

St Clair Fire Department

# COVID-19 Pandemic Plan



**For St Clair Fire Distribution ONLY!**

# CONTENTS

---

## 1. INTRODUCTION

### 1.1 Coronavirus

Coronaviruses (CoV) are a large family of coronaviruses that cause illness ranging from the common cold to more serious respiratory infections like bronchitis, pneumonia or to more severe disease such as Severe Acute Respiratory Syndrome (SARS-CoV), Middle East Respiratory Syndrome (MERS-CoV), and CoVID-19.

### 1.2 Novel Coronavirus

A novel coronavirus is a new strain of coronavirus that has not been previously identified in humans. Novel Coronavirus (2019-nCoV) is an example of this.

The 2019 novel coronavirus (COVID-19) causes a respiratory infection that originated in Wuhan, China.

The first presumptive case of this infection in Ontario was identified on January 25, 2020.

### 1.3 Transmission

Coronaviruses are zoonotic. This means they are transmitted between animals and people. Some human coronaviruses spread easily between people, while others do not. It has been confirmed that CoVID-19 has sustained human to human transmission.

The mode of transmission is respiratory droplets. These are the droplets generated when an infected person coughs or sneezes. These droplets travel up to two meters and then come to rest on surfaces. Epidemiologic evidence suggests this coronavirus transmits readily.

There is no evidence that this coronavirus is transmitted by the airborne route. However, when performing aerosol generating medical procedures the droplets can become aerosolized and become airborne.

### 1.4 Origin

All case are linked to a seafood and poultry market in Wuhan China. All cases that have been identified have a travel link to this market. The animal of origin has not been determined yet.

### 1.5 Symptoms & Treatment

Epidemiologic evidence suggests that CoVID-19 manifests as a non-severe disease in most cases (~80 %), with a smaller proportion of cases developing severe pneumonia, and some dying.

Symptoms range from mild – like the flu and other common respiratory infections – to severe, and can include:

- Fever
- Cough
- Difficulty breathing

Complications from the 2019 novel coronavirus can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

There are no specific treatments for coronaviruses, and there is no vaccine that protects against coronaviruses. Most people with common human coronavirus illnesses will recover on their own.

You should:

- Drink plenty of fluids
- Get rest and sleep as much as possible
- Try a humidifier or a hot shower to help with a sore throat or cough

If you need immediate medical attention you should call 911 and mention your travel history and symptoms.

### **1.6 Personal Risk**

Your risk of severe disease may be higher if you have a weakened immune system. This may be the case for:

- Older people
- People with chronic disease (for example, diabetes, cancer, heart, renal or chronic lung disease)

### **1.7 Protecting Yourself**

Coronaviruses are spread mainly from person to person through close contact, for example, in a household, workplace or health care centre.

There is no vaccine available to protect against the 2019 novel coronavirus.

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses. Take these everyday steps to reduce exposure to the coronavirus and protect your health:

- Wash your hands often with soap and water or alcohol-based hand sanitizer
- Sneeze and cough into your sleeve
- Avoid touching your eyes, nose or mouth
- Avoid contact with people who are sick
- Stay home if you are sick

### **1.8 Incubation**

The incubation period is estimated to be 5-6 days on average, with a maximum incubation period suggested to be 14 days. The WHO has recommended a presumptive incubation period of 2-14 days.

### **1.9 Social Distancing**

In order to decrease transmission of COVID-19 it is now recommended that all residents practice social distancing. Social distancing involves taking steps to limit the number of people you come into close contact with. This will help to limit the spread of COVID-19 in the community.

Social distancing includes, but is not limited to:

- Talking to your supervisor, manager, or employer about the possibility of working from home where possible
- Avoiding sending children to daycare, if you are able to
- Avoiding visits to Long-Term Care Homes, Retirement Homes, Supportive Housing, Hospices and other congregate care settings unless the visit is absolutely essential
- Avoiding non-essential trips in the community
- If you have to go into the community for an essential trip via taxi or rideshare, be sure to keep the windows down
- If possible, limit or consider cancelling group gatherings
- If you have meetings planned, consider doing them virtually instead of in person
- Whenever possible, spend time outside and in settings where people can maintain a 1-2 metre (3-6 feet) distance from each other

Note: These guidelines are not meant to say “you must stay in your home!”

You can still go outside to take a walk, go to the park, or walk your dog. If you need groceries, go to the store. While outside make sure to avoid crowds and maintain a distance of 1-2 metres (3-6 feet) from those around you.

### **1.10 Self-Monitoring**

If you believe you have been exposed to someone with COVID-19 symptoms, it is recommended that you begin to self-monitor for a period of 14 days.

This means that, in addition to social distancing, you should track how you feel. You should take your temperature daily and log any other symptoms that develop (e.g., sore throat, new cough). You can share these records with your primary care provider over the phone if you seek assessment services.

### **1.11 Self-Isolation**

All travelers returning to Canada from abroad are asked to self-isolate at home for 14 days, whether they have symptoms or not.

ANYONE with a fever, or new or worsening cough, or difficulty breathing should stay at home until they're symptom free for 24 hours, regardless of travel history.

How to self-isolate:

- Stay home
- Limit the number of visitors in your home
- Avoid contact with others
- Keep distance (2 metres)
- Cover your coughs and sneezes
- Wash your hands
- Wear a mask over your nose and mouth

### **1.12 Laboratory Testing**

Testing is being conducted at the Public Health Ontario Laboratory, which is working collaboratively with the National Microbiology Laboratory in Winnipeg.

## **Case Definitions**

### **Suspect Case**

A person with fever and acute respiratory illness, or pneumonia AND any of the following:

Travel to Wuhan or Hubei Province, China or other affected area in the 14 days before onset of illness OR

Close contact with a confirmed or probable case of 2019-nCoV 14 days prior to symptom onset OR

Close contact with a person with acute respiratory illness who has been to Wuhan or Hubei Province, China within 14 days prior to their illness onset OR

Worked or attended a health care facility in the past 14 days prior to symptom onset where patients with 2019-nCoV have been reported

### **Probable Case**

A person in whom the laboratory screening test for 2019-nCoV was positive from the Public Health Ontario Laboratory but not confirmed by the National Microbiological Laboratory.

### **Confirmed Case**

A person with laboratory confirmation of infection with 2019-nCoV which consists of positive real-time PCR on at least two specific genomic targets or a single positive target with sequencing AND confirmed by NML by nucleic acid testing.

## **1.13 Pandemics**

The WHO defines a pandemic to be a global outbreak in which all four of the following occur:

- A novel coronavirus emerges
- The new coronavirus can spread efficiently from human to human
- The new coronavirus causes serious illness and death
- The population has little or no immunity to the new coronavirus

An epidemic, on the other hand, is a sudden increase in cases of an illness or disease that can be unique to one country or community.

The WHO declared COVID-19 to be a pandemic on 11 March 2020.

Once a pandemic is declared, it becomes more likely that community spread will eventually happen, and governments and health systems need to ensure they are prepared for that.

## **1.14 Resources**

*Telehealth Ontario* is a free, confidential telephone service you can call to get health advice or general health information from a Registered Nurse.

- 1-866-797-0000,
- TTY 1-866-797-0007

## 2. CONTINUITY OF OPERATIONS PLANNING (COOP)

### 2.1 Hazard, Risk and Vulnerability Analysis

The World Health Organization (WHO), Centers for Disease Control and Prevention (CDC) and the Public Health Agency of Canada (PHAC) have determined COVID-19 to be the most likely threat to the health of the Canadian population, with severe detrimental economic and societal consequences.

A Hazard Identification and Risk Assessment (HIRA) identifies six (6) transitional phases through which a pandemic will move through. These phases are identified in Table 1 below.

