

1. INTRODUCTION

Public health experts around the world have warned about the public health risk associated with the emergence of a new human influenza virus. If a new virus emerges that is easily transmitted from person to person, this would mark the start of an influenza pandemic. If moderate or severe, this global outbreak of a pandemic influenza virus will have a tremendous impact on both the local and international communities; health care services will be strained, and there could be significant social and economic disruption. Therefore, planning for the impacts of such a large scale health emergency on the operations of the Options for Adults program is required to optimize service delivery to adults with intellectual disabilities and their families to ensure continuity of critical operations.

Although no one can predict with any certainty exactly when or how severe a pandemic may be, it is important to be prepared. Most documentation reviewed in the preparation of this plan suggested that businesses plan for three critical risk management issues: 1) infectious disease, 2) business continuity, and 3) communications.

- The goals of OFA's planning process' are to:
 - Be ready;
 - Be watchful for signs of illness;
 - Be decisive;
 - Be transparent.

1.1 Infectious disease

Influenza is an infectious or communicable disease. Thus you're looking at a situation where one infected employee or volunteer could infect a good portion or your entire workforce. Risk management of workplace health includes anticipating, recognizing, evaluating and controlling conditions in the workplace that may cause a worker to become ill; training staff infectious disease management; and dealing with the complexities of implementing a masking policy.

1.2 Business continuity

Guidance on preparing plans have recommended that organizations such as OFA review their human resource policies and collective agreements to deal with issues such as: managing staff and skill shortages of up to 35% of the work force; sick leave and other leave provisions and dealing with staff who are ill in the workplace, payroll and accounts payable integrity, to name a few.

1.3 Communications

The fear of the disease or being exposed is greater than the statistical odds are. With that in mind OFA will need to plan for an effective means of communicating with consumers, staff and the families of both, to ensure that accurate and timely information is given out. This section also includes obligations to report infectious disease in staff or consumers to public health officials.



2. BACKGROUND AND CONTEXT FOR PLANNING

2.1 What is Influenza?

Influenza (commonly known as “the flu”) is a contagious virus that circulates on a yearly basis causing seasonal outbreaks of respiratory illness. People who contract the flu may experience several symptoms including: fever, headache, chills, muscle aches, physical exhaustion, cough, sore throat, and a runny or stuffy nose. Symptoms can last for several weeks. Most healthy individuals are able to recover from the illness, but certain segments of the population — such as older people, young children, and people with certain health conditions — may experience further complications. In some instances, the disease can be fatal. As a result, influenza is an ongoing public health threat.

The influenza virus can be spread from direct (person-to-person) and indirect contact. When an individual coughs or sneezes, s/he releases droplets. Influenza is directly transmitted when these droplets come into contact with the eyes, nose, and/or mouth of another person. Influenza is indirectly transmitted when people touch contaminated hands, surfaces or objects. As the virus can live on nonporous surfaces for up to 48 hours, touching surfaces such as doorknobs, countertops, toys, or utensils previously used or handled by others carrying the virus is a common source of infection. In addition, shaking hands with an infected individual who has droplet secretions on their hand can be another source of infection. People who become infected are able to transmit the virus 24 hours before, and up to three to five days after symptoms appear. Children and some adults may be infectious for seven days after symptoms appear.

2.2 What is an Influenza Pandemic?

The influenza virus experiences major changes in composition. An influenza pandemic (or “pandemic”) occurs when a strain of the influenza virus:

- Changes in composition;
- Becomes highly contagious;
- Spreads easily from person-to-person; and,
- Moves rapidly around the world.

Since the population is not immune to the new virus, it will affect more people, and cause higher rates of morbidity (illness) and mortality (death).

There were three influenza pandemics during the 20th century (1918, 1957, and 1968). The 1918 pandemic, referred to as the “Spanish Flu,” killed 20 to 50 million people worldwide. While no one can predict when the next pandemic will occur, public health experts have warned that an influenza pandemic is overdue.

2.3 Declaring the Start of an Influenza Pandemic

The WHO will declare the beginning of a pandemic internationally, while the Public Health Agency of Canada and Ministry of Health and Long-Term Care (MOHLTC) will declare the



beginning of the pandemic for Canada and Ontario respectively.

- Pandemic influenza will result from a new subtype of influenza A; the new strain is likely to initially appear in Asia;
- The WHO will identify the circulating pandemic strain;

A declaration of an emergency in Kenora will likely take place following a federal/ provincial declaration.

