



PANDEMIC PLAN

INDEX

PANDEMIC PLAN

- 1.0 Introduction**
- 2.0 Local Impacts of A Pandemic**
- 3.0 The Public Health Response**
 - 3.1 Declaration of a Public Health Emergency**
 - 3.2 Public Health Pandemic Working Group**
- 4.0 County / Municipal Response**
 - 4.1 Declaration of a Municipal Emergency**
 - 4.2 Lead Agency Concept**
 - 4.3 Role of the Emergency Control Groups**
 - 4.4 Meetings of the Emergency Control Groups**
 - 4.5 Municipal Assistance**
- 5.0 Delivery of Essential Services**
- 6.0 Continuity of Operations Plans**
- 7.0 Roles of County Departments, Municipalities and Public Agencies**
- 8.0 Coordination with Local Community Emergency Response Plans**

Section A

Roles of the County, Municipalities and Public Agencies During a Pandemic:

- A.1 Local Government
- A.2 Engineering/Public Works/Roads Departments
- A.3 Drinking Water Treatment Facilities
- A.4 Sewage Treatment Facilities
- A.5 Children's Services Department
- A.6 Community Support Services / Volunteer Agencies
- A.7 Lambton County Social Services Department
- A.8 Community Health Services Department
- A.9 Bluewater Health
- A.10 Community Emergency Management
- A.11 Emergency Medical Services
- A.12 Fire Services
- A.13 Police Services
- A.14 Mortuary Services

Section B

Continuity Planning for Pandemic

PANDEMIC INFLUENZA HAZARD PLAN

1.0 Introduction

A pandemic is a disease outbreak which spans the globe. Pandemics occur in cycles and it is generally believed that approximately every quarter century, a new strain of pandemic influenza virus appears, to which people have no immunity. There were three pandemics in the 20th century of varying degrees of severity – the Spanish Flu of 1918/1919, the Asian Flu of 1957/1958, and the Hong Kong Flu of 1968/1969. It is estimated that the deadliest of the three, the Spanish Flu, killed 50 million people.

Governments, health care agencies and essential service providers are therefore developing protocols designed to minimize the impacts of a pandemic. Strategies should be developed now to ensure that services can be provided regardless of worker and resource shortages.

This Pandemic Influenza Plan sets out how working together, the County, local municipalities and various public agencies would respond to and manage a local pandemic health emergency. It is intended that this Plan will support the County and local municipal Emergency Response Plans.

Elements of this Plan may be enacted in whole or in part during a pandemic event, regardless of its severity, but the Plan has been developed using the scenario of a *moderate to severe* pandemic.

2.0 Local Impacts of A Pandemic

It is expected that the entire country will be affected within 1-3 months of the introduction of a pandemic strain to Canada. Nationally, 75% of the population could be infected, 0.5% of the population could require hospitalisation and 0.11% of the population may die. In St Clair, with its population of approximately 15,000 people, that means 11,250 people could be ill, 75 could require hospitalization and 16 could die. Additionally, up to 50% of the workforce may be unable to work over the course of a pandemic. The local impact on every facet of society would be unparalleled, but when these infection and mortality rates are extrapolated to the national and global levels, the impacts would be catastrophic.

3.0 The Public Health Response

Health Units in Ontario are required to develop pandemic response plans for their areas of jurisdiction. Therefore, the County Community Health Services Department has developed a Pandemic Influenza Plan which outlines the local **public health** response to a pandemic.

The *Health Protection and Promotion Act* gives the Medical Officer of Health the authority to control communicable diseases and determine the actions necessary to gain control, if the Medical Officer of Health believes there is an immediate risk of a communicable disease outbreak in the community. Such actions may include issuing public health orders to impose quarantines, prohibit public gatherings, close public buildings and implement travel restrictions.

The Medical Officer of Health will likely direct the local public health response from the Community Health Services building located at 160 Exmouth Street in Point Edward.

3.1 Declaration of a Public Health Emergency

In the event of a severe pandemic, it is likely the Medical Officer of Health will declare a County-wide public health emergency and implement the Lambton County Pandemic Influenza Plan and issue public health orders as described in the previous section.

The declaration of a public health emergency is separate from a declaration of emergency made under the *Emergency Management and Civil Protection Act* which is spelled out later in this Plan.

3.2 Community Health Services Pandemic Working Group

During a pandemic, the Community Health Services Department's Pandemic Planning Committee will become a working group headed by the Medical Officer of Health. This "Pandemic Working Group" will likely meet on a regular basis during a pandemic at the call of the Medical Officer of Health (possibly by teleconference or email to minimize the risk of person-to-person infections). The Working Group will develop and implement situation-specific strategies for responding to the pandemic in Lambton County and thus the Township of St Clair

It is envisioned that membership of the Pandemic Working Group could at times include representation from the following:

- Lambton County Medical Officer of Health;
- Representatives from Bluewater Health;
- Infection Control;
- Public Health Nurses;
- Health Promotion;
- Community Care Access;
- Long Term Care;
- Mortuary Services;
- Emergency Medical Services;
- Fire / Rescue Services;
- Police Services;
- Community Emergency Management Coordinators;
- County Warden and Municipal Mayors / Councillors;
- Others as required.

It may be necessary to review and adjust the membership of the Pandemic Working Group to include other agencies to ensure proper representation and flow of information to relevant stakeholders (i.e. the public, business community, industry etc.).

4.0 County / Municipal Response

While there is currently no requirement for municipalities to develop pandemic plans, municipalities have a responsibility under the *Emergency Management and Civil Protection Act, 1990* to develop programs to prevent, mitigate, prepare, respond and recover from the impacts of any situation or impending situation that constitutes a danger of major proportions to people or property. Disease and other health risks are included in the definition of an emergency as spelled out under the *Emergency Management and Civil Protection Act*. A pandemic certainly meets these criteria and illustrates the need for specific hazard plan.

The Township of St Clair Emergency Response Plan was approved under the *Emergency Management and Civil Protection Act* and provides general direction for a disaster response by the Township. This Pandemic Plan was created because a pandemic will differ from other emergencies in the following ways:

- Pandemic influenza is widespread with all areas of the County affected simultaneously. After most disasters there is outside help available – in a pandemic however, the impact will be global. Outside help may be limited.
- The scale of the disruption will be greater than a natural disaster as even major natural disasters are usually relatively localized and of short duration. A pandemic will be global, and the impact is expected to last several months, probably in two or three waves of infection.
- For several weeks, there may be limited ability for the federal or provincial governments to provide assistance to communities.
- Health care workers and emergency service providers, who will be essential to the local pandemic response, will be just as likely, or due to increased exposure, even more likely to be infected than the community at large.

4.1 Declaration of a Municipal Emergency

Under the *Emergency Management and Civil Protection Act*, local municipalities have the authority to declare emergencies to carry out extraordinary measures to respond to an emergency. An important role of the Township Control Group in a pandemic will be to support the Medical Officer of Health and Lambton Public Health in their efforts to respond to a pandemic health emergency. It is very likely that a Township emergency would be declared in such an event.

Under the *Emergency Management and Civil Protection Act*, the Head of Council or alternate is responsible for declaring that an emergency exists. With respect to a Township emergency declaration, the decision would be made by the Mayor (or alternate) based on the recommendations of the Medical Officer of Health and other members of the Township Control Group.

During the course of a pandemic, the County and its member municipalities may find it necessary to share staff, equipment and supplies to cope with the impacts.

4.2 Lead Agency Concept

In responding to an emergency, one agency generally assumes the “lead”. In the case of a pandemic, the direct response will be headed by the Medical Officer of Health (distribution of anti-viral and vaccines, issuance of public health orders etc.).

4.3 Role of the Township Control Group

As previously stated, one of the most important roles of the Township Control Group will be to support the efforts of the Medical Officer of Health and Lambton Public Health in responding to the pandemic.

Other priorities will include:

- Continuity of local government services.
- Maintaining essential services (services which must be maintained because their loss would further threaten the health, safety and welfare of the residents of St Clair - e.g. police, fire, EMS).
- Maintaining essential public works and municipal services such as waste management, road maintenance and utilities.
- Providing timely information and advice to the public on a regular basis, in cooperation with the Medical Officer of Health.
- Closing public buildings where it is deemed to be in the best interests of public safety and required to minimize the spread of infection.
- Coordinating with the Medical Officer of Health to establish clinics as required to facilitate public immunization.

4.4 Meetings of the Township Control Group

In the case of a “typical” emergency, the Township Control Group reports to the local Emergency Operations Centre (EOC).

During a pandemic however, face-to-face meetings may be discouraged, and other arrangements may be made. Although personal meetings will be unavoidable and

certain social distancing precautions may need to be taken; technical solutions can be employed to allow for off-site participation at meetings. Holding telephone conferences and employing email will have at least two benefits. First, face-to-face contacts would be minimized; and second, time spent travelling to meetings will be eliminated (which may be very important in light of 50% absentee rates).

Given that a pandemic will likely persist for several months, the Control Group may not be required to meet daily after the initial onset of pandemic. Most Control Group members would likely be required in their own offices to fill vacancies and to direct their own staff and resources. Situational reports via email and telephone would likely be sufficient between formal meetings.

At times, the roles of the Pandemic Working Group and Township Control Group may overlap, and members of the Township Control Group will participate as members of the Pandemic Working Group. It must be remembered that the Pandemic Working Group will be tasked with developing and implementing situation-specific strategies for responding to the pandemic.

4.5 Municipal Assistance

A pandemic would impact all communities in Lambton to some degree. Therefore, it is expected that communities will work together to launch a response to an emergency of such magnitude. Member municipalities may be asked by the County for assistance to support the local pandemic response. It should be noted however that under the *Emergency Management and Civil Protection Act*, local communities would retain authority and control to manage their own local issues.

Frequent and ongoing communications with and between local municipalities will be essential leading up to and during a pandemic.

5.0 Delivery of Essential Services

Certain services must continue to be provided despite the occurrence of an influenza pandemic. Emergency services such as police, fire, ambulance and hospital services are the most obvious. But other services such as water and sewage treatment, mortuary services, road maintenance and power generation are also essential to maintain public health and safety. It must be recognized however that, with the expected severe staff shortages, routine roles and responsibilities of public service and safety agencies may have to be suspended and duties prioritized. Services levels during a pandemic will be significantly lower than pre-pandemic levels and it may be necessary for healthy individuals to fulfill roles not normally assigned to them or their agency.

Although not every consequence of a pandemic can be anticipated, municipal departments and emergency and essential service agencies should prepare for and consider the impacts of a pandemic on their operations, and how the delivery of essential services will be maintained.

