



MINISTRY OF COMMUNITY SAFETY
AND
CORRECTIONAL SERVICES

INFLUENZA PANDEMIC PLAN

2008



**MINISTRY OF COMMUNITY SAFETY AND
CORRECTIONAL SERVICES**

INFLUENZA PANDEMIC PLAN

APPROVAL SHEET

The Influenza Pandemic Plan for the Ministry of Community Safety and Correctional Services is hereby approved.



Jay C. Hope
Deputy Minister
Emergency Planning and Management

23 MAY 08
Date



Deborah Newman
Deputy Minister
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10 June 08
Date

Ministry of Community Safety and Correctional Services
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**MINISTRY OF COMMUNITY SAFETY AND CORRECTIONAL SERVICES
INFLUENZA PANDEMIC PLAN**

AMENDMENTS

AMENDMENT NUMBER	DATE OF AMENDMENT	DATE ENTERED	AMENDMENTS MADE BY (INITIALS)

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FORWARD

The Ministry of Health and Long-Term Care published the [Ontario Health Plan for an Influenza Pandemic](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)¹ that addresses the provincial approach to influenza pandemic planning within the health care sector. In support of the Ontario Health Plan for an Influenza Pandemic, Emergency Management Ontario, in consultation with provincial ministries, published the [Provincial Coordination Plan for an Influenza Pandemic](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_docs/pcpip.pdf)² that addresses the provincial approach to influenza pandemic planning outside of, and in support of the health care sector. Included in the Provincial Coordination Plan for an Influenza Pandemic are the roles and responsibilities of every ministry during an influenza pandemic.

The Ministry of Community Safety and Correctional Services Influenza Pandemic Plan was developed in consultation with the Ministry Pandemic Working Group, to address the processes and strategies required to fulfill the roles and responsibilities assigned to the Ministry in the Provincial Coordination Plan for an Influenza Pandemic and to ensure continuity of Ministry critical services.

The Ministry Influenza Pandemic Plan is a stand-alone plan, supporting the Ontario Health Plan for an Influenza Pandemic, the Provincial Coordination Plan for an Influenza Pandemic, the Provincial Emergency Response Plan,³ the Ministry Emergency Response Plan⁴ and the Ministry Business Continuity Plan.⁵

Ministry Business Units⁶ have addressed influenza pandemic planning in their Business Unit Business Continuity Plan, and in addition, may also have developed operational influenza pandemic plans.

¹ http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

² www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_docs/pcpip.pdf

³ The Provincial Emergency Response Plan, 2006, maintained by Emergency Management Ontario, Ministry of Community Safety and Correctional Services, is the overarching provincial emergency response plan for the Government of Ontario.

⁴ The Ministry Emergency Response Plan, maintained by Corporate Planning and Services Division, Ministry of Community Safety and Correctional Services, is the overarching ministry emergency response plan for the Ministry of Community Safety and Correctional Services.

⁵ The Ministry Business Continuity Plan, maintained by Corporate Planning and Services Division, Ministry of Community Safety and Correctional Services, is the overarching business continuity plan for the Ministry of Community Safety and Correctional Services.

⁶ The term "Business Unit" is described in the Ministry of Community Safety and Correctional Services Business Continuity Plan as a Division, Branch, Office, Institution, Detachment or another Ministry entity.

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The scope of the Ministry Influenza Pandemic Plan is to direct the Ministry's response to an influenza pandemic and provide guidance and advice to identified stakeholders.

The plan will be distributed internally to the Ministry Emergency Management Program Committee, Ministry Pandemic Working Group, Ministry Business Continuity Program Leads, Ministry Action Group, Ministry Emergency Management Coordinators, as well as posted on the Corporate Planning and Services Division Intranet Site. It will be distributed externally as appropriate (i.e., first responder organizations, Community Emergency Management Coordinators, and local Public Health Units).

The Emergency Management and Security Unit, Facilities, Emergency Management and Security Branch, Corporate Planning and Services Division is responsible for the development and maintenance of the Ministry Influenza Pandemic Plan.

For further information contact the Ministry Emergency Management and Security Coordinator, Facilities, Emergency Management and Security Branch.

All inquires relating to the plan should be directed to:

Ministry of Community Safety and Correctional Services
Corporate Planning and Services Division
Facilities, Emergency Management and Security Branch
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ANNEXES

- A Ministry of Community Safety and Correctional Services Influenza Pandemic Information Cycle
- B Influenza Pandemic Business Continuity Plan Status Report
- C Donning and Removal of Personal Protective Equipment
- D Guide to Developing a Workplace Health Plan
- E Infection Prevention and Control Guidelines for Emergency Operations Centres
- F Entry Point Notice
- G Infection Control Poster
- H Hand Washing Protocols
- I Guidelines on Developing Tiered Response Agreements
- J Influenza Pandemic Screening Questionnaire
- K Natural Death Surge Planning Chart Strategies

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EXECUTIVE SUMMARY

The Ministry of Community Safety and Correctional Services Influenza Pandemic Plan was developed in consultation with the Ministry Pandemic Working Group. It supports, and is consistent with, the Ontario Health Plan for an Influenza Pandemic (developed by the Ministry of Health and Long-Term Care), the Provincial Coordination Plan for an Influenza Pandemic (developed by Emergency Management Ontario), the Provincial Emergency Response Plan (developed by Emergency Management Ontario) and the Ministry of Community Safety and Correctional Services Emergency Response Plan and Business Continuity Plan (developed by Corporate Planning and Services Division).

The **objectives** of the Ministry Influenza Pandemic Plan are to address the processes and strategies required to fulfill the Ministry's roles and responsibilities identified in the Provincial Coordination Plan for an Influenza Pandemic and to help ensure continuity of Ministry critical services.

The **scope** of the Ministry Influenza Pandemic Plan is to direct the Ministry's response to an influenza pandemic and provide guidance and advice to identified stakeholders.

The **authority to implement** the Ministry Influenza Pandemic Plan rests with the Assistant Deputy Minister / Chief Administrative Officer, Corporate Planning and Services Division, Ministry of Community Safety and Correctional Services.

Chapter 1 provides a background on influenza pandemic, how the virus is spread, estimated attack rate and outlines the planning assumptions.

Chapter 2 identifies the Ministry Emergency Response Plan and the Ministry Business Continuity Plan as the plans that provide the overarching Ministry emergency response structure. Responsibilities of international, federal and provincial governments for managing an influenza pandemic and the coordination of surveillance systems are outlined.

Chapter 3 details the Ministry's roles and responsibilities in an influenza pandemic identified in the Provincial Coordination Plan for an Influenza Pandemic. These roles are the foundation from which the strategies in the Ministry Influenza Pandemic Plan were developed.

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Chapter 4 identifies the influenza pandemic response strategies that will be detailed in future chapters to provide a framework to assist the Ministry and stakeholders in coordinating an emergency response to an influenza pandemic. They are not prescriptive, but are meant to assist in pandemic planning.

Chapter 5 outlines the Ministry **Communication Strategy** specific to an influenza pandemic. The focus of communications will be on education and awareness during pre- and inter-pandemic periods. The Federal Public Health Agency of Canada is the lead agency for emergency information, if a national emergency has been declared or if the influenza pandemic has moved beyond a single province and requires coordination of inter-provincial emergency information. The Provincial Emergency Operations Centre would coordinate provincial emergency information and the Ministry Emergency Operations Centre would coordinate Ministry emergency information.

The Ministry of Community Safety and Correctional Services Influenza Pandemic Information Cycle provides the framework for information exchange between the Ministry Emergency Operations Centre, the Ministry Operations Executive Committee, Business Continuity Program Leads, and stakeholders.

Chapter 6 examines the **First Responder Strategy**. The intent of the strategy is to provide additional information and considerations for influenza pandemic planning and is NOT prescriptive. Infection Prevention and Control Measures (i.e., Personal Protective Equipment, Workplace and Vehicle Cleaning Protocols, Modified Tiered Response Agreements) are outlined.

The First Responder Pandemic Website, hosted by the Ministry of Health and Long-Term Care, serves as a single entry point for generic influenza pandemic information for first responders.

Chapter 7 outlines the **Security Strategy for Vaccines/Antivirals** and considers provincial and local responsibilities for ensuring the security and distribution of supplies.

Chapter 8 details the **Natural Death Surge Planning Strategy** and identifies the anticipated role of the Office of the Chief Coroner during an influenza pandemic. The Office of the Chief Coroner will provide guidance and advice on areas where it has expertise to assist with local influenza pandemic planning. It is the community's responsibility to ensure that appropriate strategies are in place for dealing with the expected surge in natural deaths. An Influenza Pandemic Screening Questionnaire and A Natural Death Surge Planning Chart support this chapter.

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Chapter 9 provides the **Legal Strategy**. During a declared emergency, the Legal Services Division of the Ministry of the Attorney General will coordinate legal services to the government. Relevant legislation during an influenza pandemic, *The Emergency Management and Civil Protection Act*, *The Health Protection and Promotion Act*, and *The Occupational Health and Safety Act* are outlined.

Chapter 10 details the components of the **Ministry Business Continuity Strategy** which includes Corporate Direction, Business Unit Pandemic Planning, and Personal and Workplace Preparedness and Awareness.

Annexes provide additional tools and resources in support of the Ministry Influenza Pandemic Plan.

1 BACKGROUND

During the 20th century, the world experienced three influenzas (also referred to as “flu”) pandemics. The most deadly, the “Spanish Flu” of 1918-19, killed 40-50 million people worldwide. Although more recent influenza pandemics have been less intense, (an estimated 2 million deaths in the 1957 “Asian Flu” and 1 million deaths in the 1968 “Hong Kong Flu”), concern still exists that a new influenza mutation from a novel (new) virus could affect a susceptible population with no pre-existing immunity.

Public Health experts have predicted that another influenza pandemic can be anticipated, and is in fact overdue. Collaborative preparedness planning is essential for all levels of government to ensure that the necessary systems and procedures are in place to limit an influenza pandemic’s potential impact on society.

1.1 What Is An Influenza Pandemic?

Influenza pandemic is a highly contagious respiratory illness that arises when all four of the following occur:

- Introduction of a novel influenza virus;
- Human to human transmission happens easily;
- New virus causes serious illness and/or death; and
- Population has little/no immunity.

Symptoms of the influenza pandemic are similar, but more severe than the seasonal influenza and can include fever, headache, aches and pains, tiredness, stuffy nose, sneezing, sore throat and cough.

1.2 How Is The Influenza Virus Spread?

The virus is spread in the same way as a seasonal influenza. It is transmitted from person to person, primarily when people who are infected cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person.

Droplets can survive for 24 to 48 hours on hard non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands. Therefore, it can also be transmitted indirectly when people touch contaminated hands, surfaces and objects.

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The incubation period for influenza is from 1 to 3 days. People with influenza are infectious and able to transmit the virus for up to 24 hours before symptoms appear.

1.3 Planning Assumptions And Facts For An Influenza Pandemic

- Occurs roughly three times a century and has international impact
- The World Health Organization⁷ will first declare a pandemic and global, federal, provincial, and local health authorities will be alerted
- Usually starts in southeast Asia
- A new virus often develops when an animal or bird virus mixes with a human virus
- Ontario may only have little lead time from when it is declared
- Usually spreads in two or three waves, three to nine months apart
- Each wave lasts six to eight weeks
- Response activities will take place during each pandemic wave and during the inter- pandemic wave period as well. The response timeline could be over a period of one or more years
- Recovery activities could occur over a period of one to three years and may commence in some areas while response activities are continuing in other areas
- A vaccine will not be available until four to five months after the influenza pandemic starts, then initially will be in short supply and high demand

⁷ The World Health Organization is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.

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- There will be an estimated illness attack rate of 35% over the duration of the pandemic, which means that over the entire course of a pandemic about 35% of the population will be sick enough to take time off work
- At the peak of the first wave, about 20 to 25% of the workforce will be absent from work for at least a half-day
- Mortality will be expected
- Some people will only experience mild illness or have no symptoms, but still be able to transmit the virus to others
- Proper hand hygiene (washing hands with soap and water, covering mouth and nose with a tissue or sleeve when coughing or sneezing) is the best way to prevent the spread of all influenza viruses

1.4 Attack Rate

Public health experts emphasize that the impact of the next pandemic is largely unknown due to the many factors that can affect its impact. An attack rate (illness rate) of 35% is used for the purpose of planning, which may lead to a disruption in the workforce, critical services, and community infrastructure.

The following table is taken from the Ontario Health Plan for an Influenza Pandemic.⁸ It represents the estimated number of people in Ontario that will be affected by an influenza pandemic, based on a 35% attack rate, over the entire duration of the influenza pandemic, meaning over the multiple waves.

These calculations are based on the estimated population for 2006 and do not take into account the impact of antiviral drugs, public health measures, or vaccines.

⁸ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 3

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Table 1: Estimated Impact of an Influenza Pandemic in Ontario Based on a 35% Attack Rate

Estimated population for 2006 12,686,952	# Of People
Number of people ill enough to stay home (35% of population)	4,440,433
People who can be managed through self-care	2,009,252
People who will require an outpatient visit	2,365,265
People who will be hospitalized and recover	53,613
Fatal cases (70% in hospital)	12,303

2 EMERGENCY RESPONSE STRUCTURE

The Provincial Emergency Response Plan⁹ should be referenced for the overarching provincial emergency response structure. The [Ontario Health Plan for an Influenza Pandemic](#)¹⁰ and the [Provincial Coordination Plan for an Influenza Pandemic](#)¹¹ provides detailed information on the provincial emergency response structure for an influenza pandemic.

The Ministry Emergency Response Plan¹² and the Ministry Business Continuity Plan¹³ should be referenced for the overarching Ministry emergency response structure, for detailed information on the Ministry Emergency Operations Centre, and the Ministry Action Group roles and response protocols.

2.1 Objectives

The objectives of the Ministry of Community Safety and Correctional Services Influenza Pandemic Plan are to address the processes and strategies required to fulfill the Ministry's roles and responsibilities identified in the Provincial Coordination Plan for an Influenza Pandemic and to help ensure continuity of Ministry critical services.

⁹ The Provincial Emergency Response Plan, 2006, maintained by Emergency Management Ontario, Ministry of Community Safety and Correctional Services, is the overarching provincial emergency response plan for the Government of Ontario.

¹⁰ The Ontario Health Plan for an Influenza Pandemic, 2007, maintained by the Ministry of Health and Long-Term Care, provides the framework for the health sector's response to an influenza pandemic. http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

¹¹ The Provincial Coordination Plan for an Influenza Pandemic, 2006, maintained by Emergency Management Ontario, provides the framework for sectors, outside of health, to respond to an influenza pandemic. http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_docs/pcpip.pdf

¹² The Ministry Emergency Response Plan, maintained by Corporate Planning and Services Division, Ministry of Community Safety and Correctional Services, is the overarching ministry emergency response plan for the Ministry of Community Safety and Correctional Services.

¹³ The Ministry Business Continuity Plan, maintained by Corporate Planning and Services Division, Ministry of Community Safety and Correctional Services, is the overarching business continuity plan for the Ministry of Community Safety and Correctional Services.

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2.2 Scope

The scope of the Ministry Influenza Pandemic Plan is to direct the Ministry's response to an influenza pandemic and provide guidance and advice to identified stakeholders.

2.3 Plan Activation

The authority to activate the Ministry Influenza Pandemic Plan rests with the Assistant Deputy Minister / Chief Administrative Officer, Corporate Planning and Services Division, Ministry of Community Safety and Correctional Services.

2.4 Managing An Influenza Pandemic

A coordinated approach, with distinct roles and responsibilities, from all levels of government is required for the efficient management of an influenza pandemic emergency.

2.4.1 International

Information generated from, and flowing through, comprehensive surveillance programs at the global, federal, provincial, and local level will be used to determine when and where an influenza pandemic begins and to track its course globally, nationally, provincially, and locally. This global surveillance system will allow the World Health Organization, the organization responsible for coordinating a global response to influenza pandemic, to provide timely authoritative information on current, or potential outbreaks, to public health authorities to improve awareness, preparedness, and to ensure an appropriate response to minimize the risk of spread.

The World Health Organization is responsible to declare a pandemic and advise of the pandemic phases. In turn, global, federal, provincial, and local health authorities will be alerted. The World Health Organization has established six pandemic periods and phases that reflect the international risk or activity level with respect to the new influenza.

The chart outlining the World Health Organization Pandemic Phases is found on the next page.

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World Health Organization Pandemic Phases¹⁴

Period	Phase	Description
Inter-pandemic Period	Phase 1	<ul style="list-style-type: none"> No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low
	Phase 2	<ul style="list-style-type: none"> No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease
Pandemic Alert Period	Phase 3	<ul style="list-style-type: none"> Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact
	Phase 4	<ul style="list-style-type: none"> Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans
	Phase 5	<ul style="list-style-type: none"> Larger cluster(s), but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)
Pandemic Period	Phase 6	<ul style="list-style-type: none"> Increased and sustained transmission in the general population
Post-pandemic Period		<ul style="list-style-type: none"> Return to inter-pandemic

¹⁴ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 2

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2.4.2 Federal

At the federal/national level, the Public Health Agency of Canada, the organization responsible for coordinating the federal response to an influenza pandemic, has coordinated the development of and published the [Canadian Influenza Pandemic Plan](#).¹⁵ The Public Health Agency of Canada is responsible for liaising with the World Health Organization and health officials in provinces and territories. Therefore, the Ministry of Health and Long-Term Care will receive formal notification of a pandemic from the World Health Organization through the Public Health Agency of Canada.

Canadian Activity Levels

The World Health Organization phases may not directly reflect virus activity in Canada. The Public Health Agency of Canada has developed a numbering system to reflect influenza pandemic activity in Canada:

- 0 indicates no activity in Canada;
- 1 indicates low activity and low risk in Canada; and
- 2 indicates higher activity and risk in Canada.

¹⁵ http://www.phac-aspc.gc.ca/cpip-pclcpi/pdf-e/CPIP-2006_e.pdf

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The Canadian activity level number will be used with the World Health Organization phase number to indicate the level of pandemic activity in Canada as follows:¹⁶

World Health Organization Phase	Canada Phase	World Health Organization/ Canada Phase	Definition
6	0	6.0	<ul style="list-style-type: none"> Outside Canada increased and sustained transmission in the general population has been observed. No cases have been detected in Canada
6	1	6.1	<ul style="list-style-type: none"> Single human cases(s) with the pandemic virus detected in Canada. No cluster(s) identified in Canada
6	2	6.2	<ul style="list-style-type: none"> Localized or widespread pandemic activity observed in the Canadian population

2.4.3 Provincial

The Ministry of Health and Long-Term Care will notify the Provincial Emergency Operations Centre that an influenza pandemic has been declared by the World Health Organization, that there is a change in a pandemic phase, or about influenza pandemic activities outside of or within Ontario. The Provincial Emergency Operations Centre will relay any notifications to the Director, Facilities, Emergency Management and Security Branch, and/or the Ministry's Emergency Management and Security Coordinator as per the Ministry notification protocols.

A Provincial Infectious Disease Advisory Committee has been established to advise the Chief Medical Officer of Health on the prevention, surveillance, and control of infectious diseases. On the advice of the Ministry of Health and Long-Term Care, the province may choose to

¹⁶ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 2

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escalate its pandemic response independently of any formal declaration by the World Health Organization and subject to the authorities in the *Emergency Management and Civil Protection Act*, a provincial emergency may be declared.

The overall coordination of a provincial response will be managed from the Provincial Emergency Operations Centre and the overall Ministry response will be coordinated and managed by the Ministry Action Group from the Ministry Emergency Operations Centre.

The Ministry of Health and Long-Term Care would be the primary ministry and will likely activate their Emergency Operations Centre prior to others doing so. The activation of the Ministry of Community Safety and Correctional Services Emergency Operations Centre will be in relation to the input and recommendations of the Ministry of Health and Long-Term Care, via the Provincial Emergency Operations Centre, and may also be on the recommendation of the Ministry of Government and Consumer Services, Corporate Response Centre.

An influenza pandemic may trigger activation of various provincial emergency plans, including but not limited to, the Ontario Health Plan for an Influenza Pandemic, the Provincial Coordination Plan for an Influenza Pandemic and the Provincial Emergency Response Plan.

It is anticipated that the Ministry Influenza Pandemic Plan will be activated in conjunction with the Ministry Emergency Response Plan and Business Continuity Plan. The activation protocols outlined in those plans will be adhered to.

3 MINISTRY ROLES AND RESPONSIBILITIES

Ministry of Community Safety and Correctional Services roles and responsibilities in responding to an influenza pandemic, and in support of the Ministry of Health and Long-Term Care, were identified by the Ministry Pandemic Working Group and approved prior to inclusion in the Provincial Coordination Plan for an Influenza Pandemic. The Ministry Influenza Pandemic Plan sets out the processes and strategies that the Ministry of Community Safety and Correctional Services will use during a pandemic to fulfill those roles and responsibilities. (Note: Emergency Management Ontario also has specific roles in an influenza pandemic. The processes and strategies to fulfill those roles are outlined in the Provincial Emergency Response Plan and Provincial Coordination Plan for an Influenza Pandemic and will not be addressed in the Ministry Influenza Pandemic Plan.)

