



# INFLUENZA PANDEMIC PREPAREDNESS

## RECOMMENDATIONS FOR WORKPLACES AND BUSINESS CONTINUITY PLAN (DRAFT)

DEPARTMENT OF HEALTH SERVICES  
MINISTRY OF HEALTH

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## **GLOSSARY**

<b>BCP</b>	Business Continuity Planning
<b>HomQ</b>	Home quarantine
<b>IC</b>	Infection control
<b>Influenza</b>	A family of virus-caused diseases that result in respiratory infection with fairly predictable symptoms.
<b>MOH</b>	Ministry of Health, Brunei Darussalam
<b>NIPPP</b>	National Influenza Pandemic Preparedness Plan
<b>Pandemic</b>	A rapid spread of a severe human disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.
<b>PI</b>	Pandemic influenza
<b>PPE</b>	Personal protective equipment
<b>WHO</b>	World Health Organisation
<b>Workplaces</b>	Includes all workplaces including but not limited to office premises, businesses, industry and commerce

## **1. INTRODUCTION**

Influenza pandemics have happened every 10 to 40 years for at least the last 200 years, with the last occurring in 1968. There is a global concern that a PI may occur because of continuing spread of bird-flu (H5N1) virus to domestic poultry in many countries and the emergence of bird-flu cases in human. Such cases have so far been limited to those in close contact with infected bird or poultry. However in the foreseeable future, such spread may occur between human to human. Then, the health and wellbeing of the community at large and specifically the workforce will be of great concern to government and industry.

Widespread absenteeism, loss of suppliers, building closures, and long-term changes to the marketplace are potential issues that organizations should address in any BCP to address PI. People may choose to avoid social contact, keep their children home from school, and avoid the workplace to avoid becoming ill. Illness and death will have an emotional impact on family, friends, and colleagues. Workplaces should also be prepared to deal with the loss of critical infrastructure, such as electrical power, transportation, and telecommunications.

In this regard, all workplaces will need to develop their own preparedness plans to ensure the protection of their employees and business continuity. Effective pandemic planning generally requires a cross-disciplinary approach involving all levels of the organization including employees. A workplace may need to prioritise resources to enable it to continue to provide those essential functions that are most important to its continued operation and to meeting its core obligations to customers and counterparties. The WHO has indicated that an infection rate of 30 per cent is generally appropriate for planning purposes. In a severe pandemic scenario, workplaces are generally planning for reductions in typical on-site staffing of 25–50 per cent over an extended period of at least six months and as long as 18 months.

This guide aims to assist employers in dealing with a PI. It must be noted however, that this guide is not exhaustive and does not cover all situations and thus, should be read with all relevant advisories issued by the MOH. The MOH has developed a NIPPP which outlines the actions that need to be taken by workplaces in the scenario of a pandemic; however, the NIPPP is a stand-alone pandemic plan and does not incorporate a BCP guide.

## 2. WHO INFLUENZA PANDEMIC PHASES

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

WHO uses a series of six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities. The designation of phases, including decisions on when to move from one phase to another, is made by the Director-General of WHO. Each phase of alert coincides with a series of recommended activities to be undertaken by WHO, the international community, governments, and workplaces.

The world is presently in phase 3: a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and sustainably among humans.

In summary, the phases are:

**Phase 1.** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection or disease may or may not be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

**Phase 2.** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

### ***Pandemic alert period***

**Phase 3.** Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

**Phase 4.** Small cluster(s) with limited human- to- human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

**Phase 5.** Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

### ***Pandemic period***

**Phase 6.** Increased and sustained transmission in the general population.

### ***Postpandemic period***

A return to the interpandemic period (the expected levels of disease with a seasonal strain) follows, with continued need to maintain surveillance and regularly update planning. An intensive phase of recovery and evaluation may be required.

For practical purposes, in this guide, phases 1 and 2 are categorised as pre-pandemic stage whereas phase 3 to 6 is categorised as pandemic stage. These recommendations however do not cover the post-pandemic phase.

## **3. NATURE, TRANSMISSION AND SYMPTOMS OF INFLUENZA**

Influenza can be transmitted through:

- a. Large droplet spread.
  - When an infective person coughs or sneezes, droplets containing viruses will be produced. A person at close contact (1-2m) may then breathe in the droplets and be infected.
- b. Contact, either direct or indirect, with respiratory secretions.
  - The disease is spread when a person's hands come in contact with nasal secretions from an infected person and he subsequently touches his mouth, nose or eyes through which the viruses gain entry to the body and produce a new infection.
  - Handling household articles that have been in contact with an infected person or an infected person's secretions may sometimes spread the disease.

-Some viruses can survive for 24-48 hours on nonporous surfaces and 8-12 hours on porous surfaces, e.g. cloth, and can spread to a person's hands from these surfaces.

Once an individual is exposed to the virus, influenza particles make their way to the respiratory system, where they begin to replicate. A single virus can produce millions of copies of itself during the "incubation" stage. The incubation period usually ranges from one to three days. A person may be able to infect others within one day of acquiring the virus and is contagious for three to five days following the onset of symptoms. More importantly, **people can be contagious 24 to 72 hours before the appearance of any symptoms.**

Symptoms suggestive of influenza include:

- Acute onset of high grade fever ( $> 38^{\circ}\text{C}$ )
- Cough
- Sore throat
- Myalgia (muscle ache)
- Joint pain
- Headache
- Malaise

Infected individuals may:

- **Show few or no symptoms** – Some members of a population may be infected but show little or no outward evidence of disease. Although they are ill, their body's defenses may be able to control and eventually eliminate the virus.
- **Self care** – Depending on the nature of the virus, a large portion of those who become ill may not need medical care.
- **Outpatient care** – Those with more severe symptoms will likely seek medical care on an outpatient basis. This means that some influenza victims are expected to attend health care facilities for short visits, with no requirement of overnight stays.
- **Hospitalization** – Some people will be so ill, either from the influenza virus or from complications, that they need hospitalization. Hospitals are expected to be quickly overwhelmed by influenza patients
- **Death** – It is inevitable that influenza will claim lives in an infected community; the expected increase in fatalities could challenge services that would otherwise be able to cope, including the mortuaries and burial services.

