The Board of Funeral Services (the "Board") and the Funeral Service Association of Canada (FSAC) are pleased to provide the information contained in this Guide; we hope licensees and their staff find it helpful. The Board and FSAC are not experts in the area of pandemic; we will strive to be the conduits of information from the experts to licensees and their staff.

The Board would like to acknowledge and thank the FSAC for its research into pandemic planning and support of the funeral sector and in particular, the significant amount of work it has contributed to preparing this Guide. A pocket size version of the body of the Guide is available from the FSAC.

**Can We Plan for a Pandemic?**

YES! There are many unknowns in trying to prepare for the next pandemic. No community is truly ready to handle all the effects of a disaster - just look at the lessons that are being learned from Hurricane Katrina. The best protection in a disaster is knowing what to do. If we think and plan ahead - how to keep staff healthy, how to communicate with families, how to manage the increase in mortality rates, how to manage the temporary changes that a pandemic will bring - then we will be in a better position to respond. Remember, planning for a pandemic is a "work in progress".

**Please note:** “Funeral service provider” refers to funeral homes, transfer services and other similar types of businesses.

**Disclaimer:** The Board and FSAC have taken all reasonable precautions to verify the information contained in this Guide. However, due to the changing nature of pandemic information, the responsibility for the interpretation and use of this publication lies with the reader. The information in the Guide may change as more is learned. Please visit the Board Web site at www.funeralboard.com for a copy of the most recent version of the Guide. All appendices are reproduced with the permission of the author or owner.
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What is a Pandemic?

Historically, an influenza pandemic has occurred 3 to 4 times per century, with the potential to cause serious illness, death, and significant social and economic disruption throughout the world. Only the Influenza A virus is associated with pandemics and there are many subtypes of the Influenza A virus. Currently (at the time of printing), H5N1 (Avian Influenza A) was of particular concern. If H5N1 is able to adapt into a strain that is efficiently transmitted between humans, it has the potential to cause a pandemic. However, the next influenza pandemic may be caused by another strain all together.

A Pandemic occurs when all four of the following take place:
1. A new Influenza A virus is detected.
2. People have little or no immunity to the new Influenza A virus.
3. The virus is virulent, with the capacity to cause serious illness and death.
4. Human-to-human transmission happens easily.

The following is information provided by the Government of Ontario outlining the differences between ordinary flu and pandemic flu.

What is the difference between ordinary flu and pandemic flu?

A pandemic flu can appear very similar to seasonal flu. Because people have little or no immunity to a pandemic flu virus, the spread of the disease can occur more quickly than with an ordinary flu.

The symptoms are the same: fever, headache, aches and pains, tiredness, stuffy nose, sneezing, sore throat and cough. However, they can be much more severe with a pandemic flu and affect people who do not normally suffer as much from seasonal flu - such as younger, healthy adults. For example, in the 1918 and 1919 pandemic, the death rate was highest among healthy adults.

Here is what you should know about a flu pandemic:

<table>
<thead>
<tr>
<th>ORDINARY FLU</th>
<th>PANDEMIC FLU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary flu happens every year.</td>
<td>Pandemic flu happens only two or three times a century.</td>
</tr>
<tr>
<td>Ordinary flu is usually around from November to April and then stops.</td>
<td>Pandemic flu usually comes in two or three waves several months apart. Each wave lasts about two to three months.</td>
</tr>
<tr>
<td>About 10% of Ontarians get ordinary flu each year.</td>
<td>About 35% of Ontarians may get pandemic flu over the course of an outbreak.</td>
</tr>
<tr>
<td>Most people who get ordinary flu will get sick, but they usually recover within a couple of weeks.</td>
<td>About half of the people who get pandemic flu will become ill. Most will recover, but it may take a long time. And some people will die.</td>
</tr>
<tr>
<td>Ordinary flu is hardest on people who don't have a strong immune system: the very young, the very old, and people with certain chronic illnesses.</td>
<td>People of any age may become seriously ill with pandemic flu, depending on the virus.</td>
</tr>
<tr>
<td>In a normal flu season, up to 2,000 Ontarians die of complications from the flu, such as pneumonia.</td>
<td>During a flu pandemic, Ontario would see many more people infected and possibly many more deaths.</td>
</tr>
<tr>
<td>There are annual flu shots that will protect people from ordinary flu.</td>
<td>There is no existing vaccine for pandemic flu. It will take four to five months after the pandemic starts to develop a vaccine.</td>
</tr>
<tr>
<td>There are drugs that people can take to treat ordinary flu.</td>
<td>These same drugs may also help people with pandemic flu but we may not have a large enough supply for everyone and we will not know their effectiveness until the virus is identified.</td>
</tr>
</tbody>
</table>
What Can We Predict?

- A pandemic will most likely arrive in Canada after it emerges in another part of the world. In the past, pandemics originated in Asia and arrived in Canada within 3 months. Due to the ease of air travel and the trend toward urbanization, it is expected that an epidemic of a new Influenza A virus would spread much more quickly.
- There likely will be simultaneous outbreaks throughout North America.
- There will be 2 or more waves. Each wave will last 6-8 weeks. The second wave may occur 3 to 9 months after the initial outbreak and may result in more serious illness and more deaths than the first.
- Peak illness will occur within 2 to 4 months of the virus' arrival in Canada; peak deaths about 1 month later.

Estimated Impact

- 66% of the population may be infected.
- 33% may become seriously ill.
- 16% may require medical attention.
- 0.1% of the population may die.
- In addition, it is estimated that 10% of the population may stay home out of fear.

Consequential Assumptions

- Substantial numbers of people may be unable to work due to illness, caring for ill family members, or death.
- A variety of community services may be disrupted, including essential services such as our supply of food and water, the transportation system, communication, policing, and medical care.
- As vaccines can take several months to be developed against a new flu virus, a vaccine will not be available until the second wave at the earliest. Antiviral drugs used to help lessen the impact of the virus, may also be in short supply. Furthermore, it is unclear if antiviral medications that are currently available, such as Tamiflu® and Relenza®, will be effective.
- The Province of Ontario has committed to having a stockpile sufficient to treat 25% of the population, which according to the World Health Organization is should be sufficient to treat those who require it. For more information on vaccines and antivirals, follow the link to the Ontario Health Plan for an Influenza Pandemic to view the relevant chapter: http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_09.pdf
- To prevent further transmission of the virus, the Public Health Authorities may place restrictions on public gatherings. This may result in school and childcare facility closures; cancellation of sporting, entertainment, cultural and faith-based events; restrictions on travel; and of course, no gatherings for funerals.
- Communities will have to be "self-sufficient". There will be no "mutual aid partners" to call for assistance, as all communities will be similarly affected.
- There will be intense media attention throughout, with particular attention being paid to how dead bodies are handled.

