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## PANDEMIC POLICY

Community Living-Central Huron is committed to providing a safe and healthy working environment for all Staff, Volunteers and People Supported. The Agency will provide necessary resources to ensure Staff, Volunteers and People Supported are aware of the risk factors and requirements associated with a Pandemic, including pre, active and post-pandemic. Non-compliance with the Agency's Pandemic Plan is subject to discipline, up to and including dismissal from the Agency's employ and/or its services.

### 1. Definitions:

It is important to understand the various definitions associated with a pandemic, such as the following:

Asymptomatic: no symptoms or sign of disease.

Endemic: belongs to a particular people or country.

Epidemic: a disease "affecting many persons at the same time, and spreading from person to person in a locality where the disease is not permanently prevalent." The World Health Organization (WHO) further specifies epidemic as occurring at the level of a region or community.

Outbreak: greater than anticipated increase in the number of endemic cases. It can also be a single case in a new area. If it's not quickly controlled, an outbreak can become an epidemic.

Pandemic: when a new, wide sweeping illness emerges to which the population has little or no immunity or for which there is no available vaccine; an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

Personal Protective Equipment (PPE): clothing and equipment designed to protect an individual from injury; for the purpose of this policy, it may be disposable gloves, alcohol based hand sanitizer, masks, eye protection (goggles, glasses), gowns, etc.

#### Public Health Organizations:

There are federal, provincial and local health organizations that provide resources and guidance information regarding a pandemic, ie. Public Health Agency of Canada, Public Health Ontario and the Huron Perth Public Health. At the federal level, the Chief Public Health Officer; the provincial level the Chief Medical Officer of Health and locally the Medical Officer of Health advise jurisdictions of current legislation, requirements and practices with regard to a pandemic and other important health matters.

Routine practices: a set of infection control strategies and standards designed to protect workers from exposure to potential sources of infectious disease.

Senior Management: Community Living-Central Huron Staff, in a senior position, ie. Executive Director, Coordinator and Senior Case Manager/Supervisor.

The World Health Organization: a specialized Agency of the United Nations responsible for international public health with their main objective being “the attainment by all peoples of the highest possible level of health.” The WHO deals with major health issues around the world and sets standards for disease control, health care, and medicines; conducts education and research programs, and publishes scientific papers and reports.

2. **Differences between an epidemic, pandemic, endemic and an outbreak:**

Epidemic vs Pandemic:

A simple way to remember the difference between an epidemic and a pandemic is to remember the “P” in pandemic, which means a pandemic has a passport. A pandemic is an epidemic that travels.

Epidemic vs Endemic:

An epidemic is actively spreading; new cases of the disease substantially exceed what is expected. More broadly, it’s used to describe any problem that’s out of control, such as the “the opioid epidemic.” An epidemic is often localized to a region, but the number of those affected in that region is significantly higher than normal. For example, when COVID-19 was limited to Wuhan, China, it was an epidemic. The geographical spread turned it into a pandemic. Endemics are a constant presence in a specific location, for example malaria is endemic to parts of Africa, ice is endemic to Antarctica.

Endemic vs Outbreak:

An endemic can lead to an outbreak, and an outbreak can happen anywhere. For example, dengue fever is endemic to certain regions of Africa, Central and South America and the Caribbean. There was an outbreak in Hawaii in 2019 after an infected person visited Hawaii and was believed to have been bitten by a mosquito, whereas the mosquito subsequently transmitted the disease to others.

3. **The objectives of this Policy are to:**

- a) ensure all Staff, Volunteers and People Supported are educated about pandemic risk factors and prevention procedures;
- b) control infection risks through the application of controls;
- c) integrate pandemic prevention strategies in day-to-day operations;
- d) encourage Staff, Volunteers and People Supported to recognize this educational information has been provided to them to utilize in the workplace, at home and in the community.