The Executive Director of KACL will declare that pandemic emergency plan be implemented based on input from OFA's Pandemic Preparedness Planning Group.

An outbreak of influenza within KACL's 24 hour care homes may trigger parts of OFA's pandemic plan in the absence of a local emergency being called.

2.4 Planning Authority

Authority for planning for a pandemic event is outlined in both the Canadian Pandemic Influenza Plan (CPIP) and Ontario Health Plan for an Influenza Pandemic (OHPIP). According to the CPIP (p. Introduction - 4):

"Local public health authorities are responsible for planning the local response to an influenza pandemic with direction from both the provincial/territorial and federal level. This involves liaising with local partners (e.g. emergency responders, hospitals, mortuary services) in advance of a pandemic to facilitate a coordinated response when pandemic influenza strikes in the community."

The OHPIP provides further direction by stating local governments, "... and local public health authorities are responsible for coordinating the local to response to an influenza pandemic..." (p. 2-3).

2.5 Legislative Authority

During a pandemic, individuals and institutions responsible for managing the response will require the legal authority to implement pandemic plans.

Emergency Management and Civil Protection Act, R.S.O. 1990, c.E.9 — Establishes the requirements for emergency management programs and emergency plans in the province of Ontario.

The *Act* permits the Premier (or designate) to issue emergency orders which can be used to "promote the public good by protecting the health, safety and welfare of the people of Ontario in times of declared emergencies in a manner that is subject to the Canadian Charter of Rights and Freedoms." These orders can be used for a variety of items including, but not limited to: regulate the price of goods; close businesses, schools, or other establishments or institutions; and, make arrangements for the adequate care and protection of individuals and property.



An order is withdrawn 14 days after it is issued unless it is cancelled. Emergency orders can also be extended. Emergency orders will prevail over every statute with the exception of the Occupational Health and Safety Act.

Health Protection and Promotion Act, R.S.O. 1990, c.H.7 (HPPA) — Provides the legal authority for a public health response to a pandemic threat. Several sections of the *HPPA* also give the local Medical Officer of Health (MOH), or his/her designate, the authority to take any actions necessary to respond to a health emergency. These include, but are not limited to:

- Section 13 — grants the authority to require a person and/or groups of persons to take or refrain from taking any action which is determined by the MOH to be a health hazard; and,
- Section 22 — grants the MOH the authority to issue an order under prescribed conditions to control a communicable disease outbreak. This may include the isolation of individuals.

Occupational Health and Safety Act, R.S.O. 1990, c.C.37 — Enforced by the Ministry of Labour, the *Act* states that all employers have the duty to take all reasonable precautions to protect the health and safety of workers.

Order-in-Council 167/2004 (February 2, 2004) — Identifies the Minister of Health and Long-Term Care as responsible for two areas in formulating emergency plans: human health disease and epidemics; and, the provision of health services during an emergency (e.g. floods, ice storm).

Quarantine Act The updated *Act* expands existing legislation to public health authorities. New provisions include the ability to divert an aircraft to an alternate landing site, to designate quarantine facilities at any location in Canada, and to prevent entry to Canada of travelers that represent an imminent and severe public health risk. It also includes measures for collecting and disclosing personal information if it is necessary to prevent the spread of a communicable disease.

Coroners Act, R.S.O. 1990, C.37 — Outlines the conditions in which the Coroner must be notified about a death, and the general powers of the Coroner.

Bill 77 and/or Developmental Services Act. Local Associations have been directed by MCSS to prepare a pandemic plan as part of their risk management strategy.

3. Assumptions Informing OFA's Pandemic Preparedness Plan

It is difficult, if not impossible, to predict the exact impact a pandemic event will have on the operations of OFA, and certain assumptions need to be made to facilitate the planning process.

- It is likely there will be little lead time (no more than three months) from when a pandemic is first declared and when the strain is present in Kenora.
- The federal and provincial governments will declare a state of emergency for Canada



and Ontario respectively;

