



# Pandemic Preparedness Medical Response Plan

## AZSPU-HSSE-DOC-00132-2

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## Introduction

The purpose of this medical response plan is to:

- provide guidance for a timely, consistent and coordinated medical response across BP Az SPU in the event of an influenza pandemic;
- provide necessary medical guidance for BP Az SPU medical advisers to support staff and dependents;
- minimise the impact of a pandemic and seek to maintain essential company operations.

## Background

Influenza is a viral respiratory disease affecting humans and certain animals. Clinical disease ranges from mild non-specific illness to life threatening pneumonia and death, depending on the nature of the influenza strain involved and the person or animal species infected. Human influenza is classically a recurrent seasonal illness which breaks out at various times of the year in different continents (for example, typically late winter and spring in temperate countries of the Northern hemisphere).

Although seasonal human influenza is certainly responsible for some excess seasonal mortality every year all over the world (particularly at the extreme ages of the life and chronically ill), the usual mortality rate is relatively low, and only minimal disruption of essential services occurs during a normal influenza season. However, when a completely new strain of influenza emerges among human populations, mortality rates can be much higher than usual (generally from severe respiratory disease), spread can be nearly universal (sometimes within a matter of months) with disruption of all sectors of society. Such a situation is called a "pandemic."

Historically, influenza pandemics have spread in waves, rapidly encircling the globe and then subsiding after around 2 years or so. If an influenza pandemic appears, we could expect the following:

- Given the high level of global traffic, the pandemic virus will spread rapidly, leaving little time to prepare.
- The 1918 pandemic caused the largest impact in previously healthy young adults. Should this pattern be repeated in the next pandemic, it would have a substantial impact on the workforce.
- Vaccines, antiviral agents and antibiotics to treat secondary infections may be in short supply and may be unequally distributed. It will take several months before any effective pandemic vaccine becomes widely available.
- Medical facilities will be overwhelmed and health care workforce is likely to be reduced because of increased exposure and illness.
- Widespread illness may result in shortages of personnel to provide essential community services.

More background information on influenza is available at:

- Pandemic Influenza:  
<http://www.who.int/csr/disease/influenza/pandemic/en/> <http://www.pandemicflu.gov/>
- Influenza A (H1N1):  
<http://www.who.int/csr/disease/swineflu/en/index.html> <http://www.cdc.gov/h1n1flu/>
- Avian influenza A (H5N1): [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)  
<http://www.cdc.gov/flu/avian/index.htm>
- Influenza:  
<http://www.who.int/topics/influenza/en/>  
<http://www.cdc.gov/flu/>

## 1.0 Medical Response Plan

The BP Az SPU medical response plan contains information on the medical response required at each stage of the BP strategies. It also includes isolation and quarantining measures to reduce the risk of influenza transmission.

## Section 1 - Implementing the Medical Response Plan

This Section contains the specific recommended action points to be considered for each of the **WHO Pandemic Phases** referred to in the **WHO Global Influenza Preparedness Plan (2009)\***.

The Section also indicates who should be accountable for each action including:

- **Head-of-Country/Business Unit Manager** (abbreviated as “HoC/BU”)
- **Facilities Manager** (abbreviated as “FM”)
- **Health Manager** (abbreviated as “HM”)
- **Health Adviser** (abbreviated as “HA”)
- **Individual** (abbreviated as “ID”)

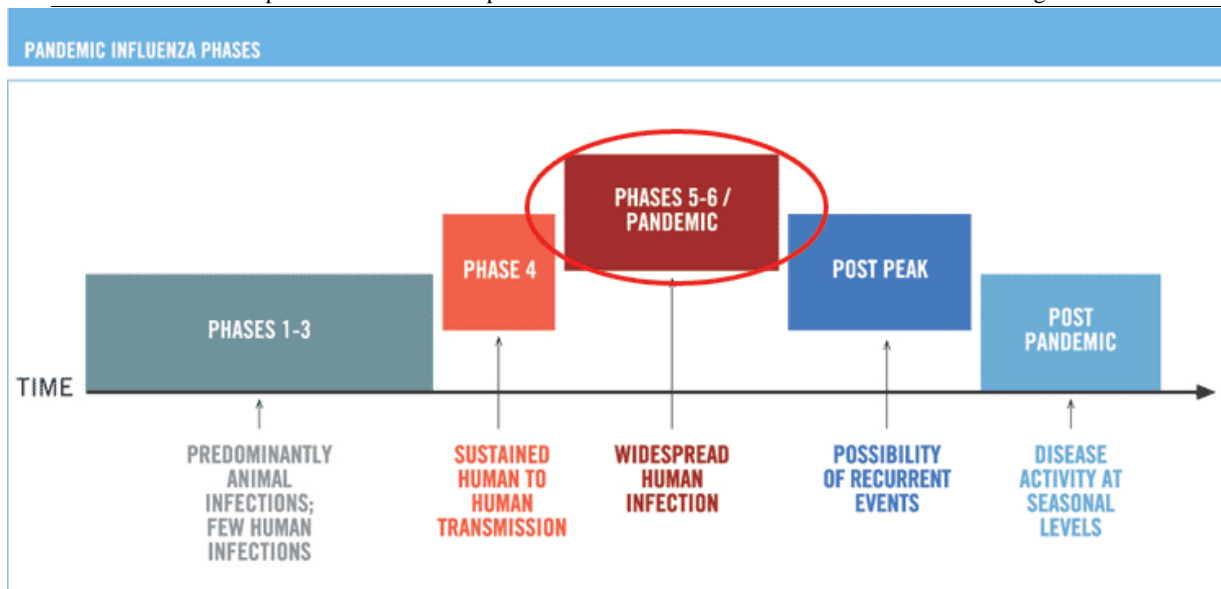
In addition to the WHO Pandemic Phases referred to above, BP has developed a series of “**Leading Indicators**” which may be used as a guide to initiate implementation of the pandemic response plans, subject to Head-of-Country approval and endorsement by the BP AzSPU Health Manager.

<b>Name</b> job title	Almaz Agazade AzSPU Health Manager	<b>Role</b>	Health SPA
Phone number:	+ 99455 4252253 (mobile	<b>Responsibilities</b>	
Alternative:	Health Advisor	<ul style="list-style-type: none"> <li>▪ Activate and manage Medical Pandemic Response Plan</li> <li>▪ Manage the medical contractors during the incident</li> <li>▪ Ensure availability and accessibility of secondary care facilities</li> <li>▪ Ensure that all medical resources are available for immediate use</li> <li>▪ Ensure isolation procedures are implemented as appropriate</li> </ul>	

The PU Health advisers should work with the Az SPU Health Manager to apply Group Policies locally.

### \* WHO Pandemic Phases (Global Influenza Preparedness Plan, 2009 revision)

In the 2009 revision of the **Pandemic Phase descriptions**, WHO has retained the use of a six-phased approach (contained in the 2005 plan) for easy incorporation of new recommendations and approaches into existing national preparedness and response plans (see figure below). The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.



## Section 1 Implementing the Medical Response Plan

The following table shows the actions for implementation of the BP medical plan for influenza pandemic. For each influenza pandemic phase, as declared by WHO, it outlines specific measures to be considered by **Head-of-Country/Business Unit Manager** (HoC/BU), **Facilities Manager** (FM), **Health Manager** (HM)/**Health Adviser** (HA) and **Individual** (ID). “Affected” means countries where the “novel” influenza virus subtype is present in animals (as per WHO).

WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Phase 1-3 - Predominantly Animal Infections: Few Human Infections</b>			
In <b>Phase 1</b> no viruses circulating among animals have been reported to cause infections in humans.	Any affected or not yet affected	<ul style="list-style-type: none"> <li>- Prepare influenza pandemic medical response plans</li> <li>- Promote the increased use of seasonal influenza vaccine (see Guideline 3)</li> </ul>	HA/HM HA
In <b>Phase 2</b> an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.	Any affected or not yet affected	In addition to the above: <ul style="list-style-type: none"> <li>- Issue guidance to minimise the risk of exposure to animal and human influenza (see Guideline 1 &amp; 2)</li> <li>- Assess availability of antivirals and priorities for supply</li> <li>- Assess availability of other medications and personal protective equipment (PPE) for medical staff (see Guideline 4)</li> <li>- Review infection control procedures at workplace and clinics</li> <li>- Monitor the development of a human vaccine against the strain</li> </ul>	HA  HoC/BU HoC/BU  FM/HA HA
In <b>Phase 3</b> an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.	Any affected or not yet affected	In addition to the above: <ul style="list-style-type: none"> <li>- Monitor reported cases in affected areas</li> <li>- Check stocks of antivirals and prepare distribution and dispensing plans for both <i>routine</i> and <i>accelerated</i> issue (see Section 3)</li> <li>- Check stocks of personal protective equipment (PPE) for medical staff, respiratory cases, travellers; personal thermometers for “self-monitoring”; and essential respiratory medications (e.g. antibiotics) for treatment of cases (see Guideline 4)</li> <li>- Develop procedures for diagnosis, treatment and containment (isolation) of suspected cases and contacts (see Guideline 5)</li> </ul>	HA HoC/BU  FM/HA   HA

WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Phase 4 - Sustained Human to Human Transmission</b>			
<p><b>Phase 4</b> is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.</p>	Not affected	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>- Monitor disease surveillance and guidance from affected countries and conduct local risk assessments</li> <li>- Reiterate guidance to minimise the risk of exposure to novel influenza strain and review infection control procedures at workplace and clinics (see Guideline 1 &amp; 2 &amp; 5)</li> <li>- Consider implementing plans for <i>routine</i> issue of antivirals for stand-by treatment (see Section 3 and Guideline 11)</li> <li>- Review stocks of personal protective equipment (PPE) for medical staff, respiratory cases, travellers; personal thermometers for “self-monitoring”; and essential respiratory medications (e.g. antibiotics) for treatment of cases (see Guideline 4)</li> <li>- Conduct pandemic preparedness training for medical, first-aid, and general staff (incl. personal hygiene and use of PPE)</li> </ul>	<p>HA</p> <p>FM/HA</p> <p>HM</p> <p>FM/HA</p> <p>FM/HA</p>
	Affected or close travel/trade links	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>- Monitor for any travel restrictions imposed (see Guideline 6)</li> <li>- Review options for medical evacuation (medevac) of cases out of affected areas (see Guideline 4)</li> <li>- If <i>human to human transmission</i> is present in local community, implement actions for Phase 5 (below)</li> </ul>	<p>HoC/BU</p> <p>HM/HA</p> <p>All</p>

WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Pandemic Phase 5-6 - Widespread Human Infection</b>			
<p><b>Phase 5</b> is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.</p> <p><b>Note: Phase 5 active in April 2009</b></p>	Not affected	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>- Consider implementing plans for <i>accelerated</i> issue of antivirals for stand-by treatment (see Section 3 and Guideline 11)</li> <li>- Prepare to provide technical assistance, contingency medical staffing and supplies to assist affected countries if needed</li> </ul>	HoC/BU HM
	Affected or close travel/trade links	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>- Heighten monitoring of reported cases and disease surveillance</li> <li>- Implement procedures for diagnosis, treatment and containment (isolation) of suspected cases and contacts (see Guideline 5)</li> <li>- Consider relocation of dependants expatriate staff, in line with the Human Resource Policy Guidelines</li> <li>- Review resources and capacity built up in Phase 4 (above) and determine need for external assistance and additional supplies</li> <li>- Develop contingency plans for overload of clinics and replacement of medical staff taking rest and recuperation or falling ill</li> <li>- Introduce “self-monitoring” for respiratory disease including routine temperature checks (see Guideline 7)</li> <li>- Avoid non-essential gatherings and face-to-face meetings (i.e. practice “social distancing”)</li> <li>- Monitor the development of a pandemic influenza vaccine and priorities for use</li> <li>- If <i>human-to-human transmission</i> is present in local community, implement actions for Phase 6 (below)</li> </ul>	HA FM/HA HoC/BU FM FM/HA FM/HA ID HA All

WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<p><b>Phase 6</b>, the <i>pandemic phase</i>, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in <b>Phase 5</b>. Designation of this phase will indicate that a global pandemic is under way.</p>	Any affected or not yet affected	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>- Implement full scale measures outlined in Phase 5 (above)</li> <li>- Issue antivirals to <u>new staff</u> (not in receipt previously) for stand-by treatment</li> <li>- Draw on contingency plans for clinic overload, medical support staff, pharmaceutical and other medical supplies as necessary</li> <li>- Prepare to use alternate (non-health care) facilities to care for ill staff if necessary</li> <li>- Strengthen employee assistance programmes (EAPs) and other means to provide social/psychological support for staff and dependants</li> <li>- Monitor for antiviral resistance and update guidance on use of available medications</li> <li>- Provide guidance on the availability and use of pandemic influenza vaccines (when available)</li> </ul>	<p>HoC/BU FM/HA</p> <p>HA</p> <p>FM/HM</p> <p>HoC/BU</p> <p>HA</p> <p>HA</p>
<b>Post-peak Period – Possibility of Recurrent Events</b>			
<p>During the <b>post-peak period</b>, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.</p> <p>Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.</p>	Any affected or not yet affected	<p>An intensive phase of recovery and evaluation may be required in the post-peak period:</p> <ul style="list-style-type: none"> <li>- Review effectiveness of treatments and countermeasures</li> <li>- Update guidelines and procedures</li> <li>- Restock essential medicines and supplies</li> <li>- Assess vaccine coverage and update guidelines for further use</li> <li>- Monitor disease surveillance data and be prepared for additional waves</li> </ul>	<p>HA</p> <p>HoC/BU</p> <p>HM/HA</p> <p>HM/HA</p> <p>HA/HM</p>



WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Post Pandemic Period – Disease Activity at Seasonal Levels</b>			
In the <b>post-pandemic period</b> , influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.	Any affected or not yet affected	An intensive phase of recovery and evaluation may be required at the end of a pandemic or between waves: <ul style="list-style-type: none"> <li>- Review effectiveness of treatments and countermeasures</li> <li>- Update guidelines and procedures</li> <li>- Restock essential medicines and supplies</li> <li>- Assess vaccine coverage and update guidelines for further use</li> </ul>	HA HoC/BU HM/HA HA

## Section 2 Containment Measures to Reduce Risk of Influenza Transmission

For persons living or travelling within an affected country, the following table outlines specific measures to be considered by **Head-of- Country/Business Unit Manager (HoC/BU)**, **Facilities Manager (FM)**, **Health Adviser(HM)/Health Manager (HA)** and **Individual (ID)** for each pandemic phase.

