

CORPORATION OF THE TOWNSHIP OF PRINCE

BY-LAW NO. 2020-18

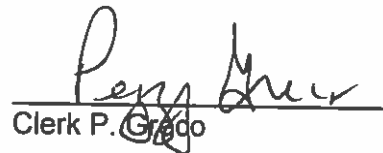
**Being a by-law to adopt a Pandemic Influenza Plan
for the Township of Prince**

The Council of the Corporation of the Township of Prince ENACTS as follows:

1. THAT the Council hereby adopts a Pandemic Influenza Plan, the form attached hereto as Schedule "A".
2. SCHEDULE "A"
Schedule "A" forms part of this by-law.
3. This bylaw shall come into force on the date of its final passing.

READ and passed in open Council this 14th day of April 2020.


Mayor K. Lamming


Clerk P. Graco



Workplace Policy to Reduce Risk of Coronavirus Infection

In the midst of the COVID-19 pandemic, it is our pleasure to provide you with a workplace policy to employ in an effort to contain and manage the outbreak. Health officials agree it is crucial to take care, but not to panic. Information is one of the the greatest tools in preventing the spread of the disease.

What is Coronavirus

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

What is COVID-19

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

What are the Symptoms of COVID-19

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19

becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

How is COVID-19 Spread

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.

What Can My Workplace Do

- **Actively encourage sick employees to stay home:**
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
 - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

- **Separate sick employees:**

- CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**

- Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.

- **Perform routine environmental cleaning:**

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended at this time.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can

be wiped down by employees before each use.

- **Advise employees before traveling to take certain steps:**

- Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the [CDC website](#).
- Advise employees to check themselves for symptoms of [acute respiratory illness](#) before starting travel and notify their supervisor and stay home if they are sick.

Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

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PANDEMIC INFLUENZA PLAN

PRINCE TOWNSHIP

SCHEDULE TO BY-LAW: 2020-18

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BACKGROUND:

What Is an Epidemic?

An epidemic is a rise in the number of cases of a disease beyond what is normally expected in a geographical area, according to the Centers for Disease Control and Prevention. Frequently, the rise in cases happens quickly.

What Is a Pandemic?

A pandemic is used to describe a disease that has spread across many countries and affects a large number of people. Neither the CDC nor the WHO specifies how many countries or how many people need to be affected in order for something to be declared a pandemic.

Generally, epidemic or pandemic flu will arise very eleven (11) to forty-four (44) years and it has been seventeen (17) since SARS. SARS was an 'epidemic' known as a 'Severe acute respiratory syndrome', and originated in southern China in 2002 and declared a global epidemic in 2003. In the past century there have been three additional pandemic outbreaks. But pandemics are nothing new.

From 1347 to 1351 there was the **Black Plague**, an estimated nearly 200 million people may have died.

In 1918 the Spanish Flu, Pandemic, killed approximately 50 million people.

39 years later in 1957 the Asian Flu, Pandemic, killed 1-2 million people.

11 years later in 1968 the Hong Kong Flu, Pandemic, killed 1-4 million people.

35 years later in 2003 SARS, Epidemic, infected 8000 and killed about 800 people.

Today in 2020, 17 years later we have Coronavirus.

In late 2016 the WHO (World Health Organization) said that we were over-due for a pandemic flu, today in 2020 we are facing a worldwide pandemic.

Pandemic flu occurs every few decades, can occur at anytime of the year, and because it is a new virus, most people will have little or no immunity to infection. Vaccines will not be available in advance. The seasonal flu occurs every year, usually in winter months, and annual vaccinations and antiviral drugs are readily available.

Since historic data shows us that pandemics have occurred in the past and the World Health Organization have repeatedly stated they will continue to occur in the future, we must consider this reality and prepare as best we can. Pandemics are unpredictable and may occur anytime. When it does occur, the impact could be extensive, with millions

anticipated to be infected with possible thousands if not hundreds of thousands succumbing to the disease. Clearly it is important that Municipalities prepare as best they are able. And, furthermore that Municipalities review this Pandemic Plan on a semi regular basis to improve and maintain it.

The Federal Government and the Provincial Government have been working since 2009 and will continue to work with stakeholders to develop and improve the Federal and Provincial Pandemic Response Plans.

