



UNISON
Influenza Pandemic Plan
Updated – July 2018

“All health system partners have a role to play during the response to an influenza pandemic” – W.H.O.

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I. Introduction – Definitions and Ontario’s Approach

A pandemic is defined as: An epidemic disease of widespread prevalence around the globe (Source: Canadian Pandemic Influenza Plan for the Health Sector).

The WHO defines pandemic as: a period of global spread of human influenza caused by a new subtype.

According to the Ontario Health Plan for an Influenza Pandemic (OHPIP - March 2013):

All health system partners have a role to play during the response to an influenza pandemic, from the WHO at the international level to health sector employers and health workers at the community level.

Ontario’s influenza pandemic response objectives are:

- First, to minimize serious illness and overall deaths through appropriate management of Ontario’s health system; and,
- Second, to minimize societal disruption in Ontario as a result of an influenza pandemic.

General Assumptions

Origin and Timing

The next pandemic could emerge anywhere in the world – including in Ontario.

The next pandemic could emerge at any time of year.

Ontario has little lead time between when a pandemic virus is first identified and when it arrives in the province.

Transmission

The pandemic virus behaves like seasonal influenza viruses in significant ways, including the incubation period, period of communicability and methods of transmission.

The pandemic strain is primarily community spread; that is, it is transmitted from person-to-person in the community as well as in institutional settings.

Pandemic Epidemiology

An influenza pandemic consists of two or more waves – or intense periods – of viral transmission.

The novel influenza virus displaces other circulating seasonal strains during the pandemic.

Clinical Features

As with seasonal influenza, the severity of the pandemic cannot be predicted, may be partially determined by the effectiveness of interventions such as treatment with antivirals and is not easily determinable at the start of an outbreak.

As with seasonal influenza, the clinical severity of the illness experienced by Ontarians who are infected by the pandemic virus varies considerably: some individuals who are infected do not display any clinical symptoms, while others become quite ill and may require hospitalization and may even die.

Vulnerable Populations have increased risk

The groups at increased risk for severe disease and complications during an influenza pandemic are similar to those for seasonal influenza; however, there may be additional high-risk groups because of specific features of the pandemic virus.

Vulnerable populations included groups that typically experience a disproportionate burden of negative health outcomes, or are more vulnerable to these outcomes, because of the effects of the social determinants of health are more severely affected by the pandemic than other members of the community. This includes Ontarians with low incomes, who face language barriers, and who are homeless.

For the purpose of this document, the definition of vulnerable populations is:

A group of people who, because of the determinants of health, are more likely to be exposed to influenza, more likely to experience a serious impact because of exposure, less likely to benefit from response and recovery measures and/ or who may be negatively affected by response and recovery measures.

OHPIP March 2013

Interventions

Vaccine is available in time to have an impact on the overall pandemic; however, it is not available for the first wave.

The MOHLTC maintains an antiviral stockpile to provide treatment for individuals that meet its clinical recommendations.

The efficacy and dose requirements of antivirals are not known until the pandemic begins and may differ from that of seasonal influenza; therefore, recommendations may change.

II. Organizational Planning Assumptions

The Unison influenza pandemic plan is based on the following assumptions:

- That Unison will need to appropriately respond to seasonal influenza each year in order to ensure an effective pandemic response.
- That the Board, management and staff of Unison will retain decision-making authority over the resources of the organization during an influenza pandemic.
- That funders will provide the organization with the flexibility it needs to respond, will maintain their funding for current programs, and permit the flexibility for use of funding that will be required during such an emergency.
- Unison will endeavour to maintain service as long as possible at all sites during a pandemic. The option of "scaling back" on services will be considered if necessary.
- Communication with staff will be difficult due to absences therefore a communications plan will be implemented.
- Staff members may be temporarily re-assigned to other duties and will receive training to carry out these duties.
- Prior to knowing the severity of an influenza pandemic, Unison will stay up to date on the latest information about the pandemic, provide influenza care & treatment services, implement effective occupational health & safety (OHS) and infection prevention & control (IPAC) measures, and implement continuity of operations plans.
- The OHPIP 2013 document "Continuity of Operations Checklist" may be used as an outline for planning strategies for the organization. See Appendix Eight.
- Unison health care providers will subscribe to the Important Health Notice (IHN) distribution list (*eHealthOntario.ca*) to ensure they have access to MOHLTC recommendations, directives and response strategies
- Unison will provide influenza assessment and treatment for its own registered health unit clients. It is anticipated that other clients and community members will be given referral information.

Changes to this plan are expected as information becomes available, both before and during a flu pandemic.

These assumptions are made based on available information to date.

III. Unison Influenza Pandemic Planning Committee

All programs and services of the organization are represented on this committee, including the Joint Occupational Health and Safety Committee.

Current Committee members as of January 2018:

- Arnette Rodriguez
- Barbara Lupu
- Dalila Lemus
- Judi Coulson
- Lorna Baker
- Mae Elesterio
- Mila Fish
- Reanne Supe
- Shanka Fernando
- Sheila Buckmire
- Simon Cheng
- Victoria Icatar

Terms of Reference for the ongoing work of this committee are found in Appendix One.

IV. Background and Current Information on Pandemic Influenza

Influenza is a communicable respiratory disease that causes symptoms such as fever, muscle pain and weakness, headache, tiredness, dry cough, sore throat, runny / stuffy nose and others.

Influenza virus is mainly spread through tiny droplets when an individual with influenza sneezes, coughs, or talks. These droplets can land directly on an individual or may linger on surfaces. The influenza virus can survive on surfaces for up to 48 hours, which makes practicing hand hygiene and good cleaning practices essential to reduce potential spread of the virus.

Individuals infected with the influenza virus typically show symptoms 1 to 4 days after exposure. An individual with influenza may be contagious a day or two **before** their symptoms develop, and 5 to 7 days after. It is important to note that individuals may be contagious prior to exhibiting symptoms.

For influenza to become a pandemic, three conditions must be in place:

- 1) There must be a novel strain of a virus, one that people do not have immunity against
- 2) The virus must make people ill
- 3) The virus must be able to spread from person to person

Key differences between seasonal and pandemic influenza:

Seasonal Influenza	Pandemic Influenza
Every year	Four times in past 100 years
Winter	Any time of year
Very unpleasant, usually not life-threatening	May be much more serious
Most risky for very young, old, people with chronic illness	May be very dangerous for people of any age
Vaccination is available in advance	Vaccination not available in advance.
Minimal societal disruption	Likely societal disruption

Some natural human immunity	Little or no human immunity
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It is unknown when the next pandemic will be, how serious it will be, or how much warning there will be for the communities served by Unison. Severity of a pandemic cannot be known in advance.

The OHPIP severity model provides information on the types of responses that may be used during an influenza pandemic. As more information about the severity of an influenza pandemic is available, the MOHLTC will establish and communicate the provincial response strategies such as the outpatient care & treatment strategy, immunization strategy, public health measures strategy, antiviral distribution strategy and surveillance strategy.

Figure 1 below, outlines the four severity scenarios used in the OHPIP.

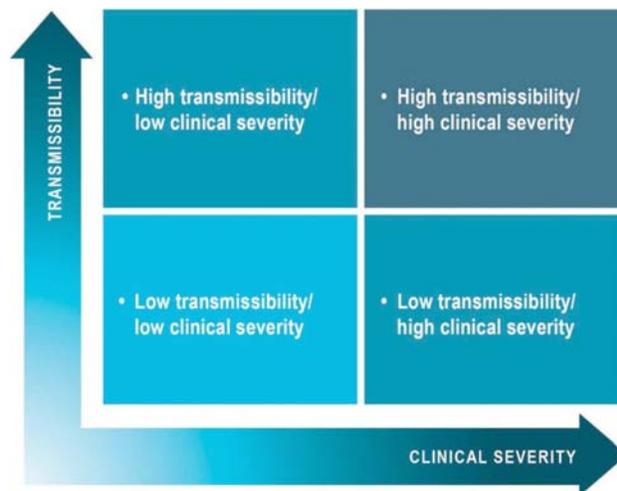


FIGURE 1. FOUR SEVERITY SCENARIOS USED IN THE OHPIP

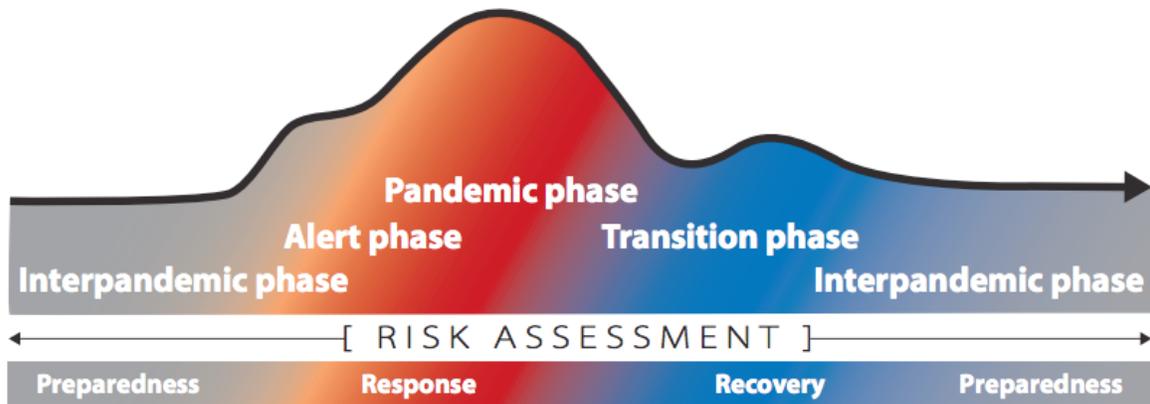
Table 2 below, outlines how various influenza pandemics and seasonal epidemics are categorized in this model and the major health system impacts.

Table 2: Examples and Impact of Severity Scenarios

Overall severity	Characteristics	Examples	Impact on health system
Before severity is known	Limited surveillance data available	Either in the pre-pandemic phase or early in the pandemic, before there is enough information available to determine the severity of the pandemic	Unknown
Low transmissibility & low clinical severity	Cumulative attack rate ¹⁴ : < 21% R0 (basic reproduction number) ¹⁵ : <1.6 Case Fatality Rate (CFR) ¹⁶ : <0.25%	Typical seasonal influenza epidemics 2009 influenza pandemic 1968 influenza pandemic	Comparable to seasonal influenza
High transmissibility & low clinical severity	Cumulative attack rate: $\geq 21\%$ R0 ≥ 1.6 CFR: <0.25%	1927-28 seasonal influenza epidemic	Significant workplace absenteeism High burden on outpatient and acute services
Low transmissibility & high clinical severity	Cumulative attack rate: < 21% R0: <1.6 CFR: $\geq 0.25\%$	1957 influenza pandemic	High burden on critical health care services

The World Health Organization maintains a watch on influenza activity and describes the current status of a pandemic using a phase approach, as outlined below.

- WHO as of June 2013 has implemented new 4 tier alert system.
- At the time of writing, WHO has identified the alert phase as *ALERT*.



This continuum is according to a “global average” of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Interpandemic phase: This is the period between influenza pandemics. This is when the majority of planning and preparing takes place.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.

Pandemic phase: This is the period of global spread of human influenza caused by a new subtype. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.

