Thames Valley Children's Centre

Continuing To Care

Business Continuity – Pandemic Influenza Plan 2008

Thames Valley Children's Centre

Pandemic Influenza Plan

April 2008

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Preamble and Acknowledgements

I had a little bird,
Its name was Enza.
I opened the window,
And in-flu-enza.
(1918 children's rhyme)

The World Health Organization (WHO) advises that influenza will spread across the globe when a novel strain of the influenza virus arises to which humans have no immunity and which develops the ability to transmit efficiently from person-to-person. WHO defines a pandemic as an epidemic of a communicable disease with widespread prevalence throughout a country or around the world.

Health experts around the world agree that while neither the timing nor the severity of the next pandemic can be predicted, the probability that a pandemic will occur has increased. Since the 1918 Spanish flu, 1957 Asian flu and 1968 Hong Kong flu, the ability to detect, control and prevent the spread of influenza virus with pandemic potential has improved.

Contingency planning for an event sometime in the future is often difficult to justify, particularly in the face of limited resources and more urgent problems and priorities. However, there are two main reasons to invest in pandemic preparedness:

1. Preparation will mitigate the direct medical and economic effects of a pandemic, by ensuring that adequate measures will be taken and implemented before the pandemic occurs.

2. Preparing for the next influenza pandemic will provide benefits now, as improvements in infrastructure can have immediate and lasting benefits, and can also mitigate the effect of other epidemics or infectious disease threats.

In 2003, the Severe Acute Respiratory Syndrome (SARS) emergency caught communities in Ontario by surprise. Many Ontario communities did not have local influenza pandemic plans to help deal with a major outbreak of infectious disease. Since then, federal and provincial pandemic influenza plans have been revised, providing an overall planning framework.

Based in London Ontario, Thames Valley Children's Centre (TVCC) is a regional rehabilitation centre for children and young adults with physical disabilities, communication disorders, developmental delay and Autism spectrum disorders. From this location and satellite office locations throughout Southwestern Ontario, TVCC serves over 6,000 clients each year, ranging from newborn to young adults. TVCC is community oriented providing assessment, diagnosis, consultation and therapy, to help young people reach their potential in terms of independence, self esteem and community participation.

Preamble and Acknowledgements

Our Mission:

We will provide rehabilitation services which support participation in all areas of life for children, youth and young adults with physical, communication or developmental needs, and their families, living primarily in Southwestern Ontario by:

- focusing on the strengths of individuals and their families at home, school, workplace and community
- pursuing research, education and advocacy
- partnering in a local and regional system of services

TVCC is seen as a leader in the Southwestern Ontario community and as such a resource to the clients and families it serves. Business Continuity Planning is how an organization such as TVCC prepares for future incidents that could jeopardize the organization's core mission and its long-term health. These incidents include local incidents like building fires and floods, regional incidents like severe weather, or national incidents like pandemic influenza illnesses.

The Pandemic Influenza Plan is part of TVCC's business continuity planning and will be an evolving document in the coming months and years. As planning continues at the federal, provincial and local levels, updated information will be added to this plan. Subsequent amendments and additions will be released on TVCC's website.

Acknowledgements:

The authors would like to express our appreciation for resources created by others that were used as reference material when drafting this report. The authors would like to acknowledge the hard work and dedication put into each and every resource utilized in the creation of this report. A complete list of these documents can be found on the reference list in Chapter 11 of this report.

Introduction

Overview

"Continuing to Care" Business Continuity – Pandemic Plan 2008 is a document that has been prepared to assist internal and external stakeholders of the Thames Valley Children's Centre in the event of an influenza pandemic.

It is the intention that it will supplement business continuity planning efforts for TVCC in the event of a disaster. It is expected that this document will assist in the education efforts for staff and clients alike.

This plan will continue to evolve. It is a working document that may require revisions based on changes to the Canadian Pandemic Influenza Plan (released by the Public Health Agency of Canada) and the Ontario Health Pandemic Influenza Plan released by the Ministry of Health and Long-Term Care.

A dramatic change in the Influenza A virus can cause a worldwide pandemic with high rates of illness and death. The timing and pattern of the next pandemic influenza is unpredictable. Outbreaks will occur in rapid succession around the world. Unlike a regular influenza season from November to April, an influenza pandemic may occur at any time of the year.

The goal of this plan is to reduce sickness and the possibility of death and to reduce disruption among the staff and clients of TVCC. The plan will require modifications as committees within TVCC continue with their business continuity planning and those plans are incorporated into the document.

This plan is organized into 12 sections including:

1. **Introduction**

2. **Background:** This section provides basic information about influenza and pandemic and summarizes the impact that an influenza pandemic would have on TVCC. This includes information on how the influenza virus spreads, typical symptoms of infection, how long it takes for infection to develop, and how long the virus persists in the environment. A brief history of the origin and impact of the three pandemics of the 20th century is outlined.

3. **Planning Uncertainties and Assumptions:** This section outlines uncertainties that affect planning efforts at TVCC. There is also a review of external and internal assumptions that TVCC is using to preparing for, responding to and recovering from an influenza pandemic.

4. **Pandemic Response Team (PRT):** This section provides information about TVCC Incident Management Structure as well as the Pandemic Response Team. There is a brief overview of the core functions of the Structure. The overall Pandemic Response Team is comprised of four supporting teams: Medical Information, Communications and Liaison, Finance and Logistics, and Operations, all of which are directed by, and are accountable to, the central Planning Team. This section also provides identification of the Pandemic Response Team, their duties, responsibilities and accountabilities.

5. **Identification of Critical Organizational Services:** This section will identify critical organizational services within TVCC that need to be maintained and allow TVCC to continue to offer critical services in the event of an influenza pandemic that may result in a large number of staff illness. It will also outline what internal services could be reduced or stopped and what staff could be available to be deployed to maintain other services.

6. **Pandemic Phases – Description of Public Health Goals:** Information in this section includes an outline of the WHO phases used for a pandemic. This section describes the procedures and types of measures that the public health system may use to manage an influenza pandemic and protect the public's health. These non-medical procedures are designed to slow the spread of the virus and will affect the staff and clients of TVCC. These procedures include surveillance and early recognition of human-to-human transmission. The public health system may institute containment measures such as isolation which could affect Centre staffing levels. In an influenza pandemic, further measures may be implemented by the public health system to increase social distancing such as closing schools and childcare centres, limiting large gatherings, and travel restrictions.

7. **Pandemic Response Plan:** This section is broken into three subsections, Preparedness, Response and Recovery. The first outlines activities within TVCC to prepare for the impact of an influenza pandemic. These include plans to ensure adequate equipment and supplies during a pandemic. The second outlines specific activities of the Pandemic Response Team within each phase that will allow TVCC to respond to an influenza pandemic. These include activities of the Planning, Communications Liaison, Operations (Clinical, Information Technology, Human Resources), Medical Information and Logistics-Finance teams. The third subsection describes activities that will enable TVCC to recover from an influenza pandemic as quickly as possible.

8. **Sources of Information / Access to Information:** This section outlines sources of information, including websites and other documents which provide updated information on the influenza situation around the world. These sources are meant to compliment this document and support education efforts for the staff and clients of TVCC.

9. **Communication Plan:** This section describes methods that will be used to communicate to the staff, clients, suppliers, health care professionals and community stakeholders of TVCC during an influenza pandemic. These include the use of media, telephone, emails, internet, and faxes.

10. **Infection Control For All Times:** This section reviews a series of infection control precautions that should be followed at all times including frequent hand washing, covering the mouth and nose when coughing and sneezing, environmental cleaning and staying home when ill.

11. **References:** This report was prepared with the assistance and guidance of various plans, websites and documents. They are outlined in this section to give credit to the authors and owners.

12. Appendices: This section includes a number of documents that will assist readers of this plan. They include:

- Appendix A: Guidelines / Fact Sheets for Staff (Prevention) – This section is a reference tool for all staff, to maintain good health and help prevent the spread of infection, not only during a pandemic situation, but as a preventative measure at any time. Centre Staff are encouraged to practice prevention both at work and home.

- Appendix B: Policy Cross-References – This appendix contains a list of policies, related to good health and hygiene promotion and also in response to illness, that exist in cooperation with this Pandemic Plan.

- Appendix C: Abbreviations - Wherever possible, this document is written using common terminology. There are, however, abbreviations that are commonly used and are clarified in this appendix.

- Appendix D: Glossary - This appendix contains a list of terms found throughout this document and has a short explanation for clarification.

- Appendix E: Emergency Preparedness Guide for People with Disabilities / Special Needs – May 2007. This guide was developed jointly by Emergency Management Ontario (EMO), and the Accessibility Directorate of Ontario (ADO), part of the Ministry of Community and Social Services. It has been recognized as the most comprehensive emergency preparedness resource for people with disabilities and special needs in Canada. It provides vital information to the over 1.5 million Ontarians with visible and/or non-visible disabilities.

Background

Overview

Pandemic Influenza is an outbreak of influenza occurring over a wide geographic area of the world affecting many people in many countries.

There were three major pandemics in the 20th century:

- Spanish Flu - 1918-19
- Asian Flu -1957-58
- Hong Kong 1968-69

The Spanish flu was notorious for killing young, healthy people between the ages of 20 and 40. It attacked quickly. People had symptoms in the morning, their lungs filled up with fluid and they died within 12 hours. Whole towns were devastated and families wiped out. It is estimated that this pandemic killed 20 to 40 million people worldwide.

While no one can predict when the next influenza pandemic will hit, public health officials have warned that a global influenza pandemic is overdue.

A pandemic begins when a radical change occurs in the genetic material of an influenza A virus and a new subtype of the virus appears. Because of this radical change, everyone will be susceptible and will not have protection against this new strain of influenza.

In 2003, the province of Ontario experienced first hand the impact of a new respiratory illness (i.e.,SARS). SARS not only affected people's health and lives and put intense pressure on the health care system, but it also had devastating economic and social impacts in the broader community. SARS was contained and affected a relatively small number of people (375 cases), but it highlighted weaknesses in our ability to deal with new and emerging health threats.

In the case of influenza, appropriate pandemic planning can reduce the number of people infected during the outbreak, the number of deaths, and the amount of socio-economic disruption. Every municipality must be prepared to mobilize resources quickly and effectively to limit the impact of an influenza pandemic.

What is 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. Every expert on influenza agrees that the ability of the influenza virus to reassort genes means that another pandemic not only can happen, it almost certainly will happen. Influenza is among the most contagious of all diseases as the influenza virus can spread from person to person before any symptoms develop. It is thought that if a new influenza virus does emerge, given modern travel patterns, it will likely spread even more rapidly than it did in 1918.

