

AMERICAN HOTEL & LODGING ASSOCIATION PANDEMIC FLU SAMPLE PREPAREDNESS PLAN

Experts believe avian influenza has significant potential for affecting the U.S. lodging industry, including severe employee shortages, travel restrictions that may result in substantial cancellations, and housing employees or guests unable to evacuate. The following information can assist hotels in creating and implementing a pandemic preparedness and response plan.

This document is a generalized template for informational purposes only and cannot be used as is for any particular hotel. Any final plan **MUST** take into account the nature and configuration of the property, the nature and configuration of the locale and available resources, local and state laws, personnel availability, food and water sources and a myriad other fact specific considerations. AH&LA makes no warranty whatsoever concerning the accuracy or completeness of the template, and no person is entitled to rely thereon.

What is the disease?

Seasonal or common flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The **H5N1** variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity.

Pandemic flu is virulent flu that causes a global outbreak, or pandemic of serious illness. Because there is little immunity, the disease can be spread easily from person to person. Currently there is no pandemic flu vaccine.

How widespread is the avian influenza and what cumulative human deaths data exists?

In 2003, three deaths occurred in one nation. By March 8, 2006, the virus had spread to 37 countries with a cumulative total of 96 deaths.

Are any Americans infected?

There have been no human cases of avian influenza identified in the United States and, to date, no Americans have been found to have been infected abroad. The current risk to Americans from the avian influenza outbreak in Asia, Europe, and Africa is low. Avian influenza is not currently found in the United States. Since February 2004, medical and public health personnel have been watching closely to find any such cases. The federal government has created

www.pandemicflu.gov, which contains information on comprehensive public health efforts.

Will the H5N1 bird flu virus cause the next influenza pandemic?

Scientists cannot predict whether an avian influenza (H5N1) virus will cause a pandemic. Today H5N1 is a bird flu. There are no reported cases of sustained human-to-human passage of H5N1. However, as it mutates, it is possible the virus could become capable of passing human-to-human and then spread very quickly.

What age groups are most likely to be affected during an influenza pandemic?

Although scientists cannot predict the specific consequences of an influenza pandemic, it is likely that many age groups would be seriously affected. The greatest risk of hospitalization and death – as seen during the last two pandemics in 1957 and 1968 and during annual influenza – will be infants, the elderly, and those with underlying health conditions. However, in the 1918 pandemic, most deaths occurred in young adults. Few if any people would have immunity to the virus.

What drugs are available for treatment of seasonal and avian influenza?

Two drugs (in the neuraminidase inhibitors class), oseltamivir (commercially known as Tamiflu®) and zanamivir (commercially known as Relenza®) can reduce the severity and duration of illness caused by seasonal influenza. The effectiveness of the drugs, among other things, depends on their early administration (within 48 hours after symptom onset). For cases of human infection with H5N1, the drugs may improve prospects of survival, if administered early, but clinical data is limited. The H5N1 virus is expected to be susceptible to the neuraminidase inhibitors.

For the neuraminidase inhibitors, the main constraints – which are substantial – involve limited production capacity and a price that is prohibitively high for many countries. At present manufacturing capacity, which has recently quadrupled, it will take a decade to produce enough oseltamivir to treat 20 percent of the world's population. The manufacturing process for oseltamivir is complex and time-consuming, and is not easily transferred to other facilities.

So far, most fatal cases of H5N1 infection have resulted from the effects of the virus, and cannot be treated with antibiotics. Nonetheless, since influenza is often complicated by secondary bacterial infection of the lungs, antibiotics could be life saving in the case of late-onset pneumonia.

How will the vaccine be distributed if a pandemic breaks out?

Most likely, the federal government will work with manufacturers, distributors, and states. States will develop distribution plans at the local level; many are developing and improving plans to distribute a vaccine rapidly. These plans build on experience gained from other emergencies.

In addition, influenza vaccine makers already have systems in place to distribute vaccine. Tens of millions of doses of seasonal influenza vaccine are shipped every year, and during past shortages, vaccine makers have responded to urgent situations.

