



**Local Government Association
of South Australia**



An Australian Government Initiative

Working Together to Manage Emergencies

**This project funded through the
Local Grants Scheme**

Human Pandemic Influenza Business Continuity Guidelines

Local Government Association of South Australia

Pandemic Awareness Project

Version 2, July 2007

Table of Contents

Introduction	3
Establish the Context	5
Identify the Risks	7
Analyse the Risks	8
Maintaining Essential Services	8
Leadership	8
Financial	8
Knowledge Management	8
Communications	9
Critical Supplies	9
Community Expectations	9
Evaluate the Risks	10
Maximum Tolerable Outages.....	11
Treat the Risks	12
Step 1 - Gain Executive Support.....	13
Step 2 - Form Pandemic Planning Team	13
Step 3 – Undertake Business Impact Assessment	13
Step 4 – Establish Maximum Tolerable Outages	14
Step 5 - Consider HR policy implications	14
Step 6 – Health and Safety	15
Step 7 – Consolidate Pandemic Business Continuity Plan	22
Step 8 - Monitor and Review the Plan	22
Communicate and Consult.....	24
References and Resources	25
Attachment 1: Table: WHO and Australian Phases of a Pandemic Influenza	26
Attachment 2: Influenza versus common cold.....	27
Attachment 3: Screening Checklist for Management of Suspected Staff Influenza	28
Attachment 4: Staff Notification Form	29
Attachment 5: Hand washing Guidelines	30
Attachment 6: Potential Local Government Service Areas for Business Impact Assessment	31
Attachment 7: Business Impact Analysis	32
Attachment 8: Service Interruption Analysis	33
Attachment 9: Business Continuity Planning Worksheet	34

Introduction

Business continuity planning has traditionally focused on forming contingencies to safeguard critical assets and infrastructure. Increasing awareness about other emerging threats, such as terrorism and biological agents has served to remind that human assets will also need some protection.

Whilst it is not known when a pandemic will occur, or how severe it will be, the ongoing threat of Avian Influenza (H5N1) prompted the World Health Organisation (WHO) to issue a 'Phase 3 global pandemic preparedness alert'¹. Consequently, governments and organisations around the world are taking this threat seriously and forming plans to reduce the consequences of pandemic disease. The most significant impact for organisations would be on staffing levels. The Australian Government recommends that businesses plan for a pandemic which gives rise to 30-50% absences for several months.

The phenomenon known as 'Bird Flu' is not new. Influenza A viruses have always developed first in bird species. These viruses have a unique capacity to mutate over time. This tendency gives rise to a risk of the formation new sub-types forming which infect other animal species. Health experts are concerned that the current avian influenza (subtype: H5N1) virus may change to become transmissible from person to person and give rise to a new world-wide disease epidemic (pandemic).

Researchers believe that 10 pandemics, of varying severity, have occurred in the past 300 years. There have been 3 pandemics last century, occurring in 1918, 1957 and 1968. The 1918 'Spanish Influenza' yielded particularly severe consequences with approximately 50 million deaths occurring and 25% of the world population infected with the virus.

Historical evidence has reinforced how potentially serious and widespread a pandemic influenza can be. Historical evidence and current biological surveillance has prompted the Council of Australian Government (COAG) in 2006 to form 'all of government' action plans. The key element of COAG endorsed role for Australian Local Government is the preparation of business continuity plans².

These Guidelines are formed for South Australian Local Government and follow a structured risk management approach based upon AS/NZS 4360. The planning process involves risk identification, analysis, evaluation and treatment strategies associated with human pandemic influenza. Section 7 of the Local Government Act, articulates a role to protect the community against natural and other hazards/disasters. It is anticipated that through the process of undertaking business continuity planning, councils can be more securely positioned to serve the heightened needs of their respective communities in the context of this type of disaster.

The Local Government Association of South Australia acknowledges the Insurance Commission of Western Australia ('RiskCover') and the Western Australian Local Government Association for some materials which have been adapted and incorporated into these guidelines.

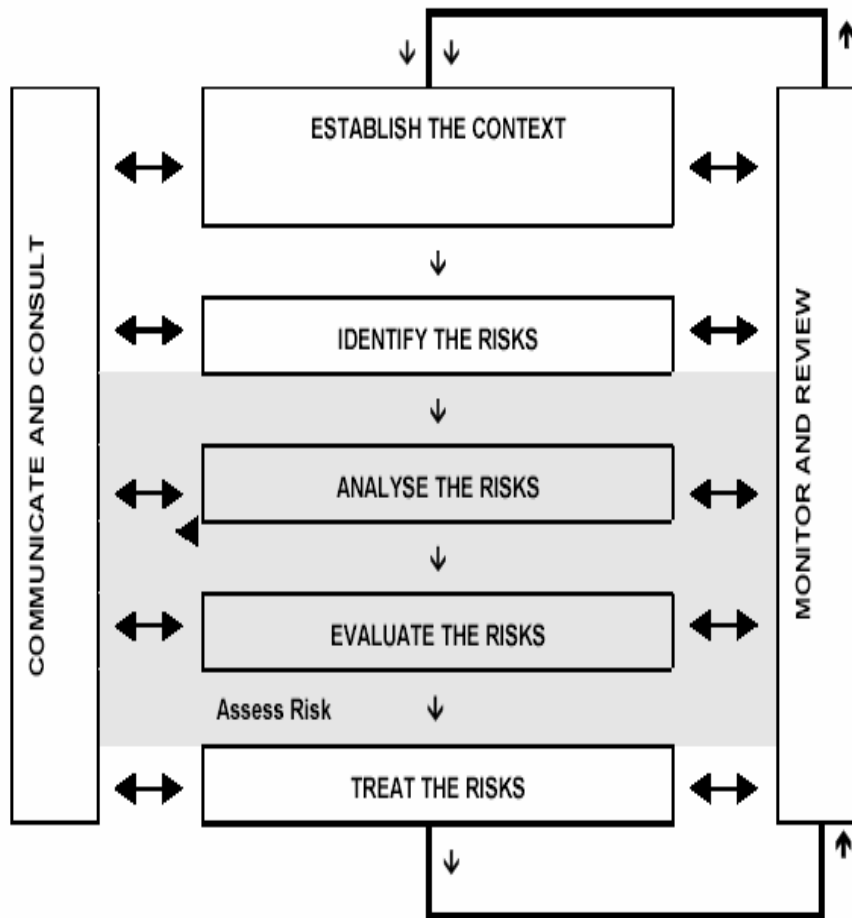
¹ Current WHO Pandemic Alert phase (http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

² For further information about COAG endorsed roles and responsibilities of all sectors of Australian government refer to [Chapter 2, National Action Plan for Human Influenza Pandemic](#), Department of Prime Minister and Cabinet (July 2006). [[National Action Plan for Human Influenza Pandemic](#)]; <http://www.pmc.gov.au/publications/pandemic/index.htm>

Structured Risk Management Process

Diagram 1: Risk Management Standard 4360 (adapted)

The Risk Management Standard 4360 was first published by Standards Australia and New Zealand in 1995 and was developed to provide a structured and vigorous process to manage risk.



Risk Management Standard 4360 (abridged)

Establish the Context

At unpredictable intervals, Influenza A viruses are known to change their outer proteins (antigens) over time. These changes can result in infections moving from animals (i.e. birds) to infect other species. Pandemics occur when a new type of influenza virus is readily spread amongst human populations because of no, or limited, underlying pre-existing immunity. Three pandemics occurred during the 20th century in 1918, 1957 and 1968. Researchers believe that there have been 10 human influenza pandemics in the past 300 years. The onset of the pandemic influenza is unknown.

However, given the uncertainty that exists, the current H5N1 Avian Influenza represents a current threat to public health. WHO have alerted world governments to prepare for a pandemic event of a certain magnitude based on average historical data from past events. This level of magnitude has been translated to the population of South Australia as indicated below for planning purposes.

