HOTEL ASSOCIATION OF CANADA
ASSOCIATION DES HÔTELS DU CANADA

Pandemic Preparedness

&

Response Plan

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This Pandemic Preparedness and Response Plan has been created to prepare for and respond to a pandemic influenza outbreak in an appropriate and timely manner.

The Plan's key objectives include:

1. Achieving effective preparation and response through clarity, process familiarity and confidence for associates and other stakeholders.
2. Sharing appropriate information - from official sources - with properties, customers, associates and business partners in a timely manner.
3. Modifying hotel operations and procedures to protect guests and associates.

Contents

1. Introduction

This guide is designed to help businesses minimize the risk that an influenza pandemic poses to the health and safety of employees, the continuity of business operations and their bottom line. It is intended to provide all businesses in Canada with the basic information they require in preparing a continuity plan to mitigate the potential effects of a pandemic.

In response to the threat posed by the continuing spread of the HN51 virus (avian influenza or 'bird flu'), the World Health Organization (WHO) has recommended that all countries undertake urgent action to prepare. While there is no way to predict either exactly when the next pandemic might occur or the severity of the impact, the WHO has stated that the risk of the H5N1 virus developing into the next human pandemic influenza is immediate and very real.

In January 2006, the avian flu virus spread west from Southeast Asia to Turkey, claiming the first human cases and deaths outside of Southeast Asia and China. In February 2006, the virus reached Africa and the Caspian Sea. Experts warn that no matter how prepared Canada is, we will not be spared from a pandemic, and that it could claim as many as 58,000 lives (See Fast Facts, Page 3). Once a pandemic virus emerges, it will be too late to begin planning. The virus is highly contagious and spreads quickly. There will be only a 20 to 30 day window between emergence and pandemic while it will take four-to-five days for a patient to become symptomatic.

As with any risk that threatens the viability of business operations, continuity planning is critical. All businesses will be affected by an influenza pandemic. In addition to the threat to human health, the economic impacts of a pandemic, including absenteeism in the workplace or the downstream effects stemming from supply-chain and travel disruption will be significant and widespread.

All businesses should take immediate steps to develop continuity plans that protect employees, minimize disruptions and contain negative impacts on customers, the economy and local communities. Companies that provide critical infrastructure services, such as energy, financial service, transportation and telecommunications services, have a special responsibility to plan for continuing operations in the event of a pandemic and should plan accordingly. While a pandemic cannot be stopped, proper preparation may reduce its impact.

This guide provides need-to-know information that will assist all businesses in Canada in preparing business continuity plans. To that end, the guide contains:

- A background summary of the potential impacts of an influenza pandemic on business
- An overview of the human resource issues involved; and,
- The critical elements that should be incorporated into business continuity strategies for managing the impact of an influenza pandemic including how to:
  - Maintain essential activities; and,
  - Contain/minimize the spread of infection in the workplace.

In addition:

- Appendix 1 provides a comprehensive list of Federal, Provincial and International contacts where businesses can find more information about pandemic influenza and emergency preparedness measures;
- Appendix 2 provides a more detailed background on the nature of an influenza pandemic, and briefly describes the Government of Canada's strategy in preparing for and managing a future pandemic;
- Appendix 3 outlines the standard planning assumptions that should be taken into account in pandemic management;
- Appendix 4 sets out key elements of an organization-specific business continuity plan for an influenza pandemic;
- Appendix 5 provides a sample business continuity contact list for pandemic influenza; and,

- Appendix 6 describes an actual case of continuity planning in the form of a brief overview of Alcan's crisis management plan for pandemic influenza.

Primary sources of information for this guidebook include Public Safety and Emergency Preparedness Canada (PSEPC)[1], Health Canada[2], the WHO[3], Human Resources and Skills Development Canada (HRSDC)[4], the Government of New Zealand's Business Continuity Planning Guide[5], the BC Ministry of Health[6], Vancouver Coastal Health's Regional Pandemic Influenza Response Plan[7], the Virginia Department of Health, the U.S. government's pandemic flu site[8], the U.S. Center for Disease Control and Prevention (CDC)[9], the Canadian Provincial and Territorial Emergency Management Offices[10].

2. Context

1. http://www.publicsafety.gc.ca/prg/em/gds/bcp-en.asp
2. http://www.who.int/csr/disease/swineflu/en/index.htm
3. http://www.hrsdc.gc.ca/
4. http://www.moh.govt.nz/pandemicinfluenza
5. http://www.moh.govt.nz/influenza-a-h1n1
6. http://www.vch.ca/story/
7. http://pandemicflu.gov/
8. http://cdc.gov/Partners/Business/

2.1 Pandemic Characteristics and Estimated Impact on Canadians

Influenza viruses periodically cause worldwide epidemics or pandemics with high rates of illness and death. A pandemic can occur at any time, with the potential to cause serious illness, death and colossal social and economic disruption throughout the world. Experts agree that future influenza pandemics are inevitable, but the timing of the next pandemic cannot be predicted. Since there may be little warning, continuity planning in advance is required to contain the potentially devastating effects of a pandemic.

Fast Facts:

- Pandemic influenza or flu is a global outbreak of disease that occurs when a new influenza virus appears in humans, causes serious illness and then spreads easily from person to person.
- Seasonal flu is a viral infection of the lungs that appears each year between November and March.
- About 8,000 Canadians die each year from seasonal flu. Health Canada estimates that a pandemic flu could claim 11,000-58,000 lives.
- Experts agree: it is not a question of if, but when the next flu pandemic will strike.
- An influenza pandemic could last for a year of more, infecting up to one-third of the population of Canada.
- Despite all preparedness efforts, Canada will not be spared from a flu pandemic.
- All businesses, hospitals and government agencies will feel the effects of a pandemic.
- 15 to 35 percent of your workforce may be ill at any one time.
- Unlike other disasters, a flu pandemic will touch everyone in every part of the country and every part of the world. Moving operations to another location is not likely to be a viable option.
- A flu pandemic could cost the Canadian economy billions of dollars in lost productivity and medical expenses.
- During a pandemic, it will not be business as usual.

Historic evidence suggests that pandemics have occurred three to four times per century. In the last century there were three influenza pandemics (“Spanish flu” in 1918-19; “Asian flu” in 1957-58 and “Hong Kong flu” in 1968-69), separated by intervals of 11 to 44 years. The worst, in 1918-19, killed an estimated 30,000 to 50,000 people in Canada and 20 to 40 million people worldwide. During each of the last three pandemics, the greatest increase in death rates occurred among persons less than 60 years of age; in 1918-19, the greatest number of deaths occurred in those 20 to 40 years of age.

In the event of a pandemic influenza, Health Canada estimates that 4.5 to 10.6 million Canadians would become clinically ill such that they would be unable to attend work or other activities for at least half a day. This proportion, representing 15% to 35% of the population, does not include individuals who contract the virus and feel ill, but continue their usual activities. In addition, it is estimated that between 2.1 and 5.0 million people would require outpatient care, between 31,000 and 138,000 people would require hospitalization, and between 11,000 and 58,000 people would die in Canada during an influenza pandemic.

A pandemic is not like a physical disaster. A pandemic has unique characteristics when compared with a more "typical" disaster:

- ***Widespread impact:***
  The impact of a pandemic would be widespread, even global in extent, not localized to a single area. Therefore there may be little outside assistance. Many business continuity plans (BCPs) assume some part of an organization is unaffected and can take up the required capacity. That is not likely to be possible in the event of a pandemic.

- ***Not a physical disaster:***
  A pandemic is not a physical disaster. It has some unique characteristics that require measures to limit social contact such as restriction of movement, quarantine and closure of public gatherings.

- ***Duration:***
  A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase. Many BCPs assume the event is short/sharp and that recovery can start immediately.

- ***Notice:***
  Based on the last two pandemics, it is estimated that the next pandemic virus will be present in Canada within three months after it emerges in another part of the world, but it is, in fact, likely to occur much sooner due to increases in the volume and speed of global air travel.

  Upon arrival, the virus will spread across Canada with great speed (in 1918, returning soldiers with influenza traveling on trains carried the virus from Québec to Vancouver in only a few weeks). The first peak of illness in Canada is likely to occur within two to four months after the virus arrives in Canada. The first peak in mortality is expected one month after the peak in illness.

  When pandemic influenza appears in Canada it will probably be some weeks before the full impact on the workforce will be felt, although there may be some early impacts resulting from closures of schools and similar containment measures.

- ***Primary effect is on staffing levels:***
  Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operations in the event of a pandemic is anticipated to be mainly human-resource oriented. Businesses should plan for up to 50 percent staff absences for periods of about two weeks at the height of a severe pandemic wave and lower levels of staff absence for a few weeks either side of the peak. Overall a pandemic wave may last about eight weeks.

  In addition, it has been observed that an influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. In any locality, the length of each wave of illness is likely to be six to eight weeks.

Staff absences can be expected for many reasons:

- Illness/incapacity (suspected/actual/post-infectious);
- Some employees may need to stay at home to care for the ill;
- People may feel safer at home (e.g. to keep out of crowded places such as public transport);
- Some people may be fulfilling other voluntary roles in the community; and
- Others may need to stay at home to look after school-aged children (as schools are likely to be closed).

A pandemic may have other impacts on business, for example:

- The provision of essential services like information, telecommunications and financial services, energy supply and logistics may be disrupted;
- Customer orders may be cancelled or may not be able to be filled.
- Supplies of materials needed for ongoing business activity may be disrupted. Further problems can be expected if goods are imported by air or land over the Canada-U.S. border;
- The availability of services from sub-contractors may be affected (this may affect maintenance of key equipment, and is an area that merits close planning attention); and,
- Demand for business services may be affected - demand for some services may increase (internet access is a possible example) while demand for others may fall (e.g. certain types of travel activity).

The Bank of Montreal (BMO Nesbitt Burns) indicates that, depending on the scenario, pandemic influenza could have serious negative impacts on the Canadian economy and significantly impair the ability to conduct business and commercial activities. Their report also points out that:

- Public meetings are likely to be cancelled by the authorities or because of low attendance.
- Canada's trade status may be compromised.
- Impacts on critical infrastructure are likely to be moderate to serious.
- The tourism industry would be badly affected.

Sectors that depend on heavy foot traffic - retail, leisure, gaming, lodging and restaurant industries - could especially take a hit if the avian flu turns into a pandemic. During the SARS outbreak, people avoided densely populated public areas and any place where people congregated in confined spaces. Consumers are likely to cut down on travel and leisure-related expenditures, including transportation, hotels, cruises, entertainment and visits to theme parks and other public venues.

3. Business Continuity Planning for a Pandemic

3.1 What is Business Continuity Planning?

Critical services or products are those that must be delivered to ensure survival, avoid causing injury and meet legal or other obligations of an organization. Business Continuity Planning is a proactive planning process that ensures critical services or products are delivered during a disruption.

A Business Continuity Plan (BCP) includes:

- Plans, measures and arrangement to ensure the continuous delivery of critical services and products, which permits the organization to recover its facility, data and assets.

- Identification of necessary resources to support business continuity, including personnel, information, equipment, financial allocations, legal counsel, infrastructure protection and accommodations.

Having a BCP enhances an organization's image with employees, shareholders and customers by demonstrating a proactive attitude. Additional benefits include improvement in overall organizational efficiency and identifying the relationship of assets and human and financial resources with respect to critical services and deliverables.

Why is business continuity planning important?

A continuity plan should be an essential element of any business' strategy or operating procedures. In recent years, the impacts that Y2K, 9/11, SARS and the power outage in Ontario, the ice storm in central Canada and other natural disasters have had on Canadian businesses only reinforces the need for continuity plans. Current concern about the risk of an avian flu pandemic further emphasizes the point that continuity planning must take the specific case of highly infectious diseases into account.

Canada's business community is at risk. While many larger companies and essential services have developed contingency plans, most smaller and mid-sized firms have not. This lack of preparedness not only threatens the viability of a large sector of the Canadian economy, but, as in the case of manufacturing, also jeopardizes the delivery of critical goods that depends on complex supply chain systems.

Creating and maintaining a BCP helps ensure that an institution has the resources and information needed to deal with a pandemic.

How is a Business Continuity Plan Different from a Business Resumption Plan?

A Business Resumption Plan describes how to resume business after a disruption. A Disaster Recovery Plan deals with recovering Information Technology (IT) assets after a disastrous interruption. Both imply a stoppage in critical operations and are reactive. Recognizing that some services or products have to be continuously delivered without interruption, there has been a shift from Business Resumption Planning to Business Continuity Planning.

A business continuity plan enables critical services or products to be continually delivered to clients. Instead of focusing on resuming a business after critical operations have ceased, or recovering after a pandemic occurs, a Business Continuity Plan endeavors to ensure that critical operations continue to be available.

When critical services and products cannot be delivered, consequences can be severe. All organizations are at risk and face potential disaster if unprepared. A Business Continuity Plan is a tool that allows institutions not only to mitigate risk, but also continuously deliver products and services despite disruption.

(Source: Public Safety and Emergency Preparedness Canada (http://www.ocipep.gc.ca/prg/em/gds/bcp-en.asp.)

3.2 Corporate Preparedness

The Public Health Agency of Canada estimates that during the pandemic, 15 to 35 percent of the population will become sick and be unable to go to school or work. This does not include those that may contract the virus and feel ill, but continue their usual activities. The most significant impact on the private sector is likely to be disruption due to employee absenteeism. Employees will be off work due to sickness or having to stay home and care for sick family members. Schools may also be closed forcing parents to stay home and care for children.

Personal hygiene (hand washing, covering nose and mouth when coughing or sneezing), environmental cleaning (rigorous cleaning of all hard surfaces in the workplace), social distancing (avoiding crowds) and possibly screening workers to exclude ill persons, are all strategies aimed at keeping the workforce healthy.

In addition, advance planning by business owners and managers will be critical to protecting employees' health, limiting negative economic impacts and ensuring the continued delivery of essential services like food, medicine, water and power. Government alone will not be able to provide answers to all of the issues facing Canadians in the event of a pandemic. It will be up to every business to prepare its own continuity plan.

So where do you start? First, ask yourself these questions:

1. How will you maintain your business operations when 15 to 35 percent of the workforce falls ill and up to 50 percent of your workforce may be absent at one time?

2. How can you adapt your existing continuity of operations plans to take this kind of human resources impact into account?

3. How will you cope when the other businesses and suppliers you rely on experience the same absentee rates?

4. How will you adapt to disruptions in the supply chain for the raw materials, goods and services you require, and how will you get your product to the consumer if your distribution network is hit with high absentee rates?

5. How can existing return-to-work and travel policies be adapted to control the spread of this virus among employees?

6. How will you limit the economic impact of a flu pandemic on your business?

Continuity planning for a pandemic should include:

- ✓ Identification of essential business activities (and the core people and skills to keep them running), and measures to ensure that these are backed-up with alternative arrangements;
- ✓ Mitigation of business/economic disruptions, including possible shortages of supplies; and
- ✓ Minimizing illness among employees, suppliers, and customers.

3.2a Summary Checklist for Business Pandemic Continuity Planning

Planning for pandemic influenza is essential to ensuring the continuity of business operations. The following checklist identifies specific steps that all businesses can undertake now to prepare for a pandemic. Many are also applicable to other emergency situations.

