

**City of Mississauga
Pandemic Influenza Plan**



September 29, 2009

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Revision History

Remember to shred any old pages or manual copies.

Revision Date	Pages Changed	Pages Added	Pages Removed
Feb 6, 2008	Page 10 section 4.2.2 – employee hotline number placed in Appendix R		
July 3, 2009	Complete review and revision 9 WHO Phases Community Triggers	Section on Flu Assessment Centres, Ordering PPE from Central Stores and definition of H1N1 were added.	
August 6, 2009	Removed A,B,C,D listing for Critical Functions		

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1. INTRODUCTION

1.1 Scope

The goal of the City of Mississauga Municipal Pandemic Influenza Plan is to provide a series of guidelines that can be utilized in order to minimize service disruptions to the citizens while maintaining an environment that is safe for our employees, citizens, businesses, and the environment.

The City of Mississauga works very closely with the Medical Officer of Health as well as receives information from Emergency Management Ontario. The city also has access to information supplied by the Ministry of Health and Long Term Care, Health Canada, and the World Health Organization (WHO). These agencies monitor the spread and severity of a pandemic influenza outbreak and advise precautionary measures to prevent the spread of disease and to assist the medical community with planning initiatives.

Once a situation has developed the City will focus on monitoring and if necessary call together key stake holders to review the global, national, provincial, regional and municipal situation(s). If necessary this plan can be activated whole or in part without the declaration of an emergency.

If a pandemic emergency is declared, the Community Control Group (CCG) and the Support Group (SG) will be called together in whole or in part to discuss the implications to the city as well as determine what if any portion(s) of this plan need to be activated. The CCG and SG will work with the guidance of the Medical Officer of Health to determine and if necessary initiate precautionary or control measures.

As the event continues the CCG and SG will determine if there needs to any changes to items such as service levels, staffing, and city programs. In the event of a severe pandemic influenza outbreak the City of Mississauga **may limit** those services provided to those Critical Functions. Staff who are able to report to work but who normally do not provide a Critical Function may be assigned other work in their 'home' division, or redeployed (if necessary) to either a corporate critical function area or to assist with another city service as required. A careful evaluation of hazards, including the potential for increased exposure to the influenza, will be conducted on behalf of staff that are reassigned or redeployed and appropriate health and safety controls and/or personal protective equipment provided.

This plan has been developed with a strategic focus. It is complemented by Departmental and Divisional procedures and sub-plans addressing their particular concerns and needs. The plan will assist and facilitate appropriate planning and response for all City of Mississauga departments/divisions by;

- 1) developing a City-wide plan that will clearly identify roles, responsibilities, and protective measures;
- 2) developing a plan that is flexible, to account for the uncertain numbers of loss of staff and resources;
- 3) recommending planning considerations for appropriate prevention, care and treatment during a pandemic influenza;
- 4) recommending planning considerations for appropriate communications, resource management and preventive measures to minimize service disruptions; and
- 5) providing a template that will assist each department/division in completing their departmental/divisional contingency plans.

The goal off this plan will only be realized through the co-ordinated efforts of all City departments/divisions and directives provided by Peel Public Health. It should be noted that in the case of a Pandemic Influenza outbreak, the Regional Medical Officer of Health will be the authority and source of advice and information regarding disinfection, personal protective equipment, and other health related issues.

During the phases of the pandemic influenza, employers will be required to provide appropriate materials and protective devices, and employees are required to use the equipment, materials and/or protective devices, as defined by the Occupational Health and Safety Act.

The City of Mississauga's Pandemic Plan was written to complement Peel Public Health's Pandemic Plan and will complement the non-health sector plan.

1.2 Plan Distribution

Distribution of the City of Mississauga Pandemic Influenza Plan will be to members of the Community Control and Support Group (as set out in the City's Emergency Plan) and Department/Division Heads. Copies will be made available to the employees through Inside Mississauga (appendices may or may not be included whole or in part). A copy will be supplied to the Region of Peel Emergency Management Office and Public Health

Department (appendices may or may not be included in whole or in part). Public access to the Plan (without appendices) will be available through www.mississauga.ca.

Any reference to an Appendix within the Emergency Plan is solely for the assistance of the City of Mississauga employees that are the users of the plan. The plan's appendices are confidential and are not to be made public as explained in the Emergency Management and Civil Protection Act R.S.O.1990, Ch. E.9 para. 2.1(4), para. 2.1(5), and para. 2.1(6).

1.3 Evaluation and Testing of the Pandemic Influenza Plan

This plan and related activities will be tested periodically through table-top or other exercises.

