  
When one shift goes off duty, there should be an interval before the next shift begins so that the worksite can be thoroughly ventilated.



6) Social distancing strategies include:

- a. Avoid meeting people face to face – use the telephone, video conferencing and the Internet to conduct business as much as possible – even when participants are in the same building.
- b. Avoid any unnecessary travel and cancel or postpone non-essential meetings / gatherings / workshops / training sessions.
- c. If possible, arrange for employees to work from home or work flex hours to avoid crowding at the workplace.
- d. Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.
- e. Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced.
- f. Do not congregate in tearooms or other areas where people socialise. Do what needs to be done and then leave the area.
- g. If a face-to-face meeting with people is unavoidable, minimise the meeting time, choose a large meeting room and sit at least one meter away from each other if possible; avoid shaking hands or hugging.
- h. Set up systems where clients / customers can pre-order/request information via phone / email / fax and have order / information ready for fast pick-up or delivery.
- i. Encourage staff to avoid recreational or other leisure classes / meetings etc. where they might come into contact with infectious people.

## **Managing Fear**

- 1) It is likely there will be anxiety regarding the pandemic situation and this is likely to contribute to increased work absence and/or increased distress to staff
- 2) The suggested ways to manage this is to:
  - a. Have communicated the possibility of a pandemic and the Business's preparedness to manage it very early to staff
  - b. Have a comprehensive management plan in place which is clearly communicated to staff
  - c. Provide clear, timely and proactive communications to staff when things are changing

- d. Provide clear communications on how the Business is handling the situation if the pandemic does occur

### **Management of cases at work**

The CMO will provide to the Permanent Secretaries and Heads of Section the latest advice regarding managing staff that become ill, type of contact data required and procedure on managing affected staff. This information will then be conveyed to the staff members.

Permanent Secretaries and Heads of Section will send out communiqués to all staff regarding what to do if people get sick at work. If they feel unwell and show symptoms relative to influenza, staff will be advised to stay away from work. Information on the difference between influenza and common cold will be sent out to staff.

NEMO Liaison Officers will also provide general public information via posters advising on what to do if people get sick at work.

If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact their NEMO Liaison Officer by telephone if at all possible.

The Permanent Secretary or the designated Liaison Officer shall:

1. Check if the employee has any of the symptoms outlined in the first section of the flowchart
2. Should avoid visiting this person if possible – manage the process over the phone
3. If the employee does *not* have any symptoms like those listed, they are very unlikely to have influenza, and should be reassured but advised to call the NEMO Liaison Officer again later or to contact their GP if they are still concerned.
4. If the employee does have symptoms that match any of those listed, they should be treated as a “suspect case.” The NEMO Liaison Officer should complete staff influenza notification form, including details of any staff and/or visitors the person has been in contact with. This information will permit the Permanent Secretaries and Heads of Section to monitor staff whereabouts and well-being during the pandemic.

5. The employee / suspect case should be informed where they can find a surgical mask and instructed to wear it immediately. This is to help protect other staff.
6. The suspect case should leave work immediately and be advised to contact their GP **by telephone** for a review. They should not use public transport if at all possible – the business will pay for a taxi if necessary.
7. The manager of the suspect case should be informed that they have left work.
8. Contact management – the NEMO Liaison or designated Officer will
  - a. identify contacts (once an employee is suspected to be infected);
  - b. advise contacts in person that they have been in contact with a person suspected of having influenza; and
  - c. Ask contacts to go home, and stay at home until advised otherwise.
9. The suspect case's work station should be cleaned and disinfected, as indicated in the section on Workplace cleaning.
10. Returning to work of the suspect case and their contacts:
  - b. Advise staff member on how long to stay away from work (the Ministry of Health website will have advice on this once the characteristics of a pandemic are known)
  - c. Check on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc., if they become ill.
  - d. Staff are to have confirmation from GP that they are well prior to their return to work.

## Travel

### Travel into Saint Lucia

If the situation worsens overseas and there is extensive and sustained transmission in other countries, the Government shall consider:

- Distribution of travel health alert notices to passengers arriving from affected countries (i.e., countries for which health warnings have been issued).
- Canceling or limiting nonessential travel from affected countries.