Plan for the impact of a pandemic on your business:

- ✓ **Identify a pandemic coordinator** and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from employees and labour representatives (Section 3.3.1).
- ✓ **Identify essential employees and other critical inputs** (e.g. raw materials, suppliers, sub-contractor services/products and logistics) required to maintain business operations by location and function during a pandemic (Section 3.3.2).
- ✓ **Train and prepare an ancillary workforce** (e.g. contractors, employees in other job titles/descriptions, retirees) (Section 3.3.3).
- ✓ **Develop and plan for scenarios** likely to result in an increase or decrease in demand for your products and/or services during a pandemic (Section 3.3.4).
- ✓ **Determine the potential impact of a pandemic on company business financials** using multiple possible scenarios that affect different product lines and/or business sites (3.3.5).
- ✓ **Determine the potential impact of a pandemic on business-related domestic and international travel** (e.g. quarantines, border closures) (3.3.6).
- ✓ **Find up-to-date, reliable pandemic information** from community public health, emergency management and other sources, and make sustainable links (Appendix 1).
- ✓ **Establish an emergency communications plan and revise periodically.** This plan includes identification of key contacts (with back-ups) and chain of communications (including suppliers and customers) (Appendix 5).
- ✓ **Implement an exercise/drill to test your plan** and revise periodically.

Plan for the impact of a pandemic on your employees and customers:

- ✓ **Forecast and allow for employee absences** during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures and public transportation closures (Sections 3.3.3).
- ✓ **Implement guidelines to modify the frequency and type of face-to-face contact** (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (Section 3.5.4).
- ✓ **Encourage and track annual influenza vaccination** for employees (optional).
- ✓ **Evaluate employee access to and availability of healthcare services** during a pandemic, and improve services as needed (Appendix 1 - *List of Health Authorities*).
- ✓ **Evaluate employee access to and availability of mental health and social services** during a pandemic, including corporate, community and faith-based resources, and improve services as needed (if applicable).

- ✓ **Identify employees and key customers with special needs**, and incorporate the requirements of such persons into your preparedness plan (if applicable).

Establish policies to be implemented during a pandemic:

- ✓ **Establish Plan Activation Guidelines** (Section 3.4)
- ✓ **Establish policies for employee compensation and sick-leave absences** unique to a pandemic, including policies on when a previously ill person is no longer infectious and can return to work after illness, or continue with current specific property guidelines (Section 3.5).
- ✓ **Establish policies for flexible worksite** (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) (Section 3.8).
- ✓ **Establish policies for preventing the spread of influenza at the worksite** (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms). Use Emergency Preparedness Guide and Survival Kit Flash Card Magnets with website co-ordinates, and include website posters (cover your cough, hand washing stickers).
- ✓ **Establish policies for employees who have been exposed to pandemic influenza**, are suspected to be ill or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave) (Section 3.6)
- ✓ **Establish employee contact control and tracing guidelines** (Section 3.7).
- ✓ **Establish policies for restricting travel to affected geographic areas** (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins and guidance for employees returning from affected areas. Travel must be approved by General Manager for any business travel. (Section 3.3.6)
- ✓ **Set up authorities, triggers and procedures for activating and terminating the company's response plan**, alerting business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees (Section 3.4).

Allocate resources to protect your employees and customers during a pandemic:

- ✓ **Provide sufficient and accessible infection control supplies** (e.g. hand-hygiene products, tissues and receptacles for their disposal, alcohol based sanitizer in all staff areas including Housekeeping store rooms) in all business locations (Section 3.5.2).
- ✓ **Enhance communications and information technology infrastructures** as needed to support employee telecommuting and remote customer access (Section 3.8).
- ✓ **Ensure availability of medical consultation** and advice for emergency response (Appendix 1 and Section 3.3.1 - *Medical Advisor*).

Communicate to and educate your employees:

- ✓ **Develop and disseminate programs and materials covering pandemic fundamentals** (e.g. signs and symptoms of influenza, mode of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans) (Section 3.5.2).
- ✓ **Anticipate employee fear and anxiety**, rumors and misinformation, and plan communications accordingly (Section 3.3.7 and Appendix 2 - Q& A).
- ✓ **Ensure that communications are culturally and linguistically appropriate** (if applicable).

- ✓ **Disseminate information to employees** about your pandemic preparedness and response plan (Section 3.4).

- ✓ **Provide information for the at-home care of ill employees** and family members (Consult Medical Advisor or Local Health Authority (Appendix 1) for current advice on taking care of ill patients).

- ✓ **Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees**, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system (Section 3.8).

- ✓ **Identify community sources for timely and accurate pandemic information** (domestic and international), and resources for obtaining counter-measures (e.g. vaccines and antivirals) such as clinics, hospitals or other areas to go for assistance.

Coordinate with external organizations and help your community:

- ✓ **Collaborate with insurers, health plans and local healthcare facilities** to share your pandemic plans and understand their capabilities and plans (Appendix 1).

- ✓ **Collaborate with federal, provincial and local public health agencies** and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans (Appendix 1).

- ✓ **Communicate with local and/or provincial public health agencies** and/or emergency responders about the assets and/or services your business could contribute to the community (Appendix 1).

- ✓ **Share best practices with other businesses in your communities** to improve community response efforts (Appendix 7 - *Alcan Inc. Influenza Preparedness Plan*).

(Checklist adapted from pandemicflu.gov)

3.3 Critical Elements of a Continuity Plan

3.3.1 Influenza Manager and/or Committee

In preparing for a potential pandemic, Alcan has created a special committee composed of medical officers, corporate security and corporate communications personnel responsible for assessing the potential threat caused by an influenza pandemic and to prepare Alcan for such an event *(see Appendix for full Alcan pandemic plan).*

While it is not always possible for all companies to form a committee to address the risk of an influenza pandemic, it is important for every business to identify one or more people within the organization to be responsible for workplace health and safety and for developing a Pandemic Influenza Preparedness Plan including measures to ensure business continuity and effective communications.

Some of the tasks the 'Influenza Manager(s)' should perform include:

- ✓ Setting up a system to monitor staff who are ill or suspected to be ill in the event of a pandemic, including contacting staff who are unexpectedly absent from work. Have "contact" issues been addressed? Is someone able to care for them?

- ✓ Setting up a process to facilitate/encourage the return of staff to work once they are better or at the end of a quarantine period; and

- ✓ Ensuring that the workplace has adequate supplies of medical supplies and hand hygiene products, cleaning supplies and masks for people who become ill at work. *It may be difficult to purchase such products once a pandemic begins.*

Medical Advisor

Some larger businesses and industrial establishments have medical practitioners, advisors or physicians on site or on payroll. Smaller businesses may not currently staff medical advisors.

In preparing your business continuity plan, it is advisable that you ensure access to a medical practitioner or advisor for assistance and advice in the event of pandemic. If your company already has medical staff on site, they should be made aware of the nature of the disease, how it is transmitted, its symptoms and health care precautions available and appropriate. If your current practitioner is unable to fulfill the desired role for your organization, they should recommend another medical practitioner for that function.

Smaller businesses should consider contracting out the services of a local medical physician for this exercise. It is advisable that all businesses contact their local Health Canada office (http://www.hc-sc.gc.ca/home-accueil/contact/branch sub e.html) to obtain more information on available options.

3.3.2 Maintaining Essential Business Operations

In the event of a pandemic, it is important that core people and core skills are available to keep essential parts of your business operating. A Business Impact Analysis underpins the Business Continuity Planning process.

In planning for the impact of a pandemic on your business (Business Impact Analysis) you will want to identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.

Identification of Critical Operations and People

Issues you should consider include:

- ✓ What are the “essential” parts of the business?
- ✓ Who are the core people required to keep the essential parts of the business running?
- ✓ What are the core skills required to keep the business running?
- ✓ Are there sufficient back-ups for people and skills if there is a high level of absence?
- ✓ Are there other resources (e.g. volunteers, retirees) that could be drawn on if necessary?
- ✓ Is it possible to co-ordinate or operate your business through a “virtual war-room” - that is, remotely, by using telephone and email?
- ✓ Who are the people required to manage your pandemic contingency plan?
- ✓ Do you have systems that rely on periodic physical intervention by key individuals to keep them going? How long would the system last without attention?

Once the core people and skills are identified, ensure that they are aware of their position and how they will be managed in the event of a pandemic. Consider strategies for minimizing the possibility that they become ill with influenza: e.g. working from home even in very early stages of a pandemic, or other social distancing measures.

If working from home is not a well-established practice in your organization, you may wish to encourage staff to address computer connection or technological issues and enable this option. You may wish to have non-essential staff “stand down” (with appropriate pay arrangements) in the full pandemic phase to help minimize the number of staff who may be exposed to the influenza virus.

In the event of a pandemic, employees have the option of leaving their jobs. They also have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. However, their belief must be based on reasonable grounds, and they must have attempted to resolve the matter with their employer before they can continue to refuse.

The right to refuse unsafe work does not apply unless the understood risks of the workplace have materially increased. To avoid such situations, it is best to have had discussions with staff prior to the occurrence of a pandemic.

3.3.3 Business Planning for Absences

Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operation in the event of a pandemic is anticipated to be mainly human-resource oriented. Individual employers must consider their workforces and their particular circumstances. However, most should plan for up to 50% staff absences for periods of about two weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Overall, a pandemic wave may last about 8 weeks.

Standard planning assumptions:

- The impact of a pandemic would likely be widespread, even global, and not localized to a single area. Therefore, little outside assistance may be available.
- Businesses are likely to be confronted with up to 50 percent absenteeism, as many workers become ill, stay home to take care of children or family members, or refuse to go to work, especially in heavily populated office towers.
- 15 to35 percent of the workforce is likely to become ill at some time during the 8 weeks of a pandemic wave.
- The workplace attack wave follows a pattern similar to that expected in the general population.
- Every person who becomes ill is likely to miss seven days of work.
- There is a 100 percent additional absence rate - that is, for every person in the workforce who gets ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work.
- The additional absences follow the workplace attack pattern.
- 2 percent of workers who become ill are likely to die.

(See Appendix 3 for additional planning assumptions)

Note that no estimate is made for people doing extra shifts or longer shifts or for any recruitment into the workforce during the pandemic.

Issues you may wish to consider include:

- ✓ What are critical staff numbers and skills required to keep essential sectors of the business running - at what level does business stop?

- ✓ What arrangements need to be made to minimize the risk to staff?

- ✓ Who should make the decision to shut activity down when absence rates threaten safe business continuity?

- ✓ Could some, or all, of your business operations shift to having most staff work from home with little warning?

An influenza pandemic may affect regions of Canada and the world differently in terms of timing, severity and duration. Some regions may be hit earlier, longer or harder.

Businesses with regional offices may need to consider rotating service delivery from hard hit areas to influenza-free areas, or areas that have been declared to be in a post-pandemic period.

Restrictions on movement of people from region to region may be imposed, and rotation of staff may therefore be difficult. Businesses with overseas offices, or which use services outsourced from overseas (e.g. call centres), may be disproportionately affected. Not all countries have the means to cope with a pandemic. Employees and staff contracted outside of Canada may have increased rates of illness and absence.

You may want to consider training and preparing an ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees). This might include training your current employees in several areas of the business or ensuring you have a pool of available workers outside the company on call if need arises.

3.3.4 Supply Chain Disruption and Border Closures

Pandemic planning should consider the need for stockpiling of essential supplies. Discuss with key suppliers a plan for regular shipments in the event of shortages or disruptions in transportation systems.

Shortages may occur because of disruptions in transportation systems or inability of suppliers to meet demands because of their own staff shortages. Canadian supplies travel long distances by truck, train and aircraft and are vulnerable to any disruption. Loss of up to 30 percent of workers/drivers and other transportation staff may affect both the production and delivery of needed supplies.

During a pandemic there are likely to be restrictions at ports and airports. Persons leaving an area affected by the pandemic will most likely be screened for signs and symptoms of influenza.

Persons who are ill will be asked to defer travel so as not to spread influenza to other areas that are pandemic free. Supply lines may also be affected by self-imposed travel restrictions, with truckers/transporters unwilling to travel through or to infected areas.

Difficulties at border crossings may substantially affect supply lines. Consideration should be given to purchase of products made in Canada/locally to avoid potential supply problems due to border crossing restrictions implemented at the time of the pandemic.

International air movements may be disrupted in a pandemic, and this may affect the delivery of imported goods, especially if they normally arrive in freight-holds of passenger aircraft.

Emergency funding can be critical immediately following an emergency like a pandemic. Consider the need for pre-approved purchase requisitions and whether special funding authorities may be necessary.

Administration and Logistics

Maintain complete and accurate records at all times to ensure a more efficient emergency response and recovery. Certain records may also be required by regulation or by your insurance carriers. They may prove invaluable in the case of legal action after an incident.

All companies, large or small, should develop plans for ensuring that the impact of shortages of critical supplies and resources is minimized. Before a pandemic logistics precautions may entail:

- Acquiring equipment
- Stockpiling supplies
- Designating emergency facilities
- Establishing training facilities
- Establishing mutual aid agreements
- Preparing a resource inventory

During an emergency logistics plans may entail:

- Providing utility maps to emergency responders
- Providing material safety data sheets to employees
- Moving backup equipment in place
- Repairing parts
- Arranging for medical support, food and transportation
- Arranging for shelter facilities
- Providing for backup power
- Providing for backup communications

Alternative Transportation Routes

Ensure that your distributors, suppliers, carriers and drivers are aware of alternate routes to your facility and those of your customers. For international shipments, consideration should be given to alternate border crossings in the event of a closure or severe wait times.

A list of border crossings and corresponding wait times is available online at:
http://www.cbsa-asfc.gc.ca/general/times/menu-e.html

Planning with Customers

Businesses may suffer from loss of economic revenue and sales due to a reduction in customer numbers. The general public will be advised to avoid crowded situations and to stay home as much as possible.

Businesses will have to alter usual practices in order to meet the needs of their customers during a pandemic. Possibilities of altered practices are:

Business -to-Consumer:

- Extending business hours to accommodate customers wanting service at off peak hours.
- Taking orders over phone/fax for pickup or delivery to minimize the time people are in contact with others.
- Arranging for services to be provided via phone, Internet, fax or mail.

Gain customer confidence by maintaining a healthy workforce and workplace. Screen employees for influenza-like illness and maintain a clean work environment with scrupulous cleaning and hygiene.

Business-to-Business

Ensure that you not only have identified alternate suppliers and contractors, but as a supplier, you have also given consideration to your customers. Your customers, especially international customers, should be made aware of your BCP and given instructions on how to minimize the impact of a pandemic influenza on their supply chain. This might include identification of alternate suppliers or contractors or alternate transportation routes.

3.3.5 Financial Analysis

An essential part of any business impact analysis is determining the potential effects of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites. Depending on the sector and severity of the pandemic, the decline in demand could range from 3 percent (mild scenario, manufacturing industry) to 67 percent (severe scenario, transportation and warehousing industry). Conversely, demand in the health sector will increase.

The *financial analysis* overlays location-specific financial data to loss scenarios, estimating the profitability at risk through lost revenue and the additional costs incurred to mitigate the potential loss of revenue. This allows your business to get the full picture of your true financial exposure.

Financial impact analysis should include:

- ✓ Estimates of the impact of decreases in consumer demand (percent depends on sector and severity of pandemic);
- ✓ Estimates of supply shortages (plan on the assumption that shortages will take place);
- ✓ Estimates of the cost of employee work days lost (15-25 percent absenteeism, 7 days/employee);
- ✓ Costs associated with hygiene supplies; and,
- ✓ Costs associated with implementation of alternate communications channels in case normal communication channels become unreliable or overloaded.

See Appendix 3 for additional planning assumptions used to assess the potential impact of a pandemic on the bottom line.

3.3.6 Staff Travel and Expatriates Evacuation Plan

The Department of Foreign Affairs, Consular Division, posts appropriate travel advisories for Canadians traveling to other countries where certain risks exist including those of a pandemic. The Department also provides advice to Canadian government staff and Canadians working in countries abroad. The advice is available at http://www.voyage.gc.ca/countries_pays/menu-eng.asp

It is possible that once efficient human-to-human transmission of H5N1 occurs certain countries may close their borders sporadically believing (rightly or wrongly) that this measure would be effective in reducing the spread of influenza. Screening (with quarantine measures) could be established at borders.