**Table 1: Phases of a Pandemic**

Phase	Description
Interpandemic – <b>Phase 1</b>	No new coronavirus subtypes have been detected in humans. A coronavirus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is low
Interpandemic – <b>Phase 2</b>	No new coronavirus subtypes have been detected in humans. However, a circulating animal coronavirus subtype poses a substantial risk of human diseases.
Pandemic Alert – <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.
Pandemic alert – <b>Phase 4</b>	Small cluster(s) with limited human-to-human spread, but spread is highly localized, suggesting that the coronavirus is not well adapted to humans.
Pandemic alert – <b>Phase 5</b>	Larger cluster(s) but human-to-human spread still localized, suggesting that the coronavirus is becoming increasingly adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic period – <b>Phase 6</b>	Increased and sustained transmission in general population.
Post pandemic period	Return to Interpandemic period.

### 2.2 St Clair Fire Department Continuity of Operations Planning

The St Clair Fire Department (SCFD) Continuity of Operations Plan follows the format of the Canadian Pandemic Influenza Preparedness (CPIP) and Basic Emergency Management (BEM) course offered through Emergency Management Ontario (EMO). EMO defines a Continuity of Operations/Business Continuity Program as:

“An ongoing process supported by senior management and funded to ensure that necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through staff training, plan testing and maintenance”.<sup>1</sup>

The Mitigation/Prevention, Preparedness, Response and Recovery sections within this document address issues that are associated with the SCFD. Input was obtained from Lambton Public Health, Township of St Clair Senior Management Team, and SCFD members.

The SCFD Continuity of Operations Plan is intended to maintain essential services to the public and provide a cooperative framework for interaction and cooperation with partnering emergency services agencies within the Township and Lambton County. A consultative process between SCFD and Lambton Emergency Medical Services (LEMS) was (will be) employed in the development of this plan.

The SCFD Continuity of Operations COVID-19 Pandemic Plan falls under the Township of St Clair Emergency Management Plan



### **3. MITIGATION/PREVENTION**

Emergency Management Ontario (EMO) defines Mitigation/Prevention as “the actions taken to reduce or eliminate the effects of an emergency (mitigation) or the actions taken to prevent the emergency itself (prevention)”.<sup>2</sup> These are measures which can minimize resource-consuming activities during the response and recovery phases and may result in minimizing long-term risk.

Non-structural measures which the Department can take include identifying critical infrastructure and key decision makers, utilization of Standard Operating Guidelines (SOGs), incorporating pre-pandemic infection control practices, promoting wellness programs and raising awareness levels of all personnel.

#### **3.1 Environmental Factors during a Pandemic**

Prevention is the first line of defense in combating the coronavirus. As such, there are precautions that may be taken to prevent the coronavirus from entering or being spread in the workplace. Cleaning and hygiene are key components of the prevention strategy. Below are considerations in coronavirus events. While such strategies should ideally be practiced at all times, SCFD personnel will be directed to put these practices into place.

##### **3.1.1 Cleaning:**

While not fully understood by health experts, it is anticipated that the novel coronavirus can survive on hard non-porous surfaces for 24 to 48 hours. It can persist for 8 to 12 hours on cloth, paper and tissues, so used tissues should be discarded immediately after use. Frequent cleaning of the environment can help reduce the spread of coronavirus from environmental surfaces. Cleaning should take place using common household disinfectants as directed by the manufacturer. Special attention should be paid to commonly touched areas in the workplace such as:

- Door handles and handrails
- Sinks, faucets and toilets
- Steering wheels, latches, knobs, handles on fire apparatus
- Shares computer keyboards and the mouse, office desk
- Tables and countertops in kitchen
- Telephones and officer cell phones
- Photocopiers

##### **3.1.2 Hand Washing Hygiene:**

Hand washing is the most effective way of preventing infections, including COVID-19.

Hands should be washed or sanitized:

- After coughing, sneezing or blowing the nose
- After using the washroom
- After changing diapers
- After touching animals
- Before preparing food
- Before eating
- Before putting in contact lenses
- Before touching the eyes, nose or mouth

Frequent hand washing with soap and water, or the use of alcohol-based hand sanitizers is very effective at removing bacteria and coronaviruses on the hands. This helps to limit the spread of infections. Appropriate hand washing involves the use of liquid soap and warm running water, rubbing the hands together for a total of 20 seconds.

Effective hand sanitizers, if available, contain 60-70% alcohol and work by rubbing a quarter size amounts over the hands until dry. When possible, hands should be washed, or hand sanitizer used after shaking hands or before touching the face to prevent introduction of coronavirus from hands into the mouth, nose or eyes. Avoid touching your face as much as possible.

### 3.2 Impact on Key Staffing and Resources

Using a projection of a COVID-19 attack rate of 35% to St Clair’s population of 15,000 (2016 Census), approximately 5250 St Clair citizens could become ill.

Based on the above information, the St Clair Fire Department has also based on its Pandemic Plan on a 35% illness rate. St Clair’s Fire Department’s complement as of March 2020 includes employment of 148 personnel assigned to the following divisions, as outlined in Table 2 with “raw” projected loss of personnel due to illness based on a rate of 35%, as well as projected number of staffing able to report to duty.

**Table 2: SCFD Staffing Projections by Division**

Division/Function	Current Staffing*	Projected Loss (35%)	Less: WSIB or Modified	Projected Staffing
Fire Stations	144	50		94
Administration	1	0.35	0	1
Management	3	1	0	2
<b>Total</b>	<b>148</b>	<b>51.35</b>		<b>97</b>

\*Includes current levels not full compliment

Critical human resources have been identified as Fire Suppression and Management. As outlined in contingency planning within the Response section, these /Functions are vital to the provision of core services during a pandemic.

Communications and Dispatch services are provided by Central Ambulance Communication Centre (CACC). CACC COOP planning is being undertaken by their management. This function is mission critical to SCFD and has been communicated to the them.

Apparatus maintenance services are provided by three primary companies, Preece Enterprises, Carrier and Team, COOP planning is ongoing.

Using raw estimates contained in Table 2 and a 35% illness rate projected by the health community, only 94 Fire Suppression personnel might be able to report for duty causing a mild impact on the SCFD’s ability to respond. The 35% illness rate in the Fire Stations equates to approximately 8 ill firefighters per station

### 3.2.1 Fire Stations

The Fire Stations primarily provide fire and rescue services, as well as basic emergency patient care services, to the citizens of St Clair from six (6) fire stations located throughout the Township. While ideally each Station has a full complement of firefighters, save and accept retirements that may occur through the year, that number continually drops below that maximum as individuals go on vacation, are off sick, on WSIB or not able to respond.

Categories of scheduled and unscheduled absences monitored by SCFD identifies potentially controllable absences in an emergency. Absences such as short-term illness or injury, WSIB, retirements, LTD, and modified work are not controllable. For us they fall into a Leave of Absence or Medical Leave of Absence.

**Table 3. Preferred Staffing of Frontline Apparatus**

Apparatus Type	No. of Units	Min. Personnel	Total Min. Staff
Pumpers	6	4	24
Aerials	2	4	8
Command Vehicles	1	1	1
Rescues	6	4	24
Tankers	6	1	6
Reserves/Other			
➤ Pumper	1	----	----
➤ Aerial		----	----
➤ Tanker		----	----
<b>Total</b>	<b>21</b>	<b>----</b>	<b>63</b>

Table 3 identifies the composition of the SCFD fleet, as well as the preferred minimum staffing levels assigned to each apparatus type. This data demonstrates how the SCFD distributes its staffing across the vehicle types.

Whereas Table 2 provided a “raw” view of the impact of a 35% illness rate, Table 3 provides a more realistic view of possible day to day occurrences because it includes the uncontrollable categories of absences. As was discussed earlier, one cannot control certain types of absences. Extrapolating the information that was tabulated in Table 2, it appears that the SCFD could have around 97 firefighters available in the height of a pandemic event. However, this value is unrealistic, as it does not include any other type of absence. Adding the uncontrollable absences to the 35% illness rate reduces the complement.