The 2009 flu pandemic was the second H1N1 pandemic the world had seen — the first being the 1918 Spanish flu, still the most deadly pandemic in history. The 2009 pandemic was caused by a new strain of H1N1 that originated in Mexico in the spring of 2009 before spreading to the rest of the world. By June of that year, there were enough cases that the World Health Organization declared the swine flu outbreak a pandemic.

In the U.S., between April 2009 and April 2010, the CDC estimates there were 60.8 million cases of swine flu, with over 274,000 hospitalizations and nearly 12,500 deaths — **that's a mortality rate of about 0.02%.**

The H1N1 flu was also less contagious than the novel coronavirus. The basic reproduction number, also called the R-nought value, is the expected number of individuals who can catch the virus from a single infected person. For the 2009 H1N1 virus, the mean R-nought value was 1.46, according to a review published in the journal BMC Infectious Diseases. For the novel corona virus, the R-nought value is estimated to **be between 2 and 2.5, at the moment.**

Here is what you should know about an Influenza Pandemic

Ordinary Flu (Flu types vary)	Influenza Pandemic (Viruses specifics vary)
Seasonal flu happens every year.	Influenza Pandemic happens only two or three times in a Century.
Seasonal flu is usually around from November to April and then stops	Influenza Pandemic usually comes in two or even three waves several months apart. Each wave lasting about two months.
About 10% of Ontarians get ordinary seasonal flu each year.	About 35-50 % of Ontarians may get Influenza Pandemic, over the course of the full outbreak.
Most people who get seasonal flue will get sick, but they usually recover within a couple of weeks.	About half of the people that get Influenza Pandemic will become ill, most will recover. It takes longer and some will die.
Seasonal flu is hardest on people who don't have a strong immune system: the very young, the very old and people with chronic illnesses.	People of any age may become seriously ill with Influenza during a pandemic. This depends on the virus.
In a normal flu season, up to 2000 Ontarians die of complications from the flu, such as pneumonia.	During an Influenza Pandemic, Ontario will see many, many more infected and a much higher mortality rate.
There are annual flu shots that will protect people from seasonal flu.	There is no vaccine for Influenza Pandemic, since there is no way of knowing the type of Influenza. It will take months to develop a vaccine.
There are drugs that people can take to treat seasonal flu.	These same drugs may also help people, but we will not know their full effectiveness until the virus is identified.

INTRODUCTION

The goal of the Municipality is to provide a series of guidelines that can be utilized in order to minimize service disruptions to the resident while maintaining an environment that is safe for our employees, residents and businesses.

Municipalities must work closely with the Algoma Public Health Unit as well as Emergency Management Ontario. The Municipality must also access information from the Ministry of Health and Long-Term Care, Health Canada and the World Health Organization as well as the Center for Disease Control. Once a situation has arisen the Municipality will closely monitor developments as the situation may escalate rapidly.

It is likely that in a Pandemic the Province will declare a province wide emergency. There may be little need to declare a municipal state of emergency. As policies change this is a question that periodically may need to be asked. Is there an advantage to declaring a municipal state of Emergency?

Regardless of whether the province declares a province wide emergency, or if the municipality has declared, the Control Group may wish to meet to assess the needs of the municipality and what next steps can be taken. Consideration should be given to what if any of our Emergency Plan can or should be activated. Consultation with the local Health Unit should be part of this discussion. Persons listed in the vulnerable registry should be contacted to see if assistance is needed.

In the event to a Pandemic the municipality should immediately take steps to reduce contact among staff, council and residents. Steps must be taken to ensure the municipality continues to function; staff may reduce hours, work from home, or take layoffs. Electronic measures need to be activated to conduct as much business from home as possible. Some staff may have to take on responsibilities not normally part of their duties.

It is the responsibility of the municipality to protect their employees. All protective measures that are recommended by the Health Unit will be provided to the staff at no cost to them.

By developing a plan we can clearly identify roles, responsibilities and protective measures. We must develop a plan that is flexible to meet the changing nature of the crisis, and the uncertain number of staff members that can work and what resources we have on hand. It will also be necessary to establish appropriate prevention and care during a pandemic, and consideration of appropriate communications and measures to minimize any service disruptions.