If justified by risk/benefit analysis it may be advisable to request employees to consider postponing non-essential travel outside Canada when the pandemic starts. Arrangements may also be required for employees who are stranded outside of the country because borders are closed. In addition, it may be advisable to develop an impact analysis model taking into account that many or all of your employees may be restricted from traveling or taking business trips. Communications technologies can be used to minimize the impact of quarantines on border closures.

If your staff does travel overseas for business reasons, your plan will need to include consideration of their management in the event of a pandemic. For example, on declaration of a pandemic, if any staff had recently (within the last 4-5 days) traveled to countries known to be affected by the disease, your business should:

- Advise the employee not to report for work for the duration specified by Health Canada
- Ask them to follow instructions on the Public Health Agency of Canada's website for self-checking for influenza symptoms, which may include advice to telephone (rather than visit) their medical centre to seek advice immediately if symptoms occur. They should report their travel history to the treating doctor.
- Ask them to document all the people they have been in contact with since returning;
- Check on the staff member during his/her absence from work; and
- Set up a process for ensuring that the employee has completed the time duration and is healthy before allowing him/her to return to work.

Basic Preparedness: Expatriates Evacuation Plan

If applicable, your company should develop an Expatriates Evacuation Plan and ensure that the plan is current.

The template for this plan should outline in detail such items as communications, responsibilities, and contents of departure kits. Non-essential expatriates and expatriate families may be evacuated relatively early in a pandemic.

An international medical assistance service provider like *International SOS* (http://www.internationalsos.com/) can assist in the successful evacuation of expatriates.

3.3.7 Communication with Staff

It is likely there will be a high level of anxiety regarding a pandemic and this is likely to contribute to increased work absence and/or increased distress to staff. Suggested ways to manage this include:

- Communicate the possibility of a pandemic - and your organization's preparedness to manage it - very early to staff. The influenza fact sheet, available from Health Canada's website (http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/flu-grippe_e.html) will be helpful for this purpose;

- Discuss with staff possible health and safety issues, potential for stand down, and leave arrangements if they are ill or need to look after those who are, or who have been "shut out" of childcare and school, etc;

- Have a comprehensive management plan in place which is clearly communicated to staff. Ensure that communications management during the pandemic is part of the plan. It will be important to have systems in place to allow your business to communicate effectively in a pandemic;

- You may wish to establish a "communications tree" so that people can keep in touch, including e-mail addresses and contact emergency list

- Set up a central staff information board

Knowledge Management

Key operating and emergency management information should be stored in known, accessible and shared locations.

3.4 Activation of Pandemic Continuity Plan

Health Canada will widely publicize any changes to the pandemic phases that are designed to alert government agencies to action.

***See Appendix 6 for an example of Avian Influenza Crisis Management Alert Levels established by Alcan Inc. in preparing for pandemic influenza.**

Alert levels established by Alcan correspond to the WHO phases listed below. Corporate and local activities are based on the corresponding alert level.

GREEN	**Limited number of cases transmitted from sick birds to humans.**
YELLOW	**Recognized evidence of human to human transmission, but cases are limited to small clusters.**
ORANGE	**Major outbreaks in specific areas.**
RED	**Worldwide global epidemic (Pandemic).**

The following table provides summary guidance as to how a business might proceed as different stages of a pandemic are reached.

Table 2: Suggested Private Sector Responsibilities and Actions for Business for Each Alert Period

PHASE	Private Sector Responsibilities	Suggested Actions for Businesses
Interpandemic and Pandemic Alert Periods	Establish plans and procedures to support Health Authority* initiatives to prepare for a pandemic. Develop a program, in conjunction with the Health Authority, to facilitate routine, annual influenza vaccinations of staff. Post a list of available facilities. Ensure that areas of responsibility essential for maintenance of your business have been backed up so that appropriate designated personnel can take over management in case of absence due to illness. Review with unionized properties for job transfer skills without consequences. Identify staff and develop contingency plans for operations under prolonged staff shortages and/or shortages of resources. Develop plans for procedures to address supply and personnel shortfalls. Arrange and facilitate a meeting with local business leaders regarding the need for mutual aid and support among businesses. Meet with representatives of local businesses to ensure essential businesses stay open. Continue to monitor appropriate information sources for updated information. Consider implementing a telecommuting system so more people can work from home. Implement a health education plan through appropriate workplace health and safety programs. Working with the Health Authority, ensure that self help guidelines are distributed to staff/workers. Consult with the Health Authority on the need to close buildings and cancel public events.	Review business continuity plans. Identify essential services (including contractors), facilities/plants, other production inputs. Plan for up to 50 percent staff absences for periods of 2-3 weeks at the height of the pandemic and lower levels of staff absences for a few weeks on either side of the pandemic. Assess core staff and skill requirement needs and ensure essential positions are backed-up by an alternative staff member. Identify ways to increase “social distancing” in the workplace, reduce movement, etc. Consider organizational policies to encourage the sick to stay at home; and enable staff to work from home. Identify ways to minimize illness among staff and customers, and consider how essential messages (e.g. basic hygiene) can be communicated to staff. Identify needs for Personal Protective Equipment (PPE) and cleaning equipment and check air conditioning. Purchase additional contingency supplies if needed.

	Consult with the Health Authority on the need to control the movement of people and commodities in and out of the community.	
Pandemic Period	Increase public information effort designed to keep ill workers at home. Ensure meticulous hand hygiene and environmental cleaning. Cease non-essential services.	Alert staff to change in pandemic status. Activate staff overseas travel restrictions. Activate essential business continuity measures. Activate measures to minimize introduction and/or spread of influenza in work place (post notices, social distancing, managing ill staff members, workplace cleaning, etc.) Communicate with staff to promote confidence in the workplace. Activate contact tracing where staff become ill at work. Activate process for recovered and non-infected staff members to return to work.
Post-pandemic Period	Review, evaluate and revise your business pandemic response as necessary.	Manage return to business as normal.

**Each region within each province has a local health authority. All regional health authorities for Canada can be found online at:*
http://www.chrgonline.com/LinkRegAuthorities.asp

3.5 Medical Precautions and Information

This section contains preliminary and notational suggestions to control and prevent the spread of pandemic influenza in a company. Businesses are advised to follow the explicit instructions of PHAC, Health Canada and Provincial and Municipal Health Authorities with respect to the following activities.

The main strategies include:

- Restrict workplace entry of people with influenza symptoms.
- Practice good hygiene and workplace cleaning habits.
- Increase social distancing (i.e. enable telecommuting; avoid face-to-face contacts).
- Manage staff who become ill at work.
- Manage staff who travel overseas.

Table 3: Summary of Influenza Protection Measures

Protection Measure	**Where Applicable**
Hand hygiene, cough etiquette, ventilation	Everyone, all the time
Departmental BCP Policies related to pandemic influenza	Senior Management
Social Distancing	Everyone, all the time (leverage technologies)
Protective barriers and HVAC	Physical security staff. To avoid close contact with the public and maintain a clean environment.
Health related equipment. Temporary surgical masks, gloves, cleaning substances	Work place health and safety committees - for distribution to all employees
Respiratory masks, eye protection, gloves, gowns, aprons	Front line health care workers in close contact with patients and other high risk areas

3.5.1 Restrict Workplace Entry of People with Influenza Symptoms

On declaration of the pandemic phase, companies should consider posting notices at all entry points advising staff and visitors not to enter if they have influenza symptoms. This notice could be communicated to all employees.

Employees should be advised not to come to work when ill or under quarantine until symptoms are resolved or the quarantine has ended. They should be directed to their family physician and/or to information materials on the websites of health service providers such as the PHAC (http://www.phac-aspc.gc.ca/new_e.html) and Health Canada.

Table 4: What is the Difference Between Influenza and a Common Cold?

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset 38-40 degrees and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life threatening	Congestion or earache
Fatalities	Well recognized	Not reported
Prevention	Influenza vaccine; frequent hand-washing; cover your cough	Frequent hand-washing; cover your cough

3.5.1a Sample Influenza Notification *(taken from the Government of New Zealand's Business Continuity Planning Guide, 2005)*

INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the numbers of people in New Zealand with influenza. In order to reduce the spread of influenza in this workplace, the following is required of everybody:

Do not come to work if you have:

- **chills, shivering and a fever (temperature >38˚C)**
- **onset of muscle aches and pains**
- **sore throat**
- **dry cough**
- **trouble breathing**
- **sneezing**
- **stuffy or runny nose**
- **tiredness**

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

If you have recently arrived from overseas or returned from overseas, please ask to speak to the Influenza Manager (see below)

If you start to feel ill at work, **DO NOT** leave your work area.

Call your influenza Manager _____ EXT _____

3.5.2 Personal Hygiene

Personal hygiene measures minimize influenza transmission. Communicate these to employees. They include:

- Cover nose and mouth when sneezing or coughing.
- Dispose of used tissues immediately.
- Wash hands frequently.
- Keep hands away from eyes, nose and mouth.

Handwashing (with soap and water, alcohol-based hand rub or antiseptic handwash) is the single most effective measure to reduce risks of transmitting infection.

Ensure supplies of hygiene products (soap, hand towels, gloves, and masks) are available while recognizing that their supply will be reduced in pandemic influenza. Ensure the environment is cleaned regularly and in particular maintain and filter HVAC systems.

Post hygiene notices at entrances, washrooms, hand washing stations and public areas.

Brochures, newsletters, global e-mails, notice boards and pay slips are some of the materials that can be used to communicate this advice.

Hand Hygiene

Hand hygiene is an important step in preventing the spread of infectious diseases, including influenza. Hand hygiene can be performed with soap and warm water or by using waterless alcohol based hand sanitizers.

Transmission of influenza can occur by indirect contact from hands and articles freshly soiled with discharges of the nose and throat of an acutely ill individual. By frequently washing your hands you wash away germs that you have picked up from other people, or from contaminated surfaces, or from animals and animal waste.

The influenza virus is readily inactivated by soap and water. Antibacterial hand wash products are not required because routine products, along with proper hand washing procedures, will inactivate the influenza virus.

Waterless alcohol-based hand sanitizers can be used as an alternative to handwashing ad are especially useful when access to sinks or warm running water is limited. Placing alcohol-based hand sanitizers at the entrance of facilities is useful in preventing transmission of infectious diseases.

3.5.2a Basic Hygiene Notice

PROTECTING YOURSELF AND OTHERS AGAINST RESPIRATORY ILLNESS

- **HANDWASHING** IS THE MOST IMPORTANT THING YOU CAN DO TO PROTECT YOURSELF

- Cover your nose and mouth when coughing or sneezing
  - Use a tissue and dispose of this once used in the waste
  - Always wash hands after coughing and sneezing or disposing of tissues
- Keep your hands away from your mouth, nose and eyes.
- Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until influenza-like symptoms have resolved
- Avoid contact with people who have influenza-like symptoms
- Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

3.5.2b Hand Hygiene Notice - Soap and Water

Hand Hygiene with Soap and Water

1. Remove jewelry. Wet hands with warm water 	**2. Add soap to palms** 	**3. Rub hands together to create a lather** 
4. Cover all surfaces of the hands and fingers 	**5. Clean knuckles, back of hands and fingers** 	**6. Clean the space between the thumb and index finger** 
7. Work the finger tips into the palms to clean under the nails 	**8. Rinse well under warm running water** 	**9. Dry with a single-use towel and then use towel to turn off the tap** 
Minimum wash time 10-20 seconds.		

3.5.2c Hand Hygiene Notice - Hand Sanitizer

Hand Hygiene with Alcohol-based Hand Sanitizer

1. Remove jewelry. Apply enough product to open palms.** 	**2. Rub hands together palms to palms** 	**3. Rub in between and around fingers** 
4. Cover all surfaces of the hands and fingers 	**5. Rub backs of hands and fingers. Rub each thumb.** 	**6. Rub fingertips of each hand in opposite palm** 
7. Keep rubbing until hands are dry. ****The volume required to be effective varies from product to product. Enough product to keep hands moist for <u>15 seconds</u> should be applied.** Do not use these products with water. Do not use paper towels to dry hands.		
Note: Wash hands with soap and water if hands are visibly dirty or contaminated with blood or other body fluids. Certain manufacturers recommend washing hands with soap and water after 5-10 applications of gel.		

3.5.3 Workplace Cleaning

Virus transmission can also be reduced by cleaning the environment and hard surfaces (sinks, handles, railings, objects, counters) with neutral detergents followed by a disinfectant solution. Influenza viruses can live for up to two days on hard surfaces but are inactivated by disinfectants. Good disinfectants are sodium hypochlorite, granular chlorine and alcohol.

- Surfaces that are frequently touched with hands should be cleaned often.
- Do not share cups, dishes and cutlery and ensure they are thoroughly washed with soap and hot water.
- Clean the workplaces of employees that have recently become ill.
- Remove all magazines/toys from waiting rooms.

Air Conditioning

There is scientific and medical evidence that influenza can spread in inadequately ventilated internal spaces. These spaces should be well ventilated and in office buildings this is usually done by using HVAC systems. HVAC should be maintained regularly according to appropriate standards and building codes.

3.5.4 Increase Social Distancing

Social distancing means minimizing human-to-human contact in peak phases of pandemic influenza. Contacts are those persons who have had close (one meter or less) physical or confined airspace contact with an infected person within four days of that person developing symptoms. These are likely to include family members and/or other living companions, workmates (if in confined airspace environments) and possibly recreational companions.

Epidemiological evidence from a developing pandemic may change the definition of “contact”. In Canada contact management with respect to reportable diseases is mandated by law (for instance the *Quarantine Act* and other health related *Acts*).

Employees will probably elect not to circulate in crowded places and large gatherings of people during pandemic influenza. It is recommended that business consider the use of new technologies to facilitate social distancing by using communications networks, remote access and web access (among other techniques) to maintain distance.

Suggestions on how to minimize close contact include:

- Avoid face-to-face meetings.
- Minimize meeting times.
- Meet in large rooms.
- Use communications and network technologies and devices to communicate.
- Avoid unnecessary travel (especially to endemic regions).
- Cancel or postpone non-essential meetings/workshops/training sessions.
- Leave a gap between shifts.
- Ventilate the workplace between shifts.
- Avoid cafeterias and restaurants.
- Introduce staggered lunch times.

3.5.5 Summary: How to Stay Healthy During the Pandemic Influenza

Personal Health

- Eat, rest well and exercise in moderation.
- Wash your hands frequently with warm water and soap.
- Cover your nose and mouth when coughing or sneezing
- Minimize visitors to your home.
- Check up on friends and family who live alone.
- Watch for regular influenza updates from Health Canada.
- Get the influenza vaccine when available.
- It is recommended that people at high risk of getting influenza and its complications and their caregivers receive an annual influenza vaccine.

Washing hands is one of the most important ways to prevent the spread of influenza

Stay away from crowds

- Stock up on basic items.
- Shop at smaller stores with smaller line-ups.
- Shop at off peak hours and find out which stores stay open late/24 hours.
- If possible phone ahead your grocery order for quick pick up.
- Order groceries over the phone/on line for delivery.
- Arrange to pay bills at ATMs, on line or over the phone.
- Cancel or postpone family gatherings, outings or trips.

If you cannot avoid crowds, minimize the amount of time you spend around people

Stay healthy at work

- Work from home or arrange to work flex hours if possible.
- Wash your hands frequently with warm water and soap.
- Use waterless sanitizing gel to clean hands if soap & water are not available.
- Clean objects and hard surfaces that are handled by many people with a disinfectant.
- Use stairs instead of crowded elevators.
- Cancel non-essential meetings: use teleconferencing/video conferencing/emails/fax.

