Pandemic Plan for Access Independent Living Services

March 2020

This pandemic plan is based on the 2009 Sample Pandemic Response plan that was developed specifically for organizations that provide services to people with physical disabilities in the community. The basics of this plan are broken down into a four step process. We have included definitions, phases of a pandemic outbreak and ethical considerations that we used as a framework for the development of this plan.

STEP ONE: PRIORITZE YOUR AGENCIES SERVICE FUNCTIONS & PRIORITIES
STEP TWO: STAFFING CONSIDERATIONS
STEP THREE: POPULATING YOUR PLAN
STEP FOUR: DEFINE YOUR CHAIN OF COMMAND

Definitions

What is a Pandemic?

A pandemic is an epidemic of infectious disease that spreads through human populations across a large region, for example a continent, or even worldwide.

According to the World Health Organization (WHO), a pandemic can start when three conditions have been met:
- The emergence of a disease new to the population;
- The agent infects humans, causing serious illness;
- The agent spreads easily and sustainably among humans.

Phases of Pandemic Outbreak

The World Health Organization has created Phases of Pandemic outbreak. These Phases help individuals/organizations guide their response planning for possible pandemics. The phases and descriptions are provided below.

Period	Phase	Description
Inter-pandemic Period	1	No new virus subtypes have been identified. A subtype that has caused human infection may be present in animals. If present, the risk of human infection is considered to be low.
	2	No new virus subtypes have been identified. A circulating animal virus may pose substantial risk of human disease.
Pandemic Alert Period	3	Human infection(s) with a new subtype, but no human-to-human spread
	4	Small clusters with limited human-to-human transmission. Virus is not well adapted to humans.
	5	Large clusters, human-to-human is localized. Virus is becoming increasingly better adapted to humans.
Pandemic Period	6	Increased and sustained transmission to general population.
Post pandemic Period		Return to Inter-pandemic Period

Definition of Influenza

Influenza, commonly known as "the flu" is a highly contagious and common respiratory illness caused by a virus. There are 3 known types of influenza virus – A, B and C. Types A and B cause seasonal influenza.

Influenza is spread from person to person by droplet spread or direct contact.
- ➢ Droplet spread refers to spray with relative large, short range droplets produced by sneezing, coughing, speaking, etc. These droplets can spray up to two metres (6 feet) and can land directly in the eye or be breathed in.
- ➢ Direct contact occurs when there is immediate transfer of the virus through skin to skin contact. An example is someone may cough into their hands and then shake hands with someone who will then touch their eyes, nose or mouth. Some viruses can live on items for up to 48 hours.

The incubation period is usually one to three days, with most people recovering in 5 to 8 days. Most adults are infectious to others 24 hours before and up to 5 days after they develop symptoms. 30% to 50% of those infected experience no symptoms at all.

Definition of COVID-19

Coronaviruses are a large family of viruses, some of which infect only animals, and others that can infect humans. Seven strains of coronavirus are now known to cause illness in humans.

The strain of coronavirus found in Wuhan is the most recent of 7 known strains, called COVID-19. Of the 6 others, 4 cause only minor respiratory symptoms similar to those of a cold, and 2, severe acute respiratory syndrome (SARS CoV) and Middle East respiratory syndrome (MERS CoV), have been associated with more serious and life-threatening diseases.

Spectrum of illness

Symptoms of COVID-19 (originating in Wuhan, China) include:
- ➢ fever
- ➢ cough
- ➢ breathing difficulty (in some cases)

These symptoms are similar to those related to other respiratory viruses circulating during the winter months.

<u>Transmission</u>

Current epidemiologic information suggests that limited human-to-human transmission of COVID-19 may have occurred in some reported instances where individuals were in close contact with symptomatic cases. Until more definitive information becomes available, appropriate infection prevention and control measures (contact and droplet precautions) should be implemented to prevent onward transmission of the virus.

<u>Epidemiological information</u>

PHAC is collaborating with provincial and territorial public health partners to collect information on COVID-19 cases in Canada. This information is used by public health officials to show when illnesses begin, when they peak, and when they trail off.

