

KAPUSKASING EMERGENCY PLAN

**ANNEX “J”**

**TOWN OF KAPUSKASING  
PANDEMIC INFLUENZA PLAN**

Approved by Kapuskasing Council  
June 22, 2009





## **FOREWORD**

The Town of Kapuskasing's Pandemic Influenza Plan is a Risk Specific Plan in the Municipality's emergency plan. This plan details the Municipality's response to an influenza pandemic in the Town of Kapuskasing.

The Porcupine Health Unit will have the lead in managing the response to a pandemic and will have detailed plans to address all public health related issues in order to prepare for and respond to an influenza pandemic. This plan is closely coordinated with the Kapuskasing Pandemic Influenza Plan and the Porcupine Health Unit Influenza Pandemic Plan.

Holders of the plan are responsible for keeping it current by incorporating any amendments that may be issued in the future.

This plan is administered by the Community Emergency Management Coordinator (CEMC) and is issued under authority of the town of Kapuskasing Bylaw # 3077.

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**TOWN OF KAPUSKASING  
PANDEMIC INFLUENZA PLAN**

**1.0 GENERAL**

**1.1 Background**

1.1.1 Influenza is a contagious respiratory illness caused by a virus. Influenza is directly transmitted from person to person primarily when people infected with flu cough or sneeze and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and eyes of another person (droplet spread). Influenza can also be transmitted indirectly when people touch contaminated hands, surfaces and objects (contact spread).

1.1.2 Influenza viruses are unique in their ability to cause sudden, pervasive illness in all age groups on a global scale. An outbreak on a worldwide scale of a new strain of influenza that is capable of causing serious illness is called a pandemic. There have been three pandemics in the last century, with the worst being the 1918 -1919 Spanish flu that caused over 20 million deaths worldwide.

1.1.3 The timing and pattern of the next influenza pandemic is unpredictable but a short lead-time is likely. Outbreaks will occur simultaneously and in Ontario an estimated 22,000 to 52,000 people could become clinically ill and between 5,000 to 12,000 could die.

**1.2 Aim**

1.2.1 The aim of this plan is to ensure that the Town of Kapuskasing is prepared to effectively respond to an influenza pandemic in the Municipality.

**1.3 Objectives**

1.3.1 The objectives of the response to an influenza pandemic as detailed in this plan are:

- to maintain essential services in the Municipality during a pandemic.
- to support the Porcupine Health Unit in mitigating, preparing for, responding to and recovering from an influenza pandemic.
- to provide timely, authoritative information, to the public and the media on the provision of Municipal services.

**1.4 Scope**

1.4.1 This plan outlines the coordinated actions to be taken for the protection of the life and health of the citizens of the Town of Kapuskasing in the event of an influenza pandemic outbreak.

1.4.2 This plan provides direction to all departments within the Town of Kapuskasing.

**1.5 Legal Powers**

The Medical Officer of Health , under the *Health Protection and Promotion Act (HPPA), R.S.O. 1990*, has the authority to control communicable diseases and the power to identify, reduce or eliminate health hazards. Under the HPPA, public health inspector also has the authority to identify, reduce or eliminate health hazards.

1.5.2 The Mayor, as Head of Council, under the *Emergency Management and Civil Protection Act, R.S.O.1990*, may declare that an emergency exists in the City or any part thereof and may take action and make orders as he/she considers necessary to protect the property and the health, safety and welfare of the citizens.

**2.0 PLANNING BASIS**

**2.1 Risk Assessment**

2.1.1 To understand the magnitude of the problem and to develop contingency plans, estimates on the potential impact of an influenza pandemic are required. No one can accurately predict when the next pandemic will occur, nor can they accurately forecast who will become ill and suffer adverse health outcomes. However, the U.S. Centres for Disease Control (CDC) in Atlanta has developed a software programme to estimate impacts.

2.1.2 The Ontario Health Plan for an Influenza Pandemic utilized the CDC program and provides an estimate of the impact of an influenza pandemic in Cochrane Region shown in the table that follows. The figures are based on a worst-case attack rate of 15 % & 35 %.

	15%	35%
Clinically ill	7,200	30,600
Require Outpatient Care	12,600	30,600
Hospitalization Required	180(0.2%)	360(0.4%)
Deaths	36(0.04%)	864(18%)

## **2.2 Assumptions on the Virus Characteristics**

2.2.1 The characteristics of a new virus strain are assumed to be consistent with other known influenza strains:

- Incubation period: 1 to 3 days (with no symptoms).
- Period of communicability: 24 hours before the onset of symptoms and up to 5 days after the onset of illness (usually 3 – 5 days in adults, up to 7 days in young children).
- Symptoms: sudden onset, fever, chills, headache, muscle aches, dry cough, sore throat, runny/stuffy nose.
- Method of Transmission: *direct* transmission from person to person when the infected individual coughs or sneezes and droplets of secretions come into contact with the mucous membranes of the mouth, nose or possibly eyes of another individual. It can also be transmitted *indirectly* when people touch contaminated surfaces, objects and hands.
- Transmission while an individual has no symptoms is possible but it is more likely when symptoms such as coughing are present.
- The virus will have the ability to survive for extended periods of time on environmental surfaces:
  - 24 - 48 hours on hard surfaces
  - 8 - 12 hours of porous surfaces e.g. paper, cloth
  - 5 minutes on skin.

## **2.3 Municipal Planning Basis**

2.3.1 An influenza pandemic will affect all of Ontario and the rest of Canada. For planning purposes, a worst-case prediction must be used.

2.3.2 As a basis for planning, it is therefore assumed:

- Little or no direct assistance will be provided by neighbouring communities, the Province or the Federal government (with the exception of the provision of vaccine and antiviral drugs, and other clinic supplies when available).
- The Town of Kapuskasing must plan to respond to an influenza pandemic on its own, using its own resources.
- An influenza attack rate of 35% will be assumed when planning for the effects of an influenza pandemic. (Note: An attack rate of 35% means that over the course of a pandemic, about 35% of the population will have influenza severe enough to take 3 days off work).