A further variable are those personnel who self-isolate following international travel or are experiencing the symptoms of COVID-19 infection. These numbers are unknown and difficult to predict but could have additional negative staffing consequences. It is prudent to expect additional absences rather than positive fluctuations. Using an estimate of 2 additional personnel self-isolating per Station, staffing could drop to as low as 85.

## Fire Management

The Management team consists of three (3) personnel: one (1) Fire Chief and two (2) Deputies. Vacation entitlement and other approved leaves will be deferred until at least the Recovery phase is well established.

### 3.2.2 Fire Prevention

The role of Fire Prevention and Public Education in the community is critical to the overall success of the Fire Department in terms of long-term public safety; however, during a pandemic, most of the functions performed by the division can be suspended during the final phases of a pandemic.

As the pandemic moves through the first three phases, awareness of the potential for spread of a coronavirus through continual contact with the public by Inspectors and the Public Educator should be front of mind and steps taken to reduce potential contact and spread of the coronavirus. (Appendix H) Consideration should be given during Phase 3 to curtailing operations in the public and plans should be underway to prepare for potential staff redeployments to other critical areas such as Suppression during Phase 4. (Appendix Q)

### 3.3 Key Decision Makers

Identification of the primary key decision makers or their delegates within the Department and the names of those individuals with authority to provide direction or technical expertise are provided in Appendix A. The means by which to contact and communicate with these individuals is included in the appendix. Annual updates to the appendix shall be made to reflect changes in this information as required.

The primary decision makers may be expected to report to the Emergency Operations Centre (EOC) or alternate location. Rotating shifts may be established at the EOC to keep the PCG informed and provide resources. The Chief Officers will be teamed with secondary decision makers to provide technical support and maintain organizational priorities and communications. Rotating shifts at Headquarters to maintain departmental operations may also be required.

Secondary or alternate decision makers should have a technical understanding of pandemic COVID-19 and/or emergency management. These alternate decision makers should be identified in the case of protracted health emergencies.

Administrative Assistants will be valuable resources and can provide administrative support to the key decision makers.

### 3.4 Standard Operating Guidelines

Department policies and guidelines pertaining to Personal Protective Equipment (PPE), Decontamination and Disposal requirements and Disease Awareness have recently been reviewed and revised. As of March 2020, the following SOGs are in effect: **PENDING**

**XXXX – Febrile Respiratory Illnesses**

**XXXX – Notification of Possible Communicable Disease Exposure to the Designated Officer**

Firefighter access to high-risk patients and during high-risk procedures shall be restricted to:

- Firefighter 1 is full PPE makes patient contact, conducts patient assessment, and begins treatment;
- Firefighter 2 is in full PPE, beyond 2m, ready to assist, if requested

- Apparatus Drivers shall remain with the vehicle and assist paramedics in isolation from the patient
- Officer if not directly involved shall remain in an adjacent room or nearby location where adequate supervision for firefighter safety can be observed. If the officer chooses to enter the high-risk area (within 2m of patient), he/she shall don full PPE.

### **3.5 Modified Tiered Response Criteria**

Medical tiered response is the practice of sending firefighters to assist paramedics in the provision of first responder-level patient care in instances of potentially life-threatening conditions.

The 2014-Tiered Response Agreement signed between the Township of St Clair and County of Lambton outlines the criteria of various medical emergencies to which SCFD responds. Within the agreement, it is acknowledged that standard fire department responses take priority over medical tiered response.

With the COVID-19 global pandemic, there will be a series of efforts taken to slow the spread of the infection to protect the health and safety of St Clair firefighters and to minimize the anticipated negative impact on the department's capacity to maintain essential fire services.

Accordingly, the Fire Chief, in consultation with Lambton EMS, will direct the temporary modification of the tiered response agreement for the duration of the health emergency. The modified response criteria include:

- Vital signs absent (VSA).
- Unresponsive/unconscious; and
- Request from paramedics for assistance.

There will be no change to dispatching SCFD for:

- Motor vehicle collisions where EMS has been dispatched; and
- Industrial/farm accidents or other locations where extrication or rescue may be required.

Upon situational assessment of the community and fire department recovery phase, the approved response criteria within the 2014 agreement will resume in full, with timelines as deemed appropriate by the Fire Chief.

### **3.6 Wellness**

General health and wellness could conceivably improve the ability to stave off infection and lessen the effects of COVID-19 on the individual. The potential to diminish the impact on Department-wide absenteeism cannot be overlooked. Fitness is a critical component of health and wellness.

The ability of the immune system to mount a defense against foreign pathogens is dependent upon the presence of antibodies, the virology of the infecting agent and the susceptibility of the host. In the case of the highly pathogenic strain of COVID-19 with little or no immunity, and no immunization available as of yet for COVID-19, the immune system is dependent on the individual's underlying health.

Current disease status, sleep disruptions, sedentary lifestyle and poor nutrition all adversely affect the body's immune response. The benefits of physical activity to the cardiovascular system and musculoskeletal systems are widely known, "but the benefits on the functioning of metabolic, endocrine and immune systems are also considerable".<sup>3</sup> Awareness programs including e-mail bulletins, posters, and brochures within workplaces may improve the comprehension of personnel.

Preventing illness at home in children and elderly parents must be addressed to ensure personnel report for duty. Absenteeism due to caring for ill family members may compound the problem of personnel being absent from duty. Personal Hygiene and Environmental Cleaning Information should be provided to all personnel to use at home.

### **3.7 Infection Control Issues**

Efforts to control the spread of communicable diseases are vital to continuous operations. Compliance with Standard Operating Procedures that outline Routine Precautions, Decontamination, and Disposal Procedures must be a standardized matter of practice during non-pandemic periods.

- Immunization policies, as vaccines become available
- Personal hygiene practices
- Environmental cleaning
- Social distancing, including restricted non-emergency gatherings/meetings

### **3.8 Awareness Levels of Personnel**

As discussed in further detail in the Response section, information will be relayed to all personnel initially by Fire Administration. They will use various media including, but not limited to, electronic distribution of:

- Literature/brochures on Routine Precautions
- Information provided by the OFM
- MOH & LTC Hand Washing Technique
- LPH Fact Sheets

## 4. PREPAREDNESS

### 4.1 Supply Issues

- Stockpiling of PPE, Hygiene Supplies and Cleaning Supplies
- Access to Gasoline, Diesel Fuel, Oxygen (names & #'s of suppliers, contingencies)
- Food Supply (Canadian Food Inspection Agency)

**Table 4: Pandemic and COVID-19 Plan Inventory**

Item	Type	Recommended Stockpile
Disposable Isolation Gowns	Allied Medical	100
N95 Respirator Masks (20 masks per box)	3M 9210	200
Nitrile Medical Gloves (100 gloves per box)	Maxill	Extra Small 5 Small 10 Medium 15 Large 15 X-Large 15
Protective Eye Wear	Shields	30
On-Scene Hand Sanitizer	Microsan	50
In-Station Hand Sanitizer	Purell	20
Liquid Hand Soap	DEB	24
Paper Towel		100
Surface Disinfectants	Bleach	6
Surface Disinfectants	Lysol	10
Decontamination Products	Virox Spray	20
Decontamination Products	Virox Concentrate	5
Decontamination Products	DPI Sani-Cloth	6
Facial Tissue		20

Fire Administration orders cleaning supplies on a regular basis. This will need to increase in frequency as supplies are used faster during enhanced environmental cleaning procedures.

An Administrative Assistant can source disinfecting agents and alcohol-based hand sanitizer.

## 5. RESPONSE

The goal should be to continue normal operations as usual for as long as possible. As human resources become depleted, pre-determined contingencies shall be enacted. The purpose of pre-planned options is to reduce the need for difficult decisions under extremely stressful circumstances.

There is a real need for personnel to remain healthy. A key element of wellness is regular, sufficient sleep and reduction of stress.