- A pandemic usually spreads in two or more waves over a 12 to 18 month time frame. A second wave may occur within three to nine months of the initial wave and may cause more serious morbidity and mortality than the first. The length of each wave is likely to be six to eight weeks;
- The influenza pandemic will be more severe than seasonal influenza. The attack rate could be anywhere from 15% - 35%;
- The impact of an influenza pandemic is likely to be intense and sustained, and could cause significant social and economic disruption. As a result, it will not be “business as usual” when it comes to the provision of services in all sectors during a pandemic;
- Everyone will be susceptible during an influenza pandemic. Certain groups may be more at risk than others, but this will not be known until the circulating strain emerges;
- *The consumers supported by OFA will be one of the groups at greater risk than the general population due to the following factors:*
 - *Underlying health conditions*
 - *Aged*
 - *Poverty, marginal living conditions*
 - *Poor personal management of infectious disease (cough etiquette, personal and environmental hygiene practices)*
 - *Congregate living arrangements with shifted staff (4.2 -5.6)*
 - *Nutritional status (including propensity for dehydration etc)*
- The business operations of organizations like KACL have not been widely considered in the planning processes of the province, or OPSEU. Therefore there is limited direction to non-profits like KACL on managing the health and safety of consumers and staff in the event of a pandemic.
- OFA’s plan has followed the pandemic preparedness checklist for Community Health Services as contained in Ontario’s Health Plan for an Influenza Pandemic. While this checklist is not entirely appropriate for our operations, it does provide direction in various sections of the checklist in the areas of: infectious disease management; business continuity and communications.
http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/plan_full.pdf
- Conditions in the daily lives of consumers supported by KACL change frequently. OFA will review and update the plan, in particular sections dealing with Person Supported Needs (Sec. 5) 2 times per year, **September/October** and **April/May**, and after any significant flu event.



Pandemic Planning Checklist (based on Ontario Health Plan for an Influenza Pandemic)**Section 1: Planning Issues**

Does OFA have an influenza/pandemic outbreak plan?	<ul style="list-style-type: none"> • Maintain a master training summary of all CSW staff so that staff can be more easily re-deployed to deal with client specific needs • Develop criteria for decision to redeploy CSW/other staff including managers to new and altered roles • Develop essential training plan and methods of training for CSW/other staff including managers for quick training for new and altered roles • Determine Planning assumptions <ul style="list-style-type: none"> • OFA will do scenario planning to determine when staff shortages deemed critical in each location; • OFA will move to essential services only; • OFA will attempt to maintain 8 hour shifts; • OFA will cross train CSW 's to work in all locations with modified training plans; • OFA will redeploy CC's when CSW critical shortage experienced; • OFA will move to overtime shifts in locations where CSW and CC redeployment still results in critical shortage experienced; • OFA will redeploy non bargaining unit staff if after redeployment of CSW and CC staff working overtime hours shifts OFA is still facing a critical staff shortage. • OFA will ask for consumers to relocate on 12 hour vacation agreements in the event of a critical shortage of all available staff. • Each naive person going in needs to have 2nd person on 1st shift to train med admin and transfer safety <ul style="list-style-type: none"> ○ Naive person is staff not currently working in group living sites • Float crew of client specific care who would go in to help – NO • General training tools developed <ul style="list-style-type: none"> ▪ A day in the life of a group home worker ▪ A day in the life of an ESIL worker ▪ Individual daily routines ▪ Household management routines ▪ Basics of attendant care routines ▪ Manuals prepared for each location/client specific to hand for each redeployed staff ▪ Olivia's duties determined on weekly 	<p><u>Complete</u></p> <p><u>complete</u></p> <p><u>Complete</u></p> <p><u>complete</u></p> <p><u>Unlikely in the event of severe staff shortage</u></p> <p><u>Unlikely in the event of severe staff shortage & Increases risk of infection</u></p> <p><u>complete</u></p>
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	<p style="text-align: center;">checklist</p> <ul style="list-style-type: none"> • Create quick reference for daily routine in each group living location • 2 staff identified at each location for primary trainers • Meeting with NWHU to review OFA plan, and to ensure we are on their notification list in future (KACL not notified of boil water advisory) <ul style="list-style-type: none"> ○ Meeting called by LWDH/NWHU 	<p><u>complete</u></p> <p><u>To do</u></p> <p><u>complete</u></p>
<p>Has OFA developed plans to ensure continuity of services in the event of internal emergencies (ie heat, water, hydro, food, natural gas failure(related to a disruption of community services</p>	<ul style="list-style-type: none"> • Food- Develop list for minimum pantry to be kept in each group living location NO <ul style="list-style-type: none"> ○ Shop 1x every 2 weeks for all locations • Water – n/a • Heat (natural gas) – n/a • Electricity – generators in place at RTC, 528, all group living locations and maintained regularly. <ul style="list-style-type: none"> ○ Kevin Mytryk wiring for generator (to be stored at 1-9th); generator maintenance schedule implemented October **2009** 	<p><u>Minimum pantry not practical</u></p> <p><u>complete</u></p>
<p>Does OFA have a collaborative plan in place with Pharmacy, NWHU, food services,</p>	<ul style="list-style-type: none"> • Pharmacy – meeting with pharmacist to review medication supply issues <ul style="list-style-type: none"> ○ How much supply at meds will they let consumers hold (funding/restricted meds) <ul style="list-style-type: none"> ▪ Able to hold 2 weeks ahead only ○ What is shopper's /johnson's plan? ie delivery <ul style="list-style-type: none"> ▪ OFA pick up ○ Will doctors renew by fax? <ul style="list-style-type: none"> ▪ yes 	<p>.</p>
<p>Has OFA developed criteria to determine where and how people will be cared for in an event of a pandemic</p>	<ul style="list-style-type: none"> • Develop Quarantine homes guidelines <ul style="list-style-type: none"> ○ Isolation guidelines only – not able to implement quarantine • Ensure up to date individualized support plans in main file • Ensure individual equipment lists in main file (for relocation in family homes) 	<p><u>Complete</u></p> <p><u>complete</u></p>