Fairness in vaccine distribution and use during a pandemic is important. Protecting people at high risk and protecting essential day-to-day services are also important considerations.

What are pandemic alert phases and what phase are we in?

The World Health Organization (WHO) developed an alert system (http://www.who.int/csr/disease/avian_influenza/phase/en/index.html) to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic.

The world is presently in **Phase 3** of the Pandemic Alert. This means that there is a new influenza virus subtype causing disease in humans, but it is not yet spreading in an efficient (easily transmittable) and sustainable manner among humans.

How would pandemic flu affect communities and businesses?

If a severe influenza pandemic occurs, many people would become sick at the same time and would be unable to go to work. Many would stay at home to care for sick family members. Schools and businesses might close to try to prevent disease spread. Large group gatherings might be canceled. Public transportation might be scarce. These are examples of challenges that local communities, schools, civic organizations, and businesses will have to incorporate into their plan for a pandemic response.

How might you plan for the impact of a pandemic on your business, employees, guests, first responders and suppliers?

- Make the assumption that absenteeism will increase by approximately 25 percent above normal.
- Assume 8 weeks in the first wave of confirmed pandemic flu cases.
- Designate a pandemic coordinator for the property. A committee should be established and include the department heads from housekeeping,

maintenance and engineering, security, food services, administration, front desk and bell services, and other appropriate individuals.

- Identify essential employees and supplies critical to maintaining business operations.
- Train and educate employees to recognize symptoms and provide definitive procedures for reporting suspected illness.
- Determine availability and allocation of vaccine within your community. Who should be vaccinated? (It is generally agreed the vaccine should be used for the most vulnerable – children and the elderly. However, if it becomes a matter of maintaining a facility to serve a stricken population group, how should this allocation concept be adjusted? Should a roster of critical management, supervision and staff be established with the vaccine extended to their family members so they could reside at the property during a pandemic?) If the vaccine proves to be effective, this would provide a stable work force for operation at a minimal service level. It would eliminate the need for commuting with less exposure and would relieve the initial concern for the condition of one's immediate family.
- Coordinate with senior management and human resources to create a policy on training in all aspects of pandemic flu preparedness and response. Develop the program in cooperation with the corporate medical services and appropriate support organizations within the community. (individual communities will tailor such training to their facilities and capacities.)
- Maintain up-to-date reliable information from public health organizations, including local authorities, CDC, and WHO. Involve legal counsel and the local authorities having jurisdiction for health matters, certifications and licensing within the jurisdiction.
- Under conditions of a pandemic, it is possible the hotel will become for all practical intentions and purposes a clinic. If guests are stricken and the local hospitals, clinics, and healthcare facilities are at – and in many instances over – capacity, the guest cannot be put out on the street. The hotel has now become a healthcare facility without certification or license and without professional staff. Be sure this matter is resolved within your community.
- Determine the chief medical officer for the community, probably the director of the department of health.
- Be conversant with all aspects of the community-wide plan.
- Be aware the community response capability may not exist. **YOU MAY BE ON YOUR OWN!** Phone and Internet services may still be available but there may not be an on-premises response capability from agencies in the community. This could very well include fire and police agencies.
- Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and to understand their capabilities and plans.