#### **4. CASE DEFINITIONS**

##### **a) Suspected case**

1) A person presenting with history of:

- an acute onset of high fever ( $> 38^{\circ}\text{C}$ )

**AND**

- Dry cough

**AND**

- one or more of the following:  
sore throat, nasal congestion/blockage, myalgia, headache, vomiting (infant), fits (infant),

2) close contact\* with a person diagnosed with PI within 10 days of the onset of symptoms or recent history of travel to areas\*\* reporting cases of PI

##### **b) Probable case**

A suspected case with limited laboratory confirmation of Influenza A subtype

**OR**

A person with an unexplained respiratory illness resulting in death with history of close contact with a person diagnosed with PI within the last 10 days or recent history of travel to areas reporting cases of PI.

*\* Close contact means having cared for, having lived with, or having had direct contact with secretions and body fluids of person with PI*

*\*\* Countries identified as affected areas to date.*



## 5. CONSEQUENCES OF PI TO WORKPLACES

Consequences of PI of relevance to workplaces may include the following:

**High Absenteeism** –Due to employees becoming ill and failing to report to work. Most employees would take a week or two to recover, but some may develop complications and a few may die. Employees may also be absent while caring for ill family members. Some employees may refuse work they feel presents an unreasonable exposure to the chance of infection.

**Interruption of Essential Functions** –These interruptions could quickly lead to untenable losses for the enterprise and require innovative trouble-shooting to maintain critical operations.

**Reduced Community Services** –Health care workers, fire personnel, police, and other responders may be incapacitated by the disease. Illness among workers in supply chains could result in shortages in essential goods. Security of some business facilities could become an issue. Transportation systems could be impaired by absenteeism.

**Social Disruption** – Customers will likely avoid some places of workplaces if they perceive them to present a risk of infection. If required, orders to close schools will mean parents need to find alternative child care or to stay home from work. Fear of infection may isolate many in a community, closing normal channels of information.

**Psycho-Social Effects** – Survivors may suffer psychological trauma from dealing with illness or death among family members, interruption of critical community services, loss of employment, and financial disruption.

**Economic Effects** – Demand for workplaces services and goods may drop substantially. For example, fear of social contact could impact the service sector, including restaurants, hotels, entertainment venues, and other tourism industries. Reduced cash flow within the community will have ripple effects on surviving workplaces.

As such, workplaces should consider developing a *Pandemic Influenza Management Plan* which records the policies and procedures developed to serve the organization in preparing for and responding to a pandemic. The Plan need not be long, but it should address key items that will guide decisions during a pandemic. Such a document may form part of an existing plan, such as a *Business Continuity Plan*, *Risk Management Plan*, or *Emergency Management Plan*. Actions should address any changes to the physical work environment, employee training requirements, and opportunities to exercise the Plan e.g. tabletop exercises.

## 6. BUSINESS CONTINUITY PLAN (BCP)

Employers of workplaces should identify the **essential functions** that are absolutely critical to enterprise survival as well as the **core resources** required in each function, such as skilled personnel, utilities, raw materials, equipment, or data, and contemplate the loss of these resources. In the event of a pandemic, core resources at risk first and foremost include the employees; thus skilled workers in essential organizational functions should be considered in plans to continue operations including identifying special qualifications needed to perform critical services / functions, e.g., license to operate heavy machinery. In addition, every workplace should anticipate impairment among suppliers, utilities, and contracted services, including transportation and financial services.

The success of any BCP depends on ready access to **alternate resources** in the face of adversity. During a pandemic, workplaces that can temporarily replace ill workers will have an advantage. Workplaces may want to consider succession planning, cross-training, additional training for critical positions, temporary internal redistribution and alternative ways that employees can work from home (e.g., telecommuting). Replacement workers could come from other units, or from a pool of recently retired workers and contractors.

Workplaces should also consider developing a financial plan to continue payroll and to meet debt obligations in extreme situations. Contingency funds may need to be set aside or consider obtaining access to sufficient credit for emergency application. The organizational insurance coverage may need to be examined to determine if continuity of business/loss of income coverage applies in pandemic situations.

In the planning of a BCP for a PI, the following core activities should be considered:

1. Know and assess the risks
2. Protection of employees health
3. Policies on employees
4. Protection of operations
5. Protection of essential functions (e.g. production, sales and marketing)
6. Workplace infrastructure (e.g. offices, shops, factories and equipment)
7. Stakeholders (shareholders, suppliers and customers).
8. Communications, both internal (employees) and external (stakeholders).

The following outlines the steps and actions that workplaces may wish to consider in preparing for the event of a PI; please note that this has been categorized according to the various WHO pandemic phases. Recommended actions in the proceeding phases should be in addition to the recommendations for the previous phase e.g. recommendations in phase 4 is in addition to those which were in phases 1 to 3. Workplaces may wish to activate their business continuity measures at Phase 4 onwards.

## 6.1 BCP in WHO Pandemic Phase 2

Target	Recommendations
Employees Policies	<ul style="list-style-type: none"> <li>• Set up a team to oversee the BCP</li> <li>• Update contact details of staff</li> </ul>
Employees Health	<ul style="list-style-type: none"> <li>• Update staff policies on: <ul style="list-style-type: none"> <li>– Overseas travel, e.g. avoid non-critical travel to flu-affected areas</li> <li>– Absenteeism and extended medical leave</li> <li>– Recall of staff based in affected areas</li> </ul> </li> <li>-Seasonal influenza or pre-pandemic vaccination</li> <li>• Stock up on thermometers, disposable gloves and N-95 face masks</li> <li>• Increase personal hygiene awareness (Annex 1)</li> <li>• Provide washbasins, soap and paper towels.</li> </ul>
Processes and Functions	<ul style="list-style-type: none"> <li>• Identify critical functions that may be affected due to absence of staff, e.g. production and sales</li> <li>• Plan for an absenteeism rate of up to 30% during phases 4 and 5.</li> <li>• Consider cross-training of staff in critical functions</li> <li>• Identify functions that can be done off-site or from home</li> <li>• Develop screening and isolation procedures for visitors and staff (Annexes 2 – 4)</li> <li>• Designate isolation room(s) and routes from workplace and reception to the designated room(s) if possible</li> </ul>
Infrastructure (Equipment and Facilities)	<ul style="list-style-type: none"> <li>• Prepare telecommunications access for employees working from home / off-site, e.g. telephones, fax machines, servers, laptops</li> <li>• Plan for increased use of telecommunication systems</li> <li>• Plan for minimal face to face contact with suppliers and customers, e.g. tele- or video-conferences</li> </ul>
Stakeholders (Suppliers/Customers)	<ul style="list-style-type: none"> <li>• Update contact information of key suppliers and customers</li> <li>• Identify customers, suppliers and shareholders who are likely to be affected e.g. due to border closures or travel restrictions</li> <li>• Identify alternate suppliers of key services, components and/or goods</li> <li>• Develop a plan on: <ul style="list-style-type: none"> <li>(a) how/when to activate alternate suppliers</li> <li>(b) how/when to activate alternate delivery means to customers</li> </ul> </li> <li>• Co-ordinate the BCP with suppliers and customers</li> </ul>
Internal and External Communications	<ul style="list-style-type: none"> <li>• Create general awareness of flu and preventive measures amongst staff such as briefings, newsletters, intranet or email</li> <li>• Include sources of flu information such as websites of the MOH (<a href="http://www.moh.gov.bn">www.moh.gov.bn</a>) or WHO (<a href="http://www.who.int">www.who.int</a>)</li> <li>• Develop an external communications plan for various alert levels aimed at customers, suppliers and shareholders</li> </ul>