Section 2: Chain of Command

2.1 Role of Joint Health & Safety Committee

2.1 Does OFA have a designated Occupational Health and safety Representative and back up who are known to staff and available 24/7	Meeting with Allison Meeting with Peter	<u>complete</u>
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The Joint Health & Safety committee (employee) member will:

- Assist in the education and training sessions of staff.
- Be available in the event of a pandemic to be able to respond to workplace health & safety issues as they arise.

2.2 Pandemic Planning Committee

2.2 Does OFA have an interdisciplinary committee and/or pandemic outbreak management team that includes representatives from administration?	<ul style="list-style-type: none"> • Planning Committee members named • Bring plan to administration and other programs once developed 	<u>Complete</u> <u>complete</u>
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Pandemic Preparedness Planning Group:

- 1) Prepare pandemic plan for approval by ED;
- 2) Complete relevant items on pandemic preparation checklist (from Ontario's Pandemic Plan);
- 3) Plan for Fit Testing of H1N1 masks;
- 4) Plan, prepare and deliver education and training packages;
- 5) Coordinate human resource coverage for OFA operations, redeployment and reporting in the event of critical staff and skill shortages;
- 6) Manage surveillance obligations as required;
- 7) Manage communication to identified audiences'.

April 2010 members: Deb Everley, Norine Schram, Cathy Bowman, Maggie Ecclestone, Jackie Fernandez (scheduling).

2.3 Staff Roles & Responsibilities

2.3 Are all staff aware of their roles/responsibilities during a pandemic outbreak?	<ul style="list-style-type: none"> • create training methods • plan for redeployment 	<u>complete</u>
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A pandemic will require a high level of coordination in OFA. This coordination will be achieved through the central role of the Pandemic Planning Group. OFA resource decisions and activities, including communications, will be coordinated through the Pandemic Planning Group.



OFA Supervisors:

- 1) Provide input to Pandemic Preparedness Planning Group as required;
- 2) Be prepared to work in new and altered roles;
- 3) Be informed of pandemic related impacts on KACL human resource management with reference to Collective Agreement, Employment Standards Act, and Ontario Health & Safety Act;
- 4) Be informed of OFA's Pandemic Preparedness Plan and be able to answer questions about the plan if asked by staff, consumers or families.
- 5) Be able to train staff in the proper use of PPE.

OFA Staff:

- 1) Provide information to supervisors and pandemic Preparedness Planning Group as required;
- 2) Actively participate in training /education sessions to ensure understanding of KACL's Pandemic Preparedness Plan and know how to reduce the risk of infection to self, family, workplace and communities.
- 3) Wear PPE as directed by Supervisors.

2.4 Communication Plan for Updates

2.4Is there a designated phone tree in the facility that staff can obtain information on/be alerted to a potential influenza pandemic?	<ul style="list-style-type: none"> • Maggie updates daily and distributes to all KACL email list • Main office has updated OFA Emergency contact list • Health & Safety Member reps request communication captain appointed for each location 	<u>All complete.</u>
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2.5 Chain of Command

2.5Is there a chain of command for implementing the pandemic plan? (ie if director not available who is next in command)	<ul style="list-style-type: none"> • Emergency contact list updated 	<u>complete</u>
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KACL Executive Director: James Retson

Acting Executive Director (in order of appointment): Diane Pelletier, Kelly Williams, Deborah Everley, Sharon White.