Table 1: Statistical model indicating impact of influenza pandemic in South Australia (Source: South Australia Pandemic Influenza – A Summary of Health’s operational Plan, Dept. of Health, version 8)

STATE POPULATION: 1,534,300								
Time period	1	2	3	4	5	6	7	8
Cumulative Exposed	0	323	7,362	72,347	192,954	701,928	1,465,353	1,532,920
Hospitalised	0	0	152	479	2,028	1,941	69	0
Cumulative Mortality	0	0	45	231	1,232	2,352	2,559	2,562
Incapacitated	0	95	1,614	15,598	34,172	209,643	274,146	69,519

Based on modeling used by the Australian Government Bio-security and Surveillance Section. Meltzer model with 25 % attack rate and Australian population profile by age SIER model with $R_0 = 8$ (note variable time span) Incapacitated for each time period = all new cases plus 50% of cases in previous time period. Hospitalisation rates vary from 25% of new cases in the early pandemic to 10% in the later pandemic

Business continuity means ensuring that essential business functions can survive a natural disaster, technological failure, human error, or other significant disruption. In recent times, business continuity has also considered terrorist-related, biological and chemical threats. Many existing business continuity plans anticipate events which lead to damage or disruption to business assets and infrastructure, including information technology resources. Most of the planning is based upon certain events, such as a building fire, which has a short duration and longer recovery phase. Pandemic influenza, however, creates a different set of planning assumptions. It will not be a single point source incident and is likely to be long in duration. Historically, pandemics arrive in several protracted waves of infection across communities with each wave potentially lasting several months at a time spanning all geographic areas.

Public health authorities predict cumulative work absentee rates building over a three to four month period. Work absenteeism will result from direct and indirect consequences of the disease. It is likely that fear and anxiety as well as disinclination to use public transport will further impact rates of absenteeism at work sites.

Table 2: Summary comparison of pandemic with 'typical' type of disaster

Conventional emergency/disaster	Pandemic
Point source disaster	Widespread impact
External support likely	External support limited/unlikely
Often physical disaster (i.e. fire, storm, flood)	Biological agent
Typically short sharp event	Prolonged event (i.e. > 6-12 months)
Often no notice of event	Limited advance warning
Business disruption due to infrastructure failure	Business Disruption due to sustained depletion of human resources
Common mass assembly points to assist effected persons	Social distancing as key strategy to contain

Pandemic characteristics and Impact

A pandemic will be different to a physical disaster. A pandemic has unique characteristics when compared with conventional disaster incidents (refer table above).

Widespread impact:

The impact of a pandemic is likely to be widespread. It will not be confined to a single area.

Response:

Given the widespread nature of pandemics, local communities should not rely on external assistance or resources.

Not a physical disaster:

A pandemic is not a physical disaster. A new virus will be rapidly and readily transmissible for person to person. State and Commonwealth government agencies are reviewing existing powers to assist containment of disease. This will include controls to limit movement, enforce wider quarantine controls and limit public gatherings.

Duration:

A pandemic would not be a short, sharp event. Most existing business continuity plans are based upon infrastructure needs and assume a critical event of a relatively short duration. A pandemic occurs over some months, intensifying in waves, with no clear period of disaster giving rise to full scale recovery operation.

Notice:

It is likely that there will be some limited advance warning from the development of the pandemic overseas. Subject to the success of Australia's initial containment measures, there may be a limited period before the effects of pandemic are experienced. Any lead time will assist implementation of existing business continuity plans but will not be sufficient to form these plans.

Principal impact on councils relate to staffing levels:

Unlike natural disasters, where disruption to business service provision is likely to be hardware-related, disruption to business operations in the event of a pandemic will affect human capabilities.

Social distancing:

Conventional emergencies usually involve setting up assembly points to facilitate the provision of direct assistance or relief for effected persons. Response strategies for pandemic will focus on measures which aim to keep people separated in order to contain the spread of the disease.

Identify the Risks

The Australian Government released the first version of, *The Australian Management Plan for Pandemic Influenza*, in June 2005. In response, the SA Government established a State Pandemic Influenza Working Group to implement measures to deal with the widespread effects of pandemic influenza in South Australia.

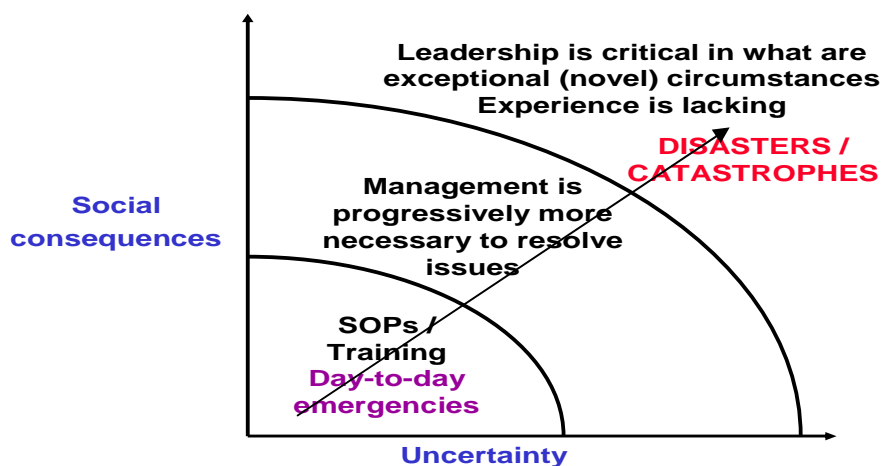
The Australian Government has recommended that emergency planning should be extended to consider the effects of terrorism and include significant biological events³.

The most significant impact on agencies is likely to be on staffing levels. It is anticipated that employees will be off work due to sickness or having to stay home to care for sick family members. A severe pandemic may result in school closure requiring parents to stay at home to care for children. There may also be a disinclination to travel to work using public transport during this time.

The South Australian Department of Health, estimates that during a pandemic about 25 percent of the population will become sick and be unable to go to school or work. It is estimated that, in addition to those directly affected by the disease, up to an additional 25% of employees will be absent at the same time, caring for the sick or disinclined to work.

Organisations have been advised to plan for up to 50% staff absences for periods of up to 8 weeks at the height of a severe pandemic wave, with lower levels of staff absence for several weeks either side of the peak. Historical evidence indicates that pandemics arrive in several waves of infection, over a prolonged period of months, with each wave lasting about 6-8 weeks. (Department of Health's Operational Plan version 9)

Diagram 2: The nature of emergencies relative to levels of social consequence and uncertainty.



³ Examples of emerging biological threats: The short-lived 2003 SARs health threat in the Asia Pacific region cost an estimated \$20 billion (US) of lost GDP in effected countries. The 2001, viral foot and mouth crisis in the UK is estimated to have cost in excess of £20 billion.

Analyse the Risks

As previously stated, the severity and duration of the next pandemic is not known. It is recommended that the risk analysis be based upon the levels of prediction in State Health Pandemic Plan. That is, predictions of up to 50% of staff absent from the workforce at the height of a pandemic with declining levels of absenteeism either side of this peak.

The obvious key risk to council operations of a pandemic influenza is the effects on business activities from prolonged staff absences (economy and people). Another key factor that emerges from the exercise of risk analysis is that knowledge and experience to cope with a widespread and prolonged emergency of this type will naturally be lacking (refer diagram page 5, 'Social consequences and level of certainty for emergencies'). The importance of good community leadership at National, State and local levels becomes particularly important cannot be underestimated when an unprecedented disaster occurs.

Maintaining Essential Services

Who are the critical staff with adequate skills required to keep essential sectors of council business functioning? What level of staff absenteeism could be tolerated before service capacity is no longer possible? What arrangements need to be made to minimise risk to staff and customers? Could some business operations shift to having work performed from home with little warning?

An analysis of risk should include an assessment of the degree of reliance that staff currently have on public transport. There may be disinclination to travel on public transport and possible interruptions to normal transport services.

