

NA-ME-RES PANDEMIC PLAN

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OVERVIEW

GOALS OF PLAN

The planning objectives for a Pandemic are to:

- Minimize serious illness and/or potential death
- Plans to provide services during the stages of a pandemic
- Organization of communication and assigned duties

In the manner that minimizes:

- Risk to staff, students, volunteers and clients

The Health and Safety Committee

The Health & Safety Committee is comprised of two management staff and two employees. Please see the posting at each location on employee boards for a list of the current members. During a pandemic, this committee will continue to meet its mandated requirements. The committee is strongly encouraged to make recommendations to the Pandemic Director during the emergency, and to ensure that all staff and volunteers are aware of their rights.

Suspected workplace-related illnesses, including contracting of influenza-like illness, will be reported by the Pandemic Director to Toronto Public Health and the Health and Safety Committee.

The pandemic planning committee is of the understanding that all staff members have the right to refuse work if reasonable infection control methods are not in place, including minimizing unnecessary exposure to the virus, access to adequate personal protective equipment and supplies and training to complete assigned tasks safely.

What is a Pandemic?

A pandemic is a global outbreak of disease that occurs when a new virus appears or “emerges” in the human population, causes serious illness, and then spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or “epidemics” of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas pandemic outbreaks are caused by new subtypes, by subtypes that have never circulated among people, or by subtypes that have not circulated among people for a long time. Past pandemics have led to high levels of illness, death, social disruption, and economic loss.

Important Definitions:

Epidemic: A greater than expected number of people within a specific region (e.g., community, province or country) with a specific illness.

Whereas a **Pandemic** is an epidemic which involves a very large geographic area (i.e. one or more countries or worldwide).

Infection:

A human infection happens when bacteria, fungi, parasites or viruses enter the human body and start to multiply. The growth of the organism (germ) may cause symptoms in the infected person.

After an infection, the fight begins:

The bodies of most animals and people have very complicated defense systems called immune systems. Immune systems are made up of many different cells that can either directly fight the invading organisms (germs) or cause the body to react (e.g., with a fever) to kill the germs. The germs rapidly detect and kill them if they enter the body again.

Infection vs. Disease:

Infection happens when an organism has entered the body. People can be infected with an organism (germ) but have no signs or symptoms. Once the infection begins to have harmful effects on the body it is then called a disease. This disease was caused by the infection.

Case: A person who has, or is suspected to have an infection.

Cohorting: Housing all people who are sick with the same infection together to prevent further transmission.

Isolation: Separating **infected people** from healthy people so that the spread of an infection can be stopped or slowed. (*Isolation is different from quarantine.*)

Outbreak: A local (e.g., household, school) increase in the number of people with a particular disease or infection.

Quarantine: Separating **well people**, who have been exposed to an infectious agent (germ) from **other people who have not been exposed**, to reduce the chance of spreading the germ in case the exposed people have been infected.

Reportable Diseases: Specific diseases that must be reported to Public Health under Provincial law.

Surveillance: Continuously monitoring populations for infection and/or disease.

Symptom Screening: Questions asked of a large group of people to see if they are likely to have a particular disease.

Modes of Transmission of Infections:

Airborne transmission: Spread of infectious organisms (germs) through the air. These germs can survive in the air for long periods of time and travel far from the infected person.

Blood-borne transmission: Spread of infectious organisms (germs) through direct blood-to-blood contact (e.g., sharing of needles).

Common Vehicle transmission: Spread of infectious organisms to multiple hosts (e.g., animals or people) from one contaminated source (e.g., contaminated food or medication).

Direct contact transmission: Spread of infectious organisms (germs) from the close contact of one person to another person directly.

Droplet transmission: Spread of infectious organisms (germs) from an infected person in tiny droplets of fluid that can travel small distances (less than one metre).

Indirect contact transmission: Spread of infectious organisms (germs) through contact with a contaminated object e.g, licking your fingers).

Sexual contact transmission: Spread of infectious agents (germs) from an infected person to another person through anal, oral or vaginal sexual contact.

Vector-borne transmission: Spread of infectious organisms (germs) by a living creature.

Appearance (Emergence) of Pandemic Influenza Viruses

There are many different subtypes of Influenza or “flu” viruses. The subtypes differ based upon certain proteins on the surface of the virus (the hemagglutinin or “HA” protein and the neuraminidase or the “NA” protein).

Pandemic viruses emerge as a result of a process called “antigenic shift” which causes an abrupt or sudden, major change in influenza A viruses. These changes are caused by new combinations of the HA and/or NA proteins on the surface of the virus. Changes result in a new influenza A virus subtype. The appearance of a new influenza A virus subtypes is the first step toward a pandemic: however, to cause a pandemic, the new virus subtype also must have the capacity to spread easily from person to person. Once a new pandemic influenza virus emerges and spreads, it usually becomes established among people and moves around or “circulates” for many years as seasonal epidemics of influenza. The US Centres for Disease Control and Prevention (CDC) and the World Health Organizations (WHO) have large surveillance programs to monitor and detect influenza activity around the world, including the emergence of possible pandemic strains of influenza virus.

