



# Pandemic Plan

**Policy Number:** HC017  
**Policy Section:** Health Care  
**Applies to:** All Employees

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## Purpose

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To stop the spread of disease and ensure the health and safety of all CSCL individuals and staff.

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## Policy

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To ensure best practices are maintained in the event of a pandemic and that the health and safety of individuals and employees is maintained at all times. The CEO or designate will be responsible for determining the need for enacting this *Pandemic Plan*. In the event that the CEO or designate determines a risk of a pandemic, they will advise the Program Manager of their decision to implement the *Pandemic Plan*. The CEO or designate may choose to put the *Pandemic Plan* in place for one program or the entire organization – this is dependent on the severity of the threat and the likelihood of transmission between sites.

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## Procedure

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The symptoms of the flu virus include fever, cough, sore throat, body aches, headache, chills, fatigue, sometimes diarrhea, and vomiting. If you are concerned or experiencing any of these symptoms, there is no need to rush to the doctor, the hospital, or a clinic. This will spread the virus. A good place to start is to call HealthLink BC at 8-1-1, anytime of the day or night.

If your influenza illness is limited to fever, cough, sore throat, and general aches and weakness, stay at home, rest and drink plenty of liquids like soup, juice, water, or tea. The day after you begin to feel better, you can start to increase your activity. Keep in mind that it may take a week or two until you are back to normal.

If you are sick, **stay home** and avoid contact with other people as much as possible to keep from spreading your illness to others. Take the following precautions:

- Cough or sneeze into your elbow or cover your mouth and nose with a tissue, throw the tissue away immediately and wash your hands.
- Wash your hands with soap and warm water or use alcohol-based disposable hand wipes or gel sanitizers.
- Find a “flu buddy” to assist you if you become ill and are unable to go out.

If your illness gets worse and you experience symptoms like shortage of breath or painful breathing, visit your doctor or a clinic immediately.

## **HOW TO MANAGE PANDEMIC RISKS**

- All staff should practice universal health care precautions at all times, per policy HC003
- All staff must notify their supervisor or the On-call Manager immediately upon suspected or confirmed infection with influenza, per policy HC015
- All staff must notify their Supervisor or the On-call Manager immediately upon suspected or confirmed infection of any individual that CSCL supports with influenza; the supervisor or On-call Manager will notify the CEO or designate, per policy HC015
- If an individual is suspected or confirmed to have an infection a Critical Incident Report must be filled out and sent to CLBC.

## **Prevention – Before and During an Influenza Pandemic**

Staff and supported individuals’ awareness is the first stage of pandemic planning. It is important to educate staff in the various ways that they can protect their own health as well as the health of our persons served. This includes:

### **Proper Hand Washing**

Hands play a significant role in acquiring and in transmitting a virus from one person to another. **Good hand washing habits are more likely to prevent infections than excessive cleaning and disinfection of surfaces.**

- Proper Hand washing must occur often, including:
- Before, during, and after preparing food

- Before eating
- After using the washroom
- After sneezing, coughing or blowing/wiping one's nose
- Assisting another person who has sneezed, coughed or blow/wiped their nose
- Assisting another person with personal hygiene
- When hands are dirty
- More frequently when someone in your workplace or home is sick.

Most people do not wash their hands for long enough or in the correct manner. A poster showing proper hand washing is found in Appendix A.

### **Refrain from Unnecessary Touching of One's Eyes, Nose or Mouth**

Avoid touching your face unless you have just washed your hands. It is especially important when using contact lenses that your hands have been washed well.

### **Use Cough Etiquette**

Turn your head and cough or sneeze inside of your elbow or into a disposable tissue. Use disposable tissues only once and throw it away immediately so that they do not contaminate surfaces. Tissues will also be made available in high-traffic staff areas and within the drop-in for persons served. A poster showing proper hand washing is in Appendix A.

### **Use Hand Sanitizer**

Use alcohol-based waterless hand sanitizers when washbasins are not easily accessible. Hand sanitizers do not clean visibly soiled hands, but they do kill germs on hands. Hand sanitizers do not pose the risk of causing antibiotic resistance like antibacterial soaps might. In the event of a pandemic event increased hand sanitizer stations and individual bottles of sanitizer will be made available for staff and individuals that CSCL supports. Hand sanitizer gel is not intended to replace regular hand washing with soap and water.

### **Get Flu vaccination**

All CSCL staff are encouraged to be vaccinated for influenza. If employee chooses to not be vaccinated, the employer may require them to commence a leave without pay or utilize vacation time until the risk of spreading infection at the workplace has been eliminated, per policy P015.

## Recognizing the difference between a cold and the flu

Flu symptoms typically appear so quickly that people can recall the exact moment they first felt sick. A cold usually comes on more gradually.

IS IT A COLD OR FLU?		
SIGNS AND SYMPTOMS	INFLUENZA	COLD
Symptom onset	Abrupt	Gradual
Fever	Usual	Rare
Aches	Usual	Slight
Chills	Fairly common	Uncommon
Fatigue, weakness	Usual	Sometimes
Sneezing	Sometimes	Common
Stuffy nose	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common	Mild to moderate
Headache	Common	Rare

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### Supporting Individuals Who Are Ill

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#### Residential Programs

- Individuals who become ill with suspected influenza will be assessed by a medical practitioner. If influenza is verified or strongly suspected, the supported individual will be kept at home and have limited interaction with their roommates.