Options for Adults Directors: Deborah Everley and Sharon White

Acting Directors (in order of appointment): Deborah Marsh, Norine Schram, Sue McCallum

The authority to implement all or portions of OFA's pandemic plan lies with the Executive Director, and those acting on his behalf in the event the ED is unavailable.



Section 3: Person Supported Needs

In the event of an outbreak emergency and/or critical staff and skill shortage, OFA will:

1. Notify all consumers and family of consumers of the decision to prioritize service, and the impact on services currently provided;
2. Move all available staff resources onto redeployment list for reassignment to group living and ESIL supports;
3. OFA will attempt to maintain 8 hour shifts;
4. OFA will cross train CSW 's to work in all locations with modified training plans;
5. OFA will redeploy CC's when CSW critical shortage experienced;
6. OFA will move to overtime shifts in locations where CSW and CC redeployment still results in critical shortage experienced;
7. OFA will redeploy non bargaining unit staff if after redeployment of CSW and CC staff working overtime hours shifts OFA is still facing a critical staff shortage.
8. OFA will ask for consumers to relocate on 12 hour vacation agreements in the event of a critical shortage of all available staff.

3.1 Does OFA have an up-to-date assessment of each consumer's essential care needs?	Group Living Intake/ESIL ESIL Lifesharing/Family Home	<u>All complete august 31, **2009**</u>
3.2 Has OFA identified consumers who could be cared for in other settings if necessary?	Group Living Intake/ESIL ESIL Lifesharing/Family Home	<u>All complete august 31, **2009**</u>
3.3 Has OFA identified consumers at high risk of complications from influenza and identified strategies to reduce their risk?	Group Living Intake/ESIL ESIL Lifesharing/family home	<u>All complete august 31, **2009**</u>
3.4 Has OFA identified the skills/expertise required to meet consumer's non-influenza as well as influenza needs during a pandemic?	Group Living Intake/ESIL ESIL Lifesharing/Family Home	<u>All complete august 31, **2009**</u>

3.1 Group Living:

Number of consumers supported = 10

During a pandemic OFA may experience staff and skill shortages. Redeployment will be the key component of our care continuity and human resources plan. During a pandemic, OFA is expected to manage what scarce resources are available by reallocating staff accordingly.

During a pandemic OFA's group living consumer will be supported in group living locations with re-deployed staffing as required. Attempts will be made to ensure consumers remain in their own homes.

Plans for the support of consumers are updated constantly, and are available in Main Files.



Consumer who are more at risk for contracting a pandemic virus, and who are more likely to suffer complications are known to OFA, and this is noted in their physical wellness plans.

- All consumers of group living are more at risk

A decision making tree guiding the provision of essential services, and the reduction of non-essential community based activities has been developed, and will be implemented by the Pandemic Planning Group as appropriate.

In the event of a critical staffing emergency that is unable to be sustained with staff resources according to the redeployment schedule as outlined above, OFA's response will be to place individual consumers in family home setting of either a) consumer's immediate or extended family; b) staff who invite consumers into their home (on 12 hour vacation agreement; or c) friends of the consumer who have completed training and who meet other criteria (CPI and emergency first aid).

Decision to move will be based on:

- OFA experiencing a staff/skill shortage that we are unable to cover.
- Agreement by the Executive Director

Preparation for moves within 24 hours will begin:

- Notification of families
- Confirmation of care providers
- Writing contracts
- Preparation of meds
- Packing for essential needs
- Set up of receiving home

3.2 ESIL:

Number of consumers supported = 23

Plans for the support of consumers are updated constantly, and are available in Main Files.

One role of the ESIL program is to work to provide support to individuals living independently in the community who would be able to recover from the circulating strain of pandemic influenza while staying at home, but do not have the necessary networks to support them during their illness to do this.

Most consumers of ESIL have families' members in their circle of care that will be relied upon to provide supports to them in the event of illness.

ESIL staff has identified those consumers who do not have a circle of care that could be called upon to provide care in the event of illness.



During a pandemic, program staff will be in daily personal, and then once it is deemed prudent, daily telephone contact with individuals who remain living in their own homes to ensure that they are not struggling with the care of themselves, and to monitor their symptoms. Certain services can be offered to these consumers in the event they are seriously ill. For example:

- 1) Consumers will be supported to discuss with their physicians, and then attend the H1N1 immunization clinic held at the OFA building.
- 2) Daily checking in to monitor symptoms and to assess need for medical intervention;
- 3) Taking consumers to medical appointments as required;
- 4) Picking up medications;
- 5) Picking up essential grocery items and delivering them to homes;
- 6) Preparation and delivery of meals.
- 7) Other supports as deemed necessary by the case manager to assure the wellbeing of the consumer during the period of illness.