If you feel unwell stay home, rest, and drink plenty of fluids

3.5.6 Personal Protection Materials

In the event of a pandemic, refer to the Public Health Agency of Canada's website for the most current information on the appropriate Personal Protective Equipment (PPE).

Broadly defined, personal protective equipment or PPE is specialized clothing or equipment worn to protect someone against a hazard. It can range from just a mask or a pair of gloves to a combination of gear that might cover most or all of the body. In the case of influenza, PPE may include using masks and protective barriers.

- ✓ *Using masks*: People with respiratory infection symptoms should use a disposable surgical mask to help prevent exposing others to their respiratory secretions. Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze, in an appropriate waste receptacle, and hands must be thoroughly washed and dried after the used mask has been discarded.

- ✓ *Protective Barriers*: Protective barriers (i.e., glass or plastic) may provide useful protection for people such as front-counter staff or public transport drivers, whose duties require them to have frequent face-to-face contact with members of the public where social distancing is either not possible or not practical.

- ✓ Alcohol based sanitizers

- ✓ Disposable Thermometers

- ✓ Food handler Vinyl Gloves

3.6 Policies for Exposed Employees

All decisions regarding infectious diseases should be based on accurate and up-to-date information, considered in light of your particular situation. When in doubt, contact your Medical Officer of Health.

Your business may decide to screen employees prior to coming to work or at the workplace to minimize the risk of a sick individual coming to work and infecting the rest of the workforce. Sick employees are encouraged to stay home until their symptoms have disappeared. **In the event of a pandemic, it is recommended that employers check the Public Health Agency of Canada's website (http://wwww.phac-aspc.gc.ca/) for the latest advice.**

Develop a workplace policy around when an employee is fit or unfit to work. The Influenza Like Illness (ILI) Assessment form (see section 3.6a) may be used as a template for screening employees. The criteria for determining fitness to work may depend on the size of the organization and the job responsibilities of the employee.

If a person feels ill or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact the “Influenza Manager” **by telephone** if at all possible. Workers who are ill should stay home until symptoms are resolved.

The Influenza Manager should then do the following:

1. Avoid visiting this person if it can be avoided - manage the process over the phone.

2. Check if the employee has any of the symptoms.

3. If the employee does not have symptoms that match some of those listed, they should be treated as a “suspect case.”

   It may be helpful to have a staff influenza notification form completed, including details of any staff and/or visitors they have been in contact with. This information will permit the Influenza Manager to identify recent movements and monitor well-being during the pandemic.

5. The employee should be informed where they can find a surgical mask and instructed to wear it immediately. This is to help protect other staff.

6. The employee should leave work and immediately contact a health professional in the manner advised by Public Health Agency of Canada on its website at that time. This may involve phoning the person's normal doctor or nurse, or a specially designated centre to seek further advice.

   The employee's manager should be informed that they have left work.

7. The employee should, if at all possible, avoid public transport when leaving work.

8. Contact management - it is helpful employers to:

   - Identify contacts (once an employee is suspected to be infected);

   - Advise contacts in person that they have been in contact with a person suspected of having influenza; and ,

   - Ask contacts to go home, and stay at home until advised otherwise.

9. The employee's work station should be cleaned and disinfected.

10. Your Influenza Manager will need to set up a system to manage the absence and return to work of the employee and their contacts. Some issues to consider include:

    - Advice to the employee on how long to stay away from work (the Public Health Agency of Canada website will have advice on this once the characteristics of a pandemic are known);
    - Decisions on leave and cover arrangements;
    - Checking on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc., if they become ill;
    - Establishing a process in your plan to ensure that:
        - ❑ Employees are healthy before allowing them to return to work (mandatory testing for fever on return back to work); and,
        - ❑ They are encouraged to return to work once they are well.

Isolation and Quarantine

The *Quarantine Act and Regulations* helps protect Canadians from dangerous and infectious diseases. Under this Act, Public Health Quarantine Officers have the authority to ask a person suspected of having an infectious disease to undergo a medical examination and to detain that person if necessary.

Quarantine may be used in the early stages of the pandemic to stop the spread of influenza.

A person may be placed on quarantine if they have been in contact or exposed to a person with an infectious illness such as influenza. This is because a person with influenza is infectious for 24 hours before they know they are sick. In order to protect the public, Public Health Quarantine Officers can place people on quarantine to prevent influenza from spreading to others. Quarantine means staying at home or in a designated building for 3 days from last exposure until the Public Health Quarantine Officer is sure that the person is not infected with the flu. Quarantine means not going outside, not going to work, school or other public places and not meeting with other people unless given permission by the Public Health Quarantine Officer.

Quarantine Q&A for Exposed Employees

Why am I on quarantine?

You have been identified as being in contact with someone who has influenza or have recently been in an area with a high rate of influenza. You may have been exposed to the influenza virus and may have spread it to other people. Although you feel well today, you may become ill in a few days. Persons having influenza can spread the virus even when they are still feeling well.

How long do I have to stay on quarantine?

You must stay on quarantine for at least 3 days or until a Public Health Quarantine Officer tells you that it is safe for you to be off quarantine. While on quarantine, someone from public health may call you to see how you are doing and will ask you questions about having fever, chills, aches or a cough. While on quarantine you must stay inside and not go to work or school or visit anyone until you are off quarantine. It is advised that you do not have visitors while on quarantine.

What will happen if I develop symptoms of influenza while on quarantine?

If the person on quarantine becomes ill with influenza, notify the Quarantine Officer via your local health authority. You may also seek advice from your family physician. If symptoms are severe and need immediate action, call 911 (Ambulance, Paramedics) or go to the closest emergency department.

Is my family safe?

If you are on home quarantine, you and your family should take certain steps for protection. Your family should stay at least one metre away from you. All of you should wash your hands frequently with warm water and soap. Items handled by the person on quarantine should be washed thoroughly with soap and hot water or a disinfectant such as a 10 % bleach solution (made up of one part bleach and nine parts water).

Human Rights Legislation

Under both federal and provincial human rights legislation, employers have a duty to accommodate employees with infectious diseases or those who have been exposed to same. The level of accommodation will depend on the circumstances.

3.6a Influenza-Like Illness (ILI) Assessment Form

An ILI assessment tool may be used as a screening tool to determine if employees should be excluded from work due to illness.

Please check the following:

ILI (Influenza-Like Illness) in the general population is determined by the presence of 1, 2 and 3 and any of 4: a-c, which could be due to the influenza virus:

_____ 1. Sudden onset of respiratory illness AND
_____ 2. Fever greater than 38.0 degrees C AND
_____ 3. Cough AND
_____ 4. One or more of the following
_____a. sore throat
_____b. joint aches
_____c. muscle aches or weakness

** May not be present in elderly people

Persons with influenza-like illness should remain at home until they have fully recovered (usually 7 days or five days after symptoms stop)

Persons, who have been exposed within the last 3 days to someone with influenza-like illness, should stay at home for 3 days until they are sure they are not ill.

Fit to Work

- Recovered from Influenza-like Illness (ILI)
- Immunized for longer than two weeks
- On antiviral medication
- Asymptomatic

Unfit for Work

- Has influenza-like Illness (see ILI Assessment Tool above)

Fit to Work with Restrictions

- Due to limited resources, persons with ILI may be asked to work with restrictions
- Recommend such individuals be isolated physically from other employees or customers
- Maintain meticulous hand hygiene and environmental cleaning.

3.7 Contact Management and Tracing

Contact Definition

Close contact is defined as having cared for or lived with a person known to have an infectious disease or having a high likelihood of direct contact with respiratory secretions an/or body fluids of a patient known to have an infectious disease. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within one metre), physical examination and any other direct physical contact between people. Close contact does not include activities such as walking by a person or briefly sitting across a waiting room or office.

Epidemiological evidence from a developing pandemic may change the definition of “contact”. In Canada, contact management with respect to infectious diseases is mandated by law (for instance the *Quarantine Act* and Regulations and other health related *Acts*).

Contact Tracing

The role of contact tracing may vary according to the phase of the pandemic. At an early phase, when efforts are directed at keeping the pandemic out or in managing small clusters, contact tracing and associated quarantine of cases and contacts will be vigorous. However, if the pandemic affects larger numbers of people across the country, it will not be effective as a strategy to contain the pandemic and may therefore be dropped.

In any circumstance, employers should urge sick staff members with influenza-like symptoms to return home immediately and contact a health professional in the manner advised by the Public Health Agency of Canada on its website at that time. This should involve phoning the person's normal doctor or nurse or a specially designated centre to seek further advice, rather than the patient calling in without prior notification.

If the health professional identifies the patient as being a suspect or confirmed case, then the health professional will commence contact tracing in accordance with the protocols set by Health Canada at that time. This is likely to involve making contact with the patient's workplace. As indicated in the previous section, it is helpful for employers to:

- Identify contacts (once an employee is suspected to be infected);
- Advise contacts in person that they have been in contact with a person suspected of having influenza; and
- Ask contacts to go home and stay at home until advised otherwise.

Refer to the following three pages for additional resources for contact management and tracing.

3.7a Screening Checklist for Detection and Management of Suspected Pandemic Influenza Cases

Process
1) The Influenza Manager receives a call from a person suspecting they may have influenza;
2) Do not visit the person if this can be avoided - manage the process over the telephone;
3) Follow the directions below.

Ask the person if they have any of the following symptoms:

- High fever (or feel feverish and hot)
- Headache
- Fatigue and weakness
- Sore throat, cough, chest discomfort, difficulty in breathing
- Muscle aches and pains
- Been overseas recently
- Been in contact with someone diagnosed with influenza

Yes to two or more of the symptoms, as described above	**No symptoms, as described above**
Patient should be considered as possible case of influenza.	Unlikely to be influenza - Reassure, advise to call again if concerned or visit their GP
Fill in influenza Notification Form over the phone.	
Take names of contacts (those working within one metre or in enclosed place for more than 60 minutes).	
Advise them where they can find a surgical mask and ask them to leave work immediately.	Advise contacts that they have been in contact with suspect case.
Advise them to call their GP by telephone to advise that they have been in contact with a suspected influenza case.	**Ask contacts to go home and to stay there until they have received further advice.**
Arrange for clean up of person's workstation.	

3.7b Notification Form: Suspected Influenza Case at Work

Details of Affected Staff

Name:	Worksite:	Location of Isolation:
Job Title:	Nationality if Visitor to Site:	Date of Birth:
Address:		
Telephone no: _____(W) _____(H)_____(M)		
Symptoms noticed: Fever ☐ Body Aches ☐ Headache ☐ Fatigue ☐ Dry cough ☐ Others ☐ Details: _____ Cold ☐ Time of fever on set:_____ Time of isolation: _____		
Travel history over the past 8 days: Countries visited: _____ Flights taken: _____		
Where referred:		
Contact List (See separate page)		

??

Details of Reporter

Name:
Job Title:
Telephone no: _____(W) _____(H)_____(M)

??

3.7c Contact List

Close contact is defined as having cared for or lived with a person known to have an infectious disease or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have an infectious disease. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within one metre), physical examination and any other direct physical contact between people. Close contact does not include activities such as walking by a person or briefly sitting across a waiting room or office.

Epidemiological evidence from a developing pandemic may change the definition of "contact". In Canada, contact management with respect to infectious diseases is mandated by law (for instance the Quarantine Act (http://lois.justice.gc.ca/en/Q-1-99147.html) and Regulations and other health related *Acts*).

3.8 Communications

You may have the most comprehensive and up-to-date plan possible, but without effective and up-to-date communication of that continuity plan with your employees, management, other business units in your organization, government, key suppliers, key customer and key contractors, your plan will fail.

Some suggested steps to take to ensure an effective communications network include:

- Implementation of a dedicated e-mail database to send information and receive feedback
- Translation and posting of all avian influenza-related documents on corporate intranet sites in all applicable languages
- Distribution of BCP Influenza Crisis Management Plan and key points to all Managers/Communicators/Security Officers
- Distribution/translation and web posting of pandemic fact sheet
- Leverage all internal communications tools
- Conduct ongoing media monitoring

It is important to ensure that communications are culturally and linguistically appropriate and that your supply chain is involved in developing and executing the plan.

Leverage New Communications Technologies

It is possible to leverage technologies in pandemic influenza to avoid face-to-face meetings, increase social distancing and cut down on human-to-human virus transmission. Contact your technical staff to further explore the following options.

Technologies you may want to consider include:

- ✓ Remote Access Technologies: These technologies promote telecommuting and permit employees to work at home or at an alternate sit while maintaining connectivity to the headquarters network access server
- ✓ Distributed Computing Environment (DCE): We live in the world of the distributed computing environment (DCE) often called the “client server model”. This model permits employees to work remotely from their normal workstation. Connectivity is maintained by the Internet, extended networks, remote access, telecommunications devices, wireless devices and other technologies.
- ✓ Application Web Enablement: Web enabling applications facilitate secure access to applications via a browser software client over the Internet. This capability can be harnessed to facilitate flexible end-user application access in pandemic influenza. If applications are web-enabled, end-users can access them using the Internet from anywhere (including their homes) using a client device that supports a browser.
- ✓ Communications Systems: Employees working remotely in pandemic influenza must be able to communicate with headquarters or the alternate site using telecommunications systems. It is paramount to ensure the high availability of such systems.

Communications systems include:

- Internal and external voice communications systems
- Video and phone conferencing
- Local Area Networks (LANS)
- Virtual Local Area Networks (VLANS)
- Wireless implementations and devices
- Local loop phone systems using the Plain Old Telephone System (POTS)
- Wide Area Network (WNA)
- Private Branch Exchange (PBX)
- Facsimile services
- Cell-phones
- Blackberries
- Personal digital devices
- Satellite phones.

The objectives of the BCP coordinator working with IT network staff and communications specialists are to ensure that during pandemic influenza:

- ✓ Communications systems are interoperable with other systems;
- ✓ Layers of redundancy are built in (if they fail, other systems will take over);
- ✓ Systems are highly available (robust and resilient);
- ✓ Sensitive information is protected (encryption and other technologies);
- ✓ Systems are regularly tested to ensure these objectives.

Without the ability to communicate with stakeholders, partners, the media and employees during pandemic influenza there will be no command and control and the “chaos” period is likely to be prolonged. Building highly available communications systems is a must for both normal operations and disruptions. This is vital to the successful recovery of critical services.

Information Line

Establish a call in number, where associates can check on the status of the hotel and their work schedule. Effective Communication will need to include the availability of the information line attendant (Front Desk) to have a central resource Bulletin Board with updated schedules posted. **DO NOT** rely on the verbal Communication of message. **WRITTEN** Communication Board is a requirement.

4. Human Resource Considerations

Please note that this section provides a brief overview of some of the human resource issues you may have to consider when developing your BCP. Please refer to the specific provincial and federal legislation applicable to your jurisdiction and type of business, and consult the health and safety officer or human resource expert in your company when developing your BCP in order to ensure a clear understanding of the rights and obligations involved for both employer and employee.

Federal and provincial government labour ministries and corresponding regulations are listed at the end of this section.

Planning to face an influenza pandemic in Canada must include preparing your workplace to deal with the spread of communicable diseases, and employees (including unions, if applicable) must be involved in such planning.

The extent of your planning in this area will depend on the nature of your business workplace. Larger enterprises, or those providing essential services or infrastructure, should maintain a reasonably high level of preparedness.

Smaller workplaces and those providing ”non-essential” services will benefit significantly from some degree of preparedness. Planning will reduce the human cost and improve business viability during and after a pandemic.