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 World Health Organization suggests two mechanisms for the emergence of influenza viruses that cause pandemics:

- **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 may ignite a pandemic.

- **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. The probability of a new strain emerging in North America is relatively low.

Symptoms

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 diarrhea 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 high 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 and asthma. Children and adults may develop sinus problems and ear infections. Some pandemic influenza strains have caused serious complications including death in otherwise healthy, young individuals.

The Science Section of the, Immunization and Respiratory Infections Division, of the Centre for Infectious Disease Prevention and Control produces weekly or biweekly FluWatch reports, summarizing influenza surveillance activities in Canada. The Fluwatch national case definition for influenza like illness in the general population is: acute onset of respiratory illness with fever and cough and with one or more of the following; sore throat, arthalgia (joint pain), myalgia (muscle aches and pains) or prostration (extreme weakness). In children under five, gastrointestinal symptoms may also be present. In patients under five and over 65, fever may not be prominent.

Transmission

Influenza is a highly infectious disease and is directly transmitted from person to person. This occurs 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 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. In addition, adults are infectious for 3 to 5 days **after** symptoms appear while children are infectious for up to 7 days **after** symptoms appear. People with influenza tend to shed more virus in their respiratory secretions in the early stages of the illness. Viral shedding tends to last longer in infants, young children and people with weak or compromised immune systems.

Impact

The Ontario Health Pandemic Influenza Plan, July 2007 has outlined estimates that can be used for determining the impact of a potential pandemic. The estimates are based on using a model called the Meltzer model that was designed in the United States and was applied to the Ontario population. The estimates are calculated using a software program called FluAid 2.0 that was designed by the U.S. Centers for Disease Control and Prevention.

Attack rates describe 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 the pandemic (note: 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 or more 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, Middlesex County and the City of London can expect approximately an additional 80,000 – 100,000 outpatient and emergency department visits, an additional 2,154 hospitalizations (with an average of 9.5 days in stay) including an estimated additional 428 deaths over the eight week period.

It is estimated that 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. These estimates do not take into account the potential impact of antiviral drugs or an effective vaccine.

Some have argued that with better social conditions, nutrition, health and medical care it will make it unlikely that we will experience a death toll similar to the one that occurred during the 1918 pandemic. However, that optimism notwithstanding, the pattern of pandemics is unpredictable and the disruptions pandemics are expected to cause in a highly technological society is unknown. Canada is also faced with an aging population, the age group normally most at risk for complications and death related to influenza. These will constitute major challenges for health care and community infrastructures during a pandemic.

Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon. The resources of all regions will be simultaneously strained.

Planning Uncertainties and Assumptions

Overview

There are many uncertainties in relation to how to prepare for, respond to, and recover from an influenza pandemic. How these uncertainties impact us could significantly affect how we respond to a pandemic. By looking at these uncertainties and using key assumptions we are able to better prepare and plan the response to an influenza pandemic. Planning and preparedness efforts are continuing at all levels of government and in agencies similar to the Thames Valley Children's Centre.

Planning Uncertainties

There are many uncertainties in relation to pandemic influenza planning. How these uncertainties impact us could significantly affect how we respond to a pandemic.

Some of these uncertainties include:

- How much warning will there be before the arrival of an influenza pandemic in the London area?
- What age groups will be predominantly affected?
- What percentage of the population will be affected, requires outpatient care, require hospitalization, require intensive care support and what percentage will die?
- Will vaccines and antiviral drugs be available/effective in preventing transmission, hospitalization and/or death?
- Will public health measures such as closing TVCC have any effect, or will they be warranted because absenteeism will not allow TVCC to continue to operate?
- How long will the pandemic last? Will it return bringing another wave of illness?

Due to these uncertainties, it is very difficult to develop a firm response to pandemic influenza. Pandemic plans must be flexible. This plan will attempt to provide options that are available, and to provide an inventory of resources within TVCC to aid in a pandemic response.

Key Assumptions

Key assumptions are used to assist in planning and preparedness efforts. Some of these assumptions include:

- Southwestern Ontario could be on the leading edge of infection during an influenza pandemic as we are the most heavily populated area in Canada and close to the border with the United States. This could affect how much warning there will be before the arrival of an influenza pandemic in the London region.

- It is expected that Ontario will have a maximum lead time of three months, and potentially less, between the declaration of a pandemic by the World Health Organization and its spread through Ontario.

- Once it is confirmed that the influenza pandemic is active in Ontario, actions and directions that affect TVCC will come from local health authorities, including the Middlesex-London Health Unit, Ministry of Children and Youth Services, and the Ministry of Health and Long-Term Care. Their direction will guide the implementation of this plan.

- Vaccine and antiviral drugs may be unavailable or ineffective in preventing transmission, hospitalization and/or death. At the outset of the pandemic there will be little access to these antivirals. The Ministry of Health and Long-Term Care, working with local Health Units, will determine who is to receive them and how they are to be accessed.

- It is expected that depending on the severity of the influenza pandemic that TVCC will move to cease nonessential operations during the peak of a pandemic.

- Due to the location of TVCC, staff and/or physical resources may be called upon by the London Health Sciences Centre to assist in what is expected to be a surge in capacity.

- TVCC intends to continue full compensation to staff who are unable to attend the workplace due to illness and/or closure of the facility. Payment of staff is dependent upon flow of funds from the Ministry of Children and Youth Services.

- It is expected that public health measures such as closing schools and child care centres may be either implemented by the Ministry of Health and Long-Term Care. It is possible that because of absenteeism they will not be able to continue to operate.

Pandemic Response Team (PRT)

Overview

During an influenza pandemic the Thames Valley Children's Centre may reduce, if not cease, nonessential operations in keeping with Ministry of Health and Long-Term Care and Ministry of Children and Youth Services directives until the risk to clients and staff has minimized. It is important however, that steps are taken to ensure that TVCC is able to resume operations quickly and efficiently.

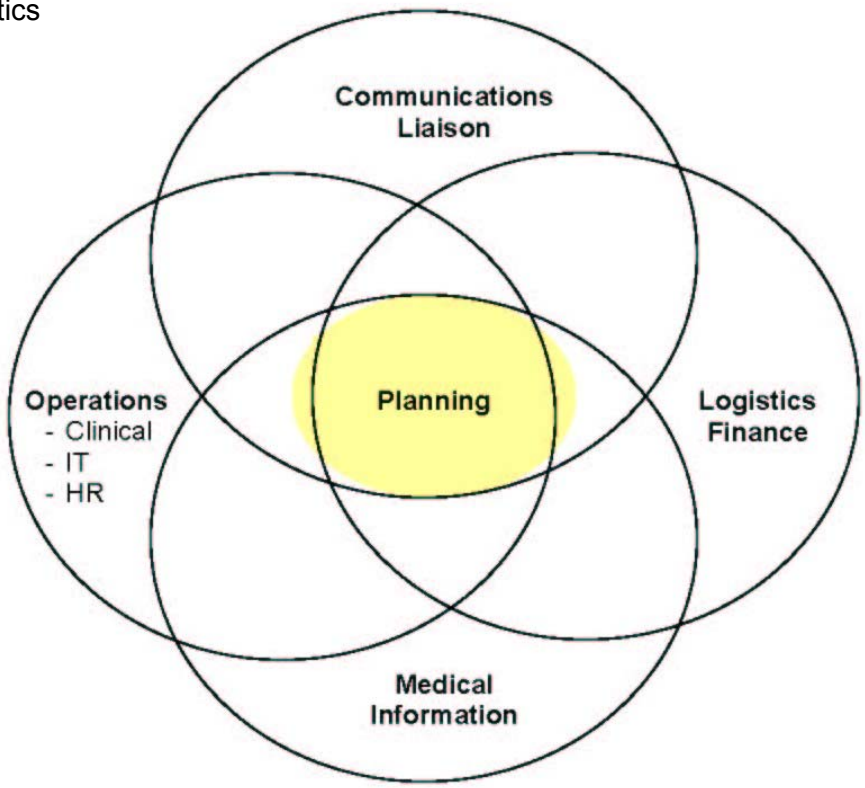
As part of Business Continuity Planning TVCC has formed an Incident Management Structure to assist in Mitigation, Preparedness, Response and Recovery steps when dealing with Emergencies, including an influenza pandemic.

TVCC Incident Management Structure

Planning Team

Incident Leader
Executive Leader
Leaders:

- Medical Information
- Communications Liaison
- Finance Logistics
- Operations



Pandemic Response Team and Responsibilities

The Pandemic Response Team is representative of the TVCC organizational structure, and reflects the needs of staff and provision of services over a wide geographical area of SW Ontario. The team will work to minimize disruption of Centre activities throughout a pandemic.

The PRT is split into 4 supporting teams: Medical Information, Communications and Liaison, Finance and Logistics, and Operations, all of which are directed by, and accountable to, the central Planning Team.

Each supporting team is comprised of a cross-section of program leadership and staff. Position descriptions within each team are intended be fluid and interchangeable, so that responsibilities can continue to be supported with the absence of any of its members.

Pandemic Response Team (PRT)

Planning Team Responsible for both short and long term planning for the emergency response and recovery including data and information collection, analysis and forecasting, directing communications and operations, and directing resource management. The Planning Team is comprised of representation from each of the four supporting response team committees, lead by the Incident Leader and Executive Leader.	
Chief Executive Officer	Executive Leader Provides leadership throughout the pandemic phases and oversees the emergency management response in cooperation with the Incident Leader. Approves external communications and is the Chief spokesperson for the organization. Ensures TVCC maintains communication with government ministries, is apprised of any changes in ministry activity affecting the operations of TVCC, and a consistency in emergency response with other Children Treatment Centres.
Director, Human and Facility Resources	Incident Leader Chairs the central Planning Team and is accountable for organizing, directing and executing all aspects of the emergency management response and recovery in cooperation with the Executive Leader.
Medical Director Director, Autism Program	Representing the Medical Information Team
Director, Community and Clinical Information Resources Director, Community Relations Director, Early Childhood School Age Adolescent Program	Representing the Communication and Liaison Team
Director, Finance and Computer Resources	Representing the Finance and Logistics Team
Director, Clinical and Technical Specialty Services	Representing the Operations Team

Medical Information Team Responsible for managing all incoming medical information related to a pandemic situation throughout the emergency response and recovery.	
Medical Director Director, Autism Program Nurse	Accountable for organizing and coordinating incoming communications and information pertaining to medical health and updates from global, federal, provincial and local health agencies. Accountable to the Planning Team for sharing current information in a relevant and meaningful way, to assist in shaping response and communications.

