



TRAVERSE
INDEPENDENCE

PANDEMIC INFLUENZA PLAN

SEPTEMBER 2018

Contents

INTRODUCTION.....3
 Infection Prevention and Control and Occupational Health3
GOALS/OBJECTIVES4
EXTERNAL ROLES AND RESPONSIBILITIES4
THE PLAN5
 Prevention.....5
 Preparedness.....5
 Mitigation/Response.....5
 Recovery.....6
SERVICE IMPACT6
 CODE GREEN.....6
 CODE YELLOW.....6
 CODE RED.....6
SERVICE DELIVERY7
WORKPLACE SAFETY (USING STOP LIGHT APPROACH)7
SUPPLIES8
REFERENCES9
CONTACTS.....10

INTRODUCTION

Influenza pandemics arise when a “novel” influenza virus emerges, infects humans, spreads efficiently and sustains among them. Once such an event starts and reaches a certain level of local or regional spread, continued worldwide spread of the virus is inevitable. A novel human influenza virus can start as a purely avian influenza virus that adapts, through gradual mutation, to humans or as a hybrid influenza virus that contains a combination of genes derived from both an avian and a human influenza virus. Regardless of its origin, such a virus is termed “novel” because it has not circulated widely among humans in the recent past, leaving most people with no pre-existing immunological protection against the virus.

Influenza A viruses periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time with the potential to cause serious illness, death, and extensive social and economic disruption throughout the world. Experts agree that future influenza pandemics are inevitable, but the timing and severity of the next pandemic cannot be predicted. Because there may be little warning, contingency planning is required to minimize the potentially devastating effects of an influenza pandemic.

In nature, there are 16 different hemagglutinins and 9 different neuraminidases, which are two important surface glycoproteins of the influenza A virus. Influenza virus subtypes are named according to these “H” and “N” proteins. Although all 16 of the H types can infect birds, to date only H1, H2 and H3 have been associated with widespread human disease and H5, H7 and H9 have demonstrated the ability to cause human disease. It is important to recognize that, as birds are the natural reservoir for these influenza viruses, occasionally people who have close contact with infected birds will become infected with novel viruses. Not all novel viruses, however, will evolve into pandemic viruses; nevertheless, the pandemic potential of any new virus must be considered.

The following conditions are necessary for an influenza pandemic to occur:

- A new influenza A virus from a major genetic change, i.e. an antigenic shift
- A virulent virus with the capacity to cause serious illness and death
- A susceptible population with little or no immunity
- A virus that is transmitted efficiently from person to person.

INFECTION PREVENTION AND CONTROL AND OCCUPATIONAL HEALTH

The incubation period for influenza usually ranges from 1 to 3 days. Person-to-person transmission of the influenza virus occurs through droplets from the respiratory tract that are spread by direct contact, through coughing or sneezing, or by hands (or other surfaces) contaminated with respiratory secretions. The importance of the airborne route in transmission is unknown. Influenza is highly contagious; it can spread quickly in settings where large groups of people (e.g. institutionalized populations) are gathered together.

The period of communicability for influenza is during the 24 hours before the onset of symptoms and during the symptomatic period, usually 3 to 5 days from clinical onset in adults and up to 7 days in young children. Although viral shedding occurs in the 24 hours prior to symptom onset, transmission of the virus to another person is much more efficient

once symptoms are present. In adults, the amount of viral particles shed (e.g. while sneezing or coughing) is related to the severity of illness and temperature elevation.

Survival of the influenza virus outside the body varies with temperature and humidity. It generally survives 24 to 48 hours on hard, non-porous surfaces; 8 to 12 hours on cloth, paper and tissue; and 5 minutes on hands. Survival of the virus is enhanced under conditions of low humidity and in cold temperatures.

GOALS/OBJECTIVES

The goals of influenza pandemic preparedness and response are:

1. to minimize serious illness and overall deaths
2. to minimize societal disruption among Traverse Independence employees/clients/volunteers/students and visitors as a result of an influenza pandemic. The response to an influenza pandemic is based upon our organization's ethical values (privacy, respect, dignity towards all).

These goals will be realized only through the coordinated efforts of all levels in planning and preparation.

The objectives of Traverse Independence are to assist and facilitate appropriate planning and response at all levels by:

1. developing a plan that is sufficiently flexible to account for the unknown epidemiology of a pandemic and the needs of the parties directly involved with Traverse Independence
2. recommending planning considerations for the appropriate prevention, care and treatment during a pandemic
3. recommending planning considerations for appropriate communications, resource management and preventive measures
4. providing a plan that is reviewed on an annual basis to ensure the incorporation of new developments and to ensure consistencies with best practices
5. providing an evaluated plan that is sufficiently clear and comprehensive to ensure operational viability.

