

BUSINESS CONTINUITY PLAN

Specific Issues for Public Health Emergencies

Guidelines for Air Carriers

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NOTE

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PART 1 - BACKGROUND

1.1 INTRODUCTION

IATA partners with the International Civil Aviation Organization (ICAO) on many projects and as such is actively involved in the Cooperative Arrangement for the Prevention and management or Public Health Events in Civil Aviation (CAPSCA) project. Since coordinating the international aviation response to public health emergencies of international concern, such as pandemics, is a key role of ICAO, the CAPSCA project brings together international, regional, national and local organizations to combine efforts and develop a coordinated approach. The main organizations involved are the civil aviation authorities, the public health authorities, the air navigation services, the airports and the airlines. The project has been developed progressively region by region, starting in Asia, continuing in Africa, The Americas, Europe and the Middle East.

While the project concentrates on pandemic preparedness planning and assumes that the different sectors are responsible for their own business continuity planning (BCP), it became evident during the deliberations that a pandemic may bring along issues that the average BCP may not have considered. Therefore the CAPSCA leadership and participants thought it would be appropriate to address this particularity for the different sectors, e.g. the airports, the air navigation services and the airlines. Each working group was asked to develop guidelines a BCP might want to consider in the particular case of a public health emergency of international concern, such as a pandemic.

1.2 PURPOSE

This document's objective is to provide guidelines for airlines on how to address the specific issues of a public health emergency of international concern, such as a pandemic and radiation accident, in a BCP.

It is not within the remit of this document to show how to develop a BCP. IATA believes that most, if not all, airlines already have a BCP. If not, many expert resources exist for this purpose. However, the document will review the accepted different steps in a BCP and will suggest where special input may be required when dealing with a public health emergency of international concern.

Emergency response planning, which is focused on managing the disruption itself, will not be covered in this document either for the same reasons as above. However, if the airline has not adjusted its emergency response plan to deal with public health emergencies, IATA strongly recommends that it do so. In support of airlines in this matter, IATA has developed a template for that purpose and it can be found at http://www.iata.org/whatwedo/safety/health/Pages/diseases.aspx

1.3 SCOPE AND APPLICATION

These guidelines are generic and can be applied in any type of public health emergency of international concern, such as a pandemic and radiation accident. Additionally, airlines that have developed a plan may find it useful to review it against the elements outlined in this document.

1.4 **DEFINITION OF TERMS**

Crisis:

A sudden, unplanned calamitous event resulting in significant business disruption that adversely impacts the overall reputation, profitability, or viability of an organization.

Public Health Emergency of International Concern:

An extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.

Pandemic:

A worldwide spread of an infection or a disease.

Business Continuity Management:

An ongoing management process to ensure continuity of core business processes in the event of a crisis to minimize interruption and adverse impact to the organization. It has two components: and Emergency Response Plan, and Business Continuity Plan.

Emergency Response Plan:

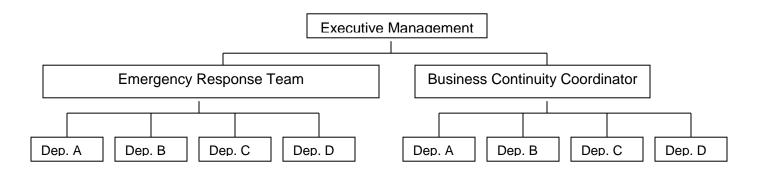
A plan to manage the immediate response (minutes to hours) to a crisis.

Business Continuity Plan:

Plan or a set of plans developed to ensure continuity of business processes in the event of crisis. The identification and protection of business processes required to maintain an acceptable level of operations in the event of sudden, unexpected, or not so unexpected, interruption of these processes and their supporting resources *i.e., keeping the critical business running – no matter what.*

PART 2 - ORGANIZATION

This section provides an example of Business Continuity Management framework that can be used generally for incident response and recovery procedures. That framework is not different for public health emergencies.



The main focus and objectives of the BCM framework should be:

- defining alternatives for continuing critical services;
- defining organisational priorities and timeframes; and
- reducing adverse impact during crisis.
- recovering as many critical processes as possible during the crisis

Part 3 – PROCESS

As can be seen in the diagram below, the accepted process is identical for any type of crisis, including public health emergencies.

Risk Assessment
Business Impact Analysis
Recovery Strategy
Business Continuity Plan
Training & Testing

Diagram B: Business Continuity Planning Model

However, to have an optimum business continuity plan, it is suggested that a special attention needs to be given in each step when evaluating a scenario of a pandemic.

In a pandemic, what are the overall elements that may make a difference to the business continuity planning framework and how will that influence the different steps of the planning process?