Communications and Liaison Team Responsible for all internal and external communications throughout the emergency response and recovery.	
Director, Community Relations Community Relations Officer	Accountable for media releases and maintaining relations with media partners. Ensures a consistent message from the PRT and prepares all formal internal and external communications to staff, client families, community partners and general public using agreed upon methods established by the Planning Team. Accountable to the Planning Team for publicizing information as directed in a timely, concise and relevant manner, and in keeping with the TVCC Crisis Communications Plan.
Director, Early Childhood School Age Adolescent Program Clinical Services Leader, Early Childhood Services	Accountable for managing open communications with partner agencies, and ensuring consistency in response with other agencies. Accountable to the Planning Team for sharing information as directed in a timely and relevant manner, and also for sharing new and relevant information with the Planning Team that may be gathered from partner agencies.
Director, Community and Clinical Information Resources	Accountable for managing direct requests for information from client families and also from health providers requiring client information. Accountable to the Planning Team for sharing the types of information being requested, to help shape overall response and communications.

Finance and Logistics Team Responsible for the financial, administrative and physical operations of the organization during the emergency response and recovery.	
Director, Finance and Computer Resources Business Accountant	Accountable for ongoing communication with the relevant provincial ministries and ensuring the availability of funds. Manages accounts receivables, payables and payroll functions, and monitors the utilization of financial assets required for maintaining Centre operations and supporting the emergency response and recovery. Accountable to the Planning Team for sharing new and relevant information, and any changes in ministry directives that affect the administrative and financial operation of the organization.
Administrative Services Leader, Facility Resources Facility Resources Maintenance	Accountable for organizing and directing those operations associated with the maintenance of the physical environment at the main Centre. Ensures the facility functions throughout the pandemic phases and facility-related infection control measures are followed. Acquires and allocates resources (equipment, supplies, and space) to support the emergency response. Accountable to the Planning Team for sharing new information, changes in requirements, and resource management issues, which shape the overall response.
Administrative Services Leader, Autism Program (School Support Program) Administrative Services Leader, Autism Program (Autism Intervention Program)	Accountable for organizing and directing those operations associated with the maintenance of the physical environment at all satellite offices, and ensures facility-related infection control measures are followed. Acquires and allocates resources (equipment, supplies, and space) to support the emergency response. Accountable to the Planning Team for sharing new information, changes in requirements, and resource management issues, which shape the overall response.

Operations Team Responsible for directing the front line response and allocation of resources required to support designated essential services throughout the emergency response and recovery.	
Director, Clinical and Technical Specialty Services	Accountable for overseeing and directing the activities of the Operations Team and centrally coordinates with HR team members to re-assign available staff to continuation of essential services. Accountable to the Planning Team for sharing new information, changes in requirements and resource management issues that help to shape overall response.
Clinical Services Leader, Therapy Contract Services Clinical Services Leader, Family and Community Services Clinical Services Leader, Clinical and Technical Specialty Services (Clinic) Clinical Services Leader, Clinical and Technical Specialty Services (ATS ACS/SAMS)	Accountable for organizing and directing the continuation of critical clinical operations (i.e. APRS and CCAC referrals). Ensures essential client care services and programs are maintained, and recommends appropriate level of service during the emergency. Accountable to the Planning Team for sharing new information, changes in requirements and resource management issues that help to shape overall response.
Administrative Services Leader, Community and Clinical Information Resources Systems Administrator	Accountable for organizing and directing the continuation of essential information technology operations (i.e. phone system and network). Ensures essential network access is maintained, and recommends appropriate level of service and operation during the emergency. Accountable to the Planning Team for sharing new information, changes in requirements, and resource management issues that help to shape overall response.
Human Resources, Generalist Human Resources, Generalist Human Resources, Assistant	Accountable for managing numbers of available staff and allocation of staff resources to ensure the continuation of essential services. Manages the staff health and benefit information. Makes recommendations for information sharing based on types of information being requested, to help shape overall response and communications.

Identification of Critical Organizational Services

Overview

Throughout the different phases of an influenza pandemic the Thames Valley Children's Centre will experience internal and external challenges in its ability to maintain operations as long as possible. TVCC leadership has completed a review and identified essential services and identified critical organizational services within TVCC that need to be maintained. This will allow TVCC to continue to offer critical services in the event of an influenza pandemic. Internal services that could be reduced and/or stopped have been identified and what staff could be available to be deployed to maintain other services has been recognized.

Objective of pandemic and business continuity planning

The objective is to determine how an organization will maintain essential services/functions in the event of an emergency such as an influenza pandemic.

During an emergency, an organization may experience a disruption in your operations due to:

- High staff absenteeism
- Unavailability of supplies and materials
- Interruptions to services like power, transportation and communications

Throughout an influenza pandemic disruptions like those above could impact TVCC over a span of hours, days or even weeks.

What are essential services?

An essential service is one that when not delivered creates an impact on the health, safety and well being of individuals. In the case of TVCC this includes staff and clients. An essential service can also be defined as one that may lead to the failure of TVCC if activities are not performed in a specified time period, including functions that must be performed to satisfy regulatory requirements. If not performed an essential service may negatively impact TVCC immediately or may occur over a certain time period.

TVCC may be forced to modify, reduce, or even eliminate specific services and or functions to cope with the impacts of an influenza pandemic and to best support essential services. These impacts may be felt across TVCC or localized to specific program area.

Identification of Critical Organizational Services

Identified essential services

The following essential service duties may be re-assigned within a program area first and then they may need to be managed on an organizational level.

Essential Client Services

- Acute paediatric rehabilitation services
- Community Care Access Centre – for client referrals
- Service Coordination - for contact with clients and families

Essential Operational Services

- Human Resource – for staff allocation functions
- Communications functions – internal and external communications
- Payroll – maintaining payroll functions including tracking absenteeism and paying overtime
- Accounts Payable / Receivable – maintaining financial functions to enable centre operations
- Computer Support – allowing for internal and external computer use
- Facilities Management - security and building operations

Pandemic Phases – Description and Public Health Goals

Overview

An outline of the World Health Organization pandemic phases is reviewed in this section. The goal of the Ontario Ministry of Health and Long-Term Care and the Public Health Units across the province is to reduce sickness and death and to reduce societal disruption among the people in the Province of Ontario. The goal is in alignment with those of the Public Health Agency of Canada.

There is also a description of the procedures and types of measures that the public health system may use to manage an influenza pandemic and protect the public's health. These non-medical procedures are designed to slow the spread of the virus and will affect the staff and clients of the Thames Valley Children's Centre. These procedures include surveillance and early recognition of human-to-human transmission. The public health system may institute containment measures such as isolation which could affect TVCC staffing levels.

In an influenza pandemic, further measures may be implemented by the pubic health system to increase social distancing such as closing schools and childcare centres, limiting large gatherings, and travel restrictions. These will certainly affect day to day operations of the Thames Valley Children's Centre and could impact decisions on closing TVCC.

World Health Organization (WHO)

WHO experts, and those elsewhere, believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred. A series of six phases of pandemic alert are used by WHO as a system of informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities.

It is unlikely that a new pandemic influenza strain will first emerge within the London area. The World Health Organization (WHO) uses a series of six phases, as outlined below, of pandemic alert to identify the seriousness of the threat of a pandemic. The Director-General of WHO makes the decisions regarding the designation of phases and when to move from one alert phase to another. Each phase coincides with recommended activities to be undertaken by the various stakeholders including WHO, the international community, and governments. The change from one phase to another is triggered by several factors. These include the epidemiological behaviour of the disease and the characteristics of circulating viruses.

It is important to recognize that the declaration of the pandemic in Canada will most likely occur some time after WHO phase 5. Once Canada is affected, different communities within the Province of Ontario may move through the phases at different times and rates. These distinct phases have been defined by WHO to facilitate pandemic preparedness planning, with roles defined for governments, industry, and health organizations.

Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.

Pandemic Phases – Description and Public Health Goals

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 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. Pandemic: increased and sustained transmission in the general population.

At the time of writing this plan (April 2008) the world is presently in phase 3: a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and sustainably among humans.

Public Health Measures

Public Health Measures are non-medical interventions that may be used to reduce the spread of the influenza virus. Public health measures include public education, case and contact management, community-based disease control strategies (i.e., social distancing, school closures and restriction/cancellation of large public gatherings) and travel restrictions and border measures.

The type of public health measures used will depend on the epidemiology of the virus (e.g., pathogenicity, modes of transmission, incubation period, attack rate in different age groups, period of communicability, and susceptibility to antivirals).

Important decisions will be made about community-based disease control strategies aimed at minimizing the transmission of influenza in the community. The Middlesex-London Health Unit, in consultation with other levels of government, will be responsible for decisions regarding the implementation of community-based disease control strategies in order to best protect the public.

Public health measures to curtail community transmission should be consistently applied within and across jurisdictions. The severity of the pandemic strain and the stage of the pandemic, as it unfolds globally, would be considered when making this determination.

Public Health Measures are being considered in the planning at all levels of government as a means to minimize the transmission of the novel virus during a pandemic. Until early epidemiological information is known, it is difficult to predict which public health measures will be most effective and therefore, need to be implemented in the community.

Pandemic Phases – Description and Public Health Goals

The planning for criteria and triggers for the implementation of any public health measure is continuing with the federal and provincial planning workgroups.

The effectiveness of public health measures depends primarily on the epidemiology of the pandemic strain. Because influenza is highly contagious, the opportunity to avert or contain a pandemic will end once efficient, sustained human-to-human transmission is established.

Effectiveness will also depend on the ability to implement public health measures – which will be affected by the phase of the pandemic, the human and financial resources available, the associated costs, and the public's acceptance of the measures.

Pandemic Response Plan

Overview

This section is broken into three subsections, Preparedness, Response and Recovery. The first outlines activities within the Thames Valley Children's Centre to prepare for the impact of an influenza pandemic. These include plans to ensure adequate equipment and supplies during a pandemic. The second outlines activities of the Pandemic Response Team that will allow TVCC to respond to an influenza pandemic. The third subsection describes activities that will enable TVCC to recover from an influenza pandemic as quickly as possible.

Preparedness

Planning prior to the arrival of influenza pandemic may assist TVCC to continue to function during a pandemic or any other emergency. Planning activities include a number of strategies such as enhanced infection control and other preventative health measures, mechanisms to increase social distancing, prioritizing essential services, establishing workplace closure criteria, and establishing communications mechanisms.