1.4 Plan Maintenance

It is the responsibility of the Community Emergency Management Coordinator (CEMC) to review and amend the Plan on an annual or as required basis. It is the responsibility of those City Department or Divisions who have key sections within this plan to advise the CEMC of any changes to these areas.

It is the responsibility of each Department/Division to ensure that their sub-plans are reviewed and amended as required and are in conformance with this Plan. Revisions to the sub-plans shall be carried out annually (October 1st to Dec 31st) or as changes are required. A copy of all revised sub-plans will be forwarded to the Community Emergency Management Coordinator.

2. **DECLARATION OF AN EMERGENCY AND ACTIVATION OF THE PANDEMIC INFLUENZA PLAN**

2.1 Authority and Declaration

The Emergency Management and Civil Protection Act states:

“The head of council of a municipality may declare that an emergency exists in the municipality or in any part thereof and may take such action and make such orders as he or she considers necessary and are not contrary to law to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area. R.S.O. 1990, c.E.9, s.4 (1).”

For further information regarding the process to declare an emergency refer to the City of Mississauga Emergency Plan.

The Medical Officer of Health for Peel Region or alternate may activate this plan.

The Premier of Ontario may declare that a Provincial Pandemic Emergency exists.

See **Figure 1** - Activation and Communication Structure During A Pandemic Emergency.

2.2 The Health Protection and Promotion Act (HPPA)

The Health Protection and Promotion Act R.S.O. 1990, c.H.7 provides legislative authority for the Public Health Unit and the Medical Officer of Health (MOH) to respond in health emergencies. The Medical Officer of Health (MOH) or designate determines the actions needed to protect the community from a communicable disease as outlined in Chapter H.7.

Under Section 13, the MOH is granted the authority to require a person and or groups of persons to take or refrain from taking any action which is determined by the MOH or health inspector to be a health hazard.

In addition, the Medical Officer of Health has the authority to issue an order under Section 22 of the HPPA with respect to communicable disease if “he or she is of the opinion (upon reasonable and probable grounds) that a communicable disease exists or may exist, or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health”.

As stated in the Ontario Health Plan for an Influenza Pandemic, the local MOH can implement national or provincial recommendations regarding containment strategies. These can include but are not limited to cancellation of public gatherings and school closures. The local MOH can also implement national or provincial recommendations for the duration of isolation (e.g. 5 days, 10 days, etc).

Influenza is a reportable and communicable disease as defined by the HPPA. Therefore, health professionals must report diagnoses of influenza meeting the case definition to the local Medical Officer of Health or designate.

The Quarantine Act, Bill C-12 chapter 20.

An act introduced into law May 13, 2005 (Bill C012) to prevent the introduction and spread of communicable diseases in Canada.

The Occupational Health and Safety Act R.S.O. 1900, c.C.37

States that all employers have the duty to take all reasonable precautions to protect the health and safety of workers.

2.3 Activation

Only select members of the Community Control Group (CCG) have the authority to request the activation of the City of Mississauga Emergency and/or Pandemic Influenza Plan(s). Refer to the City of Mississauga Emergency Plan section 3.

The CCG member will call Corporate Security to request the activation of the emergency plan and will identify those members of the CCG and SG they wish to include. It is to be noted that the CCG, Support Group, and advisory staff can be called together in whole or in part with or without the declaration of an emergency.

2.4 Activation Criteria

Upon notification of the Medical Officer of Health or designated members of the CCG, the Pandemic Influenza Plan will be activated in whole or in part when:

- a) An influenza pandemic is declared by the Premier for Ontario or the Ministry of Health and Long-Term Care.

OR

- b) A local case(s) or outbreak of pandemic strain of influenza is confirmed.

OR

- c) The Emergency Plan for the City of Mississauga or Region of Peel is implemented as a result of pandemic influenza in the community.

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OR

- d) The World Health Organization has changed the Pandemic Phase. (In this case the members of the EOC's CCG and SG may wish to convene to discuss world, community and work place issues.)

The plan will be activated in a series of phases. These phases are dependent upon the spread of the virus and the severity of the symptoms. In order to remain consistent with World Health Organization (WHO), Health Canada, and Public Health, the phases identified by WHO will be utilized by the City of Mississauga, see Section 3. Recommendations to activate the Departmental/Divisional sub plans will be by the EOC's Community Control Group.

2.5 Termination

The Mayor, or designate, may declare that an emergency has terminated. The Premier of Ontario may at any time declare that a provincial and/or municipal emergency is terminated.

The Head of Council, or designate, shall ensure that Emergency Management Ontario and members of Council are notified forthwith that the emergency has been terminated.