## 6.2 BCP in WHO Pandemic Phase 3

Target	Recommendations
Employees Policies	<ul style="list-style-type: none"> <li>• Appoint a Flu Manager</li> <li>• Consider succession planning for key staff</li> <li>• Consider counseling support arrangements and resources</li> </ul>
Employees Health	<ul style="list-style-type: none"> <li>• Implement screening and isolation procedures for staff and visitors, including temperature and travel history checks</li> <li>• Monitor developments in affected areas and implement policy on overseas travel and recall of staff from affected areas</li> <li>• Screen staff who visited affected areas in preceding 14 days</li> <li>• Follow any vaccines and medication advisories issued by MOH</li> <li>• Issue thermometers, disposable gloves and N-95 face masks</li> <li>• Provide first aid services on site, with PPE for first-line employees.</li> </ul>
Processes and Functions	<ul style="list-style-type: none"> <li>• Monitor developments in affected areas. Update plan on how/ when to activate               <ul style="list-style-type: none"> <li>(a) Alternative suppliers</li> <li>(b) Alternative delivery means to customers</li> <li>(c) Systems and facilities for working from alternative site or working remotely</li> </ul> </li> </ul>
Infrastructure (Equipment and Facilities)	<ul style="list-style-type: none"> <li>• Activate equipment for remote communications access to affected areas, e.g. video-conferencing</li> <li>• Establish agreements with cleaning /decontamination companies</li> <li>• Disinfect common areas within your workplace, including the air-conditioning system (work with facilities management and/or air-con technicians)-refer to Sub-section 7.9 below for guide on disinfection and sanitation</li> </ul>
Stakeholders (Suppliers/Customers)	<ul style="list-style-type: none"> <li>• If necessary, activate plan for alternative suppliers</li> <li>• Establish alternative delivery means or delivery sites.</li> <li>• Consider alternative sales / service channels that do not require face to face contact, e.g. e-commerce, mail order purchase</li> </ul>
Internal and External Communications	<ul style="list-style-type: none"> <li>• Reassure staff by briefing them on your company's BCP and what to do in the event of higher pandemic phase</li> <li>• Develop an employee information call service, e.g. phone lines dedicated to keeping workers informed.</li> <li>• Brief staff on external communications plan, e.g. what to say, when and to whom</li> <li>• Inform customers and suppliers about your company's BCP, which should include:               <ul style="list-style-type: none"> <li>(a) How your company will continue to receive supplies</li> <li>(b) How your company can continue providing goods and services</li> </ul> </li> </ul>

### 6.3 BCP in WHO Pandemic Phase 4

Target	Recommendations
Employees Policies	<ul style="list-style-type: none"> <li>• Create administrative measures to increase social distance, such as staggered shifts.</li> <li>• Plan support for sequestered workers, such as food, water, and information.</li> </ul>
Employees Health	<ul style="list-style-type: none"> <li>• Update staff regularly on health advisories issued by the MOH</li> <li>• Encourage staff to stay home if unwell and monitor status</li> <li>• Separate key staff into two teams and ensure minimal contact between both teams</li> <li>• Consider design elements that increase the physical distance between employees.</li> <li>• Plan to enhance social distance, such as holding meetings by conference call.</li> <li>• Design workspaces to increase distance and reduce time of exposure.</li> <li>• Install barriers to separate workers from potentially infected customers.</li> <li>• Develop service delivery alternatives to limit employee contact with public.</li> </ul>
Processes and Functions	<ul style="list-style-type: none"> <li>• Pre-qualify alternative suppliers from unaffected areas. If no alternative supplier is available, increase inventory levels</li> <li>• Activate processes and systems to support remote access for staff to interact with customers and suppliers</li> </ul>
Infrastructure (Equipment and Facilities)	<ul style="list-style-type: none"> <li>• Clean and disinfect common areas more frequently, including more frequent cleaning of air-conditioning system.</li> <li>• Activate agreements with cleaning /decontamination contractors</li> </ul>
Stakeholders (Suppliers/Customers)	<ul style="list-style-type: none"> <li>• Institute temperature taking and contact tracing for visitors</li> <li>• Prevent visitors with flu-like symptoms from entering workplace</li> <li>• Activate alternative delivery arrangements with suppliers and customers</li> <li>• Explore partnership agreements with fellow industry players for reciprocal shipments of finished goods to customers</li> </ul>
Internal and External Communications	<ul style="list-style-type: none"> <li>• Inform external parties of restriction on visits to company's premises</li> <li>• Update relevant customers / suppliers / shareholders if some employees have been quarantined. This will help ensure confidence in the continuity of your business</li> <li>• Inform suppliers and customers of alternative procedures for pickup / deliveries</li> </ul>

#### **6.4 BCP in WHO Pandemic Phase 5**

<b>Target</b>	<b>Recommendations</b>
Employees Policies	<ul style="list-style-type: none"><li>• Activate succession plan if necessary</li><li>• Make arrangements for counseling support</li></ul>
Employees Health	<ul style="list-style-type: none"><li>• Non-critical staff to work from home</li></ul>
Processes and Functions	<ul style="list-style-type: none"><li>• Monitor / maintain contact with suppliers and customers through remote access</li></ul>
Infrastructure (Equipment and Facilities)	<ul style="list-style-type: none"><li>• Monitor inventory levels</li></ul>
Stakeholders (Suppliers / Customers)	<ul style="list-style-type: none"><li>• Activate partnership agreements for reciprocal shipments of finished goods to customers</li></ul>
Internal and External Communications	<ul style="list-style-type: none"><li>• Regularly update staff and stakeholders of actions taken to instill confidence such as through the use of a call centre, email distribution list, or website.</li></ul>

#### **6.5 BCP in WHO Pandemic Phase 6**

Recommended actions:

- Stop economic activities
- Abide by health advisories from the MOH
- Wait for all clear announcements before resuming economic activities

## 7. INFECTION CONTROL MEASURES FOR WORKPLACES

**Strict adherence to hand-washing protocols is the cornerstone of an infection countermeasures plan and may be the most successful preventative action during a pandemic.** A summary of the infection control measures, aligned to the pandemic phase levels, to reduce the risk of transmission at the workplace is attached at Annex 5.