The goal of this plan will be to coordinate all of our efforts and to acknowledge that during the pandemic the Ontario Health and Safety Act and the Algoma Health Unit Medical Officer of Health will be the authority and source of advice and information regarding personal health care and protection, and staff interaction with the public.

Evaluation and Testing of the Pandemic Influenza Plan

This plan will be reviewed as part of the Emergency Response Plan of this Municipality. From time to time it will be considered in the annual Table-Top Exercise program.

It will be the responsibility of the Community Emergency Management Coordinator (CEMC) to review and amend the Plan on an annual basis or as required.

It will be the responsibility of the Community Control Group to have consideration annually for this Plan as part of the Emergency Response Plan for the municipality.

DECLARATION OF AN EMERGENCY AND ACTIVATION OF THE PANDEMIC INFLUENZA PLAN

Authority and Declaration

The Emergency Management and Civil Protection Act states:

“The head of council of a municipality may declare that an emergency exists in the municipality or in any part thereof and may take such action and make such orders as he or she considers necessary and are not contrary to law to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area. R.S.O. 1990, c.E.9, s.4 (1).”

See Figure 1 - Activation and Communication Structure During A Pandemic Emergency.

The Health Protection and Promotion Act (HPPA)

The Health Protection and Promotion Act R.S.O. 1990, c.H.7 provides legislative authority for the Public Health Unit and the Medical Officer of Health (MOH) to respond in health emergencies. The Medical Officer of Health (MOH) or designate determines the actions needed to protect the community from a communicable disease as outlined in Chapter H.7.

Under Section 13, the MOH is granted the authority to require a person and or groups of persons to take or refrain from taking any action which is determined by the MOH or health inspector to be a health hazard.

In addition, the Medical Officer of Health has the authority to issue an order under Section 22 of the HPPA with respect to communicable disease if “he or she is of the opinion (upon reasonable and probable grounds) that a communicable disease exists or

may exist, or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health”.

As stated in the Ontario Health Plan for an Influenza Pandemic, the local MOH can implement national or provincial recommendations regarding containment strategies. These can include but are not limited to cancellation of public gatherings and school closures. The local MOH can also implement national or provincial recommendations for the duration of isolation (e.g. 5 days, 10 days, etc). Influenza is a reportable and communicable disease as defined by the HPPA. Therefore, health professionals must report diagnoses of influenza meeting the case definition to the local Medical Officer of Health or designate.

The Quarantine Act, Bill C-12 chapter 20

An act introduced into law May 13, 2005 (Bill C012) to prevent the introduction and spread of communicable diseases in Canada.

The Occupational Health and Safety Act R.S.O. 1900, c.C.37

States that all employers have the duty to take all reasonable precautions to protect the health and safety of workers.

Activation

Only the Emergency Operations Control Group (EOCG) has the authority to request the activation of the Municipality Emergency and/or Pandemic Influenza Plan(s). It is to be noted that the EOCG can be called together in whole or in part with or without the declaration of an emergency.

Activation Criteria

Upon notification of the Medical Officer of Health or designated members of the EOCG, the Pandemic Influenza Plan will be activated in whole or in part when:

- 1) An influenza pandemic is declared by the Premier for Ontario or the Ministry of Health and Long-Term Care.

OR

- 2) A local case(s) or outbreak of pandemic strain of influenza is confirmed.

OR

- 3) The Emergency Plan for the Municipality is implemented as a result of pandemic influenza in the community.

OR

- 4) The World Health Organization has changed the Pandemic Phase. (In this case the members of the EOCG may wish to convene to discuss world, community and work-place issues.)

The plan will be activated in a series of phases. These phases are dependent upon the spread of the virus and the severity of the symptoms. In order to remain consistent with World Health Organization (WHO), Health Canada, and Public Health, the phases identified by WHO will be utilized by the Municipality, see Pandemic Phases.

Termination

The Mayor, or Deputy Mayor, may declare that an emergency has terminated. The Premier of Ontario may at any time declare that a provincial and/or municipal emergency is terminated.

