

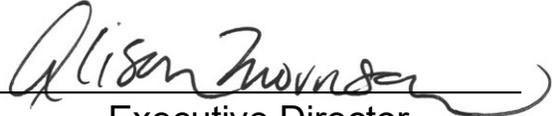


PANDEMIC PLAN

Reviewed biennially by: HEALTH, SAFETY AND RISK COMMITTEE

Revision Dates: Next due 2022

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2016 09 28	2021 04 11		
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Approved by: 
Executive Director



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BACKGROUND

In recent years, experts urged readiness for a global pandemic that would cause catastrophic illness and death (not unlike the pandemics of 1918-19 (Spanish), 1957-58 (Asian) and 1968-69. (Hong Kong). In the 21st century, community and business response plans have been challenged in response to:

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

SARS-CoV-2, or Corona Virus Disease 2019 (COVID-19), was first discovered in Wuhan, China in December 2019. COVID-19 spread quickly through every nation in the world. A global pandemic was declared March 11, 2020. Canadians were required to respond with safety precautions and restrictions imposed to decrease transmission and protect health care capacity while awaiting an effective vaccine. Restrictions included expectations for personal protective equipment, physical distancing and requirements for education, workplace and businesses.

Prior to 2020, it was anticipated that when a pandemic does occur, estimates suggested up to 8 million people in Ontario would 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 would be due to the effects of the virus on individuals and families, as well as due to fear.

Prior to 2020, it was anticipated that pandemic influenzas would spread in two or more waves in the same year or in successive influenza seasons (from October to April). The length of each wave would be 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 contingency plans that define 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

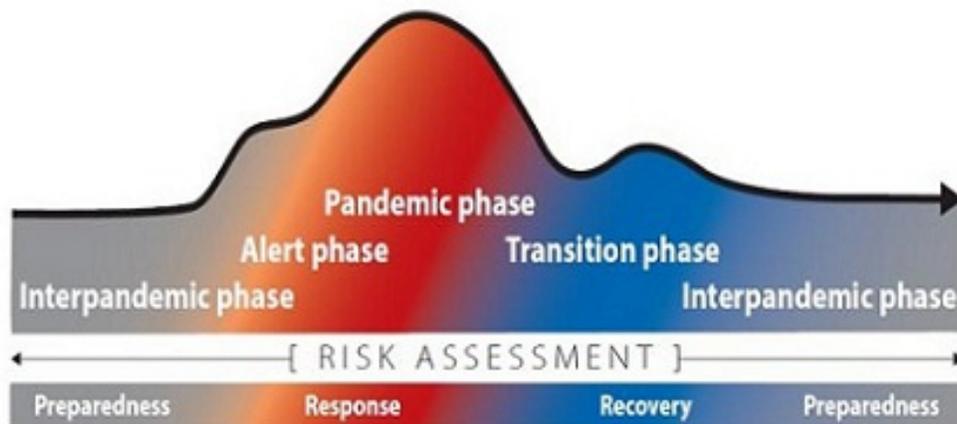


- All indications are that, in the event of a pandemic, Toronto and surrounding vicinity could be on the leading edge of infection in North America / Canada
- Ontario will have a maximum lead time of 3 months (and possibly much less), between the declaration of a pandemic by WHO and its spread throughout 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
- 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 the 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 provides essential services, with infection prevention and control measures in place, the organization will continue to serve the community unless otherwise directed by Lambton Public Health. When indicated, staff will work from home, but attend the workplace to meet service area needs. Face to face services may be offered where virtual services cannot meet client needs. Some face to face services may be placed on hold, depending on the local impact of the pandemic. The intention of the organization during the pandemic period would be to continue full compensation to staff who are unable to attend the workplace due to 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.

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.



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
- Human Resource Generalist / Infection Control Resource

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

Accountabilities During Pandemic

1. Executive Director

All determinations as to level of operations during a pandemic will be by 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 Manager of Finance and Corporate Services will be the designate for all such deliberations.

2. Staff

In situations of pandemic, staff may be reassigned (e.g., should immunization status be sufficient, should there be a need to have staff members fulfill other duties, as deemed appropriate by the Executive Director / Manager / Designate.) Screening process would involve immunization status review with possible reassignment of staff. (See Policy – [Influenza Vaccine](#))

All persons accountable during all phases of preparation and implementation of Pathways' Pandemic Response Plan will keep the Pandemic Response Coordinator apprised as to the status of their accountabilities, 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.

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:



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



Preparedness	Accountability
Develop Pandemic Response Plan (PRP), to include the following:	
<ul style="list-style-type: none"> ○ Provide information on PRP to clients / families (as appropriate) through posting on Pathways social media 	Executive Assistant, Family Engagement Coordinator, Program Assistant
<ul style="list-style-type: none"> ○ Brief Broader Community on PRP: <ul style="list-style-type: none"> - Partner/Community Agencies - Funders - Government 	Executive Director, Executive Assistant
<ul style="list-style-type: none"> ○ 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 	Maintenance Supervisor, Infection Control Resource
<ul style="list-style-type: none"> ○ Ongoing monitoring of the threat of pandemic, with regular updates to Pandemic Response Team 	Executive Director, Pandemic Response Coordinator, Infection Control Resource