Leadership

Who should make the decision to shut an activity down when absence rates threaten safe business continuity? Are there back up leadership plans in place? Do key council spokespersons require leadership training and or media communications training as part of councils emergency preparedness (i.e. not just for pandemic influenza)?

The value of leadership in a crisis is imperative at all levels. Councils are natural focal points within local communities and are therefore well placed to provide much needed local reassurance and direction to the immediate workforce as well as the community at large.

Financial

A pandemic declaration is likely to last some months and impose financial difficulties on customers and councils. The ability of small businesses to continue to pay staff for protracted absence from work during a widespread pandemic will be limited. Finance managers should consider levels of potential external debt that may impact in these exceptional circumstances.

Knowledge Management

Key operational and emergency management information will need to be stored in known, accessible and shared locations. Is there more than one up to date emergency contact list for all council staff and key emergency infrastructure providers.

Communications

Consider communication needs, interdependencies and how they might be effected with:

- business units within your organisation
- government agencies
- key suppliers
- key customers and contractors.

Critical Supplies

Shortages of supplies may occur because of increased demand for some items and limitation or restrictions on transportation. Organisations should consider stockpiling quantities of essential supplies in advance. It is suggested that adequate quantities of non-perishable essential hygiene supplies are stored. For example; disposable gloves, surgical masks, disposable tissues, cleaning products and hand cleaning supplies.

Community Expectations

Communities will have heightened sense of fear during a pandemic. It is likely that many households will be isolated due to externally or internally imposed home quarantine measures. Access to the usual social support networks will be limited. Some households may contain ill persons who will need to be monitored. It is unknown if usual supply chains may be compromised leading to shortages of some critical supplies.

What critical needs will communities have in this situation? Which of these needs will government agencies be realistically able to provide? What type of communication strategy will be needed to provide accurate information to residents? How will community expectations be managed?

Evaluate the Risks

After conducting a risk analysis, the risk management process requires an evaluation of the risks, or consequences, of a pandemic. The consequences of a moderate to severe pandemic will naturally have significant flow on effects to all sectors and communities.

This section is intended to stimulate thinking about the possible flow on effects that a pandemic may have on interdependencies.

1. Internal organisational consequences

- Severe and prolonged staff absenteeism from direct illness, family caring, commuting difficulties and increased anxiety
- Interruption to key council services
- Effects on workforce morale, grieving and psychological impact on staff and families
- Pressures on revenue collection and financial capacity
- Increased levels of customer aggression
- Demand for specific services exceeds capacity (i.e. health and community services)

2. Local community consequences

- Effects on local businesses and economy
- Regional health care systems operating beyond capacity
- Increased levels of debt
- Community blame against governments
- Food distribution issues
- Need for information and community leadership
- Civil disorder and declining community morale
- Demand for volunteer services exceeds capacity

3. External consequences

- Poor communication across government agencies
- Contractor agencies fail to provide key services
- Critical infrastructure not adequately supported
- Interruption of essential services due to inadequate maintenance resources (i.e. power, water, phone, fuel)
- 'Just in time' supply chains result in increased vulnerabilities due to business interdependencies leading to wider potential economic impact
- Inadequate capacity of ISPs and other critical communications infrastructure (i.e. servicing 'work at home' capacity)

Maximum Tolerable Outages

Another aspect of risk evaluation integral to any business continuity planning is the establishment of 'Maximum Tolerable Outages' for significant services.

MTOs are generally referred to as the maximum amount of time a system can be unavailable before its loss will compromise the organisation's primary purpose. Each organisation should work through a process of establishing acceptable outage limits for all service areas (refer Attachments 7 and 8). It is very useful to establish MTOs for all service areas. This information gained is applicable beyond pandemic planning. Establishment of MTO time limits form a risk evaluation planning tool for any contingency. MTOs can generally be applied to any circumstance which may threaten business activities.

Attachment 7 provides a structured matrix for considering the consequences of interruptions in services. The Business Continuity Planning Team (with executive input) should consider the consequences of outages over time. Service interruption is considered for 1 day, 5 days and 10 or more days. Columns 1-5, of the matrix rank effects of outages from insignificant to catastrophic. Attachment 8 provides a more detailed description of the service interruption effects to be used on the matrix provided in Attachment 7.

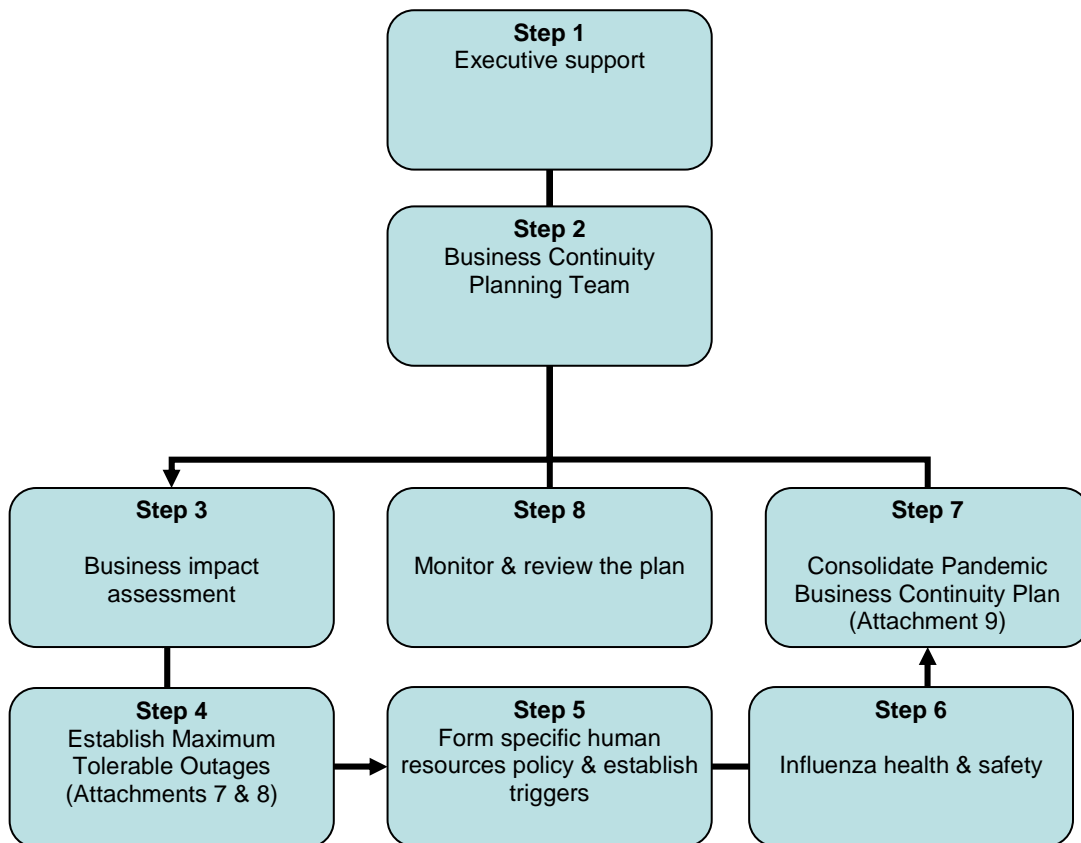
The process of analyzing MTOs will highlight a relatively small number of services where outages for any significant period will be unacceptable. Services with zero, or very low outage tolerances, are deemed to be essential services for planning purposes. Remember that essential services are those services where small interruptions are likely to jeopardize the ability to either combat a threat, or threaten the physical survival of the community in any way. A community wastewater management system is an example of an essential service with a zero to minimal tolerable outage period.

Treat the Risks

Modifications to existing business continuity plans will be applicable to any significant human disease outbreak.

This section should be read in conjunction with Chapter 6 of *Being Prepared for a Human Influenza Pandemic – A Business Continuity Guide for Australian Businesses*, Department of Industry Tourism and Resources (June 2006). A copy of this publication can be viewed on: www.industry.gov.au/pandemicbusinesscontinuity

Diagram 3: Integrated Process Pandemic Influenza Business Continuity Implementation Model



Step 1 - Gain Executive Support

The foundational step before planning can occur is to have the support of executive management. The process of business continuity necessarily involves participation and communication throughout the organisation.