“Affected” means countries where the “novel” influenza virus subtype is present in animals (as per WHO).

Measures	Action by					Comments
		Phase 3	Phase 4	Phase 5	Phase 6	
General information on risk avoidance and personal hygiene		Yes	Yes	Yes	Yes	
Human <b>Cases</b> infected (or suspected) with the “novel” influenza virus	FM	Yes	Yes	Yes	Yes	Plan to accommodate potentially large number of severe cases.
- Confinement (isolation) as appropriate to local situation	FM	Yes	Yes	Yes	Yes	
- Surgical face masks for cases	ID	Yes	Yes	Yes	Yes	
- Surgical face masks for persons with respiratory illness attending clinics	FM	Yes	Yes	Yes	Yes	
- Appropriate PPE for health care staff in clinics (including training on use) – see Guideline 4						
<b>Contacts</b> of cases						
- Tracing and follow-up of contacts	FM	Yes	Yes	Yes	No	Not feasible once pandemic starts.
- Voluntary quarantine (home confinement) and health monitoring	ID	No	Yes	Yes	No	
- Surgical face masks if in close contact (< 1 metre or 3 feet) with others	ID	No	Yes	Yes	No	Reserve antivirals for early treatment once pandemic starts.
- Refer contacts for medical advice on short-term prophylaxis (preventive treatment) with antivirals	FM	Yes	Yes	Yes	No	
<b>Staff and dependants</b> in <u>affected areas</u>						
- Self-health monitoring (incl. temp. check) and reporting of illness	ID	No	No	Yes	Yes	Seek early treatment.
- Voluntary home confinement ( <u>do not</u> attend work/school) if respiratory symptoms develop	ID	Yes	Yes	Yes	Yes	
- Avoid public gatherings, functions and non-essential meetings	ID	No	Consider	Consider	Yes	Take hygiene measures to reduce risk to household members.
- Avoid attendance at pre-school, school, university	ID	No	Consider	Consider	Yes	
- Wear face-masks in public places	ID	No	No	No	No	Consider early if local clusters.
- Wear face-masks in public places <u>if</u> respiratory symptoms (suggestive of “novel” influenza virus) develop	ID	No	Yes	Yes	Yes	
						Follow local recommendations.
						Not known to be effective in preventing infection.
						Should be worn in public and at clinics to reduce transmission to others.
<b>Workplaces</b> in <u>affected areas</u>						
- Promote personal hygiene (hand washing) and frequent disinfection of potentially contaminated surfaces	FM	Yes	Yes	Yes	Yes	Workplace
- Appropriate PPE for responders to cases in the workplace, and for cleaning and	FM	No	Yes	Yes	Yes	
	FM	No	No	Yes	Yes	

catering staff (including training on use) – see Guideline 4 - Promote self-health monitoring  - Widespread environmental/air disinfection	N/A	No	No	No	No	temperature checks (incl. thermal scanning) is not recommended.
<b>Travel to affected areas</b> (where clusters are occurring) within a country - Avoid contact with live pigs, birds and poultry - Defer non-essential travel to and from locally affected area	ID ID	Yes No	Yes Yes	Yes Yes	Yes Yes	If affected areas remain localised.
<b>Visitors to and from affected areas</b> - Visitors with respiratory illness should postpone travel - General information on outbreak, risk avoidance, personal hygiene and medical support - Avoid contact with live poultry and infected poultry farms - Self-health monitoring (incl. temp. check) and reporting of illness - Voluntary hotel confinement and do not attend work if respiratory symptoms develop - Obtain medical advice on use of antivirals (for standby treatment and short-term prophylaxis) during and after travel out of country	ID HA  ID ID ID  HoC/BU	Yes Yes  Yes No Yes  No	Yes Yes  Yes No Yes  No	Yes Yes  Yes Yes Yes  Yes	Yes Yes  Yes Yes Yes  Yes	Information relevant to Phase.    Seek early treatment. Take hygiene measures to reduce risk to hotel members. Antivirals may be reserved for early treatment (c.f. prophylaxis) once pandemic starts.
<b>Staff and dependants leaving</b> affected countries - Staff with respiratory illness should postpone travel - Obtain medical advice on use of antivirals (for standby treatment and short-term prophylaxis) during and after travel out of country	ID HoC/BU	Yes No	Yes No	Yes Yes	Yes Yes	Antivirals may be reserved for early treatment (c.f. prophylaxis) once pandemic starts.

## 2.0 Medical Supplies

### 2.1 General Medical Supplies

Individual operating units and responsible medical personnel should consider availability of general medical supplies and stocks of general drugs and medical supplies (including consumables such as syringes, needles, etc.) for use during a pandemic.

#### Antivirals

Antiviral drugs for influenza are now an important adjunct to vaccination for the treatment and prevention of influenza. However, they are not a substitute for vaccination. When taken before infection or during the early stage of the disease (within two days of illness onset), antivirals may help prevent infection, and if infection has already taken hold, their early administration may reduce the duration and severity of illness.

A new class of antivirals, the neuraminidase inhibitors, has been developed which include Oseltamivir (Tamiflu®) and Zanamivir (Relenza®). These drugs have few adverse side-effects and have shown little resistance to the virus to date. However, they are currently not widely available for use in many countries.

Other antivirals could potentially have some effectiveness against a new emerging strain of influenza and may have some use in the health care setting.

#### Antibiotics

As influenza is often complicated by secondary bacterial infection of the lungs, antibiotics could be life saving in the case of late-onset pneumonia. Availability and stocks of antibiotics targeted to pulmonary bacterial infection (such as a fluoroquinolone, co-trimoxazole, vancomycin, cephalosporin, etc) should be assessed.

**Note:** Antivirals and antibiotics are prescription only medications and purchases must be arranged in consultation with a BP Az SPU Occupational Health adviser.

#### Antipyretics

Antipyretic such as paracetamol will be indicated as in most febrile diseases to relieve pain and control fever. Aspirin is contraindicated in those suspected of having influenza. Antipyretics are generally widely available but potential use and stocks should be assessed.

### 2.2 Indicators for Issue of Antivirals to Employees

The accountability for issue of antivirals to employees rests with the Head-of-Country (or delegate) subject to the Crisis & Continuity Management Team, Regional Health Directors & VP Health confirming a change in risk due to a “novel” influenza virus sufficient to initiate the issue of antivirals from the Company stockpile.

- Antiviral will not be issued to employees until there is a perceived or actual increase in the level of pandemic risk which is supported by the RGVP, HoC and Health Director and/or as advised by the WHO or National Alert Authority.
- The level of risk to countries will be continuously monitored and informed via the Crisis Management Network.
- Once the trigger for issue is confirmed, an emergency approach to prescribing and dispensing may be required in high risk, imminently affected countries to ensure the timely delivery.

**Note:** This guidance does not apply to antiviral stocks required to meet operational needs e.g. where the Company operates clinics or provides medical care.

Before a decision to issue antivirals to staff is made, the Head-of-Country should seek guidance from the Regional Health Director on interpreting the global and country indicators outlined below.

### Global Indicators

The WHO Phases are escalated on the basis of fixed criteria relating more to geographical spread than severity. An increase in clusters of cases in a number of countries may lead to Phase escalation but this does not translate immediately to heightened risk in *every* country. Country response should not be fixed to WHO Phase changes but based on appropriate consultation and assessment.

