

Jane/Finch Community & Family Centre Pandemic Plan 2009/2010 **DRAFT**

Note: This is a pandemic plan and checklist of preparedness and business continuity for Jane/Finch Community and Family Centre for 2009/2010. It is geared specifically to the H1N1 pandemic, but can be adapted in future years for other risks.

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Background:

In 2009, the World Health Organization declared H1N1 a pandemic impacting countries all over the world. In Canada, there has been thousands of mild cases of H1N1, but relatively few deaths. There is a concern that H1N1 will return in a more dangerous outbreak over the winter. There is a risk of large scale disruption due to a pandemic. An example would be Mexico City which closed schools and businesses in order to reduce the spread of the disease.

The following H1N1 information is from the City of Toronto Public Health website:

What is H1N1 flu virus?

H1N1 flu virus is a respiratory illness that causes fever, chills, cough, sore throat, headache, muscle aches, fatigue, and possibly nausea, vomiting, or diarrhea—just like seasonal flu (influenza).

Who is most at risk from H1N1 flu virus?

As with seasonal flu, younger children are most at risk of becoming infected likely because they wash their hands less frequently, often don't practice appropriate sneeze/cough etiquette and have more close contact with other children. Pregnant women and individuals with pre-existing chronic disease are not at an increased risk of becoming infected. However, these groups appear to be at an increased risk of more severe illness. Therefore, it is particularly important for these groups to wash their hands frequently and contact their health care provider as soon as possible if they become ill with symptoms of influenza.

How does the virus spread?

Influenza is transmitted from person to person. Coughs and sneezes release the flu virus into the air where it can be breathed in directly by others within six feet. The virus can also rest on hard surfaces like counters and doorknobs where it can be picked up on hands and transmitted when a person touches their mouth or nose.

How long can someone with the flu infect someone else?

People with the flu may be able to infect others beginning 1 day before symptoms develop and up to 7 or more days after becoming sick. You are most infectious at the start of symptoms. Once you are well again, it is rare to pass the infection to others.

How can I stop the transmission of the flu?

Washing your hands is the single best way of preventing the spread of the flu.

Everyone should take these steps to help stop the flu:

- Wash your hands frequently with soap and warm water for 15 to 20 seconds or clean your hands with alcohol-based hand rub
- Avoid touching your eyes, nose or mouth
- Cough or sneeze into a tissue and wash or sanitize your hands afterwards
- If you don't have a tissue, sneeze or cough into your sleeve or arm - **not** your hands
- Don't share objects that might transmit flu such as utensils and drinking cups, musical instrument mouthpieces, water bottles etc.
- Watch for flu-like symptoms such as fever, chills, cough, sore throat, headache, muscle aches and possibly vomiting or diarrhea and stay home if these appear
- Stay home if you are feeling ill
- Stay well rested, be physically active, drink plenty of fluids and eat nutritious food

When should I wash my hands?

- After coughing, sneezing or blowing your nose
- After using the bathroom
- After shaking hands
- Before and after eating and/or preparing food
- When you come into contact with someone who is sick.
- Before and after using shared equipment such as computers

I have been in contact with someone who was ill with the flu. What do I do?

Influenza viruses are circulating in the community. If you are feeling well, you should continue to participate in your regular activities. If you become ill stay home until you feel well.

Are there any medications available to treat this flu?

Antiviral medications are not recommended for healthy persons who have mild illness from the flu. These medications may be recommended for people who get the flu who have more severe illness or a medical condition that increases their risk of more serious complications of the flu.

How do I keep surfaces clean to prevent the spread of influenza?

Common household disinfectants will kill the virus on household items and surfaces. Mixing one teaspoon of bleach with two cups of water makes a solution that will kill the virus.

Where can I get more information?

- www.toronto.ca/health or 416-338-7600 (Toronto Public Health)
- <http://www.health.gov.on.ca> (Ministry of Health and Long Term Care)
- TeleHealth Ontario 1-866-797-0000.
- <http://www.phac-aspc.gc.ca/index-eng.php> or 1-800-454-8302
- www.fightflu.ca or 1-800-622-6232

Risks:

There is a risk that if there is a large scale outbreak, there will be a significant impact on the Jane/Finch Community and Family Centre and the Jane and Finch community.

- Our participants may get sick with H1N1 or other flu strains and may be in vulnerable situations. We need to plan SCREENING PRACTICES and PROGRAM ADJUSTMENTS to keep clients and staff safe and support clients who are ill.
- Our staff or their family may get sick with H1N1 or other flu strains and need to stay at home. In a worst case scenario, we could have 25% of employees off at the same time. We need to plan HUMAN RESOURCE REDEPLOYMENT and PROGRAM ADJUSTMENTS for a high absenteeism situation.
- Our suppliers and/or the City of Toronto may be unable to deliver normal services. We need to plan SUPPLY CHAIN PREPARATION and possible SHORT-TERM PROGRAM CLOSURES if we cannot get supplies or services.
- Finally, staff and participants may face profound losses in a pandemic and need bereavement time and supports. This should be factored into our HUMAN RESOURCE REDEPLOYMENT and PROGRAM ADJUSTMENTS plans.