Any Risks to Employees and Others Must be Reasonable

Any employer or other person who controls the workplace has responsibility for the health and safely of employees and others there and to ensure that employees' actions or inactions do not cause harm to others.

Independent contractors and volunteer workers have the right to withdraw their labour or services at any time, including when they feel the work environment presents an unsatisfactory level of risk.

Deciding Whether a Workplace Should Stay Open (Refer to Corporate Committee)

A workplace may close through lack of staff, lack of customers, or because it presents an unacceptable level of risk to employees or others.

Different industries will involve varying degrees of risk in a pandemic, and there will be varying scope for staying in operation while reducing the hazard.

Primary industries for example should be able to manage hazards with relatively few restrictions. On the other hand, the challenges in the service sector - including health, education, entertainment, hospitality and other industries - will be far greater. In the health sector, for example, the inherent risks will be compounded by a need to stay open to provide treatment and care.

Preparing for the Possibility of a Workplace or Business Closure

It is strongly recommended that employers discuss this possibility with staff, staff representatives, and contractors as part of their preparedness planning.

This discussion should include identifying whether services can be delivered outside of the workplace in a way that does not pose any health and safety risk and implementing methods of communicating workplace closure to employees.

Statutory requirements relating to the employment relationship and any specific requirements of employment agreements will not be affected by workplace closure during a pandemic.

In the event that the employer decides or is required to suspend business during a pandemic, it is important that the employment conditions during the business suspension are discussed with employees. Those discussions may include, for example, the use of annual leave.

Contractors for services will be subject to their contracts, and contract law generally applies.

If a Workplace or Business Stays Open

If a workplace or business stays open during a pandemic, the appropriate provincial and/or federal legislation (i.e. *Canada Labour Code* and Federal and Provincial *Occupational Health and Safety* regulations) will continue to apply according to the circumstances.

4.1 Canada Labour Code and Occupational Health and Safety Regulations

Please note that there are some differences between federal and provincial legislation related to occupational health and safety. While the Canada Labour Code regulates some industries, most companies must also comply with applicable provincial legislation (see below for contact information).

The *Canada Labour Code Part II* and its regulations, the "Canada Occupational Health and Safety Regulations" regulate aspects of health and safety in the workplace including hazardous substances like a biological virus. The human resources strategies devised for the BCP must comply with the *Code* and its regulations. The BCP Coordinator should liaise with the following entities (if applicable) while preparing the BCP.

- Work Place Health and Safety Committees
- The Health and Safety Representative
- Policy Health and Safety Committees
- The Health and Safety Officer.

The Code establishes the legislative framework and duties and responsibilities of the employer and employees. The Regulations provide the detailed requirements.

A hazardous substance could include the pandemic virus since it is a biological agent. A hazardous substance is defined as:

> "a controlled product and a chemical, biological or physical agent that, by reason of a property that the agent possesses, is hazardous to the safety or health of a person"

The most relevant sections of the *Canada Labour Code Part II Occupational Health and Safety* are:

Section 124. Every employer shall ensure that the health and safety at work of every person employed by the employer is protected.

Section 125.(1) Without restricting the generality of section 124, every employer shall, in respect of every work place controlled by the employer and, in respect of every work activity carried out by an employee in a work place that is not controlled by the employer, to the extent that the employer controls the activity,

(p) ensure, in the prescribed manner, that employees have safe entry to, exit from and occupancy of the work place;

(s) ensure that each employee is made aware of every known or foreseeable health or safety hazard in the area where the employee works;

Section 128.(1) Subject to this section, an employee may refuse to use or operate a machine or thing, to work in a place or to perform an activity, if the employee while at work has reasonable cause to believe that

(b) a condition exists in the place that constitutes a danger to the employee...

Section 145. (2) If a health and safety officer considers that a condition in a place constitutes a danger to an employee while at work,

(a) The officer must notify the employer of the danger and issue directions in writing to the employer directing the employer, immediately or within the period that the officer specifies, to take measures to

(i) correct the hazard or condition or alter the activity that constitutes the danger,

(ii) protect any person from the danger...

If the employer agrees that a danger exists, the employer shall take immediate action to protect employees from the danger.

The full *Canada Labour Code Part II - Occupational Health and Safety* is available online at:
http://laws.justice.gc.ca/en/L-2?146493.html#rid-146499

Three Rights of Employees

The *Code* provides three rights:

- Right to Know;
- Right to Participate;
- Right to Refuse.

Right to Know: Employees have the right to be informed of known or foreseeable hazards such as pandemic influenza. They must be given the information, instruction, training and supervision necessary to protect their health and safety. Effective communication will be crucial in preparing for and controlling pandemic influenza.

Right to Participate: Employees have the right and responsibility to identify and correct job-related health and safety issues. They could exercise this right during pandemic influenza. Employees can also participate through a complaint process and may complain if pandemic influenza has not been well handled.

Right to Refuse: Employees can refuse work where there is reasonable cause to believe:

- A dangerous condition exists;
- An activity constitutes a danger to one or more employees.

It is possible that employees may refuse work when pandemic influenza poses a danger.

Duties of Employers and Employees

Employers: Under Section 124 employers must ensure the health and safety of every employee is protected. This may require implementing programs, plans and response actions for pandemic influenza.

Employees: Under Subsection 126. (1), employees have obligations to prevent occupational related injuries and diseases. They must take reasonable and necessary precautions to ensure their own and others' health and safety.

In the event of pandemic influenza, employees could exercise this obligation and would require guidance, training, education, cleaning substances and protective clothing such as protective barriers, gloves and masks.

4.2 Training and Awareness

Risk communication, training and awareness programs will be essential to provide information on pandemic influenza. Supervisors, managers and members of committees will have specific responsibilities.

An employer must provide information, instruction, training and supervision necessary to ensure health and safety. Employers must:

- Ensure supervisors and managers are trained and informed of their responsibilities where they act on behalf of their employer; and

- Ensure policy and work place committees and health and safety representatives are trained and informed of their responsibilities.

Training should include safe practices and procedures, and plans, policies, or programs that the employer develops under the applicable legislation.

Employees, supervisors, managers and members of committees should have specific responsibilities in the BCP for pandemic influenza and should receive appropriate training to exercise these responsibilities.

Training should cover:

- Duties of the employer and employees;

- The three rights of employees; and,

- Procedures required by the applicable legislation (see next page).

Methods of instruction can include lectures, film, hands-on demonstrations and information materials of various kinds. The extensiveness of the training is dependent on the work practices and procedures particular to the work place.

Keep Communication Open and Frequent

In all cases, it will be useful to discuss any likely impacts with employees, unions (if applicable) and others that may be affected beforehand. Whatever agreement and clarification can be achieved before a pandemic will prove a valuable investment should the emergency occur.

The Department of Human Resources and Social Development Canada (http://www.hrsdc.gc.ca/en/home.shtml) provides further information regarding human resource issues in a pandemic.

4.3 Selected Federal and Provincial Labour Statutes and Regulations

Please note that this is not exhaustive and that other regulations not listed here may apply to your business. The Department of Justice Canada http://laws.justice.gc.ca/ provides a full list of applicable statutes and regulations broken down by federal and provincial jurisdiction.

Federal

Canada Labour Code: http://canlii.org/ca/sta/l-2/
Canadian Occupational Health and Safety Regulations: http://canlii.org/ca/regu/sor86-304/
Canada Labour Standards Regulations: http://laws.justice.gc.ca/en/L-2/C.R.C.-c.986/index.html
Department of Human Resources and Social Development Canada: http://www.hrsdc.gc.ca/en/home.shtml

British Columbia

Labour Relations Code: http://www.lrb.bc.ca/code/
Health Act: http://www.gp.gov.bc.ca/statreg/stat/H/96179_01.htm

Alberta

Occupational Health and Safety Act: http://canlii.org/ab/laws/sta/o-2/20051114/whole.html

Saskatchewan

Occupational Health and Safety Act: http://canlii.org/sk/laws/sta/o-1.1/20051216/whole.html

Manitoba

Workplace Health and Safety Act: http://canlii.org/mb/laws/sta/w-210/20051114/whole.html
Labour Relations Act: http://www.canlii.org/mb/laws/sta/l-10/20051114/whole.html

Ontario

Ontario Occupational Health and Safety Act: http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm
Labour Relations Act: http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/95l01_e.htm

Québec

Occupational Health and Safety: http://www.canlii.org/qc/laws/sta/s-2.1/20051216/whole.html
Quebec Statutes and Regulations: http://www.canlii.org/qc/index_en.html

New Brunswick

Occupational Health and Safety Act: http://www.canlii.org/nb/laws/sta/o-0.2/20051114/whole.html

Nova Scotia

Occupational Health and Safety Act: http://www.canlii.org/ns/laws/sta/196c.7/20051216/whole.html

Prince Edward Island

Occupational Health and Safety Act: http://www.canlii.org/pe/laws/sta/o-1/20051216/whole.html
Labour Act: http://www.canlii.org/pe/laws/sta/l-1/20051216/whole.html

Newfoundland and Labrador

Occupational Health and Safety Act: http://www.canlii.org/nl/laws/sta/o-3/20051121/whole.html

Yukon

Occupational Health and Safety Act: http://www.canlii.org/yk/laws/sta/159/20041124/whole.html

Northwest Territories

Safety Act: http://www.canlii.org/nt/laws/sta/s-1/20051121/whole.html
Labour Standards Act: http://www.canlii.org/nt/lasw/sta/l-1/20051121/whole.html

Nunavut

Statutes and Regulations: http://www.canlii.org/nu/sta/index.html

Appendix 1 Where Can I Find More Information?

The following websites provide further information about pandemic influenza:

National Updates: **Public Safety and Emergency Preparedness Canada**
(http://www.psepc-sppcc.gc.ca/)
Phone: 1-800-484-8302
Email: PHAC_Web_Mail@phac-aspc.gc.ca

Health Canada - Latest Headlines, Advisories and Warnings
(http://www.hc-sc.gc.ca/)
Local Health Canada Phone Numbers:
http://www.hc-sc.gc.ca/home-accueil/contact/branch_sub_e.html

Travel Advisories: **www.travelhealth.gc.ca**

International

- ***World Health Organization***
  Epidemic and Pandemic Alert and Response (EPR)
  (http://www.who.int/csr/reousrces/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html)

- ***U.S. Centre for Disease Control (CDC)***
  Pandemic Influenza
  (http://www.cdc.gov/flu/pandemic/)

- ***PandemicFlu.com*** - The official U.S. government Website for information on pandemic flu and avian influenza - includes a Business Pandemic Influenza Planning Checklist.
  (http://www.pandemicflu.gov/plan/tab4.html)

- ***New Zealand Ministry of Economic Development***
  Influenza Pandemic Planning: Business Continuity Planning Guide
  (http://www.med.govt.nz/irdev/econ_dev/pandemic-planning/business-continuity/planning-guide/index.html)

Federal

- ***Public Health Agency of Canada***
  Canadian Pandemic Influenza Plan
  (http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html)

- ***FluWatch*** Reports: (http://www.phac-aspc.gc.ca/fluwatch/index.html)

- ***Immunization and Vaccines***
  (http://www.phac-aspc.gc.ca/im/index.html)

- ***Public Safety and Emergency Preparedness Canada***
  A Guide to Business Continuity Planning
  (http://www.psepc-sppcc.gc.ca/prg/em/gds/bcp-en.asp)

- ***Health Canada***
  Global Pandemic Influenza Readiness
  (http://www.hc-sc.gc.ca/ahc-asc/interactiv/pandem-flu/index_e.html)

- ***Government of Canada - Canada Health Portal***
  NEWS ROOM
  (http://www.chp-pcs.gc.ca/CHP/index_e.jsp?pageid=4060)

- ***SafeCanada.ca - Pandemic Preparedness***
  (http://www.safecanada.ca/)

- ***Canadian Centre for Occupational Health and Safety***
  (http://www.ccohs.ca/)

- ***Canadian Food Inspection Agency***
  Avian Influenza - Latest Information (includes email updates)
  (www.inspection.gc.ca/english/anima/heasan/disemala/avflu/situatione.shtml)

Provincial and Territorial

Provincial and Territorial Emergency Management Organizations (EMOs):

Alberta
Emergency Management Alberta
Phone: (780) 422-9000
Fax: (780) 422-1549
Website: http://www.gov.ab.ca/ma/ema

British Columbia
Provincial Emergency Program (PEP)
Phone: (250) 952-4913
Fax: (250) 952-4888
Website: http://www.pep.bc.ca

Manitoba
Emergency Measures Organization
Phone: (204) 945-4772
Toll-free: 1 (888) 267-8298
Fax: (204) 945-4620
Website: http://www.manitobaemo.ca

New Brunswick
Emergency Measures Organization
Phone: (506) 453-2133
Toll-free: 1 (800) 561-4034
Fax: (506) 453-5513
Website: http://www.gnb.ca/cnb/emo-omu/index-e.asp

Newfoundland & Labrador
Emergency Measures Division
Phone: (709) 729-3703
Fax: (709) 729-3857
Website: http//www.gov.nf.ca/mpa/emo.html

Northwest Territories
Emergency Measures Organization
Phone: (867) 873-7785
Fax: (867) 873-8193
Website: http://www.maca.gov.nt.ca/safety/emergency_organization.html

Nova Scotia
Emergency Measures Organization
Phone: (902) 424-5620
Fax: (902) 424-5376
Website: http://www.gov.ns.ca/emo/

Nunavut
Nunavut Emergency Management
Phone: (867) 975-5300
Fax: (867) 979-4221

Ontario
Ontario Emergency Management
Ontario Ministry of Community Safety and Correctional Services
77 Wellesley St. West, Box 222
Toronto, ON
M7A 1N3
Phone: (416) 314-3723
Fax: (416) 314-3758
Website: http://www.mpss.jus.gov.on.ca/english/pub_security/emo/about_emo.html

Prince Edward Island
Emergency Measures Organization
Phone: (902) 368-4000
Fax: (902) 368-5544
Website: http://www.gov.pe.ca/caag/emo-info/index.php3

Québec
Direction générale de la sécurité civile et de la sécurité incendie
Phone: (418) 644-6826
Fax: (418) 643-3194
Or one of the regional offices:
Gatineau: (819) 772-3737
Montréal: (514) 873-1300
Rimouski: (418) 727-3589
Trois-Rivières: (819) 371-6703 or your municipality
Website: http://www.msp.gouv.gc.ca/index_en.asp

Saskatchewan
Emergency Management Organization
Phone: (306) 787-9563
Fax: (306) 787-1694
Website: http://www.cps.gov.sk.ca/Safety/emergency/default.shtml

Yukon
Emergency Measures Organization
Phone: (867) 667-5220
Toll free (In Yukon): 1 (800) 661-0408
Fax: (867) 393-6266
Website: http://www.gov.yk.ca/depts/community/emo/

Other Provincial and Territorial Contacts

Alberta

- **Alberta Health and Wellness**
  Alberta's Plan for Pandemic Influenza
  (http://www.health.gov.ab.ca/influenza/PandemicPlan.html)

British Columbia

- ***British Columbia Ministry of Health***
  (http://www.healthservices.gov.bc.ca/pho/pandemic.html)
- ***BC Centre for Disease Control***
  Pandemic Influenza Preparedness Plan
  (http://www.bccdc.org/content.php?item=150)

Manitoba

- ***Manitoba Health***
  Office of the Chief Medical Officer of Health
  Preparing for Pandemic Influenza in Manitoba
  (http://www.gov.mb.ca/health/publichealth/cmoh/pandemic.html)

New Brunswick

- ***New Brunswick department of Health and Wellness***
  New Brunswick Pandemic Influenza Plan
  (http://www.gnb.ca/0053/influenza/index-e.asp)

Newfoundland & Labrador

- ***Newfoundland & Labrador Department of Health and Community Services***
  (http://www.health.gov.nl.ca/health/)

Northwest Territories

- ***Government of the Northwest Territories Health and Social Programs***
  (http://www.gov.nt.ca/agendas/heatlh/index.html)

Nova Scotia

- ***Nova Scotia Department of Health***
  (http://www.gov.ns.ca/govt/pandemic/)

Nunavut

- ***Nunavut Department of Health and Social Services***
  (http://www.gov.nu.ca/hsssite/hssmain.shtml)

Ontario

- ***Ontario Ministry of Health and Long-Term Care***
  Ontario Health Plan for an Influenza Pandemic
  (http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)
- ***HealthyOntario.com***
  (http://www.healthyontario.com/Health_Feature/Avain__Flu_Facts.html)

Prince Edward Island

- **Prince Edward Island Department of Health and Social Services**
  (http://www.gov.pe.ca/health/)

Québec

- ***Santé et Services sociaux Québec***
  (http://www.msss.gouv.gc.ca/sujets/santepub/pandemie/index.php?pandemic)

Saskatchewan

- ***Saskatchewan Health***
  (http://www.health.gov.sk.ca/)

- ***Influenza Avian Flu Pandemic Fact Sheet***
  (http://www.health.gov.sk.ca/rr_flu.pdf)

Yukon

- ***Yukon Health and Social Services***
  (http://www.hss.gov.yk.ca/)

Appendix 2 : Background on H1N1 Influenza Pandemic

- ***The questions and answers below are adapted from the website of the Public Health Agency of Canada (©Public Health Agency of Canada 2009) and are also available at*** *http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php.*

What is H1N1?

