



Pathways Health Centre for Children

# PANDEMIC PLAN

Reviewed biennially by: HEALTH, SAFETY AND RISK COMMITTEE

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Approved by:   
Executive Director



# PANDEMIC PLAN

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# PANDEMIC PLAN

## BACKGROUND

Experts incite the importance of planning for a global pandemic that may cause catastrophic illness and death (not unlike the pandemics of 1918-19 (Spanish), 1957-58 (Asian) and 1968-69. (Hong Kong). In recent years our community and business response plans have been challenged in response to:

- An outbreak of Severe Acute Respiratory Syndrome (“SARS”) in Toronto 2003, and
- An outbreak of H1N1 in 2009/2010 which affected residents of more than 213 countries, and claimed over 17,700 lives.

When a pandemic does occur, estimates suggest up to 8 million people in Ontario will be infected, with up to 4 million becoming clinically ill as a result. The impact of a pandemic on the work environment would be enormous, with absenteeism rates of 35% to 50% for periods of about two weeks at the height of the severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Staff absences will be due to the effects of the virus on individuals and families, as well as due to fear.

Generally, pandemic influenzas spread in two or more waves in the same year or in successive influenza seasons (from October to April). The length of each wave is approximately 8 weeks, with the first in the current context likely being the most severe due to unavailability of a vaccine, and limited availability of anti-viral medication.

The federal, provincial and regional governments have developed a contingency plan that defines the role and scope of these various levels of government in a pandemic influenza response. As a community-based healthcare provider, Pathways has developed and regularly reviews its planned response, and makes the plan available to stakeholders.

### Phases of Pandemic

The World Health Organization (WHO) has identified phases of an influenza pandemic. In an effort to guide contingency planning and to define areas of responsibility, all levels of government have adapted these phases into 3 segments:

- preparedness
- response
- recovery

By utilizing the same response structure for developing Pathways’ Pandemic Response Plan, there will be consistency in reference to phases and communication that will be forthcoming from Health Canada, The Ministry of Health and Long-Term Care for Ontario, and regional governments and public health authorities.

### Key Assumptions

- All indications are that, in the event of a pandemic, Toronto and surrounding vicinity could be on the leading edge of infection in North America / Canada
- Ontario will have a maximum lead time of 3 months (and possibly much less), between the declaration of a pandemic by WHO and its spread throughout the province
- At the time of the pandemic, actions and directions of local health authorities (Ministry of Health and Long-Term Care, Public Health) will guide the implementation of this plan



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- A vaccine will not be available for at least 3 – 4 months (and possibly 6 – 9 months) after the virus has been identified, and therefore is unlikely to be in place during the first wave of pandemic
- At outset of pandemic, anti-viral will be in short supply and / or resistance to the effects of anti-viral is likely to develop
- The province, following recommendations set by the federal government, will set priorities as to who will receive limited supplies of both anti-viral drugs and the vaccine
- As Pathways does not provide essential services, the organization will move quickly to consider limiting and / or ceasing operations in the event of pandemic in its catchment area and / or environs (i.e., Lambton County, Southwestern Ontario or Michigan)
- The intention of the organization during the pandemic period will be to continue full compensation to staff who are unable to attend the workplace due to illness and/or closure of the facility or outreach locations where they work. Continued payment of staff in this regard is dependent upon continued flow and receipt of funds from funders.

### 2007 Status

- Threat was H5N1 (“Asian” or “Avian” flu)
  - H5N1 originated in southern China in 1997, and spread to over 50 countries
  - Infected (with difficulty) approximately 200 people, but with mortality rate of > 50%
  - Circulated through Africa, Asia, the Middle East and Europe
  - WHO pandemic phase 3 in those areas; in phase 0 in North America
  - Advance, coupled with possible emergence of mutations that could facilitate infection across species, increases risk of global pandemic
  - Should H5N1 have mutated into a form that was easily transmitted from person to person, WHO best cases scenario indicated that 2 million people could have died;
  - Experts suggest infected persons were contagious for up to two days before symptoms developed, ill for 5 – 8 days (if no complications arise), and contagious for 7 days + after symptoms subsided