Through the Pandemic Response Team TVCC:

1. Has identified essential services and functions
2. Will identify required skill sets and opportunities for staff reallocation
3. Will identify any relevant issues or implications to implementation of this Pandemic Plan
4. Has prepared a continuity plan for each essential service and function
5. Will revise, test and update the plan as required

The Pandemic Response Team will also establish a "terms of reference" with reasonable timelines to complete the above preparedness activities. Throughout the process communication and training or education to the staff will assist in the completion of the activities.

Response

Using the World Health Organization's "WHO Global Influenza Preparedness Plan" as a guideline the following activities in TVCC are implemented as the pandemic progresses through the pandemic phases:

Phase 1 - 3: No sustained human-to-human spread.

- Maintain a one month inventory of critical supplies likely to be required for personal protection of staff
- Maintain a supply of operational items necessary for day-to-day Centre activities
- Maintain an alternate suppliers list
- Conduct routine and pandemic-related infection control education
- Provide education regarding TVCC pandemic influenza plan
- Promote the current year's influenza vaccine

Phase 4: Human-to-human spread has been identified but remains highly localized.

- Constitute the Pandemic Response Team
- Postpone projects that will reduce the capabilities of TVCC
- Enhance surveillance for Febrile Respiratory Illness
- Review supply lists
- Update the human resource roster

Phase 5: Larger clusters of human-to-human transmission although the outbreak still remains localized.

- Acquire additional pandemic supplies to protect staff
- Develop triggers to cancel Centre activities
- Encourage staff members to develop personal pandemic preparedness plans
- Establish the internal Centre information line and update web site and intranet information

Phase 6: Increased and sustained transmission in the community.

- Ration equipment and supplies as necessary
- Defer non-essential services
- Re-deploy staff as required
- Employ, train and support additional staff as required
- Consult with internal and external stakeholders regarding the possibility of closing TVCC

Recovery

The key to recovery is a systematic return of operations to normal. Throughout the recovery phase it is important to maintain infection control and health measures that have been put in place to keep staff, clients and their families healthy.

Through the established communications mechanisms the Pandemic Response Team TVCC would:

1. Re-establish identified services and functions that may have been deferred or shut down.
2. Identify training or staffing requirements needed to restart any services or functions.
3. Identify opportunities for staff reallocation.
4. Restock inventory supplies
5. Provide information on the re-establishment of TVCC activities and services
6. Acknowledge the contribution of all staff and stakeholders
7. Identify any relevant issues or implications to implementation of this Pandemic Plan should there be a relapse
8. Revise, test and update the plan as required

Sources of Information / Access to Information

Overview

Effective and timely communication is critical before, during and after a pandemic influenza. These sources include websites and other documents which provide updated information on the influenza situation around the world. These sources are meant to compliment this plan and support education efforts for the staff and clients of the Thames Valley Children's Centre.

Sources of Information

American Red Cross / Federal Emergency Management Agency (FEMA). Preparing for Disaster for People with Disabilities and other Special Needs.
Website: http://www.redcross.org/ and http://www.fema.gov

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Website: http://www.health.gov.on.ca/

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Oxford County Board of Health. Pandemic Influenza Plan.
Website: http://www.county.oxford.on.ca/

Public Health Agency of Canada. Canadian Pandemic Influenza Plan.
Website: http://www.phac-aspc.gc.ca/

World Health Organization. WHO global influenza preparedness plan. The role of WHO and recommendations for national measures before and during pandemics. World Health Organization checklist for influenza pandemic preparedness planning.
Website: http://www.who.int/en/

Access to Information

Getting timely information to TVCC staff is critical so that they are informed and have a good understanding of the current status of operations throughout the various phases of an influenza pandemic.
The following are some of the methods that the staff will be able to access information:

- Centre website at www.tvcc.on.ca
- Email broadcasts to staff
- Call-in telephone line with voicemail announcement
- Main switchboard telephone line
- In-service information sessions
- Telephone fan-out dissemination

Communication Plan

Overview

Communicating to the staff, clients, suppliers, health care professionals and community stakeholders of the Thames Valley Children's Centre before, during and after an influenza pandemic will be critical. Several methods will be used including, the use of media, telephone, emails, internet, and faxes. This chapter provides information about the role of communications and outlines the plans and activities TVCC would use to provide timely, accurate and credible information.

Crisis Communications Plan

As part of TVCC's Business Continuity Planning there is an existing Crisis Communications Plan. The use of this plan during an influenza pandemic will assist TVCC in addressing a number of areas critical to successful staff, client and stakeholder communications before, during and after a pandemic.

Goals (What We Want to Achieve)

One of the communications goals of the Thames Valley Children's Centre is to be able to explain and promote the Pandemic Influenza Plan. The other communications goal is to provide information to the staff and clients of TVCC to assist them in making the best possible decisions about their well being during all phases of a pandemic. This will assist TVCC in achieving the overall goal of the plan to reduce sickness, the possibility of death and to reduce disruption at TVCC.

Objectives (How We Intend to Achieve Our Goal)

TVCC intends to achieve these goals by establishing a broad network for disseminating information during all pandemic phases. TVCC will provide clear, accurate messaging to our audiences during all pandemic phases in a timely manner through a variety of methods.

Key Messages

During a pandemic there are two main messages that will need to be expressed:

- What the Thames Valley Children's Centre is doing to reduce illness and disruption at TVCC
- What staff, clients and stakeholders can do to reduce illness and prevent bringing it to TVCC

Communication Plan

Key Spokespersons

Each phase or period of a pandemic requires a primary spokesperson representing TVCC to ensure main messages are clear and aligned with Public Health. As outlined in the Pandemic Response Team section of this plan the CEO, with the help of the Communications and Liaison Team, is the primary spokesperson for TVCC during an influenza pandemic. Establishing a consistent, identifiable, credible Centre spokesperson will contribute to reducing anxiety among staff and clients and their families.

The Communication and Liaison Team will coordinate media requests, verify appointed spokespersons, establish and build credibility for spokespersons and provide risk communications management and media training for key staff as needed.

Information Approval Process

All information related to TVCC and an influenza pandemic will be issued by the CEO or their designate. Content development for information is the responsibility of the Communication and Liaison Team. Where possible information, key messages, and fact sheets will be developed and pre-approved in advance.

Key Audiences

To enable clear and consistent communications both internal and external audiences must receive timely updates. These audiences include:

- Clients and families
- Staff
- Board of Directors
- Partner Agencies
- Funders
- Media
- General Public

Possible actions

- Communications to Centre staff - voicemail, e-mail, hotline, secure intranet site for management of overall Centre response, including staff reassignments
- Activating the crisis hotline number
- Notification of reduction of services and possible alternatives
- Promoting guidelines and recommendations from the Ministry of Health and Long-Term Care or the local Health Unit
- Coordination of time, location, protocols for media briefings, staff meetings, teleconferences
- Updates and information exchange with other agencies and health partners
- Update of web posting

- Posters, notifications on Centre building entrances
- Phone messaging

Media Relations

TVCC will provide media with:

- Access to credible Centre spokespersons
- Accurate, consistent, timely and accessible information
- Details about what TVCC is doing (except where doing so would compromise safety and/or security)
- Information that is consistent with that from federal and provincial governments, hospitals and other responding agencies as appropriate

Pandemic Period Key Messages

Messages provided may include:

- Advise staff on appropriate personal protection
- Self-imposed isolation information to protect staff, clients and families from unnecessary exposure
- Infection Control Measures including – hand washing, "cover your cough" messages, health precautions at TVCC including screening and environmental cleaning
- How to stay healthy at home and at work
- Self diagnosis – symptoms and prevention
- Self treatment – what to do if you or your family get sick
- When and how to seek medical attention - list and degree of symptoms, where to go
- Acknowledge and thank staff, clients and families for their efforts and cooperation

Postpandemic Period Messages

- Provide information on the re-establishment of TVCC activities and services
- Acknowledge contribution of all staff and stakeholders
- Continued promotion of key health messages - infection control procedures
- Information about possible relapse

Infection Control For All Times

Overview

Infection control precautions are steps that may be used to reduce the spread of the influenza virus as well as other preventable communicable diseases.

In the event of an influenza pandemic, important decisions will be made about community-based disease control strategies aimed at minimizing the transmission of influenza in the community. The Ministry of Health and Long-Term Care, through local health units, will be responsible for decisions regarding the implementation of community-based disease control strategies in order to best protect the public.

The type of strategies, or public health measures, used will depend on the epidemiology of the virus (e.g., pathogenicity, modes of transmission, incubation period, attack rate in different age groups, period of communicability, and susceptibility to antivirals).

Public health measures used to curtail transmission in the community and the Thames Valley Children's Centre will likely be consistent and applied across the London region. These measures are being considered at all levels of government as a means to minimize the transmission of the virus during a pandemic.

Effectiveness will also depend on the ability to implement public health measures – which will be affected by the phase of the pandemic, the human and financial resources available, the associated costs, and the public's acceptance of the measures.

Regardless of the timing of an influenza pandemic, infection control should be a consideration for all times at TVCC. These on-going steps protect staff, clients and their families as they visit TVCC and as they go out into the community.

Education

Education of Centre staff must exist during all of the pandemic phases, including current phases, so that they can comply with recommended public health measures and infection control procedures. An influenza pandemic is a global health emergency and therefore the demand for information will be extremely high and sustained as the illness spreads and is confirmed in the London and area region.

Information will be shared with the staff, clients and their families using a variety of communication channels, including information sessions, print, and TVCC website.

Infection Control Strategies

Annual Influenza Immunization

Vaccinations are safe and effective at preventing many infections. In Ontario, publicly funded annual influenza vaccine is provided for everyone six months of age and older. All staff, clients and their families should be encouraged to take advantage of the annual influenza vaccine and all other vaccinations for which they are eligible.

Environmental Cleaning

The influenza virus can survive on hard non-porous surfaces for 24 to 48 hours. It can also persist for 8 to 12 hours on cloth, paper and tissues, so used tissues should be discarded immediately after use.

Frequent cleaning of the environment can help reduce the spread of virus from environmental surfaces. This includes cleaning at TVCC with approved commercial disinfectants on a consistent basis. Cleaning at home should take place using common household disinfectants as directed by the manufacturer.