Section 1 – Communication & Decision-Making

The Centre has put into place a Pandemic Response Committee. This committee will complete this plan, monitor the pandemic and provide updates to staff and stakeholders. The Executive Director is also authorized to close programs or the agency for the short-term in the interests of public safety.

a) Pandemic Response Committee

The committee has met and includes:

Occupational Health and Safety Committee Representatives

- Mary Crabbe, Executive Assistant
- Felicity Owusu-Acheaw, Intake and Referral Worker
- Nesta Blake, Supervisor – Early Years
- Christopher David, Program Worker – Community Safety Initiative

Krystle Skeete, Project Manager – Youth HOST and ISAP

Liyun Xu, Human Resources Consultant

Wanda MacNevin, Director Community Programs

Sue Wilkinson, Executive Director

CHECKLIST

- committee to meet monthly or more regularly as needed

b) Decision-making

Sue Wilkinson, Executive Director will determine short-term program or agency closures and inform the Board Chair. In her absence, Rosemarie Powell, Assistant Executive Director will fill this role.

c) Communications - Monitoring

Sue Wilkinson will have responsibility to monitor government websites (City, Province, Federal) weekly for updates or announcements on H1N1. In his absence, Rosemarie Powell will fill this role.

d) Communications – Internal

The Pandemic Response Committee will provide weekly update to Centre staff, Board Members and participants.

In addition the Centre shall provide information and support to other community organizations and groups in their pandemic planning.

CHECKLIST

- create staff memo including information on H1N1, links for information, Centre plan
- place H1N1 updates on the agenda for all team meetings
- use In the Loop to provide regular updates
- place hard copies of updates in staff pay stubs

e) Communications - Absenteeism Monitoring

To track the progression of the pandemic, all Managers will report absenteeism on a timely manner to either Sue Wilkinson or Rosemarie Powell. This will allow us to implement our Human Resource Deployment Plan if needed.

CHECKLIST

- absenteeism monitoring in place

f) Communications – Health & Safety Representatives

A training session will be held with all Health & Safety Representatives to review the pandemic plan and ensure representatives are monitoring each workplace in using the increased universal precautions listed in the plan.

CHECKLIST

- training complete

g) Communications – External

The Pandemic Plan will be sent to key stakeholders and partners, such as funders. Programs will also contact funders by telephone to discuss potential program adjustments and the impact on funding or contracts. Finally, letters will be prepared to send to key partners or funders when and if these actions (such as agency closure) are required.

In addition regular updates will be made available to our participants.

CHECKLIST

- post weekly updates at program sites
- ensure public health information brochures are available at all sites
- ensure funder and partner communication is complete
- provide regular updates on website
- workshops to be held with Centre programs, as deemed appropriate

Section 2 – Infection Prevention and Screening

During this time of heightened concern, we will increase our precautions related to prevention and screening.

a) Posters

All sites will renew posters in all bathrooms related to Hand Washing, Cover Your Cough and cleaning of door knobs, faucets etc. Where appropriate multi-lingual posters should be posted, as possible.

CHECKLIST

- posters displayed

b) H1N1 Signage

As we enter first stage screening, we will post signage telling people with H1N1 symptoms to not enter our locations, this includes staff. We will create a common multilingual sign for all locations. Staff are also encouraged to passively screen each other and encourage sick staff and participants to please go home.

CHECKLIST

- H1N1 signage displayed on entry doors
- signage to include requirement to use hand sanitizer

c) Promotion of Handwashing

All locations will promote and teach handwashing based on their program users (children, youth adults, seniors). All locations will stock and use hand-washing and hygiene supplies – soap, paper towel, tissues, hand sanitizer. Hand sanitizer is being ordered centrally.

CHECKLIST

- handwashing supplies ordered and used at entry location and staff desks

d) Additional Cleaning

All locations will do additional daily cleaning of common surfaces using anti-bacterial wipes.

CHECKLIST

- additional cleaning at all locations to be encouraged by all staff including daily cleaning of phones, door knobs etc.
- anti-bacterial wipes will be provided at all work areas

e) Screening Stations

If there is a pandemic outbreak in Toronto, we may move to second stage screening, where staff directly ask all visitors if they have flu symptoms before they enter the program and redirect them home if necessary. We will hold a training session for staff who will fulfill this role. A script for screeners will be prepared, as needed.

CHECKLIST

- screening stations to be prepared for deployment as needed

f) Vaccine

The Centre will provide updated information to its staff, participants and the community related to vaccination clinics.

Note: It is essential that when informing participants of vaccination clinics that staff do not provide participants with their own personal opinion about vaccinations for liability purposes.

CHECKLIST

- vaccine clinic locations to be posted on website and at all program sites
- information to be added in our December newsletter

Section 3 – Program Adjustments and Reduction

During a pandemic outbreak some of our programming may need to change.

- We may wish to postpone some community activities or events that are non-essential to reduce the risk of infection for our visitors.
- We may need to reduce non-essential activities due to reduced staffing.
- We may need to cancel some off-site activities or workshops due to partners implementing their own pandemic plans.
- If clients are sick at home and not attending programs we may divert resources to provide more services by telephone.

a) Program Adjustments Identified

Each program will submit a list of potential Program Adjustments and Reductions for approval.