Who Will Declare a Pandemic?

The World Health Organization (WHO) is responsible for surveillance and alerting the international community. In declaring a pandemic, the flow of communication would filter down as follows:

```
World Health Organization (WHO)  
↓  
Health Canada  
↓  
Provincial Public Health Authority  
↓  
Municipal Public Health Authority  
↓  
Businesses and Individuals
```
Once a pandemic is declared, there will be many other forms of communication as well, including the media. As each municipality is responsible for emergency planning, including death care management, it is vital that funeral service providers have a pandemic plan of their own that is consistent with their municipal plan.

**Method of Transmission**

It is anticipated that the transmission of a new Influenza A strain would be similar to other known human influenza strains, so the following will likely apply.

- Incubation period would be 1 to 3 days (people develop symptoms from 1 to 3 days after becoming infected).
- The period of communicability would be 24 hours before they have the first symptoms and up to 5 days after the onset of the illness.
- Generally, the influenza virus is transmitted from person to person by droplets when an infected person coughs, sneezes or talks. The virus, contained in droplets, can live for extended periods of time. See below on how to reduce the risk of infection.

<table>
<thead>
<tr>
<th>Transmission:</th>
<th>Prevention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Droplets can travel 1 to 2 metres in the air (droplets can enter through the eyes, nose, or mouth).</td>
<td>Cover nose and mouth when coughing or sneezing.</td>
</tr>
<tr>
<td>Droplets can live on hard surfaces for 1 - 2 days.</td>
<td>Wipe common surfaces with disinfectant often.</td>
</tr>
<tr>
<td>Droplets can live on cloth, tissue or paper for 8 - 12 hours.</td>
<td>Dispose of used paper towel or tissue after one use - do not re-use.</td>
</tr>
<tr>
<td>Droplets can survive on hands for 5 minutes.</td>
<td>Wash your hands frequently.</td>
</tr>
</tbody>
</table>

Influenza is **directly** transmitted by droplet contact of the oral, nasal or conjunctival mucous membranes of an infected individual. Influenza is **indirectly** transmitted from the hands and objects freshly soiled with discharges of the nose and throat of an acutely ill person.

The risk of influenza being transmitted from a body of a deceased individual is minimal, but precautions should be taken against exposure to splashes or aerosols of body fluids.

The WHO has suggested three ways to prevent the spread of an influenza virus:

- Use of vaccines.
- Stockpiling antiviral drugs that could be distributed immediately to an affected area.
- "Social distancing" or measures used to decrease the interaction and contact of people in an outbreak zone, thus reducing the opportunity for transmission to occur, (e.g. minimize use of public transit or other places where there is close contact with large groups of people). For more information about 'Social distancing' and precautions for reducing the opportunity for transmission of influenza please visit the following site:
  

We know that effective vaccines and antivirals may not be readily available; therefore, social distancing may prove an effective infection-control measure. Staying home when you are sick may be suggested by authorities when exposure has occurred in a defined group of people, such as a household or a workplace; or when exposure has occurred in a defined site such as a hospital or apartment building. However, health authorities have the right to impose a non-voluntary quarantine, if the situation is warranted. Social distancing can also include the closure of borders, community-based confinement of asymptomatic persons, and a ban on public gatherings.
Business Continuity

One of the greatest concerns for funeral service providers (owners, managers and staff), is how to "keep the doors open for business", given the challenges of a pandemic. In other words, how can funeral service providers continue to operate their businesses when there may be significant staff shortages, increase of workloads, and confused and anxious clients? A number of strategies are suggested in the next section. However, each business will need to formulate its own plan and work with the local public health authority.

Refer to the following appendices or Web sites for more information on 'Business Continuity':

**Appendix A:** Business Pandemic Influenza Planning Checklist (Department of Health and Human Services, US Government)

**Appendix B:** 10 Steps Organizations Can Take For Pandemic Influenza Preparedness (Trust for America's Health)


Halton Region, A "Tool Kit" For Business Continuity
http://www.halton.ca/Pandemic%20Influenza%20Response%20Plan.pdf

Ontario Government, Pandemic Resources for Employers

Keep Staff Healthy in the Workplace

There are many simple, but effective ways to protect staff against the influenza virus.

1. **Promote good handwashing practices, "wash well and often"**

   The single most important way to prevent the spread of infection is frequent and effective hand washing. Wash your hands before and after:
   - eating food;
   - brushing or flossing your teeth;
   - inserting or removing contact lenses; and
   - and after treating wounds or cuts.

   Wash your hands after:
   - having any contact with a person who has influenza or their immediate environment;
   - going to the washroom;
   - blowing your nose;
   - sneezing or coughing; and
   - handling garbage.

   Promote good handwashing by posting notices at all sinks where the public and staff might wash their hands. For posters with step-by-step handwashing instructions refer to the following:

   **Appendix C:** Just the Facts - Handwashing (Windsor Essex County Health Unit)

   **Appendix D:** Handwashing with Soap and Water (British Columbia Government)

   **Appendix E:** Hand Washing (Disease Fact sheet - Wisconsin Division of Public Health)

2. **Promote good "respiratory etiquette"**

   - Cover your nose and mouth with tissue when sneezing or coughing or sneeze or cough into your sleeve. (DO NOT sneeze into your hands or cover your mouth with your hands.)
   - Throw away used tissues. (DO NOT save tissues for multiple uses.)
   - Wash your hands immediately or use alcohol-based hand sanitizers.
• Keep your fingers and hands away from your eyes, nose, and mouth.
• Have hygiene supplies handy in all workstations: alcohol-based hand sanitizers, tissues, and garbage receptacles.
• Post notices throughout your business explaining and promoting good respiratory etiquette.

For posters promoting good respiratory etiquette, refer to the following appendices:

Appendix F:  Protect Yourself…and others from influenza (British Columbia Government)
Appendix G:  Stop the Spread of Germs (US Department of Veterans Affairs)
Appendix H:  Cover Your Coughs and Sneezes (US Department of Veterans Affairs)

3. Minimize group contact of employees
• Limit face-to-face meetings.
• Avoid close contact in shared workstations. Keep at least 1 metre away.
• Avoid sharing equipment such as keyboards and telephones.
• Diligently clean surfaces in the workplace.

4. Make changes to the way you work with clients
• Avoid shaking hands.
• Communicate more via telephone, fax, and e-mail; reduce face-to-face meetings where possible.
• Meet with a smaller number of customers, (e.g. recommend that only 2 family representatives come in for the arrangement conference).
• If you have a children's program within your facility, modify activities so that children do not share toys, crayons, etc. Clean toys regularly.