The Ministry of Community Safety and Correctional Services roles and responsibilities identified in the published Provincial Coordination Plan for an Influenza Pandemic are:¹⁷

- Use established, or if required alternative, stakeholder networks to promote information sharing, data surveillance, and/or operational support when required;
- Through a regular communication cycle, consult with the Ministry of Health and Long-Term Care to remain current on health and safety issues and disseminate appropriately;
- Be prepared to support both internal and external messaging provided by government;
- Ensure that any provincial directives regarding provincial police service during a pandemic, specifically those that protect the safety of first responders and the public, are implemented and communicated in a timely manner;
- Ensure that any provincial directives regarding municipal police service and/or fire response during a pandemic, specifically those that protect the safety of first responders and the public, are coordinated and communicated in a timely manner;
- Provide training, support and advice on Personal Protective Equipment and proper hygiene measures for Ministry staff;

¹⁷ Provincial Coordination Plan for an Influenza Pandemic, 2006, Annex B

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- Collect effective surveillance data on infectious diseases that are found within correctional facilities;
- Convene the Infection Prevention and Control Committee established in all correctional facilities to assist in the management of a pandemic outbreak within a correctional facility;
- Ensure there is an effective standard screening tool available to communities to appropriately identify deaths that require a coroner's investigation under *Section 10 of the Coroners Act*;
- For those deaths identified to be non-coroner cases ensure, in cooperation with the Ministry of Health and Long-Term Care, regional coroners and local public health units, that guidance and consultation is available to communities and local public health units to provide for an effective response to a surge in natural deaths including the proper screening, recognition, reporting of, and disposition of human remains at the local level; and
- In consultation with the Office of the Fire Marshal and the Fire Marshal's Public Fire Safety Council, provide advice on the implementation of extra fire safety precautions, if necessary.

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In addition, roles and responsibilities that are common for each ministry have been identified in the Provincial Coordination Plan for an Influenza Pandemic. The Provincial Coordination Plan for an Influenza Pandemic should be referenced for the full list, but they can be grouped as follows:

Each ministry will:

- Enhance their Business Continuity Plan to address limited resources during an influenza pandemic;
- Support the Ministry of Health and Long-Term Care as required in their response;
- Implement protocols for the screening and control of infectious diseases in ministry government workplaces, and implement appropriate staff training and public/worker education policies to complement those protocols;
- Ensure the availability, and implement procedures on the use of Personal Protective Equipment for employees and those individuals under direct care of the ministry, as required;
- Ensure those individuals within your ministry who have responsibility for Personal Protective Equipment are fully briefed and trained on Personal Protective Equipment, including proper usage and storage, location of sanitizing stations, and how to source material, in consultation with Ministry of Health and Long-Term Care; and
- Institute plans for the protection and safety of Emergency Operations Centres and staff.

The remainder of the Ministry Influenza Pandemic Plan will address the strategies that the Ministry will utilize in the accomplishment of established roles and responsibilities in the Provincial Coordination Plan for an Influenza Pandemic. Some of these strategies are internal to the Ministry while others are external and involve Ministry stakeholders.

4 INFLUENZA PANDEMIC RESPONSE STRATEGIES

An influenza pandemic may have an impact throughout society and an effective emergency response will require coordination and communication between health and emergency response systems at all levels of government.

The health system may need to call on other emergency responders and workers to assist in providing health services, transporting medical supplies and services, and ensuring the safety and security of vaccine and antiviral supplies.

Strategies have been developed to provide a framework to assist the Ministry and stakeholders in coordinating an emergency response to an influenza pandemic. The Ministry Business Continuity Strategy is internal to the Ministry, while others may provide additional information and considerations relevant to organizations under the legislative oversight of the Ministry of Community Safety and Correctional Services.

The strategies will continue to be developed and amended with the further development of national and provincial policies on influenza pandemic planning.

The influenza pandemic response strategies are:

- Communication Strategy;
- First Responder Strategy;
- Antiviral/Vaccine Security Strategy;
- Natural Death Surge Planning Strategy;
- Legal Strategy; and
- Ministry Business Continuity Strategy (internal to the Ministry).

5 COMMUNICATION STRATEGY

There will be enormous emergency information challenges during an influenza pandemic. Streamlined, coordinated, consistent, accurate, and timely communications to Ministry of Community Safety and Correctional Services staff and to external Ministry stakeholders, will be paramount in ensuring continuity of critical services and a coordinated Ministry emergency response.

Ministry communication strategies specific to an influenza pandemic are addressed in this section. They are to be implemented in addition to, and as part of, the overall Ministry approach to emergency information, identified in the Ministry Emergency Response Plan and Ministry Business Continuity Plan.

Emergency Information provided by the Ministry will support provincial messaging.

5.1 Emergency Information Responsibilities

Tools are in place, at the federal, provincial, and local levels to communicate with the public and stakeholders. The Public Health Agency of Canada is the lead agency for emergency information if a national emergency has been declared, or if the influenza pandemic has moved beyond a single province. The federal government will coordinate inter-provincial emergency information and provincial emergency information strategies must be aligned with the Public Health Agency of Canada.

At the provincial level, the Emergency Information Section, in collaboration with the Provincial Emergency Operations Centre, will coordinate provincial emergency information. In the event of an influenza pandemic, the Director of Communications, Ministry of Health and Long-Term Care, would assume the role of the Provincial Chief of Emergency Information¹⁸ and coordinate activities of the Provincial Emergency Information Section and all emergency information functions at the provincial level.

At the ministry level, the Chief Emergency Information Officer, who is a member of the Ministry Action Group, will coordinate ministry emergency information. The Director of Communications, or designate, Ministry of Community Safety and Correctional Services, would assume the role of Chief Emergency Information Officer and would coordinate all emergency information functions at the ministry

¹⁸ Provincial Coordination Plan for an Influenza Pandemic, 2006

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level, in consultation with the Provincial Emergency Information Section. Ministry emergency information for staff and stakeholders would be distributed from the Ministry Emergency Operations Centre as required.

The Ministry of Health and Long-Term Care and local public health units assume lead responsibility for public communications within their jurisdictions.

5.2 Pandemic Education and Awareness

In the inter-pandemic and pandemic alert periods, the focus of communications will be on education and awareness of the risks of an influenza pandemic and steps to be taken to prevent the spread of the virus.

The Ministry actively promotes awareness and education on influenza pandemic preparedness to Ministry staff through the [Emergency Management and Security Unit Intranet site](#),¹⁹ business continuity meetings, presentations, and distribution of resources such as posters and alcohol-based hand rubs. In addition, Ministry Business Units have developed and implemented awareness and education campaigns for their program area staff and stakeholders.

5.3 Ministry of Health and Long-Term Care Information Cycle

The Ministry of Health and Long-Term Care will communicate predominantly to the health sector and the public sector through resources such as Health Notices, the Ministry of Health and Long-Term Care Info Line and media line, Telehealth Ontario, Healthy Ontario Web sites, and through provincial media spokespeople.

In addition, the Ministry of Health and Long-Term Care has developed an information cycle for use during a public health emergency. The information cycle will ensure provider groups and the public/media receive regular timely reports. Information will be issued and briefings held at the same time each day.

For detailed information on the Ministry of Health and Long-Term Care Information Cycle refer to Chapter 12 of the Ontario Health Plan for an Influenza Pandemic, 2007.

¹⁹ <http://justice.ij.gov.on.ca/ppd/content/fac/emergmgmt/EMSplashpage.asp>

5.4 Ministry of Community Safety and Correctional Services Information Cycle

During an influenza pandemic, the Ministry of Community Safety and Correctional Services Emergency Operations Centre will implement, as required, an information cycle that is aligned with the Ministry of Health and Long-Term Care Information Cycle. It allows for the Ministry to participate in teleconference calls led by the Ministry of Health and Long-Term Care; relay information to the appropriate Ministry Executives, Business Continuity Program Leads, and stakeholders that is timely, accurate, protects health and safety, and ensures continuity of critical services; and address issues related to the event.

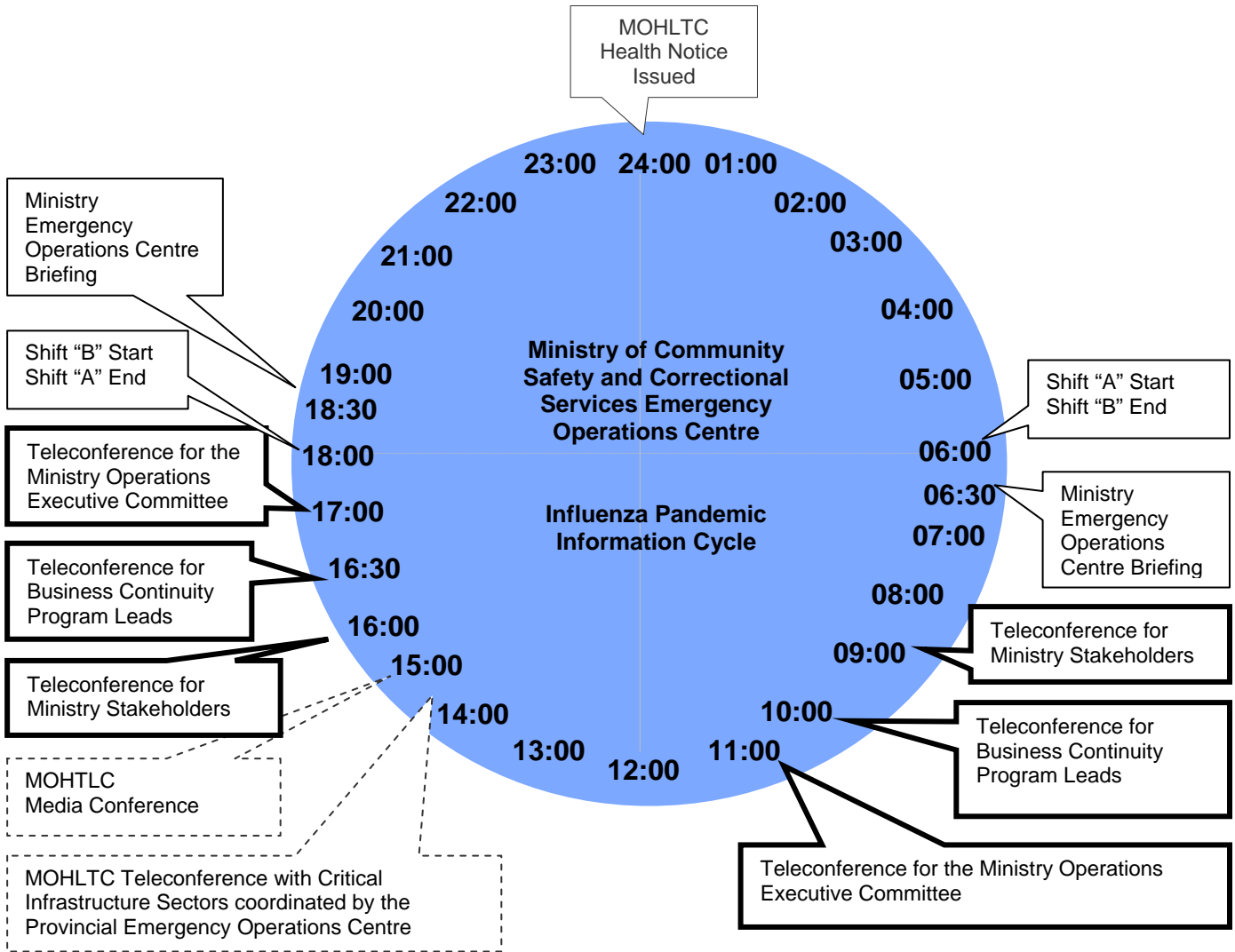
The information cycle can be adjusted so as to not impede other commitments or provincial information cycles that have been implemented. It assumes a 24-hour operation, with the Ministry Emergency Operations Centre staffed with appropriate personnel for 12-hour shifts.

The Commander of the Ministry Action Group will determine the necessity, confirm the times, and participants, which will be dependant on the event, of teleconference calls led by the Ministry of Community Safety and Correctional Services.

The Ministry Emergency Operations Centre will teleconference in on the Provincial Emergency Operations Centre briefings, as required. The Ministry Emergency Operations Centre may receive emergent information and/or requests that will be acted on accordingly outside of the Ministry Information Cycle.

The Ministry of Community Safety and Correctional Services Influenza Pandemic Information Cycle, also found in Annex A, is illustrated on the following page.

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The times and necessity for teleconferences/briefings may be altered, as required.

The Ministry Emergency Operations Centre will teleconference in on the Provincial Emergency Operations Centre and Corporate Response Centre briefings, as required.

The Ministry Emergency Operations Centre may receive emergent information and/or requests that will be acted on accordingly outside of the Ministry Information Cycle.

————— Denotes a teleconference led by the Ministry of Community Safety and Correctional Service's Emergency Operations Centre

----- Denotes a teleconference/event led by the Ministry of Health and Long-Term Care (MOHLTC)

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5.4.1 Communication to Ministry Stakeholders

The event issues will determine the necessity, appropriate stakeholders, and purpose of any teleconference calls for Ministry stakeholders.

Ministry stakeholders, who likely will be under the legislative mandate of the Ministry, will be identified by the Ministry Action Group, and confirmed by the Commander, prior to being advised of a teleconference call. Stakeholders may be identified due to common issues, functions, or geographic boundaries. They may be internal to the Ministry, such as the Ontario Provincial Police Incident Support Centre, or external, such as Regional Fire Coordinators.

The purpose of any Ministry stakeholder teleconference calls will be very specific, and distinctive from any teleconference calls that Emergency Management Ontario may coordinate from the Provincial Emergency Operations Centre with stakeholders, such as, Community Emergency Management Coordinators.

09:00 hr, 16:00 hr The purpose will be for the Ministry of Community Safety and Correctional Services Emergency Operations Centre to relay the most up-to-date information to identified stakeholders that will ensure an appropriate response to the pandemic. Stakeholders will relay issues and provide updated status reports on response efforts. This teleconference will not deal with issues internal to the Ministry such as business continuity. Issues raised may be brought forward during the Ministry Operations Executive Committee Teleconference, Ministry Emergency Operations Centre or Provincial Emergency Operations Centre briefings.

Daily teleconferences for stakeholders at 09:00 hr and 16:00 hr, or as required, will be chaired by the Commander of the Ministry of Community Safety and Correctional Services Emergency Operations Centre, or designate.

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In addition to teleconference calls, Ministry of Community Safety and Correctional Services “Situation Reports” may be forwarded to stakeholders, as required.

These teleconferences will be in addition to, and not instead of, regular communication protocols to stakeholders. Ministry Business Units will continue to utilize, via normal stakeholder communication protocols, the Ministry of Community Safety and Correctional Services Internet and Intranet, Business Unit’s Internet and Intranet, the police extranet portal, operational directives, bulletins, media, and the Ministry of Health and Long-Term Care Internet for specific health information for first responders.

Postings on the Internet during an influenza pandemic may not be able to bypass the normal approval process and therefore shouldn’t be relied on solely as the means for relaying the most up-to-date information to external stakeholders. A variety of consistent communication methods and tools with overall coordination will be essential.

5.4.2 Communication to Business Continuity Program Leads

The Ministry of Community Safety and Correctional Services Emergency Operations Centre Information Cycle incorporates dedicated times to teleconference with the Ministry Business Continuity Program Leads. The time and frequency of these calls can be adjusted as required.

10:00 hr, 16:30 hr The purpose will be for Business Units to provide a status report on continuity of critical services, limited personnel resources, and other pertinent issues. The information and issues received will be relayed to the Ministry Operations Executive Committee, the Ministry Action Group, and the Corporate Response Centre (according to the protocols of the Ministry of Government and Consumer Services), as required.

Daily teleconferences for Business Program Leads at 10:00 hr and 16:30 hr, or as required, will be chaired by the Ministry Business Continuity Coordinator, or designate, and an ***Influenza Pandemic Business Continuity Plan Status Report, Annex B***, will provide the framework for these calls.

5.4.3 Communication to the Ministry Operations Executive Committee

The Ministry of Community Safety and Correctional Services Emergency Operations Centre Information Cycle incorporates a dedicated time to teleconference with the Ministry Operations Executive Committee. The time and frequency of these calls can be adjusted as required.

11:00 hr, 17:00 hr The purpose of the teleconference is to provide the Ministry Operations Executive Committee with a summary of any issues raised during the Stakeholder and Business Continuity Program Leads teleconference and to receive further direction, if required.

Daily teleconferences for the Ministry Operations Executive Committee at 11:00 hr and 17:00 hr, or as required, will be chaired by the Assistant Deputy Minister / Chief Administrative Officer, Corporate Planning and Services Division, or designate.

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5.4.4 Communication with the Ministry of Health and Long-Term Care

The Ministry of Health and Long-Term Care Information Cycle ensures identified groups and the public/media receive regular timely reports.

14:00 hr

In communicating information with stakeholders outside of the health sector, the Ministry of Health and Long-Term Care will conduct regular, pre-arranged teleconferences at 14:00 hr daily. This call will be coordinated by the Provincial Emergency Operations Centre, with the broader public and private sectors.²⁰

The purpose will be for the Ministry of Health and Long-Term Care to provide direct updates prior to the daily media conference. The Ministry of Community Safety and Correctional Services Emergency Operations Centre will participate in the call and the Ministry Action Group will be responsible for identifying additional key public/private critical infrastructure sector stakeholders to participate, if required.

The 14:00 hr teleconference will be in addition to, and not instead of, regular communication protocols between the Ministry of Health and Long-Term Care and Ministry of Community Safety and Correctional Services, and will not preclude information that is communicated to the Ministry of Health and Long-Term Care, via the Provincial Emergency Operations Centre.

²⁰ Provincial Coordination Plan for an Influenza Pandemic, 2006, 3.4.2

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24:00 hr

The Ministry of Health and Long-Term Care will issue daily “Important Health Notices” at 24:00 hr that will be posted on their Internet site. The Ministry of Community Safety and Correctional Services Emergency Operations Centre will ensure that the “Important Health Notices” are forwarded daily to the appropriate stakeholders identified by the Ministry Action Group.

5.4.5 Communication to Ministry Employees

As identified in the Provincial Coordination Plan for an Influenza Pandemic, the Ministry of Government and Consumer Services is responsible to ensure communications protocols are developed and in place to ensure information is delivered to Ontario Public Service staff in a timely way (i.e., key messaging, template communications products, etc.).²¹ The Corporate Response Centre, which is managed by the Ministry of Government and Consumer Services, will likely facilitate teleconference calls with the ministries to coordinate communication to Ontario Public Service staff.

Different methods of communicating with staff during an influenza pandemic will be necessary. Primary methods include the Intranet, bulletin boards, voice recordings on the Ontario Public Service phone system, and email. Other strategies must be considered as employees may have arrangements to work from home.

The Ministry Emergency Information Plan and Communication Scripts annexed in the Ministry Business Continuity Plan, as well as communications strategies in Business Unit Business Continuity Plans provide the framework for communication to the staff.

²¹ Provincial Coordination Plan for an Influenza Pandemic, 2006, Annex B

6 FIRST RESPONDER STRATEGY

The intent of the First Responder Strategy is to provide additional information and considerations that may assist influenza pandemic planning. The information may be relevant to first responder organizations under the legislative oversight of the Ministry of Community Safety and Correctional Services and some of the infection prevention and control measures may be applicable across Ministry Business Units. (The Ministry of Government and Consumer Services will recommend further infection prevention and control measures and strategies for the Ontario Public Service.)

This is NOT a directive to the Ministry of Community Safety and Correctional Service's stakeholders to implement these strategies, and does NOT direct stakeholders to change or replace existing standards, regulations, guidelines, plans and procedures that are already in place for emergency planning/communicable diseases.²² Any regulations regarding emergency planning and Occupational Health and Safety prevail and are to be followed.

Effective emergency management in an influenza pandemic will depend on efficient coordination of emergency response activities between the health sector and the public safety sector. The health sector may need to call on the public safety sector to perform duties out of the ordinary, such as assisting in providing health services, and ensuring the safety and security of limited resources such as antivirals and vaccines. Regulations made under the *Highway Traffic Act* allow Emergency Medical Services to use other emergency responders (e.g. police, firefighters) as drivers,²³ which may be in conflict with an agency's procedures, and cause a further reduction to personnel resources. For example, during the SARS outbreak in Ontario, there were requests for

²² Under [The Police Services Act](#), Ontario Regulation 3/99 [Adequacy and Effectiveness of Police Services](#), and supporting guidelines capture the direction to police services with respect to emergency planning. Under section 29 of the *Adequacy and Effectiveness of Police Services Regulation*, police services board are required to have a policy with respect to emergency planning by the police service. In addition, section 26(1) requires the Chief of Police to prepare an emergency plan for the police service that sets out the procedures to be followed during an emergency, and section 26(2) states that the Chief of Police may adopt the municipality's emergency plan as the police service's emergency plan if it addresses the role and duties of the police service during an emergency, and the procedures to be followed by members of the police service during an emergency. In addition police services have been provided a guideline to assist police to develop procedures with respect to communicable diseases (Communicable Diseases Guideline AI-004).

²³ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 15

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fire personnel to drive Ambulances, and although there can be a change in licensing, they lacked the driver training specific to the safe operation of an Ambulance.

First responder organizations may be faced with additional challenges during an influenza pandemic in ensuring the health and safety of personnel and balancing resources between additional responsibilities and service demands. They will be expected to maintain critical services with limited resources, while there is an increase in service calls to maintain public order, protect public safety and support the health sector. It may be necessary for organizations to exhibit flexibility in established response protocols and operating procedures, such as, limiting tiered response calls, having reports done over the phone rather than in person, limiting visitors to the workplace, and enforcing strict infection prevention and control measures in the workplace.

Extensive Business Continuity Plans for first responders are already in place and may include staffing/human resource plans, mutual aid and tiered response agreements, identification and prioritization of critical services, all of which may become issues in an influenza pandemic. To prepare for an influenza pandemic, first responder organizations are encouraged to address issues in their Business Continuity and/or Influenza Pandemic Plans that may arise during an influenza pandemic that may include, but are not limited to:

- Employee assistance programs to help cope with responder fatigue, stress, anxiety and family welfare;
- Workplace infection prevention and access control, reviewing cleaning/disinfection protocols;
- Education and awareness;
- Personal Protective Equipment;
- Redeployment of personnel;
- Supply chain management agreements and contingencies for potential border closures;
- Internal and external communication;
- Tiered response protocol;

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- Staff and screening tool;
- Emergency Call Management (identify non-critical services that could be scaled back or eliminated);
- Client / prisoner screening tool and transportation;
- Needs of persons in custody;
- Sudden death investigations; and
- Mutual aid agreements and memorandums of understanding that are up-to-date and appropriate for use during an influenza pandemic.