Transition phase: As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

V. Preparedness Activities of Unison

Overview

The following activities will be implemented for influenza pandemic preparedness:

- Unison health care providers will participate in Ontario's influenza surveillance activities every influenza season. This enhances our capacity to support the response to an influenza pandemic and contributes to building historical data that can be used to evaluate the severity of future influenza outbreaks. Public Health Ontario provides direction on this activity.
- Staff, volunteers and students will be advised to annually receive the seasonal influenza vaccine, and provisions will be made to access this on site.
- The centre has developed a policy on the use of respirators. Appendix Two references N95 masks.
- Ensure staff, volunteers and students receive training on infection prevention and control specific to influenza, including hand hygiene.
- Staff will be considered for deployment needs, based on skills identified in performance appraisal process. Orientation for deployment will be implemented in advance, where possible.
- Develop training related to preparedness that may include a scenarios or practice exercises to test the current plan.
- Confirm capacity for each Unison site/hub to accommodate screening and provide services during an influenza pandemic. Determine whether some sites will require closure in an emergency, due to limitations
- IT resources will be available for office site work, or off site work when feasible
- Identify HR plan that relates to changes in structure/tasks/responsibilities in a pandemic.
- Unison is registered to receive IHNs or Important Health Notices from MOHLTC. Designated health care workers who are able to interpret the information are identified.
- Key partners at Unison locations have been informed of and agree to a pandemic plan for the site.
- Partner communication plan for Unison locations and external partners is developed and contact information consolidated for quick communication.
- Organizational communication plan has been developed and shared accordingly to include internal communications during a pandemic and communication with staff outside of the workplace for announcements or updates.
- Consideration will be given to car pooling and alternative means for work arrival internally as an organization to support staff to get to work.
- Development of back up plans for key management functions.

- Develop list of services deemed essential to continue when possible.
- Unison will engage in best practices for environmental cleaning in a Health Care Setting, based on most current information from health authorities.
- Unison will review the Occupational Health and Safety and Infection Prevention and Control Audit tool (OHPIP 2013 - or other audit tool) as a practice of the Health and Safety committee. See Appendix Nine.

Preparedness in relation to stock piling activities and items:

- Unison will maintain a four week stockpile of PPE based on the high transmissibility & low clinical severity scenario outlined in Chapter 5 of the OHPIP 2013 document. As a general guide, Unison will plan for volumes that are two times what is normally used in four weeks of an influenza season.
- An inventory checklist outlines the items and the quantity relevant for all Unison locations.
- Unison is familiar with the process for online health emergency stockpile ordering (EMOS) to be implemented for use during an influenza pandemic or other health emergency. These allocations provide all health care sectors with two-week supply increments.
- Unison ensures completed fit-testing of N95 respirators staff and stockpile of personal protective equipment as specified and directed by Ministry of Health and Long term Care. Several staff will have training to perform qualitative N95 fit testing.
- Unison will stockpile waste disposal containers and ensure inventory is kept current.
- Regularly review and update the Unison Infection Control Policy which will guide infection control strategies during an influenza pandemic.

Plan is in place for supporting vulnerable clients, during an influenza pandemic:

It is recognized that Unison by its mandate provides services to vulnerable people who face barriers in their lives to their health and well being. There are individuals served at Unison who face barriers to accessing services that are of a more extreme nature – that may leave them unable to readily connect, to follow through with their health care needs, to communicate with service providers or use or obtain transport to receive services.

For the purpose of pandemic planning, Unison will maintain and keep updated lists of those clients who are considered most vulnerable, and are a high priority for outreach given their marginalization or inability to comprehend or possibly to follow through with directions related to a pandemic crisis. Each program will compile a list, to be updated on a regular basis by a designated staff person, that will be stored on the organization's S drive.

Where possible, and based on existing resources during a pandemic, staff will encourage

those individuals to contact Unison for direction or support by any method possible, including encouraging them to phone in to Unison to speak to a provider. If feasible, staff will initiate contact with those considered most vulnerable by phone or home visit.

VI. Maintaining Preparedness

The following activities are ongoing when a pandemic alert is not in effect.

Topic	Information	Responsibility	Timing
Meetings of Pandemic committee	Calendar is established for full group. Subcommittees meet as required.	Senior Director, Primary Health Care	Quarterly meetings (4 times per year)
Review and revise pandemic plan	Consider updates from Public Health and MOHLTC that require revision to plan. Develop and implement practice scenarios to test plan.	Review pandemic committee	Every six months.
Assignment of pandemic tasks to staff based on known skill set	Managers identify information about new staff and any changes to existing skills and resources Update in HR file.	Senior Director, Primary Health Care HR Manager Site managers	At point of hire and annually.
Review Stockpiles of personal protective equipment	Supplies and inventory numbers determined based on provincial directives. Inventory checklists completed. Orders completed as required.	Clinical Assistant, LH RPN, BF and JT Lab Tech, KR	Every six months
Maintaining infection control skills	Deliver staff training- Checking Infection Control Screening Process	Infection Control Site Leads from Flu Pandemic and Infection Control Committee	Twice per year.
Mask Protocol and Fitting	Maintain and train mask fit-testers. Implement protocol for respirator fittings as directed by MOHLTC. New hires to be fitted within two months of commencement of employment.	Senior Director, Operations	Once every two years.

Topic	Information	Responsibility	Timing
Staff awareness of pandemic plan	Keeps staff updated through meetings, in-service training, mock drills and updated plan summary. Include practice of designated daily roles in pandemic.	Flu pandemic Committee Training Committee	Once annually or as needed
Monitoring Advisories	Monitoring relevant pandemic alerts and advisories.	Senior Director, PHC/OHS Committee	At the call of CEO/designate
Monitoring environmental changes	Participation in consultation, knowledge exchange and broader community opportunities relating to pandemic.	Senior Director PHC	On going
Review of vulnerable persons protocols and lists.	Determine if protocols/list remain relevant. see link: S:\LH Files\Flu Pandemic Committee\Vulnerable Clients	Clinical and Allied Health Manager at each site	Every 6 months
Maintain staff contact list	Based on relevant information i.e. cell, home phone, email, emergency contact.	Manager, HR	Review and updated every six months.
Monitoring Flu Pandemic Supplies: inventory, expiry dates	Review and replace as required.	General review by pandemic committee member at each site as noted above	annually
Information sharing and communication with partners	Update partners on pandemic protocols and developments. Maintain contact list for communication in emergency.	Site Managers Site specific activities.	Every six months

VII. How Unison Health and Community Services Will Respond During a Flu Pandemic

Services Offered During a Pandemic

PREAMBLE

(From OHPIP, March 2013 Chapter 9)

During an influenza pandemic, primary health care providers will continue to provide services to their clients/ patients, including influenza care & treatment and immunization.

Depending on the severity of the pandemic and the impact on their clients/ patients, health care providers may need to adjust the kinds of services and modes of delivery in order to meet the additional burden of influenza care while maintaining critical services.

Reasons why it is expected that Unison will significantly reduce the number of services it offers during a flu pandemic:

- A major strategy for infection control is social distancing. This means avoiding bringing groups of people together except when necessary.
- Program staff will be needed to perform other duties (may include screening, infection prevention and control, crowd control, administration and communications)
- It is expected that staff absenteeism may be quite high. Unison may not have enough staff to run all of the programs it usually offers.

It is expected that Unison will offer limited urgent primary care clinical services during a pandemic, encouraging interventions by phone whenever possible (e.g., repeat prescriptions / advice). Clients requiring non-urgent or emergency services will be referred elsewhere.

There is potential that Unison may also be called upon to implement a FAC (Flu Assessment Centre) – temporary services implemented in primary health care organizations or emergency departments that receive additional funding and supplies from the MOHLTC to provide influenza care & treatment services for any person in their community. The MOHLTC will identify lead FAC agencies to coordinate the preparation and implementation of FACs locally as an influenza pandemic emerges. This process is still to be clarified by MOHLTC.

Based on the direction from the Ministry of Health & Long Term Care and Toronto Public Health, the CEO will assess the potential level of infection to the community before decisions are made to close programs.

It is expected that Unison will attempt to run the following services during a pandemic when a provincial emergency is declared:

Service	Eligibility	Details
Primary Care	Registered clients	<p>See Appendix 4 for guidance on the deferral of Primary Care Services</p> <p>Focus will be on</p> <ul style="list-style-type: none"> • Obstetrics • Acute episodic care • Destabilized chronic disease • Acute mental health care • Telephone triage and prescription renewals • Crisis response by phone for ongoing programs when feasible (i.e. housing, legal, adult protective services, counselling) <p>Normal clinic schedules will be cancelled. Clients will be seen by appointment only if deemed necessary by RN on telephone triage.</p>
Influenza assessment, treatment and referral	Registered clients	Receive services at designated Unison site(s)
Diabetes Education Centre	Registered clients	<p>High-risk clients who are newly starting insulin and clients with mental illness/challenges will be receiving support from DEC via telephone.</p> <p>A limited supply of needles, strips and lancets can be provided to high-risk clients for emergency use.</p>
Crisis Counselling	Registered clients	<p>Check in with pre-identified vulnerable clients, where feasible, via phone or other means of outreach determined.</p> <p>Services will be provided by Case Coordinators and Social Worker during hours of operation.</p>
Outreach to Vulnerable Clients / Basic needs outreach	Current Unison clients (various programs) – as determined by service provider.	Check-in with pre-identified vulnerable clients – by phone as much as possible, in person as necessary. Advice on self-care. Delivery of food and medications as possible / required.

Note that MOHLTC provides a self-assessment tool for clients to use for flu assessment, before seeking a face-to-face assessment at a clinic. This tool can be accessed through their website via the following link:

<http://www.health.gov.on.ca/en/public/programs/publichealth/flu/tools/assessment/default.aspx>

Continuity of Operations (Adapted from OHPIP- Appendix B – Continuity of Operations)

In scenarios of high absenteeism and/ or high demand, Unison may need to use creative methods to increase capacity to provide influenza care & treatment services to an increased number of clients/ patients, as well as maintain other critical services. These methods may include:

- use of non-regulated health care providers (e.g., recent retirees) to do non-regulated tasks in a health care environment;
- use of health care providers who are in administration and research to do clinical tasks that are within their scope of practice;
- temporarily shifting available part-time workers to full-time;
- use of directives/ delegation for controlled acts under the Regulated Health Professions Act and its regulations (see the Federation of Health Regulatory Colleges of Ontario’s Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario);
- deferral of services that are less critical than influenza care & treatment based on both the organizational mission and the objectives of Ontario’s pandemic response (to minimize serious illness and overall deaths through appropriate management of Ontario’s health system and to minimize societal disruption in Ontario as a result of an influenza pandemic); and/or
- allowing staff to work from home with a role that will support the continuity of services required during the pandemic.

During an influenza pandemic, employers will abide by existing collective agreements when considering how to ensure continuity of operations.

Changes to service delivery will be communicated to clients/ patients and their families to ensure they understand what is being done to ensure continuity of operations. In scenarios where health care providers are performing clinical tasks using skills and knowledge that they do not normally use, work will be structured to provide the highest quality service possible. Changes to the practice of health care providers must be done in accordance with the Regulated Health Care Professionals Act and collective agreements.

Structural work changes may include:

- assessment of skills by a highly competent health care provider;
- training and supervision;
- use of detailed care plans and algorithms where possible; and/or
- documentation of how quality assurance has been met.

Decision to Close Services:

Although Unison will provide essential services, a total closure of the Centre or reduction of service levels may be necessary depending on availability of staff or directions from government authorities. Staff who are not affected by the flu pandemic are expected to report to work to fulfill duties.