EXTERNAL ROLES AND RESPONSIBILITIES

In general, the roles and responsibilities of the respective jurisdictions are as follows:

- The federal government, through Public Safety and Emergency Preparedness Canada, is responsible for the nationwide coordination of the pandemic influenza response, including surveillance, international liaison and coordination of the vaccine response.
- The federal and provincial Ministers of Health will ensure the distribution of plans to all organizations that may be involved in the pandemic response and liaise with these organizations on an ongoing basis.

- The Government of Ontario is responsible for mobilizing their contingency plans and resources. Health emergency response commences at the local level and moves up the line to the provincial level, and then to the federal level of government.
- Local public health authorities are responsible for planning local responses to an influenza pandemic with direction from both the provincial and federal levels. This involves liaising with local stakeholders (e.g. emergency responders, hospitals, mortuary services) in advance of a pandemic to facilitate a coordinated response if pandemic influenza strikes a community. It is likely that the local public health authorities, through existing or enhanced surveillance, may be the first ones to detect influenza in their communities. It is essential that the lines of communication in communities, and up the line to the provincial and federal levels, are clear and established in advance of a pandemic.

THE PLAN

PREVENTION

1. Planning actions to ensure that all existing, known or unavoidable risks are contained.
2. Recommendation of immunizations with vaccines (e.g., influenza vaccine in the alert and inter-pandemic period and the pandemic influenza vaccine once it becomes available) in conjunction with infection prevention and control recommendations (e.g. limiting contact if symptomatic, surveillance of employees/clients/visitors for symptoms or diagnosis).
3. Training employees to utilize personal protective equipment, routine practices and additional precautions.
4. Providing clients and families with information regarding infection prevention and control, hand hygiene and emergency planning.

PREPAREDNESS

1. Education on pandemic influenza, preparedness initiatives for Traverse Independence employees and clients and personal preparedness.
2. Implementation of Infection Prevention and Control Plan, including employee training, resource manual, documentation, policies and procedure.
3. Training and simulation exercises to pre-test the plan.
4. Communications and other interfaces to inform the public, employees/volunteers and clients.

MITIGATION/RESPONSE

1. Containment strategies to prevent and control the transmission of influenza within Traverse Independence locations.
2. Implementation of these containment strategies resulting in a series of escalating and potentially varying (but harmonized) responses as the pandemic unfolds across the community.

3. Documentation of activities and outcomes to determine if a more extensive response is required or if adjustments to the planned response are necessary.

RECOVERY

1. Organization of post-event activities to ensure restoration of “normal” inter-pandemic services and service levels.
2. Discontinuation of employee relocation, alternative care sites, phasing out alternate care workers, and introduction of new services that may be required to address the impact.
3. Continuation of activities until the declaration of the end of the pandemic wave by the Ministry of Health, and/or Public Health Services.

Note: the pandemic influenza may come in waves; therefore, what we learn during the recovery period allows us the opportunity to get ready and respond to the next wave.¹

SERVICE IMPACT

Employee absenteeism will have the greatest impact. Most staff will be unable to work or even return to work. Within the first five days 1 in 3 staff will be absent from work.

As the impact of the pandemic increases, we will be implementing a **stop light approach** to our services:

CODE GREEN

Status quo – with all clients receiving full services:

- On-going monitoring of staff and clients
- Pandemic information (from World Health Organization) shared with staff on a regular basis.

CODE YELLOW

Alert Mode – 3 Levels Low, Medium, High

- Based on information received (spike in reported staff, client and volunteer illnesses - avian flu, notification from Public Health, The Ontario Ministry of Health, Health Canada, and the World Health Organization. Some services may have to be reduced or provided by other agencies' outreach (PH and others).

CODE RED

In the case of an extreme emergency

- All staff, clients, volunteers and their families will be affected
- There will be a shortage of supplies and suppliers

¹ Adapted from the Pandemic Influenza Business Continuity Plan, Brain Injury Services, February, 2016.

- Mandated closures e.g. schools, day care, day programs, workshops, leisure centres, outreach services. Possible closures could include but are not be limited to banks, grocery stores, malls, and transportation systems.

In response to the pending pandemic, we will commit to do the following.

- Ensure that staff and clients are informed, educated and trained about the pandemic to ensure they know how to protect themselves and what to do if they become infected.
- Develop a plan to ensure service continuance. This plan will have several levels (stop light approach).
- Minimize the spread of influenza in our organization and into the public domain using best practice guidelines around IPAC.
- Encourage staff, clients, and volunteers to be immunized, if a vaccine is available.

SERVICE DELIVERY

Experts predict an absenteeism rate of 2 out of 3 persons for extended periods during and after any pandemic. This does include ‘sympathetic sick’ where people may be required to stay home and care for the sick. This means that we will need to modify, reduce or even eliminate specific services to cope with the impacts of a pandemic emergency should it occur.