Staff such as, risk managers and environmental health officers, may wish to provide a formal report and or presentation to executive management about the risks associated with pandemic influenza. Any information presented should be based upon reliable and authoritative sources and should include a summary of actions that are within the scope of councils to implement so that business operations and the community can be protected. A list of reputable resource for information is provided with this document.

Step 2 - Form Pandemic Planning Team

After gaining executive support, a pandemic planning team should be established and supported. In addition to the formation of the team, some councils may wish to appoint a specific staff member to drive the process of forming a pandemic business continuity plan.

The pandemic planning team will ideally be comprised of about 3 people within the organisation who have knowledge and expertise in human resources, public health, risk management and collectively be well acquainted with all of the council service areas.

The key task areas of the pandemic planning team are outlined in Diagram 3 of these Guidelines.

Step 3 – Undertake Business Impact Assessment

A business impact analysis is the process of analysing all business functions and formally considering the effect that a specific disaster may have upon them.

Attachment 6 provides a list of council services. Few private businesses are required to provide such a vast array of services. Councils are generally structured to provide tangible community services in a cost effective way.

The template considers the consequences of interruption in business capabilities in terms of:

- Loss of reputation and image
- Operational consequences
- Compliance breach risks
- Financial losses and interruptions

These Guidelines are not intended to provide a comprehensive outline of business continuity processes. Business managers who require a more in depth knowledge about these processes are advised to refer to; *The Business Continuity Management Handbook* from Standards Australia (HB221:2004).

Step 4 – Establish Maximum Tolerable Outages

The process of establishing MTOs has been outlined in a previous section of these Guidelines (refer page 11). Any form of disaster, or interruption of supply or critical infrastructure, can jeopardize key service areas. Importantly, the services which are provided by external contractors should also be analysed.

It should be noted that although MTOs for service areas are generally applicable for all types of emergency situations. A major public health incident, such as pandemic disease, will particularly emphasise the importance of any public health functions that councils provide.

Step 5 - Consider HR policy implications

The circumstances associated with the emergence of a pandemic, including the planning for and management of the workforce in the event of a pandemic will result in many medium to short term changes within the working environment. In addition to ensuring genuine consultation with employees, councils should consider liaising with unions and staff ahead of time about flexible work arrangements as part of the process of formulating pandemic business continuity plans.

A range of human resource policy implications are discussed in this section. However, it is up to each council to decide what level of assistance and support that the organisation will be prepared to offer to employees and their families. Where organisations are seen as being flexible and compassionate, under exceptional circumstances, employees may be more likely to be committed to the process of business recovery. In some cases, executive officers may decide to continue to pay wages gratuitously, even if all leave entitlements may be exhausted. Arrangements may be put into place for staff to repay gratuitous leave over time upon recommencement of work.

The following human resource advice is based on that being considered by the South Australian Public Sector for pandemic influenza. Individual councils need to adopt their own workforce policies and also indicate the processes and circumstances for enacting them.

- 1 Following advice from State and/ or Commonwealth government it may be necessary to screen employees, clients etc. prior to allowing them to enter the workplace in order to prevent, delay or minimise the ingress of the disease into the workplace. (For additional information on workforce screening refer section 4.3 of this document)
- 2 Chief Executives may encourage or direct certain employees to work from home, or negotiate with staff to utilise flexible working hours (under a far more flexible arrangement), to reduce opportunity for disease transmission.

Planning may need to consider the fact that agency IT systems may fail due to lack of trained IT people to maintain them. In such cases additional arrangements may need to be used to enable employees to access or return completed work.

- 3 In consultation with employees, Chief Executives may determine which employees are;
 - required to ensure the maintenance of the agency's critical services (or perform critical services in other agencies),
 - provide non-essential but desirable services

- remaining employees may be encouraged to access leave entitlements as appropriate or on standby (subject to Award and enterprise bargaining agreement provisions).

Leave and alternative arrangements

Employees may need to access their leave entitlements, not only to cover their own illness, but also that of family members and impact of absence of service providers in the wider workforce (eg. depletion of childcare workers and teachers).

Councils are again encouraged to consider a 'phased' approach to the management of employee leave entitlements, eg;

- Usual leave arrangements – employees access their existing entitlements to paid sick leave, then if necessary, their entitlements to all other types of leave e.g. family carer's leave, special leave, annual leave, long service leave.
- In the event that an employee uses all entitlement to paid leave, and is still unable to return to work due to continuing illness, they may be granted special leave without pay,
- As a last resort, it may be necessary for Chief Executives to direct employees to not attend work – this may also be the outcome of a State Government direction.
- In the event of staff being directed not to attend work it is reasonable to consider these employees are NOT being regarded as being on leave. Therefore they are entitled to all normal salary and wages for the period during which they are stood down (i.e. by government, medical or employer directive).

Payment of salaries and wages

Maintaining the payment of normal salaries and wages will be a critical element in ensuring the maintenance of the good morale of employees, many of whom may be experiencing under difficulties. It will be critical to ensure that employees are able to maintain normal domestic financial arrangements. Payroll services should therefore be considered as an 'essential' service and that back up contingency plans are put in place to maintain this function.

The ability of Chief Executives to ensure that employees are not disadvantaged during this phase will be critical to the future operations of the agency in terms of morale, efficiency and the speed with which the business operations return to normal. The recovery of the organisation will rely upon the diligence and good-will of employees.

Step 6 – Health and Safety

An essential component of pandemic business continuity planning is to consider and plan to support the health and safety of workers, including volunteers and elected members as well as customers.

The best protection from influenza is ultimately the provision of an antigen specific vaccine. Research indicates that there may be a period of up to 6 months between when the new virus is first isolated until sufficient quantities of vaccine can be produced distributed and administered. In the absence of a specific vaccine, some basic understanding of infection control and personal hygiene is the best form of protection and therefore should be central to pandemic business continuity planning.

Influenza viruses infect the nose, throat and lungs. Importantly, virus particles are very small and can only be transported into the environment via respiratory droplets. The disease is spread when an infected person coughs or sneezes or contaminates objects or surfaces.

- The influenza virus can survive for up to 8-12 hours on paper and tissue
- The influenza virus survives for 24-48 hours on non porous surfaces
- Infected persons can still spread virus to others about 24 hours before onset of symptoms
- Adults are likely to be infectious for approximately 7 days; school aged children around 14 days; and pre-school age children up to 21 days.

The main strategies to protect staff and clients include:

- Restricting workplace entry to people with respiratory symptoms
- Reinforce good personal hygiene practices
- Augment workplace cleaning regimes
- Increase social distancing (e.g. enable working from home capabilities, avoid face-to-face contact)
- Adequate air conditioning and ventilation
- Encourage high uptake of annual staff influenza vaccination (aim to build > 75% uptake of annual flu vaccine pre-pandemic period)
- Provide personal protective equipment (PPE)
- Consider stockpiling anti-viral medication and other supplies

Restrict workplace entry of people with respiratory symptoms

On declaration of active person to person transmission of human pandemic influenza in Australia, it is good practice for workplaces to put up suitable notices at all workplace entry points. Notices will assist in advising staff and visitors about hygiene measures and restrictions of entry for persons with influenza-like symptoms. For copies of standard health notices for businesses refer to the following website resources:

www.industry.gov.au/pandemicbusinesscontinuity

Employees should be encouraged not to come to work when they are feeling unwell. An anti 'soldier on' policy should be emphasised to staff, volunteers and elected members. Council personnel should be encouraged to stay home if ill, particularly if they are exhibiting any early cold or flu like symptoms. Although it may be helpful to inform staff of the differences in symptoms between influenza and a common cold, (refer Attachment 2) all staff should be encouraged to stay away, at least initially, if they are experiencing any early symptoms indicating a respiratory infection. Unwell employees should also be advised to see a doctor. Workers who manifest prolonged influenza like symptoms should stay at home until the symptoms resolve.