Special attention will be paid to commonly touched areas throughout TVCC such as:

- Door handles
- Hand rails on stairs
- Elevator buttons
- Buttons on telephones, photocopiers, and other office equipment
- Computer keyboards and the mouse
- Tabletops and arm rests in meeting rooms
- Telephone receivers

Hand Hygiene

The use of alcohol-based hand sanitizers along with frequent hand washing with soap and water is very effective at limiting the spread of infection. Effective hand sanitizers contain 60-70% alcohol and work by rubbing a quarter size amount over the hands until dry. Appropriate hand washing involves the use of pump soap and warm running water, rubbing the hands together for a total of 15 seconds.

Hands should be sanitized or washed:

- After coughing, sneezing or blowing the nose
- After using the washroom
- After changing diapers
- After touching animals
- Before preparing food
- Before eating

- Before putting contact lenses in the eyes
- Before touching the eyes, mouth or nose

The use of hand sanitizers or hand washing should also be used after shaking hands in order to prevent introduction of virus from the hands into the mouth, nose or eyes. Children should be taught how to use hand sanitizers. It is also important for children to have training in proper hand washing techniques, as well as ready access to appropriate facilities for hand washing. Washrooms in TVCC are equipped with sinks of an appropriate height. Warm running water is easy to turn on and soap is consistently available.

Hand sanitizers have become commonplace in health care settings, such as TVCC, since SARS. Staff is encouraged to carry them in purses, lunch pails, knapsacks, brief cases and vehicles. Alcohol hand sanitizers should not be used when hands are visibly soiled.

Respiratory Etiquette

An easy and effective method to limit the spread of infection to others is simply covering your mouth and nose while sneezing and coughing. A strategy that may help reduce transmission further is to cough or sneeze into your elbow or upper arm; this will reduce contamination of hands that may facilitate transmission to others. Whenever hands come in contact with saliva or nasal secretions from coughing or sneezing, hand washing or a hand sanitizer should be used. Tissues should be readily available for runny noses, and hands should be washed or sanitized after wiping the nose. Tissues should be appropriately disposed of after use.

Touching The Face

Since many viruses and bacteria are introduced into the body via the mouth, nose or eyes, people should try to avoid touching their face as much as possible. Habits such as nail biting should be avoided, and hands should be washed before inserting contact lenses.

Staying Home

Staying home from work, school or childcare centres when ill can help limit the spread of infection. Since SARS, this has been recognized as an important strategy for health care providers, including those that work at TVCC. It should be common practice and a sign of respect for people to stay home in the acute, symptomatic stages of illness. TVCC has a policy in place that encourages staff to stay at home while ill, and does not penalize them when they are absent due to illness.

Ideally, people should stay at home for the "period of communicability" of the infection. For influenza, this would mean staying at home for five days for adults and seven days for children. This may not, however, be practical. Since influenza is most infectious during the first few days of illness and this is when people feel the most ill, staying at home until well enough to resume activities should be sufficient. Upon returning to TVCC hand washing or use of hand sanitizers should occur frequently.

If possible, the recovering individual should remain one metre or more from others until the full "period of communicability" has passed.

Self Care

The decision on when to seek medical attention can be complicated by many factors. These may include factors such as age, existing health problems, or current medications. You may get advice from your family doctor/general practitioner or Telehealth Ontario's confidential telephone service (available 24 hours per day, 7 days per week) at 1-866-797-0000.

If you are normally a healthy person and have been suffering with the flu, it is time to seek medical attention if you:

- Become short of breath while resting or doing very little
- Breathing is difficult or painful
- Are coughing up bloody sputum
- Are wheezing
- Have had a fever for three or four days and you are not getting better – or you may be getting worse
- Have started to feel better, and suddenly you get a high fever and start to feel sick again
- Or others note that you are extremely drowsy and difficult to wake up or that you are disoriented and confused
- Have extreme pain in your ear

Seek medical attention as soon as possible, in order to prevent your condition from worsening. If you are living with a long-term illness, your healthcare provider may provide you with extra help in treating the flu and preventing complications, such as prescribing an antiviral medication. Antiviral medications must be taken within 48 hours of the first symptoms to be effective so call your healthcare provider right away.

The Canadian Paediatric Society Infectious Diseases and Immunization Committee, through their Caring for Kids website http://www.caringforkids.cps.ca/whensick/Influenza.htm, recommends that you should contact your healthcare provider or take your child to the emergency department if your child has symptoms of influenza and:

- Has lung or heart disease, has an illness or is taking treatment that affects the immune system, takes acetylsalicylic acid (ASA or Aspirin) regularly for a medical condition or has any other chronic illness requiring regular medical care
- Is less than 3 months old and has a rectal temperature over 38.5°C
- Has trouble breathing when resting, is wheezing, has chest pain when breathing or is coughing up bloody sputum (phlegm)
- Drinks very little fluid and has not urinated at least every 6 hours when awake
- Has vomiting or severe diarrhea
- Is constantly irritable and will not calm down
- Is listless, not interested in playing with toys or unusually sleepy

- Still has a fever and is not feeling better after 5 days or was feeling better and suddenly develops a new fever
- Has a seizure (convulsion/fit)

Take your child immediately to a hospital emergency department or call 911 if your child:

- Has severe breathing trouble or blue lips
- Is limp or unable to move.
- Is hard to wake up or does not respond
- Has a stiff neck
- Seems confused
- Has a seizure (convulsion/fit)

Monitoring and Implementation

Monitoring of bulletins and advisories from federal and provincial levels of government will guide TVCC in the implementation of infection control strategies and public health measures. These will be communicated to staff, clients and their families as they become available.

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American Red Cross / Federal Emergency Management Agency (FEMA). Preparing for Disaster for People with Disabilities and other Special Needs. August 2004

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Wellington-Dufferin-Guelph Public Health. Pandemic Plan. September 2005

World Health Organization. Avian influenza: assessing the pandemic threat. January 2005.

World Health Organization. WHO global influenza preparedness plan. The role of WHO and recommendations for national measures before and during pandemics. April 2005

World Health Organization. World Health Organization checklist for influenza pandemic preparedness planning. April 2005.

Appendices

This section includes a number of documents that will assist readers of this plan. They include:

- Appendix A: Guidelines / Fact Sheets for Staff (Prevention)
- Appendix B: Policy Cross-References
- Appendix C: Abbreviations
- Appendix D: Glossary
- Appendix E: Emergency Preparedness Guide

Guidelines / Fact Sheets for Staff (Prevention)

Overview

The following pages contain fact sheets and information that is intended as a reference tool for all staff, to maintain good health and help prevent the spread of infection.

Five key messages are:

1. Practice hand hygiene (soap and water or hand sanitizer)
2. Cover your cough and sneeze
3. Be immunized and stay well
4. Stay home if you are sick
5. Keep your distance

It is important to note that this is not only during a pandemic situation, but as a preventative measure at any time. Thames Valley Children's Centre staff are encouraged to practice prevention both at work and home.

Staying Healthy During a Flu Pandemic

This fact sheet provides precautions for reducing the risk of infection from pandemic flu.

How Flu Is Spread

The flu, or influenza, is a highly infectious respiratory disease caused by a virus that infects the nose, throat, and lungs. Pandemic flu occurs when a new subtype of flu virus, for which people have not built up any immunity, appears or emerges in the population and quickly infects large numbers of people throughout the world.

The flu spreads easily from person to person through coughing and sneezing and from touching your eyes, mouth, or nose. However, the ability of the influenza virus to be transmitted through the air cannot be entirely ruled out.

When infected persons cough or sneeze they emit tiny droplets or small particles that can be inhaled or come into contact with the mouth, nose, and eyes of others. Hand-to-hand contact with an infected person or handling objects contaminated by the infected person and then touching your mouth, eyes, or nose can also lead to infection.

People with flu are infectious and able to transmit the virus for up to 24 hours before symptoms appear. Adults are infectious for three to five days after symptoms appear while children are infectious for up to seven days after symptoms appear. (**Note:** the period of infectiousness is based on how seasonal influenza is transmitted and may change in a pandemic)

How to Keep from Getting Sick

Take the following steps to stay healthy during a flu pandemic:

1. Practise Good Health Habits

- Eat well, including plenty of vegetables, fruits, and whole grain products.
- Drink lots of water and avoid heavy alcohol consumption.
- Exercise on a regular basis and get plenty of rest.

2. Make Good Hygiene a Habit

- Wash your hands often with soap and warm, running water for at least 15 seconds or more each time, or use a hand sanitizer with 60 per cent to 90 per cent alcohol content.
- Cover your mouth and nose with a tissue when you cough or sneeze, or cough into your upper sleeve if you don't have a tissue.
- Dispose of dirty tissues promptly and carefully put them in bags and put the bags in the garbage container.
- Clean your hands after coughing or sneezing using soap and warm, running water for 15 seconds or more each time, or use a hand sanitizer containing 60 to 90 per cent alcohol.
- Stay home if you are sick so that you don't spread your germs to others.
- Stay away from people who are sick, if this is practical. You should especially try to stay at least one meter (three feet) away from people sick with flu like illness.
- Try not to touch your eyes, nose, or mouth.
- Avoid public gatherings and crowds.
- Don't share eating utensils or drinks.
- If a family member is sick, keep their personal items such as towels and toothbrushes separate from those of the rest of the family.

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3. Use Public Health Services

- Get a flu shot each year; it won't protect you against pandemic flu, but it can help you to stay healthy.
- If you are over 65 years of age, ask your doctor for a shot to protect you against pneumococcal infection.
- Take antiviral medication if recommended by your doctor.

For More Information

Visit our website at
www.health.gov.on.ca/pandemic

Call INFOline 1-866-801-7242

TTY 1-800-387-5559

Pandemic Flu and Personal Protection: Hand Hygiene

This fact sheet provides guidelines on hand hygiene during an influenza pandemic.

Hand Hygiene: The Best Defence

Proper hand hygiene is the cornerstone of infection prevention and control during an influenza pandemic. Influenza viruses can live on hands for up to five minutes and on hard surfaces for up to two days. Therefore, it is critical that you clean your hands often to keep yourself and others healthy.

Alcohol-Based Hand Rub

Alcohol-based hand rub is the preferred method for decontaminating hands. Using alcohol-based hand rub is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled. However, hand washing with soap and running water must be performed when hands are visibly soiled. If running water is not available, use moistened towelettes to remove the visible soil, followed by alcohol-based hand rub.

Hand Washing

Most transient bacteria present on the hands are removed during the mechanical action of washing, rinsing and drying hands. Hand washing with soap and running water must be performed when hands are visibly soiled.

When Should Hand Hygiene Be Performed?