### 2009 Status

- Threat was H1N1 (so-called “swine flu”)
  - H1N1 was considered to have originated in Mexico in 2009, and spread throughout 213 countries, including the US and Canada . Symptoms were similar to a seasonal “flu” – including fever, loss of appetite, muscle ache and fatigue, runny nose, sneezing, watery eyes and throat irritation. Nausea, pneumonia, vomiting and diarrhea occurred in severe cases.
  - The following groups were not more likely to get the H1N1 virus. However, they were considered more at risk of developing complications if they contracted H1N1.
    1. Children under five years of age (especially those less than two years old)
    2. Pregnant Women
    3. People with chronic conditions such as: heart disease, liver disease, kidney disease, blood disorders, diabetes, severe obesity, asthma and chronic lung disease, immunosuppressed (people taking cancer drugs or people with HIV AIDS), neurological disorders
  - As of August 10, 2010, WHO Declared the H1N1 Pandemic over with 17,700 known deaths. Based on experience with past pandemics, it is expected the H1N1 virus will take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come.



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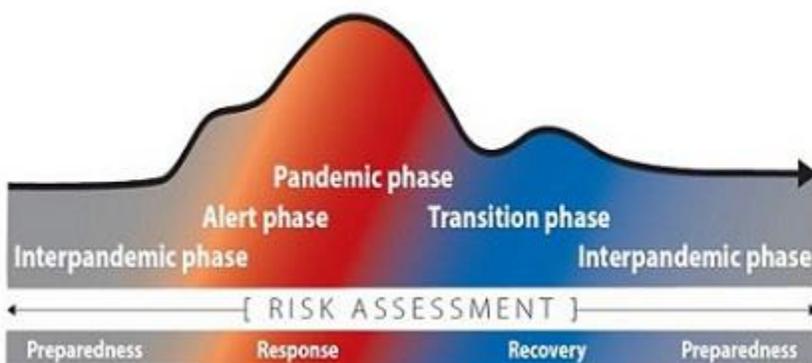
## 2019: Current WHO global phase of pandemic alert: Avian Influenza A(H5N1)

(Current phase of global alert according to criteria described in the WHO Pandemic Influenza Risk)

### Management Interim Guidance

The pandemic influenza phases reflect WHO's risk assessment of the global situation regarding each influenza virus with pandemic potential that is infecting humans. These assessments are made initially when such viruses are identified and are updated based on evolving virological, epidemiological and clinical data. The phases provide a high-level, global view of the evolving picture.

As pandemic viruses emerge, countries and regions face different risks at different times. For that reason, countries are strongly advised to develop their own national risk assessments based on local circumstances, taking into consideration the information provided by the global assessments produced by WHO. Risk management decisions by countries are therefore expected to be informed by global risk assessments, but based on local risk assessments.



As of the time of approval of this plan, the current WHO phase of pandemic alert for avian influenza A(H5N1) is: ALERT on account of the recent occurrence of human infections from avian influenza A(H7N9) and other respiratory diseases.

**Alert phase:** This is the phase when influenza caused by a new subtype<sup>1</sup> has been identified in humans. Increased vigilance and careful risk assessment at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the inter-pandemic phase may occur.



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### PATHWAYS PANDEMIC RESPONSE PLAN

#### Pandemic Response Team

Pathways' Leadership Team will serve as the foundation of the organization's Pandemic Response Team, with membership as listed below:

- Pandemic Response Coordinator – Finance and Corporate Services Manager
- Executive Director
- All Managers and Supervisors
- Executive Assistant
- Maintenance Supervisor
- Infection Control Resource

Team members are equipped to maintain communication with one another at all times as required, and have agreed to retain a hard copy of the plan and all related documentation with them at all times, to ease access, communication and decision making when / as needed. Responsibility for the Pandemic Influenza Response Plan resides with the Health, Safety and Risk Committee and will be reviewed bi-annually in September and updated accordingly by the Pandemic Response Coordinator, Infection Control Resource, and Executive Director with input and support from the Response Team.