If we were to reach CODE RED, only basic services (food, hydration, medications, and toileting) will be provided. There may be varying degrees of these services for each client and a specific essential service care plan will be developed.

Our capacity to maintain essential service delivery will be based upon by the availability of staff to perform the duties and the impact of the pandemic on the community as a whole.

All staff available will be expected to support clients to meet their basic needs if they are able to report for work.

****IT IS ALSO POSSIBLE THAT PUBLIC HEALTH OFFICIALS WILL OVERRIDE OUR DESIRE TO CONTINUE TO PROVIDE SERVICES****

WORKPLACE SAFETY (USING STOP LIGHT APPROACH)

- Screen employees prior to coming to work.
- Minimize the risk of infecting others.
- Encourage sick employees to stay home until symptoms have disappeared.
- Develop a workplace policy when an employee is unfit to work.
- Health authorities will have the ability to quarantine anyone who may have been exposed to an infectious disease.
- Encourage increased personal hygiene (hand washing, covering nose and mouth when coughing, or sneezing).

- Immunization, anti-viral medication available to our staff
- Environmental cleaning (rigorous cleaning of all hard surfaces in the workplace 1:9 bleach solution)
- No sharing dishes or cutlery
- No magazines on coffee tables and desks
- Increase social distance:
 - avoid meeting face to face
 - use telephone, video conferencing, and internet
 - avoid unnecessary travel
 - cancel/postpone non-essential meetings
 - arrange for staff to work from home when possible or work flex.
- Hours:
 - avoid public transit
 - eat lunch at your desk
 - minimize contact time with people; avoid shaking hands – stay at least one meter away.

SUPPLIES

- First aid kits and emergency kits
- List products/equipment, ability to stockpile, risk of availability, level of need
- 4 weeks of essential supplies at each location
- Supply list to include hand hygiene, personal protective equipment, temperature and BP monitoring supplies (if appropriate), disinfectants, cleaning supplies, respiratory care (if appropriate), suction (if appropriate) ice packs, paper products, cots/mats, IV products (if appropriate), deceased body management.
- Masks, gloves, alcohol-based hand cleaner.
- Duct tape
- Masks and face shields, gowns, gloves
- Sanitary supplies such as diapers, blue pads, garbage bags, disinfectant

REFERENCES

- Pandemic Plans (Ontario, Canada, WHO) Public Health Agency of Canada [HTTP://WWW.PHAC-ASPC.GC.CA/INFLUENZA/PLANS-ENG.PHP](http://www.phac-aspc.gc.ca/influenza/plans-eng.php)
- Centre for Emergency Preparedness and Response [HTTP://WWW.PHAC-ASPC.GC.CA/CEPR-CMIU/INDEX-ENG.PHP](http://www.phac-aspc.gc.ca/cepr-cmiu/index-eng.php)
- Canada Communicable Disease Report (CCDR) [HTTP://WWW.PHAC-ASPC.GC.CA/PUBLICAT/CCDR-RMTC/](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/)
- Hamilton Public Health Surveillance Unit [HTTPS://WWW.HAMILTON.CA/PUBLIC-HEALTH](https://www.hamilton.ca/public-health)
- Flu Watch-Government of Canada [HTTP://WWW.PHAC-ASPC.GC.CA/FLUWATCH/INDEX.HTML](http://www.phac-aspc.gc.ca/fluwatch/index.html)

CONTACTS

Government Resources

- Public Health Agency of Canada 1-844-280-5020
- Public Health Ontario 1-877-543-8931
- Public Health Units:
 - Hamilton 905-546-2424/905-546-2063
 - Haldimand/Norfolk 519-426-6170
 - Niagara 905-688-8248 ext. 7330 or 1-888-505-6074
- Ministry of Health and Long-Term Care 1-866-212-2272
- Hamilton Surveillance Unit City of Hamilton, Public Health Services Surveillance Unit 110 King St. W 4th floor Hamilton, ON Phone: 905-546-2424 Ext. 7116 Fax: 905-546-4078 Email: surveillance@hamilton.ca
- Ministry of Health and Long-Term Care Emergency Management Branch 1075 Bay Street, Suite 810 Toronto, Ontario Canada M5S 2B1 1-866-212-2272 Fax : 416-212-4466 TTY : 1-800-387-5559 E-mail : emergencymanagement.moh@ontario.ca
- Telehealth Ontario 1-866-797-0000
- Ontario Ministry of Health INFOline (ServiceOntario) INFOline would direct callers to the appropriate information source for health information. 1-866-532-3161 (Toll-free in Ontario only) in Toronto, call 416-314-5518 TTY 1-800-387-5559
- Canadian Centre for Occupational Health and Safety
<http://www.ccohs.ca/pandemic/subject>