5. Provide and encourage sick leave
• Provide immediate, mandatory sick leave for any employees who exhibit symptoms of influenza.
• Establish polices for employee sick leave and how soon they can return to work after illness.

6. Help protect staff from getting sick
• Provide information and training to staff on how to be prepared on a personal level, (i.e. how to protect themselves and their families).

Some people may choose to wear masks. There is no evidence that show masks help to prevent outbreaks of the flu during a pandemic. If you feel that you want to wear a mask, be sure to learn how to use it properly, including making sure it does not get wet and changing it often.

For more information about vaccines, preparing at home and other ways to help staff and their families stay healthy, refer to the following appendices:

Appendix I:  Pandemic Flu Planning Checklist for Individuals & Families
(U.S. Department of Health and Human Services)
Appendix J:  Be Prepared: Make a Plan (Ontario Government)
Appendix K:  Personal Emergency Kits Checklists (Ontario Government)

For additional suggestions related to steps that can be taken to protect yourself and your family please visit the Important Web Sites listed further in this document.

Managing Death Care During a Pandemic

1. Prioritize your work

Decide what services you absolutely need to provide immediately; what services must be provided within 72 hours; what services can be delayed for 2 weeks or longer. For example, it may be critical to receive the "first call" and to transfer the deceased from the place of death; however, the arrangement conference with the family may have to be delayed; and the final disposition may take place 3 to 6 weeks after the death occurs.
2. Plan for reductions in staff

If 15 to 33% of your staff were not able to work, you might want to consider the following measures:

- Contact retirees or former staff who may have left the field - they already know your practices and will need little training. Even if they are working elsewhere, they may be available on a part time basis.
- Train volunteers from service clubs, church groups, or fraternal organizations to provide services (such as transfers, greeting visitors, parking vehicles, etc.).
- Cross-train staff. (For example, train administrative or other support staff on how to park cars or how to do removals.)
- Engage students from funeral service or other health-related programs.
- Determine if there are any tasks or functions that can be completed by staff who are at home. For example, telephone reception; responding to e-mails or sending out information by e-mail.
- If not all geographical areas of a province are simultaneously affected, Provincial Funeral Service Associations could also play a role in establishing cooperative working arrangements between funeral service providers. You may set up your own network to share help if you are not impacted all at the same time.

3. Implement universal precautions

Implement universal precautions when caring for the deceased. Ensure that all surfaces, equipment and instruments are continually disinfected and cleaned. Ensure proper disposal of bio-hazardous waste.

For more information about personal protective equipment (PPE) refer to the following:

Appendix L: Infection Prevention and Control and Occupational Health and Safety Measures (Ontario Government)
Appendix M: General Reminder to all Licensees - Universal Precautions and General Reminder (Board of Funeral Services)

4. Build-up Supplies

All businesses will be affected. "Just in time" service deliveries may not be able to meet their own obligations or your needs. In anticipation of a pandemic, it would be beneficial for funeral service providers to have a 6 month supply of the following:

- Protective equipment such as appropriate gloves, masks, face shields, impervious gowns.
- Embalming chemicals and sundries.
- Body bags or other impervious shrouds.

Ensure that stock is rotated to avoid deterioration of items that have a time-sensitive shelf life. There may be an increased demand for items such as cremation caskets, and economically-priced caskets, especially if there are multiple deaths in a single family. Funeral service providers will have to work closely with suppliers to ensure that there is an adequate supply of these items.

5. Plan for increases in mortality rates

During a pandemic, people will continue to die of other causes: cancer, heart disease, accidents. Funeral service providers will receive "first calls" from families in the manner that they "normally" do. In addition, there will be an increase in the death rate due to the influenza. These deaths are more likely to occur in homes. The issue of who will pronounce the death and how the death certificate (medical), will be signed will need to be addressed. As each jurisdiction has its own regulations, each jurisdiction will determine what protocol will be followed.

Due to inadequate cooling facilities in hospitals and funeral service facilities, decedents may have to be transferred to alternate storage facilities, such as refrigerated trucks and ice arenas, where the temperature can be maintained at 4 to 8 ºC. If a funeral service provider is unable to respond to an overwhelming number of deaths, municipalities may provide removal services and storage facilities. The municipal plan should address the problem. Funeral service providers must get involved at the local level.

Even stored at 4 to 8 ºC, unembalmed bodies will start to decompose and deteriorate within a few days. If a family wishes to have embalming, plans will have to be made to expedite the embalming process, as the deceased may have to be placed back into a storage facility until a funeral ceremony or burial can take place. Although there are no current plans to have centralized embalming facilities established, it is anticipated that cooperative working relationships between
funeral service providers will take place. This could be organized at the local community level, or through the provincial funeral service association offices.

Crematory facilities should look at the surge capacities within their facilities. During a pandemic, crematoriums may be running 24 hours per day to meet the demand.

If there is a dramatic increase in burials during the winter months, there are several factors to take into consideration. In some parts of Canada, burials are not done from January to April. Non-insulated vaults are used to store remains. In preparation for a pandemic, the capacity of the burial vaults should be identified, with a view to possibly increasing the number. In communities where winter burials are done, especially in rural areas, one factor in planning will be the availability of personnel and equipment for grave opening/closing.

According to Health Canada, there are no plans for mass burials or mass cremations.

For additional information about emergency preparedness go to the WHO Web site www.who.int.

6. Educate and train staff

When a pandemic arrives, it will be too late to start the training process. It is important to educate your staff now. Every staff member - licensed/unlicensed, full-time/part-time - need to know about pandemic planning: what to expect, how to prepare and what to do.

Customer Service

There are many factors to consider that will determine how funeral service providers serve their clients during the course of a pandemic.

1. Having a ban on public gatherings may cause delays of funerals or may result in the family choosing not to have a funeral ceremony. Funeral service providers should have a plan on how to meet the needs of families to celebrate the life of the deceased later, if it is not possible at the time of the death.

2. Illness of other family members, especially "key" decision-makers, may delay or impede funeral arrangements.

3. Multiple deaths in families will create emotional and financial stress. Funeral service providers should consider developing policies that will make financial allowances for families who experience multiple deaths.

4. Availability of venues to hold funerals and staff to conduct funerals may be an issue, once any bans on public gatherings are lifted.

5. It is crucial that open communication be maintained with families so that they are aware of what is or is not possible in terms of ceremonies, cultural and religious traditions, and time lines. Also, due to unrelenting media attention, it is important to anticipate a response of anxiety and fear, rumors and misinformation. Develop a plan for communicating with clients in a timely and consistent way, (e.g. having a dedicated Web site and/or hotline). Consider having a program available on your Web site where families can begin to plan or organize funerals on-line or do some preliminary information gathering.