- All individuals within the home will be encouraged to self isolate within the home and limit their interactions with others (including accessing the community).
- Family members of all individuals within the home will be notified and visits within the home will be restricted.
- Access to the home will be restricted to necessary staff only.
- All community outings will be cancelled and applicable community partners notified.
- If possible, staff will complete a deep clean of the home. See “Workplace Cleaning” below

### **Community Inclusion and/or Employment Programs**

- Individuals who arrive at the program exhibiting signs of suspected influenza will be sent home immediately.
- Individuals who become ill during program hours will be isolated from others while waiting for a ride to arrive to take them home.
- If a high number of program participants and/or staff become ill Community Inclusion Programs may be closed.
- If possible, staff will complete a deep clean of the program sites. See “Workplace Cleaning” below

### **Workplace Cleaning**

During a pandemic, additional measures are needed to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g., sinks, handles, railings, objects and countertops). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Influenza viruses are inactivated by **alcohol and by chlorine**. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces which are frequently touched with hands should be cleaned often, preferably at least twice daily during a period of acute illness.

The table below suggests the appropriate choice and concentration of disinfectants:

Disinfectants	Recommended Use	Precautions
<b>Liquid chlorine</b> 1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of 100% disinfectant bleach (e.g. Clorox Bleach or Javex Bleach)	To disinfect material contaminated with blood and body fluids	<ul style="list-style-type: none"> <li>• Use in well-ventilated areas. Wear protective clothing while handling and using undiluted bleach</li> <li>• Do not mix with strong acids to avoid release of chlorine gas.</li> <li>• Corrosive to metals.</li> </ul>
<b>Granular chlorine</b> Det-Sol 5000 or Diversol diluted as per manufacturer's instructions.	May be used in place of liquid bleach, if liquid bleach, is unavailable.	Same as above.
<b>Alcohol</b> Isopropyl 70% Ethyl alcohol 60%	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used e.g. wood surfaces.	<ul style="list-style-type: none"> <li>• Flammable and toxic.</li> <li>• Use in well-ventilated areas.</li> <li>• Avoid inhalation.</li> <li>• Keep away from heat sources, electrical equipment, flames and hot surfaces.</li> <li>• Allow to dry completely, particularly when using diathermy, as this can cause diathermy burns.</li> </ul>

## Training and Infection Control Protocols

1. Posters will be hung in all washrooms, and in high traffic areas, to remind all staff and individuals of proper hand washing techniques on an on-going basis.
2. CSCL will provide hand sanitizers at a variety of locations throughout all its offices, facilities and programs.
3. CSCL will provide posters to hang in all sites to remind all staff and person served of proper coughing/sneezing etiquette on an on-going basis.
6. All staff will be encouraged to be vaccinated for influenza.

7. Latex and non-latex gloves will be available at all times for the use of all staff if so desired.

### **Questions regarding Union Contract, Excluded Employees and Applicable Legislation**

The Community Social Services Employers' Association (CSSEA) has provided the following information regarding mandatory vaccines, time off, and employee/employer rights and responsibilities.

#### **1. Can CSCL insist that employees be vaccinated against pandemic influenza? If not, can CSCL force un-vaccinated employees to stay away from the workplace?**

Pursuant to Article 22.9 (c) of the Collective Agreement, if employees are asked to be vaccinated, employers must provide available vaccines to unionized employees at no cost to those employees. If employees refuse to be vaccinated, employers may require them to commence a leave without pay or utilize vacation time until the risk of spreading infection at the workplace has been eliminated. In certain circumstances, employees who are unable to receive vaccinations may need to be accommodated at the workplace. These same factors would apply to non-union employees.

#### **2. Can I take time off to care for family members who are ill? Who qualifies as "family?"**

Unionized Employees: Article 20.2 (Special Leave) of the Collective Agreements provides that a regular employee who has completed probation shall be entitled to special leave without pay to a maximum of ten (10) days per year to attend to:

(c) Serious household or domestic emergency including illness in the employee's immediate family where no one in the employee's home other than the employee can provide for the care of the ill immediate family member – up to two (2) days;

(h) ...up to five (5) days of unpaid leave during each employment year to meet responsibilities related to:

(1) the care, health or education of a child in the employee's care, or

(2) the care of health of any other member of the employee's immediate family;

Under Article 20.1(a) (Compassionate Leave) of the Collective Agreements, family includes: a parent, (including step and foster-parent), spouse, common-law spouse, child, step-child, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, legal guardian, ward and a relative permanently residing in the employee's household. In such cases, employers will have to assess the reasonableness of such requests in light of their operational and staffing requirements.