## 2.4 Planning Assumptions

2.4.1 The following are the assumptions that will apply to pandemic influenza planning in the Municipality:

- Ontario will have a lead-time of at most three months, possibly less, from the time a pandemic is first declared by the World Health Organization (WHO) to when it spreads to the province.
- An influenza pandemic usually spreads in two or more waves. A second wave could occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. The length of each wave of illness is approximately six - eight weeks.
- There will be an attack rate of 35% during the first wave.
- For planning purposes, it will be assumed that 35% of staff could be off work at the same time.
- About 55% of those who fall ill with influenza will require some form of care. At least one third of deaths are likely to be in people under the age of 65.
- A vaccine will not be available for at least four months after the virus is identified and therefore will not be available for the first wave of illness.
- Once available, the vaccine will be in short supply and high demand.
- Because Ontario will not have a large enough initial supply of vaccine to immunize everyone, the province will have to set priorities for who receives limited vaccine and antiviral drugs.
- The availability of health care workers during the pandemic could be reduced by up to one-third and the health care system will have to supplement existing resources through a variety of mechanisms.
- Individuals who recover from illness with the pandemic strain will likely be immune to future infection from that strain.
- An influenza pandemic will impact the provision of essential services provided in the Municipality. During a pandemic, the availability of employees could be reduced by up to one-third due to illness over the approximately eight weeks of the first wave. In addition, there will be absenteeism due to concern about disease transmission in the workplace and employees staying home to care for ill family members.

## 3.0 **CONCEPT OF OPERATIONS**

### 3.1 General

3.1.1 In the Cochrane Region, the Medical Officer of Health (MOH) has the overall responsibility for directing the public health response to an influenza pandemic. The MOH will direct health operations from the Health Emergency Operations Centre (HEOC).

- 3.1.2 Based on the projected effect in the Municipality, the Mayor, on the advice of the Medical Officer of Health or as directed by the Province, will declare an emergency under the *Emergency Management and Civil Protection Act* and fully activate the Municipal Emergency Operations Centre (MEOC).
- 3.1.3 The Medical Officer of Health at the Porcupine Health Unit will implement public health measures and manage the health response to the outbreak. The role of the Municipality will be to support the Health Unit efforts (see Annex D) and to maintain essential services in the Municipality. Coordination for support to the Health Unit and the maintenance of essential services will take place in the MEOC.
- 3.1.4 A provincial emergency will likely be declared early in the onset of a pandemic. The overall response to a declared emergency will be managed from the Provincial Emergency Operations Centre (PEOC) with the Ministry of Health and Long Term Care (MOHLTC) providing command and control services for the health care sector.
- 3.1.5 See Annex A for a schematic diagram showing the emergency management and health sector response structures.

### **3.2 World Health Organization (WHO) Pandemic Phases**

- 3.2.1 The notification and response by the Municipality to a pandemic influenza will follow the 2005 WHO pandemic periods and phases shown below. There is no timeframe for going from one phase to the next.

<b>PERIOD</b>	<b>PHASE</b>	<b>DESCRIPTION</b>
<b>Interpandemic Period</b>	<b>Phase 1</b>	No new virus subtypes have been detected in humans.
	<b>Phase 2</b>	No new virus in humans but an animal subtype poses a substantial risk of human disease.
<b>Pandemic Alert Period</b>	<b>Phase 3</b>	Human infections with a new subtype but not human-to-human spread.
	<b>Phase 4</b>	Localized small clusters with limited human-to-human spread.
	<b>Phase 5</b>	Larger clusters but human-to-human spread still localized, suggesting that virus is becoming better adapted to humans (substantial pandemic risk).
<b>Pandemic Period</b>	<b>Phase 6</b>	Sustained transmission in the general population.
<b>Post Pandemic Period</b>		Return to interpandemic period.

### 3.3 **Essential Services**

3.3.1 Each Department will examine its operational functions and services provided and categorize them using the following planning categories:

PRIORITY 1	Affects, or has the potential to affect, health and safety.
PRIORITY 2	Major inconvenience but does not affect health and safety.
PRIORITY 3	Major loss of revenue, legal exposure, damage to the image of the organization.

3.3.2 Essential functions and services are those that are identified as Priority 1 - those services whose reduction affect, or have the potential to affect, the health and safety of the public.

3.3.3 Priority 2 are those services whose reduction may cause a major inconvenience but do not result in a risk to the health and safety of the public.

3.3.4 Priority 3 is other services whose loss or degradation may affect the image of the organization, legal exposure, or non-critical support to other Priority 1 and 2 services/functions.

3.3.5 Each Department within the Municipality should undertake an assessment of essential services requirements including materials and personnel.

3.3.6 For an outline of the business continuity process and steps to produce a pandemic business continuity plan for each essential service, see Annex B.

3.3.7 Within the Municipality organizational structure, examples of essential services include:

- Fire Services
- MEOC Staff & Support Staff
- Road/Winter Maintenance
- Fleet Maintenance
- Facility Maintenance
- Finance
- Etc.

3.3.8 Examples outside the Municipality level structure:

- Ontario Provincial Police
- EMS
- Hospitals.
- Health Care facilities.
- Individual physicians.
- Central Ambulance Communications Centre.
- Community Care Access Centres.
- Essential staff at local utilities companies.

### 3.4 **Communications**

3.4.1 The Medical Officer of Health will be responsible for providing public health information, direction and advice to health care stakeholders, other Regional stakeholders, the general public and the media.