Additional resources and links specific to first responder pandemic planning can be found on the Ministry of Health and Long-Term Care [First Responder Website](#)²⁴ and the U.S. Department of Justice, [Solutions for Safer Communities](#)²⁵ Website.

6.1 Infection Prevention and Control Measures

The best protection for the health and safety of first responders and their clients during an influenza pandemic will be the use of infection prevention and control measures, where appropriate.

Influenza virus can be spread by droplets. These can be transmitted over short distances through the air by coughing or sneezing, or through direct contact with contaminated hands, objects or surfaces. In addition, influenza can be transmitted through the air when performing procedures that generate aerosols (i.e., intubations). Further research is required to confirm if influenza may be transmitted through other airborne routes and therefore cannot be ruled out at this time.²⁶ In combination with occupational health and safety measures, infection prevention and control measures can help protect first responders from exposure to the influenza virus.

²⁴ http://www.health.gov.on.ca/english/public/program/emu/pan_flu/first/tools.html

²⁵ <http://www.ojp.usdoj.gov/BJA/pandemic/resources.html>

²⁶ See Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 7 for detailed information.

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The key to first responder health and safety lies in ensuring that ongoing awareness, education, training and support programs that are related to infection prevention and control measures be developed and implemented in consultation with joint health and safety representatives.

6.1.1 First Responder Precautions

Proper Hand hygiene is the single most important practice in preventing influenza transmission.

Suggested Infection Prevention and Control Measures for first responders include, but are not limited to:

- Ensure access to infection prevention and control expertise;
- Implement pandemic training and awareness programs;
- Encourage immunization for employees and their families against seasonal influenza;
- Post infection control notices around the workplace (e.g., hand hygiene protocols, cough etiquette, etc.). Signage on proper hand hygiene and health notices help raise awareness about the risk of disease transmission in workplace settings, and reinforce personal/individual responsibility for hand hygiene;
- Establish alcohol-based hand rub stations at entrances to stations and other system facilities (e.g., dispatch/supply centres);
- Practice hand hygiene, to the extent possible, with an alcohol-based hand rub, or with soap and water, before contact with the client, after removing and disposing of Personal Protective Equipment (masks, eye protection, gloves and gowns, if applicable) and before touching your face, especially your eyes, nose or mouth;
- Use additional Personal Protective Equipment where appropriate;
- Consider stockpiling of Personal Protective Equipment and work with suppliers to ensure an ongoing source of supplies and equipment during a pandemic;

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- Ensure the organization has adequate supplies of hand hygiene products, cleaning supplies and other protective equipment, as appropriate;
- Examine and modify, where appropriate and to the extent possible, normal procedures, to minimize personal contact during an influenza pandemic;
- Sit next to rather than directly in front of a coughing client;
- Suspend training and non-essential meetings;
- Develop Tiered Response Agreements for use during an influenza pandemic;
- Ensure prisoner transportation procedures are efficient for use in a pandemic;
- Restrict visitors or limit access during a pandemic;
- Ensure mutual aid agreements and memorandums of understanding are up-to-date and appropriate for use during an influenza pandemic considering the anticipated reduction in personnel resources;
- Hold meetings via teleconference or cancel meetings or training activities;
- Practice social distancing,²⁷ when appropriate;
- Practice cough etiquette – if tissues are not available cough or sneeze into your sleeve instead of your hands.
- Organize shift changes, if appropriate, to allow for a time interval between when one shift ends and another begins to limit staff contact;

²⁷ Currently the Ontario Health Plan for an Influenza Pandemic, 2007, recommends that social distancing should be greater than 1 metre between individuals who are suspected of having influenza. However, that distance recommendation is under review.

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- Avoid meeting people face to face, to the extent possible. Use the telephone, teleconference/videoconference, Internet and email instead;
- Encourage staff to avoid classes, training exercises or other activities during or after work that require close contact with other people;
- For front line service staff, a physical barrier between server and client may be warranted;
- Develop Infection Control Toolkits which include appropriate Personal Protective Equipment, disinfectant wipes and other equipment;²⁸
- Post notices at entry points to appropriate facilities, advising staff and visitors not to enter if they have symptoms of influenza;
- Ensure proper office, workspace and facility cleaning are executed on a scheduled, ongoing basis:
 - Inspect and replace filters of air conditioning systems regularly;
 - Clean telephone sets for each phone; and
 - Regularly clean all common areas, counters, desktops, door handles, railings, sinks, washroom utilities, etc.
Note: For standard workplace settings, such as office facilities, cleaning can be accomplished with water, detergent and mechanical action (such as scrubbing) with a sufficient amount of contact time.

6.1.2 Personal Protective Equipment

Personal Protective Equipment may be an added protective measure for the health and safety of first responders and their clients. As the pandemic virus is known, the Ministry of Health and Long-Term Care will provide updates on the most appropriate Personal Protective Equipment, as well as any information on its proper use and disposal, that may be outside of routine practises. Organizations are encouraged to plan for Personal Protective Equipment well in advance of an influenza pandemic.

²⁸ Police Services should also refer to the Policing Standards Manual (2000) AI-004, Communicable Diseases – Equipment and Facilities List.

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Organizations will need to determine if, and what type, of Personal Protective Equipment is required. A risk analysis of such things as work setting, processes, client flow and personal interaction will identify vulnerabilities in terms of virus transmission.

As it may not be practical to practice social distancing, or likely to immediately verify what illness or infectious disease, if any, a client may have, it is advised that during an influenza pandemic first responders use Personal Protective Equipment at the direction of their organization.

Personal Protective Equipment includes:

- Masks (appropriate surgical and/or N95 respirator*);
- Gloves;
- Eye goggles or face shields;
- Disposable gowns; and
- Alcohol-based hand rubs.

*NOTE: The Ontario Health Plan for an Influenza Pandemic, July 2007, recommends health care workers use N95²⁹ respirators for patient care for pandemic influenza (including influenza-like illness).³⁰ Further occupational Health and Safety Infection Prevention and Control Recommendations in Health Care Settings can be found in Chapter 7 of the Ontario Health Plan for an Influenza Pandemic, 2007.

First responder organizations should plan for the appropriate Personal Protective Equipment in the event of an influenza pandemic keeping in mind workplace health and safety and the precautionary principle as set out by Justice Campbell in the final report of the Severe Acute Respiratory Syndrome (SARS)³¹ Commission ([Spring of Fear, December 2006](#)³²) which stated: “We cannot wait for scientific certainty before we take reasonable steps to reduce risk.”

²⁹ N95 respirator masks require fit testing. Personnel must know how to effectively wear the respirator to ensure a tight facial seal.

³⁰ Ontario Health Plan for an Influenza Pandemic, 2007, Table 7.2: Personal Protective Equipment for Patient Care

³¹ Severe Acute Respiratory Syndrome was a virus that emerged in Ontario from China in 2003. Forty-four people died in Ontario and many more were struck with serious lung disease.

³² The full SARS Commission report can be found at <http://www.sarscommission.ca/>.

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The SARS Commission recommends:

- That the precautionary principle, which states that action to reduce risk need not await scientific certainty, be expressly adopted as a guiding principle throughout Ontario's health, public health and worker safety systems by way of policy statement, by explicit reference in all relevant operational standards and directions, and by way of inclusion, through preamble, statement of principle, or otherwise, in the *Occupational Health and Safety Act*, the *Health Protection and Promotion Act*, and all relevant health statutes and regulations;
- That in any future infectious disease crisis, the precautionary principle guide the development, implementation and monitoring of procedures, guidelines, processes and systems for the early detection and treatment of possible cases; and
- That in any future infectious disease crisis, the precautionary principle guide the development, implementation and monitoring of worker safety procedures, guidelines, processes and systems.

Specific to pandemic planning, the SARS Commission recommends:

- That the precautionary principles guide the development of pandemic related worker safety policies, practices, procedures and guidelines.

Employers are responsible to ensure the availability of, and to implement procedures on, the use of Personal Protective Equipment according to their organizational needs. First responders are encouraged to plan for a supply of suggested Personal Protective Equipment well in advance of an influenza pandemic. The Ministry of Health and Long-Term Care hosts an [ambulance-transition website](http://www.ambulance-transition.com/equipments.htm),³³ which is a useful resource providing a detailed list of medical equipment (alcohol-based hand rubs, masks, gloves, gowns and goggles), vendors and pricing. (Note that agreements with vendors are continually being updated and are, therefore, subject to change).

³³ <http://www.ambulance-transition.com/equipments.htm>

Donning and Removing of Personal Protective Equipment

First responders should practice infection prevention control techniques for donning and removing Personnel Protective Equipment.

The following is taken from the [Infection Prevention and Control Best Practices Manual for Land Ambulance Paramedics](#):³⁴

Sequence and donning of Personal Protective Equipment

1. Perform hand hygiene
2. Gown
3. Mask
4. Eye Protection
5. Gloves

Sequence and removal of Personal Protective Equipment

1. Gloves
2. Gown
3. Perform hand hygiene
4. Eye Protection
5. Mask
6. Perform hand hygiene

Personal Protective Equipment should be disposed of as per routine practises. As the pandemic virus is known, the Ministry of Health and Long-Term Care will provide further direction on proper disposal, if required.

For further information on Personal Protective Equipment and pictorial instructions see ***Donning and Removal of Personal Protective Equipment, Annex C.***

³⁴ http://www.ambulance-transition.com/pdf_documents/infection_prevention_&_control_best_practices_manual.pdf

6.1.3 Vehicle Cleaning Protocols

Local service's Vehicle Cleaning and Disinfection Policies should be evaluated to determine their effectiveness during an influenza pandemic, and adapted as required.

Cleaning is the process of removing all visible and non-visible contamination from a surface using soap, detergent or enzymes. Disinfection is the process that kills many or all pathogenic micro-organisms on a surface. Cleaning must always be done before disinfection as visible contamination can shield micro-organisms from the action of disinfectants.

It is extremely important to follow the manufacturer's instructions when using cleaning and disinfection products. Disinfection products may require sufficient surface contact time to achieve the required level of disinfection.

The [Infection Prevention and Control Best Practices Manual for Land Ambulances](#)³⁵ may be a useful reference in evaluating local service's vehicle cleaning protocols. It suggests the following for cleaning ambulances following the transport of a patient with a suspected disease transmitted by airborne or respiratory droplets:

- Gloves, appropriate masks and eye protection should be worn when cleaning the ambulance following a call resulting in the management and/or transport of a patient with suspected disease transmitted by airborne or respiratory droplets. Gloves, masks, eye protection and gowns/coveralls, should also be worn when cleaning if there is any possibility of a splash with blood or body fluids. Hand hygiene must be performed following all cleaning and disinfection procedures.

Further information on equipment and surface disinfection including products and procedures is available in Health Canada Infection Control Guideline - [Hand washing, Cleaning, Disinfection and Sterilization in Health Care](#).³⁶

³⁵ http://www.ambulance-transition.com/pdf_documents/infection_prevention_&_control_best_practices_manual.pdf

³⁶ <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>

6.1.4 Tools and Resources

Various infection prevention tools and resources have been developed across jurisdictions to assist pandemic planning efforts.

The Ministry of Health and Long-Term's Care's [Guide to Developing a Workplace Health Plan for an Influenza Pandemic](#)³⁷ provides further information for keeping the workplace clean from infection: **The Guide is attached as Annex D.**

The Ministry of Community Safety and Correctional Service's Infection Prevention and Control Guidelines for Emergency Operations Centres³⁸ provides further infection prevention and control measures specific to Emergency Operations Centres. **The Infection Prevention and Control Guidelines for Emergency Operations Centres is attached as Annex E.**

Other tools to assist employees and employers in their efforts in keeping themselves and their workplace infection free are attached as Annexes as follows:

- ***Entry Point Notice, Annex F***
- ***Infection Control Poster, Annex G***
- ***Hand Washing Protocols, Annex H***

6.2 Tiered Response Agreements

Tiered Response Agreements are voluntary formal written documents negotiated between two or more public and/or private sector safety agencies to establish local protocols for multi-agency response to a life threatening or public safety incident. It outlines the capabilities, expectations and limitations of each agency and defines the criteria for participation.

The Ministry of Health and Long-Term Care, Emergency Health Services; the Ministry of Community Safety and Correctional Services, Office of the Fire Marshal; and the Ontario Association of Fire Chiefs published [Guidelines on Developing Tiered Response Agreements for Emergency Services Delivered in](#)

³⁷ http://www.health.gov.on.ca/english/public/program/emu/pan_flu/employ/guide.html

³⁸ The Provincial Coordination Plan for an Influenza Pandemic, 2006, Annex A

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[Ontario](#),³⁹ which provides the requirements, criteria and operational considerations for Tiered Response Agreements. ***The Guidelines on Developing Tiered Response Agreements are attached as Annex I.***

The guiding principles of any tiered response program as stated in the guidelines are:

- To ensure the timely availability of staff and resources to safely and efficiently mitigate a life threatening / public safety incident; and
- To deploy adequately trained and equipped personnel to the scene of agreed upon life threatening / public safety emergencies.

An operational consideration stated in the guidelines, which has particular relevance during an influenza pandemic is:

- Consideration should be given in any tiered response agreement to CBRNE (Chemical, Biological, Radiological, Nuclear and High Explosive) or other long term/major impact incidents that would affect the agencies abilities to function in a routine manner (i.e., large numbers of staff affected by quarantine).

It may be desirable to consider whether the current Tiered Response Agreements require modification to address an influenza pandemic to limit personnel to unnecessary risk and conserve limited first responder resources.

During the Severe Acute Respiratory Syndrome outbreak in 2003, a Provincial Emergency Operations Centre Directive was issued related to modified tiered response of emergency services to Central Ambulance Communications Centres⁴⁰ for certain geographic areas. The Directive was intended as a temporary measure to reduce unnecessary exposure to potential Severe Acute Respiratory Syndrome patients in non-life threatening circumstances.

³⁹ <http://www.ofm.gov.on.ca/english/publications/Communiques/2006/2006-02at.asp>

⁴⁰ Directive to GTA/Simcoe County Central Ambulance Communications Centre – Modified Tiered Response for Emergency Services, April 3, 2003

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For information and consideration only in developing Influenza Pandemic Tiered Response Agreements, an excerpt from the Directive follows. Any Directives issued from the Provincial Emergency Operations Centre would be dependent on the event.

Effective immediately the following guidelines for activating Tiered Response are to be put into effect.

Tiered Response will be activated ONLY for calls that meet the following criteria:

- *Unconscious*
- *Absence of breathing (follow dispatch Severe Acute Respiratory Syndrome questioning protocol)*
- *Difficulty breathing – life threatening (using call-taking breathing card)*
- *Chest pain/real or apprehended heart attack*
- *Vital signs absent*

If the patient or caller does not answer “yes” to one of the above, DO NOT TIER FIRE SERVICES OR POLICE as applicable.

If fire or police services are tiered to call with potential Severe Acute Respiratory Syndrome exposure, advise all personnel to exercise universal precautions.

This Directive is intended as a temporary measure to reduce unnecessary exposure to potential Severe Acute Respiratory Syndrome patients in non-life threatening circumstances. All tiered responses to life threatening situations should continue as usual in the referenced jurisdictions.

First responder organizations are encouraged to consider the usefulness of Influenza Pandemic Tiered Response Agreements in advance that spell out the terms and conditions under which tiered response is activated and deactivated in a pandemic, and set out the capabilities, expectations and limitations of each agency involved in the agreement.

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In developing Influenza Pandemic Tiered Response Agreements, it is important to consider that a tiered emergency response (EMS, Fire, and Police) not be activated for every influenza pandemic death, if not required. These resources will be struggling to maintain other emergency service calls that require their expertise.

The concept of an “Influenza Pandemic Response Team” could be addressed in a Influenza Pandemic Tiered Response Agreement as a strategy to conserve utilization of other valuable first responder resources. Discussions in several communities have determined that the most logical members of an “Influenza Pandemic Response Team” would include a police officer with death investigation experience and a medically trained individual (EMS or nurse). Communities may want to consider identifying and training in advance a team that will be dispatched to a suspected influenza pandemic death to confirm that death has occurred (Pronounce Death); to determine whether the coroner should be called or not; to ascertain whether the death was likely due to an influenza pandemic; and to initiate the process of having the body removed from the scene for ultimate disposition (funeral, burial, cremation). Community planners and the involved agencies would need to determine the criteria for having a “Pandemic Response Team” deployed if that concept was implemented.

Other strategies in an Influenza Pandemic Tiered Response Agreement could be to develop an appropriate algorithm that screens for an influenza pandemic and train calltakers in its application.

The Natural Death Surge Planning Chart, provided in Annex L, outlines the steps in the death management process including the proper screening, recognition, reporting of, and disposition of human remains at the local level. It is not prescriptive, but suggests issues that may require strategies, such as modified Tiered Response Agreements, to be developed at the local level in consultation with the Regional Supervising Coroner, local public health, first responders, and community emergency management coordinators.

6.3 First Responder Website

Of utmost importance will be providing first responders with the tools, resources, education, and timely and consistent communication to protect their health and safety during an influenza pandemic. In addition to the information contained in the Communication to Stakeholders Strategy, the Ministry of Health and Long-Term Care and the Ministry of Community Safety and Correctional Services have collaborated to provide a First Responder Pandemic Website hosted by the

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Ministry of Health and Long-Term Care, which serves as a single entry point for generic influenza pandemic information for first responders.

The site provides important information for first responders on pandemic planning and preparedness and includes information on Infection Control; Personal Protective Equipment; Antivirals and Vaccines; the Role of Federal, Provincial and Local Agencies; and Educational Resources and Tools.

During an influenza pandemic the site will be updated with current and emerging health information, as resources allow. It will not replace regular communication protocols with first responder organizations, but will be an added resource.

6.4 Priority for Antivirals and Vaccines

Ontario currently has an antiviral stockpile large enough to treat 25% of the population, which is the proportion of the population expected to become sick enough during a pandemic to need antiviral treatment.⁴¹ Currently there is no evidence that healthy groups of people on antiviral drugs in order to prevent influenza (i.e., prophylaxis) will slow or stop the spread of a pandemic; however, prophylaxis with antiviral drugs may play a key role in maintaining critical services (i.e., preventing infection in and providing reassurance to people caring for individuals with influenza as well as workers in critical industries) until a vaccine becomes available. Ontario will develop a provincial policy on the use of antivirals for prophylaxis after consideration of the national policy (currently under development).⁴² This Plan will be updated to reflect the development of any provincial policies.

Ontario's goal is to obtain enough vaccine for the entire population, but during the early stages of a pandemic, vaccine will be in short supply. In this situation, the province will follow the national recommendations for priority groups for influenza immunization, adapting them as required to meet provincial needs. Considerations for priorities for access will be driven by the epidemiology and presentation of the influenza pandemic and the continuance of Ontario's critical services.

⁴¹ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 9

⁴² Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 9

7 SECURITY STRATEGY FOR VACCINES/ANTIVIRALS

The federal government is responsible for approving and licensing antiviral drugs for use in Canada. Ontario has committed to maintaining a stockpile large enough to treat 25% of the population, which is currently in place.⁴³

The federal government is responsible for vaccine procurement and supply of vaccine. Ontario's goal is to obtain enough vaccine for the entire population, but once available it will take four to five months after the pandemic strain is identified to develop a vaccine and will initially be in short supply and high demand. To immunize the entire province, Ontario would require 25 million doses (based on two doses per person, over approximately four months). In the early stages, priority groups for vaccine will have to be identified and the province will follow the national recommendations (currently under development), adapting them as required to meet provincial needs.⁴⁴

7.1 Vaccine/Antiviral Distribution

The Ministry of Health and Long-Term Care has developed an [Ontario Emergency Mass Vaccination Plan](#),⁴⁵ which outlines the overall provincial approach, responsibilities, and offers guidelines at the local level for mass vaccination/antiviral distribution. The following approaches are taken from the Ontario Emergency Mass Vaccination Plan:

A goal of the Ontario Emergency Mass Vaccination/Prophylaxis Plan is to store, distribute, allocate and administer vaccination/prophylaxis supplies securely, efficiently and appropriately. A coordinated approach with the health sector and first responders is required to address the safety and security of vaccines/antivirals, storage and distribution sites, distribution routes and the public.

Mass vaccination/prophylaxis can be administered with a "Push" or a "Pull" approach. Ontario will use primarily a "Pull" approach, where people will attend mass vaccination clinics, organized by local public health units. A "Push" approach may be an option where the medication is brought directly to address certain groups, such as front-line health care workers, first

⁴³ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 9

⁴⁴ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 9

⁴⁵ Ontario Health Plan for an Influenza Pandemic, Ontario Emergency Mass Vaccination Plan, Chapter 9A

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responders, essential service workers and clients under direct care of institutions.

7.2 Provincial Responsibilities

The province has established storage capacity for a stockpile of provincial supplies at the Ontario Government Pharmaceutical and Medical Supply Services.⁴⁶

Within the Ontario Emergency Mass Vaccination/Prophylaxis Plan, the Ministry of Health and Long-Term Care is responsible for coordinating the distribution of antivirals/vaccines to designated locations across the province within each public health unit's jurisdiction. The Ministry of Health and Long-Term Care Ministry Emergency Operations Centre will coordinate the distribution of antivirals/vaccines and other supplies, as required.

In addition to storage and distribution, the province is also responsible for ensuring the safety and security of provincially held supplies.