### 7.1 *Employee Education*

Workplaces should offer awareness and education sessions, brochures, and other materials in cooperation with local health authorities on PI - employees need to know how they can protect themselves at the workplace, at home, and elsewhere in their communities. They would benefit from knowing basic facts on how the influenza virus spreads and how to avoid acquiring the disease in the workplace.

Supervisors and work managers should:

- a. Educate staff on the disease and the mode of transmission. Brief them on the need for IC measures and the preventive procedures that have been set in place. Health advisories and notices should be put in prominent places for employees information e.g. in communal areas, canteens and washrooms on proper hand washing techniques.
- b. Inform visitors and clients early on the preventive measures to avoid misunderstanding. The health advisory should be prominently displayed for visitors to see.
- c. Encourage employees to practice good hygiene in the workplace:
  - Do not spit on the floor or ground.
  - Wash hands
    - Regularly and thoroughly with soap and water
    - Before and after preparing food
    - After going to the toilet
    - Before and after eating
    - After blowing their nose, coughing and sneezing
    - After removing PPE
  - Proper respiratory etiquette. Sneezing and coughing should be done into tissues which should be then be carefully disposed of.
  - Avoid shaking hands.
  - Avoid sharing of personal items such as cups and cutlery.
- d. Advise employees not to come to work when they are feeling unwell and to see a doctor.

## **7.2      *Temperature Checks for Staff***

Implement regular temperature checks and monitor staff for symptoms of influenza (in line with advisory from the authorities). Workplaces may need to provide employees with thermometers for the individual checks and may include supervisor's verification of the temperature checks if needed. Employees who are unwell with symptoms of PI should be directed to seek medical help. (Please refer to Sub-section 7.5 on "Recommended Management of an Employee with Symptoms Suggestive of Influenza").

## **7.3      *Temperature Checks for Visitors and Recording of Visitor Details***

For any visitor, the following should be recorded:

- date and time of visit
- name of visitor
- IC number
- telephone number and
- the person visited and the location/meeting room he/she will be going to for contact tracing purposes.

The temperatures of all visitors should also be checked. Anyone with a fever or with symptoms of influenza should not be allowed into the work premise. Visitors should also declare if they have the following:

- A fever of more than or equal to 38<sup>o</sup> C or and/ other symptoms such as cough, malaise, chills, headache and myalgia;
- They have been in contact or near anyone who is now suspected to have or has influenza; and/or
- They have been to any influenza affected countries in the last 14 days.

Visitors should be advised to seek medical assessment if they have symptoms suggestive of influenza, contact and/ or travel history.

Staff carrying out temperature screening of visitors should don N95 masks. This should be combined with frequent handwashing, especially after touching body secretions and after removing gloves (if worn). When using ear thermometers, disposable ear thermometer covers should be used. Otherwise, it should be disinfected between use (e.g use of disinfectant wipes).

N95 masks and other PPE should be discarded after attending to each person suspected to have PI.

Please see Annex 3 for procedures on detection of unwell employees and Annex 6 for suggested format of visitors recording form.



#### **7.4 Staff Put on Home Quarantine (HomQ)**

Employees who have history of travel to affected areas or who has had contact with a person who has PI or fellow employee exhibiting flu-like symptoms, should be home quarantined. In such instances, the following can be carried out:

- a. Voluntary home quarantine (HomQ)
  - Advise the staff not to report for work/ go on voluntary HomQ for 1 incubation period (or as advised by MOH).
- b. In house phone surveillance
  - Check on his/her health status by phone during his/her absence from work. This will facilitate treatment if the staff becomes symptomatic.
- c. The workplace, determined by the workplace policy, must be satisfied that staff has completed the time duration and is well before allowing them to return to work.

Further information for employees put on HomQ is attached in Annex 7.

#### **7.5 Recommended Management of an Employee with Symptoms Suggestive of Influenza**

In the event supervisors or work managers observe or receive a report of an employee who is unwell in the workplace with symptoms suggestive of PI, the unwell employee should be:

- Isolated and moved to the isolation room (if available) or area away from other staff.
- Advised to use only the toilet facility designated for him/her (if possible).
- Keep the numbers of staff attending to the ill person to a minimum. Staff attending to the ill person should wear N95 masks and disposable gloves.
- Provided with a surgical mask to wear. Masks should be changed if they become wet, hard to breathe in, physically damaged or visibly soiled.
- Taught respiratory etiquette if a surgical mask is not available.

The names and contact details (IC number, address, telephone number) of all persons who have come into contact with the employee should be taken. If the ill employee is confirmed to have PI, MOH officers will contact the workplace to trace all those who came into contact with him/her to do the necessary action. All contacts of the unwell employee is recommended to undergo home quarantine for at least one incubation period. MOH is responsible for the use of antiviral agents in the treatment of cases during PI as spelt out in the NIPPP. Workplaces may determine their own policy on antiviral agents.

When available, workplaces should make use of their own service to transport symptomatic employees to the nearest designated treatment or health facility for medical assessment/ treatment. The PMMPMHAMB Hospital in Tutong District has been designated by the MOH as an isolation hospital. Otherwise, the 991 ambulance service may be contacted.

## **7.6 Personal Protective Equipment (PPE)**

The following guides on the use of PPE (e.g. N95 masks, disposable gloves and gowns) should be observed.

- When using masks
  - (1) Masks are effective if worn according to instructions and properly fitted. Users of N95 masks need to undergo a mask fit test (normally carried out by supplier) to ensure proper fit.
    - The facemask should fit snugly over the face
    - The mask should fully cover the nose, mouth as well as the chin.
    - The metallic wire part of the mask should be fixed securely over the bridge of the nose to prevent leakage
  - (2) Repeated adjusting of mask while wearing can be a cause of infection due to contamination of hands with droplets gathered on the mask.
  - (3) Mask should be discarded and changed if it becomes physically damage, wet or soiled by secretions or body fluid.
  - (4) Users should be monitored for dizziness, difficulty in breathing and skin irritation.
  - (5) The mask should be disposed of as with other biohazard wastes.
  - (6) The person should wash his hands with soap after disposing the mask.
  - (7) Avoid touching the nose and eyes which can be routes of infection.
- Discard all disposable items in a bag securely sealed and labeled.
- Hands should be washed with soap and water or alcohol-based hand sanitizers immediately after gloves are removed.