When preparing internal pandemic response plans, the following matters should be considered:

- Identify the minimum level of service required to maintain the health and safety of residents in the community.
- Identify the minimum number of staff required to provide the identified minimum level of service (consider a scenario where 50% of staff may be unable or unwilling to work - either ill or caring for sick family members etc.).
- Identify resources and supplies (chemicals, equipment etc.) which could be in short supply during a pandemic. Determine the feasibility of stockpiling some of these resources or confirm with suppliers, the availability of these resources in an emergency.
- Identify essential staff. Where practical and necessary, cross-train staff to fill essential positions in the event that the primary position holders are unable to work.
- Develop policies regarding staff overtime and financial compensation during emergencies. Advise “essential” staff they may be expected to perform specific tasks or work extended shifts during an emergency situation.
- Emergency and essential service personnel may be required to receive antiviral medications at the early stage of a pandemic to reduce their likelihood of infection. Also, if or when a vaccine is developed, those same individuals may be requested to receive the vaccine.

6.0 Continuity of Operations Plans

One of the purposes of creating an emergency response plan is to not only ensure that an adequate response can be launched following a disaster, but also that essential services will continue to be provided, to the highest degree possible under the circumstances.

It is therefore strongly recommended that municipal departments and local non-governmental organizations prepare continuity plans which include contingencies for a pandemic event.

Section B of this Plan "Continuity Planning for Pandemic", provides more information concerning this process.

7.0 Roles of Municipalities and Public Agencies

If a pandemic strikes St Clair, it may be necessary for healthy individuals to undertake roles not normally assigned to them or their agency.

It must be recognized however, with the expected severe staff shortages, that the routine roles and responsibilities of public service and public safety agencies may have to be suspended and essential duties prioritized. It should be expected that services levels during a pandemic will be significantly lower than pre-pandemic levels.

Section "A" of this Plan identifies a number of departments and agencies which will have a role in responding to a pandemic or maintaining public health and safety. Although the actions listed there are not prescriptive or all-inclusive, Section "A" provides a general overview of "who will do what".

8.0 Coordination with Local Community Emergency Response Plans

Because of the County-wide impact of a pandemic, and the fact that it would primarily be a public health emergency, the local response will be headed by the Lambton County Medical Officer of Health, working with numerous agencies from across the County. A number of those agencies have participated in local pandemic planning activities and have assisted in the preparation of the Lambton County Pandemic Influenza Plan, and this Pandemic Hazard Plan.

Thus, local municipalities may wish to incorporate this Pandemic Hazard Plan into their own emergency response protocols for pandemic. It is imperative that any pandemic planning done at the local level be consistent with the plans developed for the County.

TOWNSHIP OF ST CLAIR PANDEMIC INFLUENZA HAZARD PLAN

Section A

Roles of the County, Municipalities and Public Agencies During a Pandemic

A successful response to a pandemic in Lambton County will not be possible without a number of local agencies representing various sectors such as health care, emergency services, social services and government, working together to put forth a coordinated response to manage and mitigate the impacts of an influenza pandemic. It is very important that these working relationships be developed and in place before such an event occurs – this is the purpose of local pandemic planning activities.

The roles of several agencies which would be involved in a local pandemic response are set out in this Section. It must be noted however that these roles are not all-encompassing, nor are they prescriptive. There are many “unknowns” with respect to the potential impacts of a pandemic and it is impossible to state with any certainty which actions can, or will be taken.

The pages which comprise this Section are not detailed plans for the listed agencies. Each has, or is encouraged to have, contingency plans outlining their own internal response during a pandemic. These pages provide *general* information about the actions certain agencies *may* carry out during a pandemic. This information may in turn assist other agencies prepare their own internal contingency plans or identify where their plans may need additional work.

The agencies and groups listed in this Section have participated in the development of these documents and will play essential roles supporting the Lambton County Pandemic Working Committee as it coordinates the local response.

Subsections:

- A.1 LOCAL GOVERNMENT
- A.2 ENGINEERING/PUBLIC WORKS/ROADS DEPARTMENTS
- A.3 DRINKING WATER TREATMENT FACILITIES
- A.4 SEWAGE TREATMENT FACILITIES
- A.5 CHILDREN'S SERVICES DEPARTMENT
- A.6 COMMUNITY SUPPORT SERVICES / VOLUNTEER AGENCIES
- A.7 LAMBTON COUNTY SOCIAL SERVICES DEPARTMENT
- A.8 COMMUNITY HEALTH SERVICES DEPARTMENT
- A.9 BLUEWATER HEALTH
- A.10 MORTUARY SERVICES
- A.11 COMMUNITY EMERGENCY MANAGEMENT
- A.12 EMERGENCY MEDICAL SERVICES
- A.13 FIRE SERVICES
- A.14 POLICE SERVICES

Section A.1

Local Government

Should a pandemic occur, all areas of Lambton County and all aspects of society will be impacted. It must be recognized that severe staff shortages may occur in all sectors and that services levels during a pandemic will probably be significantly lower than pre-pandemic levels.

Although the importance of maintaining emergency services such as police, fire, ambulance and hospital services is obvious, other services such as water and sewage treatment and road maintenance are also essential to public health and safety. Consequently, so is the administrative support structure required to maintain these operations.

Therefore, during a pandemic, the County and its member municipalities may find it advantageous and perhaps necessary to share staff, equipment and resources in order to maintain critical services (*Please note that for the purpose of this section, the word “essential” does not have the same meaning it might have within labour legislation or employment contracts.*).

Although not every consequence of a pandemic can be anticipated municipal departments should consider the impacts of a pandemic on their operations and how the delivery of essential services will be maintained.

When preparing internal pandemic response plans:

- Identify any internal services which provide for the health and safety of residents in the community.
- Determine the minimum number of staff required to maintain the identified critical services. Where practical and necessary, consider cross-training staff to backfill essential positions and look at sharing resources with neighbouring communities.
- Develop policies relating to staff overtime and financial compensation during emergencies. Advise staff that they may be expected to perform tasks outside of their normal duties or work extended shifts during an emergency situation.
- Identify resources and supplies (chemicals, equipment, fuel etc.) which could be in short supply during a pandemic. Determine the feasibility of stockpiling these resources or confirm priority delivery with suppliers in times of emergency. These resources are listed in the Appendix's to the Township of St Clair Emergency Plan.

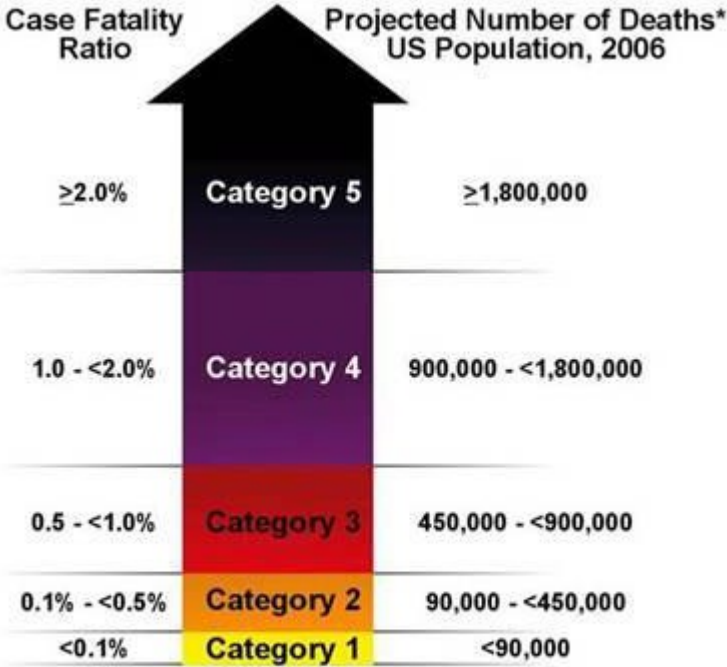
The following actions may be undertaken by local government:

Stage	Actions
<p>Inter-Pandemic Period (WHO Phases 1 &2)</p> <p>Pandemic Alert Period (WHO Phase 3)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develop Continuity of Operations Plans to ensure maintenance of government and critical services during a crisis. <input type="checkbox"/> Develop pandemic contingency plans for internal operations. <input type="checkbox"/> Identify essential positions and designate alternates. <input type="checkbox"/> Cross-train staff (including administrative) so they can backfill other positions. <input type="checkbox"/> Establish a registry of former and retired personnel who may be able to provide temporary assistance during personnel shortages. <input type="checkbox"/> Arrange to share resources and personnel with neighbouring communities to manage and maintain critical services (i.e. sewage treatment, road maintenance etc.). <input type="checkbox"/> Review any existing employment agreements or job descriptions which may be affected by the above points. <input type="checkbox"/> Encourage staff to receive annual influenza vaccinations.
<p>Pandemic Alert Period (WHO Phases 4 & 5)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor notices and updates when provided by the Lambton County Community Health Services Department.
<p>Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare to implement or implement internal pandemic response plans. <input type="checkbox"/> Monitor reports from the Lambton County Community Health Services Department regarding the pandemic threat. <input type="checkbox"/> If required and if possible, provide a representative (Head-of-Council, CEMC, etc.) for the Pandemic Working Group headed by the Medical Officer of Health.
<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consider activating the Emergency Operations Centre (EOC) and inform Council and other stakeholders as necessary. Note: It may be necessary to implement social distancing protocols and conduct meetings via teleconference, email, text messaging etc. <input type="checkbox"/> Monitor the local situation and suspend non-critical operations as necessary and as spelled out in local pandemic response plans.

	<ul style="list-style-type: none"> <input type="checkbox"/> Advise the public of reduced service levels and suspended services / activities. <input type="checkbox"/> If necessary, respond to local media inquiries of a non-medical nature, but direct all other inquiries to the Lambton County Community Health Services Department.
Recovery	<ul style="list-style-type: none"> <input type="checkbox"/> Review, evaluate and modify community and internal pandemic responses, as needed. <input type="checkbox"/> Evaluate the need, and if necessary, arrange for critical incident stress management counselling for staff. <input type="checkbox"/> Evaluate and redistribute resources and personnel. Restock supplies if possible.
Pandemic: Second Wave	<ul style="list-style-type: none"> <input type="checkbox"/> Resume activities as during first wave.

Note: Actions taken during a pandemic will be based on its actual severity and impact in the community.