### 5.1 Outbreak Management Issues

- Appropriate People at EOC (or Alternate Site) w/ PCG
  - Assemble promptly & at appropriate times
  - Have copy of SCFD PIP
  - 1 key decision maker or 1 alternate
- Organizational Communications (Fan Out)
  - Fire Administration w/ list of all personnel contacts
- Key Decision Makers Avoiding Burn Out
  - Rotation through EOC
  - Rotation through HQ
  - Set schedules for rest and nutrition
- Identification of Critical Functions
  - Suppression
  - Communications
  - Apparatus
  - Management
- Prioritization of Critical Services
  - Fires and Monitor Alarms
  - EMS
  - Vehicle Collision w/ Possible Fuel Leak, Injury, or Extrication
  - Public Hazard, Hazardous Materials
  - Specialty and Technical Rescue
- Suspension of Non-Priority Operations
  - FPO Inspections
  - Public Fire & Life Safety Education
  - Tours and Public Events
  - Non-Pandemic Training Division Program Delivery and Development

### 5.2 Human Resources Issues

Numerous human resource issues will arise during the pandemic, with maintaining staffing in mission-critical areas, counseling services to staff and their families, as well as family care to name a few. While all positions within the Department are integral to the ongoing success of



the organization, Section 3.2 identifies three (3) mission critical areas during a pandemic, more specifically Fire Suppression and Management. Accordingly, Fire Management and senior SCFD Officers shall focus their efforts to maintain to the extent possible the functions in the same. Options will include, but may not be limited to, reduced staffing on vehicles, and mutual aid.

It is important to remember that public safety staff will be on the frontlines daily and, as a result, be continually exposed to the effects of the pandemic, overwhelmed with calls as staffing levels drop, as well as have concerns for family and relatives. It is anticipated that as the pandemic unfolds, particularly through Phases 3, 4 and 5, the effects will become more prevalent. Every organization's greatest resource is its people. While there are greater expectations on individuals working in the emergency services, it is important to keep in mind that the staff may be exposed to extraordinary situations with little rest. Physical exhaustion combined with psychological stresses may weaken the body's immune system to the point that the individual may become more susceptible to contracting COVID-19. The matter of health and wellness is discussed in Section 3.5; however, counseling services are equally important. Such services are available through a variety of sources. SCFD has a Chaplain that has committed to assist the members of the Department. As well, the County Departments also has its own Critical Incident Stress Management Team, with connections to other teams in the County. Finally, grief services are available through SCFD Employee Assistance Program.

Unlike businesses and other organizations, it is critical that the Townships emergency services remain functional. It is recognized that staff will be concerned with the care and safety of children and other family members. At this time, more complex contingencies have not been developed by the Township. Given the extenuating circumstances, Fire Management will attempt to work with staff to accommodate special needs.

### **5.3 Internal Communications**

Early and continual internal communication will be important throughout the various phases of the pandemic. SCFD has included as a part of its internal communication strategy updates commencing at Phase 2 through to the conclusion.

Awareness and education for use by staff and that of their family members will be distributed in Phase 3 so that early precautions can be exercised to prevent unnecessary infection by the coronavirus. This material shall be developed by Lambton Public Health and distributed by the Departments Communications Team.

Recognizing that special precautions will be necessary to limit the transmission of the coronavirus, certain basic guidelines should be followed:

- Face to face meetings of key decision makers ONLY if absolutely necessary
- Where such equipment is available, consider the use of teleconference/videoconference technology to avoid unnecessary contact with others
- Consider restrict communication to telephone and/or email when possible
- Anyone returning from international travel should self-isolate at home
- Anyone experiencing symptoms of COVID-19 infection should self-isolate
- When speaking to others without PPE (N95), attempt to maintain a minimum 2m buffer zone
- Cover your mouth when sneezing or coughing using the inside of your elbow
- Wash your hands thoroughly with soap and water to maintain hand hygiene
- The SCFD will use email and text to distribute FYIs and other information

#### **5.4 Office of the Fire Marshal**

It is anticipated that the Office of the Fire Marshal shall establish contact with all fire departments early in the process. Fire Management shall be tasked with monitoring the OFM website and correspondence for:

- Directives and Communiqués
  - Deferring Directives on timelines
  - Updates on Best Practices
  - Fire Service Recommendations
- Provincial Emergency Operations Centre updates
- Website Updates to Ontario Fire Services
  - WHO Pandemic Phases
  - Surveillance and Trends

#### **5.5 Association Related Issues**

A pandemic event and the ensuing impact will be as no other experienced by SCFD emergency responders. In recognition of the uniqueness of the situation the Department ask that all association business takes place through tele and video conferences to avoid groups and especially groups at the stations.

#### **5.6 Fire Suppression Division Deployment Strategy and Considerations**

As a pandemic moves from inception to an “all out” event, the SCFD will need to be flexible in the manner in which it operates. That said, a general overall strategy is required recognizing the need for flexibility. In developing the same, it is imperative that an overall review of the operations be taken and amended as appropriate. *Appendix E - SCFD Responses to Pandemic Phases – Fire Suppression Division* provides a general guide concerning actions that must be taken, Apparatus may be taken out of service or relocated as needed during this time.

- 1) Consider mutual aid as an option instead of utilizing all our firefighters
- 2) Training officers focus on safety and suppression in Fire Suppression.

#### **5.7 Fire Prevention Contingencies**

During a pandemic the SCFD Fire Prevention staff will play a key role, albeit in other parts of the organization. While inspection and public education activities are key components of SCFD services, there will be an expectation that we maintain emergency responses throughout this event. As such, all Divisions will need to be flexible in the manner in which they operate through this difficult and unique situation.

It is imperative that an overall review of the operations be taken and amended as appropriate. *Appendix H - SCFD Responses to Pandemic Phases – Fire Prevention Division* provides a general guide concerning actions that will be undertaken with respect to day-to-day activities as the SCFD looks to maintain staffing levels primarily in the Fire Suppression Division. The Fire Chief overseeing the Division will use Appendix H and the information herein noted during a pandemic event.

## **5.8 Management Contingencies**

Throughout a pandemic, the role of Fire Management will transition from a long-term planning role to one with a greater focus on the day-to-day operations, particularly. As well, there will be an expectation by politicians and Senior Management Team that Fire Management also play a role within the Townships Community Control Group (CCG), as the Township attempts to manage the pandemic.

Like all other Divisions, flexibility will be key, as the situation will be dynamic. Significant decisions concerning staffing and service delivery will undoubtedly be required for emergency response while the number of staff available for duty decreases. *Appendix I - SCFD Responses to Pandemic Phases – Fire Management* provides a general guide concerning actions that will be undertaken with respect to day-to-day activities as the SCFD looks to maintain staffing and service levels.

