

Pandemic Continuity Plan

The John Howard Society of the Lower Mainland of BC

**Pandemic Continuity Plan
For JHSLMBC Agency Programs**

SECTION 1 Introduction

Purpose:

This Pandemic Continuity Plan has been developed to ensure that the critical business functions of the John Howard Society of the Lower Mainland of BC services can be maintained in the event that up to 35% of our staff is incapacitated during a pandemic emergency.

Definitions:

Pandemic-A pandemic is an epidemic of infectious disease spreading over a large geographic region such as a continent or worldwide. In contrast to seasonal influenza epidemics, the anticipated/current H1N1 pandemic has the potential to spread very rapidly-infecting larger number of people and leading to serious illness or death. Immunity that people may naturally have to seasonal influenza will not protect them during an H1N1 pandemic outbreak.

H1N1 Flu Virus has been reported around the world, and the World Health Organization (WHO) has declared it a pandemic influenza virus. Swine influenza (sometimes called swine flu) is a strain of the influenza virus that usually affects pigs, but which may also make people sick.

H1N1 Flu Virus is a respiratory illness that causes symptoms similar to those of the regular human seasonal flu. The symptoms include fever, fatigue, muscle aches and pains, lack of appetite, coughing, sore throat and possibly a headache. Some people with H1N1 Flu Virus have also reported vomiting and diarrhoea.

The majority of Canadian cases of H1N1 Flu Virus have experienced mild illness and have recovered at home. Overall, the WHO is describing this pandemic as moderate.

The H1N1 Flu Virus can live outside the body on hard surfaces, such as stainless steel and plastic, for 24-48 hours and on soft surface, such as cloth, paper and tissues for less than 8-12 hours; however, it can only infect a person for up to 2-8 hours after being deposited on hard surface, and for up to a few minutes after being deposited on soft surfaces.

Antivirals and Vaccines

Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza.

Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus. The H1N1 Flu Virus can be treated with two different antivirals, oseltamivir (Tamiflu) and zanamivir (Relenza).

A vaccine is any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines are the primary means to prevent illness and death from influenza. They stimulate the production of antibodies against the flu virus components included in the vaccine, providing immunity against the virus.

In order to provide the best protection, a vaccine must be tailored to fight off specific strains of influenza.

Critical Business Functions

Critical business functions are those activities that **must** be performed in order for the organization to remain in operation. Identifying our critical business functions and planning for their continuation will ensure that the essential services we provide directly to our clients will continue during a local outbreak.

Essential Services

Essential Services are the services we **must** provide to our clients. Identifying our essential services and planning for their continuation during an outbreak will allow us to continue to provide accommodation and meals to clients, who may themselves be ill.

Components of the Plan:

- 1) Identify critical business functions and resources to draw upon during an outbreak.
- 2) Identify essential services and the staffing levels necessary to continue to provide the service.
- 3) Develop and deliver an education program to staff and clients focusing on prevention and infection control.

Responsibilities:

The Executive Director, working with JHSLM Directors, Managers and Co-ordinators, is responsible for successful implementation of the plan.

Managers are responsible for communicating the plan and its protocols to all front-line staff.

All staff is responsible for following plan protocols as directed by management and their direct supervisors.

Degree of Risk:

Recent research indicates that the population most at-risk of serious illness or death due to H1N1 are pregnant women, children and people with chronic illnesses. Those living in cramped, unsanitary conditions are at higher risk of becoming **infected** with the virus, but not necessarily at higher risk of serious illness or death. Many of our clients have chronic illnesses, particularly respiratory illnesses and/or Hepatitis C or HIV-this population is at higher risk of serious illness or death.

In our residential programs our clients live in close quarter and rely on the diligence of staff and other clients to maintain a sanitary environment.

All staff and all consumers will experience a higher level of risk infection than the general population.