*Routine* (non-urgent) issue of antivirals will be considered after the declaration of WHO Phase 4 or above.

*Accelerated* (urgent) issue of antivirals will be considered after the declaration of WHO Phase 5 or above.

### Country Indicators

A country risk assessment should be initiated in conjunction with the Country medical adviser/s, the Regional Health Director and the VP Health to consider additional factors including:

- the confirmed presence of human “novel” influenza cases in the country according to the WHO/CDC(US) criteria for case definition.
  - the confirmed presence of human “novel” influenza cases in a neighbouring country and countries with frequent travel and trade links
  - the number of such cases and the rate of escalation
  - the number of cases likely to be *imported* from outside the country
  - the number of cases likely resulting from *sustained human-to-human transmission* in the country
  - the proximity of cases to local communities and sites
  - the available evidence concerning the severity of the “novel” influenza (self-limiting, response to treatment, sensitivity to antivirals, fatalities etc.)
  - the available evidence on the outbreak from the WHO and CDC investigation team, the local Health Department/s and other relevant authorities
  - actions taken by governments and local health authorities e.g. deployment of Strategic National Stockpiles of antivirals etc.
  - the capabilities of the local medical infra-structure for diagnosis and treatment and the availability of antivirals from local clinics
    - the expected time taken to complete the issue of antivirals to staff
    - the actions taken in other perceived higher risk countries
    - the actions taken by other companies or local authorities in the same country or area
    - the possible communication issues associated with this action including:
      - the anticipated reaction of staff
      - acceptance by local health authorities
      - media response and public sympathy
    - other potential consequences such as:
      - the potential for side-effects in relation to the expected severity of the influenza
      - the potential for inappropriate use and the emergence of drug resistance
- the depletion of the stockpile and reduced capacity to mitigate later, and possibly more severe, “waves” of influenza**

## 2.3 Principles Governing Issue of Antivirals to Employees

- Primary responsibility for health care management in the event of an Influenza Pandemic remains with Governments and established health care providers.
- Where BP provides health care services, it will continue to provide medical support during a pandemic (including the provision of antivirals).

- In addition to this, BP will endeavour to supply antivirals to all employees when the pandemic risk increases to supplement limited supplies.
- To allow for uncertainty of dose and duration of treatment of a novel pandemic virus and other contingencies, more than one standard treatment course may be provided for each employee.
- Antivirals will only be issued to BP employees and contractor staff occupying roles that would normally be performed by BP employees as defined in the HR Pandemic policy.
- Antivirals will not be issued to employees until there is a perceived or actual increase in the level of pandemic risk which is supported by WHO advice.
- The level of risk to countries will be continuously monitored and informed via the Crisis Management Network.
- The accountability for issue of antivirals will be the Head-of-Country (or delegate) subject to Group Crisis Team confirming a change in risk sufficient to initiate the issue to employees (see Guideline 11).
- Once the indication for issue is confirmed, an emergency approach to prescribing and dispensing may be required in high risk, imminently affected countries to ensure the timely delivery.

## 2.4 Tamiflu® Dispensing Plan

In preparation for any local outbreak or pandemic situation, specific plans for sub-distribution and dispensing of Tamiflu® should be prepared in conjunction with locally registered medical practitioners (and pharmacists, if necessary).

As a prescription drug, Tamiflu® will only be issued by BP under medical supervision and in specific circumstances including:

- **Emergency treatment** of symptoms in the event that employees cannot access local supplies.
- **Standby treatment** for employees travelling to remote or high risk locations or other situations where BP judges that employees should have ready access to Tamiflu® (such as a perceived or actual increase in the level of pandemic risk which is supported by WHO advice).
- **Targetted, short-term prophylaxis** (for 10days) to certain individuals for the purpose of containing or reducing transmission of the virus early in an outbreak.

**Note:** As stated above, public health interventions (including early detection and containment) will be the principal means of control during a widespread pandemic. Because of anticipated limited supplies of antivirals during a pandemic situation, it will **not** be feasible or recommended to administer Tamiflu® to large numbers of well people for **long-term (6 weeks) prophylaxis** (i.e. prevention of influenza).

The **Tamiflu® Dispensing Plan** is outlined below:

This contains the specific recommended action points for each of the **WHO Pandemic Phases** referred to in the **WHO Global Influenza Preparedness Plan (2009)** in planning for potential dispensing of Tamiflu®. These Sections also indicate who is accountable for each action including:

- **Head-of-Country** (abbreviated as “HoC”)
- **Facilities Manager** (abbreviated as “FM”)
- **Health Manager/Health Adviser** (abbreviated as “HM/HA”)
- **Individual** (abbreviated as “ID”)

In planning for dispensing of Tamiflu® reference should also be made to:

- Guideline 9 - Principles Governing Issue of Antivirals to Employees
- Guideline 10 - Prescribing & Dispensing Antivirals to Employees
- Guideline 11 - Indicators for Issue of Antivirals to Employees

For each influenza pandemic phase, as declared by WHO, the table outlines specific measures to be actioned by **Head-of-Country (HoC)**, **Facilities Manager (FM)**, **Health Adviser (HA)** and **Individual** (abbreviated as

“ID”) in preparation for dispensing of Tamiflu®. “Affected” means countries where the “novel” influenza virus subtype is present in animals (as per WHO).

WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Phase 1-3 - Predominantly Animal Infections: Few Human Infections</b>			
In <b>Phase 1</b> no viruses circulating among animals have been reported to cause infections in humans.	Any affected or not yet affected	- No specific action	
In <b>Phase 2</b> an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.	Any affected or not yet affected	- Assess availability of Tamiflu® and other antivirals and priorities for supply	HM
In <b>Phase 3</b> an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.	Not affected	In addition to the above: - Nominate a locally registered medical practitioner to provide professional oversight for procurement and dispensing - Procure stocks of Tamiflu® and ensure secure storage and handling and inventory control - Prepare and maintain detailed staff listings for each location - Develop emergency Tamiflu® dispensing protocols for treatment of unexpected cases of animal Influenza (“novel virus”) - Develop Tamiflu® prescribing and dispensing plans with provision for both <i>routine</i> and <i>accelerated</i> issue for stand-by treatment (and short-term prophylaxis) of Pandemic Influenza (see Guideline 9 & 10) - Develop information/briefing packs for staff	HM HM/HA HA HA HA
	Affected or close travel/trade links	In addition to the above: - Deploy stocks of Tamiflu® to strategic locations and ensure secure storage and handling	HM/HA

WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Phase 4 - Sustained Human to Human Transmission</b>			
<b>Phase 4</b> is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in	Any affected or not yet affected	In addition to the above: - Monitor disease surveillance and guidance from affected countries and conduct local risk assessments - Review Tamiflu® stocks in strategic locations - Assess quantities required for prophylaxis, emergency treatment and stand-by treatment of Pandemic Influenza at sites - Consider implementing dispensing plans for <i>routine</i> issue of Tamiflu® for stand-by treatment (see Guideline 11) - Maintain personal supply of Tamiflu® in a safe location and become familiar with instructions for use	HA/HM HM/HA HA HoC/HM ID HoC



risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.		- If <i>human-to-human transmission</i> is present in the local community, implement actions for Phase 5 (below)	
<b>Pandemic Phase 5-6 - Widespread Human Infection</b>			
<p><b>Phase 5</b> is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.</p> <p><b>Note: Phase 5 active in April 2009</b></p>	Any affected or not yet affected	- Consider implementing dispensing plans for <i>accelerated</i> issue of Tamiflu® for stand-by treatment (see Guideline 11)	All
<p><b>Phase 6</b>, the <i>pandemic phase</i>, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in <b>Phase 5</b>. Designation of this phase will indicate that a global pandemic is under way.</p>	Any affected or not yet affected	<p>In addition to the above:</p> <p>- Issue Tamiflu® to <u>new staff</u> (not in receipt previously) for stand-by treatment</p>	HA