(Adapted from: <http://www.pandemicflu.state.pa.us>)

STAGES OF PANDEMIC

WHO has developed a global influenza preparedness plan, which defines the stages of pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. The phases are:

A) Intrapandemic period

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

Rationale for Phase 1: It is likely that influenza subtypes that have caused human infection and/or disease will always be present in wild birds or other animal species. Lack of recognized animal or human infections does not mean that no action is needed. Preparedness requires planning and action in advance.

Phase 2. No new influenza subtypes have caused human infections and/or disease. Will always be present in wild birds or other animal species. Lack of recognized animal or human infections does not mean that no action is needed. Preparedness requires planning and action in advance.

Rationale for Phase 2. The presence of animal infection caused by a virus of known human pathogenicity may pose a substantial risk to human health and justify public health measures to protect persons at risk.

B) Pandemic alert period

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

Rationale for phase 3. The occurrence of cases of human disease increases the chance that the virus may adapt or re-assort to become transmissible from human to human, especially if coinciding with a seasonal outbreak of influenza. Measures are needed to detect and prevent spread of disease. Rare instances of transmission to a close contact – for example, in a household or health-care setting – may occur, but are not the main attribute of this phase, i.e. that the virus is essentially not transmissible from human to human.

Examples:

- One or more unlinked human cases with a clear history of exposure to an animal source/ non-human source (with laboratory confirmation in a WHO-designated reference laboratory).
- Rare instances of spread from a case to close household or unprotected health-care contacts without evidence of sustained human-to-human transmission.
- One or more small independent clusters of human cases (such as family members) who may have acquired infections from a common source or the environment, but for whom human-to-human transmission can not be excluded.
- Persons whose source of exposure can not be determined, but are not associated with clusters or outbreaks of human cases.

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

Rationale for step 4. Virus has increased human-to-human transmissibility but is not well adapted to humans and remains highly localized, so that its spread may possibly be delayed or contained.

Examples:

- One or more clusters involving a small number of human cases, e.g. a cluster of < 25 cases lasting < 2 weeks.
- Appearance of a small number of human cases in one or several geographically linked areas without a clear history of a non-human source of exposure, for which the most likely explanation is considered to be human-to-human transmission.

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

Rationale for stage 5. Virus is more adapted to humans, and therefore more easily transmissible among humans. It spreads in larger clusters, but spread is localized. This is likely to be the last chance for massive coordinated global intervention, targeted to one or more foci, to delay or contain spread. In view of possible delays in documenting spread of infections during pandemic *phase 4*, it is anticipated that there would be a low threshold for progressing to *phase 5*.

Examples:

- Ongoing cluster-related transmission, but total number of cases is not rapidly increasing, e.g. a cluster of 25-50 cases and lasting from 2 to 4 weeks.
- Ongoing transmission, but cases appear to be localized (remote village, university, military base, island).
- In a community known to have a cluster, appearance of a small number of cases whose source of exposure is not readily apparent (e.g. beginning of more extensive spread).
- Appearance of clusters caused by same or closely related virus strains in one or more geographical areas without rapidly increasing numbers of cases.

C) Pandemic period

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

Rationale for phase 6. Major change in global surveillance and response strategy, since pandemic risk is imminent for all countries. The national response is determined primarily by the disease impact within the country.

D) Postpandemic period

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

(Adapted from: WHO Global Influenza Preparedness Plan)

Historically, the 20th century saw 3 pandemics of influenza:

- 1918 influenza pandemic caused at least 675,000 U.S deaths and up to 50 million deaths worldwide.
- 1957 influenza pandemic caused at least 70, 000 U.S. deaths and 1-2 million deaths worldwide.
- 1968 influenza pandemic caused about 34,000 U.S deaths and 700,000 deaths worldwide.

Characteristics and challenges of a pandemic

1. Rapid Worldwide Spread

- When a pandemic influenza virus emerges, its global spread is considered inevitable.
- Preparedness activities should assume that the entire world population would be susceptible.
- Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus but can not stop it.

2. Health Care Systems Overloaded

- Most people have little or no immunity to a pandemic virus. Infection and illness rates soar. A substantial percentage of the world's population will require some form of medical care.
- Nations unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill.
- Death rates are high, largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations and the effectiveness of preventive measures.
- Past pandemics have spread globally in two and sometimes three waves.

3. Medical Supplies Inadequate

- The need for vaccine is likely to outstrip supply.
- The supply of antiviral drugs is also likely to be inadequate early in a pandemic.
- A pandemic can create a shortage of hospital beds, ventilators and other supplies. Surge capacity at non traditional sites such as schools may be created to cope with demand.

- Difficult decisions will need to be made regarding who gets antiviral drugs and vaccine.

4. Economic and Social Disruption

- Travel bans, closings of school and businesses and cancellations of events could have major impact on communities and citizens.
- Care for sick family members and fear of exposure can result in significant worker absenteeism.

What is an outbreak?

The word “outbreak” is used whenever there is a local (e.g., household, school) increase in the number of people with a particular disease or infection. Outbreaks can happen in homes, communities, workplaces, shelters or entire city; wherever people interact, work or live.