Provincial Security Protocols

The Ministry of Health and Long-Term Care foresees the use of private security guards for day-to-day security requirements, however, emergency security requests where a police response is warranted, must also be planned for.

The Ministry of Health and Long-Term Care, in consultation with the Ontario Provincial Police, will be developing provincial security protocols for emergency security requests and the Ministry Influenza Pandemic Plan will be amended as required.

7.3 Local Responsibilities

Within the Ontario Emergency Mass Vaccination/Prophylaxis Plan, local public health units are responsible for coordinating the distribution of antivirals/vaccines among health care organizations at the local level.

The local public health unit has overall responsibility for secure storage, distribution, tracking, and data collection at the local level, and for the actual administration of any vaccine/medication to any priority groups.

⁴⁶ Ontario Health Plan for an Influenza Pandemic, 2007, Chapter 9A

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Once the province has delivered supplies to the designated local storage location, the local public health units are responsible for coordinating the secure transportation of supplies and equipment to and from the clinics within their jurisdiction.

Liaison with local police services and security guards are encouraged in developing local security protocols to ensure the safety and security of the storage facilities and transportation routes of local antivirals/vaccines.

8 NATURAL DEATH SURGE PLANNING STRATEGY

The intent of the Natural Death Surge Planning Strategy is to provide additional information and considerations that may assist influenza pandemic planning. The implementation of the strategies and tools are NOT mandated or directed for use in local influenza pandemic planning and this does NOT replace existing influenza pandemic plans, procedures or guidelines.

An increase in mortality is expected during an influenza pandemic, but accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread.

The World Health Organization advises that death rates are largely determined by four factors:

- the number of people who become infected;
- the virulence of the virus;
- the underlying characteristics and vulnerability of affected populations; and
- the effectiveness of preventive measures.

All estimates that have been made on the anticipated number of deaths are purely speculative. The World Health Organization has estimated from 2 million to 7.4 million deaths worldwide⁴⁷ and based on a 35% attack rate, Ontario public health officials estimate a minimum of 6,864 to a maximum of 20,072 deaths in Ontario over the course of the influenza pandemic. For planning purposes, Ontario estimates that the most likely number of fatal cases is 12,303.⁴⁸ Of those fatalities, 70% (8,612) will be in the hospital setting.

Preparedness planning is essential for all levels of government to ensure that a strategy is developed to ensure the systems and procedures are in place to manage a surge in natural deaths including the proper screening, recognition, reporting of, and disposition of human remains. A SARS Commission recommends a pre-planned response involving the funeral industry, the Ministry of Health and Long-Term Care, public health, the hospital community, Emergency Management Ontario, and the Office of the Chief Coroner, supported by agreed upon policies, procedures, protocols, memoranda of

⁴⁷ <http://www.who.int/csr/disease/influenza/pandemic10things/en/>

⁴⁸ Ontario Health Plan for an Influenza Pandemic, 2007, "Table 3.1: Estimated impact on an Influenza Pandemic by Attack Rate"

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understanding, and tabletop drill exercises to prevent the problems that arose during the Severe Acute Respiratory Syndrome outbreak.⁴⁹

8.1 Natural Death Surge vs. Multiple Fatality

An important concept for planning is the fact that an influenza pandemic would likely result in a “Natural Death Surge” rather than a “Multiple Fatality Event” and therefore would not likely lead to an activation of the Provincial Multiple Fatality Plan, which is maintained by the Office of the Chief Coroner. A coroner’s investigation would likely be required for a death resulting from a Multiple Fatality Event, but not necessarily from a Natural Death Surge.

Multiple Fatality Event can be defined as follows:

“Incident or event (usually a single event) where several persons die, and where the number of deaths exceeds the capabilities of the local resources (personnel, equipment, facilities) to respond with appropriate investigation, recovery of remains, examination of the bodies, identification of the decedents, reporting of findings, and ultimate disposition of the human remains (repatriation, burial, cremation).”

Natural Death Surge can be defined as follows:

“An increased number of deaths from natural causes that can occur over a period of time (weeks to months) rather than in one incident or event. The impact of an ongoing natural death surge may impact local systems and capabilities.”

8.2 Role of the Office of the Chief Coroner during an Influenza Pandemic

The Office of the Chief Coroner, through the Ministry of Community Safety and Correctional Services, will be actively involved provincially and regionally, along with other stakeholders, in providing input into the prevention, mitigation, preparedness, response and recovery to an influenza pandemic.

Coroners must have the appropriate jurisdiction to investigate deaths and the involvement of the Office of the Chief Coroner in dealing with a pandemic will

⁴⁹ The SARS Commission, Executive Summary, Spring of Fear, pg. 58

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depend entirely on circumstances. In the early stages of an influenza pandemic, involvement of the Office of the Chief Coroner may be quite significant as there may be important public safety issues to consider. As the pandemic evolves, involvement of the Office of the Chief Coroner will likely diminish considerably.

The [Coroners Act](#), RSO, 1990, Ch C.37⁵⁰ provides the legal framework under which coroners in the province conduct investigations into many deaths. Without appropriate jurisdiction, the coroner may not investigate a death. The circumstances where a coroner does have jurisdiction are outlined in Section 10 of the *Coroners Act* and include all non-natural deaths, as well as many natural deaths. The “normal” business of the coroner will continue during an influenza pandemic.

All non-natural deaths, including homicides, suicides, accidents, deaths in custody, and those of undetermined circumstance will require investigation, as will other deaths that fall under Section 10 of the *Coroners Act*. Included in the natural deaths are those that are sudden and unexpected. Deaths resulting from a declared influenza pandemic would be regarded as natural, but not necessarily sudden and unexpected, therefore the coroner would not automatically have jurisdiction or have the requirement to become involved in any investigation.

Coroners may not be as readily available during a declared pandemic because they will likely be heavily involved in caring for patients within their own areas of medical practice. Should they contract influenza themselves, they may be medically unfit or prohibited from working.

It is anticipated, that in the event of an influenza pandemic, communities may assume that they will be able to request coroners to respond to a death that would not ordinarily require a coroner’s investigation. This may be for no other reason than to perform certain requisite tasks and complete documentation when there is no one else available to assume responsibility. The Office of the Chief Coroner has emphasized that this type of request must be reserved for exceptional circumstances, and cautions that it cannot guarantee that coroners will be available to respond.

The Office of the Chief Coroner will provide guidance and advice to communities on areas where it has expertise, or experience, to assist with local planning efforts to ensure that appropriate local strategies are in place for dealing with the

⁵⁰ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c37_e.htm

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expected surge in natural deaths. Local natural death surge strategies should be a component of local pandemic plans for implementation once a pandemic is declared. These strategies should be discussed with the Regional Supervising Coroner, local funeral service providers, cemeteries and crematoria, who will have key roles in the efficient short-term storage, handling, and ultimate disposition of remains. The Funeral Service Association of Canada and the Ontario Board of Funeral Services have published a [Guide to Pandemic Planning](#)⁵¹ for their licensees and staff.

8.3 Influenza Pandemic Screening Questionnaire

Local planners tasked with developing a pandemic plan for their organizations are faced with the perplexing challenge of managing potentially high numbers of deaths in a declared influenza pandemic. The Office of the Chief Coroner has developed and shared with local planners a questionnaire to assist local communities in dealing with the anticipated surge in natural deaths during an influenza pandemic.

Use of this questionnaire will apply primarily to deaths occurring in the community, rather than in a designated health care facility, and will be of value in circumstances where there may be a reasonable presumption that the death was due to influenza. It is assumed that health care facilities will have mechanisms and personnel in place to pronounce and certify deaths that occur within their premises, consistent with their current responsibilities.

The Office of the Chief Coroner has not mandated the use of the questionnaire, but it can assist in distinguishing those deaths that must be referred to the coroner from those that can be assumed to be due to an influenza pandemic. It is provided as a guideline and can be amended to meet local needs to include such things as local procedures for the reporting of and documenting requirements for influenza pandemic deaths.

The use of an Influenza Pandemic Screening Questionnaire will require that local public health and response agencies work together to provide for the appropriate training in its use and application, as those who have been determined by the community to utilize the screening questionnaire will find it different from normal protocols and procedures. The Ministry of Community Safety and Correctional Services and the Ministry of Health and Long-Term Care are jointly developing a training module to accompany the Screening Questionnaire. The training module,

⁵¹<http://www.funeralboard.com/PublicUploads/2234439103%20Pandemic.pdf>

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when available, will be distributed and should be customized for local use. Training should be implemented by the agencies who will use the questionnaire and the Regional Supervising Coroners would be available in an advisory capacity to assist in developing the training, if required.

The questionnaire is broken into 3 sections:

1. Section one determines the necessity to involve the coroner in circumstances that would fall under Section 10 of the *Coroners Act*.
2. Section two elicits a medical history, including signs and symptoms, possible history of exposure, and vulnerability to succumbing to influenza infection. Its purpose is to allow the screener to come to a presumptive diagnosis that the person probably died from influenza in circumstances where an influenza pandemic has been declared.
3. Section three provides for the documentation of date and time of pronouncement of the death. It also notes relevant contact information for the coroner (if contacted); the funeral home responsible for body removal from the scene; and the person responsible for completion of the form.

The concept of an “Influenza Pandemic Response Team” has evolved in local pandemic planning from the need to conserve utilization of other valuable first responder resources. Communities may want to consider identifying and training in advance a team that will be trained on the Influenza Pandemic Screening Questionnaire, if appropriate; dispatched to a suspected influenza pandemic death to confirm that death has occurred; to determine whether the coroner should be called or not; to ascertain whether the death was likely due to influenza and to initiate the process of having the body removed from the scene for ultimate disposition (funeral, burial, cremation).

The Influenza Pandemic Screening Questionnaire is found in Annex J.

8.4 Management of a Surge in Natural Deaths

With the anticipation of limited resources during an influenza pandemic, changes to the normal processing of human remains may be required, along with short-term adaptations to an organization’s day-to-day operating policies and procedures.

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Local planners, with participation from the Regional Supervising Coroner, local public health officials, funeral boards,⁵² and other appropriate local authorities, should examine each step in the management and processing of human remains to determine what issues may arise during an influenza pandemic. Strategies should be developed to address those issues and ensure the continuity of the death management process.

This may include developing additional documentation to complement the initial screening questionnaire, described in the previous section, so that timely completion of required documentation can be accomplished. It may also include assigning and training appropriately qualified individuals, such as paramedics or community nurses, as pandemic death screeners. In addition, and to ensure that no potential criminal matters are overlooked in the process, discussions should involve the local police service, who may want to assign experienced death investigators. Local planners are reminded that there is currently no statutory legal requirement concerning who can pronounce death. There may, however, be a societal expectation that individuals formally pronouncing death in the community setting during a pandemic have some form of medical training, or alternatively, be in a position of authority (police officer).

Under current legislation, physicians complete the majority of Medical Certificates of Death. Consideration is being given to modifying the regulations under the [Vital Statistics Act](#)⁵³ to allow for a broader spectrum of health care professionals, including nurses and paramedics, to perform this function.

Communities may wish to arrange for a voluntary roster of physicians, through their local hospital medical staff organization, to be available to expedite the signing of Medical Certificates of Death. Community planners, with the assistance of local funeral directors, must determine where the body of a deceased person can be taken (funeral home, central body storage facility or morgue) in anticipation of completion of a Medical Certificate of Death by a legally qualified individual.

Where no other qualified individual is available to do so, the Regional Supervising Coroner and/or local investigating coroners, as a last resort, will attempt to facilitate or expedite any requisite paperwork, such as completion of Medical Certificates of Death and cremation applications, so as to allow for death registration and disposition of the remains as quickly as possible. This may require the faxing of documentation to the office of the Regional Supervising Coroner, and

⁵² http://www.funeralboard.com/PublicUploads/2234439103_Pandemic.PDF

⁵³ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90v04_e.htm

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temporary acceptance of such documentation by Division Registrars and other government officials.

Municipalities should also review their death registration procedures to ensure that they will be able to address increased requests in a timely fashion. Strategies to consider include increasing hours of operation for registrations and appointing additional Deputy Division Registrars and Sub-Registrars, as permitted in the *Vital Statistics Act*, s.38.⁵⁴

Natural Death Surge Planning Chart Strategies, Annex K, summarizing the steps in the management and processing of human remains, along with special considerations for planning, is provided to assist local planners in developing a plan that meets their needs. Communities may want to adapt the chart for their local needs.

⁵⁴ http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90v04_e.htm

9 LEGAL STRATEGY

Ontario will work within a legal framework that attempts to balance the rights of individuals (e.g., privacy, liberty, equity) with the responsibility to protect the public from harm and the rights of workers to work in safety. The legal framework will be dependant on if a provincial emergency declaration is made, which may not be the case,

9.1 Coordination of Legal Advice

The information in this section is internal and only relevant to Ontario Public Service ministries.

It is anticipated that in the event of an influenza pandemic, the Ministry will require legal advice respecting legislative authorities, policy direction, operations, and the effect of changes to day-to-day protocols. The coordinated provision of legal advice, described below, which is operative in all emergencies, is equally applicable under this plan.

The Ministry Emergency Operations Centre will receive legal services directly through the Ministry Legal Services Branch, a member of the Ministry Action Group.

During emergencies, the Legal Services Division of the Ministry of the Attorney General, under the Assistant Deputy Attorney General, will coordinate legal services to the government. This includes coordinating requests for legal advice from an inter-ministerial perspective, as well as ensuring the provision of legal advice by counsel in legal services branches across government where their particular expertise is required.

The Legal Services Branch representative on the Ministry Action Group in the Ministry Emergency Operations Centre will serve as the link to the Legal Services Division of the Ministry of the Attorney General.

9.2 Relevant Legislation

The following legislation will guide Ontario's response to an influenza pandemic. The authorities under the relevant legislation may, or may not, be dependant on the declaration of a provincial emergency.

Emergency Management and Civil Protection Act

Under section 7.0.2 of the [Emergency Management and Civil Protection Act](#),⁵⁵ during a declared emergency, the Lieutenant Governor in Council may make orders he or she believes are necessary and essential to prevent, reduce or mitigate serious harm to persons or substantial damage to property. Actions authorized by orders must be exercised in a manner which limits their intrusiveness, and orders apply to the areas of the Province where necessary, and only for as long as is necessary.

In the event a provincial emergency has been declared, the Emergency Orders respecting the following topics may be made by the Lieutenant Governor in Council, or delegate:⁵⁶

- The implementation of emergency plans;
- The regulation or prohibition of travel to, from, or within any specified area;
- The evacuation of individuals and the removal of property;
- The establishment of facilities for the care, welfare, safety, and shelter of individuals;
- The closure of any place, whether public or private, including any business, office, school, hospital, or other establishment or institution;
- To prevent, respond to, or alleviate the effects of the emergency, the construction of works, the restoration of necessary facilities and the requisition, use, destruction, removal, or disposition of property;
- The collection, transportation, storage, processing, and disposal of any type of waste;
- The authorization of facilities, including electrical generating facilities, to operate as is necessary to respond to or alleviate the effects of the emergency;

⁵⁵ http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09_e.htm

⁵⁶ Provincial Coordination Plan for an Influenza Pandemic, 2006

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- The use of any necessary goods, services and resources within any part of Ontario;
- The procurement of necessary goods, services and resources, the distribution, availability and use of necessary goods, services and resources, and the establishment of centres for their distribution;
- The fixing of prices for necessary goods, services and resources, and the prohibition against charging unconscionable prices in respect of necessary goods, services and resources;
- The authorization of any person, or any person of a class of persons, to render services of a type that that person, or a person of that class, is reasonably qualified to provide;
- The requirement that any person collect, use or disclose information that in the opinion of the Lieutenant Governor in Council may be necessary in order to prevent, respond to, or alleviate the effects of the emergency; and
- The taking of such other actions or implementing such other measures as the Lieutenant Governor in Council considers necessary in order to prevent, respond to, or alleviate the effects of the emergency.

The *Emergency Management and Civil Protection Act*, does not specifically provide for isolation or quarantine orders, but does contemplate orders respecting the control movement and access to and from places where pandemic infection was more evident or widespread.

If persons disobey or obstruct an Emergency Order, *the Emergency Management and Civil Protection Act* provides an enforcement mechanism whereby they are guilty of an offence and can be subject to fine or imprisonment.

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Section 7.0.11 of the *Emergency Management and Civil Protection Act* states:

Every person who fails to comply with an order under subsection 7.0.2 (4) or who interferes with or obstructs any person in the exercise of a power or the performance of a duty conferred by an order under that subsection is guilty of an offence and is liable on conviction:

- i. in the case of an individual, subject to clause (b), to a fine of not more than \$100,000 and for a term of imprisonment of not more than one year;
- ii. in the case of an individual who is a director or officer of a corporation, to a fine of not more than \$500,000 and for a term of imprisonment of not more than one year; and
- iii. in the case of a corporation, to a fine of not more than \$10,000,000. 2006, c. 13, s. 1 (4).

The government may bring proceedings for injunctions against persons contravening an Emergency Order. For example, if an individual disobeyed an Emergency Order closing a particular area, or place, the government could seek to enforce the order through an injunction.

The Health Protection and Promotion Act

[*The Health Protection and Promotion Act*](#)⁵⁷ may apply in circumstances where an emergency has not been declared, and could continue to apply unless specifically overridden by an Emergency Order issued during a declared emergency.

Under section 22(1) of the *Health Protection and Promotion Act*, a medical officer of health, may, by written order, require a person, or class of persons, to take or to refrain from taking any action that is specified in the order in respect of a communicable disease.

⁵⁷ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm

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An order of the medical officer of health may require:

- The owner or occupier of premises to close the premises or a specific part of the premises;
- Placarding of premises to give notice of an order requiring the closing of the premises;
- A person who is or may be infected with an agent of a communicable disease isolate himself or herself and remain in isolation from other persons;
- The cleaning or disinfecting, or both, of the premises or the thing specified in the order;
- Destruction of the matter or thing specified in the order;
- A person directed in the order submit to an examination by a physician and to deliver to the medical officer of health a report by the physician as to whether or not the person has a communicable disease or is not infected with an agent of a communicable disease;
- The person to whom the order is directed in respect of a communicable disease, that is a virulent disease, to place himself or herself forthwith under the care and treatment of a physician; and
- The person to whom the order is directed to conduct himself or herself in such a manner as not to expose another person to infection.

If a person fails to comply with an order, the medical officer of health may apply for a Court order requiring:

- That the person isolate himself or herself and remain in isolation from other persons;
- That the person place himself or herself under the care and treatment of a physician; or
- That the person conducts himself or herself in such a manner as not to expose another person to infection.

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A Court order is authority for any person to locate and apprehend the person who is the subject of the order, and to deliver the person to the hospital or other facility named in the order. The Court may direct the order directly to any police service in Ontario.

Occupational Health and Safety Act

The Ministry of Labour enforces the [*Occupational Health and Safety Act*](#).⁵⁸ Under the Act an employer has a duty to take all reasonable precautions for the protection of a worker against health and safety hazards on the job.

In the event of a conflict between an order made under the *Emergency Management and Civil Protection Act* or an order or regulation under the *Occupational Health and Safety Act*, the *Occupational Health and Safety Act* order or regulation prevails.⁵⁹

All roles, responsibilities, duties, and authority outlined in the *Occupational Health and Safety Act* remain intact during a declared emergency.

⁵⁸ http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm

⁵⁹ *Emergency Management and Civil Protection Act*, 7.2 (8)

10 MINISTRY BUSINESS CONTINUITY STRATEGY

An influenza pandemic will have an impact throughout the Ontario Public Service workforce. An effective Ministry Business Continuity Strategy will need to balance Ontario Public Service Corporate direction and policies while meeting the needs of Ministry Business Units to ensure that, with limited resources, Ministry Critical Services can be maintained.

When available, the Ministry will adhere to, and incorporate, any pandemic planning guidelines or directives, provided by the Ministry of Government and Consumer Services into the Ministry Business Continuity Strategy.

The Ministry Business Continuity Strategy for an influenza pandemic includes components of:

- Corporate Direction;
- Business Unit Pandemic Planning; and
- Personal and Workplace Preparedness and Awareness.

10.1 Corporate Direction

As well as having the lead responsibility for continuity of government,⁶⁰ the Ministry of Government and Consumer Services is responsible to develop, coordinate, and disseminate Ontario Public Service policy to address issues that may arise from the response to an influenza pandemic; to support ministries in fulfilling their responsibility to provide continued delivery of critical services; and to establish protocols for the screening and control of infectious diseases in the workplace.⁶¹ To meet their responsibilities, the Ministry of Government and Consumer Services is leading various Ontario Public Service Pandemic Planning activities.

10.1.1 Pandemic Advisory Committee

An Ontario Public Service Workplace Pandemic Advisory Committee, established by the Ministry of Government and Consumer Services, reviewed internal Ontario Public Service workplace planning issues and

⁶⁰ Order in Council, 1492/2005

⁶¹ Provincial Coordination Plan for an Influenza Pandemic, 2006, Annex B

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provided advice and recommendations to the Ontario Public Service Deputy Ministers Pandemic Strategic Leadership Committee for direction and approval.

10.1.2 Ontario Public Service Pandemic Strategic Leadership Committee

In 2005, the Ministry of Government and Consumer Services established an Ontario Public Service Deputy Ministers Pandemic Strategic Leadership Committee whose mandate is to provide strategic leadership on Ontario Public Service workplace planning issues to ensure delivery of government services during an influenza pandemic and to ensure coordination and consistency of pandemic planning across the ministries.

The Ministry of Community Safety and Correctional Service's Deputy Minister is a member of the Ontario Public Service Pandemic Strategic Leadership Committee, which is chaired by the Ministry of Government Service's Deputy Minister and Associate Secretary of the Cabinet. Issues submitted to Committee will have normally been discussed at the Pandemic Advisory Committee.