Please see Annex 8 for recommended methods on how to put on PPE and Annex 9 for removal of PPE. The workplace should determine the type and quantity of items it will require and ensure supply of critical items that may be hard to get during a pandemic (e.g masks, disinfectants, tissues). If not possible, it should consider stockpiling the critical items.

### **7.7    *Increasing Social Distance***

It would be useful to ensure that offices try to increase the social space between co-workers and with visitors. Any measure that achieves this would minimize transmission of the disease. Examples are:

- a. Dividing staff into work teams. Where office workflow permits, workplaces can consider dividing their staff into work teams. Each team should, where possible, avoid contact with the other teams.
- b. Telecommuting. Similarly, workplaces can consider the feasibility of telecommuting and allow their staff to work from home.
- c. Other ways are:
  - i. Avoid meeting people face-to-face. Use other means to carry out discussion
  - ii. If people have to meet, advise staff to maintain a distance of at least 1 metre (or as advised by MOH) from visitors/ colleagues, if possible. Whenever possible, choose a larger venue or meeting room where is possible to maintain this distance.
  - iii. Introduce staggered lunch hour to reduce crowding of staff cafeterias.
  - iv. Use of systems where customers/clients can pre-order/ request information via phone, mail/fax and prepare requested items ready for fast pickup or delivery.
  - v. Advise staff to avoid activities even outside office where they may be exposed to infected persons.

### **7.8    *Training of Relevant Personnel***

Train staff who will be doing the screening process e.g. temperature checks, contact tracing, phone surveillance.

### **7.9    *Environmental Disinfection***

Maintain environmental cleanliness to minimise transmission of the virus through environmental surfaces. Influenza viruses may live up to 2 days on contaminated non-porous, hard surfaces (depending on the humidity and temperature). Cleaning frequency should be increased.

a. Cleaning of Work Area

- All office space, common facilities e.g. toilets, conference rooms, multi-purpose halls etc should be cleaned daily.
- Clean all surfaces, frequently touched surfaces and floors daily with a disinfectant, e.g. sodium hypochlorite 1% (1000 ppm)- achieved by mixing 1part of bleach to 50 parts of water.
- Alcohol (e.g isopropyl 70%, ethyl alcohol 60%) can be used to wipe down surfaces where use of bleach is not suitable e.g metal.

b. Cleaning Crews

- Cleaning crews should be aware of the symptoms and should report to their managers or supervisors if they develop symptoms.
- Disinfect cleaning equipment used in one room before using for other rooms.
- Disinfect buckets with fresh disinfectant solution or rinse in hot water before filling.
- Rinse wiping cloths/ mop in disinfectant several times or rinse thoroughly in hot water.
- Cleaning personnel should wear disposable gloves while cleaning the area.
- Gloves should be removed and discarded if they become soiled or damaged.
- Cleaning crews should wash hands after carrying out cleaning/ disinfection to minimise risks of transmission.

c. Cleaning and Disinfection of Areas Exposed to Case

- When a suspected case was in the premises, the management should seal (where possible) the areas where the person has been and arrange for immediate cleaning and disinfection.
- When cleaning areas where a suspected case has been, cleaning crews should:
  - (i) Wear disposable gloves, disposable gowns and an N95 mask. Avoid touching the nose and mouth (goggles may help as it will prevent hands from touching eyes). Gloves should be removed and discarded if they become soiled or damaged and a new pair worn. All other disposable PPE should also be removed and discarded after cleaning activities are completed. Goggles, if used, should be disinfected according to manufacturer's instructions.
  - (ii) Wash their hands with soap and water immediately after the PPE are removed and when cleaning is completed.

- (iii) Keep cleaning equipment to the minimum.
- (iv) Open window for ventilation.
- (v) Mop floor with sodium hypochlorite 1% (1000ppm).
- (vi) Wipe all frequently touched areas (e.g. doorknobs, armrests, seatbacks, tables, air/light controls, keyboards, switches etc) and lavatory surfaces with chemical disinfectants (use according to manufacturer's instructions) and allowed to air dry. Sodium hypochlorite 1% (1000 ppm) solution can be used. Alcohol (e.g isopropyl 70% or ethyl alcohol 60%) can be used for surfaces where use of bleach is not suitable.
- (vii) Wipe down walls up to 3m in height as well as blinds with disinfectant.
- (viii) Remove curtains for washing.
- (ix) Disinfect cleaning equipment used in one room before using for other rooms.
- (x) Disinfect buckets with fresh disinfectant solution or rinse in hot water before filling.
- (xi) Rinse wiping cloths/mops in disinfectant several times or rinse thoroughly in hot water.

d. Disinfectants should be applied to surfaces using a damp cloth. They should not be applied to surfaces using a spray pack, as coverage is uncertain and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces to prevent the creation of aerosols or splashing. Cleaning methods that might re-aerosolize infectious material, such as the use of compressed air, must not be used.

e. Avoid using the room for at least 24 hours.

f. There is no need for special cleaning or disinfection of areas where the suspected person has not been. Routine cleaning of these other areas can be carried out as usual with no special precautions such as masks, gloves or disinfectant use.

## REFERENCES

1. WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics
2. Influenza Pandemic Preparedness: Guide on Infection Control Measures for Workplaces-Ministry of Health, Singapore
3. A Flu Pandemic Business Continuity Guide for SMEs; SPRING Singapore
4. Recommendations on Influenza Pandemic Preparedness for Industry in Malaysia; Ministry of Health Malaysia and Society of Occupational and Environmental Medicine of the Malaysian Medical Association
5. Prudential Practice Guide-PPG 233- Pandemic Planning and Risk Management; Australian Prudential Regulation Authority's (APRA)
6. Managing Bird Flu-Pandemic Business Continuity Plans; Asian Issues Management Paper
7. British Columbia Pandemic Influenza Preparedness Plan-Managing Pandemic Influenza A Guide for B.C Industry and Commerce; British Columbia Ministry of Health

# *ANNEXES*

# TATACARA MENCUCI TANGAN YANG BETUL

## CORRECT HANDWASHING TECHNIQUE



Melekam kan kedua telapak tangan

**Palm to palm**



Telepak tangan kanan di atas belakang tangan Kiri dan telapak tangan kiri belakang tangan kanan