People can lower the risk of a pandemic by usual, preventative practices against a range of illnesses that include:

- a) cover your nose and mouth when you cough or sneeze by using a tissue or coughing into your sleeve or elbow; dispose of the tissue immediately into a garbage can;
- b) wash your hands often with soap and water, especially after you cough or sneeze; alcohol-based hand rub/sanitizer with 70 % - 90%, alcohol is also effective;

- c) avoid touching your eyes, nose and mouth, germs spread easily that way;
- d) do not share objects that have been in other people's mouths, ie. drinks, water bottles, lip products, musical instrument mouthpieces;
- e) if you get sick, stay home until you no longer have a fever and are feeling well; you should limit your contact with others during this time to keep from infecting them;
- f) if your symptoms worsen, contact your doctor;
- g) personally speak with your medical professional about getting the annual flu shot and/or vaccines;
- h) practice social/physical distancing, ie. staying at least 2 metres/6 feet apart from others;
- i) using Personal Protective Equipment (PPE) when exposed to mucous membranes, non-intact skin, blood, body fluids;
- j) refer to Public Health for direction and clarification, if and when required;
- k) abide by all Provincial, Federal government issued Orders or Directives.

4. **What is the difference between seasonal influenza and pandemic?**

**Seasonal Influenza**

**Pandemic**

Occurs every winter between November and April.	Occurs approximately 3 times every century, ie. Spanish Flu (1918); Asian Flu (1957); Hong Kong Flu (1968), H1N1 (2009), COVID-19 (2020).
Peaks for a few months during the winter and then declines.	Occurs any time during the year; comes in 2 - 3 waves several months apart.
Affects approximately 10 % - 20% of the population each year.	May affect 30% of the population over the course of the outbreak.
Most people who get seasonal flu will get sick, but usually recover within 2 weeks.	About 50% of the people affected by a pandemic disease will become ill, most will recover but it may take a long time, and some people will die.
Some people will have immunity from previous exposure to that strain or/and from the annual flu vaccination.	Most people will have little or no immunity to the new virus, therefore, more serious illness, a greater number of deaths.
Symptoms are unpleasant, but most people do not become seriously ill or die.	More serious infections and deaths will occur; people of any age will be at risk.

<p>Very young, the elderly and people with certain chronic illnesses are most at risk.</p> <p>Annual vaccination available for protection.</p> <p>Affects mainly the young and very old and people who are immuno-compromised; does not usually affect health care delivery or other essential services.</p>	<p>No vaccine will be available at the start of the Pandemic; one may be available at some point in the future.</p> <p>Could affect anyone, including health care providers and their families, as well as other essential service workers.</p>
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**5. Roles and Responsibilities:**

Community Living-Central Huron Senior Management would meet virtually, if necessary on a regular basis during the Pandemic to assess the need for further practices, as well as to evaluate services and support needs.

The Employer will:

- a) Take every precaution reasonable in the circumstances for the health, safety and well being of people supported, Staff and volunteers;
- b) Assess the need for office locations to remain open to the public and/or closed to the public but operational;
- c) Determine whether or not there is a need for staff to work from home or alternative location;
- d) Ensure policies and procedures are in place to address the health, safety and welfare of people supported, staff and volunteers;
- e) Provide for education and training as necessary;
- f) Advocate and procure sufficient supply of personal protective equipment;
- g) Provide options to ensure communication is maintained among Senior Management, Staff, Volunteers and People Supported;
- h) Provide updates to Families/Caregivers, Staff, Volunteers, relevant external agencies, and the community, as appropriate;
- i) Affirm any technological needs for Senior Management, Staff and People Supported;
- j) Notify the Union of any staffing changes and/or procedural changes that may impact the Collective Agreement due to the Pandemic;
- k) Submit Serious Occurrence Reports to the Ministry, and other documentation as requested, as well as meeting the requirements from all other funders;
- l) Consult and work with all relevant Government Services/Agencies, Ministries, and other Provincial and Local Networks and Agencies.

The Supervisor will:

- a) Obtain and maintain a daily update regarding the number of People Supported and Staff members who have been diagnosed with a pandemic illness/disease.