The Deputy Ministers Ontario Public Service Pandemic Strategic Leadership Committee reviewed issues and recommendations pertaining to:

- Work Arrangements;
- Health and Safety;
- Compensation;
- Collective Bargaining; and
- Employee Supports.

The issues that have not been resolved will be brought back to the Committee for further review and consideration.

10.1.3 Ontario Public Service Pandemic Planning Guide

An Ontario Public Service Pandemic Planning Guide, currently under development by the Ministry of Government and Consumer Services, reflects corporate direction and is a guide for ministries to use to enhance

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their Business Continuity Plan and withstand the effects of a pandemic. Tools and templates will be issued by the Ministry of Government and Consumer Services to accompany the Planning Guide when released.

The Ontario Public Service Planning Guide is designed to be a practical document describing how the Ontario Public Service will prepare for, respond to, and recover from an influenza pandemic.

The Ministry Influenza Pandemic Plan will support all corporate-led initiatives and activities and will be amended as further direction on these initiatives is received.

10.2 Business Unit Pandemic Planning

Each Ministry Business Unit has incorporated pandemic planning in their Business Continuity Plan according to the Ministry of Government and Consumer Services' guidelines and templates provided by the Ministry of Community Safety and Correctional Services, Corporate Planning and Services Division, Facilities, Emergency Management and Security Branch, Emergency Management and Security Unit.

In their Business Continuity Plan each Business Unit has developed influenza pandemic strategies including:

Prioritizing Critical Services

Each Business Unit has reviewed their services and identified, in priority, those that are critical in the event of an influenza pandemic emergency.

Alternate Service Delivery Location

Mechanisms and arrangements that are in place to allow staff to work from home, from an alternate location, etc., in the event of an influenza pandemic are detailed.

Cross-Training of Staff

Alternate staff will be/have been identified and trained in order to ensure the continuity of critical services.

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Infection Prevention and Control

Each Business Unit Business Continuity Plan has identified the infection prevention and control measures that will be incorporated in the event of an influenza pandemic.

Business Units will continue to incorporate influenza pandemic planning as further corporate direction and policy is developed.

The Ministry of Community Safety and Correctional Services Business Continuity Plan, as well as Business Unit's Business Continuity Plan can be referred to for additional information on Business Unit Pandemic Planning.

10.3 Personal and Workplace Preparedness and Awareness

All Ministry employees must take responsibility for protecting themselves, their families, and their workplace including practicing proper hand hygiene and social distancing and regular cleaning of office space.

The Ministry of Community Safety and Correctional Services actively promotes personal preparedness and awareness through the Emergency Management and Security Unit's Intranet site, Business Continuity meetings, newsletters, and a distribution of a variety of tools and resources.

Some simple steps for employees include:

- Practice proper hand hygiene. It is the best way to prevent the spread of all flu viruses;
- Get a flu shot every year. It will not protect them from getting influenza pandemic, but it will protect them from getting seasonal influenza, which could weaken their immune system or resistance;
- Keep an alcohol-based hand rub (gel or wipes) handy at work, home and in the car;
- Cover mouth and nose with a tissue or sleeve when coughing or sneezing;
- Stay home when sick;

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- Avoid large crowds of people where viruses can spread easily, when possible;
- Reduce non-essential travel;
- Use the employer's directed Personal Protective Equipment, where applicable;
- Follow any instructions given by public health and ministry officials;
- Post and follow infection prevention and control notices placed throughout the workplace;
- Ensure the organization has adequate supplies of hand hygiene products, cleaning supplies, and other protective equipment, as appropriate;
- Practice social distancing, to the extent possible, avoid meeting people face to face, use the telephone, teleconference/videoconference, Internet and email instead;
- If appropriate, organize shift changes to allow for a time interval between when one shift ends and another begins to limit staff contact; and
- Keep your workspace clean.

The Ontario Public Service Pandemic Planning Guide, developed by the Ministry of Government and Consumer Services will provide further personal and workplace preparedness tools, which will be incorporated into the Ministry's Business Continuity Planning process.

For further information on Workplace Infection Prevention and Control, refer to the First Responder Strategy, Infection Prevention and Control Measures.

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Various tools and templates have been developed to assist employees and employers in their efforts in keeping their workplace clean and are attached as Annexes as follows:

- ***Donning and Removal of Personal Protective Equipment, Annex C;***
- ***Guide to Developing a Workplace Health Plan, Annex D;***
- ***Infection Prevention and Control Guidelines for Emergency Operations Centres, Annex E;***
- ***Entry Point Notice, Annex F;***
- ***Infection Control Poster, Annex G; and***
- ***Hand Washing Protocols, Annex H.***

Ministry of Community Safety and Correctional Services
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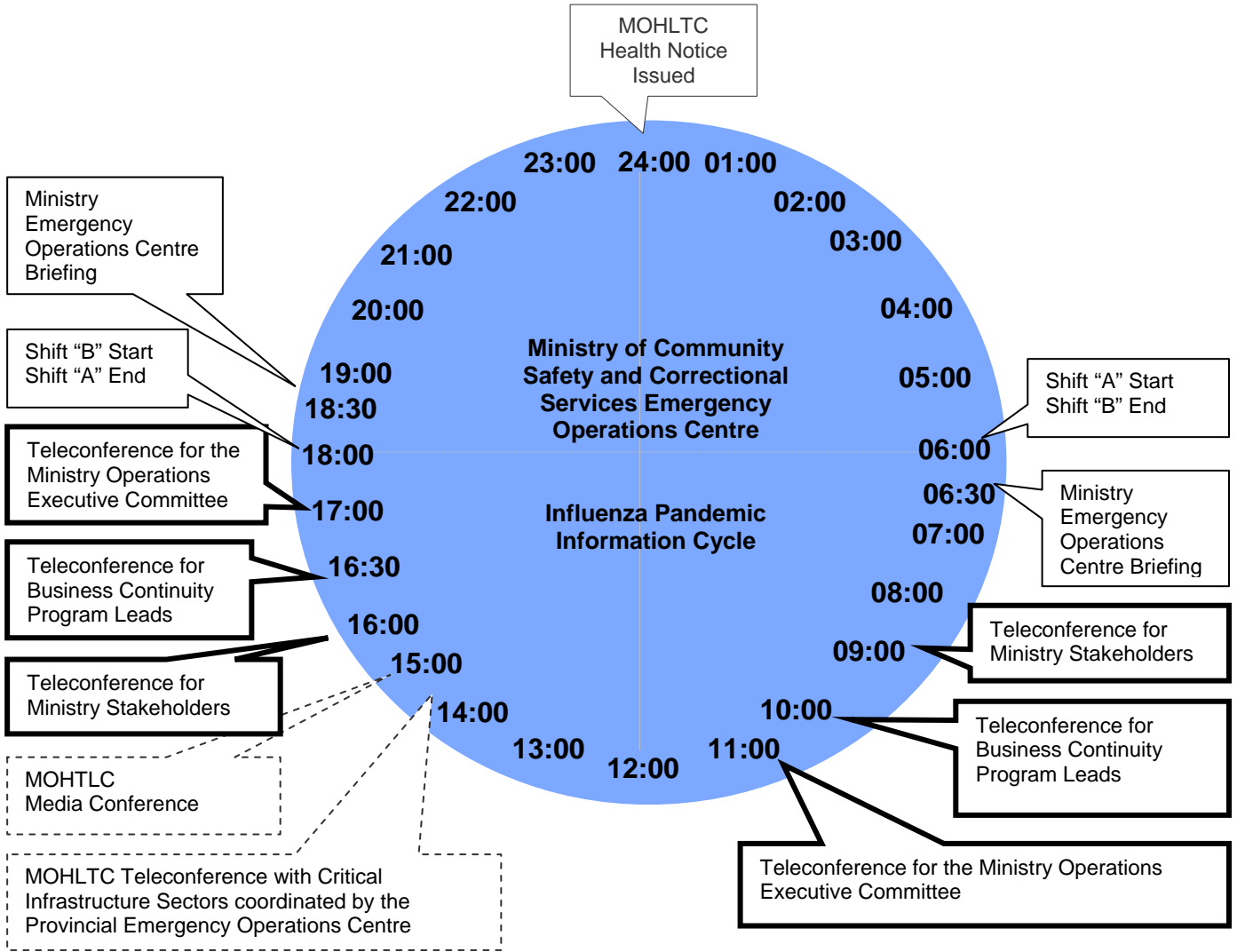
**Ministry of Community Safety and Correctional Services
Influenza Pandemic Information Cycle**

ANNEX A

During an influenza pandemic, the Ministry of Community Safety and Correctional Services Emergency Operations Centre will implement an information cycle that is aligned with the Ministry of Health and Long-Term Care Information Cycle. The focus will be to relay information that is timely, accurate, protects health and safety, and ensures continuity of critical services to Ministry staff as well as between stakeholders. The information cycle can be adjusted as required.

Refer to the Communication Strategy for further information.

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The times and necessity for teleconferences/briefings may be altered, as required.

The Ministry Emergency Operations Centre will teleconference in on the Provincial Emergency Operations Centre and Corporate Response Centre briefings, as required.

The Ministry Emergency Operations Centre may receive emergent information and/or requests that will be acted on accordingly outside of the Ministry Information Cycle.

- Denotes a teleconference led by the Ministry of Community Safety and Correctional Service's Emergency Operations Centre
- - - - - Denotes a teleconference/event led by the Ministry of Health and Long-Term Care (MOHLTC)

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Ministry of Community Safety and Correctional Services
Influenza Pandemic Plan
Influenza Pandemic Business Continuity Plan Status Report
ANNEX B

As part of the Ministry of Community Safety and Correctional Services Information Cycle, a Business Continuity Program Leads teleconference will take place at 10:00 hr and 16:30 hr. Annex B provides a Business Continuity Program Leads Status report template that will be used during these calls.

Refer to the Communication Strategy for further information.

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Influenza Pandemic Business Continuity Program Lead Status Report

In the event of an Influenza Pandemic this Status Report should be completed by the Business Continuity Program Lead, or other member of the Crisis Response Team/Program Recovery Team, and submitted at a minimum daily to the appropriate senior executive, Alternative Service Delivery Location (if applicable), or Divisional Emergency Operations Centre (EOC), if applicable.

If the Ministry Emergency Operations Centre (MEOC) is activated, the Status Report should be submitted to the MEOC (via fax: 416-314-2370 or email) 30 minutes prior to the Business Continuity Program Leads Teleconference at 10:00 hr and 16:30 hr.

Date: _____ Time: _____

Business Unit / Division: _____

Percentage of absenteeism (Breakdown into Business Units if required):

Are Critical Services being maintained? Yes No

If NO, provide further details (identify Critical Services, issues, recovery strategy):

Other issues:

Prepared by: _____ Phone number: _____

Approved by: _____

Ministry of Community Safety and Correctional Services
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Ministry of Community Safety and Correctional Services
Influenza Pandemic Plan
Donning and Removal of Personal Protective Equipment
ANNEX C

The Ministry of Health and Long-Term Care has developed a fact sheet on the “Donning and Removal of Personal Protective Equipment” for health care workers. It can be a valuable reference for any personnel required to wear Personal Protective Equipment.

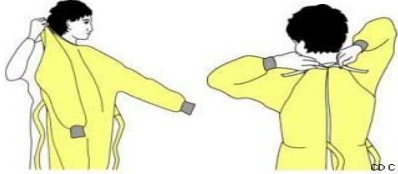



Refer to the First Responder Strategy and Ministry Business Continuity Strategy for further information.

Ministry of Community Safety and Correctional Services
Influenza Pandemic Plan – 2008



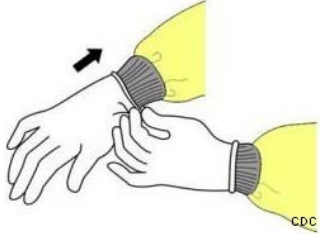
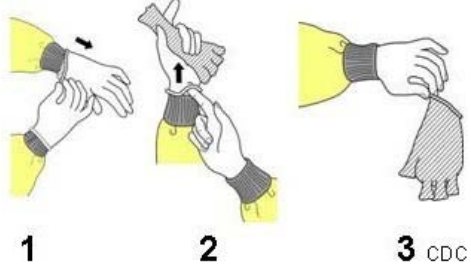
Donning and Removal of Personal Protective Equipment (PPE)

Personal Protective Equipment is designed to protect from exposure to potentially infectious material. Employers must establish the appropriate PPE to protect their employees and meet their organizational needs.

Always perform hand hygiene immediately before donning and after removing PPE when possible

	DONNING	REMOVAL
Sequence	<p>Sequence for donning (to put on) PPE</p> <ol style="list-style-type: none"> 1. perform hand hygiene 2. gown (if applicable) 3. mask 4. eyewear 5. gloves (if applicable) 	<p>Sequence for removing PPE</p> <ol style="list-style-type: none"> 1. gloves (if applicable) 2. gown (if applicable) 3. perform hand hygiene 4. eyewear 5. mask 6. perform hand hygiene <p>NOTE: Perform hand hygiene after glove/gown removal before your hands go near your face (for removal of masks and eye protection) and after completion of PPE removal, and any time you suspect your hands are contaminated during PPE removal</p>
Gowns	<ul style="list-style-type: none"> ▪ select the correct size of gown ▪ opening is in the back ▪ fully cover torso from neck to knees, arms to ends of wrists and wrap around the back ▪ secure at back of neck and waist 	<ul style="list-style-type: none"> ▪ gown front and sleeves are contaminated, handle by inside/back of gown ▪ unfasten ties ▪ pull gown away from neck and shoulders ▪ turn contaminated outside surface toward the inside ▪ fold or roll into a bundle ▪ discard as per protocol 
Masks	<ul style="list-style-type: none"> ▪ secure ties or elastic bands at middle of head and neck or secure on head with ear loops ▪ place over nose, mouth & chin ▪ fit flexible nosepiece over bridge of nose ▪ adjust fit – snug to face and below chin 	<ul style="list-style-type: none"> ▪ front of mask is contaminated; handle by earpieces ▪ remove from face, in a downward direction, using earpieces ▪ discard as per protocol ▪ perform hand hygiene 

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	DONNING	REMOVAL
N95 Respirator	<ul style="list-style-type: none"> ▪ secure elastic bands at middle of head and neck ▪ fit flexible band to nose bridge ▪ fit snug to face and below chin ▪ fit-check respirator <p>NOTE: If an N95 respirator mask is being used fit-testing is required and a clean shave for men provides the best protection.</p> <p>Masks should be fit checked each time they are put on as per the manufacturer's instructions</p>	<ul style="list-style-type: none"> ▪ use the straps to avoid handling the respirator itself ▪ lean slightly forward to remove the respirator ▪ remove the bottom strap over the head being careful not to disturb the respirator ▪ remove the top strap pulling the strap over the head, then down and away, keeping the respirator away from the face and body ▪ using the straps discard the respirator as per protocol ▪ perform hand hygiene
Goggles Face Shield	<ul style="list-style-type: none"> ▪ position eyewear over eyes and secure to head using earpieces and adjust to fit 	<ul style="list-style-type: none"> ▪ perform hand hygiene ▪ outside of goggles/face shield is contaminated; handle by ear pieces ▪ grasp earpieces with ungloved hands ▪ pull away from face ▪ place in designated receptacle for reprocessing 
Gloves	<ul style="list-style-type: none"> ▪ don gloves last ▪ perform hand hygiene prior to inserting hands into gloves ▪ extend gloves over gown cuffs (if wearing one)  <ul style="list-style-type: none"> ▪ keep gloved hands away from face ▪ avoid touching or adjusting other PPE ▪ remove gloves if they become torn, perform hand hygiene before donning new gloves ▪ limit surfaces and items touched 	<p>Note: When removing PPE gloves are removed before all other PPE</p> <ul style="list-style-type: none"> ▪ outside of glove is contaminated ▪ use glove-to-glove, skin-to-skin technique ▪ grasp outside edge near wrist with opposite gloved hand ▪ peel away from hand turning glove inside out ▪ hold in opposite gloved hand ▪ slide ungloved finger under wrist of remaining glove ▪ peel off from inside, creating a bag for both gloves ▪ discard as per protocol  <p style="text-align: center;">1 2 3 CDC</p>

Ministry of Community Safety and Correctional Services
Influenza Pandemic Plan – 2008

Ministry of Community Safety and Correctional Services
Influenza Pandemic Plan
Guide to Developing a Workplace Health Plan
ANNEX D

Annex D was developed by the Ministry of Health and Long-Term Care to provide assistance to employers in developing a Workplace Health Plan.

Refer to the First Responder Strategy and the Ministry Business Continuity Strategy for further information.

**Guide to Developing a
Workplace Health Plan for
an Influenza Pandemic**

Ontario Ministry of Health and Long-Term Care

May 2006

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Acknowledgements

- Appendix 1 - Sample Entry Point Notice
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Figures and Tables

- Table 1: WHO Pandemic Periods and Phases
- Table 2: Planning Assumptions – General

- Figure 1: MOHLTC Information Cycle

Note
The characteristics of the workplace will vary from business to business and across different types of organizations. These unique circumstances need to be taken into consideration when adapting this guide to your operations.

This document is intended for medium and large size organizations. A guide for small business will be forth coming.

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Influenza Pandemic Plan – 2008

Background

1.1 Aims and Objectives of the Guide

This guide will help medium and large size organizations in developing a workplace health plan for an influenza pandemic that will help to prepare for and manage the impact of an influenza pandemic on employees and business operations. It sets out four key objectives for a workplace pandemic plan:

- Communication: Opening lines of communication with employees, clients and external suppliers
- Containment: Containing the disease by reducing the spread in the workplace
- Continuity – Maintaining continuity of critical services
- Personal Preparedness – Preparing individuals for a pandemic.

Organizations identify other objectives based on the nature of their operations. These objectives should be clearly articulated and addressed when initiating planning efforts.

1.2 About Influenza and Influenza Pandemics

About Influenza

Influenza is a contagious respiratory illness caused by a group of viruses: Influenza Types A, B and C. Most seasonal influenza epidemics are caused by Types A and B; Type C rarely causes human illness.

Influenza can cause mild to severe illness. Influenza usually starts suddenly. Common symptoms include: fever (usually high, lasting 3 to 4 days), headache (often severe), aches and pains (often severe), fatigue and weakness (can last 2 to 3 weeks), extreme exhaustion (very common at the start), stuffy nose, sneezing, sore throat, chest

discomfort and cough, and nausea, vomiting and diarrhoea (in children).

A lot of different illnesses, including the common cold, can have similar symptoms. While most healthy people recover from influenza without complications, some people – such as older people, young children, and people with certain health conditions – are at higher risk for serious complications from influenza. Some of the complications caused by influenza include: bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children and adults may develop sinus problems and ear infections.

A highly infectious disease, influenza is directly transmitted from person to person primarily when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e., droplet spread).

Because the virus in droplets can survive for 24 to 48 hours on hard non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands, it can also be transmitted indirectly when people touch contaminated hands, surfaces and objects (i.e., contact spread).

The incubation period for influenza is from 1 to 3 days. People with influenza are infectious and able to transmit the virus for up to 24 hours before symptoms appear. Adults are infectious for 3 to 5 days after symptoms appear while children are infectious for up to 7 days after symptoms appear.

About Influenza Pandemics

Strains of influenza are circulating throughout the world all the time. When does a strain cause a pandemic? Only

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influenza A viruses are associated with pandemics. Influenza pandemics arise when all four of the following occur:

- a novel influenza A virus emerges
- the new virus can spread efficiently from human to human
- the new virus causes serious illness and death
- the population has little or no immunity to the new virus.

The WHO (2005) suggests two mechanisms for the emergence of influenza viruses that cause pandemics:

1. Genetic reassortment, which occurs when two different viruses infect the same cell and exchange some gene segments. If the new virus can infect humans, cause serious disease, and spread easily from person to person, it will ignite a pandemic
2. Adaptive mutation or stepwise changes in a virus, which occurs during sequential infection of humans or other mammals. The virus gradually changes to become more transmissible among humans.

The majority of new influenza strains emerge in Southeast Asia where human populations have close interactions with pigs and domestic fowl due to their agrarian lifestyle. The probability of a new strain emerging in North America is relatively low.

The attack rate describes the impact over the entire duration of the pandemic, that is: the proportion of the population that will be infected over the multiple waves of influenza that usually occur during a pandemic. (Note: a 35% attack rate means that, over the entire course of a pandemic, about 35% of the population would have influenza severe enough to take a half day off work.)

About 45% of those who do fall ill will only need self-care and health information, and will not require formal medical care; the remaining people who acquire influenza will need some form of care.

Depending on the severity of the pandemic, Ontario will see between 1.8 and 4.2 million outpatient visits, between 7,500 and 65,000 hospitalizations, and between 2,900 and 19,700 deaths from influenza. (Note: these estimates do not take into account the potential impact of antiviral drugs or an effective vaccine.)

1.3 Context for Planning

Phases of an Influenza Pandemic

The World Health Organization (WHO) has identified 6 phases of an influenza pandemic.

The pandemic phases reflect recent developments, including the risk to human health posed by infection in animals and the benefit of focusing more attention on the early phases when intervention may contain or delay the spread of a new influenza virus, including intervention by employers.

Canada and Ontario are using the WHO pandemic periods and phases.

Table 1 (below) identifies and describes the pandemic periods and phases.

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Table 1 WHO Pandemic Periods and Phases

Period	Phase	Description
Interpandemic Period*	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk* of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period**	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in general population.
Postpandemic Period		Return to interpandemic period

Source: World Health Organization, 2005.

* The distinction between phase 1 and phase 2 is based on the risk of human infection or disease from circulating strains in animals.