Note: Staff who have recovered from influenza are likely to have natural immunity and should therefore be encouraged to return to work after they are well. A staff notification form is provided (refer Attachment 4) to aid organisations to track and follow up the progress of unwell workers.

Reinforce good personal hygiene practices

The value of simple personal hygiene measures should not be underestimated. Practices such as regular hand washing and sneeze/cough etiquette will need to be reinforced to minimise viral transmission in the workplace as follows:

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue).
- Immediately dispose of used tissues.
- Nurses/EHOs to promote sound personal hygiene practices in the workplace. Regular and thorough hand washing / hand hygiene practices, particularly after coughing, sneezing or using tissues. Studies indicate that most people do not naturally have sound hand washing technique.
- Keep hands away from the mucous membranes of the eyes, mouth, and nose.
- Ensure that adequate supplies of hand hygiene products (e.g. alcohol based products, disposable gloves and respiratory masks) are available in advance.
- Communicate hand and personal hygiene information to staff and visitors at workplace entrances, washrooms, hand washing stations and public areas.
- Use other forms of communication to reinforce the importance of hand hygiene, distancing (i.e. maintaining minimum distance of 1 metre) and enhanced environmental cleaning procedures during a pandemic. Brochures, newsletters, posters, notices and information included with pay slips to emphasise these messages.

Increase workplace cleaning regimes

During a pandemic, there is a need to enhance routine cleaning procedures in order to minimise the transmission of the virus through environmental sources. As previously stated the virus may live up to two days on some surfaces. Influenza viruses are known to be inactivated by diluted alcohol and by chlorine solutions.

Cleaning of hard surfaces with a neutral detergent followed by a disinfectant solution is recommended for non electrical hard surfaces. Surfaces that are frequently touched with hands (such as counter tops, desks) should be cleaned more often. Each staff member should be supplied with large alcohol wipes and instructed to routinely wipe down their own work areas, including computer keyboards, phones etc. with disposable alcohol wipes. Cleaners and IT staff are potentially at risk occupations during an influenza period and therefore should be encouraged to wear gloves when working around multiple work stations.

Social distancing

Pandemic planning includes measures which aim to reduce potential for spread of infectious disease by increasing the distance between persons even in order to reduce the active transmission of disease from person to person. As a minimum standard, staff should be advised to maintain a distance of at least 1 metre from other persons in a workplace setting. Councils may consider employing a range of strategies to suit business requirements in order to reduce the organisations vulnerability to pandemic influenza.

Where practicable, consideration should be given to locating staff away from one principle work location. It is suggested, as part of the business continuity process, that an assessment of work from home capabilities be undertaken. The capacity for staff to be able to work from home provides the organisation with benefits for other emergency management contingencies in addition to that of pandemic influenza.

Having more than one principle work site will be beneficial for any business continuity arrangements. Some organisations will have the capacity to perform business functions adequately at multiple work sites. This reduces the concentration of staff resources at any one given location. Some staff may be happy to work flexible shifts to reduce worker density and

thereby reduce likelihood of transmission of disease. Additionally, flexible shifts may assist some staff members to negotiate alternative travel arrangements outside of routine hour.

Serious consideration should be given to measures aimed at reducing person to person contact. Facilitating and promoting the use of internet based customer services also reduces the volume of 'in person' customers and may reduce financial vulnerabilities with diminishing cash flow associated with reluctance to perform face to face business transactions by customers. Additionally, facilitating more flexible work arrangements (i.e. flexible shifts) can reduce the concentration of workers in the office at any one time.

Air conditioning and ventilation

There is currently no evidence to suggest that influenza is spread via air conditioning systems. There is, however, evidence that respiratory illnesses, such as influenza, are more likely to spread among staff in inadequately ventilated internal spaces.

Employers should ensure air conditioning systems are adequately designed and maintained in accordance with appropriate standards.

Annual staff immunisation

Annual influenza immunisation offers protection against common circulating influenza viruses. Persons who have had exposure to seasonal flu strains, via annual immunisation, may have some carry over protection to a new emerging influenza (South Australian Immunisation Coordination Unit, SA Dept. of Health, 2006).

Additionally, where individuals are weakened by one strain of respiratory illness, the potential exists to contract more than one virus at the same time. A pandemic influenza can be introduced into Australia at any time/month of the year. There are increased risks associated with contracting more than one respiratory illness at any one time.

Studies have shown that provision of routine influenza immunisation is cost effective in reducing absenteeism in the workplace. Additionally, consideration of Pnuemococcal vaccine is also supported in the *Draft National Influenza Pandemic Clinical Guidelines (2006)* as protection against secondary bacterial pulmonary infection⁴.

Personal protective equipment (PPE)

The most useful protective equipment are disposable surgical masks and latex gloves. Disposable surgical masks whilst not providing 100% protection against respiratory aerosol inhalation are considered adequate for use in non-medical situations⁵. Disposable face masks should be replaced once the barrier becomes moist or after significant coughing or sneezing. Masks should be changed when they get moist and should never be reapplied after it has been removed.

Other physical barriers, for example, plastic or glass barriers in customer service areas offer very limited protection to staff and customers and therefore should not be relied upon.

⁴ Pnuemococcal vaccination can be given at intervals of >3 years to prevent pneumococcal bacterial disease. Consult medical advise if considering vaccination. Also refer to information provided : <http://immunise.health.gov.au>

⁵ Department of Health and Ageing, Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings, 2006 (pg.35).

Anti-viral medication

State and Commonwealth governments in Australia have purchased and stockpiled anti-viral medication as one of a range of measures to limit the effect of a pandemic. Existing government anti-viral medication will be provided to case contacts to aid in initial disease containment and to protect medical staff (and immediate family members) who are potentially in contact with effected persons.

This class of drug is known as 'neuraminidase' inhibitors. These drugs can be used preventatively (prophylactic) or as a treatment, if taken within 48 hours of contracting influenza. The rate of effectiveness of anti-viral drugs against new strains of influenza is uncertain. Safe and appropriate administration and secure storage of this type of medication to staff and their immediate families poses a range of legal and administrative difficulties for employers.

Anti-viral medication is a 'prescription only' drug. Any decision regarding supply of anti-viral drugs must be authorised by a medical officer. Councils should seek specialist medical advice if considering forming a policy to provide anti-viral medication as part of the overall strategy to protect staff.

Stockpiling critical supplies

As previously stated, organisations should consider purchasing and storing critical health supplies in advance as part of pandemic preparations. Items that should be considered include; disposable masks, disposable gloves, tissues, alcohol wipes, alcohol based hand gel, soap, bleach and appropriate sanitising agents. Disposable personal protective equipment and hygiene aids generally have no 'use before' requirements and are therefore suitable for long term storage in a dry and suitable area.

Agencies should consider purchasing and storing sufficient quantities of these supplies in liberal quantities. It is very likely that some supplies will be difficult to obtain when a pandemic status is confirmed.

Pandemic vaccine and routine influenza vaccination

Clearly the best protection against influenza is the provision of a specific vaccine to uninfected people as quickly and efficiently as possible. It is, however, likely that there will be a delay of some months between when a pandemic virus is isolated somewhere in the world and a specific vaccine is produced and available to Australians. Current advice is that this period will be approximately 6 months.

Although an Avian Influenza vaccine (H5N1) has recently been developed (principally for poultry workers) the vaccine, in its present form, may not be protective against a newly evolving human pandemic. Indeed, it is unknown if the next human influenza pandemic will be based upon the current H5N1 strain.

A State Pandemic Vaccination Plan is under development at the time of writing. The State Pandemic Plan recognizes that general practitioners will not in general be providing the multi-dose vaccines because GP resources will most likely be utilised in treating sick persons. With this in mind, the effectiveness of a State mass immunisation campaign will be largely linked to the availability of nurses to administer the vaccines across various locations. Nurses who currently work for Local Government in the provision of mass immunisation at schools will be vital in the coordination of a State vaccination program.