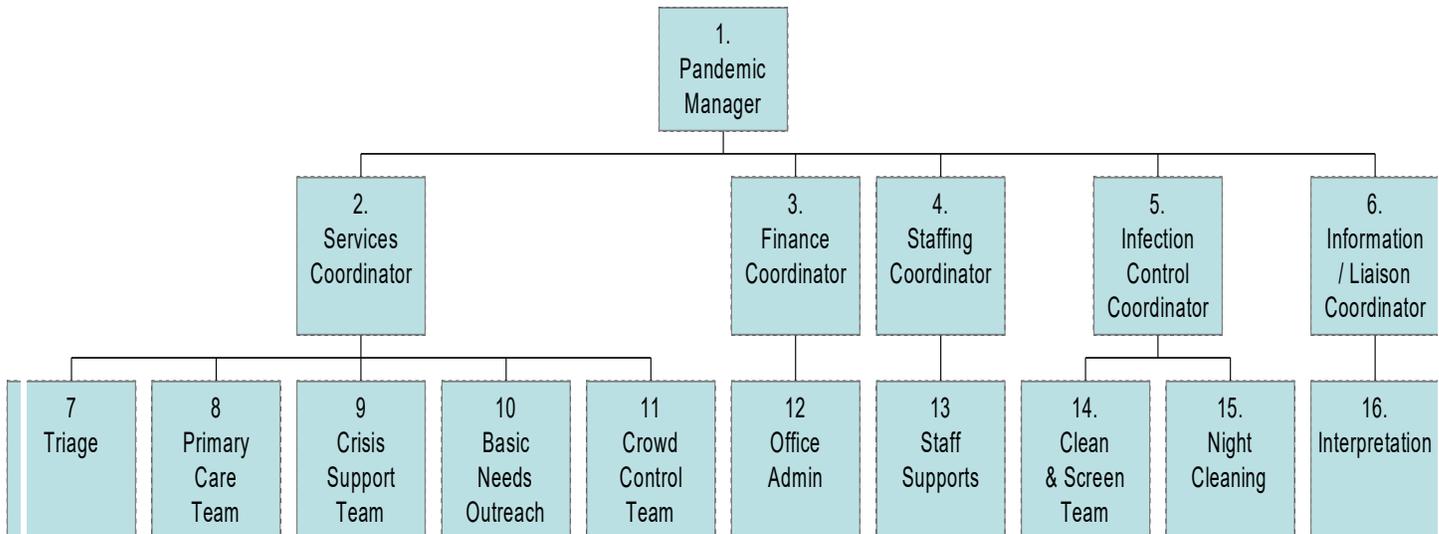
VIII. Incident Management Team Process During a Pandemic

All employees are considered essential workers for the purposes of operational planning. Due to the anticipated changes in services being offered during a pandemic, the expected high rates of staff absenteeism, and the unpredictable nature of staff absenteeism, an alternate organizational structure is required during a pandemic. The following is a proposed Incident Management Team chart that will go into effect given there is a pandemic alert. The role and responsibilities will be revised as required based on directives from MOHLTC, Public Health and resource availability.

On a daily basis, staff members will be assigned to these roles based on programs being offered and staff availability.

The triggers to start using this staff structure are expected to include the declaration of an influenza pandemic, the declaration of a provincial emergency, suspension of Unison programs, and significant staff absenteeism.

Incident Management Team Chart



UNISON Daily Assignment of Roles Form

Role #	Role	Target # Staff	Position Titles
1	Pandemic Manager	1	CEO or Senior Director Operations
2	Services Coordinator	5	Clinical and Allied Health Managers, Hub and Satellite Managers and Senior Director PHC
3	Finance Coordinator	1	Senior Director Operations
4	Staffing Coordinators	4	Client Access Supervisor, DEP Manager or Clinical and Allied Health Manager, & Administrative Assistant-PHC Lawrence Heights Site
5	Infection Control Coordinator	2	Clinical Assistant or Members of JOH&S Committee
6	Information Liaison/ Coordinators	2	Senior Director - Community Health and Quality Organizational Health Systems Manager
7	Triage	4	R.N, RPNs Primary Care
8	Primary Care Team	No limit	Primary Care Team (as many as possible) or Nurses (DEP)
9	Crisis Support Team	4	Social Worker (1) Case Coordinator (2) Mental Health Nurse
10	Basic Needs Outreach	6	Case Coordinator (4) Dietician (1 – DEP) Dietician (1 – PC)
11	Crowd Control Team	4	Harm Reduction Workers 2, Reception 2
12	Office Admin	4	Receptionists (2) Administrative Assistant(s) (1-2) DEP Program Assistant
13	Staff Supports	4	Dietician - PHC Admin. Assistant (CEO) Senior Human Resources Generalist

Role #	Role	Target # Staff	Position Titles
14	Clean and Screen Team	6 or more	Pathways and any other staff available
15	Night Cleaning	2	Cleaners
16	Interpretation	3	Admin Assistant, Community Health & Quality Admin Assistant – PHC (KR Site) Admin Assistant – (PHC Senior Director)

Total target # of staff: Minimum 54 Unison-wide

Role Descriptions

Note: Responsibility for documentation of decisions is essential should there be a different person in the role the following day.

1. Pandemic Manager (1):

Either CEO or Senior Director Operations

Manages the centre's pandemic response.

- a. Assigns staff to incident management team.
- b. Monitors incident action plans and makes revisions on a daily basis.
- c. Chairs daily planning meetings/teleconferences for people in positions 2-6
- d. Ongoing communication with the LHIN.
- e. Attends daily media conference call.
- f. Decides hours of operation on an ongoing basis.
- g. Apprises board of directors.
- h. Maintains documentation of decisions made.
- i. Provides direction and support to Coordinators (positions 2-6).
- j. Develops/approves Daily Action Plan for posting within facilities.
- k. Engages executive assistant, if available at work, to support any tasks arising from role.

2. Services Coordinator (5):

Clinical and Allied Health Managers, Hub and Satellite Managers and Senior Director PHC

Coordinates programs.

- a. Provides direction and support to Triage, Primary Care Team, Crisis Support Team, Basic Needs Outreach and Crowd Control Team.
- b. Participates in daily teleconferences (Positions 1-6).
- c. Reports to Pandemic Manager.
- d. Maintains documentation of decisions made.
- e. Ensure health and safety standards are met.

3. Senior Director Operations

Manages financial and administrative aspects of centre's operations

- a. Maintains ongoing financial services for the health centre including payroll.
- b. Participates in daily teleconferences (Positions 1-6).
- c. Reports to Pandemic Manager.
- d. Provides direction and support to Office Admin role, including documentation of expenses associated with the pandemic specifically.
- e. Maintains documentation of decisions made.
- f. Engages administrative assistant, if available, for support in role.

4. Staffing Coordinators (4):

Client Access Supervisor, DEP Manager or Clinical and Allied Health Manager & Administrative Assistant - PHC, Lawrence Heights Site

Coordinates staff scheduling and supports

- a. Tracks and confirms attendance (reporting this to Finance Coordinator).
- b. Schedules staff into positions for the day.
- c. Ensures distribution of assignment of daily roles by e-mail and by posting at front desk.
- d. Oversees implementation of communication activities internally, including voice mail updates, automated telephone "blasts" to staff, intranet/website communication.
- e. Redeploys staff throughout the day, based on ability and skills. This includes confirming that everyone expected has turned up to work.
- f. Coordinates staff supports (e.g., car pooling, other).
- g. Participates in daily teleconferences (Positions 1-6).
- h. One staffing coordinator will assign and designate 2 screeners to report for work 1 hour early before the day starts.
- i. Reports to Pandemic Manager.
- j. Provides direction and support to Staff Supports role.
- k. Maintains documentation of decisions made, in case someone else has to take over in this role.

5. Infection Control Coordinators (2):

Clinical Assistant or Members of JOH&S Committee

Ensures high standards of infection control throughout operations

- a. Coordinates, orders, and restocks inventory and supplies of personal protective equipment, hand sanitizer, etc.
- b. Provides direction and support for Clean and Screen Team and Night Cleaning, including bio-hazardous waste storage and disposal.
- c. Determines the infection control protocols, in accordance with Unison's infection control protocols, PIDAC's guides (www.pidac.ca) and direction from Ministry of Health.
- d. Participates in daily teleconferences (Positions 1-6).
- e. Ensures health and safety standards are met.

- f. Maintains documentation of decisions made. Reports to Pandemic Manager.

6. Information Liaison/Coordinators (2):

Senior Director Community Health and Quality & Organizational Health Systems Manager

Manages information flow, ensuring that staff have current information

- a. This role is ideally held by a senior staff member with familiarity with clinical terminology and very strong communication skills.
- b. Receives and evaluates information from Toronto Public Health and the Ministry of Health and Long-Term Care. Monitors websites:
 - i. Toronto Public Health at: <http://www.toronto.ca/health/>
 - ii. Ministry of Health's Important Health Notices, at www.health.gov.on.ca/english/providers/program/emu/ihn.html
- c. Maintains and shares updated information on availability of local services, including any influenza assessment centres and alternate care sites.
- d. Communicates regularly with the Association of Ontario Health Centres in its role as the sector liaison for the Ministry of Health and Long Term Care.
- e. Attends daily media conference call with Pandemic Manager.
- f. Advises Pandemic Manager for development of content for daily staff briefing.
- g. Provides information to partner agencies on status of Unison programs and services, or to Site Managers for communication to site partners.
- h. Ensures distribution of daily updates for staff by email, postings on each floor and in staff briefings if necessary.
- i. Reports to Pandemic Manager.
- j. Maintains documentation of decisions made, in case someone else has to take over in this role.
- k. Provides direction and support to Interpretation.

7. Triage (4):

R.N, RPNs Primary Care

Directs clients to appropriate services based on clinical assessment

- a. Follows up on the screening to direct patients to the most appropriate service provider. This may include use of the Primary Assessment Record in the Ontario Health Plan for an Influenza Pandemic.
- b. Reports to Services Coordinator.
- c. Maintains documentation of decisions made, in case someone else has to take over in this role.

8. Primary Care Team(no limit):

Primary Care Team as many as possible or Nurses (DEP)

Provides primary care services, including influenza assessment, treatment and referral

- a. Provides urgent primary care services to people with and without influenza. Telephone-based when possible.
- b. Provide consultation support to Clean and Screen Team, Triage, Infection Control Coordinator, Pandemic Manager, Information / Liaison as needed.
- c. Maintains list of clients believed to have influenza, and provides telephone support as needed / possible.
- d. Reports to Services Coordinator.

9. Crisis Support Team (4):

Social Worker (1), Case Coordinators (2), Mental Health Nurse (1)

- a. Provides / arranges psychosocial crisis support for clients, by telephone when possible.
- b. Maintains documentation of decisions made, in case someone else has to take over in this role.
- c. Reports to Services Coordinator.

10. Basic Needs Outreach (6):

Case Coordinator (4), Dietician (1 - DEP), Dietician (1 - PC)

- a. Maintains list of clients, and contacts clients from across the organization that have been identified as needing ongoing support.
- b. Reports to Services Coordinator.

11. Crowd Control (2):

Harm Reduction Workers, Reception

Provides information and resources to people waiting for services, when safe to do so

- a. Non-violent crisis intervention skills are required.
- b. Distribution of harm reduction materials as needed.
- c. Maintains documentation of decisions made, in case someone else has to take over in this role.
- d. Reports to Services Coordinator.

12. Office Admin. (4):

**Receptionists & Administrative Assistants, and / or
DEP Program Assistant**

Maintains ongoing administrative services for the health centre

- a. Provides reception services in-person, and by telephone.
- b. Assists with crowd control as needed.
- c. Other financial / administrative duties as assigned by Finance Coordinator.
- d. Reports to Finance Coordinator.

13. Staff Supports (3):

**Dietitian – PHC, Admin. Assistant (CEO) and Senior Human Resources
Generalist**

Implement strategies to support staff

- a. Implements strategies to support staff and their families, under direction and support of Staffing Coordinator.
- b. Maintains documentation of decisions made.

14. Clean and Screen Team (6 +):

Pathways and any other available staff.

Self-organizes to cover screening and building cleaning / infection control throughout the day

- a. Ensure that all staff members, including management, are fit for work.
- b. Implement screening protocols.
- c. Keeps a record of time all people enter and leave building, including staff, as needed for contact management.
- d. Back-up for reception for crowd control as needed.
- e. Cleaning consists of disinfection of all common areas, exam rooms and the room being used to see people suspected of having influenza.
- f. Two screeners will be designated to come in early (see daily schedule).
- g. Reports to Infection Control Coordinator.
- h. This team must be familiar with Unison's infection control protocols and PIDAC's guide of Best Practices for Cleaning, Disinfection and Sterilization in all Health Care Settings – available at:
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_cds.html

15. Night Cleaning (2):

Cleaners

- a. Thoroughly cleans and disinfects the building / vehicles as needed / etc.
- b. Reports to the Infection Control Coordinator.

16. Interpretation (3):

Admin. Assistant Community

Coordinates interpretation needs across the centre

- a. Coordinates interpretation schedules - staff that have second languages may provide interpretation.
- b. Ensures that information going to the community is available in required languages.
- c. Maintains documentation of decisions made in case someone else has to take over in this role.
- d. May work closely with Crowd Control.
- e. Reports to Service Coordinator.

The Role of Volunteers and Students

Students may play a role in the influenza pandemic response. Supervising staff are responsible for ensuring that students have access to all of the information and training that they require.