** The distinction between phase 3, phase 4 and phase 5 is based on the risk of a pandemic.

- 20-60% of working population unable/unwilling to work for 2 to 4 weeks at the height of a severe pandemic wave. Each wave will last approximately 8 weeks
- There will be significant loss of people and specific expertise/skill sets **within your organization**
- There will be significant loss of people and specific expertise/skill sets **within other organizations and infrastructure that you depend on** (i.e., suppliers, contractors, IT providers, government agencies, transportation)
- Employee and customer health and safety (i.e., personal health and protection) will have to be a priority in order to mitigate the impact on your organization
- Demand for goods and services will be affected (either severe increase or decrease, depending on good or service).
- Organizations may have resources that could contribute to their community's emergency response efforts.

The challenge of planning for an influenza pandemic is that the exact characteristics of the virus will not be known until the pandemic occurs. However, historical experience and current scientific and modelling activities tells us that a pandemic will have serious health effects in the general population and will cause significant social and economic disruptions as well as security concerns.

Table 2 outlines the assumptions used by Ontario health authorities in their influenza pandemic planning. Organizations may need to make additional assumptions to those listed below in order to coordinate preparedness activities for their particular operations.

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Table 2 Planning Assumptions - General

<p>How will a pandemic begin and how long will it last?</p>	<ul style="list-style-type: none"> ➤ A pandemic will be due to a new subtype of influenza A. ➤ A new strain is most likely to emerge in southeast Asia. ➤ Ontario will have little lead time between when a pandemic is first declared by the WHO and when it spreads to the province. ➤ An influenza pandemic usually spreads in <u>two or more waves</u>. A second wave may occur within three to nine months after the initial outbreak wave and may cause more serious illnesses and deaths than the first. In any locality, <u>the length of each wave of illness will be approximately eight weeks.</u>
<p>How will people be affected?</p>	<ul style="list-style-type: none"> ➤ Because the population will have had limited prior exposure to the virus, <u>most people will be susceptible</u>. Children and otherwise healthy adults may be at greater risk because elderly people may have some residual immunity from exposure to a similar virus earlier in their lives if the pandemic is caused by a recycled influenza strain. ➤ Individuals who recover from illness with the pandemic strain will likely be immune to infection from that strain.
<p>Can my organization depend on vaccine or antivirals?</p>	<ul style="list-style-type: none"> ➤ <u>Vaccines provide protection against the virus</u> ➤ <u>A vaccine will not be available for at least four to five months after the seed strain is identified</u>, which means it will not be available in time for the first wave of illness but may be available in time to mitigate the impact of the second wave. ➤ Once available, <u>the vaccine will be initially in short supply and high demand</u>. The vaccine will be produced in Canada and will eventually provide vaccine to all residents. Vaccines manufactured in other countries are likely to be embargoed during a pandemic. ➤ The efficacy of antivirals against the pandemic strain is unknown but, when antivirals are used to treat seasonal influenza, they have been shown to shorten the length of time people are ill, ameliorate symptoms and reduce hospitalizations. Antivirals can also prevent infection with the virus as long as the antiviral is taken ➤ The only specific treatment option for influenza during a pandemic will be antiviral drugs, which must be started within 48 hours of the onset of symptoms. ➤ Ontario will not have a large enough initial supply of either antivirals or vaccine for the entire population, the province will have to set priorities for who receives limited vaccine and antiviral drugs.
<p>How will the health care system be impacted?</p>	<ul style="list-style-type: none"> ➤ During a pandemic, the availability of public health and health care workers could be reduced by up to one-third due to illness, concern about disease transmission in the workplace, and care giving responsibilities. ➤ Hospital capacity is already limited and could be further reduced because of staff illness.

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Influenza Pandemic Plan – 2008

2. Communication

2.1 To the business from external sources regarding pandemic phases

During an influenza pandemic, organizations can obtain information from a number of government and health sources. This section describes the type of sources and they type of information they will provide:

International Agencies:

Designation of global pandemic phases is made by the Director General of the World Health Organization (WHO).
<http://www.who.int/csr/disease/influenza/pandemic/en/>

Federal Agencies:

Public Health Agency of Canada will report on pandemic status within Canada.
www.influenza.gc.ca

Foreign Affairs Canada provides information on travel advice, travel restrictions and other matters related to international travel.

http://www.voyage.gc.ca/main/sos/ci/cur-en.asp?txt_ID=637

Provincial Agencies:

Ontario's Chief Medical Officer of Health will provide information on pandemic status within Ontario via the Ontario Ministry of Health and Long-Term Care (MOHLTC).

The MOHLTC leads Ontario's planning and response to an influenza pandemic. The ministry provides information based on the advice of the Scientific Response Team (SRT) and specialists in emergency management. This information can be accessed using a variety of mechanisms:

MOHLTC InfoLine: 1-800-268-1154
MOHLTC Employers
Pandemic Hotline: 1-866-331-0339
MOHLTC On-line: www.health.gov.on.ca

Regular updates on pandemic activity will be provided on the www.health.gov.on.ca website and through the media

Information Cycle

The MOHLTC has developed an information cycle to be used in a pandemic to keep the **health care sector** informed about significant events and timely recommendations.

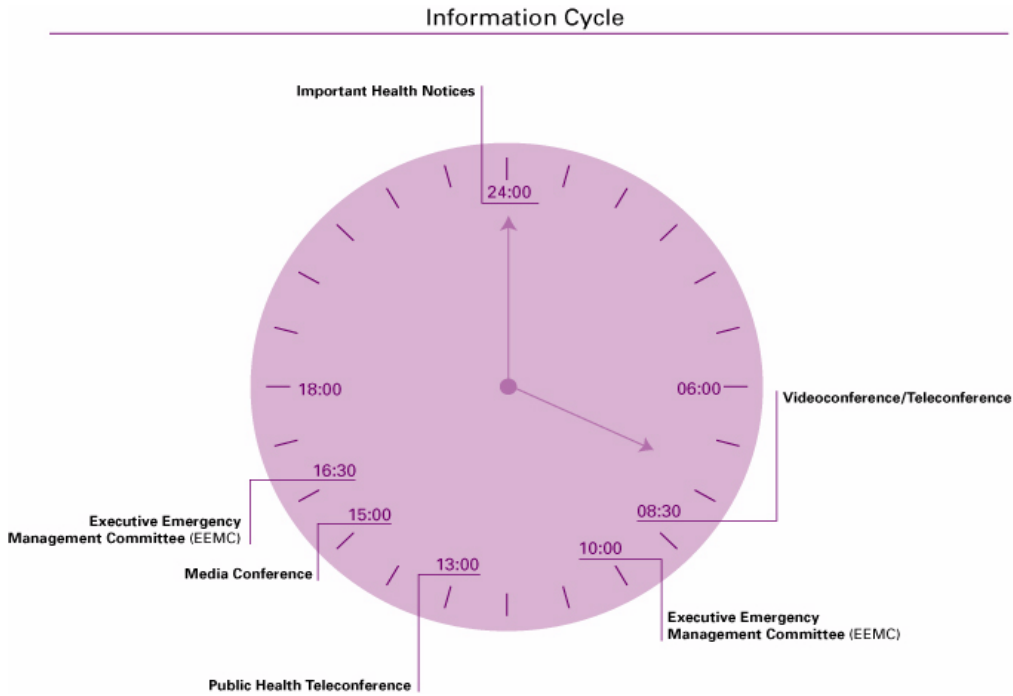
MOHLTC is working with Emergency Management Ontario to include business sector associations in the information cycle to be used during an influenza pandemic.

The information cycle will include a standard time, teleconference number, agenda and disciplined procedure to ensure consistent information is provided in a streamlined manner during a pandemic. Monitor www.health.gov.on.ca for updates relating to this initiative.

An illustration of the information cycle is provided below:

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Figure 1 MOHLTC Information Cycle



2.2 Within the business to staff, clients and stakeholders

Role of the Crisis Management Team

Notification of a change in the pandemic phase and/or escalated pandemic-related activity in Ontario will come from the Chief Medical Officer of Health via the media and on www.health.gov.on.ca.

The issue should be escalated to the Chief Executive Officer/equivalent, or delegates of an organization for a decision to activate business continuity or health emergency management plans.

The decision should be made in conjunction with the chief health and safety body/individual within the organization in consultation with the Joint Health and Safety Committee.

If a crisis management team is not already established, one should be struck with representatives from health and safety department, the Joint Health and Safety Committee (or Health and Safety Representative where appropriate) human resources, facilities, external affairs/public relations and appropriate business units.

Where possible, the crisis management team should meet virtually (by teleconference, videoconference or other means) to avoid the risk of spreading infection among the team.

The crisis management team should establish an information/ communication cycle (similar to above) to receive information from government agencies and convey it to employees, clients and external partners (i.e., suppliers, contractors, etc).

Health and safety representatives should coordinate health-related communications related to the pandemic for the crisis management team.

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Communication with Employees

With a threat as severe as an influenza pandemic, employees will be anxious and uncertain. This may contribute to increased absenteeism for reasons other than illness. Open and consistent communication with staff is essential to ensure continuity of critical operations throughout the course of a pandemic.

Suggested ways to communicate with staff in this environment include:

- Communicate the threat of an influenza pandemic in an accurate and objective manner and identify measures that your organization is planning to manage the impact. MOHLTC has developed the brochure “What you should know about a flu pandemic” to assist you with communication. This can be downloaded at www.health.gov.on.ca
- Discuss with staff the possible health and safety issues, the potential to curtail non-critical operations, and the options for employee leaves if they are ill or need to perform care giving roles.
- If necessary, target and tailor communications to groups in your organization who may be affected differently across the, e.g., management roles, front-line service providers, non-critical staff, etc.
- When activating your plan, provide clear, timely and pro-active communications to staff, including how your organization is handling the situation. See information cycle above.
- Try to limit communication activities that require close contact among employees (e.g., face-to-face meetings). Use alternatives such as email, internet/intranet, mass fax, telephone, video/teleconferencing and posters.

- Establish a phone line and/or designated unit to respond to employee inquiries about how your organization is preparing for an influenza pandemic and/or how it is responding.

Communication with Clients and Stakeholders

Here are some best practices to increase awareness among stakeholder and client groups about what your organization is doing to prepare for a pandemic:

- Where appropriate, tell your clients what your organization is doing to prepare for an influenza pandemic and how your organization is going to respond.
- Communicate clearly if your organization will be operating under degraded levels of service and the types of services clients can expect during the influenza pandemic.
- For front-line service delivery, clearly identify the precautions your organization has taken to limit disease transmission (see section on Containment).
- Encourage external suppliers to develop strategies for service continuity during an influenza pandemic. Ensure that they communicate essential information to your organization and that your organization communicates essential information to them.
- Have back-up communication mechanisms in place, should primary communication vehicles (such as phone and email) be disrupted.

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3. Containment Activities

3.1 Reduce Risk of Infected Persons Entering the Site

Identify managers or others with responsibility for containment and other influenza-related activities. Ensure that a list of these individuals is posted for staff to access easily.

Designated managers, in conjunction with appropriate staff, should do the following:

- In consultation with the Joint Health and Safety Committee or equivalent, develop and implement infection control/health and safety measures, procedures, training, etc
- Post notices at entry points to appropriate facilities, advising staff and visitors not to enter if they have symptoms of influenza. **See Appendix 1**
- Post infection control notices around the workplace (e.g. hand hygiene protocols, cough etiquette, etc). **See Appendix 2** for specific protocols – The ones you use will vary depending on the work environment
- Ensure proper healthy workplace practices are executed on a scheduled, on-going basis
- Ensure the organization has adequate supplies of hand hygiene products, cleaning supplies and other protective equipment, as appropriate.

3.2 Social Distancing

Social distancing is a strategy used to limit the frequency of close contact and interaction between people, to limit public gatherings and to encourage people to keep at least 1 metre or an arms-length away from each other.

If social distancing would be an appropriate way to reduce the spread of influenza in your work environment, designated managers and staff should consider the following:

- Post information on social distancing so that all staff, clients and stakeholders are aware of why such a strategy is being implemented and how it can be effective.
- Distribute staff and their services across different work locations in order to limit contact and potential exposure to the influenza virus.
- Organize shift changes to allow for a time interval between when one shift ends and another begins. This will limit contact of staff during shift changes.
- To the extent possible, avoid meeting people face-to-face. Use the telephone, teleconference/videoconference, internet and email instead.
- Avoid any unnecessary travel.
- If possible, arrange for employees to work from home or work flexible hours. This can both limit close contact and allow for care giving roles if family members become ill.
- Avoid public transport or avoid rush times when public transport is most used.
- If person-to-person contacts/meetings are unavoidable, ensure people stay 1 metre apart, in order to avoid virus transmission.
- Encourage staff to avoid classes, training exercises or other activities during or after work that require close contact with other people.

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For front-line service staff, provide for a physical barrier between server and client, if service is provided within 1 metre.

3.3 Cleaning

During an influenza pandemic, workplaces should focus on office, workspace and facility cleaning. To limit the spread of the influenza virus, organizations should consistently implement the following cleaning activities:

- Inspect and replace filters of air conditioning systems regularly. If filters must be reused, clean with a disinfectant in the concentration that the manufacturer recommends
- Clean telephone sets for each phone, especially in common areas, after each shift
- Regularly clean all common areas, counters, desk tops, door handles, railings, sinks, washroom utilities, etc. daily or more frequently as necessary.

For standard workplace settings, such as office facilities, cleaning can be accomplished with water, detergent and mechanical action (such as scrubbing) with a sufficient amount of contact time. This will reduce or eliminate reservoirs of potential pathogenic organisms.

Although detergents are adequate for most work environments, some facilities may require enhanced cleaning practices.

For enhanced surface cleaning, the solution recommended for use is as follows:

- Diluted household bleach (1:50 bleach to tap water ratio) with 1000 parts per million (PPM) of useable bleach.⁶² One can also

⁶² Ontario. Provincial Infectious Diseases Advisory Committee. *Best Practices for Cleaning, Disinfection and Sterilization*. (April 30, 2006)p62.

consider using any disinfectant that is mixed in accordance with manufacturers guidelines.

The following precautions should be taken when using the above for enhanced surface cleaning:

- Should be used in well-ventilated areas
- Protective clothing should be worn while using and handling diluted bleach
- Do not mix with strong acids to avoid release of chlorine gas
- Can be corrosive to metals

3.4 Personal Hygiene

Basic personal hygiene measures should be reinforced and people should be encouraged to practice them to minimize potential influenza transmission:

- Cover nose and mouth when sneezing and coughing, preferably with a disposable single tissue
- Immediately dispose of used tissues
- Adopt good hand hygiene practices, particularly after coughing, sneezing or using tissues (See **Appendix 1** and **2**)
- Keep hands away from the mucous membranes of the eyes, mouth and nose.

Hand hygiene is the single most important measure to reduce the risks of transmitting infection from one person to another.

Hand washing with soap and water and/or alcohol-based hand sanitizer should be performed regularly.

Hand washing and drying should always be done after coughing, sneezing or handling used tissues or after touching objects, materials or hard surfaces that may have been contaminated by someone else with the infectious illness.

See **Appendix 3** for hand hygiene protocols.

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3.5 Managing Cases at Work

Organizations should develop a strategy for managing employees with influenza who come to work. The strategy must consider both the imperative of limiting the spread of influenza while at the same time treating individuals with respect.

The health and safety representative on the Crisis Management Team should, in consultation with the Joint Health and Safety Committee and based on documents released by MOHLTC, develop a **screening tool**: several questions to be answered by staff and visitors who are entering the workplace. *Please note that the screening tool may change as new information regarding the virus becomes available. Any changes will be posted on the MOHLTC website.* Screening questions should consider:

- the symptoms of the pandemic influenza strain
- contact with those already affected
- travel history
- other considerations, as necessary

Designated managers should be assigned follow-up duties based on the results of the screening tool, such as:

- instructing employees to go home immediately and follow the instructions provided by MOHLTC regarding those with suspected influenza.
- tracking the number of employees absent due to influenza.
- keeping in contact with staff who have influenza.
- taking other actions, as necessary.

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4. Continuity Planning

Continuity planning for an influenza pandemic should address the following question: **how does the organization maintain its critical functions during a pandemic?** To answer this question, organizations should consider the questions posed below:

4.1 What functions are critical to the on-going operations of the organization?

To answer this question, organizations should:

- Complete an inventory of critical services and functions, detailing physical and human resource dependencies and skill set requirements.
- Determine if there are sufficient back-ups and redundancies in place to ensure critical functions can continue through extensive absenteeism.
- Identify available labour pools with appropriate skill sets to draw upon to supplement critical staff who become ill.
- Discuss the continuity plans of the suppliers and vendors that your organization relies on. Do they have a strategy in place? If so, what is it?

4.2 What are the specific impacts on the organization?

Based on the planning assumptions noted in Section 1.3, an influenza pandemic may result in: large-scale employee absenteeism, potential reduction in demand for some goods and services and curtailed services of suppliers and vendors.

These potential impacts will pose different threats to different organizations, depending on the nature of their operations, their reliance on personal interaction and specialized skill sets and other factors.

It is therefore necessary to take a close look at what your organization does, what are its principle dependencies and identify the specific impacts to the organization that a pandemic may bring. For example:

If your organization relies on front-line service delivery, some possible impacts could include:

- reluctance of clients to enter office locations
- reluctance of staff to provide front-line service
- fewer front-line service providers due to illness or care giving responsibilities.

If your organization depends heavily on external suppliers and vendors, some impacts could include:

- Curtailed levels of service in the provision of supplies;
- Reluctance of external suppliers/service providers to enter the workplace;
- Limited supply of a particular good or service due to travel restrictions.

4.3 What are the strategies your organization can put in place to mitigate the impacts of a pandemic?

Mitigation strategies that are developed for your organization should address the specific impacts that a pandemic will have on your organization.

Suggested mitigation strategies are discussed in Section 2 and 3 of this Guide. Some of these are highlighted below:

- Open communication with government agencies, staff, clients and stakeholders;
- In consultation with the Joint Health and Safety Committee develop and

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implement effective workplace health and infection control policies:

- Social distancing
- Regular cleaning of office space
- Promotion of personal health and hygiene among staff
- Policies and procedures for managing cases at work during a pandemic.

Note on the use of masks: There is currently no evidence to suggest that the use of masks in general public settings will be protective when the virus is circulating widely in the community. Organizations themselves must make decisions regarding the use of masks based on the nature of their operations, in addition to the logistics around effective use, stock rotation and the impact in the work setting. If organizations decide the use of masks is appropriate.

4.4 What can organizations do to recover from a pandemic?

Specific recovery strategies are difficult to foresee without knowing the precise impact that a pandemic will have on an organization and society as a whole. However, there are some best practices organizations can implement throughout the course of a pandemic that will assist them in the recovery phase.

Open, honest and on-going communication with staff, clients and stakeholders can build and sustain a trusting relationship to ensure your organization has the support it needs to return to normal once the pandemic subsides. **Short, medium and long-term planning** will assist in managing anticipated and unforeseen issues that emerge before, during and after a pandemic. It will also enable organizations to be knowledgeable of the internal and external

circumstances of the pandemic and be proactive in the decisions taken by senior management.

Tracking significant issues and lessons learned throughout the course of a pandemic will help organizations prepare for and respond to the successive waves in which a pandemic will occur (see Section 1.3). This will also assist in the short, medium and long-term planning suggested above.

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5. Personal Preparedness

Preparedness for all emergencies begins with individuals and families. To the extent possible, organizations should promote personal emergency preparedness within the workplace. This can bring benefit to individuals, their families and loved ones and to the organization.

Personal emergency preparedness can take a variety of forms, ranging from making sure there is back-up cash, medications and care providers if primary means are not available to something simple enough as having a current first-aid kit in the home and in the ca

Acknowledgements

We gratefully acknowledge the New Zealand Ministry of Economic Development's hard work that went into the *Influenza Pandemic Planning Business Continuity Planning Guide* (October 2005).

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Influenza Pandemic Plan
Infection Prevention and Control Guidelines for
Emergency Operations Centres
ANNEX E

Annex E was developed by Emergency Management Ontario as an Annex to the Provincial Coordination Plan to an Influenza Pandemic. It is meant to provide assistance to communities and ministries in keeping their Emergency Operations Centres infection free. The guidelines can be adapted as required to meet organizational needs.

Refer to the First Responder Strategy and the Ministry Business Continuity Strategy for further information.

INFECTION PREVENTION & CONTROL GUIDELINES FOR EMERGENCY OPERATIONS CENTRES

1. Scope and Purpose

- a. This Infection Prevention & Control Guidelines (IPCG) for Emergency Operations Centres (EOCs) is intended for use in EOCs only.
- b. Its purpose is twofold:
 - i. To identify the issues that may impact or affect EOCs; and
 - ii. To identify infection prevention and control measures that can be implemented to help the operational continuity of EOCs, especially during influenza season or a pandemic.
- c. This document should be considered in the design and implementation of a specific emergency response program tailored to the needs of the EOC and / or the unique situation.
- d. Each EOC should have a designated Safety Officer.
- e. In this document, EOCs refer to the following:
 - i. Community EOCs;
 - ii. Ministry EOCs;
 - iii. The Provincial EOC (PEOC);
 - iv. EOCs for industry partners responsible for critical infrastructure; and
 - v. Any other EOC, as appropriate (e.g., Fire, Police, volunteer organizations, schools and institutions).

2. Key Issue: Infection Prevention and Control to help Ensure Continuity of Operations (Business Continuity)

- a. **Primary concern** - The primary concern for EOCs is maintaining essential services while experiencing potential workforce shortages due to employee illness as a result of an infectious disease outbreak, ranging from a cold to potentially serious febrile respiratory illnesses such as influenza. Symptoms of febrile respiratory illnesses include both a fever and a cough.
- b. **Primary goal** – The primary goal for EOCs is to ensure that preventive practices are established to decrease the risk of transmission of febrile respiratory illness in an EOC setting.