There are four important ways to prevent illness due to outbreak.

These are:

1. Preventing outbreaks from happening
2. Preparing for an outbreak
3. Identifying outbreaks as quickly as possible
4. Managing and controlling outbreaks

1. Preventing Outbreaks:

This can be done by

- Educating people about infection control practices
- Maintaining a safe environment which prevents the spread of disease.

2. Preparing for an outbreak

Good preparation involves making sure that the facility is prepared and the staff knows what to do in case of an outbreak.

- Organizing and establishing an infection control team well in advance of an outbreak.
- Appointing an out break co-coordinator

3. Identifying Outbreaks

- The only way of finding out that your facility is having unusual amount of a particular disease is through “**Surveillance**” and **reporting**. Surveillance is the ongoing regular collection and analysis of health information.
- Use of **illness surveillance logs**
- If there is large number of people with similar complains of sickness contact Toronto Public Health for guidance: 416-392-7411. (After hour emergencies: 416-690-2142).

INFECTION CONTROL INFORMATION

What is infection control?

Infection control involves the education, preparation and actions that are taken by all to prevent the spread of infectious organisms within a community or group of people.

Environmental hygiene:

Make sure that your facility is adequately and regularly cleaned and sanitized using the proper procedures and solutions. This is especially important in shared areas such as dining rooms and bathrooms.

Personal hygiene for clients

Make sure that clients regularly wash their hands and bathe/shower. Make sure there is adequate supply of soap, toilet paper, hand sanitizer, paper towels, toothpaste, toothbrushes, razors, feminine napkins and tampons.

Barriers

Make sure staff and clients have access to appropriate barriers (e.g., gloves) if needed. One basic barrier that can be very effective is tissues. Make sure tissues are available and encourage people to cover their nose and mouth (with tissue, or into sleeve) when coughing or sneezing. Remind them to wash their hands afterwards!

Access to healthcare

It is important that sick people (beyond everyday coughs and cold) see a healthcare professional early on. Make sure that your clients are encouraged to seek medical attention when needed and be prepared to offer assistance in making arrangements.

Stay home if sick

It is important for staff and volunteers who are sick to stay home and not go to work. While minor colds and illnesses may not physically stop you from working, simple infection can be very serious for the people who stay in shelters or use homeless services.

Infection Control Precautions or Routine Practices:

Routine practices are a set of infection control precautions that should be used with all clients regardless whether they have an infection. The purpose of routine practices is to prevent the transmission of germs.

Routine Practices include:

- 1. Hand washing**
- 2. Barrier precautions**
- 3. Cleaning**
- 4. Personal hygiene and other specific activities**

Routine practices are based on the idea **that we treat every person as if they are infected with an organism.** As the name implies these precautions should be used routinely.

1. Hand Washing

Regularly washing your hands is one of the most effective tools in stopping the spread of infection!

The “When” of hand washing:

1. Upon entering and leaving your workplace, wash your hands thoroughly for 15 seconds.
2. Wash your hands frequently through out the day for at least 15 seconds with attention to the following situation:
 - After having physical contact with a person, their bodily fluids or belongings
 - Before and after having contact with food (including breastfeeding)
 - Before and after wearing gloves
 - When you hands are otherwise dirty
 - After using the toilet
 - After blowing your nose
 - Before and after smoking cigarettes
 - After changing a diaper

The “How” of hand washing:

a) *Hand washing with soap and water*

- Wet hands and wrists
- Apply soap
- Lather for 15 seconds. Make sure you scrub in between fingers, the back of your hands, finger tips and wrists. (**This is a Very important step.**)
- Rinse.
- Dry with paper towel
- Turn taps off with a paper towel.

b) *Hand Sanitizing*

- Make sure hands are free from dirt or debris
- Apply the alcohol-based sanitizer
- Rub hands together
- Make sure you work sanitizer in between fingers, the back of you hands, finger tips and wrists.
- Keep rubbing hands until dry.

2. Barrier Protection

One way to reduce the spread of infection is through the use of barriers. By physically blocking the germ from getting to you or others, the risk of infection is avoided. Some examples of barriers include

- **Tissues** should be used to cover the nose and mouth when sneezing or coughing. Hands should be washed immediately after using a tissue. In a residence it is especially important that clients be reminded to do this by frontline staff and through the use of posted signs.