Volunteers should have access to information if they are involved during a pandemic. They may have a role on site that does not involve client contact, i.e. telephone support. UNISON will ensure volunteers are included in the phone tree to be kept up to date by the manager of their program.

Daily Assignment of Roles Form

Date:

Completed by:

Role #	Role	Target # Staff	Names
1	Pandemic Manager	1	
2	Services Coordinator	5	
3	Finance Coordinator	1	
4	Staffing Coordinators	4	
5	Infection Control Coordinator	2	
6	Information / Liaison Coordinators	2	
7	Triage	4	
8	Primary Care Team	No limit	

Role #	Role	Target # Staff	Names
9	Crisis Support Team	4	
10	Basic Needs Outreach	6	
11	Crowd Control Team	2	
12	Office Admin	4	
13	Staff Supports	4	

14	Clean and Screen Team	6 or more	
15	Night Cleaning	2	
16	Interpretation	3	

IX. Communications

See roles and responsibilities chart for general communications/role of Information/Liaison Coordinators and Pandemic Manager during pandemic.

Staff Communication with Unison

Unison will endeavour to provide multiple options for staff to be updated about operations, closures and tasks related to a pandemic.

This may include any or all of the following:

a) The organization will update the main phone menu for each of the site's phone numbers with: 1) general information for clients. 2) Direction for staff to enter an extension # per the table below to hear site specific pandemic information.

Pandemic Message Extensions	
416-787-1676 ext. 3333	Lawrence Heights Site
416-653-5454 ext. 1111	Keele-Rogers Site
416-645-7575 ext. 2222	Jane-Trethewey Site
647-342-7687 ext. 4444	Bathurst-Finch Site
416-787-6800 ext. 5555	Pathways Site

Responsibility for updating main phone menu for each site is Farah, Marta or designate. Responsibility for updating Pandemic Message Extensions is PC/PHC Site Manager or Pathways Manager (instructions in appendix 12)

b) Managers will maintain a staff contact list with a copy to a back up manager in case of the need for a contingency plan. The list will be held in a secure location at the residence of the manager, in print or electronic format. Staff may receive phone calls/voice messages to their personal phone numbers from Unison if required.

c) In addition, for staff who are able, it is recommended to check your work email from home on a daily basis to receive further communications.

To access email from home:

For LH, BF, PW staff use: <https://mail2.unisonhcs.org/owa>

For KR, JT staff use: <https://mail.unisonhcs.org/owa>

Domain\User Name: Unison\First Name. Last Name

Password: Windows password

During a pandemic, staff should continue to report absences in the way they do presently. The pandemic message extensions should not be used to report staff absences.

Where feasible, other options will be available for receiving information on the status of Unison and its sites during a pandemic which may include the website.

Supervising staff are responsible for ensuring that students/volunteers have access to all of the communication information that they require.

At each site, each floor will post a Daily Action Plan that will include:

- Infection prevention and control requirements
- Availability of local services
- Who is in what role today

This will be coordinated by the Information/Liaison Coordinators. Staff will be expected to read this regularly.

Communication with Community

Updated information will be provided by the CEO/designate to the appropriate staff to disseminate to the community for programs that are not part of Unison sites.

Signage will be placed outside of each facility as required alerting to the pandemic and the protocols.

Where partner organizations are present at sites, the Clinical and Allied Health managers will communicate with site partners as agreed upon in their pandemic partnership summary agreement, or as required.

X. Human Resources Considerations and Protocols during a Pandemic

The following principles will guide decision-making regarding HR policy during a flu pandemic:

- When staff members are sick with the flu, or when staff members are needed at their homes because family members are sick with the flu, the staff member should not be coming into work.
- Unison will need as many of its staff as possible to work during a flu pandemic in order to meet its obligations.
- Unison's HR policies in terms of sick time or vacation time will not change during a flu pandemic
- Unison will consider deployment of staff to other Unison sites if required based on resource allocation needs

1) Compensation

It is expected that many staff will be redeployed into alternative temporary roles. All staff will continue to be compensated at their pre-pandemic levels.

2) Attendance/Absenteeism

Unison advises that all ill employees stay home at first sign of illness and remain there until five days after the onset of symptoms or when they feel well enough to return to their duties, whichever is longer.

During the pandemic, UNISON will not require physician notes for absence due to illness.

During a pandemic some employees will develop symptoms of influenza while at work. These individuals must leave immediately and should not return until five days after the onset of symptoms, or when they feel well enough to return to their regular duties, whichever is longer.

3) Emergency Scheduling

In a pandemic, staffing will be subject to changes in hours of work and schedules. In some cases these changes may be foreseen but in some cases there may be day to day changes particularly in the scheduling of lunches and breaks. These will need to be decided on a day to day basis depending on the service being offered that day and number of employees at work. The number of hours of daily operation for Unison is not expected to increase. Rather, it most likely will operate with reduced hours depending on the services that may be offered and number of employees available.

Unison recognizes during an emergency time all staff will be under increased stress and will require as much notice as possible for changes to either their schedule or hours of work.

All staff required to work overtime will be compensated through their current terms of employment. Overtime will be taken in lieu time.

4) Staff Supports

Unison recognizes that its staff may require additional support from the organization in order to perform during a potentially very stressful period.

- Unison will consider some additional suggested ways to provide support to staff members and their families, as identified in an AOHC Preparation Guide for and Influenza Pandemic (2008). These are dependent on the severity of the outbreak. Facilitating carpooling, especially if public transit is limited
- Providing outreach support to any staff who are quarantined or isolated
- In more severe scenarios, supporting staff with accommodation and food supports
- Developing creative plans to support care givers if child cares and schools are closed
- Integrating access to health and social services for staff members and their families into planning
- Ensuring that staff members and their families have access to good information about infection prevention and control, care for someone who may have influenza and the availability of services

In addition, Unison's health benefits provide EAP coverage should counselling or psycho social support be required.

All staff members are encouraged to develop family plans, including for the scenarios of disruptions to schools and day cares and public transit.

Staff may be able to apply for unearned sick benefits in this scenario.

If available, Unison may stockpile antiviral medications for staff for prophylaxis/treatment purposes should staff members be unable to get access to these medications from their own primary care provider. Note: there is no specific provision for this currently in the Ontario pandemic plan.

5) Right to Refuse or Stop Unsafe Work

Cross reference: 7.6.9 Right to Refuse Unsafe Work – Unison Policies, Protocols and Guidelines Manual

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 training to complete assigned tasks safely. Unison’s policy on Right to Refuse Unsafe Work will be active during a flu pandemic. The intention of Unison, as an employer, is to take every reasonable precaution to protect the health and safety of the staff.

To this end, prior to a pandemic, all employees, students and volunteers will be trained on infection prevention and control measures. This will include the review of appropriate equipment and risk reduction measures.

All staff will be oriented to the Unison Pandemic Plan.

In addition, staff will find Infection Control policies and protocols in the Policy & Operations manual on the “S Drive”.

The Occupational Health and Safety committee can be involved in risk assessments to ensure that precautions being taken are reasonable. See Appendix 7 on How to Protect Yourself at Work for more information.

The Joint Occupational Health and Safety Committee will continue to meet its mandated requirements. The committee is strongly encouraged to make recommendations to management during the emergency, and to ensure that all staff members are aware of their rights.

Refusing Unsafe Work

- The right to refuse unsafe work is an individual right.
- The decision to refuse must arise from the individual’s own concerns that something in the work or working environment is likely to endanger her/himself or another worker. Section 43 of the Occupational Health and Safety Act clearly sets out the procedures and limitations for exercising this right.
- The right to refuse is a conditional one dependent on a specific situation. An example cited in the ONA Occupational Health and Safety Guidelines states “An experienced medical lab technologist could not, in the course of his or her regular work, refuse to handle a blood sample from a patient with an infectious disease. But the technologist could refuse to test for a highly infectious virus where proper protective clothing and safety equipment are not available.”

- All staff are encouraged to review the information on refusal to work provided by their respective colleges, unions and professional associations.

Stopping Unsafe Work

The Occupational Health and Safety Act also provide a conditional “Right to Stop Dangerous Work” to certified members of the joint occupational health and safety committee (Section 45.1, Occupational Health and Safety Act). Work can be stopped when a certified member of the committee finds that there are “dangerous circumstances” and all of the following are true:

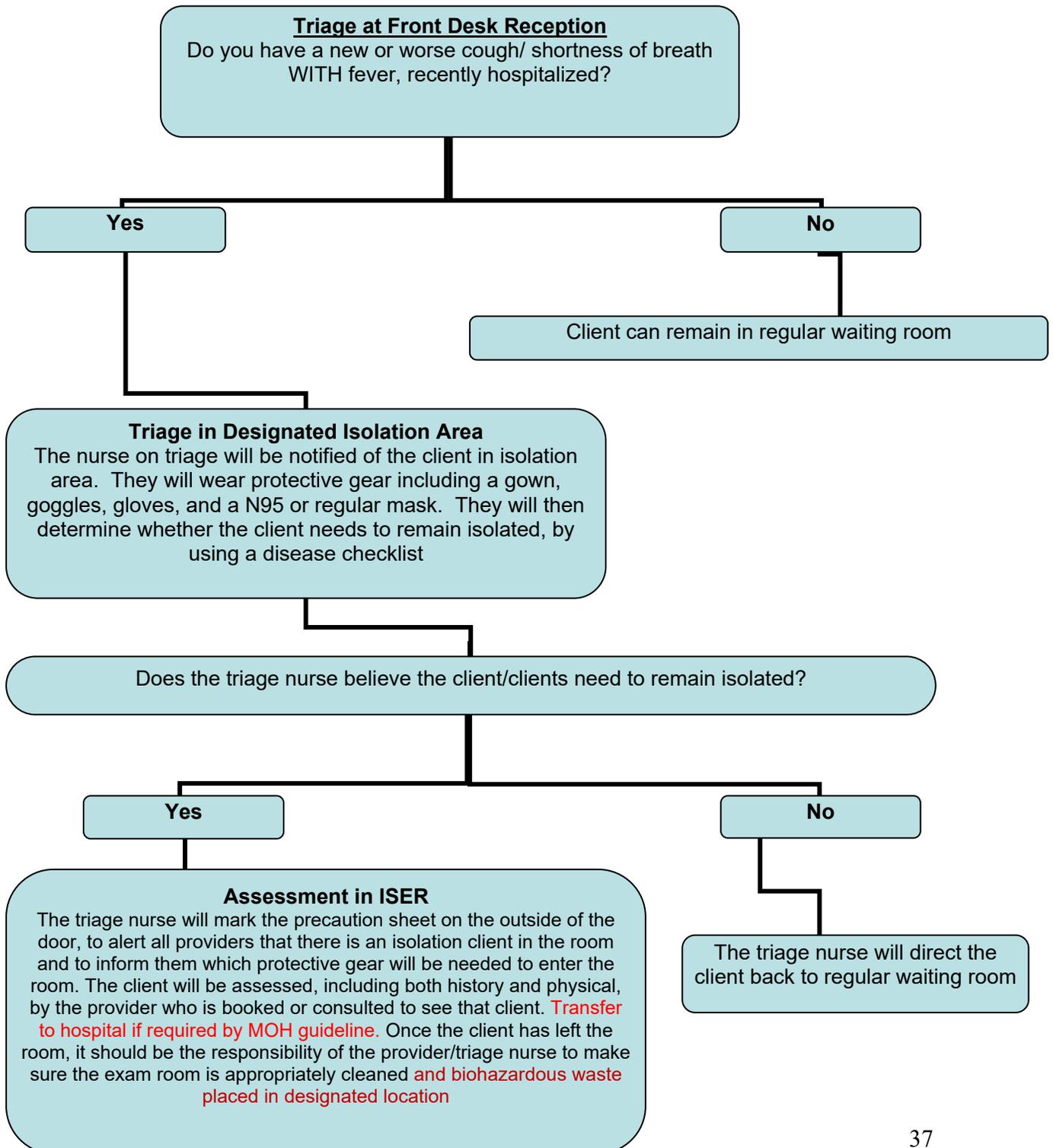
- A provision of The Occupational Health and Safety Act or its regulations is being contravened
- The contravention poses a danger or a hazard to a worker.
- The danger or hazard is such that any delay in controlling it may seriously endanger a worker

All staff members who refuse to work or stop work that does not comply with the above will be considered absent from work without notice. Abandonment process will follow the respective Personnel Policy procedures. Suspected workplace-related illnesses, including contracting of influenza-like illness, will be reported by the Pandemic Manager to the Ministry of Labour and the Joint Occupational Health and Safety Committee.