The Pathways Influenza Pandemic Response Plan is available on the Centre intranet, as well as in hard copy at Pathways at Reception.

#### Accountabilities During Pandemic

All determinations as to what level of operations will be maintained when closure will be implemented during a pandemic outbreak is that of the Executive Director, in deliberation with the Pandemic Response Team, Lambton Public Health through the office of the Medical Officer of Health, and Pathways Medical Director. In the event of the Executive Director's absence and / or unavailability during this period, the Finance Manager and Corporate Services will be the designate for all such deliberations.

All persons accountable during all phases of preparation and implementation of Pathways' Pandemic Influenza Response Plan will keep the Pandemic Response Coordinator apprised as to the status of their accountabilities, so ensuring ongoing communication, coordination and implementation of the plan in all its facets during each critical period. In the event of the absence of the Pandemic Response Coordinator, the Executive Director will act or designate another Manager to act as Pandemic Response Coordinator.



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### Replacement Response Team Members during Pandemic

In the event that a member of the Response Team is unavailable or incapacitated during the pandemic period, the following alternate will function in his or her stead:

<b>Position</b>	<b>Alternate</b>
• Executive Director	Finance and Corporate Services, Manager
• Executive Assistant	<i>Staff / Supervisor TBD by Executive Director</i>
• Finance and Corporate Services Manager	<i>Staff / Supervisor TBD by Manager</i>
• Clinical Services Manager	<i>Staff / Supervisor TBD by Manager</i>
• Community Services Manager	<i>Staff / Supervisor TBD by Manager</i>
• Maintenance Supervisor	<i>Staff / Supervisor TBD by Manager</i>
• Clinical Services Supervisors	<i>Staff / Supervisor TBD by Manager</i>
• Infection Control Resource	<i>Staff / Supervisor TBD by Executive Director</i>



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## RESPONSE PLAN for WHO Phases 1 through 3 – in Southwestern Ontario

**Phase 1** – No viruses circulating among animals have been reported to cause infections in humans.

**Phase 2** – An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

**Phase 3** – An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Preparedness	Accountability
<b>Develop Pandemic Response Plan (PRP), to include the following:</b>	
<ul style="list-style-type: none"> <li>○ communication plan for staff and all requisite supporting documentation for inclusion in PRP</li> </ul>	Executive Director, Senior Leadership, Executive Assistant
<ul style="list-style-type: none"> <li>○ business continuity plan detailing essential functions during pandemic period (e.g., remuneration, building services, security, IT)</li> </ul>	Finance and Corporate Services Manager, Maintenance Supervisor, Clinical Services Manager, Community Services Manager
<ul style="list-style-type: none"> <li>○ interim health surveillance / screening plans for clients / staff / visitors as required</li> </ul>	Executive Director, Medical Director, Senior Leadership, Infection Control Resource
<ul style="list-style-type: none"> <li>○ identification of how to provide some indirect service to clients during pandemic period</li> </ul>	Clinical Services Manager, Community Services Manager, all Supervisors
<ul style="list-style-type: none"> <li>○ develop and implement plan for regular reminders to staff / client regarding infection control practices and procedures</li> </ul>	Infection Control Resource
<ul style="list-style-type: none"> <li>○ Identify and provide staff with information on pandemic and pandemic preparedness (at work, in community, at home)</li> </ul>	Executive Director, Senior Leadership, Executive Assistant
<ul style="list-style-type: none"> <li>○ Establish emergency call list procedure; maintain updated (quarterly) for inclusion in PRP and provide to managers and supervisors</li> </ul>	Executive Assistant
<ul style="list-style-type: none"> <li>○ Identify admin / support staff to be trained in screening protocol to be implemented as required if pandemic advances</li> </ul>	Finance and Corporate Services Manager, Clinical Services Manager, Community Services Manager