ESIL consumers who are more at risk for contracting a pandemic virus, and who are more likely to suffer complications are known to OFA, and this is noted in their personal plans. It is anticipated that these consumers may require staffing up to 24 hours per day during the course of their illness.

- 8) OFA will provide staff for 24 hour care as required upon notification by ESIL supervisors.

A decision making tree guiding the provision of essential services, and the reduction of non-essential community based activities for ESIL consumers has been developed by ESIL staff, and will be implemented by the Pandemic Planning Group as appropriate.

3.3 Associate Living:

Number of consumers supported = 32

Plans for the support of consumers are updated annually during Reviews, and as new support information is received, and are available in Main Files.

Consumers who are more at risk for contracting a pandemic virus, and who are more likely to suffer complications are known to OFA, and this is noted in their personal plans.

One role of the Associate Living program is to work to provide support to life sharing individuals and families who would be able to recover from the circulating strain of pandemic influenza while staying at home, but do not have the necessary networks to support them during their illness to do this.

During a pandemic, program staff will be in telephone contact with provider families to ensure that they are not struggling with the care of themselves or the disabled person. Certain services can be offered to these families in the event they or other family members are seriously ill. For example

- 1) taking consumers to medical appointments as required;
- 2) picking up medications;



3) picking up essential grocery items and delivering them to homes;

Additionally:

- all lifesharing providers will be provided with training information about the H1N1 influenza virus and how to reduce the risk of infection to themselves and their families;
- all lifesharing providers will be provided with alternate procedure face masks and visors, as well as the training on proper usage;
- all lifesharing providers will be able to access the closed H1N1 immunization clinic held at the OFA building.

Section 4: Essential Services

4.1 Has OFA identified essential services that must be reduced during a pandemic?		<u>complete</u>
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All of OFA's workplace programs have value, and it is most desirable that normal programming will continue during a crisis. It may be necessary to prioritize normal activities to maximize efficiency of staff temporarily, or periodically, during a crisis. Prioritization will be based on assessment of the impact on consumers of the temporary suspension of specific activities.

Definitions:

Urgent activities must be done on a specific short term timeline. If not, the result may either be harm to the consumers or program.

Less urgent activities can be done on a less regimented timeline and might be delayed in initiation without causing harm.

High impact indicates activities which directly prevent adverse outcomes. The absence of these programs has the potential to result in preventable adverse outcomes, both short and long term.

Lower impact indicates activities whose absence will not directly result in increased preventable outcomes. This might include meetings and activities not related to managing the current crisis.

Section 5: Supply Chain

5.1 Has OFA identified the supplies required during an influenza pandemic?	<ul style="list-style-type: none"> • Gloves – yes • Disposable sheath covers for thermometers • ESIL needs thermometers • Masks – Maggie working on this • Determine quantity and list of Common flu symptom medications to maintain on hand • Ensure PRN orders for flu 	<u>complete</u>
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	symptom management with meds <ul style="list-style-type: none"> Guidelines for surface cleaning all locations 	complete
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Section 6: Human Resources

An infectious disease that causes a pandemic will, by definition, occur over a wide geographic area and affect an exceptionally high proportion of the population. People may not show up to work because they are ill, because they fear becoming ill or because they are taking care of ill family members. A reduction in OFA's available workforce requires business continuity planning.

This human resource plan deals with:

- identifying key personnel in decision making roles;
- redeployment of staff;
- impacts of a pandemic on KACL's collective agreement;
- health and safety issues (work refusals, managing exposure).

4.1 Does OFA have human resource policies to deal with pandemic situation?	1. it is recommended that human resource polices be reviewed and/or developed to deal with issues such as: <ul style="list-style-type: none"> refusal to work, OFA employees are not considered emergency workers under legislation; therefore there are no limitations on refusal rights. <ul style="list-style-type: none"> Working from home (consultants and supervisors) hours of work and overtime redeployment of staff, screening for illness and right to send home <ul style="list-style-type: none"> role of JHSC vacation entitlement – planned vacation approvals vs requirement for all staff to be at work vaccinations stress leaves family care leaves <ul style="list-style-type: none"> resignation termination bereavement Lay offs Schools/day care closures requiring that staff provide care for their own children (who are not ill) Staff ordered into quarantine by health care provider mitigating the psychosocial impact of an emergency 	complete
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	<ul style="list-style-type: none"> • the management of volunteers, • Compensation for non-bargaining unit staff working extended hours, and multiple shifts • establish designates and/or alternates with the appropriate authority(ies) for key positions within emergency management structures • Maintain continuity of operations that could be disrupted due to absenteeism. • Redeployment of staff who are pregnant • Redeployment of staff with underlying health conditions • Mask usage – facial hair on males • Directors and ED review guidelines for KACL plan <p>2. communication from HR Manager (Admin) will be required on a constant basis throughout the event</p> <p>3. Tracking pandemic related expenses should be kept separate</p>	<p><u>Admin prepared HR fact sheets for use by managers</u></p> <p><u>Complete. All expenses coded to one account (125) and then expensed out to programs later after all expenses complete.</u></p>
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Section 7: Communications