Pandemic Severity Index



*Assumes 30% illness rate and unmitigated pandemic without interventions

(Developed by the CDC and proposed for use within the U.S. to classify the severity of a pandemic upon the WHO declaration of Phase 6). Source: WWW.PandemicFlu.Gov

Possible Community Mitigation Strategies Based on Pandemic Severity

Interventions by Setting	Pandemic Severity Index		
	Category 1	Category 2 & 3	Category 4 & 5
HOME			
Voluntary isolation of the ill at home (adults and children); combine with the use of antiviral treatment as available and indicated.	Recommend	Recommend	Recommend
Voluntary quarantine of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient.	Generally not recommended	Consider	Recommend
SCHOOL			
Child social distancing			
-dismissal of students from schools and school-based activities, and closure of childcare programs.	Generally not recommended	Consider up to 4 weeks	Recommend up to 12 weeks
-reduce out-of-school social contacts and community mixing.	Generally not recommended	Consider up to 4 weeks	Recommend up to 12 weeks
WORKPLACE / COMMUNITY			
Adult social distancing			
-decrease number of social conferences (i.e. encourage teleconferences and other alternatives to face-to-face meetings);	Generally not recommended	Consider	Recommend
-increase distance between persons (i.e. reduce density in public transit, workplace);	Generally not recommended	Consider	Recommend
- modify, postpone or cancel selected public gatherings to promote social distance (i.e. stadium events, theatre performances);	Generally not recommended	Consider	Recommend
- modify workplace schedules and practices (i.e. staff work from home, staggered shifts).	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks.

Developed by the CDC and proposed for use within the U.S. Source: WWW.PandemicFlu.Gov

Maintaining Local Government Services During a Pandemic

Basic Assumptions

Pandemics usually occur in two or possible three waves of infection, with the total time period ranging between 1 and 3 years:

First Wave: 6 to 8 weeks in duration.

Second Wave: 3 to 9 months later - also 6 to 8 weeks in duration (may be more severe than the first wave).

Potential Flu-Related Illness in Lambton County

- Provincial Planning Scenario - attack rate of 35% (meaning that, during the course of the pandemic, at least 35% of the population will be ill enough to miss at least ½ day of work): **5,250 people in St Clair Township.**
- Of those who affected as noted above, 53% will require “outpatient care” (care within their homes): **2,782 people in St Clair Township.**
- There is a **100%** additional absence rate – that is, for every person in the remaining workforce who becomes ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work.

A pandemic will affect the entire Township and tax every region. Agencies will need to look locally to acquire resources because surrounding regions may not be able to provide help.

Local agencies may have insufficient personnel, supplies, equipment, and stores to handle the demand.

Every area of the Province will require similar types of critical resources, including personnel, equipment, fuel and supplies.

Delivery and manufacturing systems may not be able to respond quickly enough to provide required resources.

Countries may attempt to contain disease spread by closing their borders. Such actions, though of limited proven disease containment value, may instead slow and frustrate the delivery and receipt of food, supplies and equipment.

There may be shortages of water, food, medicine, and gasoline. Without such items, all agencies will have a difficult time performing their tasks and may need to develop creative methods to decrease their need for fuel, which is believed to be the most likely item in short supply.

Given that a pandemic is likely to occur in “waves”, it may be possible to scale back the response between waves and undertake stockpiling measures etc.

The chart on the following page shows *possible* responses to a pandemic event. Responses could be employed in any order, or taken concurrently, based on circumstances. The possible scenarios may assist agencies in preparing their own internal pandemic preparedness / response plans.

Maintaining Local Government Services During a Pandemic

Scenario:	Pandemic Scenario: Illness rate as projected; fuel and materials in limited supply.		Pandemic Scenario: Illness rate exceeds projections or previous contingency measures prove inadequate.	
	Response*	Contingency*	Response*	Contingency*
Staff Shortages (administration)	Continue providing services as possible realizing increased task completion times etc.	Reduce level of service for non-critical services.	Suspend non-critical services, reduce office hours, use staff from other departments to provide assistance.	Utilize staff from other municipalities or close offices and establish “service nodes” or centralized service.
	(Engineering, Public Works, Sewage Treatment Operators) Continue providing services as possible realizing increased task completion times etc.	Reduce level of service for non-critical services.	Suspend non-critical services.	Coordinate the use of workers from throughout the Township.
Fuel Shortages	Encourage staff to car-pool or walk where possible. Limit travel to meetings and / or implement teleconferencing .	Reduce level of service for non-critical services (i.e. grass cutting, some snow removal etc.).	Cease maintenance activities unless related to public safety (i.e. snow ploughing).	Suspend all non-critical services – only highest priorities are met.

* Assume that outside assistance is not available.

Section A.2

Engineering / Public Works / Roads

The following actions *may* be undertaken:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 & 2) Pandemic Alert Period (WHO Phase 3)	<input type="checkbox"/> Participate in pandemic planning activities as required, undertake contingency / continuity of operations planning. <input type="checkbox"/> Identify departmental resources and supplies that could be subject to shortages during a pandemic (especially fuel). Consider stockpiling if possible or practical or arrange for priority delivery with suppliers during times of emergency. <input type="checkbox"/> Examine opportunities to share resources and personnel with neighbouring municipalities.
Pandemic Alert Period (WHO Phases 4 & 5)	<input type="checkbox"/> Monitor incoming information regarding the potential pandemic situation.
Pandemic: Human to Human Transmission Confirmed Outside Canada (WHO Phase 6 - Scenario #1)	<input type="checkbox"/> Prepare to implement or implement internal pandemic response plans as appropriate.
Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)	<input type="checkbox"/> Suspend non-critical operations as directed and as spelled out in internal pandemic response plans. <input type="checkbox"/> Provide a representative to Emergency Control Group (ECG) meetings if required. <input type="checkbox"/> Apprise the ECG of critical gaps in the ability to provide critical services, maintenance etc. <input type="checkbox"/> If required, assist local cemeteries with burials. <input type="checkbox"/> Assist with the opening and set up of facilities for use as vaccination centres, assessment centres etc.
Recovery	<input type="checkbox"/> Assess the ability to resume normal operations and to provide critical and non-critical services. <input type="checkbox"/> Evaluate the need for critical incident stress management counselling for staff. <input type="checkbox"/> Evaluate and redistribute resources and personnel. Restock supplies if able. <input type="checkbox"/> Review, evaluate and modify internal pandemic responses, as needed.

Pandemic: Second Wave	<input type="checkbox"/> Resume activities as during first wave.
----------------------------------	--

Section A.3

Drinking Water Treatment Facilities

The following actions *may* be undertaken:

Stage	Actions
<p>Inter-Pandemic Period (WHO Phases 1 & 2)</p> <p>Pandemic Alert Period (WHO Phase 3)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in pandemic planning activities as required, undertake contingency / continuity of operations planning. <input type="checkbox"/> Identify departmental resources and supplies that could be subject to shortages during a pandemic. Consider stockpiling if possible or practical or arrange for priority delivery with suppliers during times of emergency. <input type="checkbox"/> Examine opportunities to share resources and personnel. <input type="checkbox"/> Identify the required certification and / or training needed to operate water treatment facilities. Investigate the opportunity to cross-train existing staff and / or staff from stakeholder communities. <input type="checkbox"/> Identify minimum staffing requirements and hours of operation (when someone must be present at the treatment facility).
<p>Pandemic Alert Period (WHO Phases 4 & 5)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor notices from the Lambton Public Health will provide updates from the Centre for Disease Control and the Public Health Agency of Canada as necessary.
<p>Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare to implement or implement internal pandemic response plans as appropriate.
<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Suspend non-critical operations as necessary and as spelled out in internal pandemic response plans. <input type="checkbox"/> Apprise member municipalities and Pandemic Working Group of gaps in the ability to provide critical services, maintenance etc. <input type="checkbox"/> Keep member municipalities apprised of operations (provide situation reports).

Recovery	<ul style="list-style-type: none"><input type="checkbox"/> Assess the ability to resume normal operations and to provide critical and non-critical services.<input type="checkbox"/> Evaluate the need for critical incident stress management counselling for staff.<input type="checkbox"/> Evaluate and redistribute resources and personnel. Restock supplies if able.<input type="checkbox"/> Review, evaluate and modify internal pandemic responses, as needed.
Pandemic: Second Wave	<ul style="list-style-type: none"><input type="checkbox"/> Resume activities as during first wave.

Section A.4

Sewage Treatment Facilities

The following actions *may* be undertaken:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 & 2) Pandemic Alert Period (WHO Phase 3)	<input type="checkbox"/> Participate in pandemic planning activities as required, undertake contingency / continuity of operations planning. <input type="checkbox"/> Identify resources and supplies that could be subject to shortages during a pandemic. Consider stockpiling if possible or practical or arrange for priority delivery with suppliers during times of emergency. <input type="checkbox"/> Identify the required certification and / or training needed to operate sewage treatment facilities and examine opportunities to share resources and personnel with neighbouring municipalities / operators. <input type="checkbox"/> Identify minimum staffing requirements and hours of operation (when someone must be present at the treatment facility).
Pandemic Alert Period (WHO Phases 4 & 5)	<input type="checkbox"/> Monitor notices from the Lambton Public Health that will provide updates from the Centre for Disease Control and the Public Health Agency of Canada as necessary.
Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 Scenario #1)	<input type="checkbox"/> Prepare to implement or implement internal pandemic response plans as appropriate.
Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 Scenario #2)	<input type="checkbox"/> Suspend non-critical operations as necessary and as spelled out in internal pandemic response plans. <input type="checkbox"/> Apprise municipal administration of gaps in the ability to provide critical services, maintenance etc.
Recovery	<input type="checkbox"/> Assess the ability to resume normal operations and to provide critical and non-critical services. <input type="checkbox"/> Evaluate the need for critical incident stress management counselling for staff. <input type="checkbox"/> Evaluate and redistribute resources and personnel. Restock supplies if able. <input type="checkbox"/> Review, evaluate and modify internal pandemic responses, as needed.
Pandemic: Second Wave	<input type="checkbox"/> Review, evaluate and modify pandemic response as needed. <input type="checkbox"/> Monitor staff and resource requirements.

Section A.5

Children's Services

Children's Services Department operates through the County under their plan. The Children's Services Department will coordinate with other levels of government and community agencies such as the Children's Aid Society and Lambton Rural Child Care to address the needs of families and their children during a pandemic.

Section A.6

Community Support Services / Volunteer Agencies

A number of agencies and organizations play a vital role in assisting vulnerable or special needs populations in the St Clair. Examples include Community Care Access Centre, Lambton Elderly Outreach, Sarnia-Lambton Red Cross and Salvation Army. Many of these organizations and other grass roots organizations rely on volunteers to deliver their services.

Should a pandemic occur, patients suffering from influenza in particular would overwhelm the health care system. The above noted agencies help take pressure off local health care providers and care givers by providing support services to residents with special needs, allowing them to live at home. If these agencies are not able to continue their services during the course of a pandemic, their clients will require other means of support – possibly hospitalization or institutionalization, thus further straining the health care system. For this reason, it is very important to include community support service and volunteer agencies in the pandemic planning process.