## 6. RECOVERY

- Ensure all safety and health issues have been identified and resolved
  - JHSC
  - Return to work requirements
- Ensure Continuity of Counseling Services
  - Spiritual
  - Grief counseling
  - Critical incident stress
- Return to Regular Operations
  - Phase-In
  - Logistics and supplies in place
  - COVID-19 immunizations, if available
  - Compensation paid out in full
  - Reschedule vacations pre and post possible second wave
- Review and Revise Plans Based on Lessons Learned
  - Post Incident Evaluation
  - Recommendations
  - Update and revise plan
  - Prepare for second wave

## 7. GLOSSARY

*Courtesy of NFPA, CPIP, and OHPIP*

Continuity of Operations/ Business Continuity Program	An ongoing process supported by senior management and funded to ensure that necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through staff training, plan testing, and maintenance
Endemic	The continued prevalence of a disease in a specific population or area.
Enumeration	A tool for counting the number of front-line health care workers, key decision makers, other health-care workers, and emergency/essential services workers.
Epidemic	An outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time.
Frontline Health Care Providers	Persons who provide or assist in the provision of direct health care (within 1 meter) to potential or known COVID-19 cases with or without personal protective equipment in acute, community and long-term care (LTC) settings.
Frontline Health Care Workers	Health Care Workers are professionals, including trainees and retirees, nonprofessionals and volunteers, involved in direct patient care; and/or those working/volunteering in designated health care facilities or services. For the purposes of this definition, Health Care Workers are those whose functions are essential to the provision of patient care, and who may have the potential for acquiring or transmitting infectious agents during the course of their work. This group would also include public health professionals during the pandemic.
COVID-19	A highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the COVID-19 coronavirus. It is responsible for severe and potentially fatal clinical illness of epidemic and pandemic proportions.
Mitigation	Activities taken to eliminate or reduce the probability of the event, or reduce its severity or consequences, either prior to or following a disaster/emergency.
Pandemic	Referring to an epidemic disease of widespread prevalence around the globe.
Preparedness	Activities, programs, and systems developed and implemented prior to a disaster/emergency that are used to support and enhance mitigation of, response to, and recovery from disasters/emergencies.
Prevention	An EMO term used to describe the actions taken to prevent the emergency itself.

Recovery	Activities and programs designed to return conditions to a level that is acceptable to the entity.
Routine Precautions	<p>The Health Canada term to describe the system of infection prevention recommended in Canada to prevent transmission of infections in health care settings. These practices describe prevention strategies to be used with all patients during all patient care, and include:</p> <ol style="list-style-type: none"> <li>1. Hand hygiene with an alcohol-based hand sanitizer or with soap and water before and after any direct contact with a patient.</li> <li>2. The use of additional barrier precautions to prevent health care worker contact with a patient's blood, body fluids, secretions, excretions, non-intact skin or mucous membranes: <ol style="list-style-type: none"> <li>a) Gloves are to be worn when there is a risk of hand contact with a patient's blood, body fluids, secretions, excretions, non-intact skin or mucous membranes; gloves should be used as an additional measure, not as a substitute for hand hygiene.</li> <li>b) Gowns are to be worn if contamination of uniform or clothing is anticipated.</li> <li>c) The wearing of masks and eye protection or face shields where appropriate to protect the mucous membranes of the eyes, nose, and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.</li> </ol> </li> </ol>

## 8. ACRONYMS

BEM	Basic Emergency Management
CACC	Central Ambulance Communications Centre
CDC	Centers for Disease Control and Prevention
PCG	Primary Control Group
CEMPC	Community Emergency Management Program Committee
CPIP	Canadian Pandemic Influenza Plan
EMO	Emergency Management Ontario
EOC	Emergency Operations Centre
HIRA	Hazard Identification and Risk Assessment
SCFD	St Clair Fire Department
LPH	Lambton Public Health
MOH	Medical Officer of Health
MOH & LTC	Ministry of Health & Long-Term Care
OHPIP	Ontario Health Plan for Influenza Pandemic
PHAC	Public Health Agency of Canada
SOG	Standard Operating Guideline
LEMS	Lambton Emergency Medical Services
WHO	World Health Organization

## 9. APPENDICES

<b>Appendices</b>	<b>Description</b>
Appendix A	Key Decision Makers Contact Information
Appendix B	Counseling Services
Appendix C	Pandemic Information References
Appendix D	Ontario Health Plan for An Influenza Pandemic
Appendix E	SCFD Reponses To Pandemic Phases – Fire Suppression
Appendix F	SCFD Reponses To Pandemic Phases – Fire Prevention
Appendix G	SCFD Reponses To Pandemic Phases – Fire Management
Appendix H	SCFD Reponses To Pandemic Phases – Administration
Appendix I	SCFD Reponses To Pandemic Phases – Training
Appendix J	Pandemic Staff Reassignment Plan – Management Duties
Appendix K	Pandemic Staff Reassignment Plan – Training Duties
Appendix L	Pandemic Staff Reassignment Plan – Administration Duties
Appendix M	Pandemic Staff Reassignment Plan - Fire Prevention Duties



# APPENDIX A – KEY DECISION MAKERS CONTACT LIST

Last updated: 17 March 2020

## PRIMARY DECISION MAKERS

### Walter Anderson

Fire Chief

Office: (519) 481-0111

Cell: (519) 383-2330

Fax: (519) 481-0112

Home: (226) 784-0633

Email: [wanderson@stclairfire.ca](mailto:wanderson@stclairfire.ca)

### Steve Bicum

Deputy Fire Chief

Office: (519) 481-0111

Cell: (519) 466-5181

Fax: (519) 481-0112

Email: [sbicum@stclairfire.ca](mailto:sbicum@stclairfire.ca)

### Andrew McMillan

Deputy Fire Chief

Office: (519) 481-0111

Cell: (519) 330-1500

Fax: (519) 481-0112

Email: [amcmillan@stclairfire.ca](mailto:amcmillan@stclairfire.ca)

## SECONDARY DECISION MAKERS

District Chiefs

District Deputy Chiefs

Training Officers

## OTHER

### Central Ambulance Communications Centre (24/7)

Phone : **911** for emergencies ONLY

Dispatch :

Business Office:(519) 627-0701

Dispatch :

## **APPENDIX B – COUNSELING SERVICES**

### **Lambton Fire Services Critical Incident Stress (CISM) Team**

This team consists of Nine (9) peer members and is available through the coordinator

#### **Walter Anderson**

Fire Coordinator

Office: (519) 481-0111

Cell: (519) 383-2330

Fax: (519) 481-0112

Home: (226) 784-0633

Email: [wanderson@stclairfire.ca](mailto:wanderson@stclairfire.ca)

#### **Steve Bicum**

CISM Lead

Alternate Fire Coordinator

Office: (519) 481-0111

Cell: (519) 466-5181

Fax: (519) 481-0112

Email: [sbicum@stclairfire.ca](mailto:sbicum@stclairfire.ca)

#### **St Clair Fire Department Chaplain**

##### **Kevin McGlade**

Office: (519) 481-0111

Cell: (519) 402-1083

Fax: (519) 481-0112

Email: [kmcglade@stclairfire.ca](mailto:kmcglade@stclairfire.ca)

## APPENDIX C – COVID-19 / PANDEMIC INFORMATION REFERENCES

World Health Organization (WHO)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Centres for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

Public Health Agency of Canada (PHAC)

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Ministry of Health & Long-Term Care (MOH & LTC)

[https://www.ontario.ca/page/2019-novel-coronavirus?\\_ga=2.55908076.613960375.1583847064-1443905799.1574702229](https://www.ontario.ca/page/2019-novel-coronavirus?_ga=2.55908076.613960375.1583847064-1443905799.1574702229)

Twice daily updates about the 2019 Novel Coronavirus (COVID-19) in Ontario, every day, seven days a week, at 10:30 a.m. and 5:30 p.m. ET.

