

**TOWN OF  
AMHERSTBURG**



**POLICY NO.: Pandemic Response Plan**

**SOURCE: COUNCIL MINUTES**

**SECTION: REPORT OF MUNICIPAL OFFICERS**

**DATE ENACTED: October 26, 2009**

**DATE OF AMENDMENT:**

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**PURPOSE**

The plan is designed to help minimize the risk that influenza pandemic poses to the health and safety employees and the continuity of municipal operations.

**SCOPE**

The Emergency Planning Coordinator shall determine when the Pandemic Response Plan is initiated based upon notice from the WHO (World Health Organization) and/or the Windsor District Health Unit or a resolution of Council.

**RESPONSIBILITIES**

Head of Council – may declare that an emergency exists in the municipality or in any part thereof and may take such action and make such orders as he/she considers necessary and are not contrary to law to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area (Section 4(1) of the Emergency Management Act). The Head of Council issues reports to the media regarding development during an emergency and maintains liaison with provincial and local authorities.

Emergency Planning Coordinator – coordinates emergency measures in accordance with the Emergency plan of the municipality.

Administration – implements preventative or emergency measures as out lined in Town policies and procedures.

**PROCEDURE**

Upon awareness of a potential threat to the local community the Emergency Planning Coordinator or designate shall communicate with the local Windsor Essex Health Unit - Deb Bennett (519) 258-2146 to determine the level of alert associated with our municipality.

The Emergency Planning Coordinator (EPC) shall immediately notify the following personnel of any impending level of alert associated to influenza.

- Council and CAO

- Human Resources Manager
- Department Managers
- Municipal Emergency Response Team Members

Upon confirmation from the Municipal ERT/EPC that the pandemic Plan is in effect the level of Alert shall be determined and associated procedures shall be implemented.

**COMMUNICATIONS:**

All internal communications related to this plan shall be coordinated through the Human Resources office and Departmental Managers, external communication shall be coordinated through the Clerks office.

**ALERT LEVELS:**

The following table outlines the WHO Pandemic Phase Model:

Interpandemic Period*	<p><b>Phase 1</b> – No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p> <p><b>Phase 2</b> – No new influenza virus subtypes have been detected in humans. However, a circulating influenza virus sub-type poses a substantial risk of human disease.</p>
Pandemic Alert Period **	<p><b>Phase 3</b> – Human infection (s) with a new subtype, but no human to human spread, or at most rare instances of spread to a close contact.</p> <p><b>Phase 4</b> – Small cluster (s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p><b>Phase 5</b> – Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>
Pandemic Period	<b>Phase 6</b> – Pandemic phase: increased and sustained transmission in general population.
Postpandemic Period	Return to interpandemic period

\* The distinction between phase 1 and phase 2 is based on the risk of infection or disease from circulating strains in animals.

\*\* The distinction between phase 3, phase 4 and phase 5 is based on the risk of a pandemic.

## **EMERGENCY PROCEDURES**

Emergency procedures will be implemented based on the Emergency Plan for Pandemic Situations.