XI. Screening Approach and Tools

The following documents will be used to guide screening for influenza before / during an influenza pandemic.

Flow through Unison Health and Community Services- Before Pandemic



Model Screening Tool¹

Name: _____

Client/Staff of which organization: _____

Date: _____

Time Entering Building: _____

1. Do you have a new / worse cough or shortness of breath or a fever?
 - No (No further questions. Send individual to regular waiting area and have temperature checked)
 - Yes (Direct to triage nurse)

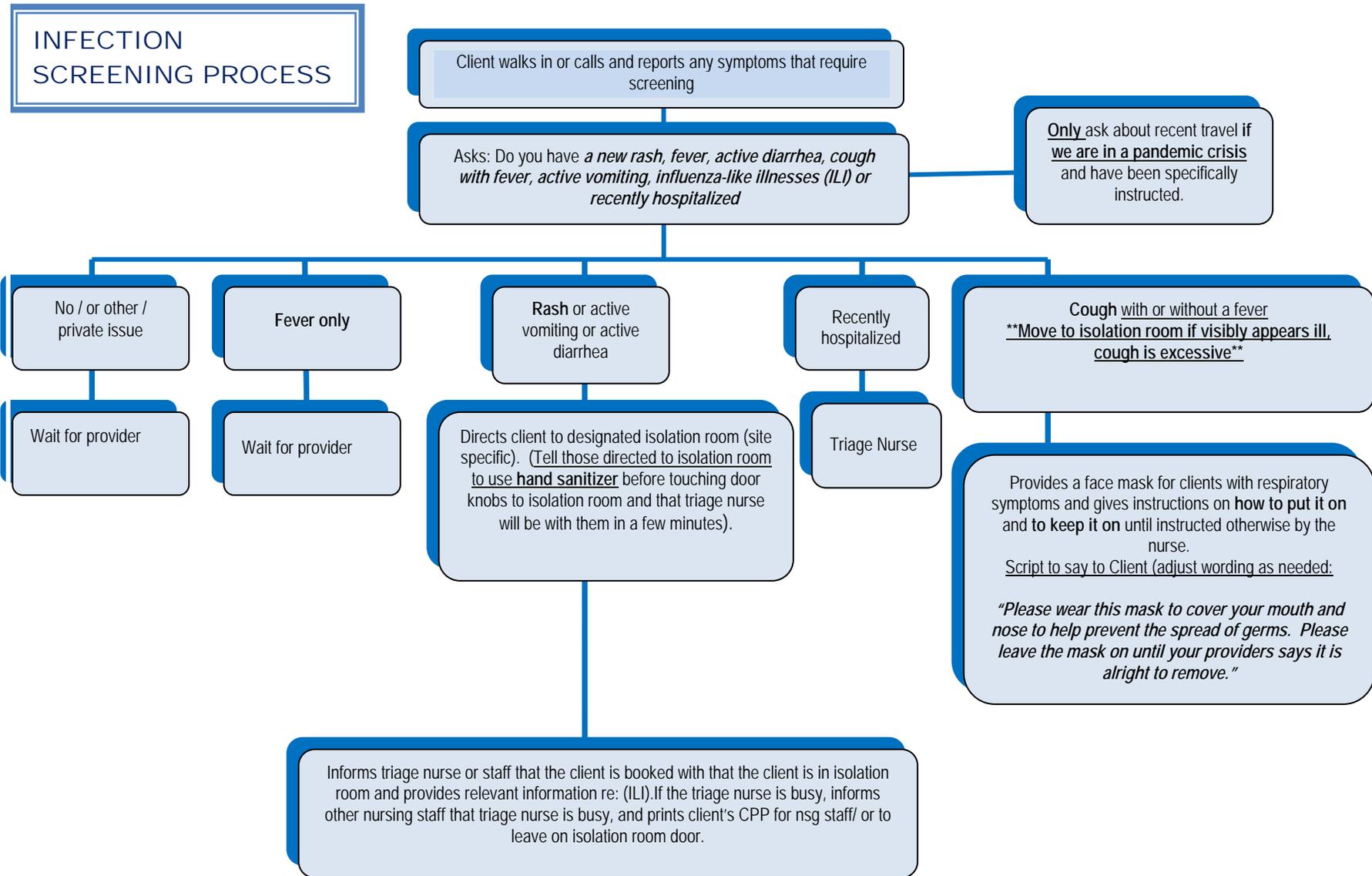
¹ It is expected that this will be updated via an Important Health Notice from the Ministry of Health Emergency Management Unit

XII

Medical Secretary (MS):
Screening for the Flu

MS	<p><i>Good morning/afternoon, Thank you for calling Unison. How may I help you?</i></p> <p style="text-align: center;"><i>/OR/</i></p> <p><i>Good morning/afternoon, Unison. How may I help you?</i></p>
CLIENT	<p><i>Client needs/wants to book an appointment to see the doctor, the nurse or the NP.</i></p>
MS	<p><i>May I have your <u>name</u>, your <u>date of birth</u> and the reason for your call?</i></p>
CLIENT	<p>Client may give reason for call – – skip next question and note on the appointment.</p>
	<p>If client gives no reason for the appointment, follow next step:</p>
MS	<p><i>To help us make the appropriate appointment with your provider, have you had a cough, fever, a new rash or recently hospitalized since your last visit?</i></p>
MS	<p>If client has the flu or flu symptoms, make a note on the client's appointment.</p>
MS	<p><i>Thank the client. Give date/time and appointment details.</i></p>

INFECTION SCREENING PROCESS



INFECTION CONTROL SCREENING PROCESS – AUDIT TOOL

Site:

Screening Date:

Done by:

<u>Reception Desk – Secretary:</u>	Comments
1. Client walks in or calls and reports any symptoms that require screening.	
2. Asks: Do you have a new rash, fever, active diarrhea, cough with fever, active vomiting, influenza-like illnesses (ILI), or did you recently travel outside of country.	
3. Provides a face mask for clients with respiratory symptoms and gives instructions on how to put it on and to keep it on until instructed otherwise by the nurse.	
4. Directs client to designated waiting area or isolation room (site specific). (Tell those directed to isolation room to use hand sanitizer <u>before</u> touching door knobs to isolation room and that triage nurse will be with them in a few minutes.)	
5. Informs triage nurse or staff that the client is booked with that the client is in isolation room and provides relevant information re (ILI)	
6. If triage nurse is busy, informs staff that triage nurse is busy and prints client's CPP.	
<u>Nurse and or MD/NP where applicable:</u>	
7. Triage nurse gets and dons PPE (yellow gown, M95 mask, gloves)	
8. Triage nurse gets CPP	
9. Triage nurse places Isolation sign on door that states: Isolation room in use – do not enter	
10. Triage nurse screens client (history, vital signs, exam) & documents findings on CPP.	
11. Triage nurse consults with MD or NP by phone (may have to check with receptionist to find out which MD / NP is available)	
12. Triage nurse follows instructions issued by MD/NP	
13. MD/NP entering room must don PPE, and is responsible for: a) The MD /NP will provide a diagnosis and treatment plan b) Client is discharge home with instructions	

14. Triage nurse or MD/NP removes PPE and places in biohazard container.	
15. Triage nurse puts a sign on door that states cleaning in progress – do not enter	
16. Triage nurse to follows isolation room cleaning protocol as per Infection Control protocol	
<u>Infection Control Lead:</u>	
17. Replenishes isolation room supplies	
18. Empties biohazard bin and place bag in designated location	
19. Upon completion remove “cleaning in progress” sign. (<i>replace with “Isolation Room – ready for use” sign</i>)	

- At specific sites include hub partners in screening processes
- At all sites – infection control signage should be at all entrances

Summary of Findings:

Recommendations:

Revised: Nov 2017

By: Barb Lupu: Influenza Pandemic Committee Lead

For site audit results from pandemic screening, see link below:

<S:\LH Files\Flu Pandemic Committee\Audit Results - Pandemic Screening>

Donning and Doffing PPE

	http://www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html
Steps	Donning PPE (Coverall, hood and N95 mask)
1	Put on scrubs and closed- toed footwear
2	Remove all personal items such as jewellery, cell phones – put in <i>ziplock bag</i> ; tie up hair
3	Inspect PPE for rips and completeness, size
4	Hand Hygiene with alcohol based hand wash
5	Put on shoe coverings/tuck pant bottoms in socks
6	Put on 1 st pair of gloves (surg. or nitrile)
7	Put on Coverall
8	Put on N95 mask
9	Put on goggles
10	Put on surgical hood/head cover (adjust with elastic if hood is part of coverall)
11	Put on outer gloves, taping over cuffs if needed – leave a tab
12	Put on Face Shield- bend forward to put on
13	Do mobility test, check for exposure and correct
14	Disposable apron is available in Isolation room (in top drawer)
	Doffing PPE (Coverall, hood and N95 mask) –In designated area buddy to wear gown, 2 gloves and face shield (all placed in large BIO HAZZARD BIN**)
1	Wipe off any visible soiling on PPE with Cavi- wipes
2	Hand Hygiene with alcohol based hand wash
3	Remove plastic apron (if used)
4	Hand Hygiene with alcohol based hand wash
5	Remove outer gloves (pull tab – left on Duct Tape)
6	Inspect inner gloves for any tears and do Hand Hygiene with alcohol based hand wash
7	Remove face shield (bend head down)
8	Hand Hygiene with alcohol based hand wash (with inner gloves on)
9	Remove coverall – SLOWLY – unzip front with 1 hand, other hand holding neck area taut. NURSE 2 to assist – to pull back and roll down garment to below the waist NURSE 1 to then continue to roll down and off

10	Hand Hygiene with alcohol based hand wash
11	Remove inner gloves
12	Hand Hygiene with alcohol based hand wash
13	Don clean gloves (have ready)
14	Hand Hygiene with alcohol based hand wash
15	Remove googles
16	Hand Hygiene with alcohol based hand wash
17	Remove N95 mask
18	Hand Hygiene with alcohol based hand wash
19	Sit on chair (will be available) remove inner shoe covers Disinfect plastic shoes with Javex & 4X4's
20	Hand Hygiene with alcohol based hand wash
21	Remove inner gloves making sure not to touch face or skin
22	Hand Hygiene with alcohol based hand wash
23	Inspect for contamination or soiling on scrubs
24	Exit doffing area

**** DO NOT push down PPE in BIO HAZARD BIN, as this can cause any influenza droplets to be aerosolized****

Notes:

XIII. Infection prevention and Control Strategies

It is expected that the exact infection prevention and control strategies, including use of personal protective equipment, will be determined during the pandemic based on directives from the Ministry of Health and Long-Term Care.

These strategies may include:

- Seeing these clients at the end of the day, if possible.
- Requiring these clients to wear a surgical mask and hand sanitize.
- Promoting (fresh) air exchange
- Hand washing / sanitizing before and after seeing these clients.
- Disinfecting surfaces regularly using the approved product.
- Promoting distance among clients, and arranging seating so that people are not facing each other
- Promoting respiratory hygiene through education and having tissues and garbage cans widely available
- Disinfecting or sterilization of medical equipment as per Unison's Infection Control Policy
- Wearing a fit-tested N95 respirator, protective eyewear, gloves (if touching contaminated surfaces), gowns (if clothing may be contaminated) when within three metres of a client who may have influenza-like illness. These items should be removed in this order: gloves, gowns, eyewear, and respirator after leaving the contaminated area.