Hand hygiene must be performed:

- Before and after contact with a patient.
- Before performing invasive procedures.
- Before preparing, handling, serving or eating food.
- After care involving the body fluids of a patient (e.g., assisting patient to blow nose, toileting the patient or doing wound care) and before moving to another activity.
- Before putting on and after taking off gloves.
- After personal body functions, such as using the toilet or blowing one's nose.
- Whenever a health care provider is in doubt about the necessity for doing so.
- When hands accidentally come into contact with secretions, excretions, blood and body fluids (hands must be washed with soap and running water).
- After contact with items in the patient's environment.

Factors That Influence Hand Hygiene

The following factors influence the effectiveness of hand hygiene:

- Condition of the skin: intact skin vs. presence of dermatitis, cracks, cuts or abrasions
- Nails: natural nails more than 3-4 mm (1/4-inch) long are difficult to clean, can pierce gloves and harbour more microorganisms than short nails.
- Only nail polish in good condition is acceptable.
- Artificial nails or nail enhancements are not to be worn by those giving patient care as they have been implicated in the transfer of microorganisms.

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- Jewellery: rings and bracelets hinder hand hygiene, and should not be worn for patient contact; rings increase the number of micro-organisms present on hands and increase the risk of tears in gloves.

Hand Hygiene Agents

Alcohol-based hand rubs:

- Are recommended to routinely decontaminate hands in clinical situations when hands are not visibly soiled.
- Provide for a rapid kill of most transient microorganisms.
- Contain a variety of alcohols in concentrations from 60 to 90 per cent.
- Are not used with water.
- Contain emollients to reduce skin irritation.
- Are less time consuming than washing with soap and water.

Liquid or foam soap:

- soap must be dispensed in a disposable pump dispenser
- soap containers are not to be topped up, as there is a risk of contamination
- bar soaps are not acceptable in health care settings except for individual client/patient/resident personal use.
- antibacterial soaps may be used in critical care areas such as ICU, or in other areas where invasive procedures are performed.

Techniques

Alcohol-based hand rub:

- Remove hand and arm jewellery. Jewellery is very hard to clean, and hides bacteria and viruses from the antiseptic action of the alcohol.
- Ensure hands are visibly clean (if soiled, follow hand washing steps).
- Apply between one to two full pumps of product, or squirt a loonie-sized amount, onto one palm.
- Spread product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands, and base of thumbs. These are the most commonly missed areas.
- Rub hands until product is dry*. This will take a minimum of 15 to 20 seconds if sufficient product is used.

* Hands must be fully dry before touching the patient or patient's environment/equipment for the hand rub to be effective and to eliminate the extremely rare risk of flammability in the presence of an oxygen-enriched environment.

Hand washing:

- Remove hand and arm jewellery. Jewellery is very hard to clean, and hides bacteria and viruses from the mechanical action of the washing.
- Wet hands with warm (not hot) water. Hot water is hard on the skin, and will lead to dryness.
- Apply liquid or foam soap. Do not use bar soap in health care settings as it may harbour bacteria that can then be spread to other users.
- Vigorously lather all surfaces of hands for a minimum of 15 seconds. Removal of transient or acquired bacteria requires a minimum of 15 seconds mechanical action. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs. These are the most commonly missed areas.
- Using a rubbing motion, thoroughly rinse soap from hands. Residual soap can lead to dryness and cracking of skin.
- Dry hands thoroughly by blotting hands gently with a paper towel. Rubbing vigorously with paper towels can damage the skin.
- Turn off taps with paper towel, to avoid recontamination of your hands (**Note:** If hand air dryers are used, hands-free taps are necessary).

For More Information

Visit our website at
www.health.gov.on.ca/pandemic

Call the Health Care Provider's Hotline
toll-free at 1 866 212-2272.

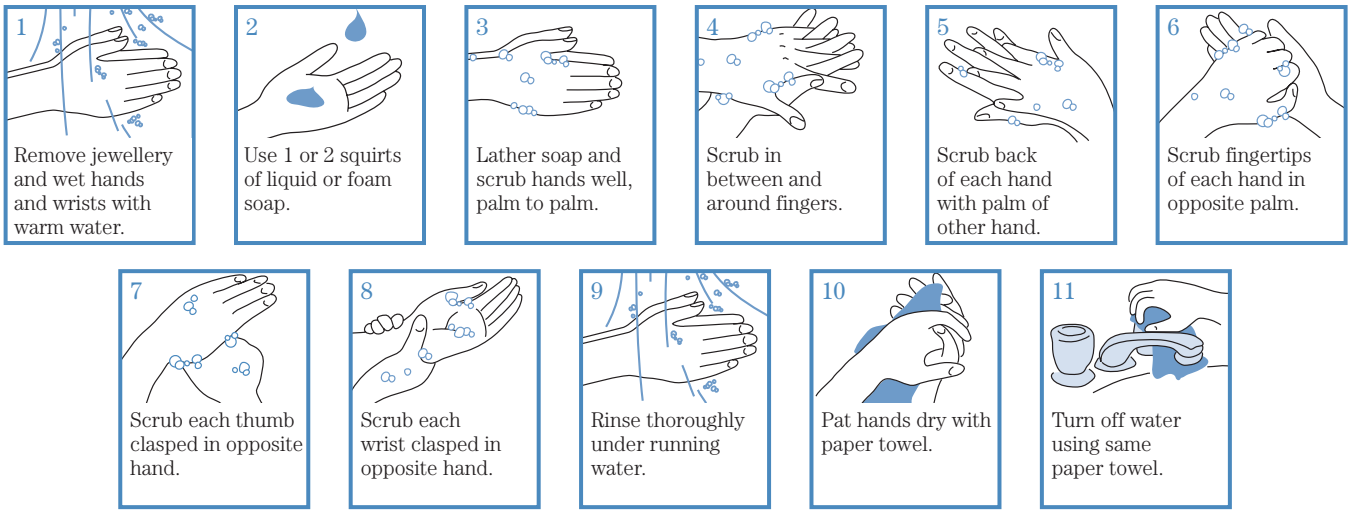
Handwashing

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.

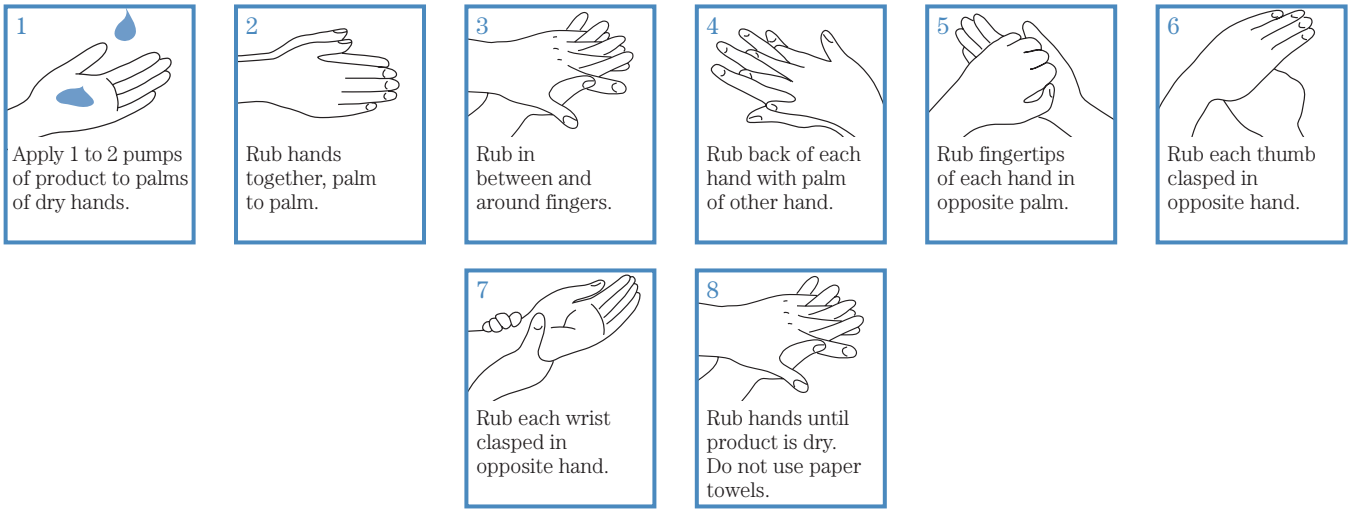
- Keep nails short
- Remove watches, rings and bracelets
- Do not use artificial nails
- Avoid chipped nail varnish
- Wash wrists and forearms if they are likely to have been contaminated
- Make sure that sleeves are rolled up and do not get wet during washing

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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Ontario

Limiting the Spread: Travel, Social Contact and Pandemic Flu

This fact sheet provides travellers with guidelines for staying healthy during a flu pandemic.

Travel Guidelines During An Influenza Pandemic

During an influenza pandemic social distancing measures may be implemented to limit the spread of the disease. Depending on the severity of the pandemic, international, domestic and even local public transport and travel may be restricted, suspended or modified.

If you are sick, stay home and keep away from other people as much as possible.

If long-distance domestic or international travel is permitted and you are feeling well and you must travel, observe the following recommendations to limit your chances of getting sick:

What Should I Do Before I Travel?

- Get the most current available seasonal flu vaccine to avoid being infected with circulating flu viruses.
- Make sure your immunizations for the country you are visiting are up-to-date.
- Purchase supplementary insurance when travelling outside of Canada as many emergency health services provided outside of the country cost much more than your Ontario Health Insurance Plan may pay. You should also consider the possibility of medical evacuation coverage.
- Educate yourself and others who may be travelling with you about the risk of influenza in areas you plan to visit. Check the Department of Foreign and International Trade Canada website at www.voyage.gc.ca
- Assemble a travel health kit containing basic first aid and medical supplies. Get the right advice about this from your travel agent or provider.
- Pack hand sanitizer containing 60 to 90 per cent alcohol in your luggage and carry-on as permitted.
- Identify health care resources in the countries you plan to visit before your trip.

What Should I Do While I'm Travelling?

- Performing frequent and proper hand hygiene is the most important step you can take to reduce your chances of infection. Clean your hands often, using either soap or warm, running water or hand sanitizers, containing 60 to 90 per cent alcohol.
- Reduce direct social contact (e.g., kissing, shaking hands). Stay away from mass social gatherings and crowded public places as much as possible.
- Avoid direct contact with poultry, including touching well-appearing, sick, or dead chickens and ducks. Avoid places such as poultry farms and bird markets where live poultry are raised or kept.
- If you are preparing your own food, ensure that all foods from poultry, including eggs, are thoroughly cooked.
- Ensure all birds and poultry products you wish to bring into Canada are eligible for entry and declare all animal products upon arrival.