7.1 Has OFA established a communication system with the local public health unit and other partners	<ul style="list-style-type: none"> • Set up meeting with partners once plan developed <ul style="list-style-type: none"> ○ Families of consumers (Group, ESIL and Associate) • LWDH & NWHU 	<u>complete</u>
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7.2 Does OFA have a plan for communication with staff, consumers, volunteers and family members during a pandemic, including the person/s responsible for notifying staff and families?	<p>Messages and audiences identified</p> <ul style="list-style-type: none"> • Pay stub inserts on Aug 28; October 9th • WSIB posters for week of Sept. 14th • Brochures/fridge magnets for training for wellness • website for all kacl employees access • Positive Thinking/Personal Wellness Workshop- Cathy Argue September 10, **2009**. <p>Memos Training package Posters</p> <p>Hand hygiene Cough etiquette Stop – have you washed your hands Stop- must wear mask to enter Stop – must wear gowns, masks and gloves to enter Hand sanitizer Station</p>	<p><u>Complete – communication strategy begins august 28, **2009**</u></p> <p><u>To Do:</u> <u>Use of social media facebook (KACL/OPSEU); twitter and text messaging</u></p>
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	<p>Stop- persons in here are ill with have suspected H1N1 virus Visitors Self Screening Poster Have you had a conversation with your doctor about the flu shot?</p> <p>Fact sheets Email All information about flu that is seen must go through the planning group – please just do not send out Footer line verifying information from us Letterhead logo specific to flu information broken chain logo <i>This information distributed by Pandemic Preparedness Planning Group of Options for Adults</i></p> <p>Pay stub inserts on Aug 28; October 9th WSIB posters for week of Sept. 14th Brochures/fridge magnets for training for wellness website for all kacl employees access Calendar for training developed</p>	
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Staff, consumer and family education and communications strategies will be essential to OFA's effective and coordinated pandemic response effort. These strategies will be critical to providing timely and accurate information about:

- Responding appropriately to the outbreak;
- Risks and perception of risks associated with the pandemic;
- Where to obtain information and supports; and,
- Appropriate infection prevention and control and public health measures.

The fear of the disease or being exposed is greater than the statistical odds are. The staff is reading and listening to the same news stories as you. They, too, are concerned for their health and the health of their families. Part of the success of your OFA's communication strategy is educating employees, consumers and families what to expect and how to proceed.

Given the nature of an influenza pandemic, and the high demand for information that will result, communications will be structured differently than in many other types of emergencies.

Traditional methods of communication may not appropriate as a pandemic will be a widespread, long-term event that will strain OFA's resources.

7.2 The audiences' in OFA's communication strategy have been identified as follows:

- OFA Supervisors
- OFA staff
- OFA Consumers
- Families of OFA Consumers'
- Lifesharing and Family Home providers
- KACL Administration (ED and Director of Finance)
- NWHU (in the event of community surveillance directive received)



Our assumption is that information to the Board, the media and the community would be the responsibility of KACL's Executive Director.

All communication from the Pandemic Preparedness Planning Group will be reviewed and approved by the Executive Director as appropriate.

OFA Directors will ensure that the Executive Director is informed of pandemic issues as they arise. Updates will be verbal, and if circumstances permit, will be followed up by email to confirm the details of the update.