**Right palm over top of left hand (dorsum) and left palm over top of right hand (dorsum)**



Jari jari kedua telapak tangan saling mencengkan dalam arah yang berlawanan

**Back of fingers to opposing palms with fingers interlocked**



Lekankan kedua telapak tangan dengan jari berselang seli

**Palm to palm fingers interlaced**



Menggosok sekeliling ibu jari kanan dalam gengaman telapak tangan kiri dan sebaliknya

**Rotational rubbing of right thumb clasped in left palm and vice versa**



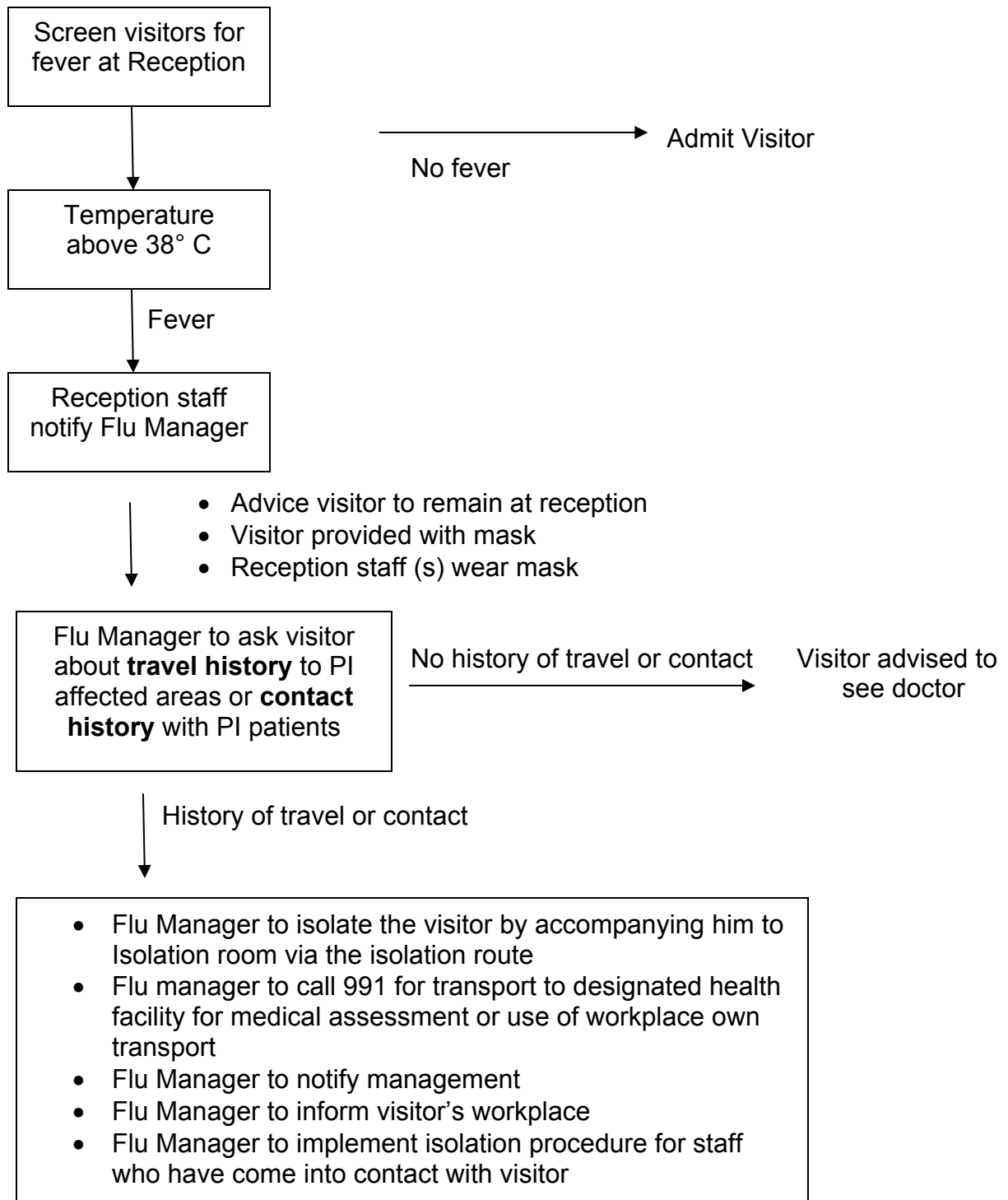
Jari jari tangan kanan dirapatkan kemudian digosokkan sekeliling, kehadapan dan kebelakang pada atas telapak tangan kiri dan sebaliknya