WHO PANDEMIC PHASES (2009 revision)	Location of event (Country)	Specific action points	Action by
<b>Post-peak Period – Possibility of Recurrent Events</b>			
<p>During the <b>post-peak period</b>, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.</p> <p>Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.</p>	Any affected or not yet affected	<p>An intensive phase of recovery and evaluation may be required in the post-peak period:</p> <ul style="list-style-type: none"> <li>- Review records for usage, efficacy and adverse side-effects</li> <li>- Restock essential antiviral supplies</li> <li>- Be prepared to dispense for additional waves</li> </ul>	HA HM/HA HM
<b>Post Pandemic Period – Disease Activity at Seasonal Levels</b>			
In the <b>post-pandemic period</b> , influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.	Any affected or not yet affected	<p>An intensive phase of recovery and evaluation may be required at the end of a pandemic or between waves:</p> <ul style="list-style-type: none"> <li>- Review records for usage, efficacy and adverse side-effects</li> </ul>	HA

## 2.5 Tamiflu® Stocks

Primary responsibility for health care management in the event of an Influenza Pandemic remains with Governments and established health care providers.

In circumstances where Governments may not be able to fully provide appropriate health care management, BP will endeavor to facilitate the provision of additional health care support through its internal health care services to employees and dependants including:

- assisting with access to the full level of local health services and provisions;
- providing additional medical support, prioritizing those at greatest risk;
- making every effort to facilitate medical support for individuals on assignment out of their home country in line with BP Expatriate policy.

If a pandemic is declared it is likely that stocks of medicine useful against influenza, particularly Tamiflu®, would be rapidly consumed. This is particularly the case in countries where resources are limited and other health care priorities preclude stockpiling of antivirals.

Therefore it is recommended that BP Az SPU Heads-of-Country/Business Unit Leaders, in conjunction with BP Az SPU Health advisers, **assess the local availability of Tamiflu® and priorities for supply**. This is particularly important in areas where public health and medical services are limited. An assessment of need should take account of factors such as:

- proximity to probable influenza outbreak location/s;
- the robustness of local public health infrastructure to contain and limit an outbreak;
- the robustness of local medical facilities to provide necessary treatment;
- logistics for medical evacuation (medevac) and “shelter-in-place” (if medivac is not possible);
- the current level of BP preparedness (including availability of antivirals, other medical supplies, potential vaccines);
- any other country specific health risks; etc.
- the epidemiology of previous pandemics, the likely attack rate etc.

**Wherever possible, BP Az SPU will endeavour to facilitate the provision of additional supplies of Tamiflu® to employees through its health care services.**

Tamiflu® is a prescription only medication and the cost varies considerably depending on whether it is ordered directly from the manufacturer, from a pharmacy or from a clinic. Therefore, purchases should follow normal BP procurement practices and **must be arranged with Head-of-Country approval and in consultation with Health Manager.**

Stocks of Tamiflu® should be **under the responsibility of a BP (or BP nominated) medical adviser at all times**. Subject to local legislative requirements, a designated BP person may hold Tamiflu® stocks on behalf of a doctor who will be responsible for procurement and providing advice on dispensing and treatment.

**Storage of Antivirals** - Supplies should be kept in a secure place and stored at 25°C (77°F) within the range 15 – 30°C (59 - 86 °F) (Ref:<http://www.rocheusa.com/products/tamiflu/pi.pdf>)

The current shelf-life for Tamiflu® capsules is around 5 years and Tamiflu® paediatric suspension is 2 years.

According to the latest recommendations of European Medicines Agency and in view of the recent outbreak of the novel influenza A/H1N1 virus, the European Medicines Agency has also reviewed ways to use Tamiflu capsules in case of a shortage. The shelf-life for Tamiflu® paediatric suspension is 2 years. capsules the shelf-life for Tamiflu was around 5 years however the Agency’s Committee for

Medicinal Products for Human Use (CHMP) recommended that Tamiflu capsules that are already on the market may be used for up to two more years after their current five-year expiry date during a declared pandemic.



EMA - extension  
from 5-7years.pdf

## 2.6 Tamiflu® Sub-Distribution

### 2.6.1 AzSPU Antivirals Distribution Procedures

#### Storage and Sub-distribution of Antivirals:

- Antivirals will initially be supplied to a nominated secure country site. Storage is to be in accordance with the Storage and Handling Guidelines.
- Sub-distribution of antivirals to sites within the country is recommended to facilitate rapid issue to employees whilst minimizing the possibility of sequestration. This will be based on a country risk assessment and subject to Regional, HoC, Security and Medical endorsement.

Regional SPA's and HoC's should prepare detailed listings of the employees for each proposed distribution site.

BP Az SPU Tamiflu® stocks should initially be supplied to a nominated secure country site. Storage is to be in accordance with any local legislative requirements and the guidelines on storage and handling available from the product distributor or manufacturer.

Sub-distribution of antivirals to sites within the country is recommended to facilitate rapid issue to employees whilst minimizing the possibility of sequestration. This will be based on a country risk assessment and subject to Head-of-Country and Health Manager's endorsement. Guidance is provided in the **Tamiflu® Dispensing Plan** below.

To prepare for potential dispensing to individuals, HA should ensure that detailed **listings of the employees** are prepared and maintained for each proposed distribution site.

## 2.7 Prescribing & Dispensing Antivirals to Employees

- Local laws and regulations for prescription and dispensing necessitate a country-by-country approach to the issuing of antivirals.
- Where BP operates clinics for employees to access medical treatment, HM are to ensure that supplies of antivirals are available for treatment.
- HM, in conjunction with locally registered medical practitioners and supported by BP Az SPU Health advisers, are required to prepare a country plan for prescribing and dispensing antivirals. The plan should include the provision for both *routine* (non-urgent) and *accelerated* (urgent) prescribing and dispensing of antivirals to all employees (see below):

#### **Routine (Non-Urgent) Issue of Antivirals**

The plan for issue of antivirals to employees should be based on the usual practice for prescribing and dispensing of "prescription only" medicines, and be fully compliant with local laws and regulations in the relevant country or countries.

The dispensing plan should be prepared under the supervision of a locally registered medical practitioner(s), and with BP medical guidance. To comply with professional standards of practice:

- Antivirals should only be dispensed to employees once a prescription has been written following individual or group consultations (dependent on local regulatory requirements).
- Where practicable, prescribing authority may be delegated to another suitably trained health professional, authorised to act on the practitioners behalf.
- Reasonable steps should be taken by the prescribing doctor to ensure that all persons who are offered antivirals:
  - have no medical contraindications to prescribing;
  - are made aware of its appropriate use, potential adverse side-effects and actions to take if they should occur;
  - are advised to seek the medical opinion of a “treating” physician before taking antivirals;
  - are issued with instructions for self-treatment to be followed as a last resort in the event of an unreasonable delay between the dispensing of antivirals, and their administration.
- Any person(s) with concern(s) should be offered a face-to-face consultation with a medical practitioner before a prescription is issued.
- At the point of issue of antivirals, employees should be given written advice on the appropriate use of antivirals and informed of other actions they can take to protect themselves and their families.
- The plan should include a system for detailed recording of the issue of antivirals to employees and other record keeping requirements as advised by the responsible doctor.