- b) Complete and maintain an inventory of PPE and ensure work locations are provided with recommended PPE, as available.
- c) Maintain ongoing contact with relevant, qualified health professionals, such as Huron Perth Public Health and share important information with Staff, People Supported and Family/Caregivers. The Supervisor will assess and determine the most appropriate means of communication and content to be shared with Staff, People Supported, Families/Caregivers and any other relevant individuals and/or services.
- d) Maintain ongoing communication to review individual needs, site specific procedures and staffing concerns.
- e) Encourage People Supported, Staff and Volunteers to report symptoms associated with the pandemic and that they should seek advice from their health care provider regarding such.
- f) Provide each work location the required curb side pickup and drop off.
- g) Assess staffing resources and adjust work schedule accordingly to ensure quality supports, as well as health & safety of People Supported, Staff and Volunteers. Consideration may be given to siloing of Staff and orientating Staff unfamiliar to work locations. Also, families/immediate caregivers may be approached about taking their family member home.
- h) Establish Action Plans as necessary, for each work location to include, but not limited to: delivery of groceries, medications, PPE's, isolation and/or quarantine of People Supported, Staff and Volunteers, Mock Outbreaks, self-assessments.
- i) Assess the need to close any non-essential services, such as, 'Day Programs', e.g. Respite and Community Supports and Employment Support. People Supported and Families will be notified of current situation by relevant Supervisor or designate. Should non-essential services be suspended, non-essential Staff may be deployed to essential services, based on ability, skills and qualifications.
- j) Provide necessary personal protective equipment and resources in pandemic procedures to reduce the spread of infection for People Supported, Staff and Volunteers; evaluate, supply and update as required. Equipment to include, but not limited to: N95 masks, surgical/procedural masks, gloves, antiseptic hand wash, isolation gowns, cleaning supplies and any other equipment/supplies recommended by qualified health professionals.
- k) Provide training both general and site-specific on pandemic prevention, routine practices, communicable and infectious diseases and hazard identification. Information to include various current resources, posters, pamphlets and memos.
- l) Establish cleaning practices and infection control of work location, in consultation with qualified health professionals.
- m) Encourage safe food handling practices, proper storage of foods, handling of eating utensils, in consultation with qualified health professionals.

- n) Determine any communication and technological needs for Supervisors, Staff and People Supported to ensure ongoing communication and advise the Employer.

Staff/Volunteers will:

- a) Comply with any requirements, policies, procedures and/or protocols at all times and seek clarification as required. Staff are expected to work their scheduled shifts unless otherwise directed by Management Staff. If there are extenuating and/or changed circumstances relating to Staff's health (asthma, pregnancy, illness, etc.) they must inform the relevant Supervisor immediately. A medical note may be requested when Staff are unable to work.
- b) Staff may be required to work additional shifts and/or be deployed to a different work location or position during the pandemic and while every effort will be made to comply with the Employment Standards Act (ESA) related to hours free from work/hours of work, it may be necessary to rely on the exception in the ESA for Emergency and Exceptional circumstances and/or abide by any other applicable Act or Provincial Order. Staff impacted will receive written communication/Letter of Employment from the Employer.
- c) Participate in mandatory training and ongoing education as determined by Community Living-Central Huron.
- d) Report any unsafe acts, hazards, equipment shortages and/or problems or any unsafe conditions immediately to their Supervisor and/or pager.
- e) Report any identified pandemic symptoms to their Supervisor immediately and participate in procedures as determined by their Supervisor.
- f) Stay home from work if sick and seek necessary medical attention.
- g) Consult your health care provider about getting the annual flu shot and/or vaccines.
- h) Provide your Supervisor with daily reports.

Location Health & Safety Representatives will:

- a) Participate in all training and educational programs related to the Pandemic, as determined by the Employer.
- b) Practice and promote routine practices themselves and to co-workers.
- c) Encourage co-workers to work safely and to report any hazardous or unsafe conditions immediately in writing to their Supervisor or designate.
- d) Encourage co-workers to abide by any practices, protocols put in place by the Employer, specific to the Pandemic.
- e) Conduct and document monthly work location inspections and submit such documentation to the relevant Supervisor or designate in the designated time frame.
- f) Examine Workplace Hazard and Suggestion reports and make written recommendations.
- g) Review Employee Incident Reports, make written recommendations and submit such to Supervisor or designate within the required timeframe.
- h) Participate in Location Health and Safety Representatives Committee meetings.