7.2 The principles guiding OFA's communication strategy are:

1. Accurate, timely and reliable.
 - a. All communication to staff, consumers and families will be easily identifiable as coming from the OFA Planning Preparedness Group.
 - i. All communication will include a footer and logo making it easily identifiable.
 - ii. All communication will include a header that indicates the date of distribution and or revision as applicable.
 - b. All communication distributed will be approved the Pandemic Preparedness Planning Group of Options for Adults.
2. Education and training, in advance of a pandemic will be essential to prepare the audiences' of OFA for an influenza pandemic:
 - a. Training/Education Sessions on OFA's pandemic preparedness planning and what all staff can do to protect individual, family and workplace health will be provided for all OFA staff in September /October **2009**.
 - b. Education/Training for consumers explaining what flu pandemic is and how it is spread as well as personal protection began with consumers attending Literacy and being supported in Employment programs in July **2009**, and is ongoing.
 - c. Education/Training package for consumers not participating in these programs provided to all case managers to use with consumers in September **2009**.
 - d. Supervisors of OFA will have training in Human Resource Management guidelines during a flu pandemic in September **2009**.
 - i. All supervisors of OFA must understand the communication strategy in order to maintain the consistency of messages, and to build trust with OFA staff.
3. Information must be provided on an ongoing basis to all audiences' and must be easily available.
 - a. Consumer package in plain language and symbols.
 - b. Fact sheets about human resource questions that may arise must be prepared in advance so that supervisors and administration staff are not stressed by the demands for answers by staff.
4. OFA will use a broad network for disseminating information using:
 - a. Phone trees as appropriate
 - b. Email



- c. KACL website
- d. Posters
- e. Training/Education sessions
- f. Memos
- g. Pay stub inserts
- h. **October 2010 consider the use of Facebook (KACL/OPSEU) twitter and text messaging.**

5. OFA will avoid communication strategies that congregate people (eg training/education/meetings).

7.5 Have key personnel been designated to control and take care of the needs of the media?	Executive Director responsible Input to ED via Pandemic Planning Group authority only	Complete
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Section 10: Surveillance

10.1 Does OFA promote annual immunization of staff and consumers?	Yes <ul style="list-style-type: none"> o NWHU holds clinic in OFA building November 9th, **2009** o Enhance notification methods <ul style="list-style-type: none"> o During training o Posters distributed o Flyers home to families 	
10.2 Does OFA have protocols in place for staff to use in identifying flu like symptoms as they arise in consumers	Yes <ul style="list-style-type: none"> • Consultant Nurse/Supervisor has prepared, staff trained, and protocols reviewed as required • Training session for all staff 	Complete <u>Staff team meetings begin Nov 2, **2009**</u>
10.3 Does a process exist to notify infection control designate within 24 hours when an outbreak is suspected?	Northwestern requesting notification at absenteeism of 10% staff NWHU requesting notification at illness rate of 10% of consumers supported	<u>All supervisors to call Bryan with notification of staff absence to illness Case managers (all programs) to notify Maggie if consumers ill. Maggie contact NWHU with all data</u>
10.4 If so, is the process clearly communicated and readily available to all key staff in the organization?		To do

Section 11: Education & Training

OFA's education and training plan is designed to give staff and consumers the knowledge, skills and values they need in order to ensure the health and safety of consumers, employees and the community at large.

11.1 Our key education and training messages are:

- OFA has a core value of ensuring the health and safety of consumers and employees. During a pandemic outbreak it is the responsibility of all employees to act quickly to help prevent the spread of disease in our workplace and communities.
- Practice Universal Precautions.



- Proper use of personal protective equipment.
- Practice good hand hygiene.
- Practice cough etiquette.
- Have a personal wellness strategy.
- Stay home if you are sick.
- This is what happens if you are an employee of KACL and you contract H1N1.
- This is what happens if you are an employee of KACL and you are unable to work because of the impact of H1N1 on you or a family member.

11.2 Education and Training Plan:

August 28, **2009**	Pay stub insert from WSIB Campaign for Health: <i>Influenza and Pandemic Planning for Workplace</i>
September 10, **2009**	Positive Thinking/Personal Wellness – Cathy Argue consulting services.
September 14, **2009**	2 copies of posters from WSIB Campaign for Health – <i>Ban the Bug</i>
September 24, **2009**	Training KACL staff (all programs) on Basic Pandemic Preparation Fridge magnets and wellness handouts for all staff handed out in training sessions (Standard Insurance) <ul style="list-style-type: none"> • Handouts for Lifesharing/Family Home Providers
October 9, **2009**	Pay stub insert from WSIB Campaign for Health <i>Cold and Flu Symptoms</i> New Posters for cough etiquette, hand hygiene distributed in all locations
October & November	N95 Mask Fit Testing and Proper Use of Masks Guidelines
October 19-27, **2009**	CPI refresher courses and one CPI course to ensure all OFA staff current in CPI

2009 indicates these activities need to be reviewed in the event of putting updated plan out for use, and new schedules implemented.