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Ontario

- If you have visited a farm while in an affected country ensure that clothing and footwear worn on the farm are free from soil and manure before entering Canada.

What Should I Do After I Travel?

You can be infected with the flu without displaying any symptoms or feeling sick. To avoid infecting others and spreading the virus, follow these recommendations:

- Wash your clothing in hot water and disinfect your footwear after arrival, especially if you have visited a farm.
- Monitor your health for at least 14 days after returning to Canada. If you become ill with fever, have difficulty breathing, cough, or show any signs of illness during this period, consult a health care professional. Tell her/him about your symptoms and recent travel to confirm whether you have visited an area reporting an outbreak of pandemic influenza.

For More Information

Visit our website at
www.health.gov.on.ca/pandemic

Call INFOline 1-866-801-7242

TTY 1-800-387-5559

Taking Care of Yourself and Your Family: What to Do If You Get Pandemic Flu

This fact sheet provides information about how to care for yourself at home if you become sick with pandemic flu.

Taking Care of Yourself At Home

During a flu pandemic, many people will be sick, however, half of these people will not require medical care. For this reason, it is very important to be prepared to take care of yourself and others at home.

How to Care For Yourself

If you get the flu during a pandemic, you can monitor and improve your health in the following ways:

General Practices

- Wash your hands often using soap and warm, running water for at least 15 seconds or more each time or use a hand sanitizer with 60 to 90 per cent alcohol, particularly after coughing or blowing your nose.
- Stay home if you are sick so that you don't spread the virus to others.
- Get plenty of rest.
- Cover your sneeze and cough and dispose of tissues immediately.

Symptom Control

- Drink lots of fluids, including water or ice chips, fruit juice (not fruit drinks), milk, and herbal teas.
- Avoid drinks with caffeine as caffeine makes you lose fluid from your body.
- Take basic pain or fever relievers such as acetaminophen (Tylenol®) or ibuprofen.
- Do not give acetylsalicylic acid (ASA or Aspirin®) to children or teenagers under the age of 16.
- Apply heat for short periods of time using a hot water bottle or heating pad to reduce muscle pain.
- Take cough medicine. This helps especially if you have a dry cough.
- Take a warm bath with Epsom salts.
- Gargle with a glass of warm water or suck on hard candy or lozenges.
- Use saline drops or spray for a stuffy nose.
- Avoid alcohol and tobacco.
- Ask your pharmacist for advice if you buy over-the-counter medicine.
- Call someone to help you if you are alone, are a single parent of young children, or are responsible for the care of someone who is frail or has a disability.

Environmental Control

- Avoid sharing anything that may carry germs such as towels, lipstick, drinks or toys.
- Keep sick person's dishes, kitchen utensils and towels separate from the rest of the family.
- Clean hard surfaces such as door handles and kitchen countertops more frequently.

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Ontario

When Should You Seek Further Help?

If you do not start to feel better in a few days or your symptoms get worse, call Telehealth at 1-866-797-0000 (TTY-1-866-797-0007) or seek help right away. Before visiting your doctor, call and let him or her know about your symptoms so that you don't infect other people at the office.

Also, call your doctor right away if you experience flu symptoms and

- have heart or lung disease;
- have any other chronic health problems that require regular medical attention;
- are elderly or frail; or
- have an illness or are on treatments that affect your immune system: diabetes, cancer, HIV/AIDS.

Your doctor may prescribe antiviral medication if necessary. Antibiotics may be necessary to treat secondary infections such as bacterial pneumonia.

> If special clinics for people with the flu or flu-like symptoms have been set up, your doctor's office might ask you to go there instead.

When Should Your Child See A Doctor?

Seek medical care for children right away if you notice any of the following signs:

- Fast or difficulty breathing;
- Bluish or dark-coloured lips or skin color;
- Drowsiness to the point that you cannot wake your child up;
- Severe crankiness or not wanting to be held;
- Not drinking enough fluids or is showing signs of dehydration (e.g., not going to the bathroom (peeing) regularly); or
- Symptoms improve and then suddenly become worse.

For More Information

Visit our website at
www.heath.gov.on.ca/pandemic

Call INFOline 1-866-801-7242

TTY 1-800-387-5550

Policy Cross-References

Overview

The following is a list of Thames Valley Children's Centre policies, related to good health and hygiene promotion and also in response to illness, that exist in cooperation with this Pandemic Plan.

CL.1210 Infection Control Universal Precautions

HR.0206 Income Protection while on sick leave

HR.0210 Health Related Emergencies

HR.0705 Employee Health Surveillance Program

Abbreviations

Wherever possible, this document is written using common terminology. There are, however, abbreviations that are commonly used and are clarified below.

List of Abbreviations

Abbreviation	Name
CCMOH	Canadian Chief Medical Officer of Health
CCAC	Community Care Access Centre
CHC	Community Health Centre
CIDRAP	Center for Infectious Disease Research and Policy
CMOH	Chief Medical Officer of Health
CNPHI	Canadian Network for Public Health Intelligence
COPD	Coronary Pulmonary Obstructed Disease
CPHLN	Canadian Public Health Laboratory Network
CPIP	Canadian Pandemic Influenza Plan
EMO	Emergency Management Ontario
EMU	Emergency Management Unit, Ontario Ministry of Health and Long-Term Care
FRI	Febrile Respiratory Illness
HHR	Human Health Resources
HU	Health Unit
IAP	Incident Action Plan
ICU	Intensive Care Unit
ILI	Influenza Like Illness(es)
IMS	Incident Management System
MCYS	Ministry of Children and Youth Services
MLHU	Middlesex-London Health Unit
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
OHPIP	Ontario Health Plan for an Influenza Pandemic
PHAC	Public Health Agency of Canada
PHD	Public Health Division, Ontario Ministry of Health and Long-Term Care
PIDAC	Provincial Infectious Diseases Advisory Committee
PPE	Personal Protective Equipment
PRT	Pandemic Response Team
RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
TVCC	Thames Valley Children's Centre
WHO	World Health Organization

Glossary of Terms

A

Activation – Actions taken to implement a plan or a procedure

Acute – Short term, intense symptomatology or pathology, as distinct from chronic. Many diseases have an acute phase and a chronic phase. This distinction is sometimes used in treatments

Acute Care – Acute care refers to services provided by physicians and other health professionals and staff in the community and in hospitals. This includes emergency, general medical and surgical, psychiatric, obstetric and diagnostic services

Amantadine – An antiviral agent indicated in adults and children > 1 year for the treatment of illness due to influenza and for prophylaxis following exposure to influenza type A viruses. It has no effect against the influenza type B virus

Antibody – Protein molecules that are produced and secreted by certain types of white cells in response to stimulation by an antigen

Antigen – Any substance that is recognized by the immune system and that triggers/provokes an immune response, such as a release of antibodies

Antigenic drift - A gradual change in the hemagglutinin and/or the neuraminidase proteins on the surface of a particular strain of influenza virus occurring in response to host antibodies in humans who have been exposed to it. It occurs on an ongoing basis in both type A and type B influenza strains and necessitates ongoing changes in influenza vaccines

Antigenic shift - An abrupt and major change in the hemagglutinin and/or the neuraminidase proteins resulting in the sudden appearance of a new influenza virus strain (Influenza A). The novel strain emerges by reassortment with circulating human influenza strains or by infecting humans directly. Because they flourish in the face of global susceptibility, viruses that have undergone antigenic shift usually create pandemics

Antiviral – An agent that kills a virus or that suppresses its ability to replicate and, hence, inhibits its capability to multiply and reproduce. Given within 24-48 hours of the onset of symptoms of the flu, it can lessen the severity of the disease

B

Business Continuity Planning – An ongoing process supported by senior management and funded to ensure that necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through staff training, plan testing, and maintenance

C

Centers for Disease Control and Prevention (CDC) – an American federal agency of the HHS

Community – A political body/organization, within a defined boundary, having authority to adopt and enforce laws and provide services and leadership to its residents. This term includes upper and lower tier municipalities

Critical Infrastructure – Interdependent, interactive, interconnected networks of institutions, services and systems and processes that meet vital human needs, sustain the economy, protect public safety and security, and maintain continuity of and confidence in government

Cross-resistance – The development of strains of a pathogen that not only withstands the effects of a given antimicrobial agent, but other chemically related agents as well

D

Declared Emergency – A signed declaration made in writing by the Head of Council or the Premier of Ontario in accordance with the Emergency Management Act. This declaration is usually based on a situation or an impending situation that threatens public safety, public health, the environment, critical infrastructure, property, and/or economic stability and exceeds the scope of routine community activity

E

Emergency – A situation or an impending situation caused by the forces of nature, an accident, and an intentional act or otherwise that constitutes a danger of major proportions to life or property. These situations could threaten public safety, public health, the environment, property, critical infrastructure and economic stability. Three categories of emergencies: Human-Caused, Natural and Technological

Emergency Area – A geographic area within which an emergency has occurred or is about to occur, and which has been identified, delineated and designated to receive emergency response actions

Emergency Information – Information about an emergency, which is communicated broadly to the community and other stakeholders

Emergency Management – Organized and comprehensive programs and activities undertaken to deal with actual or potential emergencies or disasters. These include prevention of, mitigation against, preparedness for, response to and recovery from emergencies or disasters

Emergency Management Ontario (EMO) – An organization within the Ministry of Community Safety and Correctional Services, government of the Province of Ontario. EMO is responsible for monitoring, coordinating and assisting in the development and implementation of emergency management programs in Ontario

Emergency Management Program – A comprehensive program that is based on a hazard identification and risk assessment process (HIRA) and includes the five core components of prevention, mitigation, preparedness, response and recovery

Glossary of Terms

Emergency Response Plan – A risk-based plan developed and maintained to response to an emergency

Emergency Response Organization – A group or organization (public, private or volunteer) with staff trained in emergency response that are prepared and may be called upon to response as part of the coordinated response to an emergency situation

Emergency Response – Coordinated public and private response to an emergency

Epidemic – A widespread occurrence of a disease at a particular time

Executive Authority – The Premier, or a minister designated by the Premier, who exercises the emergency powers available under the Emergency Management Act, R.S.O.1990, c.E.9. for emergency management activities

F

Flu – Another name for influenza, although it is often mistakenly used in reference to gastrointestinal and other types of clinical illness (see influenza).