IAFC resources for fire chiefs

<https://www.iafc.org/topics-and-tools/resources/resource/coronavirus-resources-for-fire-chiefs>

[2019 nCoV Notification to Fire Services from Simcoe County Paramedics.pdf](#)

Novel Coronavirus Webinar for First Responders from PSHSA - Friday, February 7

<https://www.pshsa.ca/courses/novel-coronavirus-designated-officer-role?slug=first-responders-and-the-novel-coronavirus-the-designated-officer-s-role>

Infection Prevention and Control Canada

[https://ipac-canada.org/coronavirus-resources.php?utm\\_source=OADO+Contact&utm\\_campaign=95aaf80417-EMAIL\\_CAMPAIGN\\_2019\\_10\\_09\\_03\\_09&utm\\_medium=email&utm\\_term=0\\_c1b65035fd-95aaf80417-54469837](https://ipac-canada.org/coronavirus-resources.php?utm_source=OADO+Contact&utm_campaign=95aaf80417-EMAIL_CAMPAIGN_2019_10_09_03_09&utm_medium=email&utm_term=0_c1b65035fd-95aaf80417-54469837)

Guidance for Health Care Workers and Health Sector Employers on novel coronavirus associated with Wuhan, China (2019-nCoV)

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)

PSHSA: Infection Prevention/Control

<https://www.pshsa.ca/other-topics/infection-prevention-control>

Public Health Ontario

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Traveling Advisory

<https://travel.gc.ca/travelling/health-safety/travel-health-notice/210>

# APPENDIX D – ONTARIO HEALTH PLAN FOR AN INFLUENZA PANDEMIC

Working Definitions:	
<b>A. HEALTH</b>	
<b>Front Line Health Care Providers</b>	Persons who provide or assist in the provision of direct health care (within 1 meter) to potential or known COVID-19 cases with or without personal protective equipment in acute, community and long-term care (LTC) settings.
<b>Essential Health Care Providers</b>	Persons who are trained to provide direct, essential (non-elective) health care to patients for diagnostic, and/or treatment purposes in a hospital, medical office or homecare setting including provision of essential supportive care in a chronic care facility.
<b>Essential Health Support Services</b>	Persons who (at a minimum) are essential for maintaining baseline function of a health care facility, assisting the frontline health care providers or assisting key health decision makers.
<b>B. RESPONDERS</b>	
<b>Public Health Responders</b>	Persons who are essential to the implementation and maintenance of the public health response to pandemic COVID-19.
<b>Pandemic Societal Responders</b>	Persons who are trained or primarily involved in the provision of an essential service which if not sustained at a minimum level would threaten public health, safety or security.
<b>C. DECISION MAKERS</b>	
<b>Key Health Decision Makers</b>	Persons whose decision-making authority is necessary for implementing and maintaining the health sector response to pandemic COVID-19.
<b>Key Societal Decision Makers</b>	Persons whose decision-making authority will be necessary at the time of the pandemic to minimize societal disruption.

<b>Pandemic Planning: Category and Role / Function Examples</b>			
<b>Category</b>	<b>Roles / Functions at Regional / Local Level</b>		
<b>Front Line Health Care Providers</b>	<ul style="list-style-type: none"> <li>* Doctors <sup>1,2</sup>, Nurses <sup>1,2</sup> Nurse practitioners <sup>1</sup>, receptionists <sup>1</sup></li> <li>* Home care therapists</li> <li>* Paramedics <sup>3</sup></li> <li>* firefighters <sup>3</sup></li> <li>* vaccinators <sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>* public health staff anticipating patient contact (clinic staff)</li> <li>* laboratory workers</li> <li>* respiratory therapists</li> <li>* physiotherapists</li> <li>* occupational therapists</li> <li>* porters</li> </ul>	<ul style="list-style-type: none"> <li>* dedicated housekeeping</li> <li>* Health Care Aides (HCAs), Personal Support Workers (PSW) in hospitals, LTCHs &amp; community settings</li> <li>* CCAC case workers in hospital settings</li> <li>* x-ray technicians</li> </ul>
<b>Essential Health Care Providers</b>	<ul style="list-style-type: none"> <li>* Doctors <sup>1,2</sup>, Nurses <sup>1,2</sup> Nurse practitioners <sup>1</sup>, receptionists <sup>1</sup></li> <li>* Home care therapists</li> <li>* laboratory workers</li> </ul>	<ul style="list-style-type: none"> <li>* x-ray technicians</li> <li>* respiratory therapists</li> <li>* physiotherapists</li> <li>* occupational therapists</li> </ul>	<ul style="list-style-type: none"> <li>* porters</li> <li>* Health Care Aides (HCAs), Personal Support Workers</li> <li>* CCAC case workers</li> </ul>
<b>Essential Health Support Services</b>	<ul style="list-style-type: none"> <li>* dispatchers (911 &amp; police)</li> <li>* managers</li> <li>* housekeeping staff</li> <li>* kitchen staff</li> </ul>	<ul style="list-style-type: none"> <li>* pharmacy staff (in hospital)</li> <li>* facility administration</li> <li>* support clerks</li> <li>* shipping &amp; receiving</li> </ul>	<ul style="list-style-type: none"> <li>* hospital / LTCH directors</li> <li>* building maintenance</li> <li>* environmental cleanup officers</li> <li>* laboratory techs</li> </ul>
<b>Public Health Responders</b>	<ul style="list-style-type: none"> <li>* public health unit staff and managers</li> </ul>	<ul style="list-style-type: none"> <li>* clinic admin staff</li> <li>* security</li> </ul>	<ul style="list-style-type: none"> <li>* vaccine transporters</li> </ul>
<b>Pandemic Societal Responders</b>	<ul style="list-style-type: none"> <li>* firefighters</li> <li>* "on the street" police officers</li> <li>* provincial correctional service officers</li> <li>* fire chiefs</li> <li>* police chiefs</li> </ul>	<ul style="list-style-type: none"> <li>* public works and maintenance labourers (hydro, gas, water)</li> <li>* traffic controllers</li> <li>* telecommunicators</li> <li>* public transport</li> </ul>	<ul style="list-style-type: none"> <li>* religious leaders</li> <li>* embalmers</li> <li>* funeral directors</li> </ul>
<b>Key Health Decision Makers</b>	<ul style="list-style-type: none"> <li>* local Medical Officers of Health</li> </ul>	<ul style="list-style-type: none"> <li>* Associate Medical Officers of Health</li> </ul>	<ul style="list-style-type: none"> <li>* other senior health administrators</li> </ul>
<b>Key Societal Decision Makers</b>	<ul style="list-style-type: none"> <li>* judges</li> <li>* mayors</li> </ul>	<ul style="list-style-type: none"> <li>* municipal councillors</li> </ul>	<ul style="list-style-type: none"> <li>* Members of Provincial Parliament</li> </ul>

<sup>1</sup> In hospitals, CHCs, walk-in clinics, LTCHs, and family practice settings

<sup>2</sup> Medical and nursing students may be providing direct care within 1 metre

<sup>3</sup> Performing paramedic functions

<sup>4</sup> Vaccinators may be required to be prophylaxes for up to 2 weeks after being immunized until immunity to the vaccine is achieved

<b>Definitions Applied to Priority Groups -- Prophylaxis*</b>			
Priority	Antivirals	Applicable Categories/Groups	Rationale
Group 1	Prophylaxis of front-line health care decision makers	a) Front Line Health Care Provider	Until an effective vaccine becomes available or during the interval between administration of an effective vaccine (or vaccine series) and induction of immunity, antivirals should be provided for health care workers (HCSs), including public health staff, since there continuing functions are essential to the pandemic response plan and to care of patients with other conditions.
		b) Key Health Decision Maker	
Group 2	Prophylaxis of remaining health care providers	a) Essential Health Care Provider	
		b) Public Health Responder	
		c) Essential Health Support Services	
Group 3	Prophylaxis of emergency/essential service providers.	a) Pandemic Societal Responder	
		b) Key Societal Decision Makers	
Group 4	Prophylaxis to control outbreaks in high risk residents of institutions.	n/a	Reducing the impact of COVID-19 outbreaks in institutions where the most vulnerable persons will contribute to the objectives of reducing morbidity and mortality and reduce health care demands.
Group 5	Prophylaxis of high risk persons hospitalized for illness other than COVID-19.	n/a	High risk persons hospitalized for conditions other than COVID-19 related complications will be at risk for acquiring COVID-19 while in hospital, given the large numbers of patients and hospital staff who may be infected during a pandemic. COVID-19 may result in COVID-19-related complications in such patients, an increase in severity of their underlying illness, prolonged hospital stay and death. Prophylaxis of this group will contribute to the objectives of reducing morbidity and mortality and reduce health care demands.
Group 6	Prophylaxis of high-risk persons in the community.	n/a	Prophylaxis of high-risk persons who have not received COVID 19 vaccine or for whom the effectiveness of the vaccine may be reduced is a current recommendation of NACI. This group is likely to experience severe illness during a pandemic and prophylaxis with anti-COVID-19 drugs would be considered if an effective vaccine is not available. Prophylaxis of this group will contribute to the objectives of reducing morbidity and mortality and reduce health care demands.

