

SURVEY Report

September 2011

Emergency Preparedness and Response



**National
Business
Group on
Health**

Introduction

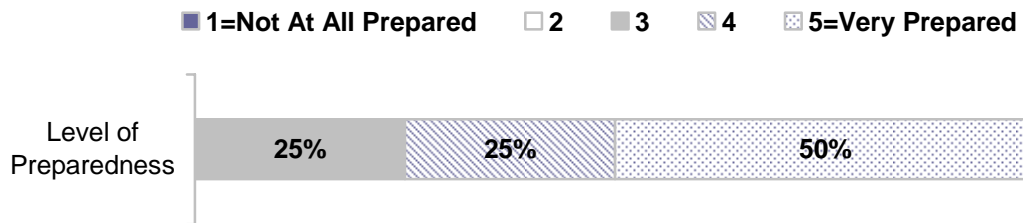
In the face of a large-scale emergency, such as a terrorist attack, tornado, fire or flood, employers must be prepared to execute emergency and business continuity plans. These plans must be tested and retested to ensure a successful response should an emergency strike. A large-scale emergency may have community-reaching affects. As such, employers should work with state and local public health, emergency management and law enforcement agencies to ensure the successful implementation of emergency and business continuity plans.

The purpose of this survey was to collect data on employer preparations to respond to a large-scale emergency, in particular how those plans are communicated and practiced. One issue of interest was the changes in corporate emergency planning over the past few years given direct experience with national and international emergencies (e.g., H1N1 pandemic, etc.).

Survey Findings

When asked to rate how prepared their company is to respond to a large-scale emergency (e.g., weather, biological, terrorism, etc.) on a scale of 1 to 5 (with 1=not at all prepared and 5=very prepared), the average response was 4.25 with half of the respondents indicating that they were very prepared (**Figure 1**).

Figure 1: Employers' Level of Preparedness for a Large-Scale Emergency
(Number of Responses=12)

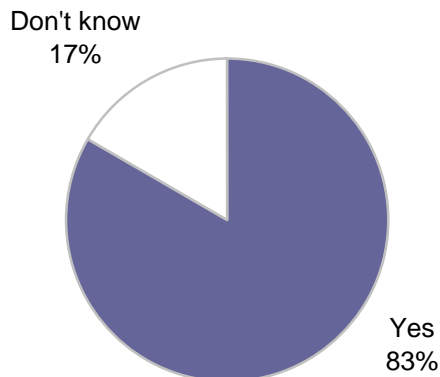


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

In terms of coordinating with or using resources from national, state and/or local public health agencies in their emergency planning, 83% of employers indicating doing so, and the remainder were not certain if they coordinated or worked with national, state and/or local public health agencies (**Figure 2**). Some of the federal or national agencies with whom respondents indicated working in the past five years included: the Food and Drug Administration, Federal Emergency Management Agency, Department of Homeland Security, World Health Organization, Department of Health and Human Services, and Centers for Disease Control and Prevention.

Figure 2: Employers that Coordinate with or Use Resources from National, State and/or Local Public Health Agencies in Emergency Planning

(Number of Responses=12)

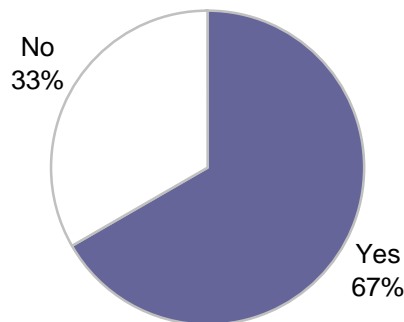


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

When asked if companies had changed their preparedness response plans, culture and/or processes due to their experiences during the H1N1 outbreak in 2009, two-thirds (67%) of respondents acknowledged making alterations (Figure 3).

Figure 3: Employers that Have Altered Emergency Preparedness Plans after the H1N1 Pandemic in 2009

(Number of Responses=12)



Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

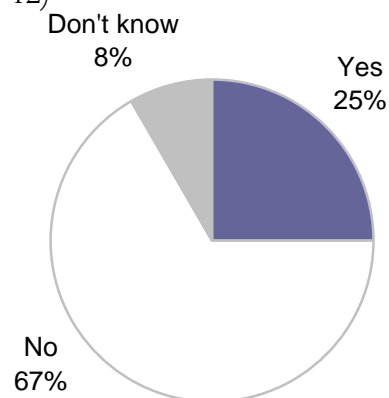
In terms of what changes employers made after the H1N1 pandemic in 2009, employers responded:

- We “created a team and plan with routine updates to documents/contacts [which we] implemented during Hurricane Irene.”
- We are “less aligned to WHO stages, more situational-based.”
- Our plans are “more comprehensive.”
- “We implemented a pandemic plan.”
- “With each situation: SARS, Avian Flu, H1N1 - we learn and document guidelines and processes.”