The following actions may be undertaken by community support services and volunteer agencies:

Stage	Actions
<p>Inter-Pandemic Period (WHO Phases 1 &2)</p> <p>Pandemic Alert Period (WHO Phase 3)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Encourage staff and volunteers to receive annual influenza vaccinations. <input type="checkbox"/> Establish and maintain contact with Lambton Public Health and/or local government emergency services agencies. <input type="checkbox"/> Identify essential staff and work with Lambton Public Health and local emergency service agencies to develop pandemic contingency plans for operations under prolonged staff shortages and/or shortages of resources. <input type="checkbox"/> Ensure all essential positions are backed up with an alternate. <input type="checkbox"/> Establish a registry of former and retired personnel and suitable volunteers. <input type="checkbox"/> Cross-train staff so they can undertake other roles in cases of illness. <input type="checkbox"/> Review current contingency plans and extract all relevant sections that may be applicable during a pandemic. <input type="checkbox"/> Consider the ability to provide assistance to health care services or other overwhelmed agencies. <input type="checkbox"/> Strengthen relationships with other community support / volunteer agencies.

Pandemic Alert Period (WHO Phase 3)	<input type="checkbox"/> Attempt to ascertain whether volunteers are active with other organizations (the total number of volunteers may not be as high as anticipated due to cross volunteerism).
Pandemic Alert Period (WHO Phases 4 & 5)	<input type="checkbox"/> Lambton Public Health will monitor reports from the Centre for Disease Control and the Public Health Agency of Canada and provide notices and updates to the Pandemic Planning Committee as necessary.
Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)	<input type="checkbox"/> Ensure all levels within the organization are aware of the imminent pandemic threat. <input type="checkbox"/> Continue to monitor appropriate information sources for updated information. <input type="checkbox"/> Review contingency plans for pandemic influenza / prepare to implement. <input type="checkbox"/> Implement a health education plan through appropriate workplace health and safety programs. <input type="checkbox"/> Provide a representative for the Pandemic Working Group under the Medical Officer of Health if required.
Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)	<input type="checkbox"/> Prepare to implement or implement internal pandemic contingency plans. <input type="checkbox"/> Implementing a “work from home system” for staff and volunteers where possible. <input type="checkbox"/> Continue to monitor appropriate information sources for updated information. <input type="checkbox"/> Provide assistance to health care workers at Vaccination Clinics. <input type="checkbox"/> Conduct telephone checks on vulnerable populations / clients (Friendly Visiting Programs). <input type="checkbox"/> Be prepared to arrange to rotate hours/days of operation, rotation (loan) of service staff.
Recovery	<input type="checkbox"/> Assess ability to resume normal operations. <input type="checkbox"/> Report results of assessment to organization director. <input type="checkbox"/> Review and revise plans, as necessary.
Pandemic: Second Wave	<input type="checkbox"/> Review, evaluate and modify pandemic response, as necessary. <input type="checkbox"/> Monitor staff and resource requirements.

Note: It may be necessary to provide for the delivery of food, medical supplies and other life support needs for persons confined to their homes because of illness or quarantine. In order to minimize overcrowding in local hospitals and treatment facilities, the sick will be encouraged to remain at home under the care of family members.

Managing Meal Deliveries During a Pandemic

An important element to ensure that people can remain at home, will be the continuance of meal delivery programs...

Basic Assumptions
<p>Pandemic Influenza will occur in two or possible three waves of infection, with the total time period ranging between 1 and 3 years:</p> <p>First Wave: 6 to 8 weeks in duration. Second Wave: 3 to 9 months later - also 6 to 8 weeks in duration (may be more severe than the first wave).</p> <p>Potential Flu-Related Illness in Lambton County</p> <ul style="list-style-type: none">• Provincial Planning Scenario - attack rate of 35% (meaning that, during the course of the pandemic, at least 35% of the population will be ill enough to miss at least ½ day of work): 5,250 people in St Clair.• Of those who affected as noted above, 53% will require “outpatient care” (care within their homes): 2,782 people in St Clair.• There is a 100% additional absence rate – that is, for every person in the remaining workforce who becomes ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work.
<p>A pandemic will affect the entire country and tax every region. Agencies will need to look locally to acquire resources because surrounding regions may not be able to provide help.</p> <p>Local agencies may have insufficient personnel, supplies, equipment, and stores to handle the demand.</p>
<p>Every area of the Province will require similar types of critical resources, including personnel, food, equipment, fuel and supplies.</p> <p>Delivery and manufacturing systems may not be able to respond quickly enough to provide required resources.</p>
<p>Countries may attempt to contain disease spread by closing their borders. Such actions, though of limited proven disease containment value, may instead slow and frustrate the delivery and receipt of food, supplies and equipment.</p>
<p>There may be shortages of water, food, medicine, and gasoline*. Without such items, all agencies will have a difficult time performing their tasks and may need to develop creative methods to decrease their need for gasoline, which is believed to be the most likely item in short supply.</p> <p>Given that a pandemic is likely to occur in “waves”, it may be possible to scale back the response between waves and undertake stockpiling measures etc.</p>

The following charts show *possible* responses to a pandemic event, depending on circumstances.

Managing Meal Programs During a Pandemic

Scenario:	Pandemic Scenario: Illness rate as projected. The number of people in St Clair who could be confined to their homes: 2,782.		Pandemic Scenario: Illness rate exceeds projections or previous contingency measures prove inadequate.	
	Response*	Contingency*	Response*	Contingency*
Requests for home delivery service increases due to illness, quarantines, etc.).***	<p>Service providers arrange with long term care homes to prepare extra meals to accommodate additional clients.</p> <p>Long term care homes to make arrangements with food suppliers to obtain additional food and frozen meals to accommodate additional clients.</p>	<p>Service providers may identify “low risk” clients** and discontinue meal delivery service to those clients as necessary.</p> <p>Long term care homes could switch to mass-production of frozen meals (cease production of hot meals). Meals would likely need to be stored in a refrigerated trailer brought to the site.</p>	<p>Meal sizes / content may have to be adjusted in conjunction with a registered dietician. Meals may have to be simple (stews), but high in carbohydrates.</p> <p>Service providers may discontinue meal delivery service may have to be discontinued to “low risk” clients as necessary.</p>	<p>Support public messaging to encourage people to assist family, friends and neighbours.</p> <p>Worst case scenario - long term care homes not be able to provide meals for home delivery service.</p>

* Assume that outside assistance is not available.

***“Low risk clients” are those who receive meal deliveries more out of convenience than need (i.e. medical or mobility problems). Clients with greater need because of limitations may be given higher priority to receive meal deliveries in the event of food shortages or other challenges.

*** As part of the community response / public communications, residents may be encouraged to assemble emergency supplies kits which would include at least a two week’s supply of food and water for each family member. Residents may be encouraged to stockpile food to support 1 or 2 additional families (although this could exacerbate food shortage problems if people hoard these additional supplies instead of donating them). Individuals who rely on meal delivery programs should be informed and encouraged to stockpile canned food and dry goods.

Managing Meal Programs During a Pandemic

Scenario:	Pandemic Scenario: Illness rate as projected. The number of people in St Clair who could be confined to their homes: 2,782.		Pandemic Scenario: Illness rate exceeds projections or previous contingency measures prove inadequate.	
	Response*	Contingency*	Response*	Contingency*
Meals unavailable through County Long Term Care Homes.	<p>Having identified other potential sources for hot meals (such as restaurants), look to other suppliers.</p> <p>Service providers may have to consider changing food deliveries to multi-day food kits containing pre-packaged, easy-to-prepare canned food and dry goods. Long term homes may be able to assist with assembling food kits.</p>	<p>Discontinue meal delivery service to previously identified “low risk” clients as necessary.</p>	<p>If secondary sources such as restaurants cannot meet demand, utilize private groups (i.e. church groups) to prepare meals at inspected kitchens (i.e. community halls, churches, school cafeterias, legion halls etc.).</p> <p>Certain legislation / regulations may be suspended by the Premier in order to use volunteers to prepare meals.</p>	<p>Support public messaging to encourage people to assist family, friends and neighbours.</p>
General food shortages.***	<p>Meal sizes / content may be adjusted according to the nutritional needs of clients. Meal delivery service may be discontinued to “low risk” clients as necessary and as determined by the service provider.</p>	<p>Conduct public drives for canned food and dry goods.</p> <p>Coordinate with other agencies which have food bank programs such as the Salvation Army.</p>	<p>Make special food collections for “high risk” clients from grocery stores, canners, warehouses etc.</p>	<p>Support public messaging to encourage people to assist family, friends and neighbours.</p>

Managing Meal Programs During a Pandemic

Scenario:	Pandemic Scenario: Illness rate as projected. The number of people in St Clair who could be confined to their homes: 2,782.		Pandemic Scenario: Illness rate exceeds projections or previous contingency measures prove inadequate.	
	Response*	Contingency*	Response*	Contingency*
Fuel shortages.	<p>Reduce the number of trips by ceasing or limiting hot meal deliveries to “low risk” clients.</p> <p>Long term care homes may have to switch to frozen meals only (once per week deliveries versus multiple deliveries per week of hot meals).</p>	<p>Continue to deliver frozen meals and/or assemble multi-day food kits containing pre-packaged, easy-to-prepare canned food and dry goods. Discontinue meal delivery service to “low risk” clients as necessary.</p>	<p>Fuel may be available from local municipalities, but it must be noted that other agencies such as police, fire, ambulance, public works etc. will likely have higher priority for limited fuel supplies.</p>	<p>Long term care homes may be able to assist with the transportation of workers and volunteers using their transit vehicles.</p>
Reductions in the number of staff and volunteers.	<p>Continue “normal” level of service as able. Undertake campaign to find and register additional volunteers (especially people who have already had the flu as they will be immune to the virus).</p> <p>Work with volunteer agencies such as Neighbour Link and St. Vincent de Paul etc.</p>	<p>Discontinue meal delivery service to “low risk” clients as necessary.</p>	<p>Continue to deliver frozen meals and/or assemble multi-day food kits containing pre-packaged, easy-to-prepare canned food and dry goods. Discontinue meal delivery service to “low risk” clients as necessary.</p>	<p>Long term care homes may be able to utilize Ontario Works clients with previous food preparation experience.</p>

Section A.7

Lambton County Social Services

Lambton County Social Services provides financial and social services for those in need, in cooperation with other levels of government, community support agencies, the private sector, and private citizens. The Township of St Clair would rely on the County for these services.