H1N1 Flu Virus has been reported around the world, and the World Health Organization (WHO) has declared it a pandemic influenza virus. Swine influenza (sometimes called swine flu) is a strain of the influenza virus that usually affects pigs, but which may also make people sick.

H1N1 Flu Virus is a respiratory illness that causes symptoms similar to those of the regular human seasonal flu. The symptoms include fever, fatigue, muscle aches and pains, lack of appetite, coughing, sore throat and possibly a headache. Some people with H1N1 Flu Virus have also reported vomiting and diarrhea.

How can the influenza virus spread from pigs to people?

Different strains of influenza are commonly circulating in our environment, including strains that can cause illness in humans, birds and pigs.

Sometimes, humans and animals can pass strains of flu back and forth to one another through direct close contact - such as in pig production barns and livestock exhibits at fairs. For people in close contact with pigs, the recommendations to avoid infection are the same as for regular seasonal influenza – frequent handwashing, getting an annual flu shot, covering coughs and sneezes, and staying home when ill.

When a swine influenza virus does affect a human, there is also a risk that the animal influenza can mutate and then spread directly between humans.

Is the H1N1 Flu Virus Contagious? How does it spread Between People?

Yes, this virus is contagious. Since most of the people who have become ill have not been in direct contact with pigs, we know that the virus has spread from person to person.

More investigation is needed on how easily the virus spreads between people, but it is believed that it is spread the same way as regular seasonal influenza.

Influenza and other respiratory infections are transmitted from person to person when germs enter the nose and/or throat. Coughs and sneezes release germs into the air where they can be breathed in by others. Germs can also rest on hard surfaces like counters and doorknobs, where they can be picked up on hands and transmitted to the respiratory system when someone touches their mouth and/or nose.

Why are people so concerned with this particular strain?

The strain of H1N1 Flu Virus is a new, or novel, influenza virus.

Since this is a new strain, people will likely have no natural immunity to protect against the virus. International experts are concerned that this strain could spread quickly.

Investigation is underway to learn more about the way the virus spreads. Governments around the world and the World Health Organization are engaged to investigate and address this situation.

Should people be avoiding exposure to pigs?

Influenza viruses can be transmitted from pigs to people and vice versa via coughs and sneezes, but there are not many documented cases of this actually happening. This H1N1 Flu Virus is spreading between humans – not directly from pigs to people. As a result, there is no risk from proximity to healthy pigs.

Because humans can also spread the disease to pigs, individuals with influenza symptoms should avoid close contact with pigs to reduce the risk of introducing a new influenza virus into domestic swine populations.

Government officials are conducting investigations to find out more about how this particular strain of H1N1 Flu Virus spreads.

Can I catch swine influenza from eating pork?

No. H1N1 Flu Virus is not transmitted through pork meat. Continue to follow proper handling and cooking procedures to reduce the risk of foodborne illnesses.

What is the incubation period for H1N1?

This is a new virus and we continue to learn more about it and how it spreads. However, we expect the incubation period for human swine influenza to be two to seven days.

If I get sick with H1N1 Flu Virus once, does that give me immunity or can I get infected with it again?

Typically, when a person is infected with an influenza virus and recovers, they develop antibodies that provide them with immunity to that particular virus. However, this is a new virus, and we continue to work with international partners to learn more about how it affects people and how it spreads.

How long does the virus live outside of the body?

The H1N1 Flu Virus can live outside the body on hard surfaces, such as stainless steel and plastic, for 24-48 hours and on soft surfaces, such as cloth, paper, and tissues for less than 8-12 hours; however, it can only infect a person for up to 2-8 hours after being deposited on hard surfaces, and for up to a few minutes after being deposited on soft surfaces.

Can the H1N1 Flu Virus be transmitted from humans to other animals, other than pigs, such as farm animals and household pets?

Scientists are currently conducting a range of studies to learn more about the H1N1 Flu Virus. Part of this work is focusing on the susceptibility of various species.

How high can the body temperature reach for an individual who has a fever who is infected with the H1N1 Flu Virus, and how long do symptoms last?

More investigation is needed on how long a person can be infectious (be able to spread the virus to others), but, it is believed that this period is for one day before the onset of symptoms and continues for approximately 7 days after symptoms have started.

What we are generally seeing in Canada with H1N1 is similar to typical influenza, whereby illness includes a sudden onset of respiratory illness with a fever (body temperature above 38ºC or 100.4ºF), cough, and potentially other symptoms such as sore throat, runny nose, muscle aches, and extreme fatigue. Most people with influenza recover completely in 1-2 weeks; however, some may have serious complications (particularly those with underlying conditions) since the severity of illness can vary. A person who is concerned about their health or wellbeing should contact a health care practitioner to discuss their personal circumstances.

What is the Government of Canada doing to protect Canadians from the virus here in Canada?

Our primary goal is to protect the health of Canadians and their families. At this time, the most effective way to do this is to slow the spread of the disease.

A number of steps are involved in doing this:

- Heightened Surveillance will continue and frontline health care workers are actively looking for and reporting positive cases.
- Health care workers have been provided with detailed advice on how to manage suspect and/or confirmed cases.
- Provincial and territorial laboratories are working cooperatively with Canada's National Microbiology Lab in Winnipeg
- If needed, antiviral medications from Canada's stockpile would be used to treat active severe illness.
- Communications to Canadians will continue through the Citizen Readiness Campaign to ensure they are well-informed as to how best protect themselves and their families. Additional outreach will take place if needed.

What actions is Canada taking to address pandemic alert level to Phase 6?

Canada is a global leader in pandemic planning and we continue to implement our overall pandemic plan for the health sector (Canadian Pandemic Influenza Plan).

Our advanced level of readiness is also due to close cooperation with provinces and territories and health professionals across the country.

With the escalation to Pandemic Phase 6, federal actions will be actively continued under the Canadian Pandemic Influenza Plan for the Health Sector, including:

- Ensuring that the National Antiviral Stockpile can be mobilized quickly so Canadians can receive the treatment they need;
- Reviewing the science and working with the vaccine manufacturer, GlaxoSmith Kline, to begin the process of developing and testing a pandemic vaccine in accordance our standing contract; and ongoing involvement in vaccine development, testing and production;
- Managing the National Emergency Stockpile System (NESS) which contains hospital supplies, equipment and other pharmaceuticals (including a stockpile of antiviral medication);
- Assessing implementation of community-based strategies aimed at mitigating potential impact on the healthcare system and society as whole;
- Working with national professional organizations and non-government organizations to optimize and monitor essential health-related resources such as: medical supplies, antivirals, vaccines, sanitizers and antibiotics; health care worker availability, hospital occupancy/availability, and use of alternative health facilities.

Are there drugs that can treat H1N1 Flu Virus?

Yes. Early research indicates that there are two prescription antiviral drugs, oseltamivir (Tamiflu) and zanamivir (Relenza) that are effective in treating the H1N1 Flu Virus.

What are PHAC's recommendations for the use of antivirals?

PHAC's recommendation is that antivirals be used to treat H1N1 Flu Virus when the illness is moderate to severe and the patient is at a great risk for complications. PHAC is not recommending that antivirals be given for a mild disease or on a preventive basis at this time. The reasons for this are:

- We do not have sufficient information to suggest that this influenza virus requires the use of antivirals. Most patients in Canada are recovering well on their own.
- There is a risk that the virus could be resistant to antiviral treatment if antivirals are overused to treat mild illness.
- The antiviral stockpile is a finite resource. We want to be sure not to run out before they are really needed.

How antiviral medications are made available if needed?

Antiviral medications are prescription drugs. They may be obtained from a pharmacy with a regular prescription.

There is a national stockpile of antiviral medication, and some provinces and territories also have their own stockpiles. Every province and territory has access to the national stockpile and antivirals have been distributed on a per-capita basis.

What is the difference between an antiviral and a vaccine?

Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza.

Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus. The H1N1 Flu Virus can be treated with two different antivirals, oseltamivir (Tamiflu) and zanamivir (Relenza).

A vaccine is any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines are the primary means to prevent illness and death from influenza. They stimulate the production of antibodies against the flu virus components included in the vaccine, providing immunity against the virus.

In order to provide the best protection, a vaccine must be tailored to fight off specific strains of influenza.

I got my flu shot this year. Will it protect me against H1N1 Flu Virus?

It is unlikely that the seasonal flu shot will provide protection against H1N1 Flu Virus . The flu shot will protect against the seasonal flu. A new pandemic vaccine will be available to all Canadians who need and want to receive it.

Should Canadians take any extra measures like wearing surgical masks to avoid catching H1N1 Flu Virus?

Canadians should continue to take normal precautions to protect themselves as they would from a regular flu. While we are investigating to learn more about how this virus spreads, our best advice is for Canadians to wash their hands frequently, cover coughs and sneezes, and stay home when ill.

The Public Health Agency of Canada does not recommend that members of the general public wear surgical masks to protect against contracting H1N1 Flu Virus . Evidence shows that this is not effective in preventing transmission of influenza in the general public. People often use masks incorrectly, or contaminate themselves when putting masks on and taking them off, which could actually increase the risk of infection.

The exception is people who are ill with H1N1 Flu Virus or people who are exhibiting flu-like symptoms. In order to protect those in close contact, like doctors, nurses, and caregivers at home, these people may be asked to wear a face mask.

Appendix 2 a Background on Influenza Pandemic, Terminology, List of Abbreviations

The questions and answers below are adapted from the website of the Public Health Agency of Canada (© Public Health Agency of Canada, 2005) and are also available online at http://www.phac-aspc.gc.ca/influenza/pandemic_ga_e.html. As the information below (taken March 2006) will change as the H5N1 situation develops, please refer to the Public Health Agency of Canada for the most up-to-date information available.

AVIAN INFLUENZA A (H5N1) SITUATION UPDATE:
http://www.phac-aspc.gc.ca/tmp-pmv/2006/h5n1060209_e.html

What is avian influenza?
Avian influenza is a contagious viral infection that can affect all species of birds but can, less commonly, infect mammals. While all bird species are thought to be susceptible to infection, domestic poultry flocks are especially vulnerable to infections that can rapidly turn into epidemics. Wild birds may carry influenza viruses without becoming ill due to natural resistance. Wild waterfowl present a natural reservoir for these viruses and can be responsible for the primary introduction of the infection into domestic poultry. Further evolution of these viruses amongst poultry may result in strains that are capable of causing a wide range of clinical illness, from no symptoms to a severe epidemic that kills up to 100 percent of infected birds.

Is avian influenza transmissible to humans?
People have contracted avian flu and limited, inefficient human-to-human transmission is suspected in some cases. To date, the avian influenza viruses that have caused illness in people include the H5N1, H7N7, H7N3 and H9N2 subtypes, with H5N1 associated with the most serious illness in humans.

Since January 2004, widespread outbreaks of H5N1 in birds in Asian countries have been associated with human cases and deaths in Asia.

In B.C., two people were infected with avian influenza during a H7N3 outbreak in poultry in 2004. Both cases of infection followed close contact with infected poultry and contaminated materials and resulted in mild symptoms. Both people recovered fully.

In February 2003, the H5N1 strain jumped from birds to infect two members (father and son) of a family from Hong Kong who had traveled to southern China. The father died but the son recovered. A third member of the family, the boy's sister, died of a severe respiratory illness in China.

An outbreak of H7N7 in the Netherlands in 2003 resulted in one death and over 80 cases of mild disease in people. The vast majority of these cases exhibited conjunctivitis, and some of them displayed mild influenza-like illness.

The first documented human infection with H5N1 occurred in Hong Kong in 1997. In that first outbreak, 18 people were hospitalized and 6 of them died.

Why are so many people in places like Vietnam and Thailand dying?
An increase in human cases of avian influenza in Vietnam and Thailand coincides with new outbreaks of the virus in birds. Avian influenza will remain a threat as long as the virus is circulating in the country. Avian influenza viruses become more active in cooler temperatures so it is likely that we'll continue to see more poultry outbreaks as well as human cases.

To date, most human cases have been linked to direct contact with infected poultry. Often, this contact includes high risk exposure during the slaughter, defeathering and preparation of poultry for cooking.

Poultry marketing, transportation and consumption also increases in Vietnam with the approach of the Lunar New Year in early February. These activities create conditions favourable for poultry outbreaks.

Is there a vaccine for H5N1?
A vaccine is not currently available. At this point though, a genetically modified seed strain for H5N1 vaccine development is available and vaccine manufacturers in several countries, including Canada, have acquired this seed strain. Manufacturers are working now to optimize the conditions under which the modified H5N1 virus grows in eggs. This will allow them to develop a virus seed bank for future vaccine production.

The virus has been modified using a technique called reverse genetics so that it can grow in chicken eggs, the main source of influenza vaccine production. The genetic modification also makes the virus less virulent.

How many people have died in these countries?
The WHO provides the most recent information on the cumulative number of cases and deaths since January 28, 2004. Please visit the WHO web site (http:/www.who.int/).

Is avian flu activity in these regions increasing?
According to the World Health Organization and the World Organization for Animal Health, outbreaks in birds in Vietnam appear to be increasing since December 2004, especially in the southern areas. The number of human cases is currently not that different from what we've seen in 2004. Increasing outbreaks among birds in the affected countries increases the chances for human exposure to the virus.

What is Canada doing to help these countries and to prevent the international spread of the virus?
The Public Health Agency of Canada has provided communications and public health support to the region. The Agency continues to work with the WHO, other international organizations and other countries to improve the prevention and control of avian influenza and pandemic influenza preparedness.

Is H5N1 going to evolve into a strain of pandemic influenza?
We don't know for sure whether or not H5N1 will evolve into a pandemic strain but it has shown the ability to mutate so it is a concern. Influenza viruses are constantly changing over time and it is possible that changes in the virus currently affecting Vietnam and Thailand can result in a virus that is more efficiently transmissible to and among humans.

While there have recently been changes in the virus, there is currently no indication that the virus has changed to a form that could result in a pandemic. This possibility is being closely monitored.