Most employers did not change their quarantine or social distancing policies after the 2009 H1N1 outbreak. One-quarter (25%) of respondents admitted making some changes to these policies (Figure 4).

Figure 4: Employers that Edited their Quarantine or Social Distancing Policies after 2009 H1N1 Outbreak

(Number of Responses=12)

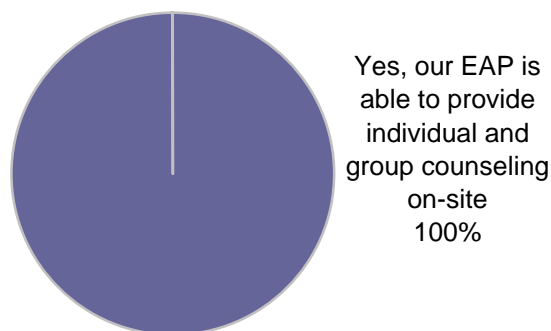


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

Employers were also asked if their emergency plans provided access to individual and/or group counseling after a large-scale emergency. All employers (100%) reported that their employee assistance program (EAP) can provide individual counseling or group counseling on-site (Figure 5).

Figure 5: Coverage of Individual or Group Counseling Company-Wide after an Emergency

(Number of Responses=12)

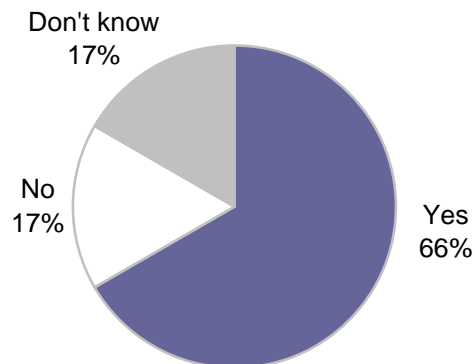


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

Two-thirds of employers (66%) specifically address employees with disabilities in their emergency plans (Figure 6).

Figure 6: Employers with Emergency Plans that Specifically Address Employees with Disabilities

(Number of Responses=12)

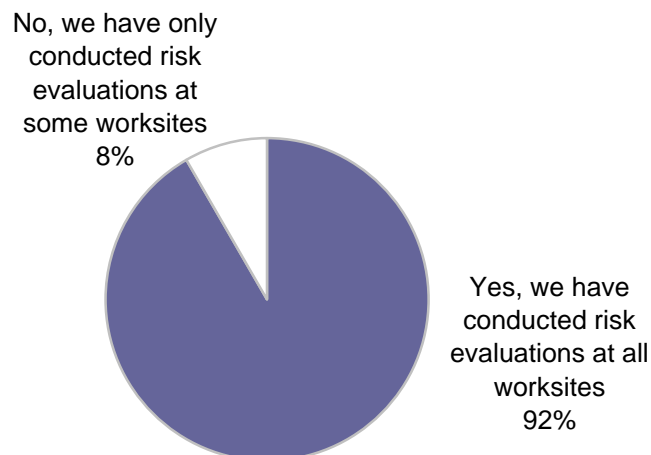


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

When asked if employers had conducted risk evaluations to assess hazards and potential threats *at all* of their worksites, nearly all (92%) employers had done so (Figure 7). Eight percent of employers had only conducted risk evaluations at some of their locations.

Figure 7: Conducting Risk Evaluations to Assess Hazards and Potential Threats at All Locations

(Number of Responses=12)

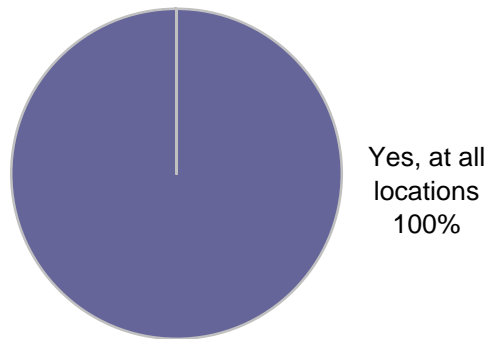


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

All employers have business continuity plans in place at all of their locations (**Figure 8**). Business continuity plans involve documenting the procedures, policies and information intended to ensure the continuance of critical operations in the event of any emergency.