Section A.8

Lambton Public Health

Lambton Public health under the leadership of the Medical Officer of Health is responsible for developing a Pandemic Influenza Contingency Plan and taking the lead in providing advice to local emergency services, community support agencies, local business, public etc. concerning pandemic planning activities.

During a pandemic, the Medical Officer of Health shall lead St Clair's response to the influenza pandemic in matters concerning public health. The Medical Officer of Health, supported by the Pandemic Planning Committee and St Clair's Control Group shall among other activities, arrange for dissemination of special instructions to the population on matters concerning public health, assist in preparing media releases, arrange for mass immunization at pre- designated facilities and liaise with other agencies and senior levels of government about matters relating to the pandemic

The following actions *may* be undertaken by Public Health:

Stage	Actions
<p>Inter-Pandemic Period (WHO Phases 1 &2)</p> <p>Pandemic Alert Period (WHO Phase 3)</p>	<ul style="list-style-type: none"> <li data-bbox="597 296 1430 401">□ Work in conjunction with health care providers, employers, and municipalities to improve annual influenza vaccination levels. <li data-bbox="597 407 1430 470">□ Encourage staff to receive annual influenza vaccinations. <li data-bbox="597 476 1430 539">□ Ensure all essential positions are backed up with an alternate. <li data-bbox="597 546 1430 609">□ Devise a plan for distribution and administration of vaccine to public. <li data-bbox="597 615 1430 678">□ Educate staff about the nature and significance of pandemic influenza and the local response. <li data-bbox="597 684 1430 789">□ Work with local private and volunteer organizations to develop and synchronize local response to a pandemic influenza. <li data-bbox="597 795 1430 858">□ Coordinate pandemic influenza planning with municipal partners. <li data-bbox="597 865 1430 1016">□ In conjunction with the local emergency response agencies, establish a list of public buildings and review the benefits and disadvantages of closure of those public facilities in the interest of public health.

<p>Pandemic Alert Period (WHO Phases 4 & 5)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor reports from the World Health Organization, the Centre for Disease Control and the Public Health Agency of Canada. <input type="checkbox"/> Notify and provide updates to Pandemic Planning Committee members, local municipalities, County administration & departments, appropriate local agencies/staff. <input type="checkbox"/> Prepare to implement St Clair Pandemic Influenza Plan.
<p>Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Activate St Clair's Pandemic Influenza Plan. <input type="checkbox"/> Hold meetings of the ECG until the pandemic threat is over. <input type="checkbox"/> Review list of alternate care facilities with municipal emergency planners and Bluewater Health. <input type="checkbox"/> Establish vaccination clinics and distribute anti-viral and vaccine as supply allows.
<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Increase public information designed to keep ill persons at home. <input type="checkbox"/> Establish vaccination clinics and distribute anti-viral and vaccine as supply allows. <input type="checkbox"/> Provide referral information for individuals seeking psychiatric / grieving support or family counselling services.
<p>Recovery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Work to identify and resolve all safety and health issues. <input type="checkbox"/> Review and revise plans based on lessons learned.
<p>Pandemic: Second Wave</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Continue immunization efforts in lower risk groups as vaccine becomes available. <input type="checkbox"/> Consider need to re-immunize depending upon period between waves. <input type="checkbox"/> Review and revise plans as necessary. <input type="checkbox"/> Monitor resources and staffing requirements.

Potential Public Vaccination Clinic Locations (Used in the past for annual flu clinics)

Brooke-Alvinston Community Centre, **Alvinston**
Canadian Mental Health, **Sarnia**
Clearwater Arena, **Sarnia**
Forest Great Hall, **Forest**
Goodwill, **Sarnia**
Inn of the Good Shepherd, **Sarnia**
Lambton College, **Sarnia**
Lambton Mall, **Sarnia**
Pathways, **Sarnia**
Petrolia Enterprises, **Petrolia**
Port Lambton Community Centre, **Port Lambton**
Rutherford Fire Hall, **Rutherford**
Sarnia Arena, **Sarnia**
Strangway Centre, **Sarnia**
St. Clair Corporate Centre, **Sarnia**
St. Matthew Parish Hall, **Florence**
Thompson Gardens, **Corunna**
Wyoming Fair Grounds, **Wyoming**

High Schools:

Alexander MacKenzie High School, **Sarnia**
LCCVI, **Petrolia**
Northern Collegiate High School, **Sarnia**
North Lambton High School, **Forest**
SCITS High School, **Sarnia**
St. Christopher's High School, **Sarnia**
St. Clair High School, **Sarnia**
St. Patrick's High School, **Sarnia**

Elementary Schools:

Brooke-Alvinston: Brooke Central
Dawn-Euphemia: Dawn-Euphemia (Dresden)
Lambton Shores: Bosanquet Central, Grand Bend, Kinnwood, St. John Fisher
Petrolia: Hillcrest, Lambton Centennial, Queen Elizabeth, St. Philip
Plympton-Wyoming: Aberarder, Errol Village, Holy Rosary, John Knox, Central, South Plympton
Point Edward: Bridgeview
Sarnia: Bluewater Lighthouse CA, Bright's Grove, Cathcart, Confederation, Devine Street, Ecole Les Rapides, Errol Road, Gregory Hogan, Hanna Memorial, High Park, Johnston Memorial, King George, Lakeroad, Lansdowne, London

Road, Queen Elizabeth, Rosedale, Sacred Heart, Sarnia Christian, St. Anne, St. Benedict, St. Thomas Aquinas, St. Margaret, St. Michael, St. Peter's, St. Therese, Temple Christian Academy

St. Clair: Brigden, Colonel Cameron, Courtright, Mooretown, Riverview Central, Sacred Heart (Port Lambton), St. Joseph, Sir John Moore

Warwick: St. Peter Canisius

Section A.9

Bluewater Health

The area to potentially be hit hardest by an influenza pandemic is the health care sector. The number of influenza patients requiring hospitalization will greatly exceed the number of existing hospital beds. It will be necessary for hospitals to implement existing contingency plans to activate back-up hospital sites and establish triage centres outside of hospital facilities, in an effort to prevent infection of other patients not suffering from pandemic influenza.

The following actions *may* be undertaken by Bluewater Health:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 &2) Pandemic Alert Period (WHO Phase 3)	<input type="checkbox"/> Encourage staff and volunteers to receive annual influenza vaccinations. <input type="checkbox"/> Establish plans and procedures to support Lambton Public Health's initiatives in a pandemic influenza. <input type="checkbox"/> Establish a registry of former and retired personnel and suitable volunteers (consider anyone with a medical background or training such as chiropractors, dentists, veterinarians etc.). <input type="checkbox"/> Ensure all essential positions are backed up with an alternate. <input type="checkbox"/> Review current contingency plans and extract all relevant sections that may be applicable during a pandemic.
Pandemic Alert Period (WHO Phases 4 & 5)	<input type="checkbox"/> Lambton Public Health will monitor reports from the Centre for Disease Control and the Public Health Agency of Canada and provide updates as necessary.
Pandemic: Human to Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)	<input type="checkbox"/> Review contingency plans for pandemic influenza / prepare to implement. <input type="checkbox"/> Implement staff health education campaign. <input type="checkbox"/> Provide regular updates to staff. <input type="checkbox"/> Provide a representative for the Pandemic Working Group under the Medical Officer of Health if required.

Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)	<input type="checkbox"/> Prepare to implement or implement internal pandemic contingency plan. <input type="checkbox"/> Establish Flu Treatment Centres when criteria are met. <input type="checkbox"/> Cease non-essential services. <input type="checkbox"/> Monitor status of alternate treatment sites, personnel and equipment. <input type="checkbox"/> Apprise Medical Officer of Health of critical gaps in ability to provide medical services. <input type="checkbox"/> <i>Establish Assessment Centres?</i>
Recovery	<input type="checkbox"/> Report results of assessment of response to Medical Officer of Health. <input type="checkbox"/> Review and revise plans, as necessary.
Pandemic: Second Wave	<input type="checkbox"/> Review, evaluate and modify pandemic response, as needed. <input type="checkbox"/> Monitor staff and resource requirements.

Flu Treatment Centres

According to the Ontario Ministry of Health and Long-Term Care Plan for Influenza Pandemic, a Flu Treatment Centre may be a satellite of an existing health care facility or a free-standing site. Locally, it is proposed that Bluewater Health's designated back-up sites be used if hospitals become overwhelmed by flu patients.

Bluewater Health Hospitals

Norman Site

89 Norman Street, Sarnia

(No Emergency Department) 519-464-4400

Charlotte Eleanor Englehart Site

450 Blanche Street, Petrolia

(Emergency Department - 24hrs) 519-882-1170

Criteria for Opening Pandemic Centres

The decision to open Pandemic Centres will be based on the severity of the pandemic and its impact on existing health care services.

Promoting Pandemic Treatment Centres

For Pandemic Treatment Centres to be effective in diverting people away from their primary care provider or hospital emergency departments, the public must be aware they exist and know how to access them.

During a pandemic, public messages issued by the MOHLTC will direct people who are experiencing symptoms to call Telehealth where they will be directed, if necessary, to a Pandemic Treatment Centre. At the local level, it will therefore be necessary to ensure that the public is aware of the locations of Centres and when to use them.

(INFLUENZA ASSESSMENT CENTRES? - SECTION TO BE DEVELOPED)

Body Storage at Hospital Sites

It is planned that body storage will be provided in secured areas of hospital or backup sites to minimize issues relating to transfers and records management. Refrigeration trailers would be used. If the location of the trailer is visible to the public from off-site, measures should be taken to visually screen the trailer and any routes of transfer between the facility and the trailer. When locating the trailer, consideration should be given to the last stage of transfer – collection of bodies by mortuary service providers.

Refrigerated trucks can generally hold 25-30 bodies without additional shelving. To increase storage capacity, temporary wooden shelves can be constructed of sufficient strength to hold the bodies. Shelves should be constructed in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above waist height is not recommended). To reduce any liability for business losses, using trucks with markings of a supermarket chain or other companies should be avoided, as the use of such trucks for the storage of corpses may result in negative implications for business.

If the pandemic mortality rate exceeds estimates, it may be necessary to use arenas and curling rinks, which have a larger capacity for storage. Such facilities would have to be capable of maintaining a required temperature of 4 to 8 degrees Celsius. Using local businesses for the storage of human remains is not recommended and should only be considered as a last resort. The post-pandemic implications of storing human remains at arenas or businesses could be significant in the community and would likely result in negative associations with the facility in the future.

Section A.10

Mortuary Services

The mortality rate will rise sharply during a pandemic event, severely taxing local mortuary resources and personnel. Planning case scenarios estimate that there could be approximately 140 pandemic deaths in Lambton County during this period. This number could be higher or lower, depending on the severity of the illness. It must be noted that the number of natural and accidental deaths will be in addition to the 140 potential deaths indicated above.