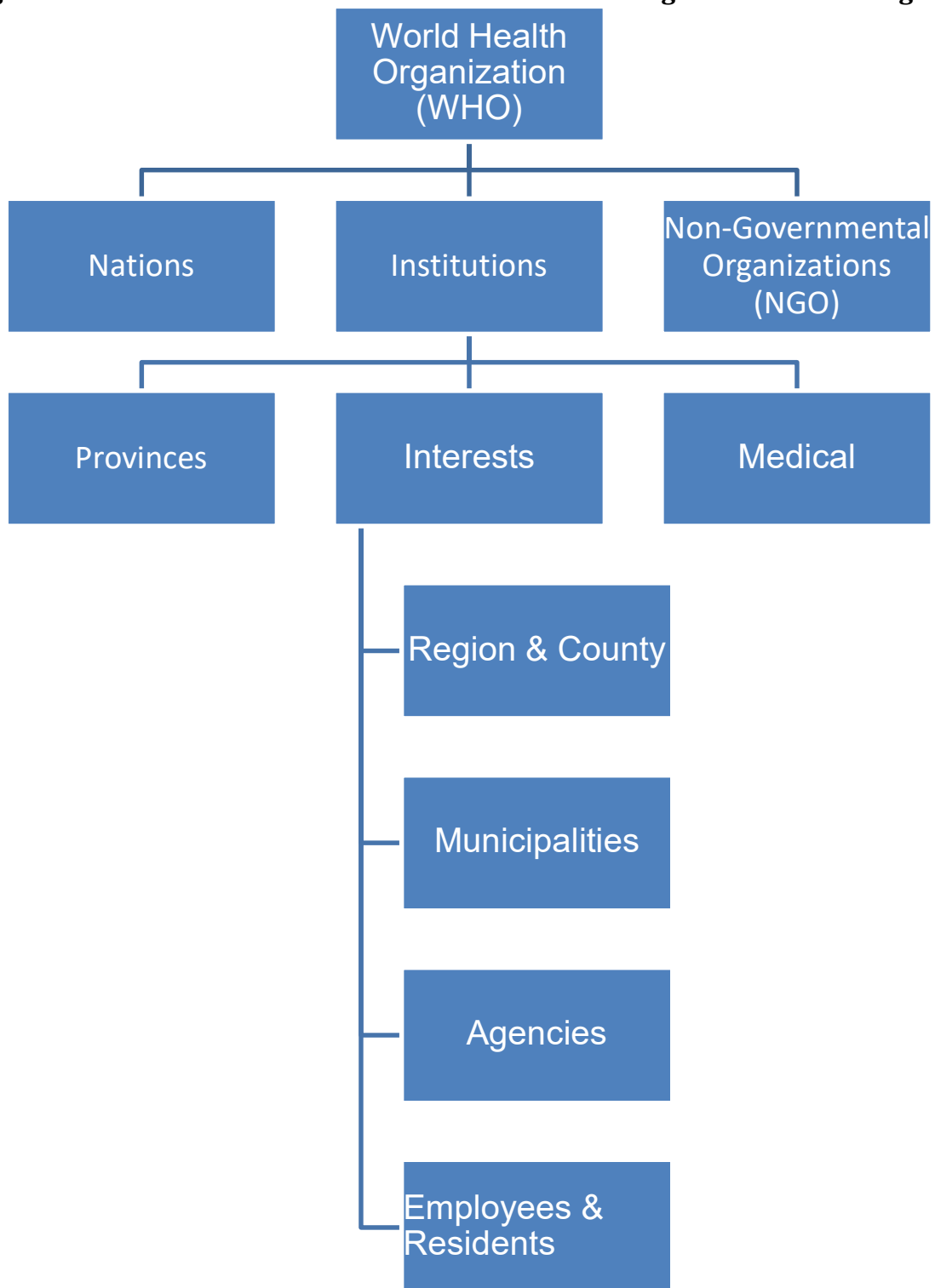
The Head of Council, or designate, shall ensure that Emergency Management Ontario and members of Council are notified forthwith that the emergency has been terminated. Once terminated, the Clerk will notify Municipal staff. The Community Emergency Management Coordinator will conduct an internal debriefing process for the EOCG. The debriefings should occur within a reasonable period after the termination of the emergency. A copy of the debriefing minutes will be forwarded to the CEMC.