- **Gloves** should be used whenever physical contact is expected with any bodily fluid (e.g., saliva, blood, mucous, feces). The Public Health Agency of Canada recommends using disposable medical gloves made of the following: rubber, vinyl, nitrile, neoprene or latex. It is important to be aware that some people may be allergic to latex.
Remember to wash your hands before and after using protective gloves. Do not re-use disposable gloves. They should be used one time only and then thrown out. Make sure you receive training on proper way to remove gloves that have been in contact with bodily fluids.
- **Masks** should be used by clients who you think may have been exposed or have the symptoms of flu until they can be seen by a healthcare professional. A regular surgical mask on someone who is coughing will help prevent infectious droplets from getting into the air.
An “N95” mask should be used by designated staff when giving direct support to someone who you think may have active TB disease. N95 masks have to be fit-tested ahead of time especially for the person who will be wearing them. Read the manufacturers guidelines for more information.
All masks should be replaced if they become soaked through, and disposed of after each use. They should never be re-used. Wash your hands after handling a mask.
- **Protective clothing** should be used in situations where **direct contact with body fluids (e.g., vomit, blood and stool/poop) is likely to occur**. Protective clothing can take the form of a gown, apron or even a separate set of work clothes (e.g., clothes worn only at work and then taken home in a bag at the end of each shift). Contaminated clothing should be laundered separately.
Remember to be careful when removing barriers (gloves, masks, protective clothing) that may have been contaminated with body fluids. Make sure you do not splash the fluids around or on yourself when taking the barriers off.

3. Cleaning

- Particular attention should be paid to cleaning of body fluids
- Thoroughly clean an area that are touched regularly by a lot of people including door knobs/handles, window latches, taps in bathroom sinks, light switches, telephones and handles on toilets.
- Shared surfaces should be cleaned with a **diluted bleach solution. Bleach disinfecting solutions are used for :**
 1. **cleaning-up surfaces where there are bodily fluids or other contamination (not skin)**. A bleach disinfecting solution is made by mixing nine equal parts of water with one part bleach, or a 10% solution (be careful not to spill bleach on your skin).
 2. **For general disinfecting of surfaces (not skin)** mix 99 equal parts of water with one part bleach. This is about one teaspoon of bleach to two cups of water (be careful not to spill on your skin).
- Mattresses should be enclosed in plastic covers, as should be pillowcases.
- Furniture such as tables and chairs used for eating should be cleaned with a diluted bleach solution after every meal.

- **Medical gloves should never be used for cleaning chemicals.**
- **For environmental cleaning and disinfecting, general purpose reusable rubber gloves are appropriate.**

Garbage disposal

- Discard all contaminated disposable material (e.g., paper towels) in a sealable plastic bag.
- Make sure when disposed of garbage, you do not reach into the bag or step on it with your feet.
- Bags should never be too full, but if a bag is overflowing, use a tool (e.g., tongs) to empty excess garbage into a second bag. Never use your hands!

Sharp disposal

- Used syringes, needles and razors should be carefully thrown out in a designated sharps disposal container made of puncture resistant, unbreakable material.
- Have a contract with sharps disposal company.

4. Personal Hygiene

All staff should maintain good hygiene and should encourage the clients to the same. Making sure that there is an adequate supply of the following products at all times can support this:

- Soap
- Toilet paper
- Hand sanitizers
- Paper towels
- Feminine napkins/tampon'
- Razors
- Toothbrushes and toothpaste

For their own protection, clients should be strongly discouraged from sharing washcloths, toothbrushes and razors.

Bodily Fluid Exposures

There may be a number of situations where frontline workers might come in contact with body fluids. Some people may throw up, others may accidentally cut themselves. It is important to know how to respond if this happens.

Should you be accidentally splashed with body fluids in your eyes, nose or mouth, or through an open cut on your skin, follow these steps:

Injuries with bodily-fluid exposures (exposure with broken skin)

1. Flush the area with water or wash with soap and water.
2. If there is excessive bleeding, apply pressure to stop the bleeding.
3. Apply a topical antiseptic solution (e.g., isopropyl alcohol, iodine). Do not apply disinfectants to the eyes, nose or mouth.
4. Bandage the wound.

5. Seek immediate medical attention at the emergency department.

Body fluid exposures to the eyes, nose or mouth

1. Flush the area with large amounts of water.
2. Seek follow up medical care or emergency care if necessary.

Coming into contact with bodily fluids (intact skin)

Thoroughly wash hands and exposed skin following the same procedures for hand washing.

COMMUNICATION, ROLES & STAFFING DURING A PANDEMIC

During a pandemic the agency will experience a high level of absenteeism which in some programs may necessitate the deployment of staff.

Pandemic Director

- To create and maintain an emergency contact binder of all locations which contains employee telephone numbers, emergency contacts and skills assessments.
- To update and assess the Pandemic Plan, making adjustments and added preparations as needed.

THE ROLE OF THE PANDEMIC DIRECTOR DURING A PANDEMIC

- To maintain an emergency contact binder of all locations within Na-Me-Res. This would include all employees' telephone numbers, emergency contacts.
- Will decide when to implement the Pandemic Plan and when it will end
- Will develop the daily Pandemic Action Plan which addresses service delivery, deployment of staff, assignment of responsibilities, supplies, and communication
- Will monitor daily its effectiveness and will make any changes necessary
- Will be responsible for keeping documentations of all decisions made during the pandemic so the next individual can take over easily.
- Develop a plan in the event of a client death based on the City of Toronto's directives and abilities and to update as necessary.
- Assess staff needs and abilities, as outline in section Staff Support. This may include assessing the need for use of psychosocial supports during a critical incident.
- Assess the need to close any priority and/or essential service.
- Liaison with the Board President and keep them updated. Notify the Board President in the event of a critical incident or the closing of a priority and/or essential service.