## **PREVENTATIVE MEASURES**

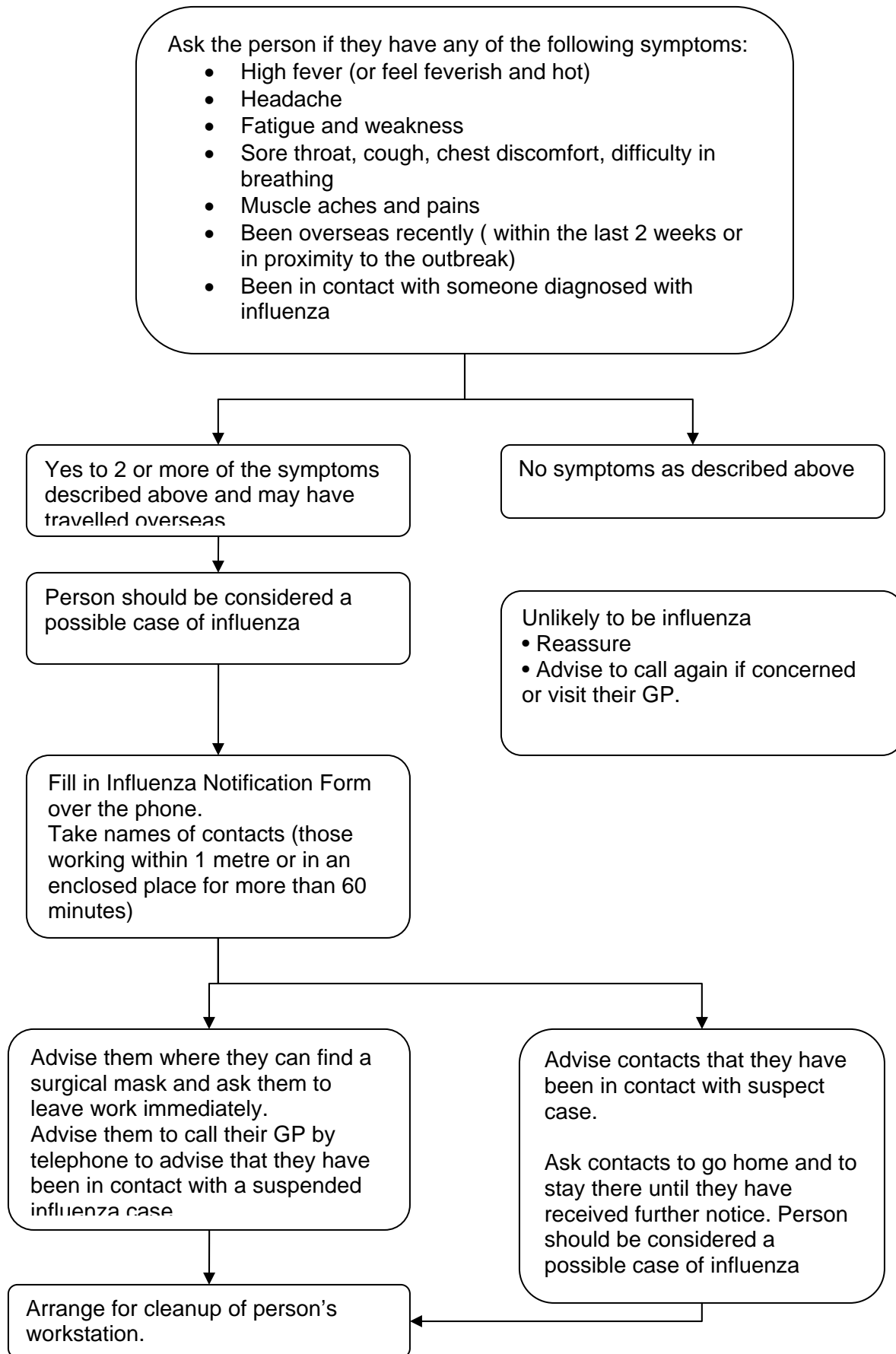
Preventative measures for dealing with the spread of infection will be communicated to employees as a part of the Health and Safety program. Increased levels of preventative measures will be implemented should the pandemic alert status increase. Those measures include, but are not limited to the following:

1. Windsor Essex County Health Unit Protocol for the Prevention of the Spread of Influenza – All departments and employees will follow the prevention program provided by the Windsor Essex County Health Unit. All public facilities will be required to display the necessary signage and provide the proper sanitary equipment as outlined the Sanitary Workplace and Flu Prevention Procedure.
2. Sanitary Workplace and Flu Prevention Procedure – employees will be required to follow this procedure that outlines techniques for handwashing, hand sanitizing, the prevention of the spread of germs and standards will be heightened at higher alert levels.
3. Self-management of influenza symptoms – employees will determine for themselves if they will stay home when influenza symptoms are present using the guidelines provided by the Health Unit or advice from their physician. As the communication of the disease is moved to higher alert levels, a screening procedure may be implemented (see Appendix A). Employees who refuse to work with individuals displaying influenza symptoms will be handled through the Work Refusal Policy.
4. Vaccines – employees may seek flu vaccines through their regular health care practitioners.
5. Social Distancing in the Workplace – employees and department managers may implement social distancing practices that include separating employees by 1 meter, holding virtual meetings and avoiding non-essential social contact.
6. Protective Masks – masks should be made available to employees upon request and may aid in the spread of infection at higher alert levels.
7. Travel to Affected Areas – employees will be responsible to determine the risks of travel to regional, provincial, national or international locations. The Town will restrict the right of individuals travelling on Town business or conferences if the province declares travel restrictions or quarantine measures.

## **BUSINESS CONTINUITY PLANS**

Business Continuity Plans will be established and reviewed by administration to deal with rising levels of pandemic alerts.

## Appendix A: Screening Flow Chart



## Appendix A: Screening Reference

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

## Appendix A: Notification Form: Suspected Influenza Case at Work

### Details of Affected Staff

Name:	Worksite:	Location of Isolation:
Job title:	Nationality if Visitor to Site:	Date of Birth:
Address:		
Telephone #: _____ (W) _____ (H) _____ (M)		
Symptoms noticed:  Fever <input type="checkbox"/> Body aches <input type="checkbox"/> Headache <input type="checkbox"/> Fatigue <input type="checkbox"/> Dry Cough <input type="checkbox"/> Others: <input type="checkbox"/> Details: _____ Cold <input type="checkbox"/>		
Time of fever on-set: _____		
Time of isolation: _____		
Travel history over the past 8 days:  Countries visited: _____  Flights Taken: _____		
Where referred:		
Contact List		

### Details of Reporter

Name:
Job Title:
Telephone #: _____ (W) _____ (H) _____ (M)