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Preparedness	Accountability
<b>Develop Pandemic Response Plan (PRP), to include the following:</b>	
<ul style="list-style-type: none"> <li>○ Brief staff on PRP through staff meetings and emails</li> </ul>	Executive Director, Executive Assistant
<ul style="list-style-type: none"> <li>○ Provide information on PRP to clients / families (as appropriate) through posting on Pathways social media</li> </ul>	Executive Assistant, Family Engagement Coordinator, Program Assistant
<ul style="list-style-type: none"> <li>○ Brief Broader Community on PRP:               <ul style="list-style-type: none"> <li>- Partner/Community Agencies</li> <li>- Funders</li> <li>- Government</li> </ul> </li> </ul>	Executive Director, Executive Assistant
<ul style="list-style-type: none"> <li>○ Ensure infection control supplies (non-latex gloves, sanitizer, disinfectant, gloves, masks, eye protection, gowns) for use during pandemic are readily available from a supplier in large quantities</li> </ul>	Maintenance Supervisor, Infection Control Resource
<ul style="list-style-type: none"> <li>○ Ongoing monitoring of the threat of pandemic, with regular updates to Pandemic Response Team</li> </ul>	Executive Director, Pandemic Response Coordinator, Infection Control Resource



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## RESPONSE PLAN for WHO Phase 4 – in Southwestern Ontario

**Phase 4 –** Characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

If pandemic reaches Phase 4 at the local level (i.e., Lambton County, Southwestern Ontario or Michigan) the organization would consider graduated or full closure, in consultation with Ministry of Children, Community & Social Services, and in accordance with MOH-LTC and local health authority guidelines. If operations continue during this phase, the response is identified below:

Response	Accountability
Screening process may be mobilized at point of entry: <ul style="list-style-type: none"> <li>- # of site personnel trained in monitoring procedures (use guidelines from public health if available)</li> <li>Screening process would involve immunization status review with possible exclusion from services for clients and possible reassignment of staff. (See Policy and Procedure regarding Influenza Vaccine)</li> <li>- monitor stations established including information signage</li> <li>- contact for remediation of problematic situations identified</li> </ul>	Finance and Corporate Services Manager, Clinical Services Manager, Infection Control Resource  Executive Assistant / Maintenance Supervisor  Pandemic Response Coordinator
Communication to staff (voice mail, email, Intranet)	Executive Assistant, Student and Volunteer Services Supervisor; Family Engagement Coordinator to assist
Communication to clients (telephone system, social media)	



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Response	Accountability
Protocol to limit face-to-face contact may be implemented: <ul style="list-style-type: none"> <li>- Staff assigned to work from home where possible</li> <li>- Staff providing service off-site refrain from coming in-centre</li> <li>- No face to face meetings held or attended (unless essential)</li> <li>- Those remaining on site use telephone, email to communicate with one another when possible</li> <li>- Availability / use of disinfectant spray for desks, telephones by on-site staff</li> </ul>	Service Area Managers and Supervisors  Maintenance Supervisor
Continued staff education re: containment of spread of infectious diseases through handouts, bulletin boards, Intranet	Infection Control Resource
Communication of change of status at Pathways: <ul style="list-style-type: none"> <li>- to government / funders</li> <li>- to partners / community agencies</li> <li>- to Medical Officer of Health / Public Health</li> <li>- to suppliers / service contractors as appropriate (list to be developed)</li> </ul>	Executive Director, Executive Assistant  Finance and Corporate Services Manager or designate
Ongoing monitoring of influenza pandemic status	Executive Director, Pandemic Response Coordinator, Infection Control Resource

## Recovery from Phase 4

If pandemic does not progress beyond this stage, The Executive Director will determine to revert to normal operations either in a phased approach or entirely, based on the input / guidelines of provincial and local health authorities. It is likely, however, that if pandemic reaches Phase 4 locally, the move to Phases 5 and 6 will be both rapid and unstoppable.



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### RESPONSE PLAN for WHO Phases 5 and 6: – in Southwestern Ontario

- Phase 5 –** Characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
- Phase 6 –** Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

If pandemic reaches Phase 5 and 6 at the local level the organization would be prepared to implement full closure, conferring with the Ministry of Children, Community & Social Services , and congruent with MOH-LTC and local health authority guidelines. All members of the Pandemic Response Team may be redeployed off site, but remain in regular contact. All other aspects of the plan, accountabilities and reporting protocols remain in place.