Difference Between Seasonal Influenza and COVID-19

Seasonal Influenza	COVID-19
Occurs every year (Oct – April)	First occurrence
Occurs during winter	Could occur at any time of the year
It is unpleasant but not a life threatening infection for most people	It is a more serious virus and has increased mortality rate for seniors and vulnerable population
Most people recover in 1 – 2 weeks without requiring medical attention	Many people will experience only mild symptoms, with no need to access medical treatment. Some will experience significant impact with life threatening implications
The very young, the very old and people with chronic illness are most at risk	People of every age may be at risk of transmission but thus far those at greatest risk are people over 70 and those with underlying medical conditions
Vaccine is available in advance	Vaccines not available
Annual vaccination is recommended	The whole population will be offered when a vaccine is available
Antiviral drugs are available to treat those at special risk	No antiviral drugs are available at this time

(WHO)

Ethical Considerations

Ethical Considerations around Pandemic Planning

Every pandemic plan must be built on a sound understanding of the services we provide and how important these services are to consumers, the recipients of our services. Many ethical decisions must be made when you are suddenly faced with the dilemma of a drastic shortage of staff due to a pandemic event. This can include a large number of consumers and staff who are sick while you are attempting to adhere to your responsibility to continue to provide services. Thinking about these issues and planning for a pandemic event before it happens are effective methods of ensuring you are making sound ethical decisions.

Consistent principles support the framework of this plan. It was essential during the development of the templates, priority listings and recommended service modifications that the committee based their suggestions within the proposed strategies on the following values;

Equitable: All persons will be treated fairly and in the same manner.

Open: All stakeholders are informed around decision making processes and potential outcomes.

Reasonable: During a pandemic, when usual practices cannot be adhered to, the subsequent recommendations made are sensible and prudent to allow for continued service delivery, albeit at a reduced level.

The intent of the template development was to supply Access Independent Living Services with the tools to openly communicate with their consumers and employees around precautions, safety, possible service modifications (i.e.; no gender specific requests) and information that is pertinent to their service and/or employment. The goal of the plan is to minimize illness and maximize service deliverables so those at greatest risk will have their needs met for as long as possible. An accessible plan will inform stakeholders of potential outcomes during a pandemic and build trust between all stakeholders.

In attendant services, values such as respect for the person, respect for person's ability to make choices for themselves, being transparent and open around decision making and treating people fairly form the basis of our service delivery model. Access Independent Living Services has saturated this plan with ethically sound values to best deliver services during a pandemic outbreak.

STEP ONE: PRIORITZE SERVICE FUNCTIONS & PRIORITIES

Assessing risk means knowing what is crucial in carrying out your business during an emergency. In setting your priorities:

- Identify essential business functions, processes and services that must continue
- Establish the timeframe or frequency that each function or service must be completed
- Rank your functions, processes and services in order of priority
- Identify Emergency Level Indicators with Definitions and Job Responsibilities for Direct services, supervision and leadership/management staff

<u>Emergency Indicators with definitions</u> (Sample)

This colour coding will be used throughout the plan

- **Green – (Full complement of Essential and Non-Essential Supports)**
    - Consumer Services Impact: Consumer service requirements can be met with supports as defined. Consumer can access full range of services provided Consumer is low risk (Consumer Priority Rating A, B, C, D)
    - Employee/Volunteer Impact: Regular staffing compliment levels

- **Blue – (Mild)**
    - Consumer Services Impact: Consumer service requirements (as listed below under blue priority) can be met with modified supports as defined. Non-essential services are supported in other ways, by other persons/providers or can be diverted. Service impact is at low risk - Consumer Priority Rating A, B, C, D. (see Consumer Priority Rating List)
    - Employee/Volunteer: Staff shortage per shift, per job task (See: Employee Impact matrix)

- **Orange – (Moderate)**
    - Consumer Service Impact: Major disruption(s), Consumer service requirements (as listed below under orange priority) can be met with limited supports as defined. Service impact is moderate. Consumer Priority Rating A & B - (see Consumer Priority Rating List)
    - Employee Impact: Major staff shortage per shift, per job task. (See: Employee Impact matrix).
    - Insufficient stockpiles of PPE supplies for staff

- **Red – (Severe)**
    - Consumer Services Impact: Consumer service requirements (as listed below under red priority) can be met. Consumer Priority Rating A - (see Consumer Priority Rating List)
    - Employee Impact: Significant staff shortage (See: Employee Impact matrix).
    - Insufficient stockpiles of PPE supplies for staff

The following chart is a service impact matrix indicating what level of service delivery can be provided taking into consideration the level of absenteeism for front line staff (x axis) and the percentage of consumers who must have service (y axis). This will identify what services (identified in the service functions and priority chart) you will be able to provide in the four emergency levels identified above. This matrix can be used on a shift by shift, program by program or organization wide basis depending on the organization's ability to relocate/reassign staff from program to program.