How will we know if H5N1 is becoming a pandemic strain?
If H5N1 or any other strain of avian influenza were to evolve into a pandemic strain of influenza, we expect, based on the scientific research that's been done, that we would see efficient and sustained human-to-human transmission of the virus. This means we would see a large and growing number of new and unrelated cases increasing daily which, to date, has not been the case.

What is the Canadian government doing to protect us against the next pandemic?
The Public Health Agency of Canada, together with other federal government departments and provincial and territorial governments, has taken and continues to take action in a number of areas to protect Canadians. Activities include:

- Maintaining the **Canadian Pandemic Influenza Plan** (See Appendix 2A). The plan maps out how Canada will prepare for and respond to pandemic influenza. The Agency continues to work on the plan based on new information that becomes available. This plan also provides a model for responding to other infectious disease outbreaks.

- Establishing a contract for **pandemic vaccine production**. The World Health Organization has recognized Canada as a leader in pandemic preparedness and one of the few countries in the world to put in place a domestic contract for pandemic influenza vaccine production.

- Developing and testing a **prototype vaccine** against the H5N1 influenza strain to speed up the availability of a pandemic vaccine when it is needed.

- Creating a **national antiviral stockpile** for use against an influenza pandemic. The national stockpile will be used to treat identified priority groups agreed upon by a national expert committee.

- Managing the **National Emergency Stockpile System** (NESS). The NESS contains everything that you would expect to find in a hospital, from beds and blankets and a supply of pharmaceuticals. This includes a stockpile of antiviral medication.

- Providing **international leadership pandemic preparedness**. For instance, Canada is collaborating with the WHO and other countries and is co-leading with the United Kingdom discussions related to the supply and use of antivirals within the Global Health Security Action Group with the G7 plus Mexico.

- Helping countries affected by H5N1 **develop their capacity to respond** to an emerging infectious disease outbreak. The Public Health Agency's National Microbiology Lab (NML) has been working with Vietnam's National Institute of Hygiene and Epidemiology (NIHE) at their main laboratory in Hanoi to improve its testing capability for avian influenza.

- Conducting **research to advance the global response to pandemic influenza**. The National Microbiology Lab has been working to increase its vaccine development capacity and contribute to knowledge on pandemic influenza and what makes some strains particularly deadly. The NML has also been developing its ability to create a seed strain for a vaccine utilizing the **reverse genetics** technique. This will ensure that Canada is able to develop an influenza vaccine as rapidly as possible once a pandemic strain emerges.

- Managing a **real-time alert system for serious respiratory illnesses** (SRIs), including SARS, to ensure timely dissemination of information to the provinces and territories.

- Strengthening **ongoing year round surveillance** for influenza through the national FluWatch system (http://www.phac-aspc.gc.ca/fluwatch/). Reports are published weekly or bi-weekly.

- Strengthening linkages with animal influenza surveillance to **improve Canada's ability for early detection of novel flu virus** that can infect humans.

- Putting in place a **hospital-based surveillance system** to detect cases and clusters of severe or emerging respiratory infections and to effectively prevent and contain their spread in acute care facilities.

- Monitoring the global situation and verifying information received from the **Global Public Health Information Network** (GPHIN) alert system. GPHIN tracks thousands of global media stories on public health issues and allows the Public Health Agency to quickly identify and monitor cases of severe respiratory infections around the world.

- Ongoing support and maintenance of **Quarantine Services** at the Toronto, Vancouver, Montreal (Pierre Elliot Trudeau), Calgary, Edmonton, Halifax and Ottawa international airports. Quarantine officers provide health assessments for international travellers that have signs of illness.

- Increasing **public awareness of influenza** and influenza virus through collaboration with the CPHA and the Canadian Immunization Awareness Program (Canadian Coalition for Influenza Awareness).

What do the H and N mean?
These letters refer to surface proteins, hemagglutinin (H) and neuraminidase (N), on the influenza virus that determine its subtype.

What's the difference between high and low pathogenicity?
The virus is considered low or highly pathogenic based on the severity of the illness in the bird population. Highly pathogenic avian influenza causes a severe disease that escalates rapidly from the onset of symptoms to severe illness and death in the bird population. Deaths in the bird population can approach 100% when the virus is highly pathogenic. Low pathogenic viruses cause less serious illness and the affected birds often recover.

Low and high pathogenicity refers to how the virus behaves in birds. Every precaution has and continues to be taken to protect human health regardless of the virus' pathogenicity in birds.

Should individuals get a flu shot to guard against avian influenza?
The current season flu shot does not protect against avian influenza. Immunization with the current season flu vaccine would be important though for those in close contact with infected poultry because it could reduce the likelihood that a worker would be infected with the human and avian forms of influenza at the same time. If a person was infected with both viruses at the same time, there is a possibility that the two viruses will "mix" and create a new virus against which people have no immunity.

Can mosquitoes transmit avian influenza from birds to people like West Nile?
There is no evidence that the influenza virus can be transmitted by mosquitoes.

Are poultry and eggs safe to cook and serve?
H5N1, like all viruses, is killed by heat. Cook all poultry past 165º F (74º C), as existing policy states. Our standard is pasteurized eggs, which are heat pasteurized. To date, no commercially processed chicken has been known to be infected. That said, it is absolutely essential that all poultry and poultry products be purchased through approved and inspected vendors.

Has anyone ever contracted H5N1 from eating infected chicken?
There currently is no scientific evidence that people have been infected with bird flu by eating safely handled and properly cooked poultry or eggs.

Do sanitation standards comply with official recommendations?
The Food Safety Standards include strict poultry procurement, storage, and preparation requirements to protect guests and associates from food borne illness.

Are there any specific leaning supplies that should not be used?
As of February 2006 and with the help of suppliers, specifications for kitchen sanitizer changed to "Oasis 146", a Quarternary Ammonium sanitizer. This new product has been certified by the Pandemic Response Team as an appropriate surface sanitizer in the event of an outbreak, while at the same time is an all in one sanitizer suitable for food contact surfaces, 3rd comp sink and spray bottle (hard surface sanitizing).

Additional Government Resource for Business Continuity Planning (BCP)

Recognizing that in an emergency situation private organizations must continuously deliver products and services to satisfy shareholders and to survive, Public Safety and Emergency Preparedness Canada has prepared an online summary and general guidelines for business continuity planning (BCP) for Canadian business and industry. They are available at:
http://www.ocipep.gc.ca/prgem/gds/bcp-en.asp

Government Powers in the Event of a Pandemic Emergency

The Chief Public Health Officer (CPHO - Head of the Public Health Agency of Canada), in consultation with the national Pandemic Influenza Committee, monitors and responds to reports of novel influenza viruses circulating the world or in Canada. The CMOH reviews the progression of disease caused by a novel influenza subtype and advises the Minister of Health.

Provincial, territorial health ministries and/or local authorities assume lead responsibility for public communications within their jurisdictions, however, Health Canada is the lead organization for public communications if a pandemic has moved beyond a single province or if a national emergency has been declared. Specific responsibilities of Health Canada include disease surveillance and national guidelines for infection control.

In the event of a pandemic emergency, public communications among all involved national and international organizations will be coordinated by Health Canada. Public communications around an influenza pandemic will occur in the international context.

Establishment and Coordination of Toll-Free Lines and Website

In the event of a pandemic emergency, Health Canada will ensure that toll-free information lines are established for the general public (www.hc.gc.ca).

If the emergency escalates, a central, emergency specific website will be established. Health Canada is currently developing options for such a central, emergency specific website.

Minister of Health - Interim Orders

The Minister of Health also has the power to issue an interim order in the event of an emergency if the Minister believes that immediate action is required to deal with a significant risk, direct or indirect, to health or safety. An interim order is intended to address circumstances where there is no time to make a regulation as the law would normally require. And interim order has the advantage of being able to provide a short-term “tailor-made” solution to a specific situation.

An example of an interim order in the event of a pandemic might include:

Requiring persons arriving in Canada to provide evidence of immunization in certain circumstances (such as where there is an epidemic in another country);

- Requiring people to submit themselves for medical examination;
- Requiring mandatory vaccinations and quarantine.

Declaration of a National State of Emergency

The Prime Minister or the Cabinet can declare a national state of emergency. A national emergency is defined in the National Emergencies Act as “an urgent and critical situation of a temporary nature” that exceeds a province's ability to cope and that threatens the welfare of Canadians and the ability of the Canadian government to preserve the “sovereignty, security and territorial integrity of Canada”.

The federal government has special powers in a national state of emergency. The government may, at its discretion:

- Regulate or prohibit travel when it is deemed necessary for health and safety reasons;
- Remove people and their possessions from their homes;
- Use or dispose of non-government property at its discretion;
- Authorize and pay persons to provide essential services that are deemed necessary;
- Ration and control essential goods, services and resources;

- Authorize emergency payments;
- Establish emergency shelters and hospitals; and,
- Convict or indict those who contradict any of the above.

Under the Emergencies Act, the Governor in Council may make various orders or regulations, but only if a state of national emergency has been declared. However, a situation may not justify declaring a state of emergency at the national level, but still require that immediate action be taken to protect the public. It should be noted that the scope of powers the Minister could exercise is more limited than the powers granted to the Governor in Council under the Emergencies Act.

Appendix 2b WHO Pandemic Phases and Corresponding Management Strategies

Phase	Description	Strategy
Inter-pandemic	Normal conditions	General preparedness.
Pre-pandemic Period		
Phase 1	No new influenza virus subtypes have been detected. If present in animals, the risk of human infection or disease is considered to be low.	Strengthen preparedness.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal subtype poses a substantial risk of human disease.	Minimize the risk.
Pandemic Alert Period		
Phase 3 (Current Phase)	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Early detection, notification and response.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus in not well adapted to humans.	Containment.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Gain time to implement response measures.
Phase 6	Pandemic: increased and sustained transmission in general population.	Minimize pandemic impacts.
Post-pandemic continuity		Recovery.

Appendix 2c List of Acronyms

List of Acronyms			
BCP	Business Continuity Plan	HR	Human Resources
BIA	Business Impact Analysis	ID	Identification
BMO	Bank of Montreal	ILI	Influenza-Like Illness
CCRF	Canadian Charter of Rights And Freedoms (Charter for short)	IT	Information Technology
CFIA	Canadian Food Inspection Agency	IM	Information Management
CI	Critical Infrastructure	MGI	Policy on the Management of Government Information
COE	PSEPC Centre of Excellence For BCP	MITSS	Management of Information Technology Security Standard
Code	Canada Labour Code Part II	NCI	National Critical Infrastructure
CPIP	Canadian Pandemic Influenza Plan	NHEMS	National Health Emergency Management System
CSPS	Canada School of Public Service	NERS	National Emergency Response System
CSRM	Continuous Security Risk Management	PHAC	Public Health Agency of Canada
DSO	Departmental Security Officer	PIA	Privacy Impact Committee
EOC	Emergency Operations Centre	PIC	Pandemic Influenza Committee
F/P/T	Federal/Provincial/Territorial	PPE	Personal Protective Equipment
GSP	Government Security Policy	PSEPC	Public Safety and Emergency Preparedness Canada
GoC	Government of Canada	SARS	Severe Acute Respiratory Syndrome
GOC	Government Operations Centre	TAA	Training and Awareness
FAO	World Food and Agriculture Organization	TRA	Threat and Risk Assessment
GDP	Gross Domestic Product	UPS	Uninterrupted Power Supply
GPHIN	Global Public Health Intelligence Network	VPN	Virtual Private Network
HVAC	Heat, Ventilation, and Air Conditioning	WHO	World Health Organization
H5N1	An animal or human virus that could cause pandemic influenza	WOAH	World Organization for Animal Health

Appendix 3: Pandemic Management Phase - Standard Planning Assumptions

The assumptions contained in the appendix are adapted from information contained in the Canadian Pandemic Influenza Plan (http://www.phac-aspc.gc.ca/cpip-pclcpi/).

> ***Clearly, any pandemic would be highly disruptive and disturbing. It would likely unfold in stages, which means protracted uncertainty, and it would happen in many cities in many countries at roughly the same time - it would be pervasive.***
> ***Dr. Sherry Cooper, Don't Fear Fear or Panic Panic***

This appendix models the potential impact of a large severe pandemic influenza wave on the workforce. The basic scenario is that of the 'Spanish Flu' of November 1918, which killed an estimated 30,000 to 50,000 people in Canada and 20 to 40 million people worldwide. During each of the last three pandemics, the greatest increase in death rates occurred among persons less than 60 years of age; in 1918-19, the greatest number of deaths occurred in those 20 to 40 years of age.

Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operation in the event of a pandemic is anticipated to be mainly human-resource oriented. Individual employers must consider their workforces and their particular circumstances, however, most should plan for up to 50% staff absences for periods of about two weeks at the height of a severe pandemic wave, and lower levels of staff absence for a few weeks either side of the peak. Overall, a pandemic wave may last about 8 weeks.

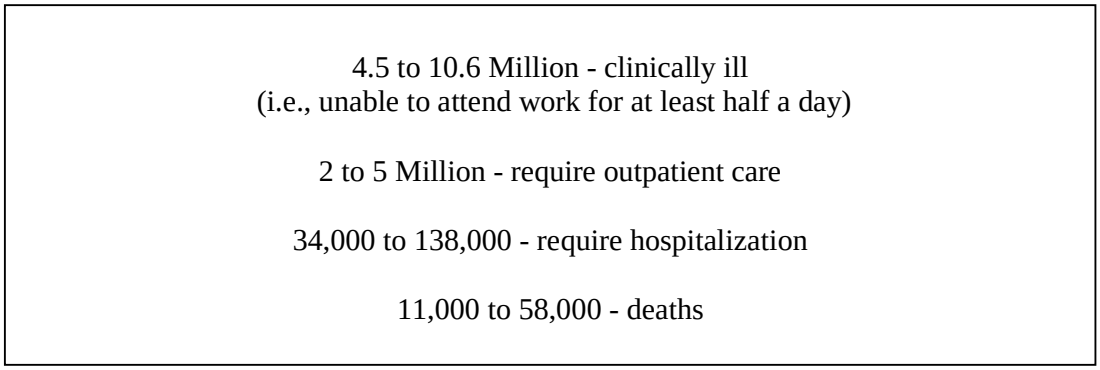
Assumptions

- The impact of a pandemic would likely be widespread, even global, not localized to a single area, therefore, there may be little outside assistance.
- Businesses would be confronted by up to 50 percent absenteeism, as many workers become ill, stay home to take care of children or family members or refuse to go to work, especially in heavily populated office towers.
- 15-35 percent of employees are likely to become ill at some time during the eight weeks of the pandemic wave.
- The workplace attack wave follows a pattern similar to that expected in the general population.
- Every person who becomes ill misses seven days of work.
- There is a 100 percent additional absence rate - that is, for every person in the workforce who gets ill, another does not come to work because of the need to look after a spouse or children or a disinclination to travel or work.
- The additional absences follow the workplace pattern.
- 2 percent of workers who become ill are likely to die.
- No estimate is made for people doing extra shifts or longer shifts or for any recruitment into the workforce during the pandemic.

In the event of a pandemic influenza, Health Canada estimates that 4.5 to 10.6 million Canadians would become clinically ill such that they would be unable to attend work or other activities for at least a half a day. This proportion, representing 15 to 35 percent of the population, does not include individuals who contract the virus and feel ill, but continue their usual activities. In addition, it is estimated that between 2.1 and 5.0 million people would require outpatient care, between 34,000 and 138,000 people would require hospitalization, and between 11,000 and 58,000 people would die in Canada during an influenza pandemic[1].

[1] These numbers are estimates only and are meant to provide a picture of the magnitude and potential impact of the next influenza pandemic.