Providers of mortuary services will perform a vital role in responding to the affects of a pandemic but will likely be severely challenged by the probability that half their staff will be ill over the course of the pandemic.

Formal funeral services may have to be curtailed or eliminated in order to reduce potential exposures to the virus at gatherings.

It will likely be necessary to set up temporary morgues at predetermined locations throughout the County, as existing morgue facilities will be quickly overwhelmed. The most likely temporary morgues will be refrigerated trailer units situated on the existing hospital sites in Sarnia and Petrolia, or at their back-up locations. The sites of the refrigerated trailers must be secure and out of public view either by existing screening or erected screening.

Other types of temporary morgue facilities to be considered may include cold storage lockers, ice arenas and curling rinks. Use of local businesses or recreational facilities for the storage of human remains would only be considered as a last resort. The post-pandemic implications of storing human remains at these sites can have serious, negative impacts on the community or businesses.

Given the potential for the number of deaths to overwhelm mortuary facilities, it is anticipated that cooperative working relationships between funeral service providers will develop.

The following actions may be undertaken by mortuary service providers:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 &2)	<input type="checkbox"/> Encourage staff to receive annual influenza vaccinations.
Pandemic Alert Period (WHO Phase 3)	<input type="checkbox"/> Work with the Community Health Services Department and local emergency services agencies to develop contingency plans for pandemic influenza. <input type="checkbox"/> Identify and ensure all essential positions are backed up with an alternate.

- Cross-train staff. (e.g. train administrative or other support staff to park cars or to do removals.)
- Establish a registry of former and retired personnel and suitable volunteers who may be called upon to provide assistance.
- Educate staff about pandemic planning (what to expect, how to prepare and what to do).
- Determine if there are any tasks or functions that can be completed by staff that are at home (e.g. telephone reception; work by e-mail).
- Consider establishing protocols to share help if areas are not impacted to the same degree.
- Consider stockpiling a 6-month supply of the following:
 - Protective equipment such as appropriate gloves, masks, face shields, impervious gowns.
 - Embalming chemicals and sundries.
 - Body bags or other impervious shrouds.
 - (Ensure that stock is rotated to avoid deterioration of items that have a time-sensitive shelf life).
 - (There may be an increased demand for items such as cremation caskets, and economically priced caskets, especially if there are multiple deaths in a single family. Funeral service providers will have to work closely with suppliers to ensure that there is an adequate supply of these items.)
- Develop and maintain a list of current suppliers and contact numbers.
- Each mortuary service provider should consider developing a business continuity plan that sets out specific strategies to deal with the impacts of a pandemic.
- Work with local health officials to develop protocols for the efficient issuance of:
 - Death Pronouncements**
 - Death Registrations**
 - Medical Certifications of Death**
 - Burial Permits**
- Work with local officials to create a body collection plan to minimize delays in moving bodies to the (temporary/permanent) morgues and make the issuance of **Medical Certification of Death** forms most efficient (e.g. establish a centralized location?).
- Ascertain local surge capacity with regard to body preparation, storage and cremation.

Pandemic Alert Period (WHO Phases 4 & 5)	<input type="checkbox"/> The Community Health Services Department will monitor reports from the Centre for Disease Control and the Public Health Agency of Canada and provide updates to the Pandemic Planning Committee as necessary.
Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)	<input type="checkbox"/> Review contingency plans for pandemic influenza / prepare to implement. <input type="checkbox"/> Provide a representative for the Pandemic Working Group under the Medical Officer of Health if required.
Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)	<input type="checkbox"/> Prepare to implement or implement internal pandemic contingency plans. <input type="checkbox"/> Cease non-essential activities as necessary. <input type="checkbox"/> Liaise with the Medical Officer of Health / Community Health Services Department concerning restrictions on the type and size of public gatherings - <i>planning how such restrictions will be enacted and enforced with consistency and equity must be done in advance by Community Health Services.</i>
Recovery	<input type="checkbox"/> Assess ability to resume normal provision of services. <input type="checkbox"/> Review and revise plans, as necessary.
Pandemic: Second Wave	<input type="checkbox"/> Review, evaluate and modify pandemic response, as needed. <input type="checkbox"/> Monitor staff and resource requirements (as during the first wave).

Local Mortuary Services

DJ Robb Funeral Home

102 Victoria Street North, SarniaPhone: 519-336-6042

Denning Funeral Directors Limited

9 James Street, Forest.....Phone: 519-786-2401

Denning Funeral Directors Limited

232 Warwick Street, WatfordPhone: 519-876-2218

Gilpin Chapel

97 Victoria Street, ThedfordPhone: 519-296-4964

Gilpin Funeral Chapel

123 King Street East, Forest.....Phone: 519-786-4964

Knight Funeral Home

588 St.Clair Parkway, Corunna.....Phone: 519-862-2845

McKenzie & Blundy Funeral Home Limited

431 Christina Street North, SarniaPhone: 519-344-3131

Needham-Jay Funeral Home Inc.

4059 Petrolia Line, Petrolia.....Phone: 519-882-0100

Smith Funeral Home

1576 London Line, Sarnia.....Phone: 519-542-5541

Steadman Brothers Funeral Home

3040 Brigden Road, Brigden.....Phone: 519-864-1193

Stewart Funeral Home

254 George Street, SarniaPhone: 519-383-7121

Van Heck Visitation Centre

3232 River Street, AlvinstonPhone: 519-898-2813

Van Heck Funeral Home

172 Symes Street, GlencoePhone: 519-287-2831

Wyoming Chapel

650 Broadway Street, WyomingPhone: 519-845-3867

Body Storage

It is planned that body storage will be provided in secured areas of hospital or backup hospital sites to minimize issues relating to transfers and records management. Refrigeration trailers would be used. If the location of the trailer is visible to the public from off-site, measures should be taken to visually screen the trailer and any routes of transfer between the hospital and the trailer. When locating the trailer, consideration should be given to the last stage of transfer – collection of bodies by mortuary service providers.

Refrigerated trucks can generally hold 25-30 bodies without additional shelving. To increase storage capacity, temporary wooden shelves can be constructed of sufficient strength to hold the bodies. Shelves should be constructed in such a way that allows for safe movement and removal of bodies (i.e., storage of bodies above waist height is not recommended). To reduce any liability for business losses, using trucks with markings of a supermarket chain or other companies should be avoided, as the use of such trucks for the storage of corpses may result in negative implications for business.

If the pandemic mortality rate exceeds estimates, it may be necessary to use arenas and curling rinks which have a larger capacity for storage. Such facilities would have to be capable of maintaining a required temperature of 4 to 8 degrees Celsius. Using local businesses for the storage of human remains is not recommended and should only be considered as a last resort. The post-pandemic implications of storing human remains at arenas or businesses could be significant in the community and would likely result in negative associations with the facility in the future.

Lambton County Crematoriums

Lakeview Cemetery & Crematorium

1016 Colborne Rd, SarniaPhone: 519-337-5761

Resurrection Cemetery & Crematorium

1885 London Line, Sarnia.....Phone: 519-542-2623

Managing Fatalities During a Pandemic

Basic Assumptions

Pandemic Influenza will occur in two or possible three waves of infection:

First Wave: 6 to 8 weeks in duration.

Second Wave: 3 to 9 months later - also 6 to 8 weeks in duration.

Potential Flu-Related Fatalities in St Clair in addition to other causes of death:

- Provincial Plan Scenario - case mortality rate of 0.35%: **52 deaths**
(Assume 26 deaths in each wave with most occurring at the beginning of each wave).
- Spanish Flu-like Scenario - case mortality rate of 2.0%: **300 deaths**
(Assume 150 deaths in each wave with most occurring at the beginning of each wave)

A pandemic will affect the entire Township. Agencies will need to look locally to acquire these resources, as personnel from surrounding regions will not be able to provide help outside their locale.

Local agencies will have insufficient personnel, supplies, equipment, and storage to handle the demand.

Every jurisdiction will require similar types of critical resources, including personnel, equipment and supplies, to manage the surge in the number of decedents.

Delivery and manufacturing systems will not be able to respond quickly enough to provide required resources.

Countries may attempt to contain disease spread by closing their borders. Such actions, though of limited proven disease containment value, may instead slow and frustrate the delivery and receipt of needed supplies and equipment.

The public utility infrastructure may be temporarily shut down or hampered, causing shortages of water, food, medicine, and gasoline. Without such items all agencies will have a difficult time performing their tasks and may need to develop creative methods to decrease their need for gasoline, which is believed to be the most likely item in short supply.

The death care industry will not be able to process remains in the traditional manner due to the increased number of cases. Even if bodies can be recovered in a timely manner, it is unlikely that funeral homes will be able to process remains for final disposition at "normal" rates.

There will be delays in the issuances of death certificates for both attended and unattended deaths.

Managing Fatalities During a Pandemic

Remains must be separated by cause & manner of death.	Pandemic Scenario: Case mortality rate is approximately 0.35%.		Pandemic Scenario: Case mortality rate exceeds projections or previous measures prove inadequate.	
	Response	Contingency	Response	Contingency
Body Storage	Maintain current level of service as able – obtain additional resources as necessary and able.	Obtain and locate refrigeration units (preferably electric units) for body storage at back-up hospital sites.	Unable to obtain adequate refrigeration units for storage – set up transportation and centralized body storage at arenas.	Arena storage should be adequate. Burial to occur as soon as possible, although embalmed bodies in refrigeration can be stored for long periods.
Embalming	Funeral homes maintain current level of service – obtain additional resources as necessary and able. Confirm arrangements to pool local resources etc.	Centralized embalming at County morgue and coordinated embalming at area funeral homes (sharing of supplies and staff resources).	Continue embalming as able, but it may be necessary to forego embalming in many cases and provide immediate burial because of limited body storage, chemicals and supplies.	If numbers are overwhelming and supplies are limited, embalming may not be possible for most bodies, Therefore – immediate burial.
Cremation	Limited facilities – continue as able.	Store bodies until able to cremate.	Cremation may not be possible because of number of deaths and inadequate storage - Burial.	If cremation is necessary because of religious / cultural beliefs, arrange for long-term storage / temporary interment.