In order to facilitate these strategies, screening for influenza of all people who enter the building and/or who call for an appointment will occur. Initial screening will be done by non-clinical staff using a screening tool expected to be provided by the Ministry of Health and Long Term Care. If not designated as a screening entrance, the front doors to the building may be kept locked. Multi-language signage on this door will advise people of the outbreak, the availability of services at Unison and the screening precautions being taken.

The following sign may be posted with the site telephone number indicated in the event that only urgent health services are available at a site:

Influenza Pandemic

Unison is providing urgent health services only. All other programs are cancelled until further notice.

Please call (416)_(site number_____)
for information or advice.

All people entering the building will be screened for influenza.

More information can be found at www.toronto.ca/health

All people entering the building will enter through a single entrance to be determined by site/location. Staff and visitors will be required to hand sanitize and be screened for influenza. A record of the time of all people entering the building will be kept. Unison clients screened as positive will be taken directly to a designated room in the building. If more than one room is required, additional rooms will be designated.

All toys will be put away at the start of the flu pandemic.

Multi-language signage about minimizing spread of the flu will be posted throughout the building. Hand washing / sanitizing will be strongly encouraged as the single most important measure for the prevention of infection (see Unison Infection Control Policy).

1) Steps for Screening for Influenza

These are the steps for screening anybody entering the building (staff, clients, volunteers, other). *All people must be screened.* Anyone refusing screening may be barred from the building for the duration of the emergency.

1. Each person screened is required to use hand sanitizer (ideally touchless). This is not optional.
2. Offer the individual a surgical mask. Unless the person screens positive they do not have to wear this.
3. Complete the screening tool.
4. If the person screens negative they can go and wait in a designated room.

5. If the person screens positive they will go outside and into the a designated room directly. Provide them a mandatory (there may need to be some exceptions, e.g., infants) surgical mask and escort as needed.
6. Sanitize door handles, table surface, pens regularly.

2) Screening Equipment Checklist

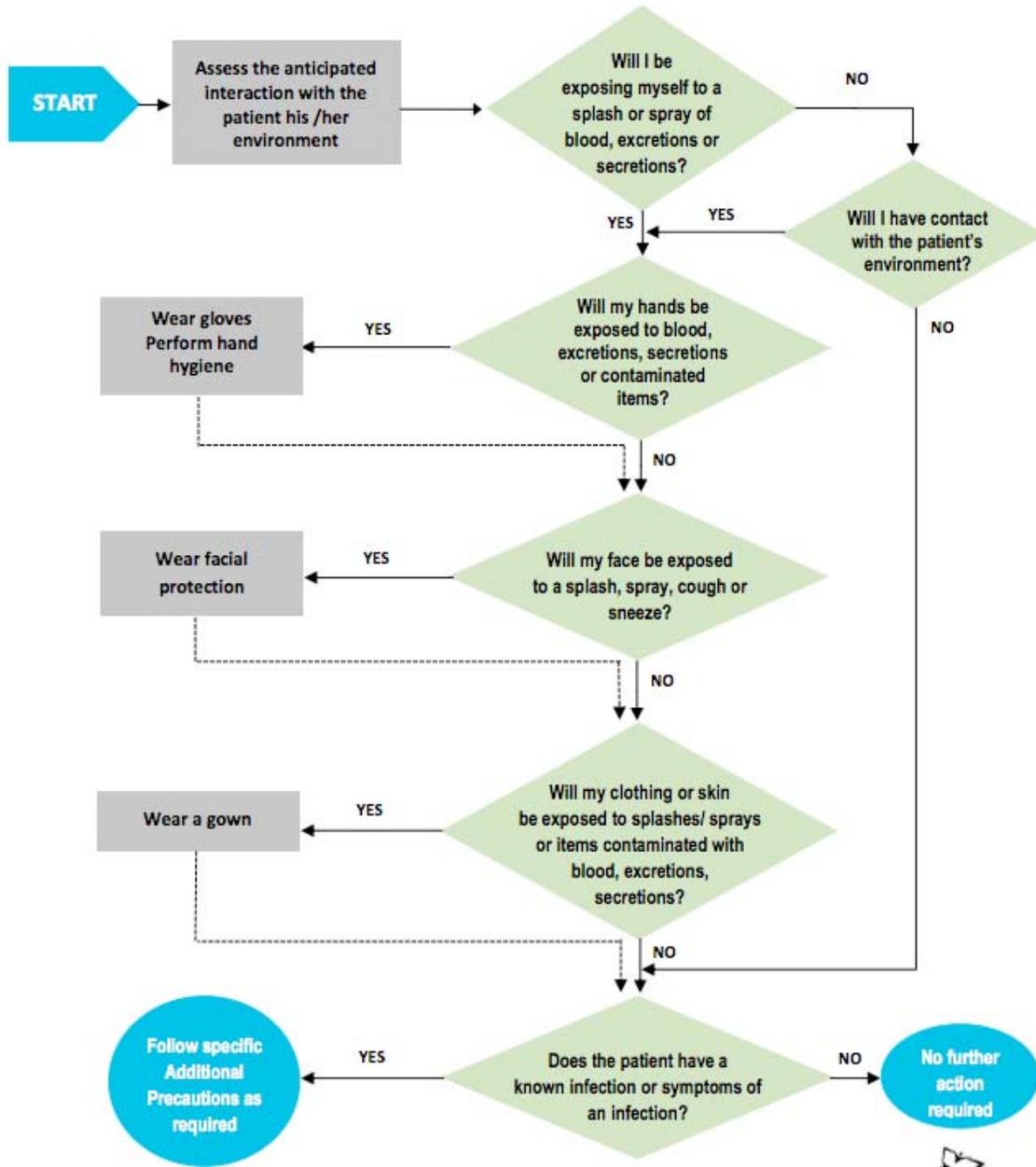
- For clients
 - Surgical masks
- For screeners / staff
 - N95 Respirators
 - Eye Protection
 - Gowns (As needed)
 - Gloves (As needed)
- Thermometers and thermometer covers
- Hand sanitizer
- Cleaning wipes
- Tissues
- Tables
- Chairs
- Screening forms, pens
- Waste containers & bags
- Multilingual signage
- Log book for all people who enter and leave building

Personal Protective Equipment (PPE)

All clients screening positive will be required to wear a surgical mask and will be accompanied by Triage or a member of the Clean and Screen Team to the isolation waiting room.

At the time of writing, the personal protective equipment precautions that will be required in the full range of scenarios is not clear, and is dependent on a risk assessment. It is expected that these decisions will be made during the pandemic, and will involve the occupational health and safety committee. However, it is expected that anyone in the same room as someone who may have influenza will wear a fitted N95 respirator and protective eyewear. They may also wear gloves and a gown if contamination is likely. People cleaning the rooms of that have been used by someone who may have the flu will use the same precautions. The following chart Health will be used as a guide.

Risk Algorithm to Guide PPE Use:



Sample Signage for Entrance to Room of a Patient Requiring Droplet Precautions in all Health Care Facilities

DROPLET PRECAUTIONS – All Facilities	
	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed:</p> <ul style="list-style-type: none"> ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one’s nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident’s environment ✓ Whenever there is doubt about the necessity for doing so
	<p>Client/Patient/Resident Placement</p> <ul style="list-style-type: none"> ✓ Single room with own toileting facilities if available, or maintain a spatial separation of at least 2 metres between the client/patient/resident and others in the room, with privacy curtain drawn ✓ Door may remain open ✓ Perform hand hygiene on leaving the room
	<p>Mask and Eye Protection or Face Shield</p> <ul style="list-style-type: none"> ✓ Wear within 2 metres of the client/patient/resident ✓ Remove and perform hand hygiene on leaving the room
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Dedicate routine equipment to the client/patient/resident (e.g., stethoscope, thermometer) ✓ Disinfect all equipment that comes out of the room ✓ All high-touch surfaces in the client/patient/resident’s room must be cleaned at least daily
	<p>Client/Patient/Resident Transport</p> <ul style="list-style-type: none"> ✓ Client/patient/resident to wear a mask during transport
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Non-household visitors wear a mask and eye protection within 2 metres of the client/patient/resident ✓ Visitors must perform hand hygiene before entry and on leaving the room

Cleaning and Sanitation

It is expected that the Clean and Screen team and Primary Care Team will clean exam rooms and medical equipment according to the Policy and Operations Manual.

Hand Hygiene / Respiratory Etiquette

- Hand sanitizer pumps have been placed throughout the building.
- Basic infection control information will play on DVD player in waiting area.
- Washrooms have instructions on hand hygiene.

Antiviral Medications

- Unison will provide antiviral medications to all clients including those who do not have a primary care provider, if available.

Waste Disposal:

- Waste disposal will be managed by the company contracted for these services.
- Staff will comply with Unison's Risk Management protocol which includes waste disposal.

Appendix One: Influenza Pandemic Committee Terms of Reference

Purpose

The pandemic planning committee was established to guide Unison in:

- Developing a preparedness plan that addresses what needs to happen prior to and during a Pandemic.
- Ensuring that the resources, supports, information, and education is in place to carry out the plan.
- Ensuring that staff and clients' health and safety is considered at all times.
- Educate all staff and clients about the plan and its implementation.

Composition

Cross-sectoral representation from Unison management and staff including clinical, health promotion, outreach and reception staff. The chair of the health and safety committee will also sit on the pandemic committee.

Reporting

Minutes or meetings will be recorded by the Administrative Assistant, Primary Care, or a substitute, where required. They will be circulated to all staff via e-mail. The Flu Pandemic Committee will also give updates on its work at staff meetings, to relevant partners and elsewhere as appropriate.

The Site Manager will communicate periodically with the supervisor of the dental team from Toronto Public Health to update them on our plans.

Meetings

The Senior Director, Primary Care will co-ordinate meetings. During an interpandemic phase (between influenza pandemics), phase, the committee will meet monthly, based on an agreed upon advance schedule. The committee will meet more often if the threat of a flu pandemic or other related/similar emergency escalates. Members may request any needed preparatory time for the meeting from their supervisor.

Accountability

The committee will report to the Senior Leadership Team .

Objectives and Responsibilities

The committee co-ordinates flu pandemic planning and will delegate planning work, as appropriate, to various teams and staff members.

Pre-pandemic Period

- Review existing protocols and practices in infection control and make improvements.
- Oversee the development and implementation of a flu pandemic plan for Unison, including tasks that relate to maintaining preparedness

Will consider the following:

- Any modifications that would be necessary to the plan to make it useful for other types of crises/emergencies.
- The role of the committee and its individual members during the pandemic period.
- Oversee the education and training of Unison staff and community on the flu pandemic and strategies/plans for coping with it.

Participate, when appropriate, in activities and initiatives of city-wide or provincial flu pandemic task forces as relevant.

Post-pandemic Period

Evaluate the Centre's response to a flu pandemic or other emergency. Document lessons learned and revise plan in preparation for another crisis/emergency in future.

Decision Making

Decisions of the committee will be made by consensus.

Appendix Two: Pandemic Voice Mails

How to access the pandemic voice mails from a Unison phone



1. Press the message button
2. Press the * key and enter ID (extension number-found below)
3. When prompted for your PIN enter it and the #
4. PIN for your extension is **326598**
5. This will give you access to your voice mail which should allow you to change the greeting

How to access the pandemic voice mails from outside

1. Dial the site main number and press *
2. It will ask for your ID, which is your extension number (found below)
3. When prompted for your PIN enter it and the #
4. PIN for your extension is **326598**
5. This will give you access to your voice mail which should allow you to change the greeting

Pandemic Message Extensions	
416-787-1676 ext. 3333	Lawrence Heights Site
416-653-5454 ext. 1111	Keele-Rogers Site
416-645-7575 ext. 2222	Jane-Trethewey Site
647-342-7687 ext. 4444	Bathurst-Finch Site
416-787-6800 ext. 5555	Pathways Site

Appendix Three: N95 Mask Protocol

Unison's N95 Mask Fit Protocol

Purpose: The N95 Fit Mask Protocol provides direction to staff on the use of the N95 mask during flu or other pandemic; and how to perform mask fit testing. This protocol will also allow Unison to provide this service to staff if/when such services cannot be obtained by an external provider.