3.4.2 There will be a requirement to coordinate public health communications with information on the provision of Municipal services. To accomplish this, the Emergency Information Centre and Public Inquiry Centre will be established in accordance with the Emergency Information Plan to coordinate the dissemination of information regarding essential services and to perform inquiry functions.

#### 4.0 PLAN IMPLEMENTATION

##### 4.1 Notification

4.1.1 The Medical Officer of Health will be responsible for determining the pandemic phase for Cochrane Region including the Town of Kapuskasing and for notifying all internal and external stakeholders and the public. Sources for determining the pandemic phase will come from WHO, Federal, Provincial and local influenza surveillance data.

4.1.2 Once the MOH has determined the pandemic phase for the Municipality, EMO will contact the CEMC. The CEMC will consult with the Chief Administrative Officer and will advise the emergency management structure on the response level to be adopted. This will include notification of the response level to all departments. Departments are responsible for notifying all employees in their respective Divisions.

##### 4.2 Response Actions

4.2.1 Actions to be undertaken by the Municipal emergency response structure at each phase of notification are summarized below (refer to section 3.2 for detailed Phase descriptions).

PERIOD	PHASE	REGIONAL RESPONSE
Interpandemic Period	Phase 1 – no new virus	Routine Monitoring
	Phase 2 – new animal virus	Routine Monitoring
Pandemic Alert Period	Phase 3 – human infections	Enhanced Monitoring
	Phase 4 – limited human to human spread	Enhanced Monitoring
	Phase 5 – larger clusters human to human spread	Enhanced Monitoring
Pandemic Period	Phase 6 – sustained transmission	Partial Activation (Virus not in North America)
		Full Activation (Virus in North America)
Postpandemic Period		Routine Monitoring/Recovery

4.2.2 Note that the response action at each phase indicated in the chart above is a guide and the response may be modified at any time, depending on requirements.

4.2.3 Interpandemic Period, Phase 1 - 2

- Routine Monitoring.
- Health Unit implements routine influenza programs and services.
- CEMC and appropriate departmental and municipal emergency coordinators will monitor the situation from their normal workplaces.
- Emergency plans and procedures will be reviewed annually, and updated, if required.

4.2.4 Pandemic Alert Period, Phase 3 – 5

- Enhanced Monitoring.
- Health Unit will provide enhanced communications on details of the situation in the world.
- Designated staff will monitor the situation from their normal workplace and ensure that information from the Health Unit is passed to all staff.
- Depending on the situation, Partial Activation may be implemented at Phase 5.

4.2.5 Pandemic Period, Phase 6 (Virus Outside North America)

- Partial Activation.
- All emergency operations centres to be opened and staffed with sufficient personnel and to operate 24/7, if required.
- All communication links will be tested (Departmental, Municipal, Regional and Provincial).
- All emergency response and emergency management personnel placed on standby.
- All planning arrangements to be reviewed and confirmed.

4.2.6 Pandemic Period, Phase 6 (Virus in North America)

- Full Activation.
- Full activation of all emergency operations centres with full staffing, and capable of operating 24/7, if required. (NOTE: see 4.3 below).
- Emergency Information and Public Inquiry Centres to be fully staffed.
- On the recommendation of the Medical Officer of Health in accordance with the *Emergency Management and Civil Protection Act*, the mayor may declare an emergency in the town of Kapuskasing.
- Public health measures as directed by the Health Unit will be reviewed/implemented.

4.2.7 Post Pandemic Period

- Return to Routine Monitoring.
- Staffing and hours of operation of emergency operations centres to be reduced to a level commensurate with the requirement.
- Preparations will be made for the arrival of the “second wave” which could occur 3 to 9 months after the initial outbreak.
- Review response actions and lessons learned and revise plans and procedures.
- Recovery process to return the community back to normal or near normal once the immediate threat has passed.  
Essential Services such as Grocery Stores, Financial Institutions, Gas & Service Stations, Municipal Infrastructure.

**4.3 Emergency Operations Centres**

4.3.1 As noted, the response actions outlined in 4.2 are guidelines for planning purposes and response actions will be confirmed as the pandemic progresses.

4.3.2 Given the characteristics of the virus, at some point in the pandemic it may not be advisable to assemble all required personnel in emergency operations centres. Given the slower developing nature of a health emergency, the frequency of the requirement to meet face-to-face can likely be reduced.

4.3.3 Kapuskasing’s Municipal Emergency Operations Centre shall have a plan to operate in a decentralized manner. Features will include:

- the ability of the Control Group to conduct meetings via teleconference.
- staff in the emergency operations centre to answer and reroute telephone calls.
- minimal administrative staff at the MEOC to process faxes, record and issue minutes, etc.
- emergency operations centre layout to be rearranged if possible to facilitate distancing beyond “close contact” (1 metre).
- strict cleaning procedures for phones, computer, fax machines and workspaces.

4.3.4 The Public Inquiry Centre will also have plans to operate in a decentralized manner.

4.3.5 At Full Activation response, the Municipal Emergency Operations Centre will establish a daily “Operational Cycle” for meetings, briefings, situation reports and media releases in conjunction with the Emergency Operations Centre and Health Unit.

#### **4.4 Declaration of a Municipal Emergency**

4.4.1 As the virus spreads and essential services are threatened (Pandemic Period, Phase 6), the Mayor will consider the declaration of an emergency for the town of Kapuskasing. The timing is flexible and will depend on the effects to essential services provided by the Municipality and to the health care system. Advice on the timing of the declaration of a Municipal Emergency will be provided by the Medical Officer of Health via the Regional Chair.

#### **4.5 Surveillance and Monitoring**

4.5.1 A Regional influenza surveillance and monitoring system will be implemented by the Porcupine Health Unit:

- to detect the entry and escalation of a pandemic influenza virus into the Town of Kapuskasing.
- to continue to track the spread of the influenza virus through the community, after initial detection.
- to confirm resolution of activity and monitor for reoccurrence of activity in the Municipality.