Training, Equipment and Information Coordinator

- To develop a manual regarding the pandemic procedures in detail for each location.
- To have a valid First Aid and CPR certificate

- To create a schedule and train all employees on safety precautions and dealing with all health concerns that may occur during a pandemic, including managing clients that are very ill and use of personal safety equipment.
- To obtain and organize emergency supplies that will be needed in the event of a pandemic.
- Review current recommendations, practices and Pandemic Plans from Toronto Public Health and other agencies and make recommendations to up-date or amend our plan as needed
- Participate in any relevant community committees or attend any relevant community meetings
- Monitor the Stages of the Pandemic, ensure the agency is responding adequately and in a timely way to the stages in the pandemic and notify essential services (Sagatay, Na-Me-Res, Outreach and Mino Kaajigoowin) when they need to secure extra supplies, such as medications and fuel for cooking

THE ROLE OF THE TRAINING, EQUIPMENT and INFORMATION COORDINATOR DURING A PANDEMIC

- Organizes needed supplies and equipment at all locations on a daily and weekly basis
- Organizes training of ongoing safe practices at all locations on a daily and weekly basis throughout the pandemic
- Responsible for receiving and evaluating information from Toronto Public health and the Ministry of health and long-term care.
- Responsible for sharing updated information within the agency, including the use of alternative care centers available throughout the city of Toronto for the clients.

Finance Manager

- Develop a plan to ensure the financial obligations of the agency can continue to be met during a pandemic, especially if all fall ill in this department.
- Set-up emergency authorities in the event of a pandemic. This would include adding more signing authorities from the management team and changing the required two signing signatures.
- Establish a time line of responses from the department to the stages of the pandemic.
- Ensure there is a supply of cash-on-hand that is readily available, including small and large bills and coins, as well as agency credits cards for additional purchases that staff can use
 - To be involved in connecting with other agencies and keeping regular contact with Community Health Centers.
 - To distribute information throughout the entire agency of where employees have been deployed and to keep a regular update throughout the agency.

OTHER AREAS

Finances

- The financial department is seen as an essential service and so no employees from the finance department would be deployed, ensuring the financial commitments of the agency could continue to be met.
- Finances would continue to overlook payroll and submit all employees pay.
- The finances department should have money available at all times for emergency purposes. This includes ensuring there is money readily available through credit cards and as cash-on-hand, planning for additional expenses which are likely to be experienced during a pandemic.

Administrative

- As directed by the PANDEMIC DIRECTOR, to provide communication to all individuals within the agency – via email, telephone calls
- When contacted by clients, will direct them to health services within their community or alternative services if required. Coordinate with the programs and/or Case Managers that are still providing limited services to ensure follow-up for the client.
- Must report to Pandemic Director when someone reports individuals needing to be isolated and if any individuals need to be transferred within the agency or need immediate medical attention.

All Staff

- All employees will be expected to be practicing infection prevention and proper hygiene at all times.
- All employees will need to be flexible as job functions, hours and work locations may change, especially for those that may have to move around the agency
- As an agency, we will try providing continuity of service for the benefit of both clients and staff, (i.e. if deployed the agency will continue to try and send the same people to the same work place and job responsibility whenever possible).
- If you are a staff in an essential service, be aware that you may be receiving employees that will not be familiar with the program and will need training and orientation. They will be there to offer support and to help with the basic needs of that program.
- As deployed employees, a bulk of the work may include cooking and cleaning, running supplies in vehicles or shopping for essentials.
- It is essential for all staff to obtain the necessary training needed prior to a pandemic and to be orientated to a potential new work location's common practices. and location of all supplies.

COMMUNICATION FOR EMPLOYEES

- **All employees who are sick and need to report an absence will need to call the immediate supervisors).** To help facilitate planning and staffing for the next day, employees are asked to call in any and all absences by 5:00 p.m. the day

- prior when possible. If there is a change in normal workplace location or hours, employees will be informed by telephone by 8:00 pm.
- In the event of a communication failure all employees are to go to Sagatay for 8:00 a.m. to be organized and/or deployed for the day.
 - Once the city has determined a Pandemic, the manager will then activate the pandemic plan immediately. In order to maintain service to essential and priority programs, employee's hours *may* be changed suddenly (to weekends, overnights, evenings and days).
 - Employees in the essential services may have their shifts and days of work changed to ensure there are regular staff on all shifts.
 - When staff are deployed to an essential service, the priority will be to provide continuity of staffing for the clients and familiarity for the deployed staff. This means whenever possible, the same staff will be sent to do the same work at the same location.