SECTION 2 Critical Business Functions

JHSLMBC: Payroll, accounts receivable/payable, employee scheduling and supervision

Function	Payroll	Accts Receivable/Payable	Employee Scheduling/Supervision	Building Maintenance & Cleaning
Who Currently	Jo-Anne Kim Carmen	Jo-Anne Kim Carmen	Pat Tony Dale Tim Alanna	Jani-King Cleaning-Offices White Hot Cleaning-Offices Sani-Serv-Federal Houses
Who Else Can	Procedures are written down in case we have to call in an account temp or Tim or Dale has to do.	Procedures are written down in case we have to call in an account temp or Tim or Dale has to do.	Sr. Residence Workers Ryan Dan Shianne Ernie	We can call other cleaning companies
Non-Employees Who Can	➤ Many functions (e.g. payroll/payables/scheduling/shift schedules etc. are web based, thus accessible from home for Directors, Managers and line staff.	n/a	n/a	n/a
Hours of Work	Jo-Anne -M-F-8am 4pm Kim -M-Th-8:30am-4:30pm Carmen -M-W-9am-3:30pm one week and Tues-Th-9am-3:30pm the other week	Jo-Anne -M-F-8am 4pm Kim -M-Th-8:30am-4:30pm Carmen -M-W-9am-3:30pm one week and Tues-Th-9am-3:30pm the other week	Who C works M-F 8:30 to 4:30 Who Else they work all shifts-7 days a week	n/a as they have their own hours

SECTION 3 Essential Services Identification

Setting priorities for essential services:

Priority 1 – Potential to affect health and safety of the public and clients or is legislated or required by law.

Priority 2 – Major inconvenience to the client but does not affect health and safety

Priority 3 – Minor inconvenience to the client; service probably not missed or could be deferred over the short term (6 weeks)

A	B	C	D	E
Service	Function	Priority	Potential for increased Demand (low, Medium, High)	Program Specific Concerns/Issues
JHSLMBC CRF's GRP 18 bed Hobden 17 bed	Client intake, supervision, maintenance/cleaning of residence, and cooking meals	1	High	A high rate of infection may occur among staff as a result of contact with ill clients. Required to keep service operating
	Personal support/case management	2		
JHSLMBC CLBC Residential Prog. Van Apts. 4 bed	Client intake, supervision, maintenance/cleaning of residence, and cooking meals	1	Low	A medium/high rate of infection may occur among staff as a result of contact with ill clients. Required to keep service operating
	Personal support/case management	2		
Affordable Housing Tims M-10-2BR Apts. Miller B.-14 Bach	Tenant move in, supervision, maintenance/cleaning of apartment	2	Medium	A medium rate of infection may occur among staff as a result of contact with ill clients.
	Personal support/case management	2	Low	
Van Apts. Outreach Prog. 25 clients	Personal support/case management	1	High	A high rate of infection may occur among staff as a result of contact with ill clients. Required to keep service operating

A	B	C	D	E
Service	Function	Priority	Potential for increased Demand (low, Medium, High)	Program Specific Concerns/Issues
Community S.	Mail, advocacy, referrals, pardons	2	Medium	A medium rate of infection may occur among staff as a result of contact with ill clients
HPI	Assistance & support in finding & maintaining housing	1	Medium	A medium/high rate of infection may occur among staff as a result of contact with ill clients. Required to keep service operating
Youth Advocacy	Complaints/Advocacy	1	Low	A medium/high rate of infection may occur among staff as a result of contact with ill clients. Required to keep service operating
Choices	Presentations	3	Low	Non-essential service. Not required to keep operating