In addition, each member of the team has identified a designate to fulfill their Pandemic Response Team accountabilities in the event of their incapacity. During these phases, the response is identified below:



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Response	Accountability
<b>Communication of closure and methodologies for ongoing contact for staff and clients:</b> <ul style="list-style-type: none"> <li>• telephone announcements (staff via Centre voicemail, clients via individual clinician / receptionist contact)</li> <li>• emails to staff</li> <li>• automated attendant messaging</li> <li>• Social media (clients and staff)</li> <li>• Media announcements</li> </ul>	Executive Assistant, individual Clinician / Receptionist, Clinical Information Assistants, Program Assistant
<b>Implement business continuity processes</b> <ul style="list-style-type: none"> <li>• including offsite payroll and finance management abilities</li> <li>• redirection of mail and courier service</li> </ul>	Finance and Corporate Services Manager
<b>Implement IT continuity strategy</b> <ul style="list-style-type: none"> <li>• including remote access connectivity</li> <li>• including systems maintenance</li> </ul>	Finance and Corporate Services Manager, IT Technician
<b>Implement facility security and maintenance checks</b>	Maintenance Supervisor
<b>Communication of current status at Pathways</b>	Executive Director, Pandemic Response Coordinator
<ul style="list-style-type: none"> <li>• to government/funders</li> </ul>	
<ul style="list-style-type: none"> <li>• to partners/community agencies</li> <li>• to Medical Officer of Health/Public Health</li> </ul>	
<ul style="list-style-type: none"> <li>• to suppliers/service contractors as appropriate</li> </ul>	
<b>Ongoing monitoring of influenza pandemic status</b>	Executive Director/Pandemic Response Coordinator
<b>Establish return to work protocol and procedures (when appropriate)</b>	Executive Director, Pandemic Response Coordinator, Infection Control Resource

## Recovery from Phases 5 and 6

Recovery from phases 5 and 6 would occur in congruence with the recommendations of provincial and local health authorities. However, in the event of a full pandemic, it is likely that the organization would remain in this phase and prepared to close for at least one full cycle. It would then likely revert to normal operations through a staged approach, with screening and related protocols implemented as identified in Phase 4 above for the interim period (of up to 12 months). With an “all clear” from public health, pre-pandemic operating conditions would prevail.



# PANDEMIC PLAN

## COMMUNICATION PLAN Stage 1

Pandemic Stage	Who Needs to be Informed	Key Message	Method
<p><b>Stage 1</b> Still open, business as usual</p> <p><i>Has been described as:</i></p> <p><i>WHO PHASES 3-5</i></p> <p><i>PANDEMIC ALERT PERIOD</i></p> <p><i>NO LOCALIZED HUMAN TO HUMAN SPREAD</i></p>	STAFF, MANAGERS, BOARD, VOLUNTEERS	<ul style="list-style-type: none"> <li>Information on Pathways' Pandemic Plan</li> <li>General information: What it is, how it is spread, safety precautions, personal planning, etc.</li> <li>New Policies that will apply and when</li> </ul>	<ul style="list-style-type: none"> <li>General Staff Meeting</li> <li>In-services</li> <li>Voice Mail</li> <li>Email updates</li> <li>Newsletter</li> </ul>
	CLIENTS, FAMILIES	Inform them that Pathways' plan is posted on all social media	<ul style="list-style-type: none"> <li>Social Media</li> <li>Newsletter</li> <li>Posting information in Reception</li> <li>Staff providing information</li> </ul>
	SCHOOLS, SCHOOL BOARDS	Inform them that Pathways' plan is posted on all social media	<ul style="list-style-type: none"> <li>By e-mail directing them to social media</li> </ul>
	PARTNER AGENCIES	Inform them that Pathways' plan is posted on website	<ul style="list-style-type: none"> <li>By e-mail directing them to the Website</li> </ul>
	MINISTRY	Provide copy of Pathways plan	<ul style="list-style-type: none"> <li>By e-mail to Program Supervisor</li> </ul>