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This will help to ensure continuity of operations (business continuity), which is especially important during emergency operations. **Note: for the purposes of this document the emphasis is on influenza viruses.**

- c. **Transmission of influenza** - Influenza is transmitted from person-to-person by droplets when an infected person coughs or sneezes.
 - i. Droplet-spread infections pass from person to person easily.
 - ii. Droplet-spread infections can also be transmitted indirectly by touching contaminated surfaces such as doorknobs, elevator buttons, keyboards, etc.

3. **Infection Prevention and Control Measures**

- a. It is recommended that EOCs establish policies on infection prevention and control measures to minimize influenza virus infection and transmission.
- b. It is expected that all EOCs will have a designated Safety Officer who will provide orientation to **infection prevention and control policies**, which should include the following **components**:
 - i. **Promotion of influenza immunization** - Influenza immunization is strongly recommended for all involved in the operations of an EOC, unless medically contraindicated. In Ontario, annual influenza immunization is recommended and available free to everyone over the age of 6 months who lives, works, or studies in Ontario.
 - ii. **Education on hand hygiene** - Frequent hand washing, the use of alcohol-based sanitizers, care when disposing of tissue and hand hygiene after using tissues are recommended. An appropriate alcohol based hand rub contains 60% to 90% alcohol (isopropyl or ethanol).
 - iii. **Assessment** – Continuous assessment of the potential risk of infection and the appropriate use of personal protective equipment must be done (refer to sections 7 & 8 below).
 - iv. **Regular cleaning** – The work environment, focusing on frequently touched surfaces, must be subject to a regular cleaning schedule.
 - v. **Policy on individual responsibility** – It is each individual's responsibility to keep him/herself, and fellow staff members, safe, including staying home when ill. EOCs should establish a clear expectation that staff do not come to work when ill with a febrile respiratory illness and support this expectation with appropriate attendance management policies.

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- vi. **Procedures for personnel screening** – Procedures must be established for the screening of personnel for febrile respiratory illness, based on the Ministry of Health and Long-Term Care (MOHLTC) document “*Preventing Febrile Respiratory Illnesses*”, posted on the Ministry of Health and Long-Term Care website at:
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_fri_092805.pdf.

4. **Hand-Hygiene and Cough Etiquette**

- a. Frequent and thorough hand-hygiene and routine infection control practices are important measures in preventing the spread of many infectious illnesses, including influenza.
- b. Frequent and thorough hand hygiene, either with soap and warm running water (for 15 or 20 seconds) or alcohol-based hand rub, is the single most important measure for preventing infections. Alcohol-based hand rubs are not effective when hands are visibly dirty. Hands should be washed thoroughly with soap and warm running water, or wiped with ‘moist wipes’ to remove visible dirt prior to using alcohol-based hand rubs.
- c. EOCs should design, implement and reinforce an awareness campaign to educate all personnel regarding routine infection-control practices that can prevent the spread of respiratory illness.
- d. A routine ‘infection control’ education campaign should also include cough etiquette: covering one’s nose and mouth with a tissue when coughing or sneezing; washing one’s hands after coughing/sneezing; appropriate disposal of tissues; and hand-hygiene after tissue use.
- e. Some suggestions for consideration by EOCs are:
 - i. Accessible hand hygiene stations in multiple locations, and signage instructing staff when and how to perform hand hygiene.
 - ii. Posted guidelines / signage, and regular education about hand hygiene and cough and respiratory etiquette.
 - iii. Quick and easy access to hygiene supplies (soap, hand-washing gels, single use paper towels, tissues, etc)

5. **Workspace and Equipment Disinfection**

- a. EOCs should maintain routine cleaning practices to keep the working environment clean; 24/7 operation of an EOC should be reflected in the frequency of cleaning.

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- b. In addition, protocols may be instituted to clean the individual workplace before handing over to the next shift of personnel.
- c. Guidelines to be considered include the following:
 - i. scheduled cleaning of the personal workplace at the beginning or end of each shift
 - ii. follow manufacturer's instructions for cleaning agents
 - iii. containers for cleaning materials should be covered and kept separate from food preparation and rest areas
 - iv. surfaces to be cleaned should include frequently touched surfaces, such as: telephones, desktop, and keyboard
 - v. appropriate cleaning agents can be pre-packaged single-use cleaning towels or prepared for specific use (see: <http://www.phac.aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>)
 - vi. provision of individual headphones for each person stationed in the EOC

6. Personnel Screening

- a. Workplace screening supports sustained operational capability during an outbreak/pandemic situation.
- b. Screening questions will be provided by the MOHLTC at the onset of an infectious disease emergency.
- c. Personnel conducting workplace screening at building or departmental entrances need not be health professionals but should be advised as to the protocols to be followed.
- d. Personnel ill with a febrile respiratory illness (fever and cough) should be denied admission to the EOC until assessed by a health professional.
- e. Non-essential personnel should not be permitted access to the EOC.

7. Personal Protective Equipment (PPE)

- a. There is no indication, at this time, for PPE in an office setting like the EOC.
- b. If key personnel must enter the EOC when symptomatic, they should:
 - i. Maintain >1 meter distance from others;
 - ii. Wear a mask to contain expelled droplets;
 - iii. Practice frequent hand hygiene; and
 - iv. Ensure their workspace and any equipment they touch is disinfected (e.g. keyboards, phones).

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8. Safety Officer

- a. Under the Incident Management System (IMS), a Safety Officer (within the Command Section), is responsible for the health and safety for all EOC personnel.
- b. The duties of the Safety Officer should include the development/adaptation, review and update of the infection prevention and control initiatives.
- c. The duties and responsibilities of a Safety Officer must be clearly identified to all personnel in the EOC.

9. Summary

- a. An infection prevention and control program is not a static program or document; it should be monitored, evaluated, and updated on a regular basis to ensure it is congruent with current infection control practice guidelines.

Ongoing evaluation of procedures should occur to ensure compliance with routine infection prevention and control practices and health and safety standards.

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Entry Point Notice
ANNEX F

Annex F provides a sign that can be used as an “Entry Point Notice” to promote an infection free workplace.

Refer to the First Responder Strategy and the Ministry Business Continuity Strategy for further information.

NOTICE TO VISITORS



Read Carefully

1. Do you have a **NEW** or **WORSE** cough or shortness of breath?
2. Are you feeling feverish?

If the answer to **BOTH** of these questions is **YES**:

We kindly request that you do not visit today.

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Infection Control Poster

ANNEX G

Annex G provides a poster that can be placed around the workplace to promote infection prevention.

Refer to the First Responder Strategy and the Ministry Business Continuity Strategy for further information.

PROTECTING YOURSELF AND OTHERS AGAINST RESPIRATORY ILLNESS

- ❖ **HAND HYGIENE IS THE MOST IMPORTANT THING YOU CAN DO TO PROTECT YOURSELF**
- ❖ Cover your nose and mouth when coughing or sneezing
 - Cough/sneeze into your arm
 - Use a tissue and dispose of it after use
 - Always wash hands after coughing and sneezing
- ❖ Keep your hands away from your mouth, nose and eyes
- ❖ Avoid contact with individuals with influenza-like symptoms
- ❖ Remain at least 1 metre apart from individuals with influenza-like symptoms
- ❖ Influenza is preventable: get your flu shot yearly!

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Hand Washing Protocols
ANNEX H

Annex H provides a poster that can be placed around the workplace to promote proper hand hygiene.

Refer to the First Responder Strategy and the Ministry Business Continuity Strategy for further information.

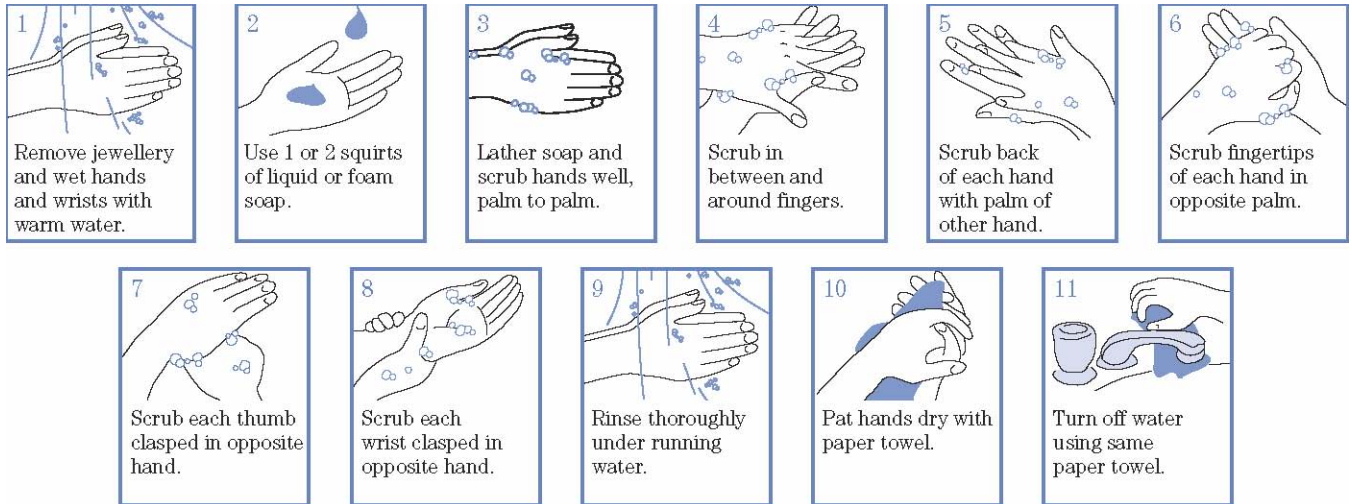
HANDWASHING

To wash hands properly, rub all parts of the hands and wrists with soap and water or an alcohol-based hand rub. Wash hands for at least 15 seconds or more. Pay special attention to fingertips, between fingers, backs of hands and base of the thumbs.

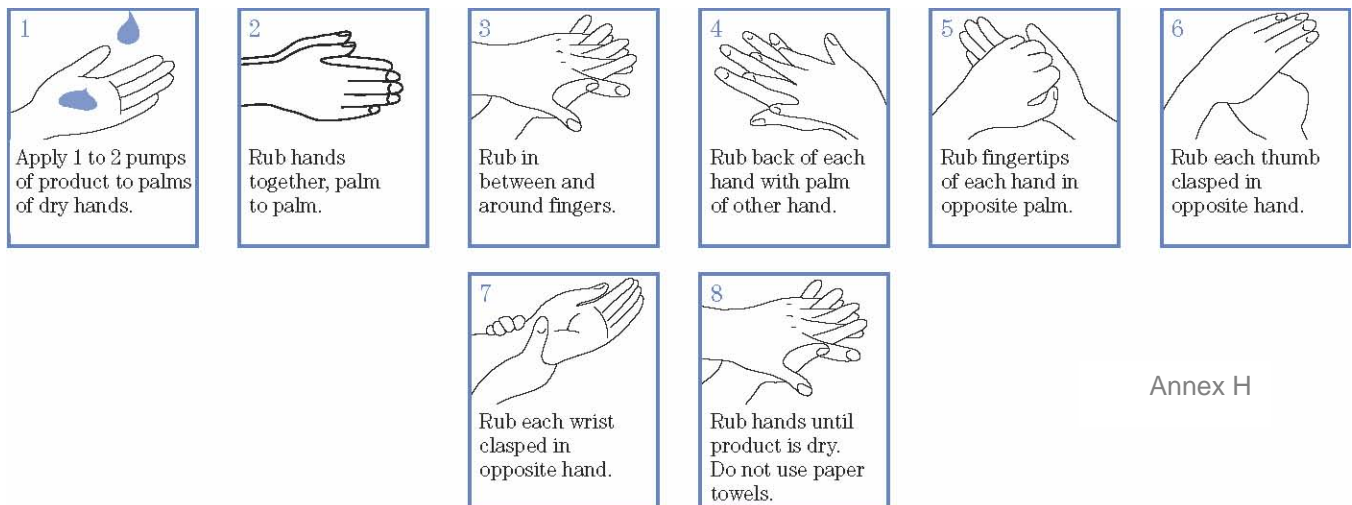
- Keep nails short
- Wash wrists and forearms if they are likely to have been contaminated
- Remove watches, rings and bracelets
- Do not use artificial nails
- Make sure that sleeves are rolled up and do not get wet during washing
- Avoid chipped nail varnish

If you have any questions regarding cuts, sores, allergies or pre-existing skin conditions, call Telehealth Ontario at 1-866-797-0000, TTY 1-866-797-0007.

Handwashing with soap and water



Cleaning with alcohol-based hand rub



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Guidelines on Developing Tiered Response Agreements
ANNEX I

In an influenza pandemic, it may be necessary to modify tiered response protocols. It is encouraged that local tiered response agreements are made in advance of an influenza pandemic. The Ontario Association of Fire Chiefs, the Office of the Fire Marshal, and Emergency Health Services, Ministry of Health and Long-Term Care, recently updated Guidelines on Developing Tiered Response Agreements for Emergency Services Delivered in Ontario, which may be of assistance.

Refer to the First Responder Strategy for further information.

GUIDELINES

ON DEVELOPING TIERED RESPONSE AGREEMENTS

FOR EMERGENCY SERVICES DELIVERED IN ONTARIO

Ontario Association of Fire Chiefs

Ministry of Health and Long Term Care – Emergency Health Services

**Ministry of Community Safety and Correctional Services –
Office of the Fire Marshal**

Fall 2005

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INTRODUCTION

The Ministry of Health and Long Term Care – Emergency Health Services, the Ministry of Community Safety and Correctional Services – Office of the Fire Marshal and the Ontario Association of Fire Chiefs support the implementation of formal tiered response agreements between public and/or private safety agencies. Such written agreements provide a framework for cooperation between, and coordination of, emergency services on a local level. The coordination of safety agencies is a teamwork approach that improves upon the response to specified emergency situations and overall level of public safety in the community.

BACKGROUND

Tiered response is recognized internationally as an effective method of coordinating public or private safety agencies to provide rapid first response assistance to the public in the timeliest and efficient manner possible. Tiered response endeavours to send the closest appropriate emergency response agency, based on time, to render assistance at the scene of an emergency incident until the primary response agency can arrive.

Tiered Response Agreements are formal written documents negotiated between two or more public and/or private sector safety agencies. Its intent is to establish local protocols for a multi-agency response to a life threatening or public safety incident. A tiered response agreement outlines the capabilities, expectations and limitations of each agency and defines the criteria for participation.

In the past, this cooperation led to the development and implementation of formal written tiered response agreements. Such agreements determined when and under what circumstances participating public and/or private safety agencies would call upon each other for assistance.

The term *tiered response* grew out of an effort to establish a coordinated systematic approach to a medical emergency. Tiered Response, as a program, was first documented in the Fifteen Components of an Emergency Health Services (EHS) System. This includes the provision for multi-agency response to life-threatening medical emergencies (Tiered Response). These components have been adopted as, and are recommended as being one of the principles of an effective emergency health services system.

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GUIDING PRINCIPLES

The guiding principles of any tiered response program are:

- To ensure the timely availability of staff and resources to safely and efficiently mitigate a life threatening / public safety incident;
- To deploy adequately trained and equipped personnel to the scene of agreed upon life threatening / public safety emergencies.

REQUIREMENTS FOR A TIERED RESPONSE AGREEMENT

An overall written agreement is required between participating public and/or private safety agencies, which defines the specific capabilities, expectations and limitations each agency will have in respect to each other, and each agency's role in various emergency situations. For example, as a minimum, current certification in first aid and CPR would be required for personnel attending at a medical emergency response.

A local Tiered Response Committee **must** be established, consisting of all of the partners to the overall agreement and shall negotiate the overall agreement and specific response agreements. (i.e. Emergency Medical Response - a sample is attached which may be modified to meet local needs and agencies).

An overall TIERED RESPONSE AGREEMENT is a written formal agreement that spells out the terms and conditions under which tiered response is activated and deactivated and sets out the capabilities, expectations and limitations of each agency involved in the agreement.

Such an agreement shall include, but is not limited to, establishing the following information for each participating agency:

- The activation and deactivation protocols;
- The types of emergency situations under which Tiered Response shall be activated and deactivated;
- The role of each responder group in each type of emergency situation;
- The role of each agency's dispatch center in tiered response activation;

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- The type and nature of orientation and training activities conducted to ensure that participating public and/or private safety agencies are effective in working together to respond to specific emergency situations;
- A resolution or memorandum of understanding from participating municipal councils or private agencies authorizing and approving participation in such a program; municipalities should understand that fire service participation in tiered response programs are adjunctive to emergency medical services;
- The type and nature of agreement amending formulae
- The manner to arbitrate disputes
- A process for partners to withdraw from such an agreement.

GENERAL CRITERIA FOR TIERED RESPONSE

Criteria used by communities for tiered response agreements between safety agencies will vary according to needs and could depend on local conditions such as:

- The intention of tiered response is to provide a clear response time advantage in scene arrival by one of the other partners, over the primary responding agency;
- Geographical distances in rural or remote areas;
- Differences between full-time, part-time and volunteer agencies;
- The type and level of emergency services and resources available.
- The type and level of training and equipment available.

CRITERIA FOR ACTIVATING TIERED RESPONSE MAY INCLUDE:

- Life threatening medical emergencies (i.e. cardiac arrest, unconsciousness);
- Multi-casualty incidents;
- Hazardous materials incidents (CBRNE: Chemical, Biological, Radiological, Nuclear, Explosion) involving casualties and/or potential for casualties;

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- Large fires involving casualties and/or potential for casualties;
- Natural disasters resulting in such occurrences as building collapse.
- Vehicle collisions

The effectiveness of tiered response programs is dependent upon prompt notification of participating agencies and the activation of the appropriate emergency response unit, regardless of agency affiliation. Tiered response agencies should expect to be activated within one minute of receipt of a life threatening/public safety incident, as defined in the agreement.

In order for a tiered response program to provide the greatest benefit to the public, all appropriate participating agencies need to respond to life threatening incidents, when there is a clear response time advantage in scene arrival, over the usual primary agency response time.

Levels of participation by municipalities and safety agencies will vary based on community needs and resources.

OPERATIONAL CONSIDERATIONS

- An agreement to participate in a tiered response program is a voluntary commitment on the part of each agency involved;
- All participants in the tiered response agreement must clearly understand how the impacts of activation, call-out/notification and travel-time/distance can affect each agency, as the agreement is drafted;
- There must be a procedure, documented in the agreement, associated with start-up, operational and maintenance costs of the program. In addition to these costs, locally agreed upon procedures for replacement of supplies and equipment should be included in the documentation process;
- All participants in the tiered response agreement must clearly understand the agreed upon procedure associated with start-up, operational and maintenance costs of the program. Any locally agreed upon replacement procedures of supplies and equipment must be documented in the agreement;
- The committee must ensure that all participants are properly trained to meet the expectations of each partner within the agreement. Consideration should be given to interagency training and exercises to ensure an effective and efficient

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response capability;

- Consideration should be given in any tiered response agreement to CBRNE situations or other long term/major impact incidents that would affect the agencies abilities to function in a routine manner. (i.e. large numbers of staff affected by quarantine);
- The agreement must include a process of notification to all participants, in a timely manner, should a partner in the agreement develop an inability to provide a response to an emergency. This notification could be provided to participant's dispatch services;
- The Tiered Response Committee should review the tiered response agreement on an annual basis, as a minimum.

CONCLUSION

Tiered Response is a voluntary program built on the principles of teamwork and cooperation between the public and/or private safety agencies. Each participant in a local emergency response program has a specific role to play in the community, and by working together, they are better equipped to meet the specific emergency needs of the constituents they serve.

For additional information or assistance, please contact:

Ministry of Health and Long-Term Care
Emergency Health Services
Local Field Offices

or

Ministry of Community Safety and Correctional Services
Office of the Fire Marshal
Local Fire Protection Advisers
Fire Protection Services, Midhurst Regional Office: 1 – (800) 565 - 1842

or

Ontario Association of Fire Chiefs
e-mail: administration@oafc.on.ca
1 - (800) 774 - 6651

SAMPLE MEDICAL EMERGENCY TIERED RESPONSE AGREEMENT

This letter of agreement between **(the dispatch agency < insert name >)** and partnering public safety agencies **(insert names)** authorizes the activation of tiered response, should the Emergency Medical Services (EMS) become overwhelmed to the point that they cannot arrive on scene within **(x)** minutes of the receipt of a life threatening emergency response, the **(< insert name > appropriate safety agency)** will be requested to assist until EMS becomes available under the following criteria:

State specific life threatening medical emergencies

and/or

insert locally agreed upon criteria

The **(dispatch agency < insert name >)** will notify the *appropriate Tiered Response Partners < insert name >* within 1 minute of dispatch of ambulance in response to a life threatening medical emergency, which meets the stated criteria for tiered response.

This agreement recognizes that the participating agencies **< insert name > (department)** and **< insert name > (service)** may not be able to respond when occupied with another emergency, or for any other reason as determined by their senior on-duty officer.

Each participating agency will notify the other agencies of their inability to operate or respond to the situation.

This agreement will be reviewed *< annually >* to ensure its currency.

The authorized representative of each partner agency shall sign this agreement.

<Agency name> <Signature of Authorized Official> < Day/date >

<Agency Name> <Signature of Authorized Official> < Day/date >

and _____(etc.)

Attach Appendix/Appendices as required>

Original Agreement - Date _____

Amended Agreement – Date _____

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Acknowledgment

The OAFCE-OFM-EHS (Ontario Association of Fire Chiefs, the Office of the Fire Marshal and the Emergency Health Services) Steering Committee would like to thank the following members of the working sub-committee for their input and assistance in developing this guideline.