7. While funerals may be "on hold", bereavement support will be crucial. Families may be grieving in isolation, without the benefit of community support and without the funeral ritual. Also, studies have shown that following disasters, many people are affected by post-traumatic stress. Consider having packages of information that could be delivered to the family home; a phone follow-up; or referral to Web sites that contain both bereavement and critical care support.

8. There may be people who die during a pandemic that have an existing pre-arranged funeral plan. It may not be possible to follow their wishes as outlined in the prearrangement, due to circumstances surrounding the pandemic. There will be a need to communicate and work with families to find solutions that fit the circumstances. Funeral service providers must understand what is permitted by law, e.g. arrangements may be made over the phone and documents completed by fax, or how to fulfill prepaid contracts where there will be a significant delay in delivering part of the services or supplies.
Important Web Sites

World Health Organization (WHO)
www.who.int

Centers for Disease Control (CDC)
www.cdc.gov

Canadian Government

   Health Canada
   www.hc-sc.gc.ca
   Pandemic Influenza Web site: http://www.hc-sc.gc.ca/dc-ma/avia/index_e.html

   Canadian Public Health Agency
   www.phac-aspc.gc.ca

Ontario Government

   Ontario Ministry of Health and Long Term Care
   www.health.gov.on.ca
   Influenza Pandemic Web site: http://www.health.gov.on.ca/pandemic

Funeral Service Association of Canada
www.fsac.ca

National Funeral Directors Association
www.nfda.org

Board of Funeral Services - Ontario
www.funeralboard.com

United States Government

   Department of Health and Human Services
   Pandemic Flu Web site: www.pandemicflu.gov

Other Web Sites with Information Pertaining to Pandemic Influenza

York Region - Pandemic Influenza Web Site
http://www.region.york.on.ca/Departments/Health+Services/York+Region+Pandemic+Planning+.htm

Niagara Region Pandemic Planning Web Site
http://www.regional.niagara.on.ca/living/health_wellness/pandemic-planning/default.aspx

Haliburton, Kawartha, Pine Ridge District Health Unit
http://www.hkpr.on.ca/

City of Toronto Pandemic Influenza Plan
http://www.toronto.ca/health/pandemicflu/index.htm

Durham Region Pandemic Influenza Web site
http://www.region.durham.on.ca/health.asp?nr=departments/health/healthinside.htm

Religions in Canada (Health Canada)
http://www.forces.gc.ca/hr/religions/engraph/religions_toc_e.asp?flag=No
# Appendix A


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## Business Pandemic Influenza Planning Checklist

In the event of pandemic influenza, businesses will play a key role in protecting employees’ health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/business](http://www.cdc.gov/business).

### 1.1 Plan for the impact of a pandemic on your business:

<table>
<thead>
<tr>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
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<tbody>
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</tbody>
</table>

- Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor 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.
- Train and prepare ancillary workforce (e.g., contractors, employees in other job titles/descriptions, retirees).
- 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 of restriction on mass gatherings, need for hygiene supplies).
- Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.
- Determine potential impact of a pandemic on business-related domestic and international travel (e.g., quarantines, border closures).
- Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.
- 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 for tracking and communicating business and employee status.
- Implement an exercise/drill to test your plan, and revise periodically.

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

<table>
<thead>
<tr>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
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</table>

- 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.
- 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 (refer to CDC recommendations).
- Encourage and track annual influenza vaccination for employees.
- Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed.
- 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.
- Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.

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December 6, 2005
Version 3.6
### 1.3 Establish policies to be implemented during a pandemic:

<table>
<thead>
<tr>
<th>Completed</th>
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<th>Not Started</th>
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</table>

- 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.
- Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
- Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).
- 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).
- 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 (refer to CDC travel recommendations).
- Set up authorities, triggers, and procedures for activating and terminating the company’s response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

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

<table>
<thead>
<tr>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
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</table>

- Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
- Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
- Ensure availability of medical consultation and advice for emergency response.

### 1.5 Communicate to and educate your employees:

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<tr>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
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</table>

- 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.
- Ensure that communications are culturally and linguistically appropriate.
- Disseminate information to employees about your pandemic preparedness and response plan.
- Provide information for the at-home care of ill employees and family members.
- 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.
- Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

### 1.6 Coordinate with external organizations and help your community:

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</table>

- Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
- Collaborate with federal, state, 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 state 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 associations to improve community response efforts.
10 STEPS
Organizations can take for Pandemic Influenza Preparedness

Since it takes time to implement strategies, organizations are encouraged to start planning immediately for business continuity during an influenza pandemic.

1. Check that existing contingency plans are applicable to a pandemic, and that core business activities can be sustained over several weeks in the event of high employee absenteeism.

2. Plan accordingly for interruptions of essential governmental services like sanitation, water, power, and disruptions to the food supply.

3. Identify your organization’s essential functions and the individuals who perform them. Build in the training redundancy necessary to ensure that work can be done in the event of an absentee rate of 25-30 percent.

4. Maintain a healthy work environment by ensuring adequate air circulation and posting tips on how to stop the spread of germs at work.

5. Promote handwashing, and coughing and sneezing etiquette. Ensure wide and easy availability of alcohol-based hand sanitizer products.

6. Determine which outside activities, such as transportation systems, are critical to maintaining operations and develop alternatives in case they cannot function normally.

7. Establish or expand policies and tools that enable employees to work from home with appropriate security and network access to applications.

8. Expand online and self-service options for customers and business partners.

9. Tell employees about pandemic influenza and the steps the organization is taking to prepare for it.

10. Encourage employees to stay home if they are sick to stop the spread of illness, and update sick leave, and family and medical leave policies. Concern about lost wages is the largest deterrent to self-quarantine.

Adapted from “It’s Not Flu As Usual”, Trust for America’s Health, United States
Handwashing

“Handwashing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Good handwashing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults.”

*Ontario Ministry of Health & Long-Term Care*

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**Handwashing**

1. **WET HANDS**
   - Remove jewellery and watches, and wet hands with warm water first.

2. **SOAP**
   - Be sure to use enough liquid soap.

3. **LATHER WELL**
   - Lather for 15-20 seconds.
   - Clean wrists, palms, back of hands and between fingers.

4. **RINSE**
   - Rinse with warm water. Be sure not to touch side of sink.

5. **DRY**
   - Dry hands completely with paper towel or with an air dryer.

6. **KEEP CLEAN**
   - Use a paper towel to turn off water and open door, protecting hands from being recontaminated.

---

**Protect Yourself**

- **WASH YOUR HANDS!**
- **Get Immunized!**
- **KEEP YOUR DISTANCE!**

---

**Windsor Office:**
1005 Ouellette Avenue
Windsor, Ontario
(519) 258-2146
Fax: 258-6003

**Leamington Office:**
215 Talbot Street East
Leamington, Ontario
(519) 326-5716
Fax: 326-4642

**Essex Office:**
360 Fairview Avenue West
Suite 215, Essex, Ontario
(519) 776-5933
Fax: 776-6102

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**Ontario Ministry of Health & Long-Term Care**

- Get Immunized!
- Keep Your Distance!