Figure 8: Employers with Business Continuity Plans

(Number of Responses=12)

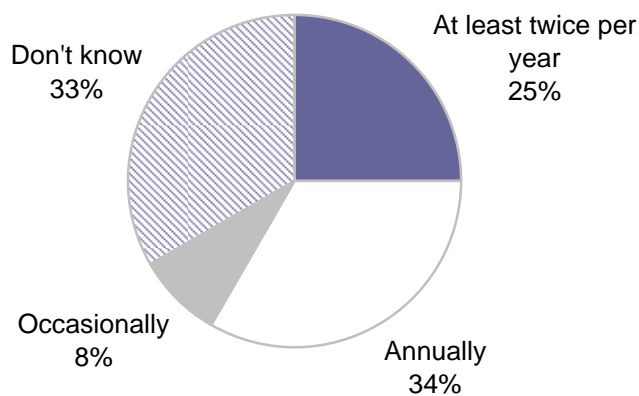


Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

In terms of practicing existing emergency evacuation plans, a quarter of employers (25%) practice their emergency plans at least twice a year; another 34% do so annually (**Figure 9**). Eight percent of employers only practice their emergency plans occasionally. One-third (33%) did not know how frequently their emergency plans were practiced.

Figure 9: How Often Employers Practice Emergency Plans

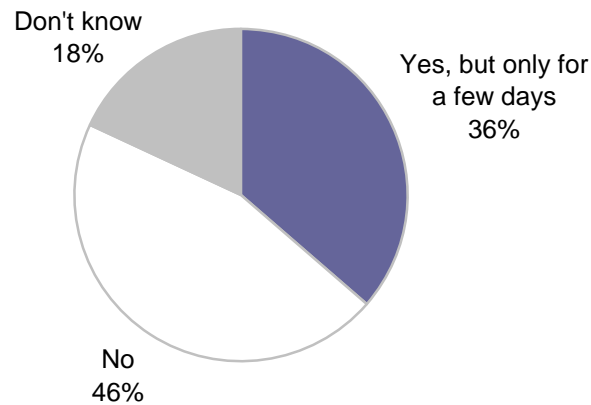
(Number of Responses=12)



Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

In the event of certain large-scale emergencies, worksites might have to serve as a shelter-in-place locations for a few hours or days. When asked if worksites were supplied to serve as a shelter-in-place in the event of an emergency, 36% of employers were supplied for a few days; 46% were not supplied adequately to do so (Figure 10).

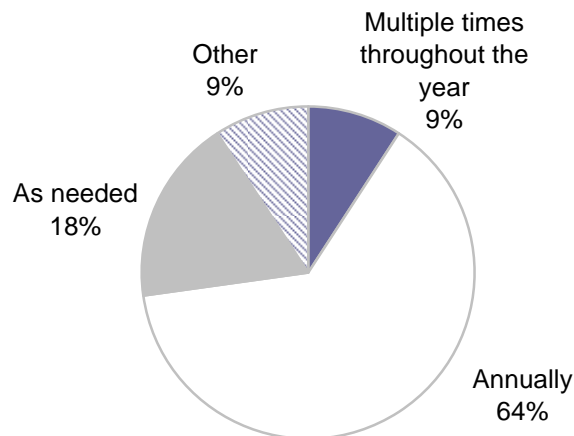
Figure 10: Worksites Supplied to Serve as a Shelter-In-Place
(Number of Responses=11)



Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

Beyond practicing emergency plans, employers were asked how often they actively communicate emergency plans to employees. The majority (64%) communicate emergency plans annually, while others do so as needed (18%) (Figure 11).

Figure 11: Frequency of Emergency Plan Communications
(Number of Responses=12)



Note: Other responses included: it varies by location.

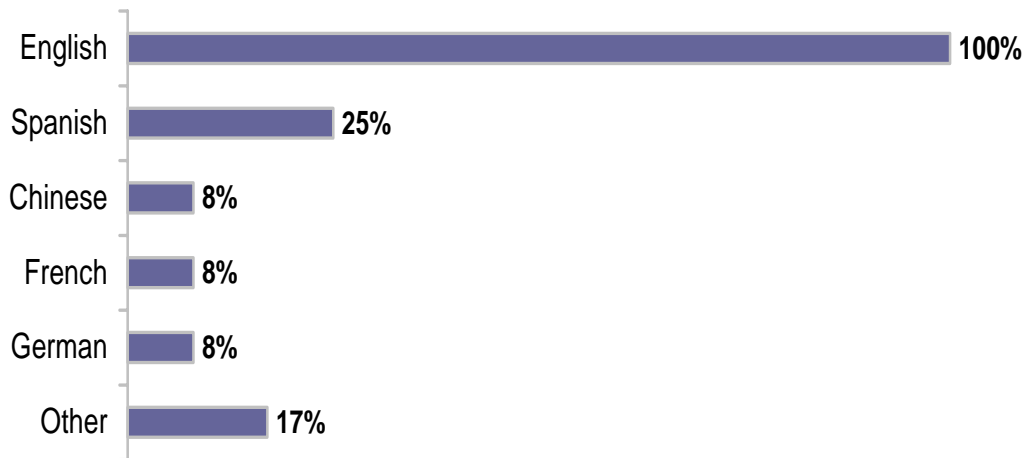
Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