Main elements specific to a pandemic

- The global nature of the event

Most of the scenarios that may cause a potential impact for operations of business are usually local or at worst regional, e.g., tsunamis, earthquakes, typhoons, thunderstorms, major accidents, terrorist attacks, strikes, volcano ash. For most airlines, domestic and international, these types of incidents would affect only a part of the operations and the business could usually compensate, at least partially with the rest of its operations. In the case of a pandemic or a radiation accident, the vulnerabilities of the demand/supply chain extend far beyond the organization and the region. Not only most of the operations of the airline would be affected, but also most of its suppliers would be affected as well and those third party service providers will likely be as badly affected as their clients.

- The number of employees affected, up to 35% of the work force in a severe pandemic. Over and above the large number suffering from the infection itself, a significant number will also be non-available either because they are taking care of ill family members or children sent home from closed schools, or they are afraid of contacting the illness at the workplace. Preparing to manage the social impacts of this threat is critical.
- The timeline of the event

Again most scenarios mentioned above would be limited in time, usually a few weeks at most. Pandemics come in different waves, each of which can last for months. Radiation emissions can also extend over long periods of time.

- The severity of the event

As it became evident during H1N1, even for a pandemic different scenarios need to be prepared. A pandemic of low severity will have a totally different impact compared to a pandemic of high severity.

- More significant participation from the Occupational Health Safety (OHS) team

3.1 RISK ASSESSMENT

In the risk assessment conducted to identify potential causes of crisis, disease outbreak that can spread worldwide should be given special attention. The following characteristics may be early signs:

- a new strain of virus emerges to which few persons have immunity;
- the virus causes mild or serious disease (i.e. serious illness and deaths) in humans; and
- the virus is easily spread between humans.

3.2 BUSINESS IMPACT ANALYSIS

Business Impact Analysis (BIA) is the foundation work on which the whole BCP process is built. It identifies, quantifies and qualifies the business impact of a loss, interruption or disruption of business processes on air carriers and provides the data from which appropriate continuity strategies can be determined.

For public health emergencies, the BIA process has to look at scenarios in which most workplace locations may be affected by decrease in manpower, decrease in countries' essential services (ex: degradation of health, energy and information services), decrease in third party services available, etc.

3.3 RECOVERY STRATEGY

As mentioned above, the required resources after a public health emergency will be a fraction of the numbers used during normal operations, at least for a period of time. Since, in some cases, the resources in the early stages of recovery may need to be higher than normally used to cope with disruptions and backlogs, planning for process prioritizing will be very important, as only a number of processes may be recoverable in the short to medium term.

3.4 BUSINESS CONTINUITY PLAN

A BCP is a comprehensive documented plan that outlines the procedures, processes and systems necessary to recover and resume critical business processes in the event of a crisis.

In its broad range of possible business disruptive events or crises, the BCM programme should cover scenarios with pandemics of different severity and timeline. The escalation procedure may differ depending on the severity and timeline of the emergency.

Ideally, the departmental BCPs in response to public health emergencies should be as comprehensive and detailed as possible to translate the approved recovery strategies into workable solutions / processes / procedures.

3.5 TRAINING & TESTING

Testing of the BCP plan for public health emergencies by means of exercises should include the different scenarios mentioned above, and should be undertaken as often as the rest of the plan. This is the only way to ensure practicality and viability of the processes and to facilitate improvements of the air carrier's capabilities. To further ensure practicability, it is recommended that all key stakeholders be involved in such exercises. For instance, public health authorities' participation is considered critical. Public health authorities are not familiar with aviation and vice versa and ironing out the possible misunderstandings before an actual event could make a major difference in the outcome.

Exercises that would include a scenario of a pandemic of mild severity, such as the H1N1 pandemic and a scenario of high severity (with increased illness and death rates) would give a good idea of what the company can do and how it should do it. The public health authority can give realistic estimates of the health impacts of different scenarios.

PART 4 - BCP INITIATION

4.1 NOTIFICATION

In a public health emergency, there will be more involvement of the OHS Team. The Medical function or the department responsible for medical affairs working closely with Human Resources should be responsible for recognising and alerting the senior management of an impending public health emergency. Should there be a need to activate the ERP, the ERT chairman should be notified and will decide if BCPs need to be activated.

It is recommended that airlines with no OHS department have at least a designated physician or physicians group familiar with public health issues so that they can get quick support for their ERP and BCP.

4.2 ACTIVATION

For public health emergencies, the decision to activate the ERP and BCP should be based on a number of factors including:

- WHO assessment of the public health emergency;
- National public health authority assessment;
- Community Impact & Response
- Internal company assessment (based on location and number of online stations affected, number of affected staff or family members, etc)

All of the above should be monitored and tracked continuously throughout the outbreak in order to evaluate the severity and its potential impact on operations.

Depending on the origin and the nature of the information received, the level of response may vary; it could be limited to staff communications or extend to a full BCP activation.

Part 5 – Checklists

Existing checklists should be amended to reflect the needs established by the different scenarios.

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