The lessons learned and/or evaluation report (e.g. summarizing all the debriefings) will be prepared by the Community Emergency Management Coordinator.

Roles and Responsibilities in the Emergency Operations Centre

Unless otherwise directed by the Mayor, individuals who comprise the Emergency Operation Control Group (EOCG) will assume the roles and responsibilities as stated in the Municipality Emergency Plan. Refer to this document for an in-depth description of these duties.

Figure 1 Activation and Communication Structure during a Pandemic Emergency



PANDEMIC PHASES

World Health Organization (WHO) Pandemic Phases

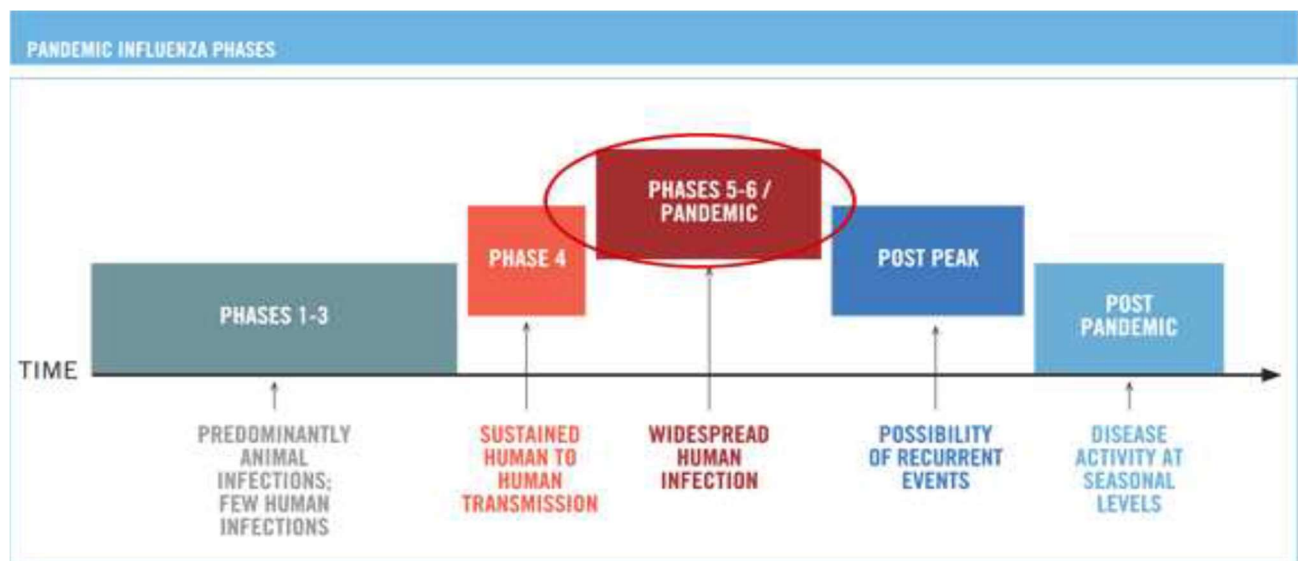
WHO phases reflect the international risk or activity level, but does not necessarily reflect the situation in Canada, therefore an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from 0 to 2 to indicate the level of activity in Canada. The Canadian adaptation of the WHO phases is as follows:

- 0 – no activity observed in Canada
- 1 – single case(s) observed in Canada but no clusters; and
- 2 – localized or widespread activity in Canada

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Health Canada's Phase 6.0 if it has not yet arrived in Canada (taken from "Pandemic Influenza Plan for the Health Care Sector in Peel 2007").

The following chart and description were taken from the WHO's website.

"In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phase's 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.



Communication Phases Chart

WHO Pandemic Influenza Phases (2009)	
Phase	Description
Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortment (<i>Reassortment is the mixing of the genetic material of a species into new combinations in different individuals</i>) virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human to human transmission of an animal or human-animal influenza reassortment virus able to sustain community-level outbreaks has been verified.
Phase 5	Human-to-human spread of the virus in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus spreads from human-to-human in at least one other country in another WHO region.
Post peak period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Post pandemic period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might ideally develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans; and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal influenza reassortment virus (this is what makes some viruses particularly dangerous) has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortment virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza “A” virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly.