4.5.2 The Health Unit will focus on the clinical surveillance of influenza-like illness in order to detect the arrival of influenza promptly and to provide timely information on influenza activity locally. The surveillance system will include the following:

- Sentinel Physician Reporting
- School and Daycare Reporting
- Hospital and Urgent Care Facility Reporting
- Emergency Room visits
- Respiratory illness admissions
- All cause mortality in hospitals
- Long Term Care Facility Reporting
- Community Case Reports.

4.5.3 The surveillance program will be flexible and scalable so that routine surveillance and be expanded quickly with the arrival of a pandemic virus in the Municipality.

#### 4.6 Antivirals and Vaccines

- 4.6.1 Antivirals: There are currently two classes of antiviral medications for the treatment of influenza A and B. Studies have shown these drugs to be 70-90% effective in preventing illness. Similar levels of efficacy can likely be achieved with new (pandemic) strains.
- 4.6.2 Recommended dosage for antiviral drugs to prevent influenza would require approximately 30 doses per month for each medication for the healthy population for as long as the exposure continues. For the treatment of ill people, doses would be approximately twice daily for five days, totaling 10 doses per ill person.
- 4.6.3 Both the Federal and Provincial Governments are securing a stockpile of antiviral agents, which may be available for defined groups. Because of the large volume of medication that would be required for prevention and the anticipated short supply, antiviral drugs may not play a significant role in reducing the mass effects of a pandemic. At the direction of provincial and federal authorities, the Health Unit will be responsible for implementing the distribution of available antiviral medications.
- 4.6.4 Vaccines: Inactivated influenza vaccine has long been considered the cornerstone of influenza and control. It is assumed that vaccination will also serve as the central preventative strategy during the next pandemic. The Health Unit will be responsible for making arrangements for the acquisition, transport, storage, security and delivery of vaccines. The Ontario Provincial Police will provide assistance as required.
- 4.6.5 Supply: Because of the anticipated short supply, antiviral drugs will likely be reserved for designated priority groups, both in areas of treatment and prevention. Vaccination will serve as a central preventative strategy and as such, a mass immunization program will be implemented. However, it is expected that the new vaccine will not be available for at least 4 - 5 months after the pandemic strain is identified, and thus initially, vaccine will be in short supply and high demand.
- 4.6.6 Prioritization for Immunization: The influenza strain in a pandemic will be unique. While the goal will be to obtain enough vaccine for the entire population of Kapuskasing, in the early stages of a pandemic, vaccine may be in short supply. In this situation, the Province will follow the national recommendations for priority groups for influenza immunization, adapting them as required to meet provincial needs.
- 4.6.7 To help ensure a consistent approach to the use of vaccine, the Province has developed working definitions and criteria to determine



priority groups for immunization. The priority groups for vaccine during a pandemic are as follows:

1. Front-line health care workers and key health decision makers.
2. Remaining health care workers.
3. Emergency/essential service providers.
4. Persons at high risk of fatal outcomes (e.g. people in nursing homes, long-term care facilities, people with high-risk medical conditions, people over age 65, children between the ages of 6 and 24 months)
5. Healthy adults.
6. Children 24 months to 18 years of age.

These groups may be redefined by the Province depending on the characteristics of the new pandemic virus.

- 4.6.9 Priority Group Enumeration. The Health Unit will distribute priority group enumeration tools in order to determine the requirement for vaccine and antivirals. Detailed descriptions for defining each priority group will be provided.
- 4.6.10 Mass Immunization Program. The Health Unit will be responsible for the organization and staffing for a mass immunization program for the general public in the Municipality. Public clinics will be established at designated locations, the number to be based on population requirements, available vaccine and staffing. The most likely location will be recreation facilities in local municipalities. Locations will also be identified for non-public clinics that will be set up to administer to designated priority groups. Local municipalities will provide assistance with the set up and operation of clinics as requested by the Health Unit. The OPP will arrange for security. Municipalities will be requested to make available community centres as required.
- 4.6.11 Immunization Teams. The operation of clinics will involve a specific team of people to administer the vaccine and to run the clinic. The optimum number of teams will be pre-determined. As vaccine becomes available, team lists will be drawn up and clinic locations confirmed. The Health Unit may require assistance from other departments and local municipalities in staffing or setting up the clinics.

## **4.7 Public Health Measures**

- 4.7.1 In addition to the use of vaccines and antivirals to combat the spread of the pandemic virus, other infection control measures will be

implemented. Public health measures are non-medical interventions including infection control that may be used to reduce the spread of the pandemic influenza virus.

4.7.2 The Medical Officer of Health is responsible for the implementation of public health measures in the Cochrane Region. Implementation of these measures will be coordinated with the Province.

4.7.3 Both individual and community public health measures will be considered for implementation. However, it is difficult to predict the effectiveness of various public health measures until the characteristics of the influenza pandemic strain becomes known.

4.7.4 Individual public health measures include:

- case management and contact tracing.
- self-isolation (remain at home with influenza-like illness until symptoms resolve).
- individual activity restrictions.

4.7.5 Community public health measures include:

- closing schools and daycares.
- banning public events such as sports/cultural gatherings.
- closing public centres such as recreation complexes (cinemas, theatres, bars, restaurants).
- reducing personnel at workplaces to critical process staff.
- closing work places.
- travel restrictions.