# PANDEMIC PLAN

Stage 2A is initiated upon consultation with Public Health and the Ministry

Pandemic Stage	Who Needs to be Informed	Key Message	Method
<p>Stage 2A Protocol for limited face-to-face contact is implemented</p> <p><i>Has been described as:</i></p> <p>WHO PHASE 6</p> <p>PANDEMIC –</p> <p>SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION</p> <p>... continued</p>	<p>STAFF, MANAGERS, BOARD</p>	<ul style="list-style-type: none"> <li>Notify that protocol for limited face-to-face contact will be implemented on a specified date</li> <li>Daily or weekly updates via voice mail and e-mail to staff to keep them informed of situation and plans</li> <li>Content of messaging will depend on current strain of virus</li> <li>Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>Fan-out list</li> <li>E-mail</li> <li>Voice Mail</li> <li>Social Media</li> </ul>
	<p>CLIENTS, FAMILIES</p>	<ul style="list-style-type: none"> <li>Notify <b>active clients and families</b> that a protocol for limited face-to-face contact will be implemented on a specified date for an unspecified period</li> <li>Telephone / e-mail contact with staff will be available as possible</li> <li>Update social media with more specific information on plans and services available</li> <li>Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>Staff contact clients as necessary</li> <li>Clients are told to check social media for updates</li> <li>Update message on automated attendant</li> </ul>



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Pandemic Stage	Who Needs to be Informed	Key Message	Method
<p><b>Stage 2A</b>  <b>Protocol for limited face-to-face contact is implemented</b></p> <p><i>Has been described as:</i></p> <p><b>WHO PHASE 6</b>  <b>PANDEMIC –</b>  <b>SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION</b></p> <p><i>...continued</i></p>	<p>SCHOOLS,  SCHOOL  BOARDS</p>	<ul style="list-style-type: none"> <li>• Notify that protocol for limited face-to-face contact will be implemented on a specified date</li> <li>• Notify that school visits may not be possible</li> <li>• Direct to website and other social media for information</li> <li>• Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>• By e-mail directing them to the Website and social media</li> </ul>
	<p>PARTNER  AGENCIES  and  PRIMARY CARE  PROVIDERS</p>	<ul style="list-style-type: none"> <li>• Notify that a protocol for limited face-to-face contact will be implemented on a specified date</li> <li>• Notify that community visits may not be possible</li> <li>• Referrals still welcome</li> <li>• Direct to social media for information</li> <li>• Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>• Contact directly by phone, e-mail, or fax</li> </ul>
	<p>MINISTRY</p>	<ul style="list-style-type: none"> <li>• Notify that the Centre will be implementing a protocol for limited face-to-face contact on a specified date</li> <li>• Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain direct contact with key individuals</li> </ul>



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Pandemic Stage	Who Needs to be Informed	Key Message	Method
	SUPPLIERS CONTRACTORS	<ul style="list-style-type: none"> <li>Notify that the Centre will be implementing a protocol for limited face-to-face contact on a specified date</li> <li>Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>Phone, fax or e-mail regular suppliers</li> <li>Mail out to others</li> </ul>
<b>Stage 2A Protocol for limited face-to-face contact is implemented</b>  <i>Has been described as:</i>  <b>WHO PHASE 6</b>  <b>PANDEMIC –</b>  <b>SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION</b>	GENERAL PUBLIC	<ul style="list-style-type: none"> <li>Notify that the Centre will be implementing a protocol for limited face-to-face contact on a specified date</li> <li>Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>Social Media (local papers, radio, website, Facebook, outside sign)</li> <li>Social Media</li> </ul>
	VOLUNTEERS	<ul style="list-style-type: none"> <li>Notify that the Centre will be implementing a protocol for limited face-to-face contact on a specified date</li> <li>Notify of any subsequent change of status</li> </ul>	<ul style="list-style-type: none"> <li>Student and Volunteer Services Supervisor to contact volunteers by phone, e-mail or fax as appropriate</li> </ul>