Managing Fatalities During a Pandemic

Remains must be separated by cause & manner of death.	Pandemic Scenario: Case mortality rate is approximately 0.35%.		Pandemic Scenario: Case mortality rate exceeds projections or previous measures prove inadequate.	
	Response	Contingency	Response	Contingency
Collection / Transportation	Transport bodies using existing funeral home vehicles. If fuel supplies are limited, it may be necessary to implement a “mass transportation system”.	Use larger vehicles such as vans in addition to existing vehicles. May be necessary to share among area funeral homes.	Set up mass transportation using large vehicles such as unmarked cube vehicles (buses should be avoided in order to separate driver and bodies. Also, buses provide no visual screening).	Cube vehicles should provide adequate room for transportation of bodies. Public could be asked to bring their deceased to collection points.
Burial	Burials to continue.	Utilize municipal heavy equipment and staff to dig graves if resources overwhelmed.	Share municipal staff and equipment, use private heavy equipment operators to dig graves.	Use mass graves if insufficient resources to embalm, or adequately store bodies in a refrigerated state.
Funeral Services	Services to continue as able, unless prohibited by order of the Medical Officer of Health.	Gatherings may be prohibited by order of the Medical Officer of Health in order to slow the spread of infection.	Services may be prohibited by the M.O.H. Services may also be suspended because of the sheer number of deaths.	No graveside services for mass burials.

Section A.11

Community Emergency Management

Although a pandemic would be considered a public health emergency under the *Health Protection and Promotion Act*, disease and other health risks are also defined as emergencies under the *Emergency Management and Civil Protection Act*.

The Lambton County Medical Officer of Health and Lambton Public Health would be the lead in managing the public health impacts of a pandemic, but the Township would likely be called upon to assist. In addition, the Township would have the responsibility to manage the secondary impacts of a pandemic such as ensuring that critical services are maintained.

The following actions *may* be undertaken by the Township and Community Emergency Management Coordinators:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 &2) Pandemic Alert Period (WHO Phase 3)	<input type="checkbox"/> Evaluate and make recommendations regarding the preparation of Continuity of Operations Plans to ensure maintenance of government and critical services in times of emergency. <input type="checkbox"/> Assist with the development of internal pandemic contingency plans to maintain operations under prolonged staff and resource shortages.
Pandemic Alert Period (WHO Phases 4 & 5)	<input type="checkbox"/> Monitor notices and updates from the Lambton Public Health. Apprise the ECG of any developments relating to a potential pandemic.
Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)	<input type="checkbox"/> Monitor reports from the Lambton Public Health regarding the imminent pandemic threat. <input type="checkbox"/> Review contingency plans for pandemic influenza and apprise the Emergency Control Group (ECG) of the pandemic situation. Make recommendations concerning activation and setup of the Emergency Operations Centre (EOC) and implementation of internal pandemic plans as necessary. <input type="checkbox"/> If required and if possible, sit as a member of the Pandemic Working Group headed by the Medical Officer of Health. <input type="checkbox"/> Ensure that information (as approved by the Medical Officer of Health) is posted on appropriate websites.

	<ul style="list-style-type: none"> <input type="checkbox"/> At the direction of the Pandemic Working Group / Medical Officer of Health, arrange to open local facilities for use as clinics or treatment centres and implement Public Health Orders (i.e. closing public buildings, cancelling public events etc.).
<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consider activating the EOC and implement "Infection Prevention and Control Guidelines for the Emergency Operations Centre" (attached), if necessary. <input type="checkbox"/> Arrange for meetings of the ECG as required. Note: It may be necessary to implement social distancing protocols and conduct meetings via teleconference, email, text messaging etc. <input type="checkbox"/> Consider the need for a declaration of emergency and advise the ECG as appropriate (<i>under the Emergency Management and Civil Protection Act, local municipalities would retain authority and control to manage local issues</i>). <input type="checkbox"/> If required, arrange to open facilities to be used as vaccination clinics, treatment centres etc. <input type="checkbox"/> If necessary, assist in responding to local media inquiries of a non-medical nature, but direct all other inquiries to the Lambton Public Health. Assist Lambton Public Health prepare and arrange for distribution of information to the public about pandemic influenza.
<p>Recovery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, evaluate and modify community and internal pandemic responses, as needed. <input type="checkbox"/> Make recommendations regarding critical incident stress management counselling for ECG members and EOC staff.
<p>Pandemic: Second Wave</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor reports from the Lambton Public Health regarding the next wave of pandemic influenza and apprise the ECG as required. <input type="checkbox"/> Re-activate the EOC as necessary and resume activities as during the first wave.



INFECTION PREVENTION & CONTROL GUIDELINES FOR THE EMERGENCY OPERATIONS CENTRE

Introduction

The purpose of implementing infection prevention and control during an infectious disease outbreak is to prevent or reduce illness in staff. These measures, if taken, may allow essential services to be maintained in spite of potential workforce shortages due to employee illness as a result of an outbreak such as pandemic influenza.

This document provide guidelines to decrease the risk of transmission of febrile respiratory illness (FRI) within St Clair's EOC.

Infection Prevention and Control

Viruses are transmitted from person-to-person when an infected person coughs or sneezes. Aerosolized viruses can be inhaled by near-by people and droplets can be deposited on surfaces such as doorknobs, elevator buttons, phones, keyboards, etc.

Sneeze Etiquette

Simple measures can be taken to reduce the spread of viruses, beginning with employing proper sneeze etiquette. See the attached sign which will be posted in the EOC and Township Administration Building.

Hand Hygiene

Since viruses' surfaces can live for up to 48 hours on hard, frequently washing one's hands will remove viruses and prevent them from being inadvertently introduced into the body by rubbing one's eyes, nose or mouth. Employing proper hand washing techniques will limit the chance of spreading the virus. See the attached sign which will be posted in the EOC and Township EOC Administration Building.

In the event it is not possible to wash hands in water, the use of alcohol-based hand sanitizers are effective in killing germs on one's hands.

Workstation Sanitization

Maintaining a clean workstation (including phones and keyboards), especially those which are shared between people, like in an EOC, will help minimize transmission of viruses. The use of specialized sanitation products are effective in killing germs.

Infection Prevention and Control Measures to be Implemented in the EOC

- Influenza immunization will be recommended for EOC personnel.
- EOC personnel will be instructed regarding routine infection-control practices such as cough etiquette and proper hand washing techniques. Signage will be posted throughout the facility to enforce these practices.
- An appropriate alcohol-based hand sanitizer containing 70% to 90% alcohol will be available in the EOC.
- The potential risk of infection and the use of appropriate personal protective equipment will be assessed regularly, with input sought from the Lambton Public Health and the Townships Health and Safety Coordinators.
- Regular cleaning of the work environment, focusing on frequently touched surfaces, will be done according to a regular cleaning schedule. EOC personnel will keep their workstations clean and will sanitize equipment at both the beginning and end of their shift with cleaning products provided.
- EOC personnel will be responsible to keep themselves and fellow staff members, safe, by staying home when ill (guidelines provided by LPH or Health and Safety polices will be used). Signage will be posted at the entrance to the Township Administration Building instructing people with flu-like symptoms to stay out of the building;
- Face-to-face meetings may be suspended, and meeting be conducted by telephone, email or web conference. Personnel working out of the EOC may be kept to a minimum (for health reasons but also, Control Group members will have pressing responsibilities to maintain their own agency's essential services during a pandemic).
- EOC personnel who are ill should not enter the Administration Building until assessed by a health professional.

However, if key personnel **must** enter the Building when symptomatic, they will:

- Maintain >1-meter distance from all others;
- Wear a mask to contain expelled droplets.
- Practice frequent hand hygiene; and
- Ensure their workspace and any equipment they touch is disinfected (e.g. keyboards, phones).

Implementation of Infection Prevention and Control Measures

The measures presented in this document are standard procedures for infection control.

In the initial stages of an outbreak, the Township Emergency Management Coordinator (CEMC) will review these Guidelines with the Lambton Public Health to ensure they are appropriate to the situation. The CEMC will act as the Safety Officer for the EOC.

During an outbreak, event-specific measures may be recommended by public health agencies, including the Lambton County Medical Officer of Health and Lambton Public Health. In such case, these Guidelines may be amended as necessary.

Advice about worker health and safety may be sought from the Townships CAO and recommendations may be implemented in the EOC as appropriate.

Signage

Attached to this document are examples of standard signs used to promote infection prevention and control. Specific signage may be developed during the course of an outbreak and replace the examples attached here (the originals are on file electronically or available from the Lambton Public Health or the Internet).

The appropriate signs will be posted at entrances, washrooms, lunchrooms and other prominent locations throughout the Administration Building.



COMMUNITY HEALTH SERVICES DEPARTMENT
Environmental Health & Prevention Services
160 Cornwall Street
Point Edward, ON N7T 2Z6
Telephone: 519 385-8331
Toll Free: 1-800-667-1839
Fax: 519 385-7082
www.lambtonhealth.on.ca

Steps for effective Hand Washing



1 Wet hands with warm water



2 Apply soap to produce lather



3 Rub for 20 seconds



4 Rinse away germs



5 Dry hands with paper towel

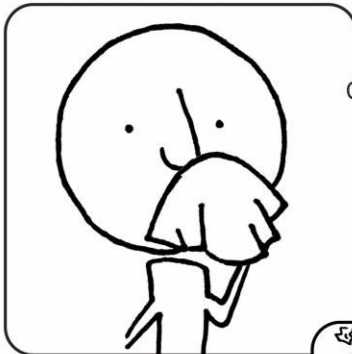


6 Turn off tap with paper towel

Revised 03 2007

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

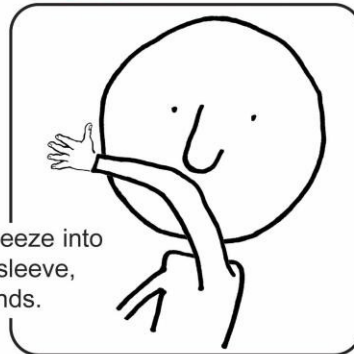
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

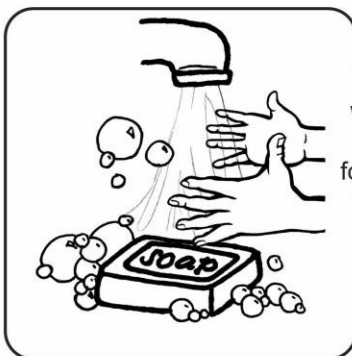
or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.



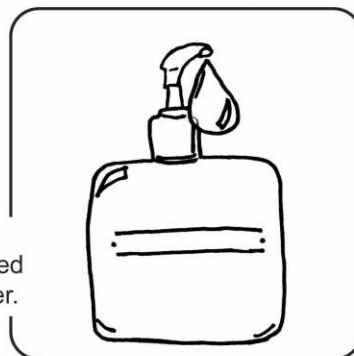
Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or clean with alcohol-based hand cleaner.