STAFF SUPPORT ILLNESS

During a Pandemic, do not come to work if you have these symptoms:

- ❖ Chills, shivering and a fever (> 38 degrees Celsius)
 - ❖ Headache
 - ❖ Onset of muscle aches and pains
 - ❖ Sore throat, cough, chest discomfort, difficulty breathing
 - ❖ Sneezing, stuffy or runny nose
 - ❖ Fatigue and weakness
 - ❖ Have been in contact with someone diagnosed with influenza
- If staff have other considerations that would limit their participation during a pandemic, including but not limited to, pregnancy or being immune-compromised, they will be encouraged to raise these concerns with their Manager. Appropriate documentation may be required.
 - Any staff who display symptoms of influenza will be asked to go home. If required, Management reserves the right to send home staff that are unwell, or appear unwell. (screening tool/questions from the section “deployment of staff: skill set assessment and Emergency Planning staff survey) can be used to identify employees who are sick and should go home.
 - Staff are strongly encouraged to stay home when sick with influenza until they have been well for at least 24 hours.
 - Any individuals who do not have adequate sick leave credits to cover this time, may apply to the Executive Director for additional sick leave credits.
 - When the agency goes into Pandemic Emergency Contingency Planning, sick notes for all employee absences will only be required for absences of 10 days or longer to minimize the impact on the health care system.
 - Na-Me-Res recognizes that its employees have family responsibilities that may have priority over work responsibilities during a pandemic. Every reasonable

effort to help employees balance these priorities will be made. Staff are encouraged to discuss issues that arise with their Manager.

- Na-Me-Res will comply with the Emergency Statute Law Amendment Act (Bill 56) for leaves of unpaid absence during a pandemic because of various care giving or ordered responsibilities, beyond the five days of paid authorized absence.
- All staff are expected to follow the recommendations of the Toronto Public Health regarding obtaining and use of vaccines and/or antiviral medications

TRAVEL

It is likely that when the City of Toronto is operating under the Emergency Management Program Committee, the TTC will be affected. There are plans for possibly closing down for an hour during the rush hours each day to reduce the spread of influenza, as well as expected decreased services due to a reduced work force. In the event of a prolonged pandemic outbreak, a full closure of the TTC system will need to be accounted for.

- Changes in shifts and/or hours of regular work may be changed to accommodate disruptions in transportation
- Carpooling and/or taxis may be supplied for essential services, as per directions from the Pandemic Director.
- Management reserves the right to authorize and limit claims for taxi use.

DEPLOYMENT OF STAFF

In preparing for an influenza pandemic, Na-Me-Res will develop a service continuity plan that:

- Ranks all services in order of priority;
- Identifies mandated and critical services.

A sample service continuity plan follows in this section, which shall be modified as needed (in part or in totality) during an emergency situation. The goal of such a plan is to identify risks that may threaten service continuation and to outline strategies for reducing/eliminating such risk.

During a pandemic, it is expected that Na-Me-Res will be effected by higher than normal rates of absenteeism. This, in turn, may lead to the need for staff to be redeployed to ensure continuation of service for programs which have been deemed essential or priority. Staff may be temporarily delegated different responsibilities, assigned to work at different locations and/or work different hours during the emergency. Many staff will be performing jobs that are different from their normal jobs; however, no staff will receive reduced compensation for this reason.

Staff will be involved as much as possible in program planning for the duration of the pandemic, however, it is expected that not all services will be able to be offered or offered in their usual manner. Accordingly, staff who normally work in program areas may be asked to work differently (i.e. counseling via telephone rather than face-to-face) or may

Emergency Response counselling

Individual counselling

Referral and support counselling

Non English languages

Food preparation & Cooking

IT/Payroll

Drivers License - Type

Maintenance/Cleaning

SERVICE PRIORITIES and PROGRAM PLANS

During a pandemic Na-Me-Res will need to prioritize the services it offers as follows. The following Plans are suggestions only and may be modified in totality or in part during any stages of a pandemic.

Sagatay and Na-Me-Res

Staff in these departments are the following:

Case Managers, Counsellor, Client Care Workers, Housing Workers, Follow-up workers, Human Resources, Finance, Fundraiser, Life Skills Coordinator, Oshkabewis, Elder, Team Lead, Administrative Assistant and Management.

- During a pandemic all groups running at Na-Me-Res and Sagatay and Na-Me-Res should be cancelled that involve external partners or involve leaving either location to attend programming.
- Both places may need to be flexible and look at rotating shifts for the building. Managers, in consultation with their teams, will be responsible for setting up appropriate schedules.
- Staff will be flexible and rotate shifts when appropriate. They may be deployed to other areas of the agency where staff are needed, according to skill set.

Priority & Essential Programs

Sagatay and Na-Me-Res

The residences (Sagatay 26 Vaughan Rd. and Na-Me-Res 14 Vaughan Rd.) are considered **an essential service**, and as such, we endeavour to continue to provide

services for as long as is reasonably possible during a pandemic. There are many factors that may influence or affect our ability to do so.

- Staff will cancel any groups that the men are involved in.
- The manager will ensure that there will be appropriate staff coverage for the duration of the pandemic according to Public Health recommendations.
- If the manager is sick then a designate for the program will provide support.
- All staff will maintain routine infection control practices.
- Residences may choose to provide an isolation room or depending on severity floor that can be used for clients affected by the pandemic.
- Appropriate staffing will need to be arranged in order to provide medical care for the clients by the Manager of the residence.
- The Manager of Na-Me-Res and Sagatay will need to determine when referrals/intake will be closed.
- Staff need to be advised that there may be shift changes and/changes to the hours of work.
- It will be important to ensure that staff schedule breaks.
- There should be a list of community resources readily available to staff.
- The residences should identify partnerships with outside residential agencies to help with staffing during the pandemic.
- The residences should keep a supply of canned food and water on site in an emergency until staff are able to access the stockpile of supplies created by the agency.