During a flu or other pandemic:

During flu or other pandemic, staff who are screening all incoming individuals must wear an N95 Mask at all times. As well, all staff who are assigned cleaning chores will wear an N95 mask at all times. Providers in the Health Centre who are seeing clients with any symptoms of influenza like illness (ILI) will use an N95 mask. In addition to those staff positions noted above, the Services Coordinator/Infection Control Coordinators will provide direction to other staff who may be required to use the N95 mask on a temporary or on-going basis. More direction may be given by public health during a pandemic about N95 use.

Mask fit testing:

All staff are required to be fitted for an N95 mask to prepare for a pandemic outbreak. New staff will be fitted within 2 months of the commencement of employment. Periodically, the Pandemic Committee or the Occupational Health and Safety Committee will provide refreshers of this information to staff. The Senior Director Operations and Manager of HR will keep a record of the fitting date and mask size for each staff. An adequate supply of N95 masks will be maintained on site for each staff to use. Staff will not use masks they have not been fitted with. If N95 are unavailable, refer to Ministry of Labour directives that allows surgical masks to be used in the event of a flu pandemic.

Procedure for Mask Fit Testing:

Purpose

If done internally, this protocol provides direction to staff on how to prepare for and perform mask-fit testing. During the fitting, the staff person will be advised by the fitters on the proper donning, handling and disposal procedures for the masks.

A. Contents

1. One Hood
2. One Collar Assembly
3. Nebulizer #1 (Sensitivity)
4. Nebulizer #1 (Fit Test)
5. Two Sets Replacement Nebulizer Inserts
6. Fit Test Solution
7. Sensitivity Solution

B. Preparation

1. Attach hood to collar by placing draw string between flanges on collar. Tighten string and tie with square knot.
2. Pour a small amount (approximately one teaspoonful) of the Sensitizing Test Solution into the nebulizer labelled “#1 Sensitivity Test Solution”.
3. Pour the same amount of Fit Test Solution into the second nebulizer labelled “#2 Fit Test Solution”.

C. Sensitivity Test

This test is done to assure that the person being fit tested can detect the taste of the test solution at very low levels. The Sensitivity Test Solution is a very dilute version of the Fit Test Solution. The test subject should not eat, drink, or chew gum for 15 minutes before the test.

1. Have the test subject put on the hood and collar assembly without a respirator.
2. Position the hood assembly forward so that there is about six inches between the subject’s face and the hood window.
3. Instruct the test subject to breathe through their mouth.
4. Using Nebulizer #1 with the Sensitivity Test Solution, inject the aerosol into the hood through the hole in the hood window. Inject ten squeezes of the bulb, fully collapsing and allowing the bulb to expand fully on each squeeze.
5. Ask the test subject if they can detect the taste of the solution (sweet if FT-10 or bitter if FT-30). If tasted, note the number of squeezes and proceed to the Fit Test.
6. If not tasted, inject an additional ten squeezes of the aerosol into the hood. Repeat with ten more squeezes if necessary. Note the number of squeezes required to produce a taste response.
7. If 30 squeezes are inadequate, the test is ended and another type of fit test must be used. For example, if the FT-11 sweet solution was used, try the FT-31 bitter solution or vice versa.
8. Remove the test hood, and give the subject a few minutes to clear the taste from their mouth.

D. Fit Test

1. Have the test subjects put on and fit check the respirator per the instructions provided with the respirator.
2. Have the subject put on and position the test hood as before, and breathe through their mouth.
3. Using the Nebulizer #2 with the Fit Test Solution, inject the same number of squeezes as required in the Sensitivity Test.
4. To maintain an adequate concentration of aerosol during this test, one-half the number of squeezes used in step 3 is injected every 30 seconds.

5. After the initial aerosol is injected, ask the test subject to perform the following test exercises for 60 seconds each:
 - a) Normal breathing.
 - b) Deep breathing--Breaths should be deep and regular.
 - c) Turning head side-to-side--Movement should be completed, with one turn about every second.
 - d) Nodding head up-and-down--Movement should be completed and made about one per second.
 - e) Talking—Ask the subject to read a paragraph aloud and slowly.
 - f) Normal breathing.
6. The test is terminated at any time the taste of the aerosol (sweet if FT-10 or bitter if FT-30) is detected by the subject, because this indicates an inadequate fit (Before retesting, wait 15 minutes and perform the sensitivity test again).
7. If the entire test is completed without the subject detecting the taste of the aerosol, this test is successful and the respirator fit is deemed adequate.

Resource: Adapted from 3M: FT-10/30 Qualitative Fit Test Apparatus. Occupational Health and Environmental Products. 9906-Sk-10043.

June 2008.

Revised October 2012, January 2014, May 2018

Appendix Four: Primary Care Deferral of Services

From 2008 Ontario Health Plan for an Influenza Pandemic, p.11-9

Note: As of 2013, MOHLTC is in process of developing guidance on decision-making for deferral of non-critical services for vulnerable populations.

Table 11.3: Examples of Primary Care Needs that Can or Cannot be Deferred

Priority	Description	Examples
Priority A	<p>Patients who have urgent needs and require services/treatment and would otherwise have to go to a hospital for care</p> <p>Essential preventive services</p>	<ul style="list-style-type: none"> • Acute exacerbation of a chronic illness that doesn't require hospitalization • Complications of pregnancy • Certain acute infections, such as otitis, UTI, cellulitis, STIs • Acute major illness/injury • Acute minor injuries (e.g. lacerations) • Acute psychiatric illness • Abdominal pain NYD • Musculoskeletal pain • Headache • Palliative care • Patients recently discharged from hospital on new medication who must be followed closely (e.g., warfarin) • Patients requiring pneumococcal immunization
Priority B	<p>Patients whose situation is non-critical and who require treatment/services that can be deferred for a few weeks (i.e., during the peak of the pandemic wave)</p>	<ul style="list-style-type: none"> • Stable chronic disease management, including asthma, diabetes, hypertension, and stable cardiac, pulmonary, renal, neurological or hepatic disease • Uncomplicated pregnancy care – 1st or 2nd trimester • Well baby visit • Routine childhood immunization
Priority C	<p>Patients whose condition is non-life threatening and who require services that can either be deferred or managed in another way (e.g., automatic prescriptions) for the duration of a pandemic</p>	<ul style="list-style-type: none"> • Well child and adult checkups • Nutrition and weight counselling • Pap smears • Routine adult immunization • Preventive services and clinics • Insurance and other forms

How Can I Protect Myself at Work during an Influenza Pandemic?^{2 3}

There are a number of strategies that Unison will undertake to promote your safety during an influenza pandemic outbreak. The following are some strategies that you can use to increase your safety. It is expected that all staff will use all of these strategies throughout the outbreak, though some guidelines may change.

- 1. Stay home if you are have symptoms of the flu until you are well or for seven days after the onset of symptoms, whichever is longer. If you become symptomatic at work, go home immediately. Let management know that you may have the flu if you could have become infected at work. Seek medical advice.**
- 2. Perform hand hygiene regularly, including before and after seeing each client and before and after removing personal protective equipment (PPE). Using 70-90% alcohol-based sanitizer is the preferred method of hand hygiene, unless hands are visibly soiled. Keep nails short and remove as much jewellery as possible, including watches. Do not wear artificial nails. The use of gloves does not replace hand hygiene. Moisturize hands as needed.⁴**
- 3. Minimize unnecessary physical contact with other people, especially shaking hands, hugging and kissing. In general, practice “social distancing” – minimize the amount of time that you are with other people.**
- 4. Keep windows open when possible and safe to do so.**
- 5. When meeting with someone who may have influenza, sit in parallel to him or her, rather than face-to-face. Whenever possible, stay at least two meters apart. Minimize the amount of equipment used in these interactions. Make sure that the person who may have influenza is wearing a surgical mask when possible, and has hand sanitized.**

² See *A Healthcare Worker’s Guide to Pandemic Influenza* from the Ontario Public Service Employees Union for more information, available at www.opseu.org/hands/Pandemicguide08.pdf

³ For more advice, see the Ontario Health Plan for an Influenza Pandemic 2008 chapter on Occupational Health and Safety Measures and Infection Prevention and Control in Health Care Settings, available at www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_07.pdf

⁴ See Best Practices for Hand Hygiene in All Health Care Settings for more advice. Available at www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_hh.html

6. **Sanitize your workspaces several times daily. Use disinfectant wipes for your telephone, keyboard, door handles and other surfaces that are regularly touched. Do a thorough cleaning of any spaces that someone with influenza has entered.**
7. **Practice cough / sneeze etiquette – cough or sneeze into your sleeve or a disposable tissue. Dispose of tissues immediately and perform hand hygiene.**
8. **Unless there are medical contraindications, get the seasonal influenza vaccine annually and the pandemic influenza vaccine when it is available.**
9. **Use personal protective equipment. Make sure you put it on and take it off properly. Ask for help from a physician or nurse if you are not sure how to do this. Only wear a respirator that seals on your face. Change equipment as needed (e.g., gloves must be changed between each client seen).**

The following chart is a guideline, and may change over time.

Activity	Personal Protective Equipment
Screening at front door for influenza / seeing people before or during screening	N95 respirator Protective eyewear Gloves (if contamination likely) Gown (if contamination likely)
Cleaning a room that may have had someone with influenza in it	N95 respirator Protective eyewear Gloves Gown
In the same room as someone believed to have influenza	N95 respirator Protective eyewear Gloves (if contamination likely) Gowns (if contamination likely)
In the same room as someone not believed to have influenza	No personal protective equipment needed
Alone	No personal protective equipment needed

10. Never do a task that you have not been trained to do safely. Use your right to refuse unsafe work.⁵

11. Take care of your mental health. Take breaks and seek support.

⁵ See the Ministry of Labour on the Right to Refuse Work at www.labour.gov.on.ca/english/hs/ohsaguide/ohsag_7.html

Appendix Six: Putting on and Removing Personal Protective Equipment

PUTTING ON PERSONAL PROTECTIVE EQUIPMENT		
1	PERFORM HAND HYGIENE	
2	PUT ON GOWN	
3	PUT ON MASK OR N95 RESPIRATOR	
4	PUT ON EYE PROTECTION	
5	PUT ON GLOVES	

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PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

www.oahpp.ca

REMOVING PERSONAL PROTECTIVE EQUIPMENT

1

REMOVE GLOVES



2

REMOVE GOWN



3

PERFORM HAND HYGIENE



4

REMOVE EYE PROTECTION



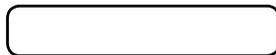
5

REMOVE MASK OR N95 RESPIRATOR



6

PERFORM HAND HYGIENE



Appendix Seven: Influenza Vaccination Record/Consent

Name: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Address: _____

Phone Number: _____ Health Card Number: _____

Next of Kin Name: _____ Next of Kin Phone #: _____

- 1 Have you ever had a reaction to a previous dose of influenza vaccine? Yes No
- 2 Do you have any serious allergies to thimerosal, to neomycin or to formaldehyde? Yes No
- 3 Do you have a *recently diagnosed* or *unstable* neurological disorder? Yes No
- 4 Do you have a history of Guillain-Barré Syndrome? Yes No

I authorize the staff of Unison Health and Community Services to administer the Influenza vaccine by intramuscular injection. I have am aware of the risks, benefits and possible side effect of the vaccine. I have had the opportunity to ask questions which have been answered to my satisfaction. I am aware that any unusual side effects must be reported to Health Centre staff.

 Signature of Parent/Guardian/Client Date

For Health Centre Staff:

- Vaxigrip
or
 - Fluviral
- | | | | | | |
|--|-------|-------------|---------------------|---------------------|------|
| | Lot # | Expiry Date | 0.5 ml I.M.
Dose | L/R Deltoid
Site | Date |
|--|-------|-------------|---------------------|---------------------|------|

 RN/MD Signature

(Cut Along Dotted Line)

Please take this to your family doctor on your next visit.

_____ was given a flu vaccine
 on

 Name Date

At: Unison Health and Community Services
 12 Flemington Road
 Toronto, ON M6A 2N4

 Health Care Provider Signature

Appendix Eight: Door Signage



Note that the Ontario Health Plan for an influenza Pandemic suggests a combination of all three sets of precautions, based on risk assessment.