#### **Accelerated (Urgent) Issue of Antivirals**

The plan for routine issue should continue to be implemented – but *accelerated* as fast as reasonably practicable – to ensure the timely delivery in the face of a rapidly increasing pandemic risk.

This may be achieved by:

- allocating additional resources;
- engaging more clinics;
- offering group consultations;
- Implementing e-dispensing; etc.

If regulations are relaxed, such as re-scheduling of antivirals as an over-the-counter (OTC) drug, more rapid acceleration may be possible (dispensing if regulations are relaxed (e.g. to allow over the counter dispensing by a pharmacist)



Local regulations may not explicitly provide for emergency dispensing.

## **2.8 Use of Antiviral Medication**

### **Antivirals for Use against Influenza**

When taken before infection or during the early stage of the disease (within two days of illness onset), antivirals may help prevent infection, and if infection has already taken hold, their early administration may reduce the duration and severity of illness.

A new class of antivirals, the neuraminidase inhibitors (including Oseltamivir (Tamiflu®) and Zanamivir (Relenza®), have few adverse side-effects and have shown little resistance to the virus to date. A summary of the potential use and features of the two currently available neuraminidase inhibitors is contained in the table below:

	<b>Tamiflu® (Oseltamivir)</b> 	<b>Relenza® (Zanamivir)</b> 
<b>Treatment</b>	Adults and children >1 year	Adults and children >7 years
<b>Prophylaxis</b>	Adults and children (above 1 year of age)	Not approved for prophylaxis in many countries
<b>Administration</b>	Capsule (and suspension) for oral	Powder for inhalation
<b>Side-effects</b>	Few, minor gastro-intestinal (> 33 million treatments to date)	Bronchospasm
<b>Shelf-life</b>	5 years (2 years for oral suspension)	3 years
<b>Storage</b>	At 25°C (77°F) Range 15 – 30°C (59 - 86 °F)	< 25°C (77°F)
<b>Resistance</b>	< 0.4%	Low (not fully tested)
<b>Market</b>	97%	3%

Other antivirals could potentially have some effectiveness against a new emerging strain of influenza and may have some use in the health care setting.

The antiviral most likely to be of value in an influenza pandemic is Oseltamivir (known by its tradename **Tamiflu®**) which can be taken orally in capsules or paediatric oral suspension (12mg/ml).

### 2.8.1 Use of Tamiflu®

The **complete product information** for doctors prescribing Tamiflu®, and a **patient information sheet**, are available at the following websites:

Complete prescribing information: <http://www.rocheusa.com/products/tamiflu/pi.pdf>

Information for health care professionals: <http://www.tamiflu.com/hcp/default.aspx>

**Note:** The local pharmacopeia and these sites should be consulted for the most up-to-date prescribing and product information.

The following brief notes outline the potential use of Tamiflu® during a pandemic. It assumes that the influenza strain is associated with a high rate of serious illness, in which case, two main situations may require using Tamiflu®:

### 1. Treatment with Tamiflu®

Tamiflu® is a prescription medication approved for the treatment of uncomplicated acute Influenza (types A and B) in patients over the age of 1 year. (It is not suitable for patients under the age of 1 year).

During a pandemic, Tamiflu® should only be issued **under medical supervision** and in specific circumstances including:

- **Treatment of influenza symptoms in the event that employees cannot access supplies through the local health care system;**
- **Standby treatment for employees working in (or travelling to) high risk locations or other situations where BP judges that employees should have ready access to antivirals (based on a perceived or actual increase in the level of pandemic risk which is supported by WHO advice.**

**Note:** For the treatment to be effective it must be started **as early as possible after the onset of symptoms** and certainly within 48 hours.

Typical symptoms are summarised below:

#### Symptoms of Influenza

- Abrupt onset of **fever** above 38 °C /100 °F
- Non-productive **cough** and; either travel to a country with an influenza outbreak, or contact history with an infected person, or a positive rapid test kit result (if available)

**Plus** any of the following:-

- Malaise (Fatigue)
- Chills (Rigors)
- Headache
- Myalgia (Muscle pains)
- Sore throat

(Running nose, nausea, vomiting and diarrhoea are more common in children than in adults)

**CDC (US) & WHO case definitions for human infections with influenza A (including H1N1, H5N1)** are contained in **Guideline 8**. However, during an influenza pandemic situation, anyone with a fever, cough and symptoms outlined above may be presumed to have influenza and may be recommended to commence treatment immediately.

**Tamiflu®** is available in **capsules** (75mg & 30 mg) and as a **paediatric suspension** (12mg/ml) for oral administration.

**Note:** If a paediatric suspension is not available, instructions for **Emergency Compounding of an Oral Suspension from Tamiflu® Capsules** (final concentration 15mg/ml) and the relevant paediatric dose regime is available in the prescribing information at: <http://www.rocheusa.com/products/tamiflu/pi.pdf>

## 2. Prophylaxis with Tamiflu®

During a widespread pandemic, public health interventions (including early detection and containment) will be the principal means of control. Because of anticipated limited supplies of antivirals during a pandemic situation, it will not be feasible or recommended to administer Tamiflu® to large numbers of well people for long-term **prophylaxis** (i.e. preventive treatment of influenza).

During a pandemic, Tamiflu® should be **reserved for treatment of people who are ill**, rather than prophylaxis (prevention) in well people. However, Tamiflu® can potentially protect from, or reduce

severity and duration of the disease in those exposed to influenza cases. Therefore, it may be recommended for **short-term, targetted prophylaxis** in specific circumstances. Such situations may include:

- **Post-exposure:** At an early stage, when isolated cases or small outbreaks are occurring, Tamiflu® can be given to persons known to have been in close and unprotected contact with suspected or probable influenza cases.\* For maximum effect, the drug needs to be started as soon as possible and within 48 hours of exposure to infection.

**\*Note:** In this context, a close contact is defined as an intimate contact (< 1 metre), providing care, in the same household, having direct contact with respiratory secretions (saliva droplets of a suspected case, coughing or sneezing), body fluids and/or excretions of highly suspected or probable cases (see Guideline 5).

- **Pre-exposure:** BP staff who will be repeatedly exposed to a suspected or probable influenza cases (e.g. health care staff, essential services field staff working in close proximity with human or animal cases) could potentially be offered protection with Tamiflu®.\* (Prophylaxis may continue for a maximum of 6 weeks, including one week after the last known exposure).

**\*Note:** Even where supplies of Tamiflu® are sufficient, pre-exposure prophylaxis would be limited to high-risk exposure during official duty.

- **Prophylaxis in international travellers.** To limit and slow down international spread, BP will make recommendations for international travel, should an influenza pandemic be declared. BP travellers should follow these recommendations when they are issued.