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- Steve McNenly, Assistant Director, Durham Region EMS
- Brian Bildfell, Director, Essex County EMS
- Paul Bradley, Sergeant, O.P.P. – Provincial Emergency Response Team
- Tony Campeau, Program Manager – Land Ambulance, MOHLTC
- Colin “Barney” Ruddell, Assistant Chief, Niagara Falls Fire Department
- Denys Prevost, Fire Chief and EMS Director, Norfolk Fire and Rescue Services
- Daryl Wright, District Chief, Toronto Fire Services Communications
- Bill Sault, Captain, Toronto Fire Services Training – EMS Section

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Influenza Pandemic Screening Questionnaire
ANNEX J

Annex J is a questionnaire, developed by the Office of the Chief Coroner, to assist the appropriate health care professionals to exclude cases that require a coroner's investigation and/or to make a presumptive diagnosis of influenza as the medical cause of death during an influenza pandemic.

As noted under "Purpose," the questionnaire is intended primarily for deaths occurring in a community setting rather than in health care facilities. Although it is not prescriptive for communities to use, it offers a means to assist communities to deal with the anticipated surge in natural deaths, and to expedite removal of decedents' remains to a suitable site for ultimate disposition. If not utilized, a comparable approach should be considered by local community planners.

The use of an Influenza Pandemic Screening Questionnaire will require that local public health and response agencies work together to provide for the appropriate training in its use and application, as those who have been determined by the community to utilize the screening questionnaire will find it different from normal protocols and procedures. The Ministry of Community Safety and Correctional Services and the Ministry of Health and Long-Term Care are jointly developing a training module to accompany the Screening Questionnaire. The training module, when available, will be distributed and should be customized for local use. Training should be implemented by the agencies who will use the questionnaire and the Regional Supervising Coroners would be available in an advisory capacity to assist in developing the training, if required.

The Office of the Chief Coroner cannot guarantee that the services of a coroner will be available during a declared pandemic for deaths not requiring an investigation under the *Coroners Act*.

Refer to the Natural Death Surge Planning Strategy for further information.

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Screening Questionnaire

(Note: the screening referenced here is limited to identifying cause of death not the broader screening of live individuals.)

Screening Questionnaire for Possible Death from Influenza Pandemic Outside of a Health Care Setting

Purpose:

This questionnaire has been designed to be utilized by appropriate health care professionals to exclude cases that require a coroner's investigation and/or to make a presumptive diagnosis of Influenza as the medical cause of death.

It will apply primarily to deaths occurring in the community, rather than in a designated health care facility. It is assumed that, as is currently the case, health care facilities will have mechanisms and personnel in place to pronounce and certify the deaths, and will also be familiar with referrals to the Coroner's Office.

This document is subject to revision and finalization at the time of a declared influenza pandemic so as to ensure relevancy to the specific attributes of the particular virus strain involved.

Date: _____ Time: _____

Name of Deceased Person: _____

Location: _____

Person Interviewed: _____

Relationship to Deceased Person: _____

Contact Information: address: _____

Phone: _____

Interviewed by: (name and designation): _____

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Screening Questionnaire - Section One:

Preliminary Questions to determine NECESSITY TO INVOLVE CORONER:

Does the MANNER of death appear to be other than Natural Causes?
("Other" would include apparent Accident, Suicide, Homicide, or Suspicious
Circumstances) Y N

By history from caregivers, is the death both Sudden and Unexpected?
(Assessor is to use his/her impression, not the caregiver's view that the death
was both sudden and unexpected) Y N

Has anyone expressed concerns regarding medical care?
(Including caregivers, other relatives, health care professionals, etc.) Y N

Is it impossible to establish firm identification of the deceased?
(No responsible person in attendance, or decompositional changes prevent
visual identification) Y N

A "**YES**" RESPONSE to any of the above questions requires IMMEDIATE
NOTIFICATION OF A CORONER and preservation of the scene.

If ALL RESPONSES are "**NO**", proceed to section two.

Note: If there are no relatives, friends or acquaintances readily available who appear
willing to assist with funeral arrangements and disposition of the body (burial or
cremation), please contact the office of the Regional Supervising Coroner for your area
to seek direction. There is provision under the Anatomy Act for the coroner to request
assistance of the municipality in disposition of unclaimed bodies.

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Screening Questionnaire - Section Two:

By history, has the deceased exhibited any of the following signs/symptoms suggestive that the current Pandemic Influenza infection might have led to the death:

Sudden respiratory illness prior to death?	Y	N
Sudden onset of high fever or chills at outset of that illness?	Y	N
General malaise, back or muscle aches/pains, or severe prostration?	Y	N
Headache?	Y	N
Sensitivity to light?	Y	N
New onset of cough, with or without bloody sputum?	Y	N
New onset of head cold, +/- sore throat in early stages?	Y	N
Progressive shortness of breath?	Y	N
Has anyone else in the household experienced similar symptoms?	Y	N
Has there been any known or probable exposure to others with a diagnosis of influenza outside of the household?	Y	N
If the deceased received recent medical care, did the physician make a diagnosis of influenza or confirm influenza through lab testing [note: laboratory testing unlikely in most active stages of influenza pandemic]	Y	N
Has the deceased had a prior history of any of the following medical conditions that would make him/her more susceptible to death from influenza:		
asthma, chronic bronchitis, emphysema	Y	N
valvular heart disease (known heart murmur), ischemic heart disease, or congestive heart failure?	Y	N

A “**Yes**” response to a majority of these questions can lead to a presumptive diagnosis of influenza under the current declared outbreak situation.

Is a PRESUMPTIVE DIAGNOSIS OF INFLUENZA possible **Y** **N**

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Screening Questionnaire – Section 2 continued

If after consultation with a designated representative of the Office of the MOH a presumptive diagnosis of Influenza cannot be made, NOTIFY THE CORONER'S OFFICE.

If a presumptive diagnosis of Influenza CAN BE MADE

1. proceed to complete this form (Section Three) and other appropriate transfer paperwork as per instructions from your MOH Office and local municipality
2. notify a local funeral home to attend to remove the body. (If the deceased has no known prior arrangements or if caregiver/family members in attendance express no specific preferences, proceed as per local municipality's plan).

Local municipalities are expected to have contingency plans in place to ensure that bodies are removed from the death scene directly to a funeral home or temporary storage facility. Death Certification and Registration will take place after body removal from the death scene.

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Screening Questionnaire - Section Three:

Note:

There is no statutory requirement for who can be designated to pronounce death. It will be assumed that suitably trained screeners utilizing this form will have sufficient experience to recognize death, and by completing this section will merely be documenting a date and time for official purposes.

Pronouncement of Death for: (name)_____

Address:_____

Date:_____ Time:_____

By: (Screener's name)_____

Signature:_____

Coroner called: Y N

If yes, who was contacted?_____ Time:_____

Local funeral home contacted: Y N Time:_____

Name of funeral home:_____

Location:_____

Contact person:_____

Phone Number:_____

Name of person completing this form:_____

Signature: _____

Telephone Number at which you can be reached_____

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Natural Death Surge Planning Chart Strategies
ANNEX K

Annex K is a chart outlining the steps in the death management process including the proper screening, recognition, reporting of, and disposition of human remains at the local level. It is not prescriptive, but suggests issues that may require strategies be developed at the local level in consultation with the Regional Supervising Coroner, local public health, first responders, and community emergency management coordinators.

Refer to the Natural Death Surge Planning Strategy for further information.

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Natural Death Surge Planning Strategy Chart

This chart outlines the steps in the death management process including the proper screening, recognition, reporting of and disposition of human remains at the local level. It is not prescriptive, but suggests issues that may require strategies be developed at the local level in consultation with the Regional Supervising Coroner, local public health, first responders, and community emergency management coordinators and planners.

Step 1 – Death in Community Setting (outside health care facility)		
<p>A key concept of planning for a significant increase in the number of natural deaths in the community setting (i.e., outside of health care institutions) is the recognition by caregivers or acquaintances that death has occurred. Community planners may wish to consider obtaining information from the caregiver's initial call to determine the appropriate response.</p> <p>It is important to consider that a tiered emergency response (EMS, Fire, Police) not be activated for every influenza pandemic death, if not required. These resources will be struggling to maintain other emergency service calls that require their expertise.</p> <p>Considerations can be given to setting up a designated phone number, other than the normal emergency number (911), that is answered by trained calltakers when screening calls from caregivers who may be reporting a suspected influenza pandemic death. The number would need to be publicized through local media and educational campaigns and special training for the calltakers would be required.</p> <p>Alternatively, the existing emergency number system (911) may be utilized. With appropriate modifications to ambulance algorithms and training of the calltakers, a preliminary intake may distinguish if the patient has likely expired from the influenza pandemic, or from some other reason, to determine the appropriate response.</p>		
Requirements	Factors to Consider	Planning Strategies
<p>Family/caregiver believes person has died</p> <p>Calls influenza pandemic designated number or emergency number</p>	<p>May not recognize that death has occurred</p> <p>Unaware of public education issues</p> <p>Burden to emergency response system (i.e., 911)</p>	<p>Provide education regarding signs, symptoms of death through pamphlets, TV infomercials, Website</p> <p>Provide education on proper steps to take, designated number to call (avoid 911)</p> <p>Set up designated phone number with trained personnel or utilize existing 911 operator system</p>

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Step 2 – Dispatch of Appropriate Resources

The concept of an “Influenza Pandemic Response Team” (PRT) has evolved from the need to conserve utilization of other valuable first responder resources. Communities may want to consider identifying and training in advance PRT that will be dispatched to a suspected influenza pandemic death to confirm that death has occurred (Pronounce Death); to determine whether the coroner should be called or not; to ascertain whether the death was likely due to an influenza pandemic; and to initiate the process of having the body removed from the scene for ultimate disposition (funeral, burial, cremation).

Discussions in several communities have determined that the most logical members of a PRT would include a police officer with death investigation experience and a medically trained individual (EMS or nurse).

Community planners and the involved agencies would need to determine criteria for having PRT members on standby and when to actively deploy them. Decisions regarding equipment (PPE, basic resuscitation kit) and types of vehicles would be left to the individual community.

Requirements	Factors to Consider	Planning Strategies
<p>Calltaker confident from information provided that victim is deceased</p> <p>No need for full tiered response</p> <p>Trained influenza pandemic responders on standby for deployment to scene</p>	<p>Calltaker has appropriate training and algorithm to follow to verify that death has occurred</p> <p>Trained “Pandemic Response Teams” (PRTs) of skilled individuals with sufficient experience, equipment and personal protection</p> <p>Consider legal liability issues</p>	<p>Develop appropriate algorithm and train calltakers in its application</p> <p>Identify members of PRTs in advance – police with death investigation experience, EMS, RN</p> <p>Monitoring mechanism to determine when to activate PRTs</p> <p>Consider planning an on-call system, 24/7, specifically for this task</p>

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Step 3 – Pronouncement of Death		
<p>The Vital Statistics Act legislates who is qualified to certify death, but there is no specific requirement concerning who can pronounce death. It may be necessary during an influenza pandemic for communities to consider other alternatives for death pronouncement. Those with experience in witnessing death (EMS, nurses, police officers) could perform this task, if required. There may be a need to modify existing policies and protocols, as well as existing regulations, to allow for wider latitude of practice of such individuals in an emergency situation of a declared influenza pandemic.</p>		
Requirements	Factors to Consider	Planning Strategies
<p>No statutory legal requirements in place</p> <p>Medical training is desirable</p> <p>Alternatively, a position of authority (police officer)</p>	<p>If death occurs in the home then one of these authorized persons will need to be contacted</p> <p>Availability of people able to do this task</p> <p>Consider legal liability issues</p>	<p>Provide public education on how to access an authorized person</p> <p>Modify existing policies and procedures, or protocols to allow this (i.e., work outside normal parameters of Ambulance Act, police procedures)</p>
Step 4 – Screening Questionnaire – Possible Death from Influenza		
<p>A questionnaire has been developed by the Ontario Office of the Chief Coroner to assist PRT members with determining whether the death requires a coroner's investigation. If it does not, further questions are designed to elicit whether a reasonable presumption can be made that the death was due to an influenza pandemic. If this is the case, the forms are completed and suitable arrangements are then made for the body to be removed from the site to a designated location (funeral home or temporary morgue). Reporting of these deaths must also be made to the Medical Officer of Health.</p>		
Requirements	Factors to Consider	Planning Strategies
<p>Screening questionnaire</p> <p>PRT members trained in its use and interpretation</p> <p>Community strategy for transportation of bodies</p>	<p>Number of PRTs available to respond to death scenes</p> <p>Training and familiarization with process of screening</p> <p>Body removal services educated in process and willing to remove body to designated site (funeral home or morgue) without a Death Certificate</p>	<p>Questionnaire made available to all communities for their consideration</p> <p>Develop and outfit PRTs within communities in consultation with involved stakeholders (EMS, police, etc.)</p> <p>Involve funeral service sector, body removal services in planning</p>

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Step 5 – Certificate of Death		
<p>Under current legislation, physicians complete the majority of Medical Certificates of Death. Consideration is being given to modifying the regulations under the Vital Statistics Act to allow for a broader spectrum of health care professions to perform this function.</p> <p>Communities may wish to arrange for a voluntary roster of physicians, through their local hospital medical staff organization, to be available to expedite the signing of death certificates. Community planners would also need to determine whether bodies would be transported to local funeral homes or to a central body storage facility (morgue), with the understanding that death certificates would be completed at one of those locations.</p> <p>Appropriate documentation should accompany the body to the designated site for review by the death certifier.</p>		
Requirements	Factors to Consider	Planning Strategies
<p>Person legally authorized to perform this task</p>	<p>Not necessarily the same person who pronounced death</p> <p>Availability of volunteers, designated persons legally qualified</p> <p>Define location where certificate to be signed</p> <p>Provide appropriate documentation to satisfy certifier</p>	<p>Volunteer/rotating schedule of physicians willing to be available</p> <p>Changes to existing legislation, regulations to allow broader range of certifiers within health professionals sector (RNs, EMS)</p> <p>Corpse, all documentation located at funeral home for review</p> <p>Consider collecting corpses and having one authorized person perform this task en masse to improve efficiency</p>

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Step 6 – Wrapping of Body for Transportation		
<p>In consultation with the Chief MOH and local MOHs, it should be determined what steps, if any, are required prior to the transport of bodies from a death scene.</p>		
Requirements	Factors to Consider	Planning Strategies
<p>Determine necessity with MOH</p> <p>Plastic sheeting (shroud) may suffice</p> <p>Person(s) trained to perform this task</p>	<p>Body bags/plastic shrouds</p> <p>Supply of human and physical (body bags) resources</p>	<p>Consider developing a rotating six month inventory of body bags, given their shelf life</p> <p>Consider training or expanding the role of current funeral home staff to include this task</p> <p>Provide this service in the home in conjunction with pronouncement and transportation to morgue.</p>
Step 7 – Transportation to the Morgue		
<p>Bodies must be treated with respect and dignity. Depending on the number of deaths and the community decision for where bodies will be taken following death pronouncement, transportation may be handled entirely by professional removal services, or may also be done by family members. Education of the public may be required if the latter is anticipated with any significant frequency.</p> <p>Families devastated by influenza pandemic deaths may require intervention by Social Services to assist with funeral arrangements and even basic issues of food and shelter. In situations where the responsible adult caregivers have succumbed, the local Children's Aid Society may need to become immediately involved. Similarly other agencies such as Animal Control may need to be alerted to circumstances that require their involvement.</p>		

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Transportation to the Morgue (continued)		
Requirements	Factors to Consider	Planning Strategies
<p>Suitably trained personnel, stretcher and vehicle suitable for this purpose</p> <p>Transport by family, if done with respect and appropriate dignity</p>	<p>Availability of human and physical resources (including vehicles)</p>	<p>Consider keeping old stretchers in storage instead of discarding</p> <p>Look for alternate suppliers of equipment that could be used as stretchers in an emergency, e.g. trolley manufacturers</p> <p>Consider transport vehicles capable of handling more than one corpse per trip</p> <p>Provide public education or specific instructions re: where to take corpses, if the family must transport; how to do so appropriately</p> <p>Assistance of Social Services, CAS, Animal Control, for cases where family may lack resources to react</p>
Step 8 – Registration of Death		
<p>Local municipalities may have to examine their current staffing levels and hours of operation for death registration. Appointments by Order in Council of additional Assistant Deputy Registrars needs to be contemplated well in advance of a declared influenza pandemic. Contingency plans should be considered for extended hours of operation, or after-hours availability to expedite death registration.</p>		
Requirements	Factors to Consider	Planning Strategies
<p>Deputy Registrar or Assistant DR at municipal offices</p>	<p>Sufficient persons appointed and trained to fulfill task</p> <p>Hours of operation to accommodate increased demand</p>	<p>Municipalities to review current complement of registrar positions</p> <p>Expand hours of service, or provide on-call availability outside regular hours</p>

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Step 9 – Storage of the Body

Assuming that local funeral homes may have very limited surge capacity for body storage, and that existing morgue facilities (hospitals, Coroner’s Office, removal services) will likely be overwhelmed during an influenza pandemic, alternate solutions for temporary body storage must be made.

Community planners must be sensitive to the potential repercussions of the general public associating temporary body storage with certain locations (ice rinks) or specific companies (cold storage facilities, refrigerated trucking companies). Local communities should dialogue with their funeral service providers and hospitals in determining an appropriate temporary body storage facility and its location.

Storage may be required after death is pronounced, while the funeral arrangements or disposition decisions are being made. Following the funeral, there may be backlogs at cemeteries and crematoria that necessitate further short-term storage of bodies.

Requirements	Factors to Consider	Planning Strategies
<p>A suitable facility that can be maintained at +4 to +8 ° Celsius</p>	<p>Capacity of existing facilities in hospitals, funeral homes, removal services likely to be overwhelmed</p> <p>“Traditional” alternatives may not be realistic or palatable to community (e.g. hockey rinks, refrigerated trucks)</p> <p>Availability of refrigerated containers/trucks, or storage facilities</p> <p>Placement of temporary body storage facility (ie. close to hospital morgue or funeral home)</p>	<p>Identify and plan for possible temporary morgue sites</p> <p>Contract or MOU with appropriate suppliers</p> <p>Funeral sector to explore options for temporary increase in capacity (pooling of resources, refrigerated units on site, etc.)</p> <p>Bylaw revisions as required</p>

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Step 10 – Autopsy Examinations		
Autopsies will most likely not be required to confirm an influenza pandemic death. The OCC may have some initial involvement with surveillance and diagnosis confirmation to assist Public Health in the early stages of an influenza pandemic.		
Requirements	Factors to Consider	Planning Strategies
<p>Most deaths due to influenza pandemic will not need autopsy</p> <p>Public health surveillance/confirming diagnosis</p> <p>Consent of family, if not a coroner's autopsy</p>	<p>Availability of human and physical resources</p> <p>May be legally required in some circumstances (coroner's cases)</p>	<p>Ensure that physicians and families are aware that an autopsy is not required for confirmation of an influenza pandemic death</p>
Step 11 – Cremation		
Community planners should consult with local crematoria to ascertain current volumes of cremations and surge capacity, along with any limitations that extended hours of operation might pose.		
Requirements	Factors to Consider	Planning Strategies
<p>ransportation to crematorium</p> <p>Availability of crematoria</p> <p>A cremation certificate signed by coroner</p>	<p>Capacity of crematorium/speed of process</p> <p>Availability of coroner to review and issue certificate</p> <p>Public Health requirements</p> <p>May be advised as desirable alternative to burial</p>	<p>Identify alternate vehicles that could be used for mass transport</p> <p>Examine the capacity and surge capacity of crematoria within the jurisdiction</p> <p>Discuss and plan appropriate storage options, if the crematoria become backlogged</p> <p>Discuss and plan expedited cremation certificate completion processes through Regional Supervising Coroner's Office</p>

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Step 12 – Embalming		
Funeral service sector should review their needs for supplies and trained embalmers in the event of an influenza pandemic where deaths from natural causes might surpass in 6-8 weeks the normal volume normally encountered in 6 months.		
Requirements	Factors to Consider	Planning Strategies
Vehicle for transportation from morgue Trained persons Embalming equipment Suitable location May not be necessary for cremation	Availability of human and physical resources Capacity of facility and speed of process	Consult with service providers regarding the availability of supplies and potential need to stockpile or develop a rotating 6 month inventory of essential equipment /supplies Discuss capacity and potential alternate sources of human resources to perform this task (e.g. retired workers or students in training programs) Consider “recruiting” workers that would be willing to provide this service in an emergency
Step 13 – Funeral Service		
Normal funerary practices may be significantly altered by a surge in natural deaths. Supplies may be limited, visitations may, of necessity, be shortened dramatically or curtailed by the MOH to prevent the spread of disease.		
Requirements	Factors to Consider	Planning Strategies
ailable resources (location, caskets) Timing Visitations, service Infection control measures to reduce risk of disease transmission in large gatherings	Availability of caskets Availability of location for service and visitation Limitations on public gatherings Need to expedite or accelerate the process Competing public expectations (for specific day, number of guests, etc.)	Shorten lead time for casket manufacture/delivery Consult with the Funeral Services Association of Canada (FSAC) Training, public education in infection control measures from Public Health Alternative of a memorial service at some time after the cremation/burial

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Step 14 – Temporary Storage After Funeral		
See: Step 9 – Storage of the Body		
Requirements	Factors to Consider	Planning Strategies
Suitable facility at +4 to +8 degrees C	Embalmed bodies, or bodies in caskets may be more acceptably stored in some facilities (e.g. cold storage)	Expand capacity by increasing temporary storage sites
Step 15 – Burial		
Contingencies need to be considered to cope with extremes of weather, reduced manpower, shortage of equipment, cultural and religious requirements, etc. Bodies may require short-term storage following funeral services.		
Requirements	Factors to Consider	Planning Strategies
Grave digger, space at cemetery	Availability of grave diggers and cemetery space Extreme cold and heavy snow fall	Identify sources of supplementary workers