\* Priorities subject to change depending on epidemiology of COVID-19 coronavirus.

## APPENDIX E – PANDEMIC PHASES – SUPPRESSION

Phase	SFRS Actions
Interpandemic – <b>Phase 1</b>	<b>Awareness Level 1</b> <ul style="list-style-type: none"> <li>• Review station and vehicle PPE inventories</li> </ul>
Interpandemic – <b>Phase 2</b>	<b>Awareness Level 2</b> <ul style="list-style-type: none"> <li>• Staff are alerted of situation and reminded of necessary precautions that will be required</li> <li>• All emergency supplies brought up to pre-determined levels.</li> <li>• Distribute precautionary material which includes content on hygiene, cleaning and disinfection</li> <li>• Distribute necessary equipment and disinfecting supplies to stations</li> <li>• Meet with SCFD senior staff to review mitigation strategies</li> </ul>
Pandemic Alert – <b>Phase 3</b>	<ul style="list-style-type: none"> <li>• Fire Administration, in conjunction with The St Clair Township Control Group and Administration develop regular updates that will be sent to each Station, as well as emailed to personal email addresses – hard copies to be sent if network is impacted</li> <li>• Consider cancelling all non-essential contact with the public such as station tours, public education activities</li> </ul>
Pandemic alert – <b>Phase 4</b>	<ul style="list-style-type: none"> <li>• Cancel all non-essential contact with the public such as station tours, public education activities</li> <li>• Cancel all training and consider an open burn ban</li> <li>• Restrict access to all stations and division to ONLY SCFD personnel, unless otherwise authorized by Fire Administration</li> <li>• Limit face to face meetings between SCFD Key Decision Makers and staff               <ul style="list-style-type: none"> <li>○ If required maintain 1-meter buffer</li> <li>○ Consider donning N95 masks</li> <li>○ Consider electric communication formats such as telephones, conference calls, emails, texting</li> </ul> </li> <li>• Review staff model</li> <li>• Review Fire Station staffing model</li> </ul>
Pandemic alert – <b>Phase 5</b>	<ul style="list-style-type: none"> <li>• Reassign staff if necessary</li> <li>• Advise staff of heightened situation</li> <li>• Eliminate non-emergent responses</li> </ul>
Pandemic period – <b>Phase 6</b>	<ul style="list-style-type: none"> <li>• Plan implemented in Phase 5 in full effect</li> </ul>
Post pandemic	<ul style="list-style-type: none"> <li>• Minimum staffing remains in place as staff are encouraged to rehabilitate before the next anticipated wave occurs</li> <li>• Initiated meetings to discuss Recovery Plans</li> </ul>

## APPENDIX F – PANDEMIC PHASES – PREVENTION

Phase	SFRS Actions
Interpandemic – <b>Phase 1</b>	<p><b>Awareness Level 1</b></p> <ul style="list-style-type: none"> <li>• Review Prevention Division needs and status of resources</li> </ul>
Interpandemic – <b>Phase 2</b>	<p><b>Awareness Level 2</b></p> <ul style="list-style-type: none"> <li>• Staff are alerted of situation and reminded of necessary precautions that will be required</li> <li>• Distribute precautionary material which includes content on hygiene, cleaning and disinfection</li> <li>• Distribute necessary equipment and disinfecting supplies</li> <li>• Meet with Chief and Deputies to review mitigation strategies</li> <li>• Where necessary and identified, initiate discussions with SCFD JHSC concerning special agreements</li> <li>• Consider redeployment of the Public Educator to assist with staff updates and internal/external communications</li> </ul>
Pandemic Alert – <b>Phase 3</b>	<ul style="list-style-type: none"> <li>• Limit exposure to the public by wearing masks and gloves during inspections and educational seminars</li> <li>• Cancel non-critical inspections and investigations</li> <li>• Alter inspection program to clean up known violations and address complaints using adequate PPE (masks and gloves)</li> </ul>
Pandemic alert – <b>Phase 4</b>	<ul style="list-style-type: none"> <li>• Cancel all offsite inspections and investigations</li> <li>• Restrict access to Fire Administration to ALL personnel and outside agencies, except in extenuating circumstances</li> <li>• Consider postponement of vacations, accumulated time off and any other leaves</li> <li>• Restrict contact of staff with other divisions</li> <li>• Prepare staff for if required and initiate whatever training may be needed</li> <li>• Consider limiting face to face meetings among staff members               <ul style="list-style-type: none"> <li>○ If required, maintain 1-meter buffer</li> <li>○ Consider donning N95 masks</li> <li>○ Consider electric communication formats such as telephones, conference calls, emails, texting</li> </ul> </li> </ul>
Pandemic alert – <b>Phase 5</b>	<ul style="list-style-type: none"> <li>• Postponement of vacations, accumulated time off and any other leaves</li> <li>• Restrict contact of Fire Administration staff with salespeople, delivery personnel, etc.</li> <li>• Limit face to face meetings among staff members               <ul style="list-style-type: none"> <li>○ If required, maintain 1-meter buffer</li> <li>○ Consider donning N95 masks</li> <li>○ Consider electric communication formats such as telephones, conference calls, emails, texting</li> <li>○ Cancel all non-essential activities involving contact with public, including inspections</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Advise staff of heightened situation</li> <li>• Redeploy staff when requested by management as per the redeployment plan in Appendix Q</li> </ul>
Pandemic period – <b>Phase 6</b>	<ul style="list-style-type: none"> <li>• Plan implemented in Phase 5 in full effect</li> </ul>
Post pandemic	<ul style="list-style-type: none"> <li>• Minimum staffing remains in place as staff are encouraged to rehabilitate before the next anticipated wave occurs</li> <li>• Initiated meetings to discuss Recovery Plans</li> </ul>

## APPENDIX G – PANDEMIC PHASES – MANAGEMENT

Phase	SFRS Actions
Interpandemic – <b>Phase 1</b>	<p><b>Awareness Level 1</b></p> <ul style="list-style-type: none"> <li>• Fire Administration to review Pandemic COVID-19 Plan</li> <li>• Commence consultations with District Chiefs and JHSC</li> <li>• Initial meeting with Medical Officer of Health, as well as with representatives from Lambton EMS</li> <li>• Initiate a review of PPE inventory</li> </ul>
Interpandemic – <b>Phase 2</b>	<p><b>Awareness Level 2</b></p> <ul style="list-style-type: none"> <li>• Direct all emergency supplies inventoried and additional supplies purchased, as required, to bring levels to pre-determined levels.</li> <li>• Monitor pandemic updates from Health Canada and Lambton Public Health websites</li> <li>• Alert staff of escalating situation with reminders for the necessity to take precautions</li> <li>• Direct the distribute precautionary material which includes content on hygiene, cleaning and disinfection</li> <li>• Ensure that necessary equipment and disinfecting supplies are at stations</li> <li>• Meet with SCFD District Chiefs to review mitigation strategies</li> <li>• Maintain contact with JHSC with regard to the situation and planned actions</li> <li>• Where necessary, initiate discussions with District Chiefs concerning special agreements</li> </ul>
Pandemic Alert – <b>Phase 3</b>	<ul style="list-style-type: none"> <li>• Fire Administration, in conjunction with Communication Team, to develop and release regular updates that will be emailed to personal email addresses – hard copies to be sent if network is impacted</li> <li>• Direct that all one-essential contact with the public such as station tours, public education activities be cancelled</li> <li>• Review level of fire prevention activity – consider reducing or eliminating activity</li> </ul>
Pandemic alert – <b>Phase 4</b>	<ul style="list-style-type: none"> <li>• Cancel all training</li> <li>• Restrict access to all stations to ONLY SCFD personnel, unless otherwise authorized by Fire Administration</li> <li>• Consider the complete cancellation of inspection activities</li> <li>• Request that Council permit the modification of the Tiered Response Agreement criteria should the pandemic escalate to Phase 5</li> <li>• Limit face to face meetings between SCFD Key Decision Makers               <ul style="list-style-type: none"> <li>○ If required maintain 1-meter buffer</li> <li>○ Consider donning N95 masks</li> <li>○ Consider electric communication formats such as telephones, conference calls, emails, texting</li> </ul> </li> </ul>