**END of COMMUNICATION PLAN Stage 2 A**



# PANDEMIC PLAN

Stage 2 B is initiated upon consultation with Public Health and the Ministry

Pandemic Stage	Who Needs to be Informed	Key Message	Method
<p><b>Stage 2 B</b>  <b>Preparing to close / closed</b></p> <p><i>Has been described as:</i></p> <p><b>WHO PHASE 6</b></p> <p><b>PANDEMIC –</b></p> <p><b>SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION</b></p> <p><i>...continued</i></p>	<p>STAFF,  MANAGERS,  BOARD</p>	<ul style="list-style-type: none"> <li>Notify that the Centre will be closing on a specified date</li> <li>Daily or weekly updates via voice mail and e-mail to staff to keep them informed of situation and plans.</li> </ul>	<ul style="list-style-type: none"> <li>Fan-out list</li> <li>E-mail</li> <li>Voice Mail</li> <li>Social Media</li> </ul>
	<p>CLIENTS,  FAMILIES</p>	<ul style="list-style-type: none"> <li>Notify we are closing and will let them know when we are ready to re-open</li> <li>Telephone / e-mail contact with staff may be available</li> <li>Update social media with more specific information on plans and services available</li> </ul>	<ul style="list-style-type: none"> <li>Staff contact clients to cancel appointments</li> <li>Clients are told to check social media for updates</li> <li>Update message on automated attendant</li> </ul>
	<p>SCHOOLS,  SCHOOL  BOARDS</p>	<ul style="list-style-type: none"> <li>Notify we are closing and will let them know when we are ready to re-open</li> <li>Direct to social media for information</li> </ul>	<ul style="list-style-type: none"> <li>By e-mail directing them to the social media</li> </ul>
	<p>PARTNER  AGENCIES  and  PRIMARY CARE  PROVIDERS</p>	<ul style="list-style-type: none"> <li>Notify we are closing and will let them know when we are ready to re-open</li> <li>Referrals still welcome, to be handled upon re-opening</li> <li>Direct to social media for information</li> </ul>	<ul style="list-style-type: none"> <li>Contact directly by phone, e-mail, or fax</li> </ul>



# PANDEMIC PLAN

Pandemic Stage	Who Needs to be Informed	Key Message	Method
<b>Stage 2 B</b> <b>Preparing to close / closed</b>  <i>Has been described as:</i>  <b>WHO PHASE 6</b>  <b>PANDEMIC –</b>  <b>SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION</b>	MINISTRY	<ul style="list-style-type: none"> <li>Notify that the Centre will be closing on a specified date</li> </ul>	<ul style="list-style-type: none"> <li>Maintain direct contact with key individuals</li> </ul>
	SUPPLIERS, CONTRACTORS	<ul style="list-style-type: none"> <li>Notify that the Centre will be closing on a specified date</li> <li>Notify that payments will be made, and for suppliers to hold shipments.</li> <li>Ongoing security, lawn cutting and snow removal to be arranged as possible.</li> </ul>	<ul style="list-style-type: none"> <li>Phone, fax or e-mail regular suppliers</li> <li>Mail out to others</li> </ul>
	GENERAL PUBLIC	<ul style="list-style-type: none"> <li>Notify we are closing and will let them know when we are ready to re-open</li> </ul>	<ul style="list-style-type: none"> <li>Social Media – local papers, radio, outside sign, Facebook, Twitter</li> <li>Website</li> </ul>
	VOLUNTEERS	<ul style="list-style-type: none"> <li>Notify we are closing and will let them know when we are ready to re-open</li> </ul>	<ul style="list-style-type: none"> <li>Student and Volunteer Services Supervisor to contact volunteers by phone, e-mail or fax as appropriate</li> </ul>