Below is the AzSPU anti-virals stocks :

Location		number of treatment courses		
		first shipment	second shipment	total
Offshore	Central Azeri (CA) platform	20	200	220
	West-Azeri (WA) platform	20	200	220
	Chirag platform	20	140	160
	Shah Deniz (SD) platform	20	130	150
	East Azeri (EA) platform	20	200	220
	Istiglal	10	tbc	10
	Dada-Gorgud	10	tbc	10
Onshore	Sangachal Terminal	20	580	600
	Ganja MediClub clinic	20	80	100
	BP Baku In House OH clinic	0	15127	15127
	Baku MediClub Clinic	180	320	500
	Baku ISOS Clinic	160	340	500
	Tbilisi MediClub Clinic	450	612	1062
	Supsa Terminal	50	110	160
	PSG1	0	100	100
	PSG2	0	100	100
	Akhaltseki	0	160	160
	Bakuriani hotel clinic	0	80	80
	Total	1000	18480	19480
available in stock for Az and Geo			19480	

## 2.9 Personal protective equipment (PPE)



Personal protective equipment (PPE) is primarily for **medical staff, first-aid attendants, responders to suspected cases, and cleaning/catering staff** trained how to use it, but it may also be recommended for other situations outlined below.

### Use of Masks to Control Influenza Transmission

The effectiveness of masks in preventing influenza transmission remains uncertain and the widespread use of masks in the community is not generally recommended. Individuals can shed influenza virus for 1 day before symptoms appear. Therefore masks may not effectively limit transmission in the general community. Instead, the emphasis should be placed on respiratory hygiene/cough etiquette at home, at work, and in other public settings (see **Guideline 2**).

However, wearing a properly fitted **procedure** mask (i.e. with ear loops), **surgical** mask (i.e. with ties) or an **N95 respirator** (for those trained in its use) may offer some protection from respiratory droplets from an infected person in close proximity (within 1 meter or 3 feet). Also masks may also help limit the potential for an infected person to contaminate nearby surfaces and objects.



Procedure mask (with ear loops)



Surgical mask (with ties)



N95 disposable respirator

Proper **selection and training** on use (including donning, checking fit, removal and disposal) is necessary to ensure the effectiveness of any mask or respirator.

The following **recommendations** focus on the appropriate use of masks in conjunction with other influenza control strategies in the workplace:

- **Health-care Personnel** – An **N95** or equivalent mask should be worn by health-care personnel (including **first-aiders** and **responders** to influenza cases in the workplace) who may be in close contact (i.e., within 1 meter or 3 feet) with a person who has symptoms of a respiratory infection, particularly if fever is present
- **Suspected Influenza Cases** - A **surgical** or **procedure** mask should be provided to staff who are coughing or have other symptoms of a respiratory infection in the workplace. The mask should be worn until the person leaves the workplace and has received medical advice. Persons who arrive at a clinic with respiratory symptoms should also be given a surgical mask on arrival. The mask should be worn until the person leaves the clinic. Persons who are diagnosed with influenza by a doctor **should remain isolated** until the illness has resolved and they have been cleared by a doctor. They should wear a mask when they can't avoid close contact with other persons.
- **Contacts of Suspected or Confirmed Cases** - Contacts of suspected or confirmed cases of influenza should also wear a **surgical** or **procedure** mask, as they may be infectious for 1 day before symptoms develop. Contacts **should remain at home** for 7 days (i.e. until they are well outside the incubation period for influenza - typically 1-4 days but may be longer for a new virus). They should wear a mask when they can't avoid close contact with other persons.
- **Cleaning and Catering Staff** – Staff who are required to clean potentially contaminated surfaces should wear a **surgical** or **procedure** mask and other appropriate PPE. Also, if a



person from cleaning or catering staff becomes ill, they may have the potential to cause widespread transmission and contamination depending on the nature of their duties. To minimize the potential impact on the facility if such a person becomes ill at work, it may be recommended that these personnel wear disposable **surgical** or **procedure** masks (and gloves) while carrying out their duties during a pandemic outbreak as an additional precautionary measure. If the person becomes ill, but has been wearing a mask and gloves for at least 1 day before the onset of symptoms, then it may not be necessary to designate all staff in the relevant service area as close contacts

- **General Staff** - Staff should be encouraged to **purchase their own supplies** of **surgical** or **procedure** masks for personal use should they develop influenza symptoms, so as to minimize the risk of spreading the virus to others. Also, some individuals may choose to wear a mask for additional protection for short periods in enclosed, crowded and poorly ventilated environments such as public transport.

### Supply of Personal Protective Equipment (PPE)

Staff providing medical care, and other staff who may be exposed to cases during the course of their work, or required to clean potentially contaminated surfaces, should be supplied with other appropriate PPE. In addition to supply, staff must be properly trained in its use.

In the event of a pandemic it is anticipated that masks and other PPE will be in short supply. It is recommended that offices and operating units assess potential need (for **clinics**, for use in the **workplace** and for **personal** use) and determine the stocks required to be able to respond to the demand.

Supply of PPE is dependent on local specificities, regulation and the availability of quality suppliers and there will be no central procurement activity or funding. Each Head-of-Country (HoC) and local businesses, should conduct a **local assessment (in conjunction with HM) to** identify the items required and estimate the potential numbers to be supplied. The **table** below should be used for guidance purposes only as local requirements will vary.

Type of PPE	Number of items for each person in the respective Staff Group at the Facility (*)					
	Clinic Use		Workplace Use			Personal Use
	Health-care Staff involved in Clinical Treatment	Suspected Influenza Cases arriving at the Clinic	First-aiders & Responders to Influenza Cases in the Workplace	Suspected Influenza Cases appearing at Work	Cleaning and Catering Staff	General Staff "Self-purchase" (**)
Procedure mask (with ear loops) or Surgical mask (with ties)	-	10	-	5	150	50
N95 disposable respirators	500	-	50	-	-	-
Safety goggles or face-shield	25	-	10	-	10	-
Surgical gloves (latex)	500	-	50	-	-	-
Disposable gloves (plastic)	500	-	50	-	150	-
Aprons (disposable)	500	-	50	-	150	-
Surgical gowns (disposable)	500	-	50	-	-	-
Head covers	500	-	50	-	-	-
Shoe covers (pair)	500	-	50	-	-	-
Alcohol hand-rub disinfectant (disposable hand-wipes)	500	10	100	5	100	50
Biohazard bag (large, small)	500	-	50	-	50	-
<p><b>*Note:</b> These numbers are for <u>guidance purposes only</u> - a local assessment should be done to estimate the potential need in each workplace. In the face of a full-blown pandemic, it is likely that <b>non-critical</b> operations will shut-down and therefore the need for PPE will be expected to be less than for <b>critical</b> operations.</p> <p><b>**Note:</b> Staff should be encouraged to <b>purchase their own supplies</b> for use should they develop influenza symptoms so as to minimise the risk of spreading the virus to others.</p>						

**Further Information** about use (donning, removal and disposal) of Personal Protective Equipment is available at: [www.cdc.gov/ncidod/dhqp/ppe.html](http://www.cdc.gov/ncidod/dhqp/ppe.html)

### 3.0 Respiratory Hygiene/Cough Etiquette for Individuals

Human influenza is transmitted from person to person primarily via virus-laden large droplets (particles >5 µm in diameter) that are generated when infected persons cough or sneeze; these large droplets can then be

directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., within 3 feet) the droplet source.

Transmission also may occur through contact with infectious respiratory secretions both directly (from person-to-person) and indirectly (by touching contaminated hard surfaces or objects).