SECTION 4 Essential Service Staffing

A	B	C	D	E
Priority 1 Function	Current Staff	Min. Staff Required	Pandemic Staff Reduction (Bx65%)	Potential Staff Shortfall
Client intake, supervision, maintenance/cleaning of residence, and cooking meals JHSLMBC CRF's 18 bed Guy Richmond Place	4 Full Time(Includes S) 4 Part Time 3 Casuals	3 Full Time 3 Part Time 3 Casuals	2.6 2.6 1.95	.4 .4 1.05
17 bed Hobden House	4 Full Time(includes S) 4 Part Time 3 Casuals	3 Full Time 3 Part Time 3 Casuals	2.6 2.6 1.95	.4 .4 1.05
Client intake, supervision, maintenance/cleaning, cooking meals JHSLMBC CLBC Residential Prog. 4 bed VA	5 Full Time(includes S) 4 Part Time 4 Casuals	3 Full Time 2 Part Time 2 Casuals	3.25 2.6 2.6	0 0 0
Personal support/case management Van Apts. Outreach Prog. 25 clients	4 Full Time	2	2.6	0
Assistance & support in finding & maintaining housing HPI	3 Full Time	1.5	1.95	0
Complaints/Advocacy Youth Advocacy	1 Full Time	.5	.65	0

We face potential shortfall of staff in the federal programs in full time, part time and casual employees.

Strategy:

- 1) Three community services staff are trained to work in the CRF's and could be deployed and close community services.
- 2) One casual staff is cross trained to work in both the federal and provincial programs.
- 3) Miller Block Outreach staff can be deployed to Van Apts.

- 4) Managers can be deployed to work line in their programs.
- 5) The ED and Director of Programs can be deployed to other agency programs/functions.
- 6) Regional Office staff can deal with community services client mail if that program needs to shut down.
- 7) We have 2 Outreach Workers at Tims and 1.5 at .Miller Block that could be used for some hours in Van Apt OR program and one of them could work in the HPI program.
- 8) The ED, Director of Programs, can assist in the Youth Advocacy Program.

SECTION 5 Infection Prevention and Control

Education on the Influenza Virus:

All staff will be given in-service training focussing on prevention and control of an H1N1 outbreak. The training will have the following components:

1) Understanding H1N1 Influenza Virus

Influenza Characteristics: There are three things to know about the influenza virus when contemplating actions to manage risks in the workplace:

- **Transmitted by Contact** – The influenza virus can be transferred from an ill individual to a susceptible host by indirect contact, such as contaminated hands. Hand washing, therefore, represents an important method of controlling the spread of the virus. There is no evidence that the use of masks in general public settings offer protection once the virus is circulating widely in a community.
- **Impervious to Anti-Bacterial Medications** – Viral based influenza does not respond to antibiotics like bacterial-related diseases. The common medications used for bacterial infections, such as penicillin and streptomycin, have no effect on the influenza virus. Some recently developed antiviral medications can inhibit the dispersal of viral particles inside the body, but there is no medical cure for influenza. **This suggests the most effective way to combat the disease is to avoid exposure to the virus.**
- **High Mutation Rate** – Influenza viruses have an ability to rapidly mutate. Viruses can and do change their characteristics readily from one generation to the next. The ability to adapt rapidly means the influenza virus can overcome obstacles to growth, including the body's defences, antiviral medication and vaccines. Since experts do not expect that we can prevent a pandemic, advance preparations are the key.

How Influenza is spread:

- A person could inhale virus-laden droplets or particles released when an infected person coughs or sneezes. A contagious individual can easily infect within about one metre (three feet) through coughing and sneezing.
- Someone could also pick up the virus on their hands from touching an infected person or a hard surface where the virus is present, and then introduce the virus by bringing their hands to their mouth, nose or eyes. The virus then makes its way to the respiratory track.
- Viruses can live on hard surfaces such as doorknobs for 24 to 48 hours, and on nonporous surfaces such as cloth, paper and tissue from 8 to 12 hours. Once on the hand, the virus can survive for about five minutes.

Infection Timeline: It is also important to acknowledge **what happens** when a person becomes infected in considering actions to manage pandemic risks.