4.7.6 Infection control measures that should be implemented at all times include:

- hand hygiene
- sneeze and cough etiquette
- stay at home if ill
- environmental cleaning

4.7.7 See Annex C for details of public health measures.

## **4.8 Communications**

- 4.8.1 Concept: Communications will provide the backbone for a coordinated response to an influenza pandemic. A wide range of groups will need to share accurate, timely and consistent information. The Health Unit, Regional and local municipal information/communications programs will be integrated in order to prevent mixed messages or duplication of effort.
- 4.8.2 For the Interpandemic and Pandemic Alert Periods (Phases 1 – 5) the Health Unit will direct the communications effort. At Pandemic Period, Phase 6, the Porcupine Health Unit Influenza Pandemic Plan will be implemented and the Emergency Information Centre and the Public Information Centre will be opened and staffed appropriately.
- 4.8.3 The Health Unit will be responsible for providing health related information and direction to the health care community and other Regional stakeholders. The Region and Municipal emergency information effort will focus on the status of essential services.
- 4.8.4 Components: Communications planning and operations for a pandemic will include the following components:
- public information.
  - media information and media monitoring.
  - public inquiry.
  - rumour control.
  - staff information.
  - other targeted groups such as schools.

## **4.9 Personnel Administration**

- 4.9.1 Succession Planning: All Departments will have a succession plan in the event of absenteeism by key decision makers. Lists will be prepared and shared with other stakeholders at Phase 6.
- 4.9.2 Staffing for Essential Services: As the pandemic develops in the Municipality, Priority 1 Municipal Services, as well as other essential services must be maintained. Each Department and essential service organization is responsible for maintaining those identified services using their own resources first. If there is difficulty meeting the staffing or other resource requirements, organizations will work through the Municipal Emergency Operations Centre (MEOC) for assistance.
- 4.9.3 Attendance Reporting: At Pandemic Period, Phase 6, all Departments will provide a daily report on staff status and the effect on the delivery of Priority 1 functions to the Director of Human Resources.

- 4.9.4 Volunteer Management: As the pandemic spreads, there may be individuals or groups who are able and capable of volunteering to provide assistance where needed. Human Resources will be tasked as the initial point of contact for all volunteers. The Department will record name, address, phone number, as well as any specialty experience. HR will then forward the names of volunteers to any department or agency in need of assistance. (Note: Those who have been ill with the pandemic strain and recover will be immune to further infection from that strain).
- 4.9.5 Municipal Employee Reassignment: During a declared emergency, By-Law \_\_\_\_\_ designates all Municipal employees as emergency workers. They may be called out and assigned responsibilities to assist in the implementation of the Emergency Plan. Human Resources will maintain a list of those employees not working in Priority 1 essential services and who may be available to provide assistance elsewhere in the Municipality. These employees will not be utilized in any high-risk environment.
- 4.9.6 Employee Special Arrangements: In order to ensure as high an employee turnout as possible throughout a pandemic, especially for those services deemed essential, special arrangements may be required. Human Resources will monitor employee needs and will establish a number of phone lines as “employee only” information lines. Other provisions may include the setting up of ad hoc daycare centres for children of employees should those facilities be closed in a pandemic
- 4.9.7 Employee Non-Medical Support: In conjunction with attendance reporting, each Department will contact those absent and determine any non-medical assistance that may be provided to those who may be ill. Support may include pickup and delivery of food and other household items.

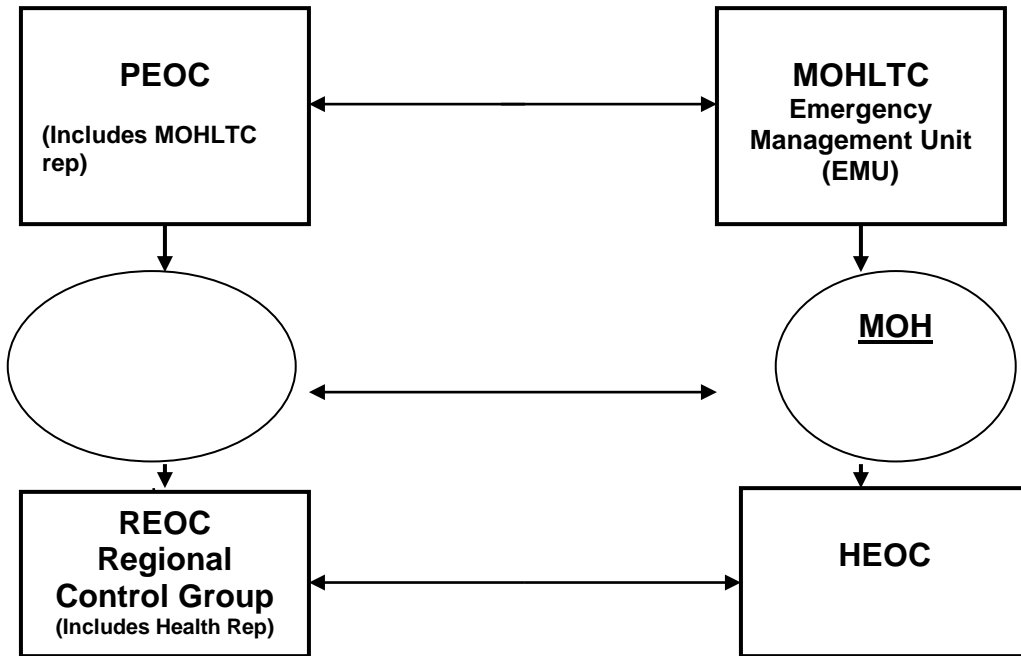
#### **4.10 Emergency Mortuary Arrangements**

- 4.10.1 The Health Unit maintain a list of all funeral homes in the Area. When directed, a reporting system will be established with the funeral homes. This reporting system will ensure that the Health Unit can track the effectiveness of the funeral homes in meeting any increased requirements.
- 4.10.2 The Health Unit will assist funeral homes in the development of a plan to deal with a worst-case scenario where the funeral homes are overloaded. The plan will include provision for the establishment of emergency temporary mortuary location(s) such as cold storage units.

#### **5.0 Responsibilities**

The responsibilities of Departments are found at Annex D.