**The following simple hygiene precautions are important to minimise potential influenza transmission.**

To prevent the transmission of influenza (and other respiratory infections) **all-year-round**, the following measures to contain respiratory droplets are recommended for all individuals with symptoms of a respiratory infection:

- **Cover your cough (i.e. cover the nose/mouth when coughing or sneezing)**
- **Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use**
- **Wash hands with soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials**

In addition, **during periods of increased respiratory infection** (e.g., when there is increased absenteeism in schools and work settings or reports of influenza outbreaks)

- Wear a mask if you are coughing or sneezing - either a **procedure** mask (i.e., with elastic ear loops) or a **surgical mask** (i.e., with ties) may be used to contain respiratory secretions (an N-95 respirator or equivalent is not necessary for this purpose)
- Stay at least 1 meter (3 feet) away from other people and avoid traditional greetings (i.e shaking hands etc) where possible

**Workplaces** should ensure the availability of materials such as:

- Tissues and no-touch receptacles for used tissue disposal
- Conveniently located dispensers of alcohol-based hand rub and, where sinks are available, ensure that adequate supplies of soap and disposable towels are available
- Disposable masks and no-touch receptacles for used mask disposal
- Relevant Multi-lingual **Posters**, such as the following from US CDC, are available from many local health authorities:
  - “Cover Your Cough” – for use in the workplace  
[www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm)

**Stop the spread of germs that make you and others sick!**

# Cover your Cough



## IMPORTANT NOTICE TO ALL PATIENTS

**Please tell staff immediately if you have flu symptoms**

Flu symptoms include fever, headache, tiredness, dry cough, sore throat, nasal congestion and body aches.



# 1

### Cover Your Cough and Sneeze

- Use a tissue to cover your mouth and nose when you cough or sneeze.
- Drop your used tissue in a waste basket.
- You may be asked to wear a mask if you are coughing or sneezing.

and

# 2

### Clean Your Hands

- Wash your hands with soap and warm water or clean with gels or wipes with alcohol.
- Cleaning your hands often keeps you from spreading germs.



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## 4.0 Influenza Vaccination

### Vaccination against Seasonal Influenza

Vaccination is the principal measure for preventing seasonal influenza and reducing the impact of epidemics. Various types of influenza vaccines have been available and used for more than 60 years. They are safe and effective.

Constant genetic changes in influenza viruses mean that the composition of the vaccine must be adjusted annually to include the most recent circulating influenza viruses. The effectiveness of the vaccine depends on the degree of similarity between the viruses in the vaccine and those in circulation. Seasonal influenza vaccine will not protect against avian influenza or a new pandemic influenza strain. However, it is an effective countermeasure against seasonal influenza, particularly for priority groups most at risk.

WHO and the Centres for Disease Control (US) advice is that all individuals who are at risk of complications should be vaccinated against seasonal influenza. The priority groups at risk are listed below.

Local licensing requirements will determine the availability of seasonal influenza vaccines in each country. Staff in the priority groups listed below should consider vaccination. Frequent business travellers and other staff are also encouraged to take advantage of this protective measure.

The local country or expatriate medical plan will determine if cover is available for the cost of seasonal influenza vaccination.

For frequent business travellers, BP will generally cover the cost of seasonal influenza vaccination in line with the travel vaccination policy.

In other situations BP will act in line with national health recommendations and practice in supporting any local vaccination programmes for influenza. The aim will be to ensure consistency of cover on a national basis, rather than a segment or business unit basis

However, some higher risk situations, such as staff working on offshore installations and in other confined accommodation, may require special consideration. BP Az SPU Health Team arranges Flu Vaccination Campaign for all Az SPU employees each year.

#### **Priority groups for whom annual Seasonal Influenza Vaccination is recommended:**

- Children aged 6-59 months;
- Women who will be pregnant during the influenza season;
- Persons aged > 50 years;
- Adults and children who have:
  - chronic disorders of pulmonary or cardiovascular systems, including asthma (hypertension is not considered a high-risk condition);
  - required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic disease (including diabetes mellitus), renal dysfunction, haemoglobinopathies, or immunodeficiency (including immunodeficiency caused by medications or by human immunodeficiency virus);
  - any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions, or that can increase the risk for aspiration.

- Children and adolescents (aged 6 months-18years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infection;
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Persons who live with or care for persons at high risk for influenza-related complications, including healthy household contacts and caregivers of children aged 0-59 months; and
- Health-care workers.

The following table outlines the features and potential availability of influenza vaccines:

<u>Seasonal Flu Vaccines</u>	<u>Avian Flu H5N1 Vaccines</u>	<u>Pandemic Flu Vaccines</u>
<ul style="list-style-type: none"> <li>• Reformulated every year according to expected flu strains</li> <li>• Effectiveness dependent of match with actual circulating strains</li> <li>• World capacity 300 million doses per year</li> <li>• Currently made from chicken eggs</li> <li>• Tissue culture vaccines under development</li> </ul>	<ul style="list-style-type: none"> <li>• Human H5N1 vaccines have been developed in a number of countries (incl. US, China, Australia)</li> <li>• May provide some cross-protection in Pandemic if it emerges from Avian flu</li> <li>• Production limited by world capacity (currently 300 million doses per year)</li> </ul>	<ul style="list-style-type: none"> <li>• Not available for the first wave of a pandemic</li> <li>• Take 6-9 months to be available in significant amounts</li> <li>• Production limited by world capacity (and eggs)</li> <li>• “Reverse-genetics” and tissue culture vaccines may speed-up production</li> </ul>

### **Vaccination against Pandemic Influenza**

When a new pandemic virus strain emerges it would be a number of months before a vaccine would be available. It should be noted that any new pandemic vaccine will initially be in short supply and priority will need to be given to those most at risk.

**The BP Health team will closely follow the development, protective effect and safety of any new pandemic vaccine and will make recommendations as soon as a vaccine is available.**

### **Pneumococcal vaccination**

Pneumococcal pneumonia is a major cause of illness and death all over the world and is a possible complication of influenza. The currently licensed pneumococcal vaccine has an overall protective efficacy of about 60%–70%.

**Personnel at particular risk of the bacterial pneumonia complication of influenza (including those with chronic diseases such as congestive heart failure, emphysema, diabetes mellitus, chronic liver disease, and those who are otherwise immune compromised) should consider immunization against pneumococcal pneumonia.**

## **5.0 Attachments**



Avian FLu .doc



Swine flu.doc

## Revision/Review Log

Revision Date	Authority	Custodian	Revision Details
25 October 2009	Almaz Agazade – Health Manager	Shahla Seyidova – Occupational Health Advisor	Initial Issue
24 September 2010	Health Manager/Almaz Agazade	Occupational Health Adviser/Shahla Seyidova	<p>Section 1:</p> <p>Health Manager's Contact details was updated.</p> <p>Section 2.5:</p> <ul style="list-style-type: none"> <li>Added information from EMEA on Tamiflu shelf life</li> <li>Press release from EMEA is attached</li> <li>Zabrat heliport was changed to Baku sea port in all attachments.</li> <li>SPS back up clinic was removed from referral flow charts in attached documents and replaced by</li> <li>Research institute of lung diseases.</li> </ul> <p>Section 2.8.1:</p> <p>In list of Tamiflu storages SPS back up clinic was replaced by BP Baku In House OH clinic</p>