- **Exposure**-Once an individual is exposed to the virus, influenza particles make their way to the respiratory system, where they begin to replicate. A single virus can produce millions of copies of itself during the “incubation” stage. The incubation period usually ranges from one to three days.
- **Infections**-A person may be able to infect others within one day of acquiring the virus and is contagious for three to five days following the onset of symptoms. More importantly, people can be contagious 24 to 72 hours before the appearance of any symptoms. This means JHSLMBC cannot rely on simply sending sick worker home to control the disease. By the time their illness becomes obvious to them and to others; many people may have been infected.
- **Symptoms**-People respond to influenza in different ways, but the most common symptoms include fever, headache, cough, body aches and weakness. Symptoms could rapidly increase in severity and persist for a week or two. Some people, who are sick with influenza, and therefore contagious to others, show few or no symptoms throughout their illness.
- **Complications**-A major threat in past influenza pandemics has been the tendency for the viral infection to exhaust the body’s immune capacity. This opens the door for other diseases. Most notable among these complications is pneumonia, a bacterial infection that causes the build-up of fluid in the lungs and bronchial passages. Even if treated with appropriate medication, complications from a viral infection can result in prolonged illness or death.

- **Potential for Death**-It is difficult to predict the likelihood of death among pandemic influenza victims. Much depends on the nature of the viral sub-type, how readily it resists the body's many immune system defences, and the physical condition of those infected, Historic outbreaks of influenza have shown, however, that death can come within hours of the first symptoms, or after a prolonged battle with complications over many weeks.

It will be paramount for JHSLMBC staff to share this information with the clients we serve. This educational information will be posted, highly visible, and accessible on hallway bulletin boards, in all JHSLMBC office areas, and will be presented to clients at meal-time information sessions.

2) JHSLMBC Staff and Client Protection

Disclosure/Notification (of suspected or confirmed H1N1 infections among staff members):

All staff must notify their Program Manager immediately upon suspected or confirmed infection with H1N1.

Prevention-Before and During an Influenza Pandemic:

Staff and client awareness is the first stage of pandemic planning. It is important to educate employees in the various ways that they can protect their own health as well as the health of our clients. This includes:

- **Hand Washing**-Hands can play a significant role in acquiring and in transmitting a virus from one person to another. **Good hand washing habits are more likely to prevent infections than excessive cleaning and disinfection.** Most people do not wash their hands for long enough or in the correct manner. See the following website for hand washing guidelines:

<http://www2.worksafebc.com/media/fss/handWashing/slideshow.htm>.

Wash your hands often, especially:

- Before, during and after you prepare food;
- Before you eat, and after you use the washroom;
- After handling animals or animal waste;
- When your hands are dirty, and when someone in your home/facility is sick wash your hands more frequently.

All clients must wash their hands and/or shower when they arrive at Vancouver Apartments or a CRF and before they eat food.

- **Touching your eyes, nose or mouth** – Try to refrain from touching your face unless you have just washed your hands. It is especially important when using contact lenses that your hands have been washed well.
- **Cough Etiquette** - Turning your head and coughing or sneezing into a disposable tissue or the inside of your elbow will assist in reducing the spread of germs. Remember that you are contagious and spreading germs before you ever start feeling the symptoms of the flu. Also, use disposable tissues only once and ensure that you place them in the garbage right away so that they do not contaminate surfaces. Tissues will also be made available in high-traffic staff areas and within the community services office for clients.
- **At the Washroom Sink** – Use a paper towel to turn off the tap in the washroom after you have washed your hands so that you don't contaminate your hands again. Use the same paper towel to open the door of the wash room and other doors that you may have to open to get back to your work area. Poster will be created and posted in washrooms, high traffic areas to remind all staff and clients on an on-going basis.
- **Hand Sanitizer** – Use alcohol based waterless sanitizers where water basins are not possible. Hand sanitizers don't clean visibly soiled hands, but they do kill germs on hands. Hand sanitizers should not be confused with antibacterial soaps, where concerns have been raised about their possible role in antibiotic resistance. Alcohol based hand sanitizers do not pose this risk.