### **3. Can I refuse to come to work during an epidemic?**

If an employee believes that the workplace is unsafe, he or she is entitled to refuse work until it is determined the workplace is safe. Caring for a person served who is ill would be considered unsafe if no supplies or training is provided to carry on the duties. If the workplace is deemed safe for workers, the employee must return to work. See section 3.12(1) of the *Occupational Health and Safety Regulation*.

### **4. Do employees have privacy rights regarding their medical status or their exposure to infected individuals?**

It is acceptable for CSCL to ask a sick employee how contagious he/she might be, and with who he/she was in contact. Where an employee has fallen ill, it is also acceptable for employers to inform other employees that he/she may have been exposed to an illness. Additionally, employers may be able to advise that there might have been an exposure in the workplace, without disclosing who had the communicable disease.

## Definitions

**Pandemic:** A pandemic is a wide spread of an infectious disease and/or virus spreading over a large geographical region such as a country, continent or worldwide. In contrast to seasonal influenza epidemics, the anticipated/current influenza pandemic has the potential to spread very rapidly infecting larger numbers of people and leading to serious illness or death. Immunity people may naturally have to seasonal influenza will not protect them during an influenza pandemic outbreak.

**Influenza:** Symptoms of influenza include fever, fatigue, muscle aches and pains, lack of appetite, coughing, sore throat and possibly headache, vomiting and diarrhea. The majority of Canadian cases of influenza experience mild illness and recover at home.

The influenza 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.

**Antivirals:** 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 influenza virus is treated with two different antivirals: oseltamivir (Tamiflu) and zanamivir (Relenza).

## INFORMATION ABOUT FLU VIRUS

### Symptoms

People respond to influenza in different ways, but the most common symptoms include fever, headache, cough, body aches, and weakness. Symptoms can rapidly increase in severity, and persist for a week or two. Some people, who are sick with influenza and therefore contagious to others, show few or no symptoms throughout their illness.

### Transmission

Sometimes, humans and animals can pass strains of flu back and forth to one another through direct close contact. More investigation is needed on how easily the virus spreads between people and animals; however, 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.

### Exposure

Once an individual is exposed to the virus, influenza particles make their way to the respiratory system, where they begin to replicate. A single virus can produce millions of

copies of itself during the “incubation” stage. The incubation period usually ranges from one to three days.

### **High Mutation Rate**

Influenza viruses have an ability to rapidly mutate. Viruses can and do change their characteristics readily from one generation to the next. The ability to adapt rapidly means the influenza virus can overcome obstacles to growth, including the body’s defenses, antiviral medications, and vaccines. Since experts do not expect that we can prevent a pandemic, advance preparations are key.

### **Infectious Period**

Current research indicates that the infectious period influenza typically begins two to seven days prior to the on-set of symptoms, and can last approximately seven days afterwards. This means CSCL cannot rely on sending sick staff or individual’s home to control the disease. By the time their illness becomes obvious to them and to others, many people may have been infected.

### **Facemasks**

The Public Health Agency of Canada does not recommend healthy people wear masks as they go about their daily lives in the community. There is no evidence to suggest wearing masks will prevent the spread of infection in the general population and improper use of masks may in fact increase the risk of infection as removing the mask incorrectly can spread the virus to one’s hands and face. Use of facemasks by those with acute symptoms of infection when near others is advised.

### **Transmission by Contact**

The influenza virus can be transferred from an ill individual to another person by indirect contact, such as contaminated hands or through inhalation virus-laden droplets or particles released when an infected person coughs or sneezes. A contagious individual can easily infect others within about one metre (three feet) through coughing and sneezing. There is no evidence that the use of masks in general public settings offers protection once the virus is circulating widely in a community.

Hand-washing represents an important method for helping to control the spread of the virus. Someone can pick up the virus on their hands from touching an infected person or a surface where the virus is present, and then introduce the virus to his/herself by bringing hands to the mouth, nose, or eyes. The virus then makes its way to the respiratory track. Viruses can live on hard surfaces such as doorknobs for 24 to 48 hours, and on nonporous surfaces such as cloth, paper, and tissue from 8 to 12 hours. Once on the hand, the virus can survive for about 5 minutes.

### **Impervious to Anti-Bacterial Medications**

Viral-based influenza does not respond to antibiotics. The common medications used for bacterial infections such as penicillin and streptomycin have no effect on the influenza virus. Some recently developed antiviral medications can inhibit the dispersal of viral particles inside the body, but there is no medical cure for influenza. This suggests the most effective way to combat the disease is to avoid exposure to the virus.

### **Complications**

A major threat in past influenza pandemics has been the tendency for the viral infection to exhaust the body's immune capacity. This opens the door for other diseases. Most notable among these complications is pneumonia, a bacterial infection that causes the build-up of fluid in the lungs and bronchial passages. Even if treated with appropriate medications, complications from a viral infection can result in prolonged illness or death.

### **Potential for Death**

It is difficult to predict the likelihood of death among pandemic influenza victims. Much depends on the nature of the viral sub-type, how readily it resists the body's many immune system defenses, and the physical condition of those infected. Historic outbreaks of influenza have shown, however, that death can come within hours of the first symptoms, or after a prolonged battle with complications over many weeks.

# Appendix A