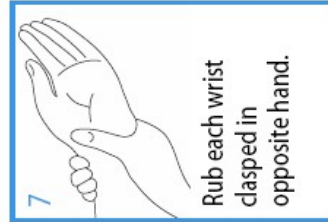
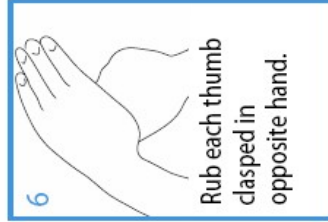
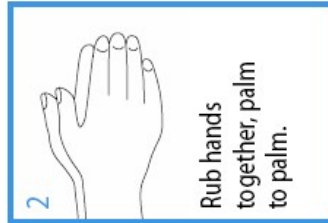
Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota Antibiotic Resistance Collaborative



Cleaning with Hand Sanitizer



Source: Ontario Ministry of Health & Long-Term Care



Please read!

Do you have a **new or worse** cough
or **shortness of breath**?

OR

Are you feeling **feverish**
or have you had **shakes or chills** in the past 24 hours?

If your answer to *either* of these questions is **YES**, please do not enter the E.O.C. without speaking to the E.O.C. Safety Officer.

If your answer to *both* of these questions is **NO**, please sanitize your hands before entering the E.O.C.

Section A.12

Emergency Medical Services

Lambton EMS provides emergency medical services to all municipalities in the County.

It is reasonable to expect that EMS personnel, because of their duties, could experience an infection rate greater than that seen in the general population. Staffing shortages combined with a probable increase in calls for emergency medical services may mean that the provision of those services will be severely impacted. Therefore, it may be necessary to suspend certain services, or change how those services are delivered during a pandemic.

Given their role during a pandemic, Lambton EMS has been consulted on local pandemic planning activities.

The following actions may be undertaken by Lambton County EMS:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 &2) Pandemic Alert Period (WHO Phase 3)	<ul style="list-style-type: none"><input type="checkbox"/> Continue program of mandatory annual influenza vaccinations for EMS Technicians.<input type="checkbox"/> Identify essential staff and back up all essential positions with an alternate.<input type="checkbox"/> Cross-train staff (administrative) so they can undertake other roles in cases of illness.<input type="checkbox"/> Review current contingency plans and extract all relevant sections that may be applicable during a pandemic (i.e. operations under prolonged staff shortages and/or shortages of resources).
Pandemic Alert Period (WHO Phases 4 & 5)	<ul style="list-style-type: none"><input type="checkbox"/> Lambton Public Health will monitor reports from CDC and the Public Health Agency of Canada (PHAC) and provide notices and updates to emergency response agencies as necessary.
Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)	<ul style="list-style-type: none"><input type="checkbox"/> Review contingency plans for pandemic influenza / prepare to implement.<input type="checkbox"/> If required and if possible, provide a representative for the Pandemic Working Group under the direction of the Medical Officer of Health.

<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare to implement or implement internal pandemic contingency plans. <input type="checkbox"/> Cease non-essential services if necessary. <input type="checkbox"/> Coordinate with the Wallaceburg Central Ambulance and Communications Centre (CACC) to ensure that adequate emergency medical response coverage is provided for in Lambton County. <input type="checkbox"/> Liaise with other agencies (i.e. private ambulance services) if necessary. <input type="checkbox"/> If possible and if required, may be able to provide home triage / care / advice and assist at vaccination clinics under the direction of the Medical Officer of Health.
<p>Recovery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess ability to resume normal provision of emergency services. <input type="checkbox"/> Review and revise plans, as necessary.
<p>Pandemic: Second Wave</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, evaluate and modify pandemic response, as needed. <input type="checkbox"/> Monitor staff and resource requirements.

Section A.13

Fire Services

As with all sectors, local fire services could be affected by severe staff shortages during a pandemic. Fire personnel may be impacted to a greater degree than the general public given their dual role in providing rescue services, medical assists etc. In addition, staffing levels in volunteer departments will likely be impacted to a greater degree because volunteers are often employed full-time elsewhere. Volunteers could be faced with the additional demands of meeting obligations at their regular places of employment.

Therefore, in order to maintain services directly concerned the preservation of life and property, it will likely be necessary to suspend certain duties or change how fire services are delivered during a pandemic.

Given their role in providing services during a pandemic, local fire services have been consulted on local pandemic planning activities.

The following actions *may* be undertaken by municipal fire services:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 &2) Pandemic Alert Period (WHO Phase 3)	<ul style="list-style-type: none"><input type="checkbox"/> Encourage personnel to receive annual influenza vaccinations.<input type="checkbox"/> Identify essential staff (including administrative) and ensure all essential positions are backed up with an alternate.<input type="checkbox"/> Review current contingency plans and extract all relevant sections that may be applicable during a pandemic (i.e. operations under prolonged staff shortages and/or shortages of resources).<input type="checkbox"/> Review tiered response and mutual aid agreements in relation to a pandemic event.
Pandemic Alert Period (WHO Phases 4 & 5)	<ul style="list-style-type: none"><input type="checkbox"/> Lambton Public Health will monitor reports from the Centre for Disease Control and the Public Health Agency of Canada and provide notices and updates to emergency response agencies as necessary.

<p>Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review contingency plans for pandemic influenza / prepare to implement. <input type="checkbox"/> If required and if possible, provide a representative for the Pandemic Working Group under the direction of the Medical Officer of Health.
<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare to implement or implement internal pandemic contingency plans. <input type="checkbox"/> Cease non-essential services / review certain aspects of tiered response agreements if necessary. <input type="checkbox"/> If required and if possible, provide assistance to other municipal departments or emergency response agencies.
<p>Recovery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess ability to resume normal provision of emergency services. <input type="checkbox"/> Review and revise plans, as necessary.
<p>Pandemic: Second Wave</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, evaluate and modify pandemic response, as needed. <input type="checkbox"/> Monitor staff and resource needs.

Section A.14

Police Services

Policing services are provided by Ontario Provincial Police in the remainder of Lambton County outside of Sarnia

As with all sectors, local police services may be affected by severe staff shortages during a pandemic. Infection rates among police personnel may be higher than in the general population because of their close work with the public. Therefore, to ensure that higher priorities, such as preserving public safety are met, it may be necessary to suspend some duties normally associated with law enforcement.

Given that police services may be called upon to perform tasks specific to a pandemic event, they have been consulted on local pandemic planning activities.

The following actions may be undertaken by local police services:

Stage	Actions
Inter-Pandemic Period (WHO Phases 1 & 2) Pandemic Alert Period (WHO Phase 3)	<ul style="list-style-type: none"><input type="checkbox"/> Encourage personnel to receive annual influenza vaccinations.<input type="checkbox"/> Identify essential staff and back up all essential positions with an alternate.<input type="checkbox"/> Cross-train staff (administrative) so they can undertake other roles in cases of illness.<input type="checkbox"/> (OPP) Maintain a list of Auxiliary Officers who may be able to fill certain support roles.<input type="checkbox"/> Review current contingency plans and extract all relevant sections that may be applicable during a pandemic (i.e. operations under prolonged staff shortages and/or shortages of resources – OPP Pandemic Working Group has reviewed these issues).
Pandemic Alert Period (WHO Phases 4 & 5)	<ul style="list-style-type: none"><input type="checkbox"/> Lambton Public Health will monitor reports from the Centre for Disease Control and the Public Health Agency of Canada and provide notices and updates to emergency response agencies as necessary.
Pandemic: Human-to-Human Transmission Confirmed Outside Canada. (WHO Phase 6 - Scenario #1)	<ul style="list-style-type: none"><input type="checkbox"/> Review contingency plans for pandemic influenza / prepare to implement.<input type="checkbox"/> If possible and if required, provide a representative for the Pandemic Working Group under the direction of the Medical Officer of Health.

<p>Pandemic: Confirmation of Arrival in Canada (First Wave) (WHO Phase 6 - Scenario #2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare to implement or implement internal pandemic contingency plans. <input type="checkbox"/> Cease non-essential services if necessary. <input type="checkbox"/> (OPP) If required and if possible, enforce curfews, public building closures and travel restrictions within the community. * <input type="checkbox"/> (OPP) If required and if possible, maintain law and order in temporary facilities such as vaccination clinics and antiviral dispensing sites. * <input type="checkbox"/> (OPP) If required and if possible, provide security at vaccination centres and storage sites, and during transportation of vaccine. * <input type="checkbox"/> If required and if possible, arrange for additional police assistance and liaise with other municipal, provincial and federal police agencies to maintain minimum require service levels. <p><i>*Note: The role of the OPP in these noted instances will be to maintain law and order and preserve public safety; not replace private security measures.</i></p>
<p>Recovery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess ability to resume normal provision of emergency services. <input type="checkbox"/> Review and revise plans, as necessary.
<p>Pandemic: Second Wave</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, evaluate and modify pandemic response, as needed. <input type="checkbox"/> Monitor staff and resource requirements.

TOWNSHIP OF ST CLAIR PANDEMIC INFLUENZA HAZARD PLAN

Section B

Continuity Planning for Pandemic

One of the purposes of creating an emergency response plan is to not only ensure that an adequate response can be launched following a disaster, but also that essential services will continue to be provided, to the highest degree possible under the given circumstances. It is for this reason that continuity of operations plans should be considered an important part of pandemic planning.

Continuity planning is done to prevent or minimize interruptions in the delivery of critical goods and services in the event of a disaster, natural or not. It is a proactive planning process that identifies the necessary resources, key personnel, information, equipment and infrastructure required to ensure continuity of operations.

Rather than reacting to a disaster and attempting to *resume* operations after they have ceased, a Continuity Plan puts in place the safeguards to ensure that critical operations will *continue* following a disaster. Continuity Plans need not be disaster specific because they can be implemented following any type of interruption or threat of interruption. It is strongly recommended however that a section for pandemic be included in any Continuity Plans. A pandemic will pose unique challenges for which specific protocols should be developed (i.e. impact up to 24 to 36 months duration, 50% employee absenteeism, supply shortages, worldwide social and economic impacts etc.).

In light of the above, it would be advantageous to identify those Township services that must be maintained during a pandemic and create a hierarchy of importance with respect to public safety and service.

Every Township department should prepare a continuity plan that includes contingencies for a pandemic event. For those services that are not essential to the health or safety of residents, the continuity plan may be to temporarily suspend that service and reallocate staff to assist other departments. In fact, orders from the Medical Officer of Health may require the closure of facilities where people gather (i.e. daycares, libraries), thereby possibly making staff available for other duties.

It must be recognized that a pandemic could cause concerns among staff regarding safe work environments, overtime, sick leave, compassion leave, etc. Strong consideration should therefore be given to developing continuity plans which address the above matters.