Pandemic Phases – Municipal’s Actions

The actions the Municipality will take are based on the WHO’s Pandemic Period descriptions. While Health Canada has also devised a numbering alert system, due to the rapid spread of information and world travel, employees and residents will be well aware of world situations, thus the Municipality will implement, if necessary, the following actions:

Phase 1-3

Establish communications between the Emergency Management Coordinator and the Algoma Medical Officer of Health. Develop a Municipal plan and Departmental procedures and plans.

Potential Community Triggers:

- 1) A new animal virus has been reported by the Ontario Ministry of Agriculture, Food & Rural Affairs Animal Health and Welfare Branch and/or Health Canada.
- 2) Additional information on public health issues released by the Ministry of Health and Long-Term Care.
- 3) Local hospitals reporting cases of animal to human transfer.
- 4) Notices from the Algoma Public Health on general information relating to the new strain.
- 5) Health related items in the media are to be observed.

Phase 4

Inform employees and the public that the Municipality has a plan and is prepared to provide service with minimal disruptions. **‘Business Continuity Plan’**

Determine communications protocols for businesses and residents in the event there may be changes to municipal services.

Ensure ongoing communications with the Algoma Health Unit for the latest updates.

Potential Community Triggers:

- 1) Local hospitals and Algoma Public Health report cluster cases within the community and/or Municipality.
- 2) Local schools report illness and absenteeism.
- 3) Notice a trend in employee absenteeism.
- 4) Decrease in use of Municipal services.
- 5) Increase in Emergency Services calls for respiratory distress and influenza-like illness.
- 6) Monitor Media reports for updates.

Phases 5 -6

Emergency Operations Control Group will be alerted. This would be either a stand-by or full alert. Emergency Operations Centre may be open if necessary.

Emergency Operations Control Group would convene in an appropriate manner and may establish business cycle meetings on a time-table as set by the CEMC.

Emergency Operations Control Group discussions and/or decisions would include (but are not limited to):

- 1) Implement vaccination program. (if available and on the recommendations of Public Health)
- 2) Initiate Municipal Departmental Contingency plans including employee segregation and/or work shifts (if necessary).
- 3) Initiate comprehensive communication strategy for residents, businesses, media, and employees.
- 4) Monitor staffing levels and adjust services as necessary by the Clerk.
- 5) Initiate ongoing liaison protocols with the Emergency Management Office and Algoma Public Health.
- 6) Initiate hand sanitizer program if directed by Public Health.
- 7) Initiate Personal Protective Equipment (PPE) if necessary or if directed by Public Health.

Escalated Potential Community Triggers:

- 1) Local hospitals and Algoma Public Health report large number of cases within the community.
- 2) Increase in the number of residents that are clinically ill.
- 3) Increase in the number of employees that are not reporting to work.
- 4) Decrease in use of Municipal services that result in service cancellations.
- 5) Travel advisories issued.
- 6) Overwhelming increase in Emergency Services calls for respiratory distress and influenza-like illness.
- 7) Increase demand for burial requirements.

Post Peak and Post Pandemic Period

- 1) Maintain communications with various partners, as required.
- 2) Maintain health messaging as required.
- 3) Prepare status report on all employees, supplies and equipment.
- 4) Evaluate effectiveness of all measures taken and adjust accordingly.

For information on the actions to be taken by the Provincial and Federal Governments for each WHO Pandemic Period refer to the “Ontario Health Pandemic Influenza Plan”
Or “The Canadian Pandemic Influenza Plan for the Health Sector”.

COMMUNICATIONS

Communication between the Algoma Health Unit and Municipality EOC

The Medical Officer of Health, or designate, is the official spokesperson for pandemic/ health emergencies. The need to provide immediate public safety directives, the need to provide general public information, and the requirement to provide specific information to targeted groups must all be addressed throughout the emergency. When the Pandemic Influenza Plan is activated the Emergency Information Officer, must work to establish and implement the necessary public communications to ensure the accurate and timely delivery of information related to the emergency.

