

COVID-19 CONTINGENCY GUIDELINES

ABSTRACT

This paper seeks to complement the contingency measures that your organisation has already planned and implemented. It can be viewed as a perspective from a neutral pair of eyes which may add value to your present efforts.

Patrick Jacob

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COVID -19 CONTINGENCY MANAGEMENT PLAN

Generic Guidelines for the Organisation

21/04/2020

"It must be accepted that no plan can be inflexible, and that it should be modified as additional information becomes available; the crisis events can be regarded as new information to take into account in refining overall strategy"

Professor Alex Scott MA, MSc, PhD Edinburg Business School

Introduction

The Ministry of Health, the Chief Medical officer and the Office of the Prime Minister have adopted and continue to communicate guidelines issued by the World Health Organisation to contain and eventually eradicate the COVID – 19 virus. WHO has also given Pandemic status worldwide to the virus as it is a significant source of fatalities (especially among the elderly) and has caused the shut-down of almost every city and suburb worldwide.

The general consensus regarding containment of the spread of this deadly virus is: **self-quarantine/ confinement** (stay at home); but this option is not viable for personnel providing essential services such as Health Care, Food and Pharmaceutical supplies, IT and Telephony (communication) services, and public Utilities (Water and Electricity supply) etc. or essential employees at your organisation.

Therefore, for operations that must continue through this crisis it is imperative that a practical, effective and easy to use contingency plan be put in place to ensure managers are not caught by surprise and are forced to make split second decisions that could have been proactively considered and documented.

The contingency plan can be divided into three (3) distinct processes:

- Develop
- Execute
- Normalize (recovery)

<u>The First Process</u> – *Develop*- seeks to identify the levels of alert (Level 1 to Level 3) and identify the features that would characterize or inform the urgency of the response required.

Level 1 defines the proactive measure to be taken, and levels 2 & 3 identify the reactive measures if there is exposure to suspected or confirmed cases of the virus.

- Alert Level 1 No employees exposed to infected persons or exhibiting symptoms of Covid-19
- Alert Level 2 Employee at work *exposed* to suspected cases or persons recently returned from abroad.
- Alert Level 3 Employee/s at work exhibit symptoms and or exposed to case confirmed as infected.

<u>The Second Process</u> – *Execute* –Identify the Personnel/ Expertise and Resources needed to carry out the necessary actions identified in the Development stage.

<u>The Third Process</u> – *Normalise* – This is critical to ensuring that the organisation and personnel have the capacity to return to normal operations.

Contact Listing

Primary Contacts			
Name	Designation	Telephone Contact	E-mail Contact
	CEO		
	General manager		
	HR Manager		
	HSE Manager		
	Representative		
	(Trade (Union)		
Covid 19 hotline		877-WELL (9355)	
Psychological support	East	Raymond – 732-2702	
(TTAP- Counselling)	West	Wendy – 787-0975	

Primary Contacts			
Name	Designation	Telephone Contact	E-mail Contact
	Central	Deborah -757-9348	
	South	Arlene- 732-0188	
	Tobago	Stacy -718-4387	
	Spanish	Greicy -769-8094	

ALERT LEVEL 1 – Plan	ACTION BY	Remarks
1. Establish emergency fund of \$		
2. Develop and publish Covid 19 protocols for entry into the workplace and returning home from the workplace.		
3. Sanitize and maintain all hard surfaces and contact points including desks, tables counters, door knobs and handles, filing cabinets, telephones etc.		
 Review Stock of consumables and critical spares for operations to reduce interaction for purchasing goods during this period, and include special arrangement for servicing customers. 		
5. Acquire extra supplies for sanitizing and personal protection e.g. Washbasins, Soap paper towels and Hand sanitizer for work areas, common rooms and kitchen areas		
6. Prioritise at risk employees for "stay at home / work from home" and update employee contact list including contacts of next of Kin for all employees.		
7. Review shift rosters to ensure coverage on the job, paying attention to employee skil set to cover operations in case of absenteeism.		
8. Adjust Work Processes to reduce work hours and manpower proximity to allow for social distancing for operations and critical functions.		
9. Designate a single source(and an alternate) for Covid information dissemination via safety briefs, multimedia postings, WhatsApp and e- mail, company notice boards etc.		
10. Acquire emergency supply kits (food, water, PPE) for critical facilities.		
11. Use IT system as necessary if "Work at Home" is an option and provide timely updates to frontline employees. To this end cybersecurity issues should be addressed and communicated as guidelines for WFH I.T. activities.		
12. Meet with Unions (as applicable) and/or selected employee reps. to discuss contingency plan		