Hand sanitizer will be made available to clients. All staff will be given their own individual bottles of sanitizer. In addition, JHSLMBC will purchase ear thermometers. **Hand sanitizer gel is not provided to staff and clients to replace hand washing with soap and water.**

- **Managing shared work areas:** If you share a work space with other, ensure that you clean telephones, keyboards and other surfaces that may be touched by many people. JHSLMBC will provide wipes that can be used for this purpose. All workers will be trained in how to handle particular potential pandemic situations in an effort to keep all staff healthy and safe.
- **Getting an annual flu vaccination:** It is a good idea to get your annual flu vaccination, and ensure your family members do as well. While this will not protect from the pandemic new virus strain, it will prevent other forms of influenza in 70% of the healthy population. Once the H1N1 vaccine is out it is recommended that all staff and clients get this shot. **JHSLMBC will arrange for public health nurses to come to the houses to give the H1N1 vaccine to any staff and resident who wants to get it.**

- **Maintain a good diet:** Try to get adequate sleep, a well-balanced diet and drink plenty of water.
- **Knowing the difference between a cold and the flu:** You will likely know the difference between a cold and the flu. Most flu symptoms typically appear so quickly that people can recall the exact moment they first felt sick. Familiarize yourself with the similarities and differences in symptoms of the flu and a cold as noted below:

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset 38-40 degrees and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhoea	In children < 5 years old rare	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen current chronic conditions, can be life threatening	Congestion or earache
Fatalities	Well recognised	Not reported

Resources available at:

[http://www.vch.ca/pandemic/docs/Look after yourself.pdf](http://www.vch.ca/pandemic/docs/Look_after_yourself.pdf)

[http://www.vch.ca/pandemic/docs/cover Your cough.pdf](http://www.vch.ca/pandemic/docs/cover_Your_cough.pdf)

[http://www.vch.ca/pandemic/docs/Hand Washing.pdf](http://www.vch.ca/pandemic/docs/Hand_Washing.pdf)

3) Managing clients who are ill

Depending on the severity of individual cases, and the number of clients who become ill with H1N1, a number of client management options are open to us.

- 1) Individual clients who become ill with suspected H1N1 will be assessed by a medical practitioner. Once H1N1 is verified or strongly suspected, the client will be quarantined in a bedroom.
- 2) If more clients than we have room to quarantine become ill, ill clients will be transferred to health care facilities.
- 3) It may be necessary to withdraw services to some individuals in the CRF's in order to control the situation, depending on the severity of the situation.
- 4) A new arrival at a CRF who is strongly suspected of having H1N1 will not be accepted into the CRF until cleared by a medical person or for 5 days (the infection period). Parole officers must ask the institutions if the person coming to the CRF is suspected of having H1N1 before leaving the institution and arriving at the house.

SECTION 6 Workplace Cleaning

During a pandemic, we will need to implement additional measures to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railing, objects and counters). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Influenza viruses are inactivated by **alcohol and by chlorine**. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. The table below suggests the appropriate choice and concentration of disinfectants:

Disinfectant	Recommended Use	Precautions
1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of 100% disinfectant bleach (e.g. Clorox Bleach or Javex Bleach)	Disinfection of material contaminated with blood and body fluids	Should be used in well-ventilated areas. Use rubber gloves when handling bleach. Do not mix with strong acids to avoid release of chlorine gas. Corrosive to metals.
Alcohol Wipes (must be 60% or more alcohol content.	Wiping down computers, phones, door/cupboard handles, light switches	None. Not to be used to clean up body fluids.

When a person with suspected influenza is identified and has left the workplace, it is important that his/her work area/office, along with any other known places s/he has been, are thoroughly cleaned and disinfected.