Service Impact Matrix (Sample)

% of Consumers with a priority rating of A&B combined	Severe >60%	Green	Mild	Moderate	Severe
	Moderate 50-60%	Green	Blue	Moderate	Severe
	Mild 40-49%	Green	Blue	Blue	Moderate
	Green <40%	Green	Green	Blue	Moderate
		Green	Mild	Moderate	Severe
		0%	20-29%	30-40%	>40%
		FRONT-LINE STAFF ABSENTEEISM RATE			

The following template can be used to identify consumers within your organization and to predetermine their service needs during an influenza outbreak. A comprehensive assessment of service requirements will help populate your service functions and priority chart and assist you in determining your levels of service deliverables. It maintains the colour coding to easily identify your consumer's needs and priority rating. Excel document attached (this is a mock up only and the names and situations are not real)

Consumer Priority Rating List

Consumer Last Name	Consumer First Name	Program	Consumer has back-up support	Consumer is flexible to time adj bkg.	Consumer can manage or has back up in the home or close by	Consumer has other services	Priority Services (list essential services)	Mask? (Can the Consumer wear a mask?)
Ryan	Emily	Outreach	Lives with her husband	Flexible on times will get by with back ups	Can manage as her Mother can come when needed	Receives 4 hours/week CCAC Homemaking services	Up booking	Yes
Williams	Joseph	Supportive Housing	Lives alone, sister 10 minutes away	Flexible within four hours of booking time	Can manage with reduced services – sister able to support him with most needs during pandemic	None	Up booking Bed booking	Yes
Quigley	Elizabeth	Supportive Housing	Lives with her children	Not flex for washroom assist Flexible within one hour of scheduled time (late for work though)	Older children can help with some non personal tasks	None	Up booking Bed booking Washroom assist Meal preparation	No – weak respiratory system
Larche	Matthew	Supportive Housing	Lives alone with no back-up	Needs immediate response to every service request	Cannot manage without immediate response to needs	None	Response to urgent calls; all service needs equally important due to ventilator/suctioning needs	No – Uses a Ventilator 24/7

Priority	
D - no need for service	able to manage or has immediate back up
C - mild	Requires assistance with some activities with significant back up support
B - moderate	Requires assistance with most activities with some back up support
A - high	must have service

Service Functions and Priority Chart

The following chart has been prepared based on our experience with prioritizing services, consultations with other providers/partners and best practices.

Priority	Service levels and impact	Management responsibilities
GREEN **Regular Services**	Full Service Compliment	Full in direct service compliment
BLUE (MILD) **Modified Services**	*Some activities at this level are subject to "time, staffing and priority". Any service may be reduced or discontinued temporarily with minimal notice* *Service provision to Consumer Priority Rating "A, B ,C, & D"* The full scope of services may be available, however, the following services could be suspended: • Escort support (Banking, Shopping Trips) • Housekeeping/laundry • Range of Motion exercise • Ironing • Social facilitation (communication) support • No gender specific requests	Management responsibilities will include: • Establish optimal staffing levels based on Consumer need and numbers • Gather information -status updates, identify new needs/pressures • Implement staff and consumer surveillance re: symptoms/illness • Purchase adequate stockpile of supplies • Cancel non essential meetings • Communicate with all stakeholders