---

**Ontario Ministry of Health & Long-Term Care**

- Get Immunized!
- Keep Your Distance!

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**Ontario Ministry of Health & Long-Term Care**

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- Keep Your Distance!

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**Ontario Ministry of Health & Long-Term Care**

- Get Immunized!
- Keep Your Distance!
Handwashing with Soap and Water

Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes. Wash your hands often to keep yourself and others healthy.

1. Remove jewelry. Wet hands with warm water, add soap to palms and rub hands together to create lather.
2. Thoroughly cover all surfaces of your hands and fingers with lather and work fingertips into palms to clean under nails.
3. Rinse hands well under warm running water.
4. Dry with a single-use towel and then use towel to turn off the tap.

Hands should be washed for a minimum of 10-20 seconds.
To help children wash long enough, say the ABC’s or sing “Twinkle, Twinkle Little Star.”

For more information, visit www.health.gov.bc.ca/pho/influenza.html
Why is hand washing important?
Hand washing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Good hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among children and adults.

What types of disease can good hand washing prevent?
1. Diseases spread through fecal-oral transmission. Infections that may be transmitted through this route include salmonellosis, shigellosis, hepatitis A, giardiasis, enterovirus, amebiasis, and campylobacteriosis. Because these diseases are spread through the ingestion of even the tiniest particles of fecal material, hand washing after using the toilet cannot be over-emphasized.

2. Diseases spread through indirect contact with respiratory secretions. Microorganisms that may be transmitted through this route include influenza, Streptococcus, respiratory syncytial virus (RSV) and the common cold. Because these diseases may be spread indirectly by hands contaminated by respiratory discharges of infected people, illness may be avoided by washing hands after coughing or sneezing and after shaking hands with an individual who has been coughing and sneezing.

3. Diseases may also be spread when hands are contaminated with urine, saliva or other moist body substances. Microorganisms, which may be transmitted by one or more body substances, include cytomegalovirus, typhoid, staphylococcal organisms, and Epstein-Barr virus. These germs may be transmitted from person to person or indirectly by contamination of food or inanimate objects such as toys.

What is good hand washing technique?
There is more to hand washing than you think! By rubbing your hands vigorously with soapy water, you pull the dirt and the oily soils free from your skin. The soap lather suspends both the dirt and germs trapped inside and are then quickly washed away.

Follow these four simple steps to keeping hands clean:
1. Wet your hands with warm running water.
2. Add soap, then rub your hands together, making a soapy lather. Do this away from the running water for at least 15 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as between your fingers and under your nails.
3. Rinse your hands well under warm running water. Let the water run back into the sink, not down to your elbows.
4. Dry hands thoroughly with a clean towel. Then turn off the water with a clean paper towel and dispose in a proper receptacle.

What type of soap should be used?
Any type of soap may be used. However, bar soap should be kept in a self draining holder that is cleaned thoroughly before new bars are put out and liquid soap containers (which must be used in day care centers) should be used until empty and cleaned before refilling.

- more -
To prevent chapping use a mild soap with warm water; pat rather than rub hands dry; and apply lotion liberally and frequently.

**What are some mistakes I should avoid regarding hand washing?**
- DON’T use a single damp cloth to wash a group of children’s hands.
- DON’T use a standing basin of water to rinse hands.
- DON’T use a common hand towel. Always use disposable towels in day care or food preparation settings.
- DON’T use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water. Remember that germs thrive on moist surfaces!

**What are some ways to help children with good hand washing technique?**
It is important to encourage and help children to wash hands before eating, after playing outdoors or playing with pets, after using the bathroom, and after blowing their noses. Even though hands may appear to be clean, they may carry germs or microorganisms that are capable of causing disease.

Don’t assume that children know how to wash their hands properly. Supervision, especially in a day care setting, is an essential element in forming good hand washing habits in children.

Finally, children learn by example! Let them observe good hand washing technique from the adults who care for them.

**May I use the over-the-counter alcohol gels for washing my hands instead of using soap and water?**
These products, which can be found wherever soap is sold, are very effective at killing germs on the hands as long as your hands are not visibly dirty. They should be used when soap and water are not readily available.

To use correctly, apply about a teaspoonful of the alcohol gel on the palm of one hand. Then rub all over both hands, making sure you rub the front, back, and fingernail areas of both hands. Let the alcohol dry, which should take about 30 seconds.

If your hands look dirty but you have no other way to wash your hands, use the gel but wash with soap and water as soon as you can.

**Hand washing signs:**
- Food establishment sign
- General sign
Protect Yourself ...and others from influenza

Stop the spread of viruses that make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze.
Throw tissues away immediately.
No tissue? Cough or sneeze into your upper sleeve, not your hands.
Clean your hands often with soap and warm water, or a gel or alcohol-based hand cleanser.
Stay home if you are sick.

For more information, visit www.health.gov.bc.ca/pho/influenza.html
Appendix G

Stop the Spread of Germs

Use tissues to cover coughs and sneezes
Keep hands clean
Use alcohol-based hand cleaners or soap and water
Cover Your Coughs and Sneezes

- Use a tissue to cover your sneezes and coughs
- Sneeze or cough into your sleeve if you do not have a tissue
- Clean your hands often
- When needed, wear a mask to protect yourself and others from germs

Office of Public Health and Environmental Hazards
NCPS
Employee Education System
VA Department of Veterans Affairs

Prevent 7 - All
Pandemic Flu Planning
Checklist for Individuals & 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 two week 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.
   - Periodically check your regular prescription drugs to ensure a continuous supply in your home.
   - 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 behavior.
   - Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
   - 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:**

<table>
<thead>
<tr>
<th>Examples of food and non-perishables</th>
<th>Examples of medical, health, and emergency supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups</td>
<td>☐ Prescribed medical supplies such as glucose and blood-pressure monitoring equipment</td>
</tr>
<tr>
<td>☐ Protein or fruit bars</td>
<td>☐ Soap and water, or alcohol-based (60-95%) hand wash</td>
</tr>
<tr>
<td>☐ Dry cereal or granola</td>
<td>☐ Medicines for fever, such as acetaminophen or ibuprofen</td>
</tr>
<tr>
<td>☐ Peanut butter or nuts</td>
<td>☐ Thermometer</td>
</tr>
<tr>
<td>☐ Dried Fruit</td>
<td>☐ Anti-diarrheal medication</td>
</tr>
<tr>
<td>☐ Crackers</td>
<td>☐ Vitamins</td>
</tr>
<tr>
<td>☐ Canned juices</td>
<td>☐ Fluids with electrolytes</td>
</tr>
<tr>
<td>☐ Bottled water</td>
<td>☐ Cleansing agent/soap</td>
</tr>
<tr>
<td>☐ Canned or jarred baby food and formula</td>
<td>☐ Flashlight</td>
</tr>
<tr>
<td>☐ Pet food</td>
<td>☐ Batteries</td>
</tr>
<tr>
<td>☐ Other nonperishable foods</td>
<td>☐ Portable radio</td>
</tr>
<tr>
<td></td>
<td>☐ Manual can opener</td>
</tr>
<tr>
<td></td>
<td>☐ Garbage bags</td>
</tr>
<tr>
<td></td>
<td>☐ Tissues, toilet paper, disposable diapers</td>
</tr>
</tbody>
</table>
## Discuss Emergency Planning with your family