Present staffing requirements:

Weekdays:

- Four to six in a combination of 8 – 4 PM, 9-5 PM, 12- 8 PM
- Two at Na-Me-Res 4PM-12AM and 12AM- 8AM
- One - two at Sagatay 4PM-12AM and 12AM- 8AM

Weekends:

- Two 8 AM- 8 PM
- Two 8 PM- 8 AM

Staffing During a Pandemic

This becomes a more fluid number that depends on many factors which influence it.

These factors include

- The number and kind of men in the residence
- Programming and our ability to carry this out
- Cooking and house keeping, hygiene
- Ability to run errands, pick up groceries and medicines
- Minimum staffing needs will always be two staff per shift. Depending on types of clients. If staffing becomes a problem, closure of Na-Me-Res or Sagatay will need to be considered by the agency.

Step 1 – Staffing is adequate - outside resources are restricted

- May be adjustments to community activities and involvement of staff in outside meetings, and training i.e. keep all staff in the house
- Adjust staffing to include more people on the am shift if required
- Look at adjusting all voluntary and outside programming – to assess each shift, our ability to carry it out – cancel otherwise
- Prioritize errands – groceries and medical only

Step 2 – Staffing is less than optimal – some outside resources are closing – medical system is on emergency bases

- Use staff from other parts of the agency to subsidize – adjust staffing to ensure there is a regular staff on every shift to ensure continuity where possible.
- The Shelter Managers will have to determine when we close referrals for Na-Me-Res and Sagatay.
- Continue to change programming – Circles, sweats and other programming should be adjusted depending on the staff and ability of regular staff to carry this out.
- Current clients, if possible will be encouraged to stockpile essential medications, obtain prescriptions for a six month supply of all medications if possible.
- Obtain additional supplies for first aid kits, over-the-counter prescriptions, and non-perishable food & water
- Obtain extra propane tanks and assess the need of portable washrooms

Step 3 – Staffing is problematic – little outside resource

- Need to assess ongoing the agency’s ability to continue to provide services based on 1. staffing and 2. availability of food and 3. medical needs
- Look at any ‘hard-to-serve’ clients and determine if we continue to provide services for them – weight this against our ability to keep the house open
- All programming is stopped and we go into maintenance mode
- There will be many staff from other parts of the agency so staffing requirements will be different – will actually need more to maintain
- Look to other resources for necessary items i.e. Outreach for cooking, Grocery Gateway for delivered groceries, use and staffing to get supplies from the stockpile

If there is a need to close down Na-Me-Res and/or Sagatay:

- Try and maintain one staff in the residence on all shifts to deal with emergency calls and for security (insurance). If unable to, minimum of day shift with one house check by a staff later on the pm shift.

Non-Priority Programs

Outreach and Mino Kaanjigoowin Teams

The Staff in the above teams are comprised of the following:

Outreach Workers, Mobile Housing Workers, After Care Workers and Case Managers

The Outreach and Mino Kaanjigoowin Programs will be considered a **non-priority service** if this pandemic plan is implemented. The majority of the After Care Clients and Mino Kaanjigoowin clients are housed. Given the non- priority status of the service After Care workers, and Mobile Housing Workers can be available for deployment to more critical services. The Outreach kitchen may be used as a resource for other programs for food preparation.

- The Outreach team will provide phone support, referrals and medical information to the clients that they work with.
- The staff can provide phone outreach either from home or the office.

Step 1

Outreach workers will continue to provide services in the community taking into consideration the health status of clients and settings where clients congregate until advised otherwise.

Workers will need to restrict outreach services in settings where there are (large) groupings of clients, such as other shelter shelters, Out of the Cold Programs, drop-in centres and respite centres, depending on assessment of staff health and risk factors in these community settings.

The Outreach and Mino Kaanjigoowin teams will develop a strategic plan that will allow for support among their clients differently than prior to the pandemic plan being implemented. This plan will be communicated to the Pandemic Director.