**Rotational rubbing backwards and forwards of tips of fingers and thumb of right hand in left palm and vice versa**

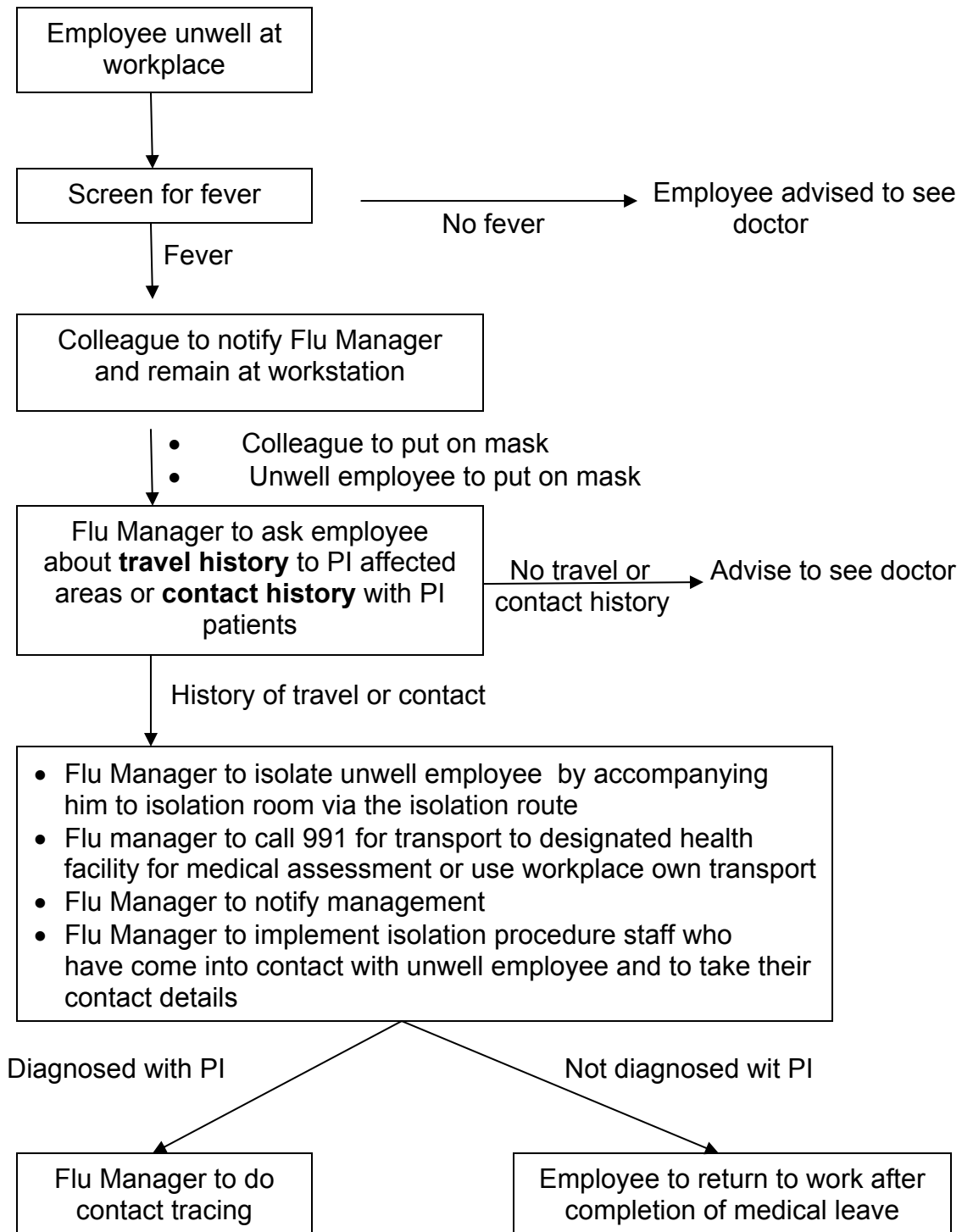
Keringkan tangan dengan tisu

**Dry hands with paper towel**

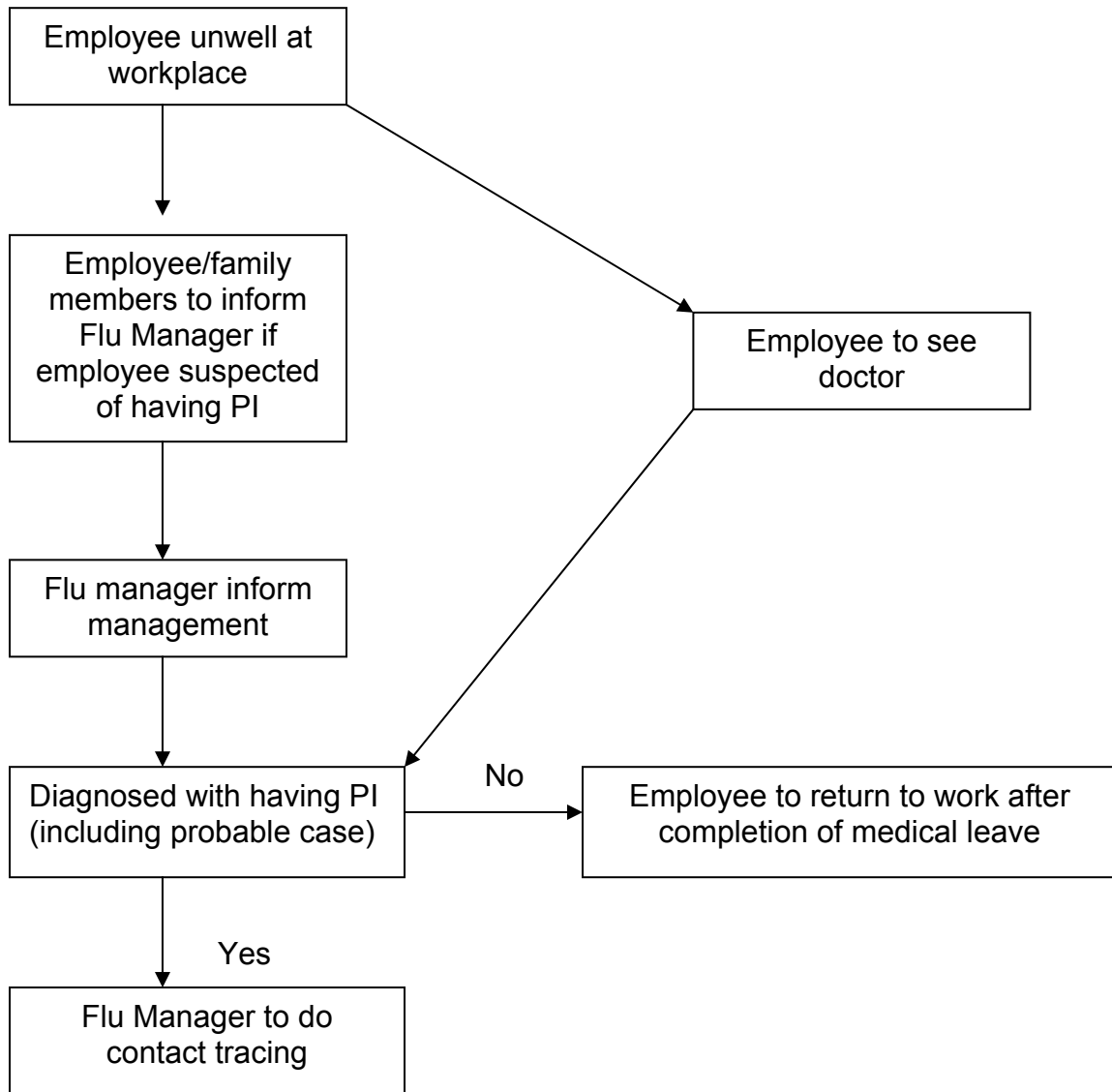


**Procedures On Detection of Unwell Visitors**

**Procedures On Detection of Unwell Employee at Workplace**



**Procedures On Detection of Unwell Employee Outside Workplace**



## SUMMARY OF RECOMMENDED INFECTION CONTROL MEASURES FOR WORKPLACES

WHO PANDEMIC PHASE	INFECTION CONTROL MEASURES
Phase 2	<p><b>a. Policy</b></p> <ul style="list-style-type: none"> <li>Review current BCP to incorporate the latest advisories and national response plan where applicable.</li> <li>Prepare staff policy for overseas travel, recall of staff, absentee policy, medical leave policy and internal redistribution in higher pandemic phase levels.</li> </ul> <p><b>b. Communications/ Education</b></p> <ul style="list-style-type: none"> <li>Establish awareness of sources of information, updates (MOH and /or WHO websites).</li> <li>Monitor local and global situation.</li> </ul> <p><b>c. Readiness</b></p> <ul style="list-style-type: none"> <li><i>Temperature Checks.</i> Acquire appropriate temperature screening and related equipments. Prepare plans, train staff carrying out temperature screening of visitors to be implemented at higher pandemic phase levels.</li> <li><i>PPE.</i> Determine PPE requirement and other consumables – N95 masks, disposable gloves, thermometers and their covers, disinfectant wipes, surgical masks for sick staff etc. Determine policy on distribution to various sections of the workplace and/or other branches. Train staff on how to put on and remove PPE, mask fit test.</li> <li><i>In-house phone surveillance.</i> Prepare plans and training of staff for in-house phone surveillance of staff on voluntary HomQ, mandatory sick leave, to be activated when required.</li> <li><i>Management of symptomatic employee.</i> Establish protocol for the management of staff taken ill with flu-like symptoms at work to be implemented at higher pandemic phase levels.</li> <li><i>Increasing social distance</i> <ul style="list-style-type: none"> <li>Prepare shift and team system;</li> <li>Establish infrastructure for telecommuting and teleconferencing.</li> </ul> </li> <li><i>Environmental Hygiene.</i> Prepare internal guidelines, including use of PPE for cleaners to clean area where suspect PI patient had been, as well as to increase cleaning frequency of general office areas at higher pandemic phase levels.</li> </ul>

**SUMMARY OF RECOMMENDED  
INFECTION CONTROL MEASURES FOR WORKPLACES (CONTINUED)**

<b>WHO PANDEMIC PHASE</b>	<b>INFECTION CONTROL MEASURES</b>
<b>Phase 3</b>	<p><b>a. Policy</b></p> <ul style="list-style-type: none"> <li>• Carry out risk assessment and consider need to recall of non-critical staff (families and non-critical staff) from affected countries.</li> </ul> <p><b>b. Communications/Education</b></p> <ul style="list-style-type: none"> <li>• Enhance education and strong encouragement of good practice of personal hygiene.</li> <li>• Monitor media and/or MOH/WHO websites for situation updates and health advisories.</li> <li>• Keep staff informed of situation, disseminate to staff information and material on disease characteristics as advised by MOH. Staff to take heed of health advisories as issued by MOH.</li> </ul> <p><b>c. Response</b></p> <ul style="list-style-type: none"> <li>• <i>Environmental Hygiene.</i> Increase cleaning frequency of office areas, common areas, in line with latest MOH advisory.</li> </ul>