Emergencies such as a fire, a severe storm, a flood or power outage, often occur without warning. Your best defense in protecting yourself and your family during an emergency is knowing what to do and planning ahead. Discuss your plan with your family. The following guide will help you get started. Keep this guide with your emergency kits for quick reference.

Please review your plan every six months to ensure it's up-to-date.

## Emergency Phone Numbers

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>911</td>
<td>Police / fire / ambulance</td>
</tr>
<tr>
<td></td>
<td>Family doctor</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
</tr>
<tr>
<td></td>
<td>Animal hospital</td>
</tr>
<tr>
<td></td>
<td>Out-of-town contact</td>
</tr>
<tr>
<td>1-800-267-1373 / 613-737-1100</td>
<td>Ontario Regional Poison Centre</td>
</tr>
</tbody>
</table>
## Question

<table>
<thead>
<tr>
<th>Community</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I know the unique risks of my community.</td>
<td></td>
</tr>
<tr>
<td>2. I am aware of my community's emergency response plan.</td>
<td></td>
</tr>
<tr>
<td>3. I know the evacuation route for my home.</td>
<td></td>
</tr>
<tr>
<td>4. I am familiar with the schools' emergency plans.</td>
<td></td>
</tr>
<tr>
<td>5. I am aware of the emergency plan for my workplace.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The keys to the dead bolts are in a safe and easy-to-remember location.</td>
<td></td>
</tr>
<tr>
<td>2. I have smoke and CO detectors on each floor and I have tested them in the last six months.</td>
<td></td>
</tr>
<tr>
<td>3. I am aware of an alternate exit for each room on each floor.</td>
<td></td>
</tr>
<tr>
<td>4. I know how to turn off the gas/water/electricity.</td>
<td></td>
</tr>
<tr>
<td>5. The list of emergency telephone numbers is in a safe and easy-to-remember location.</td>
<td></td>
</tr>
<tr>
<td>6. My family and I have identified a meeting place outside the home.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Car</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I understand the importance of having the gas tank at least half full.</td>
<td></td>
</tr>
<tr>
<td>2. I have an emergency survival kit in the car.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My Family and Me</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am aware of any special needs my family may have during an emergency.</td>
<td></td>
</tr>
<tr>
<td>2. We have emergency plans in place to care for our pets.</td>
<td></td>
</tr>
<tr>
<td>3. We have a home evacuation plan.</td>
<td></td>
</tr>
<tr>
<td>4. Everyone in the family has a copy of the emergency contact numbers list.</td>
<td></td>
</tr>
<tr>
<td>5. We have an emergency kit that is accessible and easily carried.</td>
<td></td>
</tr>
<tr>
<td>6. We have an emergency response plan and have discussed it in detail.</td>
<td></td>
</tr>
<tr>
<td>7. Someone in our family is trained and knows how to provide first aid.</td>
<td></td>
</tr>
</tbody>
</table>

**Want to know more?**

For more information on preparing a personal emergency plan, call 1-866-801-7242 (TTY 1-800-387-5559) or click here www.health.gov.on.ca/english/public/program/emu/emu_mn.html
Planning ahead for an emergency
Emergencies can happen any time and that's why it's important for you to take the necessary steps to make sure you are personally prepared. A simple emergency kit that's easily accessible, portable and stocked with all of the essentials, can make all the difference during an emergency situation.

These checklists outline many of the items you should have in your first aid and emergency kits, at home and in your car.

Make sure to read a first aid manual so you'll understand how to use the contents in the kit. If your children are old enough to understand, review the manual with them as well. It's important to store first aid kits in places that are out of children's reach, but easily accessible for adults. Check the kits regularly and replace missing items or medicines that may have expired.

You should have a copy of this document, at home, in your car and another in your emergency bag.

What's in a first aid kit?

- Carrying device bag/box
- First aid manual
- Sterile gauze
- Adhesive tape
- Triangular bandage
- Adhesive bandages in several sizes
- Elastic bandage
- Antiseptic wipes
- Soap
- Antibiotic cream (triple antibiotic ointment)
- Antiseptic solution (like hydrogen peroxide)
- Mouthpiece for administering CPR (can be obtained from your local Red Cross)
- Hydrocortisone cream
- Tweezers
- Sharp scissors and safety pins
- Disposable instant cold packs
- Calamine lotion
- Alcohol wipes or ethyl alcohol
- Thermometer
- Latex gloves (at least two pairs)
- Flashlight and extra batteries
- List of emergency phone numbers
- Blanket (stored nearby)
- Acetaminophen and ibuprofen
Appendix K


Emergency Kit: Home

- Backpack/duffel bag
- Portable/wind-up radio
- Candles, matches and flashlight
- Spare batteries of different sizes
- Important papers (see section on important papers)
- Prescription drugs (check expiration dates)
- Money
- Loud whistle
- Spare car keys
- Baby/pet food
- First aid kit (see section on first aid kit)
- Food/bottled water (enough for three days)
- Fondue pot/fuel/cook stove plates/forks and utility knife
- Social insurance numbers
- Eye glass/contact lens prescriptions
- Medication identification numbers
- Cheques and money
- Doctor's name and contact information in case of emergency treatment
- Contact list with emergency phone numbers
- Driver's licence number
- Health card numbers
- Copy of driver's license
- Bank account numbers
- Contact information for power, light, gas or other utility companies

Emergency Kit: Car

- Shovel/axe/hatchet
- Sand/salt
- Booster cables
- Flares
- Loud whistle
- Cellular phone/phone charger/change for public pay phone
- Multi plier/multi tool/utility knife
- Survival blanket
- Fire extinguisher
- First aid kit (see page 1)
- Flashlight with batteries
- Can opener/forks/spoons, etc.
- Tire pump/inflator
- Warm clothing/boots/water proof jacket
- Emergency/help sign for dashboard
- Hand sanitizer
- Wiper fluid/ice scraper
- Spare tire
- Emergency phone numbers
- Road maps/compass
- Candles and matches
- Non-perishable food items/water/paper towels