**INFLUENZA PANDEMIC  
EMERGENCY RESPONSE STRUCTURE**



REOC Roles

- Essential Services
- Business continuity
- Municipal coordination
- Departmental coordination
- Support for the Health response
- Public Inquiry
- Communications

HEOC Roles

- Lead the health response
- Precautionary & protective measures
- Health response (e.g. surveillance, vaccines)
- Public direction
- Public Inquiry
- Communications

Kapuskasing Municipal Emergency Ops Centre Roles

- Essential Services
- Business continuity
- Departmental coordination
- Public Inquiry
- Communications

Health Care Community

MOH = Medical Officer of Health  
 PEOC = Provincial Emergency Operations Centre  
 REOC = Regional Emergency Operations Centre (Porcupine Health Unit)  
 HEOC = Health Emergency Operations Centre

↔ Indicates close coordination required

## MAINTAINING ESSENTIAL SERVICES – BUSINESS CONTINUITY FOR A PANDEMIC

### General

Business Continuity Management is the process of identifying potential risks that could threaten business operations of an organization and the development of plans to respond to such incidents. Business Continuity Management (also referred to as Continuity of Operations) includes:

- Risk assessment and management
- Disaster recovery
- Personnel management
- Supply chain management
- Facilities management
- Safety management
- Security management

A complete business continuity plan must take into account all potential risks to an organization as well as disaster response.

This guide will focus only on business continuity relating to an influenza pandemic.

### Primary Threat

The primary threat or risk to maintaining essential services during a pandemic is **high absenteeism**. The objective of a business continuity plan for a pandemic is to determine how to maintain essential services/functions given high rates of absenteeism for reasons that may include:

- Sickness
- Staying at home to care for those family members who are ill
- Staying at home to care for children in the event that schools and daycares are closed
- Fear of coming into the work environment

### Outline Business Continuity Plan for a Pandemic

Step 1	Assume Responsibility
Step 2	Assign a Coordinator/Team
Step 3	Identify Essential Services
Step 4	Identify Staff to Maintain Essential Services
Step 5	Develop the Plan
Step 6	Educate/inform Staff

## **Annex B**

### Step 1- Assume Responsibility

The Town of Kapuskasing must recognize the requirement to prepare for a pandemic and provide commitment and support to the creation of a business continuity plan.

Department Heads must assume responsibility for the preparation of viable business continuity plans in advance of a pandemic.

### Step 2 – Assign a Coordinator/Team

- Each Director will act as coordinator for developing a business continuity plan for a pandemic.
- Depending on the size of the department, a team may be designated to assist the Director.

### Step 3 – Identify Essential Services

- Complete Appendix 1.
- List all services/functions provided by your department.
- Using the definitions provided at Section 3.3 of this plan, categorize each service/function as Priority 1, Priority 2 or Priority 3.
- Priority 1 services are those that relate to health and safety and these are the essential services that must be maintained throughout a pandemic.

### Step 4 – Identify Required Staff to Maintain the Essential Services

- Complete Appendix 2. This will assist in identifying:
  - number of staff currently assigned to perform the service/function.
  - minimum staff assessed to be able to perform the function.
  - any potential staffing shortfall given a 35% reduction because of absenteeism.

### Step 5 – Develop the Plan to Maintain the Essential Services

- Complete Appendix 3 for each functional activity of an identified essential service. This is an outline that will assist in developing a plan of action to ensure that essential services can be maintained throughout a pandemic.



**Annex B**

- Considerations will include identifying:
  - succession planning - who are the key decision makers, who are the alternates.
  - surge requirements that may arise for the service during a pandemic.
  - alternate delivery options.
  - alternate staffing from other non-essential services/volunteers.
  - training requirements to ensure an adequate number of trained personnel are available.
  - critical supplies and suppliers.

Step 6 – Write the Plan, Train and Educate Staff

- Once the plan is developed in Step 5, it must be documented.
- Each essential service must have a plan and where applicable, these should be combined to produce an overall departmental/municipal plan.
- Once completed the plan must be communicated to all staff.
- Where required, make a plan to train additional staff in the delivery of the essential service according to the plan.
- Complete and maintain a staff qualification/certification inventory which identifies transferable skills if staff are needed elsewhere in the Corporation.

## **PUBLIC HEALTH MEASURES**

### **General**

Public health measures are non-medical activities that may be used to reduce the spread of the influenza virus. These include individual public health measures and community public health measures.

The type of public health measures used will depend on the characteristics of the new influenza virus. Measures directed toward community disease control have not been well studied or reported in scientific literature. However, there is broad agreement that when cases infected with a new virus first appear, aggressive measures will be valuable in delaying the impact or possibly containing an evolving pandemic.

### **Infection Control – NOW**

The following are infection control measures that should be instituted and promoted now as common practices by Departments.

Annual Influenza Vaccination - encourage all staff to get the annual flu vaccination. While this will not protect from the new pandemic virus strain, it will prevent other forms of influenza in 70% of the healthy population.

Hand Hygiene – frequent hand washing with soap and water or the use of hand sanitizers is very effective in limiting the spread of infection. Effective hand washing involves wetting hands, applying liquid soap, scrubbing for 15 seconds, rinsing and drying with a paper towel. Effective use of sanitizers involves applying enough sanitizer for hands to stay wet for 15 seconds, spreading sanitizer over all surfaces of hands and rubbing hands together until dry.

Hands should be washed or sanitized;

- After coughing, sneezing or blowing the nose.
- After using the washroom.
- Before preparing food.
- Before eating.
- Before touching the eyes, mouth or nose.
- After shaking hands.

Sneeze/Cough Etiquette – Covering your mouth and nose while sneezing and coughing will help limit the spread of infection. If possible cover your mouth and nose with a tissue or cough/sneeze into your upper sleeve. Dispose of used tissue and wash your hands after coughing or sneezing.

## Annex C

For information on implementing an effective hand washing and sneeze/cough education program, contact the Porcupine Health Unit. Information and posters are available on the Health Department webpage.