H

H1N1 – A strain of influenza type A virus that caused the pandemic infection of 1918 / 1919 and that continues to circulate in humans

H3N2 – A strain of influenza type A virus that caused the pandemic infection of 1968 / 1969. Of the three influenza viruses that currently circulate in humans, this type causes the greatest morbidity and mortality

H5N1 – A strain of influenza type A virus that moved in 1997 from poultry to humans. While the outbreak of this virus was rapidly contained, it produced significant morbidity and mortality in persons who became infected, probably from direct contact with infected poultry

Health Care Workers *(Pandemic)* – Health Care Workers are professionals, including trainees and retirees, nonprofessionals and volunteers, involved in direct patient care; and/or those working/volunteering in designated health care facilities or services. For the purposes of this definition, Health Care Workers are those whose functions are essential to the provision of patient care, and who may have the potential for acquiring or transmitting infectious agents during the course of their work. This group would also include public health professionals during the pandemic

Health Status – The state of health of an individual or a population, as in community health status

Hemagglutinin – An agglutinating protein antigen spiking from the surface of the influenza virus. Differences in the amino acid sequencing of the HA antibody give rise to the different subtypes of type A virus

High-Risk Groups – Those groups in which epidemiologic evidence indicates there is an increased risk of contracting a disease

I

Inactivated vaccine – A vaccine prepared from killed viruses, which no longer retain their infective properties

Incident Management System (IMS) – The combination of facilities, equipment, staff, operating procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively response to an incident or emergency/disaster

Infection – Condition in which virulent organisms are able to multiply within the body and cause a response from the host's immune defenses. Infection may or may not lead to clinical disease

Infectious – Capable of being transmitted by infection, with or without actual contact

Influenza – A highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the influenza virus. It is responsible for severe and potentially fatal clinical illness of epidemic and pandemic proportions

Influenza type A – A category of influenza virus characterized by specific internal proteins and further subgrouped according to variations in their two surface proteins (hemagglutinin and neuraminidase). It infects animals as well as humans and has caused the influenza pandemics of this century

Influenza type B – A category of influenza virus characterized by specific internal proteins. It infects only humans, causes less severe clinical illness than type A, and spreads in regional rather than pandemic outbreaks

Influenza type C – A category of influenza virus characterized by specific internal proteins. It does not cause significant clinical illness

Inpatient – An individual who receives health care services while admitted in a health care facility overnight or longer

Isolate – A pure specimen obtained by culture

L

Lower tier municipality – for the purposes of the Provincial Emergency response Plan (PERP), a lower tier municipality will refer to the most basic unit of organized government provided to the citizens of a given area and would include townships, towns, and cities within a county or region, but exclude single tier municipalities

M

Mitigation – Actions taken to reduce the effects of an emergency or disaster

Morbidity – Departure from a state of well being, either physiologic or psychologic illness

Morbidity Rate – The number of cases of an illness (morbidity) in a population divided by the total population considered at risk for that illness

Mortality – Death, as in expected mortality (the predicted occurrence of death in a defined population during a specific time interval)

Mortality Rate – The number of people who die during a specific time period divided by the total population

Municipality – a region, city, town or district having local government

Mutation – A permanent, transmissible change in the genetic material of a cell

Mutual Aid Agreements – An agreement developed between two or more parties to render aid to the parties of the agreement. These types of agreements can include private sector emergency services when appropriate

Mutual Assistance Agreement – An agreement developed between two or more jurisdictions to render assistance to the parties of the agreement. Jurisdictions covered with these types of agreements could include neighbouring cities, regions, provinces or nations

N

Neuraminidase – A hydrolytic protein antigen spiking from the surface of the influenza virus. It dissolves the protective viscosity of cellular mucous lining, allowing release of new viruses into the respiratory tract

Neuraminidase inhibitors – A class of antiviral agents that selectively inhibit neuraminidase activity in both influenza type A and B viruses, while having no effect on human neuraminidase

Non-traditional Site – The following is a definition of a non-traditional site for the purposes of pandemic influenza planning: A non-traditional site is a site offering care for influenza patients. These sites are currently not established sites which usually offer a different type or level of care. The functions of a non-traditional site will vary depending on the needs of the community but will focus on monitoring, care and support of influenza patients

O

Opportunistic Infections – An infection in an immune compromised person caused by an organism that does not usually cause disease in healthy people. Many of these organisms are carried in a latent state by virtually everyone, and only cause disease when given the opportunity of a damaged immune system

Outpatient – An individual who receives health care services without being admitted to a health care facility

P

Palliative – A treatment, which provides symptomatic relief, but not a cure

Pandemic – Referring to an epidemic disease of widespread prevalence around the globe

Pandemic Influenza – A new influenza strain that rapidly spreads around the world and causes significant illness

Pandemic Response Team (PRT) – A team within the Thames Valley Children's Centre with specific duties, responsibilities and accountabilities to plan for and respond to an influenza pandemic.

Parenteral – Not through the mouth. Intravenous, intramuscular, and intramermal administration are all parenteral

Pathogen – Any disease-producing microorganism or material

Pediatric – Relating to the medical specialty concerned with the development, care and treatment of children from birth through adolescence

Personal Protective Equipment (PPE) – Personal protective equipment is any type of specialized clothing, barrier product, or breathing (respiratory) device used to protect one from serious injuries or illnesses. This includes devices such as surgical gowns, gloves, masks and respirators that are intended to be used by healthcare workers

Preparedness – Actions taken prior to an emergency or disaster to ensure an effective response. These actions include the formulation of an emergency response plan, a business continuity/continuity of operations plan, training, exercises, and public awareness and education

Preventative Care – A comprehensive type of care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examinations, immunization and well-person care

Preventative Medicine – Taking measures for anticipation, prevention, detection, and early treatment of disease

Prevention – Actions taken to prevent an emergency or disaster

Primary Care – Primary care is the first level of care, and usually the first point of contact, that people have with the health care system. Primary care involves the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. It includes advice on health promotion and disease prevention, assessments of one's health, diagnosis and treatment of episodic and chronic conditions, and supportive and rehabilitative care

Private Sector – A business or industry not owned or managed by any level of government

Probability – The likelihood of something happening

Prophylaxis – A measure taken for the prevention of a disease or condition

Provincial Emergency – An emergency occurring in a province if the province or a local authority in the province, as distinct from the federal government, has the primary responsibility for dealing with the emergency. It also means an emergency that is beyond the capabilities of a municipality to manage, even with mutual aid and assistance. Additionally, it becomes a "provincial emergency" once the premier makes a declaration to that effect

Provincial Emergency Response Team (PERT) – An emergency response team that is dispatched to a community to coordinate provincial emergency response

Public Awareness Program – Provides generic information to the broader public to raise awareness about emergency management and suggests ways to reduce the risk of loss of life and property damage in the event of an emergency

Public Education Program – Provides focused information to a target audience to educate about protective actions to reduce the risk of life and property damage, in the event of an emergency

Public Health – The art and science of protecting and improving community health by means of preventive medicine, health education, communicable disease control, and the application of social and sanitary sciences

Public Sector – A particular element or component of government, i.e. police, fire public works, of a municipal, provincial or federal government

R

Recovery – Actions taken to recover from an emergency or disaster

Recovery Plan – A risk-based emergency plan that is developed and maintained to recover from an emergency or disaster

Risk – A chance or possibility of danger, loss, injury, or other adverse consequences

Registered Nurse (RN) – One who has graduated from a college or university program of nursing education and has been licensed by a professional college (eg. College of Nurses of Ontario)

Resistance – The development of strains of a pathogen that is able to withstand the effects of an antimicrobial agent

Respiratory tract – Structures contained in the respiratory system, including the nasopharynx, oropharynx, layngopharynx, larynx, trachea, bronchi, bronchioles, and lungs

Response – Actions taken to response to an emergency or disaster

Rimantadine – An antiviral agent indicated in adults for the treatment of illness due to influenza and for prophylaxis following exposure to influenza type A viruses. It has no effect against the influenza type B virus

S

Secondary Care – Services given by a specialist, normally after a referral from a primary care physician, and often in an acute care hospital. It does not include the services of specialists whose services are only available in major urban centres; this level of service would normally be considered Tertiary Care

Shall – Indicates a mandatory requirement

Should – Indicates a recommendation or that which is advised but not required

Single-tier municipality – includes a separated municipality that is geographically located within a county / region but is not a part of the county / region for municipal purposes. Single-tier municipality has responsibilities for all local services to their resident

Standard – Common criteria used to measure performance

Strain – A group of organisms within a species or type that share a common quality. For example, currently circulating strains of influenza include type A (H1N1), type A (H3N2), and type B (H3N2)

Subtype – In terms of influenza, a classification of the influenza type A viruses based on the surface antigens hemagglutinin (H) and neuraminidase (N)

Symptoms – Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient

T

Toxicity – The extent, quality, or degree of being poisonous or harmful to the body

Toxin – A harmful or poisonous agent

Triage – A system whereby a group of casualties or patient is sorted according to the seriousness of their illness or injuries, so that treatment priorities can be allocated between them. In emergency situations it is designed to maximize the number of survivors

Type – In terms of influenza, a classification of influenza viruses based on characteristic internal proteins

U

Upper tier municipality – For the purposes of this plan, an upper tier municipality will refer to counties and regions

V

Vaccination – The act of administering a vaccine

Vaccine – A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not a disease), it protects against subsequent infection by that organism

Virology – The study of viruses and viral disease

Virus – A group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells normal functions, causing the cell to behave in a manner determined by the virus

Volunteers (pandemic) – A volunteer is a person registered with a government agency or government designated agency, who carries out unpaid activities, occasionally or regularly, to help support, prepare for and respond to a pandemic influenza outbreak. A volunteer is one who offers his/her service of his/her own free will, without promise of financial gain, and without economic or political pressure or coercion

W

Wild type – A naturally occurring strain of virus that exists in the population

World Health Organization (WHO) – A specialized agency of the United Nations generally concerned with health and health care

Emergency Preparedness Guide

Overview

The Emergency Preparedness Guide for People with Disabilities / Special Needs – May 2007, was developed jointly by Emergency Management Ontario (EMO), and the Accessibility Directorate of Ontario (ADO), part of the Ministry of Community and Social Services.

It has been recognized as the most comprehensive emergency preparedness resource for people with disabilities and special needs in Canada. It provides vital information to the over 1.5 million Ontarians with visible and/or non-visible disabilities.

A copy is available on the Thames Valley Children's Centre website at http://www.tvcc.on.ca/