- i) Investigate work refusals related to the Pandemic.
- j) Investigate, when notified by the Employer a critical injury/fatality and provide a report in writing to the Ministry of Labour, within forty-eight (48) hours.
- k) Abide by any other requirement, as per D-016 Location Health and Safety Representatives Policy.

6. **Post-Pandemic:**

The following will be taken into consideration following a pandemic:

- a) communication and sharing of information with People Supported, Families/Caregivers, Staff, Volunteers, Board Members, Committee of Location Health & Safety Representatives, Local Public Health Unit and the Ministry;
- b) continued monitoring of pandemic activity and immunization of People Supported Volunteers and/or Staff, where appropriate;
- c) monitoring of any potential after effects of the pandemic;
- d) evaluation of pandemic response, plan and procedures; revisions to be incorporated as necessary; and
- e) provide counselling services to People Supported, Staff and Volunteers as required.

**Related Policies:**

- Vision, Mission and Service Principles (A-001)
- Guiding Principles (A-002)
- Confidentiality (A-003)
- Privacy (A-004)
- Press and Media Releases (B-002)
- Community Involvement (B-004)
- Tender (B-005)
- Social Media and Agency Equipment Usage Policy (B-006)
- Volunteer (B-007)
- Purchasing and Credit (B-008)
- Accessibility Policy (B-009)
- Duty of Care (B-010)
- Code of Conduct (B-011)
- Individual Welfare/Rights (C-001)
- Behaviour Support (C-002)
- Complaint/Feedback Policy and Procedures for Persons Supported (C-003)
- Abuse Policy - Prevention, Reporting and Managing (C-004)
- Use of Physical Restraints (C-005)
- Serious Occurrence (C-006)
- Communication Book (C-007)
- Finances of People Supported (C-008)
- Individual Support Policy for Persons Receiving Service (C-009)
- Pet Ownership, Visiting Pets and Service Animals (C-010)
- Orientation of People Supported (C-011)

- Medical Care of Person Supported Policy (C-012)
- Inventory, Personal Belongings of Persons Supported (C-013)
- Bathing and Showering Supervision of Persons Supported Policy (C-014)
- Persons Supported Food and Nutrition Policy (C-015)
- Missing Person/Unknown Whereabouts Policy (C-016)
- Relationship with Law Enforcement Agencies (C-017)
- Health & Safety Policy Statement (D-001)
- Medication Policy Statement (D-002)
- Emergency Policy (D-003)
- Critical Injury (D-006)
- Bullying, Harassment and Workplace Violence Policy and Procedures (D-007)
- Preventative Maintenance Policy (D-009)
- Musculoskeletal Disorders Awareness Policy (D-010)
- First Aid Policy and Procedures (D-011)
- Working Alone Policy (D-012)
- Infection Control Policy and Procedures (D-013)
- Hazard/Risk Policy and Procedures (D-014)
- Health and Safety Orientation Policy (D-015)
- Location Health and Safety Representatives Policy (D-016)
- Sharps Policy and Procedures (D-018)
- Manual Handling Policy (D-019)
- Slips, Trips and Falls Prevention (D-020)
- Workplace Inspection Policy (D-021)
- Work Refusal Policy (D-022)
- Lifts, Transfers and Physical Assistance Policy (D-023)
- Incident/Accident Investigation Policy (D-024)
- Hiring Policy (E-002)
- Police Record Check, Vulnerable Sector Check Policy (E-003)
- Employee Records Policy (E-004)
- Employee and Volunteer Orientation Policy (E-005)
- Professional Development/Training Policy (E-006)
- Individual Consultation Policy (E-007)
- Employee Performance Appraisal (E-008)
- Vehicle Use (E-009)
- Employee Performance Standards (E-011)
- Disciplinary Policy (E-012)
- Sexual Harassment (E-013)
- Early and Safe Return to Work (E-016)
- Benefit Plans (E-017)
- Record Retention and Archives (E-018)
- Exit Interview Policy (E-021)
- Working From Home Policy (E-022)