<p>Pandemic alert – <b>Phase 5</b></p>	<ul style="list-style-type: none"> <li>• Direct the cancellation of all non-essential activities involving contact with public, including inspections</li> <li>• Direct the cancellation of all non-essential training</li> <li>• Advise staff of heightened situation</li> <li>• Eliminate non-emergent responses</li> <li>• With permission of Council, cease ALL non-fire and rescue calls and advise CACC and Lambton EMS of the same</li> <li>• Evaluate daily staffing levels to determine level of service and adjust deployment model when required</li> <li>• Review need for re-structure Management work hours, work from home and implement, if required</li> </ul>
<p>Pandemic period – <b>Phase 6</b></p>	<ul style="list-style-type: none"> <li>• Plan implemented in Phase 5 in full effect</li> </ul>
<p>Post pandemic</p>	<ul style="list-style-type: none"> <li>• Minimum staffing remains in place as staff are encouraged to rehabilitate before the next anticipated wave occurs</li> <li>• Initiated meetings to discuss Recovery Plans</li> </ul>

## APPENDIX – PANDEMIC PHASES – ADMINISTRATION

Phase	SFRS Actions
Interpandemic – <b>Phase 1</b>	<b>Awareness Level 1</b> <ul style="list-style-type: none"> <li>• Initiate a review PPE inventory</li> </ul>
Interpandemic – <b>Phase 2</b>	<b>Awareness Level 2</b> <ul style="list-style-type: none"> <li>• All emergency supplies inventoried and additional supplies purchased, as required, to bring levels to pre-determined levels.</li> <li>• Distribute precautionary material which includes content on hygiene, cleaning and disinfection</li> <li>• Ensure that necessary equipment and disinfecting supplies are at stations</li> </ul>
Pandemic Alert – <b>Phase 3</b>	<ul style="list-style-type: none"> <li>• Direct that all non-essential contact with the public such as station tours, public education activities be cancelled</li> </ul>
Pandemic alert – <b>Phase 4</b>	<ul style="list-style-type: none"> <li>• Restrict access to all stations to ONLY SCFD personnel, unless otherwise authorized by Fire Management</li> <li>• Consider restricting access to Headquarters by general public</li> <li>• Consider the complete cancellation of inspection activities</li> <li>• Limit face to face meetings between SCFD Key Decision Makers               <ul style="list-style-type: none"> <li>○ If required maintain 1-meter buffer</li> <li>○ Consider donning N95 masks</li> <li>○ Consider electric communication formats such as telephones, conference calls, emails, texting</li> </ul> </li> </ul>
Pandemic alert – <b>Phase 5</b>	<ul style="list-style-type: none"> <li>• Restrict access to Headquarters by general public and limit contact by telephone</li> <li>• Cancellation of all non-essential activities involving contact with public, including inspections</li> <li>• Cancellation of ALL Complaint Calls</li> <li>• Advise staff of heightened situation</li> </ul>
Pandemic period – <b>Phase 6</b>	<ul style="list-style-type: none"> <li>• Plan implemented in Phase 5 in full effect</li> </ul>
Post pandemic	<ul style="list-style-type: none"> <li>• Minimum staffing remains in place as staff are encouraged to rehabilitate before the next anticipated wave occurs</li> <li>• Initiated meetings to discuss Recovery Plans</li> </ul>

## APPENDIX I – PANDEMIC PHASES – TRAINING

Phase	SFRS Actions
Interpandemic – <b>Phase 1</b>	<p><b>Awareness Level 1</b></p> <ul style="list-style-type: none"> <li>• TOs will consult with Fire Administration to review SCFD Pandemic Plan</li> <li>• Assist in the inventory review of PPE</li> </ul>
Interpandemic – <b>Phase 2</b>	<p><b>Awareness Level 2</b></p> <ul style="list-style-type: none"> <li>• All emergency supplies inventoried and additional supplies purchased, as required, to bring levels to pre-determined levels.</li> <li>• Assist Fire Administration in keeping staff alerted of situation and reminded of necessary precautions that will be required</li> <li>• Assist in the distribution of precautionary material which includes content on hygiene, cleaning and disinfection</li> <li>• Assist in the distribution of necessary equipment and disinfecting supplies to stations</li> </ul>
Pandemic Alert – <b>Phase 3</b>	<ul style="list-style-type: none"> <li>• Review and cancel all non-essential contact with the public and training events that require large groups to assemble in one location</li> </ul>
Pandemic alert – <b>Phase 4</b>	<ul style="list-style-type: none"> <li>• Cancel all off-site training</li> <li>• Restrict access to Stations to ONLY SCFD personnel, unless otherwise authorized by Fire Administration</li> <li>• Review and assess the need for complete cancellation of all training activities</li> <li>• Limit face to face meetings between SCFD Key Decision Makers               <ul style="list-style-type: none"> <li>○ If required maintain 1-meter buffer</li> <li>○ Consider donning N95 masks</li> <li>○ Consider electric communication formats such as telephones, conference calls, emails, texting</li> </ul> </li> </ul>
Pandemic alert – <b>Phase 5</b>	<ul style="list-style-type: none"> <li>• Cancel training</li> <li>• Consider reassignment of TOs to other duties as appropriate (NOTE: Safety Officers at incidents)</li> </ul>
Pandemic period – <b>Phase 6</b>	<ul style="list-style-type: none"> <li>• Plan implemented in Phase 5 in full effect</li> </ul>
Post pandemic	<ul style="list-style-type: none"> <li>• Minimum staffing remains in place as staff are encouraged to rehabilitate before the next anticipated wave occurs</li> <li>• Initiated meetings to discuss Recovery Plans</li> </ul>

## APPENDIX J – REASSIGNMENT PLAN – MANAGEMENT

Name	Position	Experience	Re-Assignment	Duty
Walt Anderson	Fire Chief		EOC/HQ	Primary
Steve Bicum	Deputy Chief		EOC/HQ	Primary
Andrew McMillan	Deputy Chief		EOC/HQ	Primary

## APPENDIX K – REASSIGNMENT PLAN – TRAINING

Name	Position	Experience	Re-Assignment	Duty
Kirk Brydges	TO	Suppression	Safety Suppression	Secondary
Mitchell Lisinski	TO	Suppression	Safety Suppression	Secondary
Kyle Kudman	TO	Suppression	Safety Suppression	Secondary
Doug Lester Jr	TO	Suppression	Safety Suppression	Secondary
Adam Mellow	TO	Suppression	Safety Suppression	Secondary
Chris Mahoney	TO	Suppression	Safety Suppression	Secondary

## APPENDIX L – REASSIGNMENT PLAN – ADMINISTRATION

Name	Position	Experience	Re-Assignment	Duty
Michelle Fields	Admin. Asst.		Alternate WFH	N/C

## APPENDIX M – REASSIGNMENT PLAN – PREVENTION

Name	Position	Experience	Re-Assignment	Duty

## 10. REFERENCES

---

<sup>1</sup> Participant Manual for the Basic Emergency Management Course, Provincial Glossary of Terms, Emergency Management Ontario, Version 5, Issued: November 2004.

<sup>2</sup> Emergency Management Doctrine for Ontario, Emergency Management Ontario, March 17, 2004, p. 7.

<sup>3</sup> U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, 1996. p.77.