- Communicate with local and/or state public health agencies and/or emergency respondents about the assets and/or services your business could contribute to the community.
- Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
- Be prepared to conduct symptom and temperature checks for employees and guests.
- Should an “isolation ward” be established to house employees and guests who are waiting for transportation to a medical facility and/or treatment? If so, be sure the ventilation and all air movement systems are not moving contaminated air into other parts of the establishment. Remember air moves through bathroom stacks as well as through plenums, risers, and other duct systems throughout a multi-story property. Equip with a bed or couch, first aid kit, face masks, and gloves and locate away from main activity areas.
- If the isolation ward concept is instituted, who will serve those units? If there are a number of vaccinated staff from several departments, you might establish a premium pay arrangement and have those staff serve as an unofficial nursing staff. They will assume responsibility for laundry, food service, housekeeping, human waste removal, bedding and bed clothes changes, and coordination of medical services if such can be obtained under the emergency conditions.
- In the event of a death, what is your responsibility for having the body removed to the morgue? If the morgue is unable to function, what do you do with the body?
- What role should be assumed in reporting to the family of an infected guest who is unable to communicate? What is to be done on notification of next of kin in the event of a death? This role is normally handled through the police. What is your responsibility if the police operations have been crippled within the community? How do you secure the personal effects, possibly including a motor vehicle? These are issues to be reviewed with corporate counsel and the local authority having jurisdiction.
- Establish an emergency communications plan and revise periodically. Have a roster of community organizations and several contact persons in each organization. Have a similar listing for key personnel at corporate headquarters or owner contact data for independent or management contracted properties. There must be an internal employee contact system and a communication link with the appropriate health and emergency response agencies for the community. The internal system should include cell phone, email, home phone number, and out-of-area contact data for all staff. Update on a continuing basis and maintain an off-site back-up. Designate a spokesperson to address all inquiries from the media and friends or families of sick guests. For every essential staff

- position, establish several layers of designated back-up contacts to step in, should the designated person become incapacitated.
- Develop protocol for shutting down should it become no longer possible to operate or you must evacuate. How will systems be shut down permitting departure of the last person? Is there a published listing of turn-off points for energy and water sources? Depending upon outside temperatures, what minimal HVAC must be maintained? How will the property be secured? Have a plan for back-up of critical financial and other management records. Is there a plan for securing the property against looters?
 - Provide secured access from off-site to reservation and contract events schedule. If feasible, have alternative reservations at another facility in the community under the “same flag.” Notify the client of the change of location and confirmation to the alternative location. Where such an arrangement is not possible, have a pre-determined list of alternative sites available to the client in the community. It may happen there is no property available in which instance the employee from the secured off-site location will advise the client of the inability of the community to accommodate the reservation under any circumstance. Where it is possible to provide for accommodations at a competing facility, the off-site center would advise both the property and the client with appropriate reservation confirmation. All such transactions would be stored and secured both at the main frame and at a back-up site. That should be a site other than the location from which the employee is operating..
 - Consideration should be given to adding a cancellation clause in the event of a flu pandemic for future contracts. Such an addition to the contract “boiler plate” should be reviewed with corporate counsel and senior management. It would be a logistic impossibility to effectively move a major event to a facility under “your flag”, or to a competing facility in the community from an off-site employee location. It would be more logical to operate under the cancellation clause and the off-site employee would provide such notice in the instance of a pandemic flu scenario. There would be little likelihood of the desire for an organization and/or its members to travel for such an event.

What protocol should be established for Food Service operations?

Purchasing professionals and all food service functions in the property should be represented in the development of strategies for providing food service during a pandemic. Coordinate with the health authorities in the community to identify any restrictions or requirements that might be mandated during a pandemic emergency. There may be a need for some menu adjustments as fowl and egg products may be prohibited. It will also be necessary to discuss quantity of perishable products as dairy and produce, which may be difficult to obtain, should the pandemic limit suppliers’ delivery capacity. Consider alternative products (for example, powdered eggs and milk).

Consider developing a working and ongoing purchasing relationship with several quality suppliers. Having a single source could be disastrous in the event that source is incapacitated.

The role of the Human Resources Department during a pandemic:

- Monitor employees for signs of illness. Those with symptoms of cough, nasal congestion, sneezing, and high fever should be directed to seek medical assistance. Set health standards for reporting and returning to work.
- Retain information on local clinics and medical facilities where employees and guests can see medical attention.
- Contact the local health department if a guest or employee has symptoms, and follow their recommendations, including protocol for dealing with a potentially infected individual.
- Freeze all new hires.
- Postpone appointments for interviews and all training activities.
- Work with senior management to craft policies on absence and compensation for absence.
- Implement sick-leave policy. What other leave policies will be available and implemented (for example, an unpaid leave program for non-essential personnel and selectively for essential personnel, to accommodate those in isolation or whose absence is mandated by local health authorities)?
- Communicate work scheduling and possible temporary reduction in staff due to the impact of the pandemic on occupancy. Provide both Internet and telephone contacts on a 24/7 basis. Staff should understand that they should verify by phone or e-mail before reporting for a work shift.
- Educate employees on ways to contain flu and stop virus spreading, including frequent hand washing, use of alcohol-based hand sanitizers, daily sanitization of public surface areas, use of disposable gloves, seasonal flu shot, etc.
- Post appropriate bulletins and posters with hygiene, safety, security, and other operational instructions and reminders for staff. Provide current updates from WHO (www.who.int) and the CDC (www.cdc.gov).
- Maintain a current roster of all employees with home phone, cell, phone, email, or other contact data. This should be updated in instances where the employee may have moved the family to stay with relatives or friends in another geographic location. Retain in a preferred format and back up with an off-site reserve.
- Use ALL communication means to keep staff fully informed on status of the property, occupancy, any community data concerning

the pandemic and its extent. Serve as source for any quarantine instructions or prohibitions mandated by local authorities.

HR should coordinate all training activities:

- Provide information on infection control, hygiene, and medical advisories pertaining to the pandemic.
- Train staff on identifying symptoms and the procedure for reporting suspected cases.
- Involve the appropriate department when providing instructions on food service, room service, housekeeping, and maintenance functions involving a room where the guest may be infected.
- Provide cross-training where it may become necessary, due to absences for remaining staff, to serve in multi-function assignments.
- If possible, involve medical and training support through medical or health department personnel from the community. This seems unlikely in the event of a pandemic, but might be considered as a proactive training function for “key personnel.” Work closely with the staff of the clinic or medical facility providing medical services to your establishment. They should be the source for development of strategies and procedures in sanitizing, handling infected guests and staff.

What elements must be considered in the development of a Business Continuity Plan?

- Determine phases applicable to several levels of business activity. For example:
 - Phase One: Limited operations with guest services. No event functions.
 - Phase Two. Guest services with limited menu
 - Phase Three. Close operations due to quarantine or impact of pandemic on staff and guests.Determining applicable phases should be a management decision based upon careful analysis of potential options under pandemic conditions.
- Handle all function cancellations without penalty. Suspend guests penalties for failure to cancel within time limits.
- Identify those who will serve as basic staff for maintaining minimal operations.
- Will they and their family take up residence in the property during the pandemic?
- Are there staff who may be able to work from home? Identify tasks and contacts for implementation in an emergency.

- Determine the basic records and operating systems to be maintained. Who will be in charge? Are there to be off-site assignments? Where will back-up be established and maintained?
- What will the critical communication needs be? How are they to be implemented?
- Develop a compensation schedule. All staff should understand the alternatives when they are unable to work which may include sick leave, compensated time off, involuntary time off, and eligibility for workers compensation when operations are limited for a significant period of time.
- What staff should be moved to unpaid leave status? Who will notify and how? Phone, Internet, mail, etc.
- There will undoubtedly be a major insurance challenge under business interruption insurance policies as insurance companies will confront potential bankruptcy in meeting policy obligations over an extended period of time. Under many such policies monies for key staff are included. Consider alternatives should the insurance fail to pay. What contingency plans and structures are feasible under such an income relief failure?
- Release interns, trainees, casual/contract, and temporary workers.
- Close under-utilized facilities (e.g., gift shop, business center, etc.)
- Consider reducing work week and shorten operational hours.

What elements must be considered in the development of a Crisis Communications Plan?

AH&LA has created a general flu crisis communications checklist, which is available at www.ahla.com.

Additional Resources:

- Check AH&LA's Website (www.ahla.com)
- Review the government's business planning checklist
- Learn about state pandemic plans.
- Resources are available on the government's pandemic Website (www.pandemicflu.gov).
- Check travel advisories (www.cdc.gov/travel).
- The plan should incorporate any and all guidance provided by local and state laws. Additionally, federal, state and local laws should be consulted to determine your rights and obligations should civil authorities request or demand your assistance during an outbreak.