Infection Control

With the likely delay before a pandemic vaccine can be provided, a range of simple hygiene measures should be reinforced in the workplace. This will include; workplace exclusion of sick persons, social distancing, enhanced office cleaning and hand washing measures and staff vaccination. Of course measures, such as staff immunisation, can be supported every flu season as a type of dress rehearsal for a pandemic. There is significant evidence to suggest that staff health and safety programs which reduce absenteeism in the workplace are cost effective on an ongoing basis in workplaces .

The South Australian Immunisation Coordination Unit (South Australian, Department of Health) have outlined 6 reasons why..."receiving annual influenza vaccination will assist in achieving a more efficient level of protection in the event of a pandemic strain emerging." Providing a high coverage of staff influenza vaccine for staff, volunteers and elected members should form part of a council business continuity plan.

Diagram 4: Hierarchy of health and safety measures to support pandemic influenza business continuity planning.

Note: Organisations should consider implementation of measures at the bottom of the pyramid first.

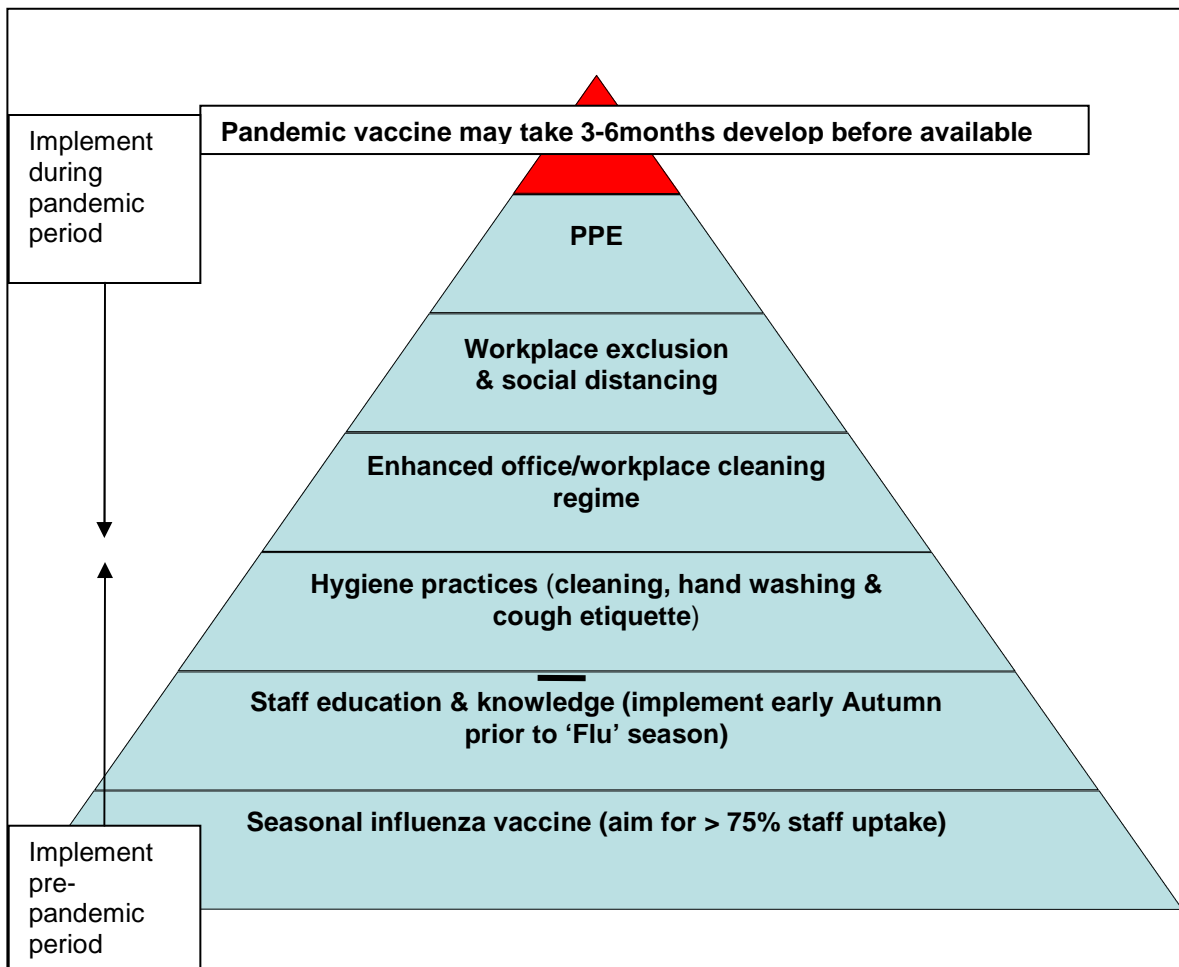


Table 3: Summary of infection control measures for influenza

Protection measure	Where applicable
Hand hygiene, cough etiquette, ventilation	Everyone, all the time
Organisational policies	Every organization, all the time
Social distancing	Everyone, whenever practical
Protective barriers	In situations where regular work practice requires unavoidable, relatively close contact with the public
Disposable surgical mask	Workers in any community or health care setting who are caring for the sick (this includes first responders) Also as a possible adjunct to protective barriers
Disposable particulate respirator masks, eye protection, gloves, gowns / aprons	Health care workers participating directly in close contact patient care when there is a high risk of contact with respiratory secretions, particularly via aerosols (mostly inpatient settings)

Table 4: Examples of disinfectants and sanitizers for infection control cleaning

Disinfectants	Recommended use	Precautions
Sodium Hypochlorite: 1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach	Disinfection of 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
Granular Chlorine: eg. '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
Alcohol: eg. 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 Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns

Staff should be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water after use.

Remove all magazines / papers from waiting rooms and common areas (such as tea rooms, kitchens)

Step 7 – Consolidate Pandemic Business Continuity Plan

A template is provided (refer Attachment 9 – ‘Business Continuity Planning Worksheet’) to assist consolidation of your council business continuity plan. Having established the organisation’s MTOs, risk treatments (actions) should be implemented to strengthen the ability to provide essential services in the type of exceptional circumstances that a pandemic would be likely to create.

As previously stated, a disease epidemic is most likely to deplete the human assets of organisations. Having a pool of workers that are trained to undertake a second role within the organisation (i.e. of an essential nature) in addition to their own normal role significantly boosts the organisations resilience in the face of any identified future threat.

Of course, the depletion of workers will not only directly effect councils but also be likely to impact external agencies as well. Action plans should therefore consider what interdependencies exist between your council and any external service suppliers that are relied upon.

Step 8 - Monitor and Review the Plan

Business continuity plans are not static. It will be necessary to build in an ongoing process of review for the plan. The contingencies put forward in these Guidelines are set in the context of existing State and National plans. However, as new scientific and epidemiological evidence becomes available, some aspects of State and National Plans may be revised. Additionally, your plans will need to reflect the unique needs of your community and the capacity of your council.

AS/NZS 4360 Risk Management Standard includes ongoing evaluation and review. This process is especially necessary as conditions change and following specific advice from State and National health authorities.

Organisations should not only put business continuity plans in place, but should ensure they are reviewed regularly and kept up to date. Particular attention may need to be paid to: staff changes; changes in the organisation’s functions or services; changes to the organisational structure; details of suppliers or contractors; changes to risk assessments; and altered business objectives/processes.

The following questions are posed to facilitate ongoing review:

- Who is in charge? Are questions of leadership resolved? Is there a back up plan to provide organisational leadership? Does the plan address leadership both during the planning stages and potential outbreak stages? Has leadership and or media training been considered for likely council spokespersons for emergencies.
- Who should make the decision to shut an activity down when absence rates threaten safe business continuity?
- Are the plans to provide essential services adequate? Is there a phased process of change mapped out?
- What are the essential services that should be strenuously maintained to maintain the safety and well being of the workforce and the local community?