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 altered operations in consultation with Ministry of Children, Community and Social Services, Ministry of Education, 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"> - # of site personnel trained in monitoring procedures (use guidelines from public health if available) Screening process may involve health screening and immunization status review with possible exclusion from services for clients and possible reassignment of staff. (See Policy and Procedure regarding Influenza Vaccine) - monitor stations established including information signage - contact for remediation of problematic situations identified 	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)	
Protocol to limit face-to-face contact may be implemented: <ul style="list-style-type: none"> - Staff assigned to work from home where possible - Staff providing service off-site refrain from coming in-centre unless required for service area needs - Face to face meetings may be cancelled - Those remaining on site use telephone, email to communicate with one another when possible - Increase virtual services and meetings - Availability / use of disinfectant spray for desks, telephones by on-site staff 	Service Area Managers and Supervisors Maintenance Supervisor



Response	Accountability
Continued staff education re: containment of spread of infectious diseases through emails, handouts, bulletin boards, Intranet, staff virtual connects	Infection Control Resource
Communication of change of status at Pathways: <ul style="list-style-type: none"> - to government / funders - to partners / community agencies - to Medical Officer of Health / Public Health / - to suppliers / service contractors as appropriate (list to be developed) 	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.



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 engage in altered operations but continue to serve the community, conferring with the Ministry of Children, Community & Social Services, Ministry of Education, and congruent with MOH-LTC and local health authority guidelines. Staff may be redeployed off site and may rotate in Centre to meet service area needs. All other aspects of the plan, accountabilities and reporting protocols remain in place.

The Centre must be prepared to implement full closure, if directed by Lambton Public Health.

During these phases, the response is identified below:

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



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.



COMMUNICATION PLAN Stage 1

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



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

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



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



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 PANDEMIC</p> <p>– SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION</p>	GENERAL PUBLIC	<ul style="list-style-type: none"> • Notify that the Centre will be implementing a protocol for limited face-to-face contact on a specified date • Notify of any subsequent change of status 	<ul style="list-style-type: none"> • Social Media (local papers, radio, website, Facebook, outside sign) • Social Media 	
	VOLUNTEERS	<ul style="list-style-type: none"> • Notify that the Centre will be implementing a protocol for limited face-to-face contact on a specified date • Notify of any subsequent change of status 	<ul style="list-style-type: none"> • Student and Volunteer Services Supervisor to contact volunteers by phone, e-mail or fax as appropriate 	

END of COMMUNICATION PLAN Stage 2A



Stage 2B is initiated when directed by Public Health and in consultation with the Ministry

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



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

END of COMMUNICATION PLAN Stage 2B



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



Pandemic Stage	Who Needs to be Informed	Key Message	Method
<p>PREPARING TO RE-OPEN</p> <p><i>Has been described as:</i></p> <p><i>NO NEW INFLUENZA SUBTYPES DETECTED IN HUMANS POPULATION</i></p>	<p>VOLUNTEERS</p>	<ul style="list-style-type: none"> • Notify we are ready to re-open 	<ul style="list-style-type: none"> • Student and Volunteer Services Supervisor to contact volunteers by phone, e-mail or fax as appropriate

END of COMMUNICATION PLAN Stage 3

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



PAYROLL PROCESSING AND PAYMENT TO STAFF

Two Business Office Employees (the Payroll and Finance Administrator and the Payroll and Finance Assistant) are cross-trained in Payroll Processing. 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

and

Second Signature: Finance and Corporate Services Manager

or

Regular Board of Directors signatories



KEY CONTACTS

A current file exists with details of the information below. That file is accessible only to members of the Pandemic Response Team.

Payroll:

Company name(s): Medi Solutions

Contact Information: <http://www.medisolution.com/>

Telephone: 1 866-467-4636

Fax: (905) 673-3114

IT Consultant : Bruce S.

IT Technician: Lori G.

Bruce and Lori can access on-site and off-site backup remotely

Funders:

Contact Information: Executive Director, Finance and Corporate Services Manager can both access funder information remotely.

Banking:

Company name(s): CIBC

Contact Information: Clive Pinnock

Email: Clive.pinnock@cibc.com

Telephone: (888) 947-6646

Fax: (888) 947-6636

Cell: -



SERVICE SPECIFIC – KEY CONTACTS

A current file exists with details of Staff: Full name / Phone. That file is accessible only to Managers and Supervisors.

STAFF LIST

Managers, as members of the Pandemic Response Team, have created lists specific to each of their service areas as necessary.

PRIMARY CARE PROVIDER MAILING LIST

A current file exists to which the Executive Director, Finance and Corporate Services Manager and Executive Assistant have access.

(X:/Lists/Christmas Card)

LIST OF AGENCIES

A current file exists to which the Executive Director, Finance and Corporate Services Manager and Executive Assistant have access.

(X:/Lists/Christmas Card)



PHONE INSTRUCTIONS

Detailed instructions for staff regarding leaving a message on your personal outgoing voicemail message:

TO CHANGE YOUR VOICEMAIL GREETING:

- Call into Pathways, (519-542-3471),)
- Press 9 during Centre greeting and follow the prompts:
 - Enter your extension, then the pound (#) key
 - Press 9 for options
 - Choose 8 and follow prompts
 - Dial “0” to record new greeting message and press “#” when finished.
 - Dial “0” to save new message.
 - Dial “#” to exit to the previous menu.
 - Dial “9” allows you to restart the voice menu prompts.

Detailed instructions for Centre’s outgoing voicemail message to the public:

A series of automated voicemail messages have already been recorded.

Upon closure of the Centre, the Information Technology Network Administrator or IT Technician Assistant will be notified to immediately change the outgoing message on the phone system so it reflects the status of the Centre.

References:

<http://www.lambtonhealth.on.ca/health-information/emergency-preparedness>