Stay at home if ill – Staying at home when ill will help limit the spread of infection. In all workplaces, schools and childcare centres, it should be a common practice to stay home when ill.

Environmental Cleaning – Because the virus can survive on environmental surfaces (up to 48 hours on hard surfaces) frequent cleaning can reduce the spread of the virus in the home or at workstations. Cleaning should take place using common household disinfectants.

### **Community Based Public Health Measures During a Pandemic**

During an influenza pandemic, infection control measures outlined above should be reinforced at all levels. Additional public health measures for community based disease control will be considered.

The trigger for these measures will depend on the way in which the pandemic unfolds. Decisions on implementing these measures will be made by the Medical Officer of Health. However, directions may also be forthcoming from the Federal and Provincial governments to ensure consistency. Some measures have been assessed as being effective as a community based strategy. However, all community based public health measures will be assessed and these include:

Self-Isolation – Individuals who are ill will be asked to stay home from public locations. Adults recommended for self-isolation should remain home for a minimum of 5 days after onset of symptoms (7 days for young children) or until symptoms have resolved, unless they need to visit a health care provider. During this period, people should avoid close contact with unexposed household members. “Close contact” is defined as face-to-face exposure within 1 metre (3 feet) of another individual. Frequent disinfection of household surfaces should be practiced.

Quarantine – At the very early stages of a pandemic, contacts and individuals linked to exposure sites may be promptly identified and if this is the case, these individuals may be quarantined in an effort to slow transmission in the community. This measure would only be applied if there were sporadic infections or clusters in the Region and not if there was efficient virus spread in the general population.

## Annex C

School/Daycare Closure – Children are known to be efficient transmitters of influenza. Closing schools and daycare facilities may reduce transmission or delay the spread of the disease, particularly if the pandemic was causing high attack rates in school aged children. This control measure will have an effect on the parents and caregivers and could divert essential workers to child-care responsibilities. School boards or daycare administrators may choose to independently close their facilities based on their own criteria for safe facility operation.

Restriction of Large Gatherings – This would involve closing of indoor gathering places for people. Gatherings may include sporting events, theatres, conferences as well as mass public transportation services. Because the effectiveness of this measure is not documented and the difficulty with sustainability of canceling or restricting indoor gatherings, this measure is not recommended in the Canadian Pandemic Plan as a broad public health measure. However, this measure remains an option for targeted events to reduce transmission.

Social Distancing – Once a pandemic has arrived in a community, people should use “social distancing” as a way to reduce the risk of being exposed. The Health Unit will provide advice. Some strategies for social distancing include:

- Avoid “close contact” with individuals (i.e. within 1 metre).
- Minimize visitors to homes
- Cancel family gatherings
- Avoid shaking hands, hugging, or kissing people as greetings
- Stock up of groceries and shop less frequently
- Work from home
- Minimize contact at work by teleconferencing
- Utilize means other than public transit

Use of Masks By Well Individuals – This measure is not recommended in the Canadian Pandemic Plan as a community based intervention. It is assessed that it is not likely to be effective in reducing disease spread in the general population. It is recognized that wearing a surgical mask properly at the time of an exposure may provide a barrier, if used with other infection control measures. If masks are used, they should only be used once and must be changed if wet (because they become ineffective when wet). As well, masks must be removed properly to avoid contaminating the wearer. It is not feasible to wear masks for the duration of a pandemic wave and there may be supply problems. Again, advice will be provided by the Health Unit.

## **Annex C**

Hand Sanitizing Stations in Public Settings – Frequent hand washing is an effective infection control measure. However, the Canadian Pandemic Plan does not recommend establishing sanitizing stations in public settings such as public transit stations. It is assessed that this would not be effective in significantly reducing the spread of the disease in the general population. Compliance would not be assured and these stations would require human and financial resources to maintain. Hand washing must be encouraged and existing public washrooms should be appropriately stocked with supplies at all times.

Increased Frequency of Cleaning Surfaces in Public Settings – The frequency of hand contact with various “public” surfaces would require constant cleaning to have any effect on reducing the virus on these surfaces. Realistically this measure cannot be implemented. However, individuals can reduce their risk of exposure to infectious droplets by more frequent cleaning of their own environments and limiting hand contact with “public surfaces” (e.g. elevator buttons, public telephones). These strategies will be included in public education messages.

Screening at Critical Infrastructure Locations – Passive screening of staff by use of a questionnaire at the entrances to critical infrastructure locations (e.g. a water treatment plant) may assist in limiting the spread of infection. If deemed appropriate, the Health Unit will provide advice on the implementation of screening including questions to be asked.

Travel Restrictions – Depending on the characteristics of the pandemic, the Federal or Provincial governments or the local Medical Officer of Health may recommend postponement of all non-essential travel to the affected geographic areas in Canada.

## **RESPONSIBILITIES INFLUENZA PANDEMIC PLAN**

The Town of Kapuskasing Emergency Plan provides a framework and an emergency management structure to respond to any natural or human-caused emergency. It establishes policies, strategies and concept of operations for an effective system of emergency management.

The Town of Kapuskasing Emergency Plan assigns responsibilities to Departments, before, during and after an emergency. The Plan can be found under Emergency Planning on the Town of Kapuskasing website.

In addition to those listed in the Emergency Master Plan, there are responsibilities that apply specifically to an **influenza pandemic emergency**. These are listed below.