Priority	Service levels and impact	Management responsibilities
ORANGE (MODERATE) **Emergency Services**	*All activities at this level are subject to "time, staffing and priority". Major service disruptions are possible with little or no notice. Service provision to Consumer Priority Rating "A & B" only* Every effort will be made to provide the following services (no gender specific requests): • Safety and reassurance checks • First Aid • Toileting • Meal Prep (Basic) Eating & Fluids (including tube feeding and related functions) • Menstrual Care • Medication Assistance • Transfers/turns-priority based • Dressing/Undressing priority based • On-line Groceries/ordering food • Soiled bedding/clothes • Facilitation (communication) Assistance • Ventilator/trachea care	Management responsibilities will include: • Monitor Threat – forecast progress or conclusion • Information Gathering -status updates, identify new needs/pressures • Prepare supplies & equipment delivery coordination (if required) • Communication & Reporting (External obligations) • Security of Site locations • Ensure Safety & Security of employees and Consumers • Institute Public Health or Quarantine measures if mandated • Establish optimal staffing levels based on Consumers need and numbers • Maintain inventory supplies • Maintain operations functions as permitted • Non essential meetings cancelled • Inform all stakeholders on updates via website • Risk Assessment

Priority	Service levels and impact	Management responsibilities
RED (SEVERE) **Critical Support**	*All activities at this level are subject to "time, staffing and priority" all services may cease effective immediately. Service provision to Consumer Priority Rating "A" only* Every effort will be made to provide the following services (no gender specific requests): • Approved Critical Support Services: • First Aid • Illness and Sickness Support • Drinks - fluids/meal replacement drinks (including tube feeding and related functions) • Toileting • Medication Assistance • Transfers/turns-priority based • Safety and reassurance checks • Soiled bedding, clothes • Menstrual Care • Facilitation (communication) Assistance • Ventilator/trachea care	Management responsibilities will include: • Supervisory duties as assigned –support service focus • Back-up plan administration • Risk assessment • Decision Making/Resource/Problem Solving • Communication & Reporting (External obligations) • Security of Site locations • Security of and access to data and information • Safety and security of employees and consumers • Institute all Public Health orders or measures • Inform all stakeholders on updates via website

STEP TWO: STAFFING CONSIDERATIONS

Employee Impact Matrix
Assessed on number of staff available by program

DIRECT SERVICES		GREEN	BLUE	ORANGE	RED
Program	Job Task &Class	Regular	Modified	Emergency	Critical
Supportive Housing - YS Management Staff	Supportive Housing Manager	1	1	0	0
Frontline	Attendants	21	<17	<15	<13
Supportive Housing - AT Management Staff	Supportive Housing Manager	1	1	0	0
Frontline	Attendants	18	<14	<13	<11
Supportive Housing - SM Management Staff	Supportive Housing Manager	1	1	0	0
Frontline	Attendants	17	<14	<12	<10
Mobile Program Management Staff	Supportive Housing Manager	1	1	0	0
Frontline	Attendants	15	<12	<11	<9
Attendant Outreach Management Staff	Attendant Outreach Manager	1	1	0	0
Frontline	Attendants	17	<14	<12	<10
INDIRECT SERVICES					

Administration	Executive Director Bookkeeper HR Manager Program Assistant	4	3	2	1

Staffing Considerations

During a pandemic event, all staff may need to be outsourced, transferred or reassigned: Existing or potential staff that are expected to work with consumers who are presenting with COVID-19 symptoms must meet the minimum criteria below in order to provide services:

DIRECT SERVICES	INDIRECT SERVICES
Must have received orientation Not on modified duties Not have a chronic health condition or pregnant (on a case by case basis) Experience in providing personal supports an asset	Not on modified duties Previous operational experience Previous supervisory/leadership experience Current knowledge of Acts, Regulations and P&P Experience managing in unionized environment Knowledge of liaisons/partners

STEP FOUR – CHAIN OF COMMAND

An essential component of Access' pandemic planning is to:
- Develop a decision making chain of command, including alternates
- Identify who (including alternatives) will make the decision about WHEN to implement your agency's pandemic plan

The following chart identifies positions, backups and responsibilities during a pandemic event.   Access has assigned roles and responsibilities taking into consideration our organizational structure and resources.