- How will business processes be maintained when 25 percent of the workforce falls ill and if up to 50 percent of the workforce may be absent at one time?
- Have essential contractors providers given sufficient evidence to guarantee their capacity to provide essential service(s)?
- How will the business continue when other interdependent agencies and suppliers experience the same absentee rates?
- How will council adapt to disruptions in the supply chain for the raw materials, goods, and services required? How will products be delivered to the client if the distribution network is hit with high absentee rates?
- How can the economic impact of an influenza pandemic be minimised?
- What are critical staff numbers and skills required to keep essential processes of the council running – at what level does business stop?
- Are arrangements to minimise risk to staff (i.e. PPE) adequate?
- Is there capacity for some business operations to be decentralised (i.e. some workers shift to operating from home with little warning)?
- Is council engaging with emergency services agencies in the region in order to clarify what level of interdependencies are required between agencies for this type of emergency?

Communicate and Consult

Communication is an essential element across the entire risk management process. It is likely that there will be a high level of anxiety regarding a pandemic and this is likely to contribute to increased work absence and/or increased distress to staff. Suggested ways to manage this include:

- Communicate the possibility of a pandemic as well as councils preparedness to manage it early to staff;
- Discuss with staff possible health and safety issues, potential for stand down, and or leave arrangements if they are ill or need to look after those who are, or who have been “shut out” of childcare and school, etc;
- Have a comprehensive management plan in place, which is clearly communicated to staff. Ensure that communications management during the pandemic is part of the plan.
- In activating your plan, provide clear, timely and pro-active communications to staff, including how the agency is handling the situation; and
- Establish back up communications pathways so that people can keep in touch.
- Encourage staff participation in identification and management of organisational needs.

Consider the trigger point for enacting the business continuity plan

As part of the communication strategy, the pandemic planning team should consider, in liaison with council management, which events (international, national and local) may provide guidance for enacting plans.

The rule of thumb is that it is better to enact plans a little early than wait until it is too late. Agencies should be in contact the State Health Department directly in order to gain vital intelligence about the spread of an emerging pandemic disease. Environmental Health Officers are likely to receive direct information from the Department. The declaration of phases (refer Attachment 1: WHO and Australian Government Pandemic Phases) can be sited to serve as a key trigger points for enacting plans progressively.

Employee and Volunteer Contact Details and Arrangements

Although basic employee contact details, including ‘next-of-kin’ details, are obtained from employees and volunteers at the time of their initial engagement it is recognised that in many cases these records are no longer current. It is essential for councils to have up to date records of employee, elected member and volunteer contact details that can be easily accessed by more than one authorised employee (eg human resources and payroll staff). Additionally, up to date contact details about volunteer and other community resource agencies should be sought.

Consideration should be given to having ‘back-up’ access to personal employee records. Computer-based staff records should be backed up with hard copies of the latest information.

An updated record of employee contact details may include:

- ❖ Home/mobile phone number (home fax number)
- ❖ Home e-mail address (collating these addresses in groups that are meaningful will facilitate rapid and easy contact with large numbers of employees simultaneously)
- ❖ Residential address and next of kin contact details.
- ❖ Work at home capacity

References and Resources

South Australian Pandemic Influenza – A Summary of Health’s Operational Plan (version 9, April 2007), click on link to ‘pandemic influenza flu plan’)

<http://www.health.sa.gov.au/pandemicinfluenza/>

WHO site: Pandemic alert phase

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

WHO site: Avian influenza updates

http://www.who.int/csr/disease/avian_influenza/en/

Australian Government pandemic preparedness resources

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-resources.htm>

National Action Plan for Human Pandemic

<http://www.pmc.gov.au/publications/pandemic/index.htm>

Australian Health Management Plan for Pandemic Influenza

www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-plan.htm

Interim National Influenza Pandemic clinical Guidelines, Department of Health and Aging, 2006.

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-clin-care-gl-toc.htm>

New Zealand Influenza Pandemic Action Plan 2006

<http://www.moh.govt.nz/moh.nsf/pages/MH5180>


New Zealand Government Business Continuity Planning Guide

<http://www.med.govt.nz/templates/>

National Institute of Clinical Studies: Influenza facts

<http://www.fightflu.com.au/>

Attachment 1: Table: WHO and Australian Phases of a Pandemic Influenza

Period	Global phase	Australian Phase	Description of Phase	Main Strategy
Inter-pandemic		Aus 0	No circulating animal subtypes in Australian that have caused human disease.	Containment 
	1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low.	
		Aus 1	Animal infection in Australia: the risk of human infection or disease is considered low.	
	2	Overseas 2	Animal infection overseas: substantial risk of human disease.	
		Aus 2	Animal infection in Australia: substantial risk of human disease.	
Pandemic Alert	3	Overseas 3	Human infection overseas with new subtype(s) but no human to human spread or, at most, rare instances of spread to a close contact.	
		Aus 3	Human infection in Australia with new subtype(s) but no human to human spread, or at most, rare instances of spread to a close contact.	
	4	Overseas 4	Human Infection overseas: small cluster(s) consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans.	
		Aus 4	Human Infection in Australia: small cluster(s) consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans.	
	5	Overseas 5	Human infection overseas: larger cluster(s) but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).	
		Aus 5	Human infection in Australia: larger cluster(s) but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk).	
Pandemic	6	Overseas 6	Pandemic overseas –not in Australia: increased and sustained transmission in general population.	Maintain essential services
		Aus 6a	Pandemic in Australia: localised (one area of country).	
		Aus 6b	Pandemic in Australia: widespread.	
		Aus 6c	Pandemic in Australia: subsiding.	
		Aus 6d	Pandemic in Australia: next wave.	

Attachment 2: Influenza versus common cold

What is the Difference Between Influenza and a Common Cold?

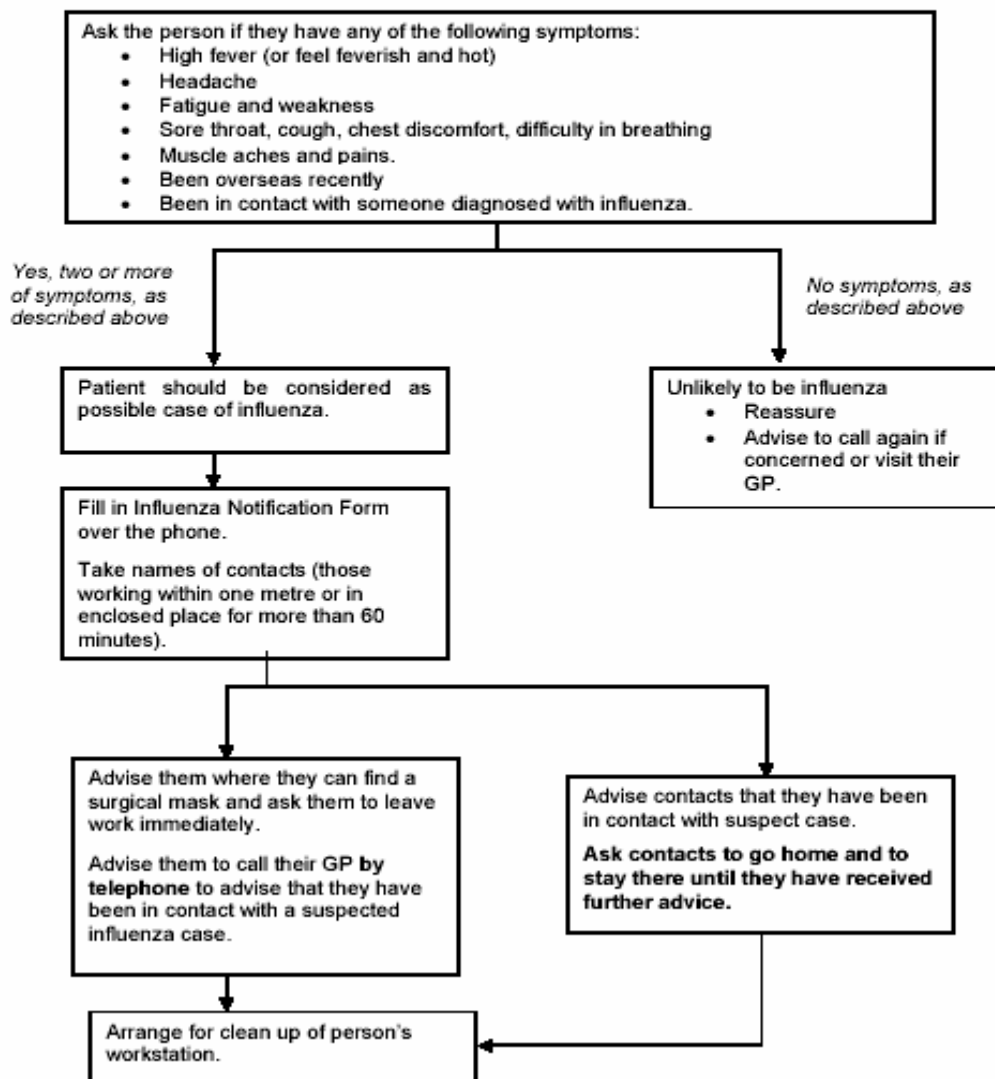
SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset 38°-40° and lasts 3-4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhoea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or ear-ache
Fatalities	Well recognised	Not reported
Prevention	Influenza vaccine; frequent hand-washing; cover your cough	Frequent hand-washing, cover your cough