Figure 1: Estimated impact of Pandemic Influenza in Canada



These tables, developed by the Public Health Agency of Canada, show the approximate number of people who would become ill during a 15 to 35 percent attack rate pandemic wave affecting the general population. The model used to calculate these numbers does not factor in the potential impact of a vaccine or antiviral drugs, which measures would reduce illness and deaths. Clearly, the number of deaths, as in any influenza season, really depends on how the virus behaves, how it spreads and what can be done to limit these factors.

Table 1 - Estimated number of cases by outcome

Outcome	Attack Rate 15%			Attack Rate 35%		
	Mean Number	5th Percentile	95th Percentile	Mean Number	5th Percentile	95th Percentile
Death	**17,768**	**10,544**	**24,954**	**41,459**	**24,603**	**58,227**
Hospitalization	**46,639**	**34,042**	**59,166**	**108,824**	**79,431**	**138,053**
Outpatient Care	**2,086,327**	**2,027,496**	**2,145,282**	**4,868,097**	**4,730,825**	**5,005,657**
Ill, no formal Care	**2,394,443**	**2,335,458**	**2,455,967**	**5,587,035**	**5,449,401**	**5,730,591**
Total	**4,545,177**	**4,407,545**	**4,685,464**	**10,605,415**	**10,284,265**	**10,932,623**

It has been observed that an influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. In any locality, the length of each wave of illness is likely to be six to eight weeks.

Business continuity plans may need to be reviewed to ensure that they are robust enough to account for significant staff absences and other pandemic-related risks.

Appendix 4: Key Elements of an Organization – Specific Business Continuity Plan for Pandemic

The material in this appendix draws together key points from the planning guide, in a form that may assist individual businesses and other organizations in preparing their own business continuity plan for pandemic.

The material is necessarily generic, and will need to be adapted to meed the circumstances and needs of individual businesses and organizations.

1. Overview and Context

Pandemic overview

- National and community perspective
- Anticipated demands for the goods/services that you provide
- Similarities to and differences from other emergencies

Focus

- The focus of this Plan is on reduction of the impact of a pandemic by
  - √ Reducing the **incidence**
  - √ Delivering an **effective response**

- In order to achieve this impact reduction, comprehensive planning (readiness arrangements must be in place
- The Plan needs to consider the appropriate audiences
  - √ Internal (Boards, Management and Staff)
  - √ External agencies

Define de structure and key roles (link with existing Business Continuity Plans)

- Leadership and direction within the organization in the event of a pandemic
  - √ Who makes the strategic decisions in relation to pandemic?
  - √ Who communicates to whom internally and externally?
- Main expectations of staff with key roles
- Allocation of other specific responsibilities (including ownership of this plan and its maintenance)

2. Risk Identification and Analysis

Develop summary statements (including organizational risk and potential impact corresponding to each pandemic stage, with reference to the Health Canada scenarios)

- Include the potential impacts on other agencies that you have close relationships with, including
  - √ Suppliers of materials and services
  - √ Sub-contractors (e.g. essential maintenance)
- Create and implement plans as per the outline in the following section

3. Required Preparations

Interpandemic and Pandemic Alert Periods – Develop the likely response processes and measures (with reference to Table 2 of this guide)

General Planning

- Review existing business continuity plans and develop pandemic-specific procedures as appropriate
  - √ Identify essential services (including contractors), facilities/plants, other production inputs
  - √ Plan for up to 50% staff absences for periods of 2-3 weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the pandemic
  - √ Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member
  - √ Identify ways to increase "social distancing" in the workplace, reduce movement etc.
  - √ Consider organizational policies to encourage the sick to stay at home; and enable staff to work from home
  - √ Identify existing arrangements that might assist pandemic outbreaks
- Establish mechanisms for alerting staff to change in pandemic status
- Establish procedures and triggers for escalation of response

Advance planning (Pandemic Period)

- Alert staff to change in pandemic status
- Identify ways to minimize illness amongst staff and customers, and consider how essential messages (e.g. basic hygiene) can be communicated to staff
- Identify needs for PPEs and cleaning equipment, and check air conditioning. Purchase additional contingency supplies

4. Response Actions

Pandemic Period – Implement the specific response processes and measures

Active Response

Border Management

- Alert staff to change in pandemic status
- Activate staff overseas travel restrictions
- Review/test essential business continuity measures
  - √ Process familiarization, including training for those with specific role

Pandemic Management

- Alert staff to change in pandemic status
- Activate measures to minimize introduction and/or spread of influenza in work place (post notices: social distancing, managing ill staff members, workplace cleaning, etc.)

- Activate essential business continuity measures and establish a regular review process
  - √ Review and update risk and impact assessment
  - √ Set response objectives and identify specific actions required
  - √ Decide activities/services to be maintained/discontinued; who needs to come to work
  - √ Communicate with staff to promote confidence in the workplace and externally to inform other agencies that you have close relationships with
  - √ Review regularly (e.g. weekly)
- Activate contact tracing where staff become ill at work
- Activate process for recovered staff members to return to work

5. Recovery Processes

Post-Pandemic Period – Recovery

- Establish criteria and process for agreeing to return to business as normal
- Review and update risk and impact assessment
- Communicate internally with staff and externally with related agencies
- Manage return to business as normal
- Conduct full debrief process(es)
  - √ Update pandemic plan as appropriate
  - √ Update Business Continuity Plan as appropriate

The desired outcome of the Plan is to achieve effective preparation and response through clarity, process familiarity and confidence for staff and other stakeholders.

- **Appendix 5 Sample Business Continuity Contact List for Pandemic Influenza**

PLAN TO STAY IN BUSINESS	**If this location is not accessible we will operate from location below:**
Business Name	**Business Name**
Address	**Address**
City, Province	**City, Province**
Telephone Number	**Telephone Number**
The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.	**If the person is unable to manage the crisis, the person below will assume management duties.**
Primary Emergency Contact	**Secondary Emergency Contact**
Telephone Number	**Telephone Number**
Alternative Number	**Alternative Number**
E-mail	**E-mail**

PANDEMIC EMERGENCY CONTACT INFORMATION

Public Health Agency Canada Toll-free Number: 1 (800) 484-8302

Local Health Canada Office Numbers: http://www.hc-sc.gc.ca/home-accueil/contact/branch_sub_e.html

Emergency Contact Numbers:_____

Local:_____

Provincial:_____

SAMPLE BUSINESS CONTINUITY CONTACT LIST FOR PANDEMIC INFLUENZA

EMERGENCY PLANNING TEAM
The following people will participate in emergency planning and crisis management.

Name	Telephone	Cell phone	E-mail

WE PLAN TO COORDINATE WITH CUSTOMERS AND SUPPLIERS
The following customers and suppliers will participate in our emergency planning team:

Name	Company	Telephone	E-mail

OUR CRITICAL OPERATIONS
The following is a prioritized list of our critical operations, staff and procedures we need to recover from a pandemic influenza emergency.

OPERATION	STAFF IN CHARGE	ACTION PLAN

SAMPLE BUSINESS CONTINUITY CONTACT LIST FOR PANDEMIC INFLUENZA

SUPPLIERS AND CONTRACTORS

Company Name:_____

Street Address:_____

City:_____ **Province:**_____ **Postal Code:**_____

Phone:_____ **Fax:**_____ **E-mail:**_____

Contact Name:_____ **Account Number:**_____

Materials/Service Provided:_____

ALTERNATE SUPPLIER

Company Name:_____

Street Address:_____

City:_____ **Province:**_____ **Postal Code:**_____

Phone:_____ **Fax:**_____ **E-mail:**_____

Contact Name:_____ **Account Number:**_____

Materials/Service Provided:_____

If this company is not available, we will obtain supplies/materials from the following:

Company Name:_____

Street Address:_____

City:_____ **Province:**_____ **Postal Code:**_____

Phone:_____ **Fax:**_____ **E-mail:**_____

Contact Name:_____ **Account Number:**_____

Materials/Service Provided:_____

SAMPLE BUSINESS CONTINUITY CONTACT LIST FOR PANDEMIC INFLUENZA

COMMUNICATIONS

We will communicate our emergency plans with co-workers in the following way:

In the event of a pandemic influenza we will communicate with employees in the following way:

CYBER SECURITY

To protect our computer hardware, we will:

To protect our computer software, we will:

RECORDS BACK-UP

_____ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back-ups are stored on-site_____

Another set of back-up records is stored at the following off-site location:

SAMPLE BUSINESS CONTINUITY CONTACT LIST FOR PANDEMIC INFLUENZA

EMPLOYEE EMERGENCY CONTACT INFORMATION:

The following is a list of our co-workers and their individual emergency contact information:

Name	Telephone	Cell Phone	E-mail

ANNUAL REVIEW

We will review and update this business continuity plan in _____.

Pandemic Flu Planning

Checklist for Individuals and Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

☐ Store a supply of water and food. During a pandemic, if you cannot get to a store or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies such as power outages and disasters.

☐ Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes and vitamins.

☐ Talk with family members and loved ones about how they would be cared for if they got sick or what will be needed to care for them in your home.

☐ Volunteer with local groups to prepare and assist with emergency response.

☐ Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

☐ Teach your children to wash hands frequently with soap and water, and model the correct behaviour.

☐ Teach your children to cover coughs and sneezes with tissues, and be sure to model that behaviour.

☐ Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	**Examples of medical, health, and Emergency supplies**
☐ Ready-to-eat canned meats, fruits, vegetables and soups	☐ Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
☐ Protein or fruit bars	☐ Soap and water or alcohol-based hand wash
☐ Dry cereal or granola	☐ Medicines for fever, such as acetaminophen or ibuprofen
☐ Peanut butter or nuts	☐ Thermometer
☐ Dried fruit	☐ Anti-diarrhea medication
☐ Crackers	☐ Vitamins
☐ Canned juices	☐ Fluids with electrolytes
☐ Bottled water	☐ Cleansing agent/soap
☐ Canned or jarred baby food and formula	☐ Flashlight
☐ Pet food	☐ Batteries
	☐ Portable radio
	☐ Manual can opener
	☐ Garbage bags
	☐ Tissues, toilet paper, disposable diapers

Family Emergency Health

Information Sheet

It is important to think about health issues that could arise if an influenza pandemic occurs, and how they could affect you and your loved ones. For example, if a mass vaccination clinic is set up in your community, you may need to provide as much information as you can about your medical history when you go, especially if you have a serious health condition or allergy.

Create a family emergency health plan using this information. Fill in information for each family member in the space provided. Like much of the planning for a pandemic, this can also help prepare for other emergencies.

1. Family Member Information:

Family Member	Blood Type	Allergies	Past/Current Medical Conditions	Current Medications/ Dosages

2. Emergency Contacts:

Contacts	**Name/Phone Number**
Local personal emergency contact	
Out-of-town personal emergency contact	
Hospitals near: Work	
School	
Home	
Family physician(s)	
State public health department (See list on www.pandemicflu.gov)	
Pharmacy	
Employer contact and emergency Information	
School contact and emergency information	
Religious/spiritual organization	
Veterinarian	

Pandemic Preparedness Checklist

	COMPLETED	IN PROGRESS	NOT STARTED
Identification of Core People and Core Skills			
Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labour representatives.	☐	☐	☐
Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/ products, and logistics) required to maintain business operations by location and function during a pandemic. Plan for impact on financials.	☐	☐	☐
Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/ descriptions, retirees). (In-house cross training)	☐	☐	☐
Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect or restriction on mass gatherings, need for hygiene supplies, travel restrictions).	☐	☐	☐
Implement an exercise/drill to test your plan, and revise periodically.	☐	☐	☐
Set-up authorities, triggers, and procedures for activating and terminating the company's response plan.	☐	☐	☐
Plan for Large Absence (10% to 50%)			
Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.	☐	☐	☐
Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness. (Utilize existing guidelines established).	☐	☐	☐

	COMPLETED	IN PROGRESS	NOT STARTED
Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).	☐	☐	☐
Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).	☐	☐	☐
Protection of staff health			
Find up-to-date, reliable pandemic information from community public health, emergency management and other sources and make sustainable links. (Maintain bulletin board information as current).	☐	☐	☐
Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.	☐	☐	☐
Encourage and track annual influenza vaccination for employees. (Post vaccination sites & locations).	☐	☐	☐
Evaluate employee access to and availability of occupational and mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed. (Post location of services available from city emergency website)	☐	☐	☐
Identify employees and key customers with special needs and incorporate the requirements of such persons into your preparedness plan. Implement a separate Guest Register. (Manual list with special needs).	☐	☐	☐
Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms). Increase awareness, Attend training workshops	☐	☐	☐
Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms). Increase awareness, Attend training workshops	☐	☐	☐
Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations. Assemble requirements, monitor inventory.	☐	☐	☐

	COMPLETED	IN PROGRESS	NOT STARTED
Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).	☐	☐	☐
Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.	☐	☐	☐
Provide information for the at-home care of ill employees and family members.	☐	☐	☐
Communications & Knowledge Management			
Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes of tracking and communicating business and employee status.	☐	☐	☐
Enhance communications and information technology infrastructure as needed to support employee telecommuting and remote customer access.	☐	☐	☐
Ensure that communications are culturally and linguistically appropriate	☐	☐	☐
Disseminate information to employees about your pandemic preparedness and response plan.	☐	☐	☐
Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system. Update employee contact information (Company website to be accessible to obtain updates).	☐	☐	☐
Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and anti-virals). (Provide information tailored to each hotel city).	☐	☐	☐

	COMPLETED	IN PROGRESS	NOT STARTED
Collaborate with insurers, health plans and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.	☐	☐	☐
Collaborate with federal, provincial and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans and understand their capabilities and plans.	☐	☐	☐
Communicate with local and/or provincial public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.	☐	☐	☐
Share best practices with other businesses in your communities, chambers of commerce, and safe workplace associations to improve community response efforts.	☐	☐	☐
Purchase required suggested quantities of masks, thermometers, gloves and alcohol based hand sanitizer. Quantities are based on 70% occupancy X number of guests per room, plus staff for a 7 day period.	☐	☐	☐
Establish staff bulletin board to be utilized as a central location for sharing of Avian Pandemic Information.	☐	☐	☐
Distribute handouts pertaining to Pandemic information. Develop sign off sheet to confirm each employee has received all “handouts”. Maintain in master file and copy Corporate Office.	☐	☐	☐
Confirm information awareness sessions have taken place at the property level including a signed attendance list.	☐	☐	☐
Complete Appendix 5 known as Continuity Contact List tailored to your hotel location and forward to Corporate Office.	☐	☐	☐
Post available website information on staff bulletin board for ease of access and a tool of reference for individual research.	☐	☐	☐
Questions and answers section, pages (67-73) post on Staff Bulletin Board.	☐	☐	☐
Prepare staffing model for reduced occupancies and potential of reduced personnel.	☐	☐	☐
Prepare staffing model for reduced occupancies and potential of reduced personnel.	☐	☐	☐

	COMPLETED	IN PROGRESS	NOT STARTED
Research and access your city website "Emergency Response Plan". Retrieve and post the following information on Staff Bulletin Board: ■ Acute Care Facilities ■ Vaccination Clinic Sites ■ Potential sites for triage sites (temporary emergency centres) ■ Know what is in place for your geographical area	☐	☐	☐
Develop good habits and prepare a check list of hard surface and public areas that need to be sanitized frequently. **i.e.** door handles, elevator buttons, stair railings.	☐	☐	☐
Prepare a Train the Trainer team who will attend a pandemic planning workshop in preparation of hotel specific emergency planning.	☐	☐	☐
Update employee emergency contact list including e-mail addresses (maintain had copy and electronic).	☐	☐	☐
Confirm that all MSDS Sheets are available and current.	☐	☐	☐