Chain of Command – Org Chart

WHO (World Health Organization)

PHAC (Public Health Agency of Canada)

Public Health Ontario

Partners
- Community
- Hospital and Home & Community Care

Executive Director:
Michael Mathieson
Back-up: Shayna Ublansky, Interim Senior Program Manager

- Executes pandemic plan and processes
- Call together the emergency management team
- Lead, delegate and support the execution of

Ontario Health/LHIN/MOHLTC

Board of Directors

Shayna Ublansky, Interim Senior Program Manager
Back-up: Marie and Huda

- Execute Consumer Priority Rating and Service Priorities
- Support the execution of the plan with regard to employees and consumers/Assign responsibilities
- Communicate to all stakeholders and assist in the implementation of the plan

Marie Waldo Program Manager
Back-up: Denise

- Execute Consumer Priority Rating and Service Priorities
- Support the execution of the plan with regard to employees and consumers/Assign responsibilities
- Communicate to all stakeholders and assist in the implementation of the plan

Denise Burnett Contract Program Manager
Back-up: Marie

- Execute Consumer Priority Rating and Service Priorities
- Support the execution of the plan with regard to employees and consumers/Assign responsibilities
- Communicate to all stakeholders and assist in the implementation of the plan

Pei Kaw Human Resources Manager
Back-up: Michael/Shayna

- Communicate type of emergency to Primary Sources
- Communicate and assist in the implementation of the plan
- Prepare organization wide communications to all stakeholders

Jaswant Sharma Bookkeeper
Back-up: Michael Mathieson

- Ensure Payroll data is available and protected access to programs/providers to continue payroll functions
- Ensure accounts payable and accounts receivable functions can continue
- Assist in the implementation of the plan

Huda Assaqqaf Interim Program Coordinator
- Assists as necessary

Sabina Jury Program Assistant
- Assists as necessary

Jessica Dunn Contract Program Assistant
- Assists as necessary

The following chart outlines our requirements and processes with leads identified with related action plans – each position listed below has a back-up identified in the Chain of Command chart or table above:

Impact (Processes)	Lead:	Action Plan
Roles and Responsibilities	**See Chain of Command & Roles and Responsibilities**	• Follow Chain of Command activating any required back ups • Assume and delegate responsibilities as identified
Decision Making/Command	**Executive Director**	• Declaration of an Emergency • Chair Emergency Management Team • Risk Assessment & Evaluation
Emergency Management Team	**Executive Director**	• Activate Pandemic Plan – determine level of impact to the entire organization • Activate Response Leads • Identify Team Roles & Responsibilities • Ensure all available information is communicated to appropriate stakeholders
Legal and Ethical Resolution	**Executive Director**	• Mitigate legal risk • Ethical/Legal Decisions
Media	**Executive Director**	• Responsible for all media requests for information
Human Resources	**HR Manager**	• Ensure legislative requirements are adhered to • Reduce negative impact on organization • Support Program Managers
Health and Safety – Employee Safety	**HR Manager**	• Ensure Employees are safe at work • Ensure PPE equipment is readily available – masks, gloves, etc • Work in conjunction with Program Managers at all sites

Communication	**HR Manager**	• Keep informed by checking MOHLTC, Public Health and others for up to date information • Prepare organization wide communications to all stakeholders • Monitor daily status reports on outbreak – geographical areas • Report daily at 10:00am and 3:00pm
Program Services: Supportive Housing Attendant Outreach Other	**Program Managers**	• Ensure consumers receive services as per the pandemic plan • Service resources are not wasted • Ensure consumer and staff safety • Ensure PPE supplies are readily available and appropriately used – masks, gloves, etc • Report Staff absenteeism rates and Consumer illness rates by 3:00pm each day to Executive Director(during a pandemic event)
Reporting	**Bookkeeper**	• Accurate information is submitted on a timely basis • Organizational reporting requirements (external and internal) are adhered to • Ensure additional COVID-19 related reporting obligations are known and adhered to
Financial/Insurance/ Administration	**Bookkeeper**	• Ensure payroll data is available and protected • Access to programs/providers to continue payroll functions • Ensure accounts payable and accounts receivable functions can continue
Equipment and Supplies	**Program Assistant**	• Communicate type of emergency to Primary Sources • Monitor supplies including PPE • Order supplies to maintain 4 week operations for total organization • Assist in the implementation of the plan

Final thoughts:

- Our plan is a living document that should be regularly reviewed, tested and revised based on current, real-time events and on changing organizational needs or new Provincial and Federal Government, and Public Health information and direction.
- This is short term timed response to a pandemic event. Services during extended pandemics are not sustainable as the health and safety of consumers and staff would be at risk over a significant amount of time. Action at the direction of the province would be adhered to and organizational closure is a possibility. All consumers, families and staff must all prepare for the potential of services being drastically reduced.