SECTION 7 Training and Infection control Protocols

PROTOCOLS:

- **JHSLMBC will hang poster in all washrooms, and in high traffic areas, to remind all staff and clients of proper hand washing techniques on an on-going-basis.**
- **JHSLMBC will provide hand sanitizer's at all locations throughout the agency.**
- **All staff and clients must attend all training sessions related to infection prevention and control. These training sessions will include WorkSafe BC information on infection control in the workplace, including hand washing procedures.**
- **All staff must read, and provide their signature to, all printed training materials.**
- **All staff and clients are strongly encouraged to be vaccinated for H1N1 by a Public Health Nurse (at no cost to them).**
- **Latex gloves will be available at all times for the use of staff if so desired, Staff may be required to wear latex gloves at all time during their shift.**
- **All clients must receive infection control training from front line staff.**
- **All clients must receive WorkSafe BC information regarding hand washing procedures.**

SECTION 8 Questions regarding Union contract, excluded employees and applicable Legislation

Community Social Services Employers' Association (CSSEA) has provided the following information regarding mandatory vaccines, time off, and employee/employer rights and responsibilities.

Can an employer insist that employees be vaccinated? If not, can employers force un-vaccinated employees to stay away from the workplace?

Pursuant to Article 22.9 (c) of the collective agreements, employers must provide available vaccines to unionized employees at no cost to those employees. If employees refuse to be vaccinated employers may require them to commence a leave without pay or utilize vacation time until the risk of spreading infection at the workplace has been eliminated. In certain circumstances employees who are unable to receive vaccinations may need to be accommodated at the workplace. These same factors would apply to non-union employees.

Can an employer require a medical certificate of fitness before allowing an employee who has been exposed to H1N1 to return to work?

Yes. Employers are allowed to ask for a certificate of fitness, or some other form of documentation, that will provide reasonable proof the employee is safe to return to work. An employer can ask whether the nature of contact on the job, such as sharing a pen, or conducting personal care, will be safe for other workers/clients.

Can employees take time off to care for family members who are ill? Who qualifies as "family?"

Non-Union/Excluded Employees: Section 52 of the *Employment Standards Act* (the "Act") allows employees to take up to 5 days unpaid leave of absence in a year to attend to the health of the employee's immediate family. Under section 52.1 of the Act, employees may take up to 8 weeks of unpaid leave to care for a family member where a medical practitioner has provided a certificate stating the family member has a significant risk of death within 26 weeks, due to a medical condition.

Under the *Compassionate Care Leave Regulation* family includes: in-laws, step-siblings, aunts, uncles, nieces and nephews, current or former foster parents, wards or guardians, as well as immediate family members. Any individual with a serious medical condition who considers the employee to be, or whom the employee considers to be, like a close relative, is also eligible.

Unionized Employees: Article 20.2 (Special Leave) of the collective agreements provides that a regular employee who has completed probation shall be entitled to special leave without pay to a maximum of ten (10) days per year to attend to:

- (c) Serious household or domestic emergency including illness in the employee's immediate family where no one in the employee's home other than the employee can provide for the care of the ill immediate family member – up to two (2) days;

(b) ...up to five (5) days of unpaid leave during each employment year to meet responsibilities related to:

- (1) The care, health or education of a child in the employee's care, or
- (2) The care of health of any other member of the employee's immediate family;

Under Article 20.1(a) (Compassionate Leave) of the collective agreements, family includes: a parent, (including step and foster-parent), spouse, common-law spouse, child, step-child, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, legal guardian, ward and a relative permanently residing in the employee's household. In such cases employers will have to assess the reasonableness of such requests in light of their operational and staffing requirements.

Can an employee who is not ill, nor showing any symptoms of illness, refuse to come to work during an epidemic?

Yes. If the employee believes his or her health is at risk, they are entitled to refuse work until it is determined the workplace is safe. If the workplace is deemed to be unsafe, the employee may remain off work until the employer complies with any orders issued by the Workers' Compensation Board. If the workplace is deemed safe for workers, the employee must return to work, or face discipline. See section 3.12(1) of the *Occupational Health and Safety Regulation*.

Do employees have privacy rights regarding their medical status or their exposure to infected individuals?

It is acceptable for an employer to ask a sick employee how contagious he/she might be, and with who he/she was in contact. Where an employee has fallen ill, it is also acceptable for employers to inform other employees that he/she may have been exposed to an illness. Additionally, employers may be able to advise that there might have been an exposure in the workplace, without disclosing who had the communicable disease.