### Travel out of Saint Lucia

If the level of influenza transmission in the country presents a high risk for exportation of disease, the Government shall consider:

- Distribution of travel health warnings to outbound passengers who live in or have visited affected areas.

- Recommend the cancellation of nonessential travel to other countries from ports of entry in affected areas.
- Implement pre-departure screening (e.g., temperature screening or visual screening) of outbound travelers.

#### Travel within Saint Lucia

If the level of influenza transmission is high in one district and most other districts have not yet been affected, the Government shall consider:

- Limiting travel to that area or to implement increased disease surveillance measures
- Closing mass transit systems (e.g., buses and taxis etc)

## Treatment

Vaccine development cannot commence until the pandemic virus has been isolated. It is expected that no specific pandemic influenza strain vaccine will be available initially. If it becomes available, it will likely be difficult to obtain sufficient doses for the entire population.

Saint Lucia does not have the capacity to manufacture vaccines.

It may take 6 – 12 months after the declaration of a pandemic by WHO before the vaccine is generally available for use in Saint Lucia.

The following list should therefore also be used to prioritize persons who will first receive the vaccine.

- |                |   |
|----------------|---|
| First Priority | <ul style="list-style-type: none"><li>▪ National Influenza Committee</li><li>▪ Front Line Doctors</li><li>▪ Nurses, Nurse Aides, Medical Auxiliary Corps</li><li>▪ Medical Laboratory Staff</li><li>▪ Emergency Medical Personnel [e.g. Ambulance Drivers, EMTs, Red Cross, St John Ambulance etc.]</li><li>▪ Pharmacists</li><li>▪ Agriculture Front Line Officers</li><li>▪ Police First Responders</li><li>▪ Fire First Responders</li><li>▪ Medical Quarantine Officers</li><li>▪ Customs Officers</li><li>▪ Immigration Officers</li><li>▪ Port Health Officers</li><li>▪ NEMO Staff and Volunteer Front Line Officers</li></ul> |
|----------------|---|

- Second Priority
- Governor General
  - Prime Minister
  - Cabinet Members
  - Cabinet Secretary
  - Leader of the Opposition
  - National Emergency Management Advisory Committee
  - Police Officers
  - Airport Personnel
  - Fire Services
  - Communication Officers
  - Staff of Utilities (water, electricity, fuel)
  - Sanitation Workers
  - Meat Processing/Live Stock Farmers
  - Judiciary

## **Maintenance of Essential Government Activities**

Important note: An example of how this might be contained in your Ministry plan is not provided, as the variation from sector to sector is too great.

Your Department management team should ensure that core functions, people and skills have been identified and that strategies are in place to manage these prior to the pandemic.

### **1/ Identification of core people and core skills**

- 1) Who are the core people required to keep the essential parts of the business running?
- 2) What are core skills required to keep business running?
- 3) Are there sufficient back ups for people and skills in view of absence?
- 4) Is there a pool of retirees, volunteers etc who may be able to provide backup?
- 5) Who are the core people required to manage the disease contingency plan? These people should consider social distancing – even working from home, very early in the pandemic phase.
- 6) Are there any systems which rely on periodic physical intervention by a key individual, to keep them going? How long would the system last without attention, if there was no one looking after it?

## **2/ Business Planning for Absence**

- 1) What are critical numbers and skills required to keep essential sectors of the business running – at what absence level does business stop
- 2) Who shall make the decision to shut sections of the business down when absence rates threaten safe business continuity?
- 3) Determine if people can logistically work from home (social distancing)

## **3/ Communications**

- 1) What is essential communication channels regarding business continuity
  - a) With other business units within the Business
  - b) With Government
  - c) With key providers
  - d) With key customers
  - e) With key contractors

## **4/ Knowledge Management**

- 1) Knowledge will need to be stored in easily accessible shared locations as key people may become sick or die
- 2) Consider setting up shared locations for contingency planning information
- 3) Consider where essential business information should be stored

## **5/ Short, Medium and Long Term Planning**

- 1) Absence rates can be significant (30-60% predicted peaks)
- 2) The pandemic may last for 6 months and occur in several waves
- 3) Staff may be sick or may die
- 4) Planning should consider short, medium and long-term issues
- 5) The health plan primarily deals with the short-term issues
- 6) Succession planning and back up planning is essential.