Level 2 – Action items	Action By	Remarks
Notify MOH immediately and arrange self-quarantine for exposed employee		
Notify customers of disruption in service, Send all employees and contractors home and initiate sanitization of offices/ work areas (including security booths and storerooms) pending outcome of testing of exposed individual		
If test is negative arrange for resumption of work for all employees		
Continue social distancing and influenza screening (based on symptoms) of employees		
Closely monitor office and field colleagues for symptoms and arrange for testing		
Cease as reasonably possible all non-essential activities- reassign staff as necessary		
If Test is positive take course of actions for level 3		
Establish a specific frequency and time at which updates will be provided as the organisation continues to monitor the pandemic status through local public health communications and official news releases.		
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Alert	Level 3 – Action items	Action By	Remarks
1.	Shut down operations and arrange work from home (WFH) or from a remote site for essential employees (critical functions) only		
2.	Sanitize workstations, including essential work items that may have been touched. Required PPE (Disposable Coveralls, N95 Masks/Respirators, and gloves) shall be worn by suitably trained crew members		
3.	Review possibility of use of cross trained employees for holding down critical positions		
4.	Ensure Contact details of each employee (either suspected of being ill or was in contact with a sick employee) is maintained and provided to the Public Health Authorities for Contact Tracing.		
5.	Ensure support and access is maintained for staff to EAP (counselling) services and Approved Health Care Providers.		
6.	Cease access to facilities by non-employees unless absolutely necessary		
7.	Protect or relocate vital business records and backup computer data.		
8.	Introduce alternate staff working arrangements such as alternate weeks or daily shifts for critical support staff		
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The Second Process – Execute

This phase is characterised by the provision of resources to execute the actions identified in the three (3) alert levels stated above.

Staffing for critical processes

Top management in collaboration with the Administrative (HR) function, HSE and Supervisors will identify the critical activities and who are trained or need to be trained to sufficiently carry out their tasks during a pandemic. If possible, contracted or internal personnel may be enlisted for critical functions as necessary.

The opportunity therefore exists for the implementation of a formal multi-skill or cross crafting program to be developed. So employees may be suitably exposed / trained or mentored to fulfil multiple roles for which they can be suitably compensated and included in a modified job description after review and discussion.

The usual considerations are Tabled Below

Consideration	Remarks
What are the critical Functions?	
Who are the key people needed?	
Who are emergency alternates?	
Is there active 'mentoring'?	
Can the work activities be done remotely?	
What additional knowledge is needed to achieve substitution?	

The Supervisors and Managers should be able to assist HR with identifying and filling these positions.

Critical Suppliers

Our critical suppliers and service providers include but are not limited to –

- Trinidad and Tobago Electricity Commission (T&TEC)
- Telecommunication Services of Trinidad and Tobago (TSTT)
- WASA

Garbage Collection/ Waste Disposal

(list additional suppliers here)

Protocol for Suspected or Confirmed Cases

Employee Screening

All employees are encouraged to perform some degree of self-monitoring, especially those who are most at risk including, pregnant women, people with asthma and other respiratory ailments, and those with chronic health problems. All employees are required to inform their supervisor of all pre-existing medical conditions.

The most common checks include:

- High temperature (over 38°C) usually of sudden onset, runny nose, sneezing, coughing plus
- One or more respiratory symptoms such as a cough or breathlessness, plus
- Known close contact with a person diagnosed as having flu, or
- A recent history of travel to an affected region on either business or pleasure within the previous 7 -14 days (in the early stages of a pandemic).

The results of the above self-examination would provide the necessary information to management to make a preliminary decision on the next steps to be taken based on the guidelines provided by the MOH and this contingency planning document.