Attachment 3: Screening Checklist for Management of Suspected Staff Influenza

Screening Checklist for Detection and Management of Suspected Pandemic Influenza Cases

Process

- 1) The Influenza Manager receives a call from a person suspecting they may have influenza
- 2) Do not visit the person if this can be avoided – manage the process over the telephone
- 3) Follow the flowchart below



Attachment 4: Staff Notification Form

NOTIFICATION FORM: SUSPECTED INFLUENZA CASE AT WORK





Details of Affected Staff

Name:	Worksite:	Location of Isolation:
Job title:	Nationality if Visitor to Site:	Date of birth:
Address:		
Telephone no: _____ (W) _____ (H) _____ (M)		
Symptoms noticed:		
Fever <input type="checkbox"/>	Body aches <input type="checkbox"/>	
Headache <input type="checkbox"/>	Fatigue <input type="checkbox"/>	
Dry cough <input type="checkbox"/>	Others <input type="checkbox"/>	Details: _____
Cold <input type="checkbox"/>		
Time of fever on-set: _____		
Time of isolation: _____		
Travel history over the past 8 days:		
Countries visited _____		
Flights taken: _____		
Where referred:		
Contact List (See separate page)		

Details of Reporter

Name:
Job title:
Telephone no: _____ (W) _____ (H) _____ (M)

Attachment 5: Hand washing Guidelines

Hand Hygiene with Soap and Water		
<p>1. Remove jewelry. Wet hands with warm water</p> 	<p>2. Add soap to palms</p> 	<p>3. Rub hands together to create a lather</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Clean knuckles, back of hands and fingers</p> 	<p>6. Clean the space between the thumb and index finger</p> 
<p>7. Work the finger tips into the palms to clean under the nails</p> 	<p>8. Rinse well under warm running water</p> 	<p>9. Dry with a single-use towel and then use towel to turn off the tap</p> 
<p>Minimum wash time 10-20 seconds.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan

Attachment 6: Local Government Service Areas for Business Impact Assessment

<i>Assets, Engineering & Infrastructure Services</i>	<i>Development, Environment & Compliance Services</i>	<i>Corporate, Finance & Governance Services</i>
<ul style="list-style-type: none"> ▪ Airports ▪ Assets management ▪ Bus shelters ▪ Car parking facilities ▪ Caravan Parks ▪ Cemeteries ▪ Construction & field services ▪ Cycling & recreation tracks ▪ Emergency response ▪ Footpaths ▪ Horticultural services ▪ Local area water catchment ▪ Ovals ▪ Parks and gardens ▪ Property management ▪ Public Halls & buildings ▪ Public swimming pools ▪ Public swimming pools ▪ Quarries ▪ Recreation facilities and centres ▪ Recycling ▪ Reserves and playgrounds ▪ Roads (local roads) ▪ Rubbish collection and disposal ▪ Skate parks ▪ Sports & recreation facilities ▪ Stormwater drainage & infrastructure ▪ Street lighting ▪ Traffic management ▪ Water treatment & supply ▪ Wastewater treatment (community) ▪ Wastewater management ▪ Wetlands ▪ Other 	<ul style="list-style-type: none"> ▪ Biodiversity ▪ Building inspection ▪ Bushfire prevention ▪ By-laws ▪ Cities for Climate Change ▪ Coast care projects ▪ Control of pest animals and plants ▪ Control of public nuisances ▪ Development services ▪ Dog and cat management ▪ Emergency management ▪ Environmental health (disease prevention) ▪ Environmental management ▪ Environment protection (pollution prevention) ▪ Fire safety ▪ Food safety inspections ▪ Immunisation ▪ Landcare programs ▪ Legionella monitoring ▪ Local area water catchment ▪ Local heritage ▪ Monitoring of insanitary conditions ▪ Natural resource management ▪ Notifiable disease control ▪ Parking & traffic control ▪ Planning and development services ▪ Public pool & spa safety ▪ Recycling ▪ Rubbish collection and disposal ▪ Supported residential facilities licensing & control ▪ Other 	<ul style="list-style-type: none"> ▪ Accounts ▪ Business support ▪ Corporate health ▪ Customer service ▪ Dry zones ▪ Economic development ▪ Elections ▪ Employment /training programs ▪ Human resources management ▪ Liquor licensing referrals ▪ Mayoral & elected member services ▪ Payroll ▪ Policy ▪ Policy development ▪ Rates ▪ Regional development ▪ Regional tourism ▪ Records management ▪ Risk management ▪ Staff OH&S ▪ Strategic development ▪ Tourism information and support ▪ Other

Attachment 7: Business Impact Analysis

Service Area: _____

Duration of outage	Rank Impact Rating – Refer Attachment 8				
	1	2	3	4	5

1 Reputation & Image

Could interruption of services lead to a loss of public confidence, negative publicity and/or damage the image and reputation of the Local Government?	1 day					
	5 days					
	>10 days					

2 Operational

Could unavailability of information and resources affect achievement of service deliveries?	1 day					
	5 days					
	>10 days					

3 Compliance

Could interruption of services breach compliance requirements (such as acts, regulatory and legal requirements)?	1 day					
	5 days					
	>10 days					

4 Financial

Could interruption of services lead to financial loss (such as revenues, interest costs and extra cost of working)?	1 day					
	5 days					
	>10 days					

Based on the above impacts, provide an overall impact rating for this activity

Comments:	Maximum Tolerable Outage (MTO) - days

Attachment 8: Service Interruption Analysis

QUALITATIVE MEASURES OF CONSEQUENCE OR IMPACT

RATING	RANK	REPUTATION & IMAGE	OPERATIONAL	COMPLIANCE	FINANCIAL
1	Insignificant	Unsubstantiated, low impact	Little impact	Guidance required for compliance	Less than 0.025% of operational budget
2	Minor	Substantiated, low impact, low local exposure	Inconvenient delays	Some non compliances	Up to 0.15% of operational budget
3	Moderate	Substantiated, public embarrassment, moderate impact, high local media exposure, CEO/Councillor involvement	Delays in major deliverables	Many compliance or probity infringements	Up to 2% of operational budget
4	Major	Substantiated, public embarrassment, high impact, State/National media exposure, Third Party actions, public CEO/Councillor involvement	Non achievement of major deliverables	Non compliance results in termination of service or imposed penalties	Up to 5% of operational budget
5	Catastrophic	Substantiated, public embarrassment, very high multiple impacts, high widespread media exposure, Third Party actions, public CEO/Councillor/Ministerial involvement, Government censure	Non achievement of major key objectives	Non compliance results in criminal charges or loss of required accreditation	More than 10% of operational budget