Step 2

Reduce face to face contact; eliminate service in homes

Determine if there is staffing support to continue to provide service- most likely by telephone, email

Review staff skill sets and deploy staff to priority programs or other necessary functions

Step 3

Determine availability of staff to deploy

Review client and agency needs in order to assess community based service, and determine deployment of staff to other Na-Me-Res programs and sites

PANDEMIC STOCKPILING

I. Basic Supplies to Stockpile Onsite (can be stored in large plastic storage bins): to last between **5 to 7 days**

- Bleach: 4 bottles per location
- Liquid hand washing soap: 7 bottles per location
- Vinegar: 4 bottles per location
- Hand sanitizer (at key counter-top locations): 16 large bottles per location
- Matches: 10 large boxes per location
- Emergency supply of cash (in Loonies, Toonies, Tens, Twenties) – see Pandemic Financial Plan
- Walky Talkies to allow for communication between Na-Me-Res and Sagatay offices: 7 (1 per location)
- Bottled Water: 300 at Residence, 200 at each coop (litres)
- Paper plates, cups and plastic utensils: 40 packs of 12 per location
- Crank Flashlights: 1 per person
- Candles: 75 candles per location
- Non-electric can opener: 2 per location
- Utility knife: 3 per location
- Aluminum foil (to avoid dirtying of pans): 10 rolls per location
- Toilet paper: 75 rolls per location
- Kleenex: 15 packages per location
- Soap
- Liquid detergent
- Plastic garbage bags and ties: 2 large boxes
- Ice salt for automobiles (winter): 1 bags per location
- Toothpaste
- Toothbrushes
- Razors
- Plastic pillow cases: 1 per person
- Plastic sheets
- Plastic covers for mattresses
- Inflatable mattresses and pumps
- Laundry detergent: 1 big tub for agency
- Tongs for garbage: 2 per location
- Sanitizer:

II. Outbreak Response Kit (With enough supplies to last one weekend minimum)

- Surgical masks – 90 boxes (100 per box) for the agency
- Disposable rubber gloves in various sizes: 30
- Non-latex gloves: 3 boxes per location: 100 boxes (100 per box) for the agency
- Digital (with probe covers) or disposable thermometers: 30
- Illness surveillance log/Employee check-in: 1 per location

III. Food, Drink and Storage

In the event of closure of groceries stores, lack of electricity, etc. Food is to be stored at safe temperatures (cold foods below 4 degrees Celsius, hot foods and foods in holding trays above 60 degrees Celsius)

- Canned peaches: 40 per location
- Canned pears: 40 per location
- Canned mixed fruits: 40 per location
- Rice: 5 jumbo bags per location
- Pasta: 20 bags
- Cereal: 20 boxes at residence, 8 at coops
- Processed canned cheese: 8 per location
- Coffee: 2 large canisters per location
- Tea: 2 large boxes per location
- Coco: 2 canisters per location
- Beans: 15 cans per location
- Mixed dried fruits: 15 bags per location
- Canned mixed veggies: 75 per location
- Dehydrated milk: 150 boxes per location
- Soup/stew cans: 75 per location
- Beef jerky: 2 large plastic containers per location
- Mixed nuts: 5 boxes per location
- Crackers: 15 boxes per location
- Salt: 1 large container per location
- Sugar: 1 container per location
- Veggie oil: 3 bottles per location
- Canned Fish: 12 cans per location
- Canned tomatoes: 10 cans per location
- Textured Vegetable Protein and spices

IV. Medications, Rotation and Storage

At the height of the pandemic, shortages in key drugs may be experienced due to shortages of materials and absence of production staff

Storage: Keep medications unopened in original packaging. Store at room temperature in airtight plastic containers. Keep medications from moisture and dark. Both hot and cold temperatures can cause drugs to deteriorate.

Non-critical medications: over-the-counter flu, cough, cold and stomach remedies, pain relievers, anti-diarrhea medicine, hormones
Contraception (birth control used by clients, condoms, lubricant, diaphragms)

Critical prescription medicines required by residents for diabetes, hypertension, emphysema, coronary artery disease, thyroid issues, arthritis, HIV/AIDS etc.

There will be difficulty in stockpiling prescription medications too far in advance, as the clients currently staying at Sagatay and NA-ME-RES may not be there during a pandemic outbreak. To assess and attempt to procure prescribed medications required by the residents, Na-Me-Res should start contacting drug manufacturers and local pharmacists between Phase 4 and Phase 5 of the Pandemic Alert Period.

V. Information Sheets

- Contact list for suppliers of key medications
- List of emergency phone numbers: Police, Ambulance, Fire, Doctor, Hospital, Employer, etc.
- Family emergency health information
- List of person(s) with keys and locations of keys
- Contact info for staff with car chargers, snow blowers

VI. First Aid Kits (One kit per floor, to be stored in an easily accessible and well-known location)

- 3 ready-made medium-size kits for the agency

VII. Outreach Kit

- Disposable rubber gloves: 1 bag per kit
- Non-latex gloves: 1 bag per kit
- Masks: 25 per kit
- Thermometer: 2 per kit
- Personal hand sanitizer: 2 per kit
- Hand wipes: 2 packages per kit
- Re-sealable plastic bags for contaminated garbage: 30 per kit
- Water-resistant bag to carry supplies

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Toronto Public Health: www.toronto.ca/health.cdc.pdf/infectioncontrolmanual.pdf

Chapter 16 of Ontario Health Plan:

www.health.gov.on.ca/english/providers/program/emu/pan_flu_plan.html

Information regarding stockpiling of medications based upon conversations with:

Phil Graham, Ministry of Health and Long Term Care, Emergency Management
Arla Tomiczek, Infection Control Unit, East Toronto General Hospital

Sonya Sing, Head of Pandemic Committee Planning for Ontario Health

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