CHECKLIST

- program adjustment lists created and approved as needed

b) Communication with Clients

Each program will identify telephone lists of participants for notification of changes to programming, such as postponing group activities. The list will be posted on our shared files.

CHECKLIST

- participant telephone list created and posted taking into consideration the right to confidentiality (plan to be developed)

c) Support for Vulnerable Clients

Each program will identify vulnerable clients who need to be telephoned or visited while programs may have reductions. Several staff will have copies of these lists in case a staff is absent due to illness. The list will be posted on our shared files.

CHECKLIST

- a vulnerable participants list will be created and posted taking into consideration the right to confidentiality (plan to be developed)

Section 4 – Short-Term Program or Agency Closures

A number of factors may require a program or agency to close during a pandemic outbreak.

- If basic utilities break down, such as electricity or natural gas, a location cannot remain open.
- If we are asked by Toronto Public Health to close the agency for public safety, we will comply.
- If we no longer have sufficient staff to redeploy, we may need to close a program.

We will not close a program unless necessary. The decision to close will be made by the Executive Director or alternate. We will not anticipate any closures to last longer than two weeks (following example of Mexico City).

a) Closing Signage

If a program is closed we will use the prepared participant telephone lists to notify participants. We will use the prepared stakeholder letters to notify partners and funders. We will post appropriate signage at each location.

CHECKLIST

- signage for closure developed

Section 5 – Human Resources

a) Employee Telephone Lists

During a pandemic outbreak we share complete and updated employee telephone lists including full-time, part-time and relief employees. This list will be used for emergency communication, notification of closures or program adjustments, and redeployment due to absenteeism.

CHECKLIST

- employee telephone lists updated and distributed

b) Back-up Coverage

Some programs and departments may face challenges with high absenteeism. We have identified functions that require coverage plans in case of staff absence.

Key Function	Staff	Back-up
Finance/Payables	Mark Kovats	
Finance/Payroll	Mark Kovats	
Charitable Receipts	Mary Crabbe	
Benefit Plan	Rosemarie Powell	
Insurance	Rosemarie Powell	
IT Systems	Rosemarie Powell	
Trusteeship	Sue Wilkinson and Rosemarie Powell	
Reception	Felicity Owusu- Acheaw, Juanita Vasquez and Pamele Spence	

CHECKLIST

- determine functional back-up
- ensure appropriate training has occurred for all

Section 6 – Suppliers & Supply Chain Preparation

a) Supplies on Hand

As supplies can be interrupted in a pandemic outbreak, all locations are ordering six weeks of non-perishable supplies.

CHECKLIST

- extra supplies ordered for programs
- extra supplies ordered including hand sanitizer and anti-bacterial wipes

b) Alternative Suppliers

Alternative suppliers may also be required. All locations to submit full list of suppliers and trades and contact information to create a shared masterlist to be distributed.

CHECKLIST

- masterlist of trades and suppliers created including alternatives

d) Alternative Work

In case of a serious pandemic, alternative work arrangements should be considered for the safety of staff and for the care of themselves and their families.

CHECKLIST

- ensure staff have proper training and information on how to check voice messages from home and how to check e-mails from home
- ensure that teleconferencing training is providing to key staff to ensure that we are able to use this function should face to face meetings be a challenge
- explore the cost of accessing the server from home for documents
- explore our inventory of equipment that can be made available for home use as needed

Section 7 – Finances

a) Financial Considerations

In addition to ensuring a back-up to our financial functions, the organization should prepare itself for increased financial burdens created by a pandemic. This includes:

- relief staff budget
- emergency relief budget
- emergency cash on hand (amount and necessity to be determined)

CHECKLIST

- to be added to the agenda of the next Finance Committee meeting

Summary Checklist for All Locations

Action Item	Progress
Action Items to be prepared in advance 1. Committee meeting monthly 2. Decision-making authority determined 3. Monitoring role assigned 4. Health & Safety Representatives Training 5. Internal Communication 6. External Communication 7. Additional Cleaning 8. Client Telephone Lists updated and distributed 9. Vulnerable Client Lists updated and distributed 10. Employee Telephone Lists updated and distributed 11. Modified HR Practices in place 12. Redeployment Guidelines 13. Masterlist of Trades and Suppliers	
Action Items to be checked weekly 14. Internal Communications 15. Absenteeism Monitoring done weekly 16. Hand Washing Posters displayed 17. H1N1 Signage displayed 18. Handwashing Supplies ordered and used 19. Extra Supplies ordered	
Action Items to be checked daily 20. Additional Cleaning at all locations	
Action Items to be implemented only when necessary 21. Screening Stations ready 22. Program Adjustments approved 23. Signage for Closure 24. Functional Back-up Plans in place	

TO BE DISCUSSED

- Staff survey of skills
- Masks?
- Union – policies, alternative work, see below
- Priority programming
- Vacation/sick time support
- Employee redeployment