The Emergency Information Officer (EIO) will establish the necessary communications system with the Mayor and Clerk from the Municipality. The objective will be to ensure accurate and timely relay of consistent information.

MITIGATION MEASURES

Purchasing

Prearranged agreements for the purchasing, stockpiling and rotating of supplies are necessary to ensure PPE and disinfectants are readily available. The Emergency Operations Control Group and Municipal staff will ensure that they have current and adequate arrangements to ensure availability of supplies, during the pandemic.

The Clerk will continually monitor their inventory levels with regards to PPE and disinfectants. This material is stored the Municipal office.

General supplies required for a pandemic influenza may include the following:

- 1) Nitrile gloves
- 2) Appropriate Respiratory Protection 3
- 3) Antiseptic Wipes
- 4) Disinfectant (may include bleach)
- 5) Hand Sanitizers

Tracking of Absenteeism

Managers will be responsible for tracking and compiling the absentee data and report to the Clerk on a daily basis unless otherwise directed.

Provide daily (unless otherwise directed) absence statistics to include:

- 1) Number of new absences;
- 2) Due to illness;
- 3) Required to provide family support;
- 4) Number of employees returned to work and length of their absence.

Hand Hygiene

Thorough and frequent hand washing is the most effective way to prevent infections from spreading. An aggressive program is required to encourage staff to wash their hands before and after any of the following:

- 1) Being in close contact with groups of people
- 2) Using the washroom;
- 3) Eating, handling food or smoking;
- 4) Handling garbage;
- 5) Visiting with ill people;
- 6) Ensure front counters and eating areas are cleaned daily;
- 7) Blowing their nose, coughing or sneezing;
- 8) Hand sanitizers are to be used in areas where hand washing areas are not available.

Staff and Visitors to Municipal Properties

Upon direction of Public Health or EOCG, staff and visitors entering Municipal buildings will be required to disinfect their hands. Disinfection stations with a supply of hand sanitizers will be set up at the entrances to all municipal buildings. Buildings may be closed to the public.

Personal Protective Equipment (PPE) Program

Depending on the severity of the virus, recommendations from the Medical Officer of Health, and/or the EOCG may request, certain staff to wear personal protective equipment. This may include nitrile gloves and/or appropriate respiratory protection.

Compensation and Benefits

The Municipality will establish a policy regarding any applicable compensation and benefit. At this time all Human Resources policies will be followed and may have to be reviewed before or at the time of pandemic influenza onset.

Service Planning and Adjustments

In the event of flu pandemic in the Municipality of is expected that there will be a loss in workforce across the municipality. The goal is to maintain as much service as practical with minimum inconvenience to residents and businesses. Due to the uncertainty of the workforce resources, it will not likely be possible for all services to be fully scheduled and staffed.

RECOVERY PHASE

The recovery phase starts when the Influenza Pandemic is declared over. This may not take place until all the recurring pandemic influenza wave(s) have passed. It is important to evaluate the Pandemic Influenza Plan in preparation for the next influenza pandemic wave, to return services and infrastructure to normal levels as quickly as possible, and to address long term health and psycho-social needs of the community. Activities will include the following:

- a) Standing down EOC and media information centre.
- b) Preparing a statement for media release.
- c) Evaluating staffing levels, determine area of shortages.
- d) Arranging a debriefing session with key stakeholders from the Municipality.
- e) Assessing remaining and restocking PPE inventories to normal levels.
- f) Evaluating the effectiveness of the Municipality of Pandemic Influenza. Plans will be revised if necessary.

SUMMARY

As the threat of a pandemic influenza outbreak grows, governments, agencies and businesses around the world are preparing for this potential health emergency. This plan has been updated on the basis of a plan that will allow for a timely, coordinated, efficient response in the event of a pandemic influenza outbreak in the Municipality.

Amendments

Amendments to the Plan require formal Council approval. Formal Council approval is not required for the following:

1. Changes or revisions to the appendices;
2. Or for minor editorial changes such as editorial changes to the text including age numbering, section numbering, reference changes or changes to references to provincial statutes.

This Pandemic Influenza Plan will be made available, upon request, in an accessible manner.