<b>Phases 4-6</b>	<p><b>a. Policy</b></p> <ul style="list-style-type: none"> <li>• Review staff policies in line with latest MOH health advisory. Consider recall of non-critical staff and families from affected countries; voluntary HomQ of those with recent travel history from affected countries.</li> <li>• Implement daily temperature checks.</li> <li>• Consider separation or mandatory sick leave for those with flu-like symptoms.</li> </ul> <p><b>b. Response</b></p> <ul style="list-style-type: none"> <li>• <i>Temperature Checks.</i> Implement temperature screening of visitors, recording of visitor details, daily temperature checks for staff and monitor staff for flu-like symptoms.</li> <li>• <i>In-house phone surveillance.</i> Activate when required to monitor staff on voluntary HomQ, mandatory sick leave.</li> <li>• Increase frequency of cleaning of office/common areas.</li> <li>• Implement protocol for management of staff with flu-like symptoms.</li> </ul>

**SUGGESTED VISITORS DETAILS AND TEMPERATURE CHECKS RECORDING FORM**

<b>N o</b>	<b>Date and Time of Visit</b>	<b>Name and IC no.</b>	<b>Contact Address e.g. company, home</b>	<b>Contact Numbers (office, mobile)</b>	<b>Temp</b>	<b>Symptoms of Flu* Present</b>	<b>Whom/Location Visited (if allowed into premise)</b>

\*Symptoms of flu to be asked include:

- History of fever (> 38°C) and/or taking anti-fever medications
- Cough
- Sore throat
- Muscle aches
- Joint pain
- Headache
- Malaise/unwell

**INFORMATION FOR EMPLOYEES PUT ON HOME QUARANTINE  
(IN ACCORDANCE WITH THE INFECTIOUS DISEASES ORDER 2003)**

**A. You must:**

**1. Stay at home**

- Stay at home at all times until you have been given clearance to do so.
- Arrange for relatives / friends to purchase groceries, or your daily needs.
- If you urgently need to go out for matters needing personal attention, you need to consult the relevant health facility in the respective District that you are in (please see next page).
- Minimise contact with friends as far as possible. If friends and relatives do enter your home, please keep a list of their names, contact numbers and the date of their visit.
- If your spouse or any other adults in your home have not been issued the home observation and surveillance order, they are free to leave the house and carry on with their daily routine.

**2. Check for signs of fever**

- Check for fever three times daily during the period of your quarantine (morning, afternoon, evening)
- Wear a face mask at all times if you have fever or cough.
- If you are unwell or have a fever, please call the relevant health facility in the respective District that you are in (please see next page)

**3. Practice good personal hygiene**

- Maintain good personal hygiene.
- Cover your mouth when coughing and sneezing
- Wash your hands every time you touch your nose, mouth or eyes
- Maintain good indoor ventilation.
- Surfaces soiled with sputum, phlegm, nose discharge or vomit can be washed with household bleach e.g. *chlorox* diluting it by adding 1part of bleach to 50 parts of water.

**B. You must not**

- Leave home for whatsoever reasons including buying groceries, going for a walk, attending functions or other public places.

## **LIST OF CONTACT NUMBERS FOR ENQUIRIES**

- i) In Brunei Muara District:
  - RIPAS Hospital: 2227782/5
  - Ministry of Health: 2381967
- ii) In Belait District:
  - SSB Hospital: 3337662
  - Belait District Health Office: 3334279
- iii) In Tutong District:
  - PMMPMHAMB Hospital: 4260737
  - Tutong District Health Office: 4221235
- iv) In Temburong District:
  - PIHM Hospital: 5221489
  - Temburong District Health Office: 5221280





# PUTTING ON PPE



# REMOVING PPE