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The vast majority of employers communicate their emergency plans by posting them on the company intranet or portals (75%) and by distributing them by email (67%) (Figure 12). Other mentioned methods included: sharing the emergency plans during meetings (42%), posting the emergency plans on signs or LCD screens (17%) and sharing the emergency plans during new employee orientation.

Figure 12: Methods of Communicating Emergency Plans to Employees

(Number of Responses=12)



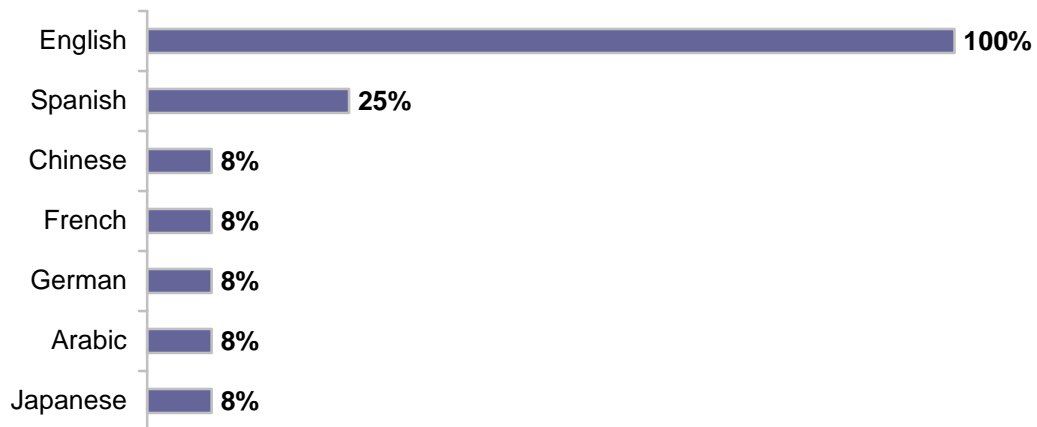
Note: Other responses included: setting up a voice mail box to call in for specific sites.

Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

All employers produce U.S. emergency plans in English, but a few translate their emergency plans into other languages. A quarter (25%) produce their emergency plans in Spanish, while others also produce them in Chinese (8%), French (8%), German (8%), Arabic (8%) and Japanese (8%) (Figure 12).

Figure 12: Languages in which U.S. Emergency Plans are Produced

(Number of Responses=12)



Source: National Business Group on Health, *Emergency Preparedness and Response*, 2011.

Conclusion

Employers have refined and adapted their emergency and continuity plans as they have experienced a variety of emergencies. By coordinating with national, state and local public health agencies and regularly practicing and communicating emergency plans to employees, employers ensure they are as prepared as possible to respond quickly and efficiently to emergencies while maintaining business operations.

Other Resources

For other sources of information relating to this topic, please see the following resources.

- National Business Group on Health, [Emergency Preparedness and Response, Topic Page](#).
- National Business Group on Health, [Employers' Response in Japan, Survey Report](#), March 2011. *Business Group Membership Required.*
- National Business Group on Health, [H1N1 Flu\(swine flu\) - Employers' Policy Responses, Survey Report](#), May 2009. *Business Group Membership Required.*
- FEMA, [Preparing for Disaster for People with Disabilities and other Special Needs](#). August 2004.

Participants

These companies agreed to be listed as participants in this survey.

- AstraZeneca
- Campbell Soup Company
- CBS Corporation
- Intel Corporation
- JetBlue Airways
- Principal Financial Group
- SABIC Innovative Plastics
- Unum

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Survey Report

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About The National Business Group on Health

The National Business Group on Health (the Business Group) is the nation's only non-profit organization devoted exclusively to representing large employers' perspective on national health policy issues and providing practical solutions to its members' most important health care and health benefits challenges.

Business Group members are primarily Fortune 500 companies and large public-sector employers— representing the nation's most innovative health care purchasers—that provide health coverage for more than 50 million U.S. workers, retirees and their families. The Business Group fosters the development of a safe, high quality health care delivery system and treatments based on scientific evidence of effectiveness. Business Group members share strategies for controlling health care costs, improving patient safety and quality of care, increasing productivity and supporting healthy lifestyles.