Contact Precautions



Wear gown when entering room



Wear gloves when entering room



Wash hands before entering and leaving room

Wipe medical equipment after use



Droplet Precautions



Wear surgical face mask when entering room



Wash hands before entering and after exiting patient room



Wear eye protection when entering room

Wipe medical equipment after use



Airborne Precautions



Wear N95 or equivalent respirator when entering room



Keep door closed!



Wash hands before entering and leaving room

Appendix Nine: Continuity of Operations Checklist –From OHPIP March 2013

This checklist outlines strategies that primary health organizations can use to support surge capacity to provide influenza care & treatment services, as well as maintain other critical services.

- Identify critical operations and services that must be maintained even during periods of high service demand and high absenteeism.
- Consider how to modify services and procedures to free up time and resources that could be used to continue providing critical operations and services, as well as potentially helping with the local response to the influenza pandemic. This should include encouraging clients/ patients to self-assess and use telephone-based services as appropriate, such as Telehealth Ontario.
- Review and implement the OHS & IPAC recommendations contained in Chapter 5: Occupational Health & Safety and Infection Prevention & Control. This includes, but is not limited to, stockpiling personal protective equipment, and fit-testing health workers for N95 (or better) respirators.
- Use the Federation of Health Regulatory Colleges of Ontario’s Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario to determine which controlled acts can be delegated if required by high absenteeism/ high demand.
- Subscribe to receive the MOHLTC’s IHNs and updates from your PHU and/ or LHIN if available.
- Read and/ or subscribe to receive the following PHO surveillance reports: Ontario Respiratory Virus Bulletins and Monthly Infectious Disease Reports. Subscribe to PHO’s Abstracts.
- Read the following surveillance websites FluWatch and Infection Watch Live (if applicable).
- Coordinate with other local primary health care organizations, your PHU, LHIN and lead FAC agency (to be identified by the MOHLTC at the time of a pandemic) to develop collaborative responses, such as establishing FACs using existing infrastructure and health workers. Chapter 6: Outpatient Care & Treatment, contains more information.
- Identify opportunities to collaborate with other primary health care providers to share resources.
- Maintain an up-to-date staff and business partner directory with all relevant contact information.

For those organizations that have not implemented advanced access, develop a method

for managing appointment scheduling before, during and after a peak in the pandemic. Prescription duration and renewals should be factored into this method, particularly for vulnerable populations.

- Assess which clinical services could be provided by telephone, particularly for vulnerable populations. The MOHLTC may introduce new fee codes to facilitate this; these changes will be communicated through an IHN and Bulletin.
- Identify how to contact high-risk and vulnerable populations for outreach and care, such as providing them with reminders to receive influenza immunization and increased use of home visits.

Appendix Ten: Sample Audit Tool

Occupational Health and Safety and Infection Prevention and Control (OHPIP March 2013)

The following is a sample OHS & IPAC audit tool that health sector employers can complete with JHSCs or HSRs (if any) before an influenza pandemic to ensure that measures and procedures outlined in this chapter can be implemented. This audit tool includes a mixture of both legislated requirements and other recommended practices. There are other audit tools that health sector employers may also wish to reference, such as the Public Health and Safety Association’s Protecting HealthCare Workers from Infectious Diseases: A Self-Assessment Tool and the Community and Hospital Infection Control Association (CHICA) - Canada Infection Control Audit Toolkit⁶.

TABLE 3. OHS & IPAC AUDIT

Element	Yes	No	N/A	Follow-up action
General				
Is someone in the organization assigned responsibility for subscribing to the MOHLTC’s IHNs and circulating them with workplace parties when they are released?				
Has the health sector employer implemented the recommendations in PIDAC’s best practice document entitled Infection Prevention and Control Programs in Ontario ? Has the employer developed a corrective action plan to follow-up on any identified gaps?				
Does the health sector employer have an OHS program in compliance with the OHSA and the applicable regulations?				

Element	Yes	No	N/A	Follow-up action
Does the health sector employer have a process in place for reviewing the results of this audit periodically and as needed?				
Engineering Controls				
Are physical barriers available or in place to separate C/P/Rs with ILI in multi bed rooms and waiting areas, and to protect health workers in triage, emergency and admitting areas?				
Are heating, ventilation and air conditioning systems properly maintained and inspected?				
Are there accessible hand hygiene stations in appropriate locations with signage and instructions for health workers, C/P/Rs, visitors and volunteers on when and how to practice hand hygiene?				
Administrative Controls				
Does the employer have written OHS and IPAC policies, procedures and measures to protect workers and C/P/Rs from communicable illnesses including pandemic influenza? Were these policies, procedures and measures developed in consultation with the JHSC and HSR (if any)? Is compliance evaluated?				
Does the health sector employer have a written influenza immunization policy that includes health worker education and other strategies to increase uptake? Is compliance with this policy evaluated?				
Does the health sector employer have a written hand hygiene program ? Is compliance with this policy evaluated?				

⁶ This toolkit is available for free for CHICA members and at a cost for non-members.

Element	Yes	No	N/A	Follow-up action
Does the health sector employer have signage or other screening procedures to identify C/P/Rs with ILI in order to have them perform hand hygiene, don a surgical mask, use respiratory etiquette and separate from unprotected people as possible? Is compliance with this policy evaluated? Is there a plan for very high volumes of C/P/Rs with ILI?				
Does the health sector employer have written policies on reporting influenza of C/P/Rs consistent with the HPPA and, if applicable, the Long-Term Care Homes Act ? Is compliance with these policies evaluated?				
Does the health sector employer have written policies on reporting influenza in health workers consistent with: <ul style="list-style-type: none"> the OHSA? the Workplace Safety and Insurance Board (if applicable)? Is compliance with these policies evaluated?				
Does the health sector employer have written fitness for work and return to work policies, including identification of health workers with ILI? Is compliance with these policies evaluated?				
Does the health sector employer have written policies on training and IPAC requirements for aerosol generating medical procedures?				
Does the health sector employer promote minimizing direct contact by encouraging health workers (and others) to sit beside rather than in front of C/P/Rs with ILI?				
Does the health sector employer have written policies, measures and procedures on environmental cleaning that includes equipment used in the care of C/P/Rs? Is compliance with these policies evaluated?				

Element	Yes	No	N/A	Follow-up action
Does the health sector employer have written policies on sharing information on ILI when transferring a C/P/R? Is compliance with this policy monitored?				
Does the health sector employer offer regular training on the contents of the written policies and programs? Was the training developed in consultation with the JHSC or HSR (if any) and the IPAC designate?				
Does the health sector employer have written procedures to ensure the safety of visitors based on the hierarchy of controls?				
PPE				
Does the health sector employer maintain a stockpile of PPE including gowns, gloves, surgical masks, eye protection and N95 (or higher) respirators?				
Does the health sector employer have written guidelines on the use of PPE?				
Do health workers have access to required PPE as needed?				
Does the health sector employer have a written respiratory protection policy and program that outlines health screening, fit-testing/ re-testing and training for health workers that may need to wear an N95 (or higher) respirator?				
Are all health workers who may use N95 (or higher) respirators in an influenza pandemic fit-tested within the last two years and in accordance with accepted standards, and trained in the use of the respirators including how to conduct seal checks?				
Have health workers been trained and tested on how to don, doff and dispose of PPE properly?				
Have procedures been put in place to support visitors to don, doff and dispose of PPE properly?				

Appendix Eleven: Online Resources

Association of Ontario Health Centres: Pandemic Influenza Planning
www.aohc.org/aohc/index.aspx?CategoryID=16&lang=en-CA

Community and Hospital Infection Control Association – Canada
www.chica.org

IDEAS Network (Inter-professional Disaster and Emergency Action Studies)
www.ideasnetwork.ca/

Ontario Agency for Health Promotion and Protection
www.oahpp.ca

Emergency Management Ontario
www.emergencymanagementontario.ca

Ontario Health Plan for an Influenza Pandemic 2013
http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx

Ontario Ministry of Health and Long Term Care: Important Health Notices
www.health.gov.on.ca/english/providers/program/emu/ihn.html

Ontario Ministry of Health and Long-Term Care: Just Clean Your Hands
www.justcleanyourhands.ca

Ontario Ministry of Health and Long-Term Care: Ontario Health Plan for an Influenza Pandemic
www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Ontario Ministry of Health and Long-Term Care: Provincial Infectious Disease Advisory Committee
www.pidac.ca

Ontario Ministry of Labour
www.labour.gov.on.ca/english

Ontario's Public Health Information Exchange
www.publichealthontario.ca

Ontario Public Service Employees Union: A Healthcare Worker's Guide to Pandemic Influenza
www.opseu.org/hands/Pandemicguide08.pdf

Ontario Safety Association for Community and Healthcare
www.hchsa.on.ca

Public Health Agency of Canada: The Canadian Pandemic Influenza Plan for the Health Sector
www.phac-aspc.gc.ca/cpip-pclcpi

Public Health Agency of Canada: Flu Watch
www.phac-aspc.gc.ca/fluwatch

Toronto Public Health: Toronto Public Health Plan for an Influenza Pandemic
www.toronto.ca/health/pandemicflu/index.htm

Toronto Central Regional Infection Control Network
<http://ricn.on.ca/torontocentralhomec94.php>

Workplace Safety and Insurance Board
www.wsib.on.ca

World Health Organization: Influenza
www.who.int/csr/disease/influenza/en/

Appendix Twelve: Pandemic Supply Checklist

Unison Pandemic Checklist

PRODUCT	PRODUCT NO.	QUANTITY
N95 Masks with Arch (210 per case)	<i>to be determined</i>	<i>to be determined</i>
3M 8110 S (160 per case)	<i>each site</i>	<i>each site</i>
3M 8210 (160 big box)		
N99 mask (face-seal-duck) only @ KR		
Surgical Masks		
Small Latex Free Gloves		
Medium Latex Free Gloves		
Large Latex Free Gloves		
Isolation Gowns (yellow)		
Shoe covers		
Safety Glasses		
Rescue sporicidal Wipes		
Hand Sanitizer		
Stethoscopes		
Thermometer ear (PRQ 400 thermo)		
Probocovers for thermometer		
Finger O2 Sat		
Glucometer with strips		
Large adult cuff		
Adult cuff		
Child cuff		
Reflex hammer		
Pen light		
Paper for exam tables		
Garbage canister		
Garbage bags for garbage bin		
Kleenex		
Emesis basins		
Alcohol Swabs		
Otoscope covers		

updated March 27, 2014

Appendix Thirteen: Abbreviations and Definitions

Abbreviations	Description
CPP – pg. 40	Cumulative Patient Profile
ILI – pg. 40	Influenza-like Illnesses
JOH&S – pg. 21	Joint Occupational Health & Safety
LHIN – pg. 22	Local Health Integration Network (Toronto-Central)
MOHLTC –pg. 4	Ontario Ministry of Health and Long-Term Care
OHPIP – pg. 3	Ontario Health Plan for an Influenza Pandemic
PHC – pg. 15	Primary Health Care
PIDAC – pg. 23	Provincial Infectious Diseases Advisory Committee
PPE –pg.12	Personal Protective Equipment

Term	Definition
Epidemiology – pg. 3	The study of the distribution of health-related states (or events) in a population, and the application of this study to the control of health problems
Incubation Period –pg. 3	The period of time extending from the time of exposure to the onset of disease symptoms (subclinical stage)
Methods of Transmission – pg.3	The method (or mode) of transmitting an pathogen from host to host There are 2 main methods of transmission: <ol style="list-style-type: none"> 1. Direct <ul style="list-style-type: none"> ❖ Direct contact ❖ Droplet spread 2. Indirect <ul style="list-style-type: none"> ❖ Airborne ❖ Vehicle-borne ❖ Vector-borne
Outbreak – pg. 4	The occurrence of disease in excess of what would normally be expected (endemic rate), in a defined population, geographic area, or time period.
Period of Communicability – pg.3	The period of time during which the pathogen can be transferred from an infected person to another person (direct or indirect) – Also referred to as the ‘infectious period’
Social Determinants of Health – pg. 4	The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Social determinants of health are mostly responsible of health inequities.