Important Papers

- Wills/powers of attorney
- Insurance policies
- Credit card numbers and expiry dates
- Citizenship papers/passports/birth and marriage certificates
- Mortgage and other loan information
- Social insurance numbers
- Eye glass/contact lens prescriptions
- Medication identification numbers
- Cheques and money
- Doctor's name and contact information in case of emergency treatment
- Contact list with emergency phone numbers
- Drivers licence number
- Health card numbers
- Copy of drivers license
- Bank account numbers
- Contact information for power, light, gas or other utility companies

Resources

Emergency Management Ontario
www.mpss.jus.gov.on.ca/english/pub_security/EMO/about_emo.html

Centre for Emergency Preparedness and Response
http://www.phac-aspc.gc.ca/cepr-cmu/

Public Safety and Emergency Preparedness
www.psepc-sppcc.gc.ca

Centres for Disease Control and Prevention
www.cdc.gov

World Health Organization
www.who.int

Want to know more?

For more information on preparing a personal Emergency Kit, call 1-866-801-7242 (TTY 1-800-387-5559) or click here www.health.gov.on.ca/english/public/program/emu/emu_mn.html
7. Infection Prevention and Control and Occupational Health and Safety Measures

During an influenza pandemic, infection prevention and control and occupational health and safety measures can help protect the public, patients, and health care providers from exposure to the influenza virus. It is critical that everyone be aware of the type of measures they should take to reduce the spread of influenza. The first part of this section describes infection prevention and control measures the public and organizations should use. The second addresses occupational health and safety requirements for health care settings.

Legislated Occupational Health and Safety requirements designed to protect workers against infectious diseases involve more than just “personal protective equipment”. Protection from infectious diseases depends on having a hierarchy of controls in place and effective health and safety systems. This section describes those controls and systems.

The MOHLTC is currently developing a provincial position on the type of personal protective equipment to be used during an influenza pandemic. This chapter will be updated when that work is complete.

Note: this section refers to Occupational Health Services. In settings that do not have a designated Occupational Health Service, senior management is responsible for fulfilling those roles and responsibilities and for complying with legislation regarding confidentiality of personal health information.

7.1 Objective

- To ensure the public knows how to reduce the risk of exposure to influenza.
- To ensure health care providers have access to the appropriate training, infection prevention and control practices and equipment, and other supports to protect themselves and patients from exposure to influenza.

7.2 General Infection Prevention and Control

Infection Prevention and Control Practices for the Public

All influenza viruses are primarily droplet-spread; however airborne transmission cannot be conclusively ruled out. The public should be advised of the steps they can take to reduce the risk of being exposed to influenza, including:

- having the annual influenza immunization
- washing their hands frequently – particularly after coughing or sneezing (i.e., hand hygiene)
- keeping one metre or an arms-length away from someone who is coughing or sneezing
- avoiding activities where large number of people gather in enclosed spaces (e.g., sporting events, concerts)
• thoroughly cleaning surfaces in the home when someone is ill with influenza
• complying with any public health measures recommended by the medical officer of health (see Chapter 6)
• staying home from work or school when ill
• covering their mouth when coughing using a tissue or sleeve rather than your hands
• not visiting people in hospital or a long-term care home when ill with influenza.

The wearing of masks by the public has not been proven to be an effective means of limiting the spread of influenza during a pandemic. Therefore, the use of masks in the community is not recommended; however, if individuals choose to wear masks, they should:
• wear a surgical/procedure mask
• learn the proper procedures to put masks on and off
• know how to properly dispose of used masks without contaminating themselves and increasing the risk of infection
• understand that masks or any protective equipment is not a substitute for hand hygiene.

Infection Prevention and Control Practices in Schools and Daycares
Settings where children gather face particular infection prevention and control challenges because children shed virus longer than adults and because children – particularly young children – may not be capable of implementing some practices independently (e.g., hand washing, using tissues). This is one reason why the public health system may consider closing schools or daycares during a pandemic. To help improve infection prevention and control measures in these settings, Ontario will develop guidelines in 2007.

7.3 Infection Prevention and Control Practices in Health Care Settings
Note: Section 7.3 reflects an interim position. This section will be updated pending results of national deliberations and further consultation.

The Risk in the Workplace
As noted in Chapter 1, influenza is directly transmitted from person to person primarily when people infected with influenza cough or sneeze, and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person (i.e., droplet spread). Because the virus in droplets can survive for 24 to 48 hours on hard non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands, people can acquire influenza indirectly by touching contaminated hands, surfaces and objects (i.e., contact-spread). The issue of whether influenza can also be spread by airborne transmission is controversial. Current scientific literature investigating whether airborne influenza transmission can occur between humans is inconclusive; therefore, airborne transmission cannot be conclusively ruled out.

Opinions differ on whether health care providers will be at a higher risk of exposure than the general public. Some experts believe that, because of the ease with which respiratory illnesses pass from person to person in the community, health care workers will be at no greater risk in their work environment; in fact, they may benefit from being in a controlled environment that has procedures in place to reduce disease
spread. Others take the position that health care workers will be at greater risk because of the large number of people with influenza they will have contact with in their work setting.

The risk to health care providers in the workplace is higher when staff are performing procedures that generate aerosols on patients with pandemic influenza (more detailed information on aerosol generating procedures is provided in section 7.4) because droplets containing influenza virus may become aerosolized and can be spread through the air.

**Duty to Provide Care and Responsibility to Protect Workers**

As noted in the ethical framework for decision making (Chapter 2), health care providers have an ethical duty to provide care and respond to suffering. At the same time, society has an ethical responsibility to support health care providers. During a pandemic, health care providers’ concerns about their own health or the health of their families may cause them to weigh their duty to provide care against competing obligations. The steps that the health care system and the broader society take to support health care providers can make it easier for them to fulfill their duty to provide care.

**7.4 Occupational Health and Safety Legislation: The Workplace Partnership**

The purpose of the Occupational Health and Safety Act is to protect workers against health and safety hazards on the job. Workers and employers share the responsibility for occupational health and safety (i.e., the workplace partnership). This concept of an internal responsibility system is based on the principle that the workplace parties themselves are in the best position to identify health and safety problems and to develop solutions. Ideally, the internal responsibility system involves everyone, from the company chief executive officer to the worker. How well the system works depends upon whether there is a complete, unbroken chain of responsibility and accountability for health and safety.

Several provisions of the Act are designed to foster the internal responsibility system, including:

- the requirement for employers to have a health and safety policy and program
- the direct responsibility that officers of a corporation have for health and safety.