**END of COMMUNICATION PLAN Stage 2 B**



# PANDEMIC PLAN

## COMMUNICATION PLAN Stage 3

Stage 3 is initiated upon consultation with Public Health and the Ministry

Pandemic Stage	Who Needs to be Informed	Key Message	Method
<p><b>Stage 3 PREPARING TO RE- OPEN</b></p> <p><i>Has been described as:</i></p> <p><b>NO NEW INFLUENZA SUBTYPES DETECTED IN HUMANS POPULATION</b></p> <p><i>... continued</i></p>	<p>STAFF, MANAGERS, BOARD</p>	<ul style="list-style-type: none"> <li>Contact staff that we are ready to re-open and to return to work on a specified date</li> <li>Continue to provide reminders of good infection control</li> </ul>	<ul style="list-style-type: none"> <li>Fan-out list</li> <li>E-mail</li> <li>Voice Mail</li> <li>Website</li> <li>Facebook</li> </ul>
	<p>CLIENTS, FAMILIES</p>	<ul style="list-style-type: none"> <li>Notify that the Centre is ready to re-open and that their therapist will be contacting them</li> </ul>	<ul style="list-style-type: none"> <li>Staff contact clients to arrange appointments</li> <li>Clients are told to check social media for updates</li> <li>Update message on automated attendant</li> <li>General information in media</li> </ul>
	<p>SCHOOLS, SCHOOL BOARDS</p>	<ul style="list-style-type: none"> <li>Notify we are ready to re-open and when staff will be returning</li> </ul>	<ul style="list-style-type: none"> <li>By e-mail directing them to social media</li> </ul>
	<p>PARTNER AGENCIES and PRIMARY CARE PROVIDERS</p>	<ul style="list-style-type: none"> <li>Notify we are ready to re-open and will be handling referrals starting with those received during closure</li> <li>Direct to social media for information</li> </ul>	<ul style="list-style-type: none"> <li>Contact directly by phone, e-mail, or fax</li> </ul>
	<p>MINISTRY</p>	<ul style="list-style-type: none"> <li>Notify we are ready to re-open</li> </ul>	<ul style="list-style-type: none"> <li>Notify in person by phone and e-mail</li> </ul>



# PANDEMIC PLAN

Pandemic Stage	Who Needs to be Informed	Key Message	Method
	SUPPLIERS, CONTRACTORS	<ul style="list-style-type: none"> <li>Notify we are ready to re-open</li> </ul>	<ul style="list-style-type: none"> <li>Phone, fax or e-mail regular suppliers</li> <li>Mail out to others</li> </ul>
<b>Stage 3 PREPARING TO RE- OPEN</b>  <i>Has been described as:</i>  NO NEW INFLUENZA SUBTYPES DETECTED IN HUMANS POPULATION	GENERAL PUBLIC	<ul style="list-style-type: none"> <li>Notify we are ready to re-open</li> </ul>	<ul style="list-style-type: none"> <li>Social Media – local papers, radio, Facebook, Twitter</li> <li>Website</li> </ul>
	VOLUNTEERS	<ul style="list-style-type: none"> <li>Notify we are ready to re-open</li> </ul>	<ul style="list-style-type: none"> <li>Student and Volunteer Services Supervisor to contact volunteers by phone, e-mail or fax as appropriate</li> </ul>

**END of COMMUNICATION PLAN Stage 3**



## PANDEMIC PLAN

### Post Recovery from Pandemic will include:

- Recognition of any special contributions by staff
- Evaluation of the process – successes, challenges, lessons learned, etc. Invite feedback from all stakeholders



## PANDEMIC PLAN

### PAYROLL PROCESSING AND PAYMENT TO STAFF

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Two Business Office Employees (the Payroll and Finance Administrator and the Payroll and Finance Assistant) are cross-trained in Payroll Processing. Payroll Processing will soon have the capability of being accomplished remotely from an off-site location.

In the event that we do not have access to the Internet for payroll processing, plans are in place for EFT and handwriting of cheques based on the last payroll prior to facility closure. The Payroll and Finance Administrator or designate will prepare a manual payroll run and issue manual cheques to employees from the pay information from the most recent pay. Processing payroll manually will be continued uninterrupted until Internet access is resumed.

This requires the Payroll and Finance Administrator to maintain the following:

- A list of all staff
- The last payroll register (prior to facility closure)
- A sufficient number of numerically sequenced blank manual payroll cheques (to run one month's worth of payroll cheques)
- A sufficient number of stamps and envelopes for one month's worth of payroll cheques

Manual cheques will be signed by the following individuals:

First Signature: Executive Director

or

Second Signature: Finance and Corporate Services Manager

or

Regular Board of Directors signatories