### **Interpandemic Period (Phase 1 -2)**

- Write a pandemic response plan for your department based on this plan and the guides at Annex B. Conduct annual reviews of the plan.
- In the absence of a corporate business continuity plan, identify/confirm departmental Priority 1 functions/essential services (see Section 3.3).
- Determine/confirm the resources required to ensure the continuance of the essential Priority 1 functions including personnel, supplies and outside services. Essential personnel must have sufficient backups identified/trained and plans must be in place for the continuing supply of critical commodities such as fuel and chlorine.
- Maintain up-to-date personnel contact lists and after hours notification procedures.
- Develop and maintain a succession planning list e.g. if the Department Head is not available, who is in charge? If that person is not available, who is next in line? (A succession plan should be in place for any emergency event).
- Complete forms provided by the Health Unit to enumerate individuals for priority access to vaccine in accordance with defined Provincial criteria.
- Assist the Health Unit in distributing information on the influenza pandemic.
- Promote hand washing and cough etiquette as common hygiene practices at work and in the community.

### **Pandemic Alert Period (Phases 3 – 5)**

- Assist in communicating information from the Health Unit on influenza pandemic and on new virus activity in the world.
- Increase promotion of hand washing and cough etiquette as common hygiene practices at work and in the community.

## Annex D

- Update enumeration lists of priority individuals as directed by the Health Unit.
- The CEMC is the primary contact for the receipt of influenza pandemic information from the Health Unit and is responsible for disseminating that information to Municipal staff.
- Assist in the education campaign by providing information to residents, businesses and other community organizations.
- At Pandemic Phase 5, review/update plans.

### **Pandemic Period (Phase 6) [Virus “OUTSIDE” North America]**

- The MEOC may be set up and staffed to appropriate levels.
- All MEOC staff and alternates to be placed on standby as required.
- All staff to be notified that the Municipality is at Pandemic Phase 6.
- Review procedures to run emergency operations centres in a decentralized manner (i.e. teleconference).
- Ensure all staff is informed of the influenza pandemic plan and procedures as well as Health Unit updates on the pandemic.
- Confirm Municipal support to Health Unit requirements such as mass immunization clinics and support to people who may be quarantined.
- Human Resources to confirm daily personnel reporting and recording procedures with Departments.
- Implement any public health measures ordered by the Medical Officer of Health (e.g. reduce non-essential travel/crowds, personal respiratory hygiene, cleaning and disinfecting surfaces, workplace screening, staying home if feeling sick) and assist in educating the public.
- Assist the Health Unit in public education on public health measures and infection control.
- Review and reassess the supply chain for critical supplies.

### **Pandemic Period (Phase 6) [Virus “IN” North America]**

- Declaration of a Municipal emergency by the Mayor on the advice of the Medical Officer of Health.
- Implement all components of respective pandemic plans including attendance reporting, support for employees, emergency information and public inquiry centres.
- MEOC to be fully staffed and capable of operating 24/7 if required -operating by teleconference if directed to do so.
- As required or directed, reduce operations to essential services only.
- Implement public health measures as directed by the Health Unit.
- Implement daily personnel attendance reporting to Human Resources.

## Annex D

- Conduct daily contact of those personnel who are off sick and provide any assistance where possible (e.g. if self-quarantine is in effect, deliver groceries if required).
- Departments to provide MEOC with a daily status report on the provision of essential services.
- MEOC to issue daily situation reports to departments.
- Provide support to mass immunization clinics when vaccine is available.
- Assist the Health Unit in public education on public health measures and infection control.

### **Post Pandemic Period**

- Post pandemic period will be declared by the Medical Officer of Health. Depending on the status of the provision of essential services, the Municipal emergency may be terminated.
- Return to routine monitoring. MEOC may close and staffing levels reduced to a level commensurate with the requirement.
- The Municipality will establish a committee to assist the community in returning to normal or near normal, once the immediate threat has passed.
- On direction of the Health Unit, public health measures will be lifted.
- Commence preparations for the “second wave” of the pandemic which may occur 3 to 9 months after the start of the initial wave.
- Provide critical incident stress counseling for staff.
- Assess the impact of the pandemic on the community and the timelines to return to normal levels of service.
- Recovery process to return the community back to normal or near normal once the immediate threat has passed.
  - Essential Services such as Grocery Stores, Financial Institutions, Gas & Service Stations, Municipal Infrastructure.
- Review response actions and lessons learned and revise plans and procedures.

### **Specific Tasks In Addition To The Above**

#### **Human Resource Services**

- Maintain a list of employees not working in designated Priority 1 essential services.
- When required, match employees with skill sets for employees to be reassigned to provide assistance elsewhere in the Municipality.
- When required, establish an "employee only" information phone line to update staff on the current situation.
- Monitor employee needs and implement any special arrangements that will assist in reducing absenteeism, especially for essential services workers.



## Annex D

- Act as the initial point of contact for any individuals or groups who may wish to volunteer their assistance. Record names, addresses, contact numbers and any specialty experience. Forward the names of volunteers to any department in need of assistance. (Note that individuals who recover from illness will be immune to future infection from that pandemic strain).
- Review personnel policies (sick, absent, work refusal, quarantine, holiday, overtime, temporary employees, care of family members, etc) in advance of a pandemic and prepare policies that may be required to be implemented for a pandemic emergency.

### Finance Services

- Review critical supplies and suppliers with Departments and identify alternate suppliers if required.
- Set up a financial tracking system for expenses directly related to a pandemic and provide direction to other Departments.
- Implement this system at Phase 6.

### Information Technology Services

- Ensure the technology and personnel are available to meet the increased demands and requirements for remote access to facilitate staff working from home (including full access to files as well as email).

### Clerk's Services

- Make plans to ensure that essential Committee and Council meetings can be safely conducted during a pandemic. The Health Unit will provide advice on how this can be achieved, given the public health measures that may be implemented.

### Ontario Provincial Police

- Arrange for the security of vaccine and antivirals:
  - during transportation to the Municipality.
  - for receipt and storage.
  - at clinic sites.
- Arrange for security at immunization clinics – crowd control and vaccine/antiviral protection.

The Health Unit will provide OPP with details of transportation, storage locations and dispensing locations as soon as known