The joint health and safety committee or -- in smaller workplaces -- the health and safety representative has a role to play in monitoring the internal responsibility system. The Act sets out the basic rules of operation for both joint committees and health and safety representatives.

A joint health and safety committee is an advisory group of worker and management representatives. The workplace partnership to improve health and safety depends on the joint committee. It meets regularly to discuss health and safety concerns, review progress and make recommendations to improve workplace health and safety. This function is supported by inspections of the workplace (For more information on the composition and role of the joint health and safety committee, see the Ministry of Labour website at: http://www.labour.gov.on.ca/english/hs/jhsc/index.html).

Personnel requiring restrictions during a pandemic will provide Occupational Health Services with medical documentation supporting their requirement for accommodation. Appropriate alternative work will be provided where available.
If an employer is told that a worker has an occupational illness or that a claim for an occupational illness has been filed with the Workplace Safety and Insurance Board (WSIB), the employer must notify a director of the Ministry of Labour, the joint committee (or health and safety representative) and the union, if any, within four days.

**Role of the Workplace Safety and Insurance Board (WSIB)**

The WSIB is responsible for preventing workplace illness and injuries and for promoting health and safety in Ontario’s workplaces. The Ontario health and safety associations funded by the WSIB provide training programs, products, and consulting services to the province’s employers and workers. The Ontario Safety Association for Community & Healthcare is the designated safe workplace association for the health care and community care sector. The WSIB administers no-fault workplace insurance for employers and provides disability benefits, monitors the quality of healthcare, and assists in early and safe return to work for workers who are injured on the job or contract an occupational disease.

Employers must notify WSIB about a workplace injury or illness within three days after learning about it and, as stated above, notify the Ministry of Labour, the joint committee and the union within four days.

For more information, please visit the WSIB website at:
file:///localhost/\(http://www.wsib.on.ca:wsib:wsbsite.nsf/publichome_e\)

**Hierarchy of Infection Prevention and Control Measures**

All health care settings should have a hierarchy of infection prevention and control measures in place to prevent transmission of infectious disease and to protect health care providers from health care acquired infectious diseases. The hierarchy of controls operates at all levels, including the source, the path and the worker. Examples of controls include but are not limited to:

- engineering controls such as ventilation systems designed and maintained in accordance with the CSA Standard Special Requirements for Heating, Ventilation and Air Conditioning (HVAC) Systems in Health Care Facilities
- work practices such as routine and additional transmission-based infection control precautions (droplet, contact, and/or airborne precautions); hand hygiene, respiratory hygiene and cough etiquette
- administrative procedures such as screening, triage, spatial separation of persons with symptoms, cohorting and patient surveillance
- occupational health measures such as immunization and surveillance of health care providers
- environmental cleaning and disinfection
- education and training
- personal protective equipment (PPE).

See Chapter 7A for more detailed examples of the hierarchy of controls.

### 7.5 Next Steps

Additional research on influenza transmission will inform the final policy on personal protective equipment. The MOHLTC, in collaboration with internal and external partners, will continuously review emerging and evolving science on influenza transmission, and update the recommended protective precautions as appropriate.
In the fall of 2006, a nationally sponsored meeting will be held to identify the most current science regarding influenza transmission and recommend appropriate personal protective equipment.

Our goal is to have a definitive policy position on protective equipment as well as associated operational and logistical issues by December 2006. This will provide greater clarity for both employees and employers.

The MOHLTC will continue to work closely with the Ministry of Labour and with the Provincial Infectious Diseases Advisory Committee (PIDAC) to develop information and guidelines for infection prevention and control for the public and for health care setting, and for occupational health and safety for health care workers. The priority in this area will be developing:

- education programs for the public
- training and education programs for health care providers.
GENERAL REMINDER TO ALL LICENSEEES
April 8, 2003

RE: Universal Precautions and General Reminder

Current events have caused us to rethink general operating procedures and practices. While you are encouraged to review and implement Universal Precautions, as set out in the Guidelines for the Implementation of Universal Precautions, there are times when you should consider heightened levels of vigilance throughout the operation.

Funeral homes and transfer services create a unique environment where grieving persons share their grief, which often results in close personal contact between many people. At times when communicable diseases might be more prevalent, funeral homes and transfer services would be wise to review their practices to ensure that proper precautions are taken to reduce the risk of transmission of such diseases or viruses, including colds, flu, chicken pox, measles, etc.

The following is a list of issues that funeral homes and transfer services may wish to consider when assessing the risk to their staff and the public. These unique environments require additional vigilance at certain times.

Hand washing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Good hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults. We encourage you to post a notice such as the one below in those areas where hands may be washed.

WASH YOUR HANDS
Follow these four simple steps to keeping hands clean:

✓ Wet your hands with warm running water.

✓ Add soap, and then rub your hands together, making a soapy lather. Do this away from the running water for at least 10 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as between your fingers and under your nails.

✓ Rinse your hands well under warm running water. Let the water run back into the sink, not down to your elbows. Turn off the water with a paper towel and dispose in a proper receptacle.

✓ Dry hands thoroughly with a clean towel.
Physical and Environmental Issues

General areas:

- Clear all hard surfaces of non-essential porous materials, reducing the use of items such as table runners, linen, etc. This will allow for easy cleaning and, where necessary, disinfection of tables, desks, chairs, etc.
- Regularly wipe down surfaces in high traffic areas with disinfectant or alcohol wipes to reduce the risk of transmission. Wipe door handles, handrails, telephones, computer keyboards, chair arms (where possible) and other hard surfaces such as desk and table tops. It would also be prudent to wipe down prayer rails, lounge areas, including coffee pots, urns and machines, water coolers, fridge handles, etc.
- When setting out candies, you are reminded that they should be wrapped and consideration should be given to removing them during times where there is a heightened risk of transmission.
- When necessary, make alcohol wipes available for staff.

Washrooms:

- In times of heightened risk, consideration should be given to the use of disposable paper towels in washrooms and areas where hands are washed, instead of cloth or linen towels.
- Post signs encouraging safe hand-washing procedures in appropriate areas, with the proper procedure clearly set out. Staff should already be well versed in this area.
- Use disposable cups for coffee and other drinks.
- Line waste bins with plastic bags, replacing the bags every time they are emptied.
- Empty waste bins after every visitation period or funeral and wear protective gloves to remove and replace bags.
- In special circumstances, you may want to make disinfectant soaps or alcohol wipes available in washrooms.
- Clean and disinfect washrooms several times throughout the day, disinfecting facilities.

Cold and flu seasons are just some examples of the times when you may wish to implement heightened precautions in your business. Such precautions should help to maintain a high level of wellness in your operation.

We encourage you to look after your personal health and that of your staff and clientele.

Yours truly,

Joseph Richer
Registrar