Employees Exhibiting Symptoms at Work

Employees suspected of being infected at work, will be expected to go home immediately. A face mask should be provided and worn for the journey. Their workstation will be immediately sanitised including all items that they may have come into contact with. In the unlikely event that the person cannot go home immediately for health or personal reasons, they should be isolated in a closed room (with telephone access) and await further instructions from Health Officials contacted via the Covid -19 Hotline (877-WELL)

ALL Employees in direct contact shall also be isolated and advice sought from the relevant authorities; since allowing such persons to access the public transportation system may put the entire nation at risk. All information must be provided to the Health Authorities for Contact Tracing.

Where there is a concern of indirect contact with a suspected or ill person at work, advice will be sought from the Covid 19 Hotline and appropriate action taken based on specific details of each event and possible pathway.

Contractors/Third Party Suppliers

Visitors/Contractors will only be permitted if they provide essential and critical goods and services. Where possible, meetings should take place via teleconference or electronic video conferencing tools available (Skype, Zoom etc.).

All such personnel are to be placed on a "List of critical Suppliers" (category A) and relevant contact person within the organisation to legitimise their presence and reduce processing necessary for entry to the establishment.

Supervisors/Project Managers are to provide an advance list to Security and HSE Department.

Equipment and Material

Essential material for administrative and operations departments must be short listed and kept in stock pending the onset of scarcity brought about by the Covid - 19 crisis. Equipment Maintenance checklists and related consumables including lubricants, fuels, greasing and degreasing agents, gaskets, washers etc. must be held in reserve stock or emergency inventory. Maintenance personnel must be rostered to ensure that the organisation is capable of keeping all emergency and essential equipment in good repair.

Equipment Checklists (*generic items to be supplied in "Covid-19 statistical work-pack"*) must be developed or modified to take into consideration the reduction in working hours and the scarcity of material that may be experience during these trying times.

The Third Process – Normalise (Business Continuity Process)

At the onset of a reversion of operations to normalcy, the emphasis must be on the review of data collected (re: *Covid-19 Statistical Work pack*) to record lessons learnt and inform the Business Continuity Plan (BCP).

In short, the experiences of this crisis should be treated as a dress rehearsal for any further pandemics that may affect the company in the future. Consultation should therefore be sought with key stakeholders (staff, suppliers and clients) to decide on strategies for management of the changes prompted by the pandemic.

Data collection should include:

- Names/Number of persons affected (Patient confidentiality to be considered) Recovered from virus to establish immunity and recovery rates
- Changes/ Adjustment to Roles and Responsibilities for additional coverage during the crisis period
- Additional expenditure for supplies (goods and services)
- Lessons learnt from changes to normal operations
- Opportunities for improvement (e.g. practice of Lean Management)
- Review of employee medical plan coverage
- Consideration of insurance coverage to cover pandemics
- Policies related to pandemic response (internal and client based)
- Review of emergency response plans
- Review policies for cleaning and sanitization of office and bathrooms touch points
- Implement plan for payment of outstanding bills and collection of outstanding receivables
- Review medical and EAP support to employees who may be affected by after effects of the pandemic.

References

Enterprise Singapore. 2019. "Guide on Business Continuity Planning for 2019 Novel Coronavirus"

OSHA -TT (Cp88:08) of 2004 as amended 2006

World Health Organisation Guidelines for Covid -19 Pandemic

Strategic Planning Module (Edinburgh Business School)

Niagara Public Health Region. 2006. Pandemic Influenza Response Plan.

ISO 22300 2019 (EN) Standard for Business Continuity

ISO 31000: 2009 Risk Management – A Practical Guide for SMEs – <u>Compiled by ISO, ITC and UNIDO</u>

Additional Notes:

About ISO

ISO (International Organization for Standardization) is an independent, non-governmental membership organization and the world's largest developer of voluntary International Standards.

We are made up of our 162 member countries who are the national standards bodies around the world, with a Central Secretariat that is based in Geneva, Switzerland.

You can visit the website www.iso.org for more information. Covid Spread:

Please Note:

Worldwide:

March 24, 2020 — Cases of COVID-19 surpassed 400,000.

It took over three months to reach the first 100,000 confirmed cases, 12 days to reach 200,000, three days to reach 300,000, and two days to reach 400,000.

The virus continues to spread at an alarming exponential rate.