Once terminated, each member of the Community Control and Support Groups will notify their respective staff. The Community Emergency Management Coordinator will conduct an internal debriefing process for the Control and Support Groups. Each participating Department and or Support Group Organization will debrief their staff. The debriefings should occur within a reasonable period after the termination of the emergency. A copy of the debriefing minutes will be forwarded to the CEMC.

The Lessons Learned and/or evaluation report (e.g. summarizing all the debriefings) will be prepared by the Community Emergency Management Coordinator.

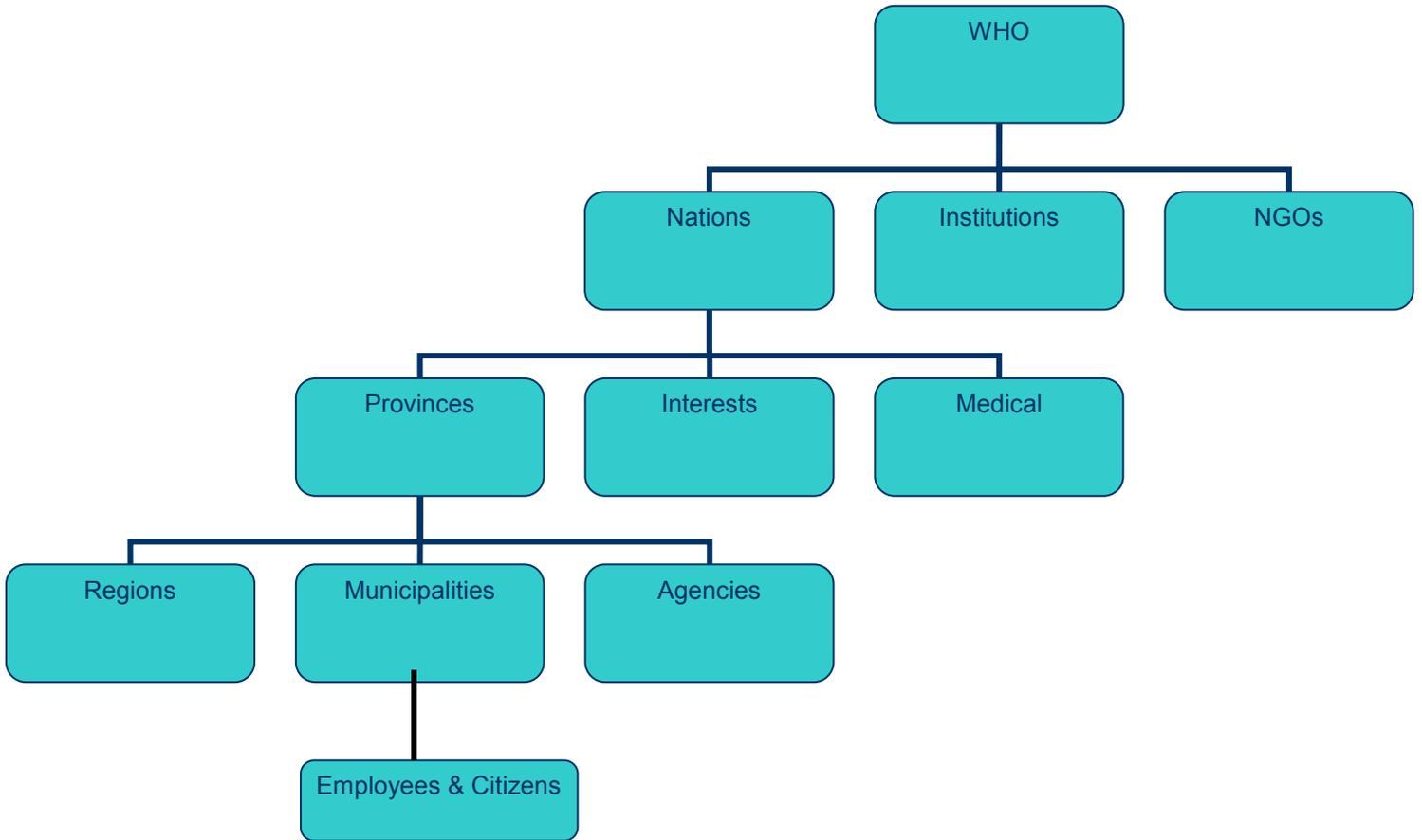
2.6 Roles and Responsibilities in the Emergency Operations Centre

Unless otherwise directed by the Mayor, individuals who comprise the Community Control Group (CCG) and the Support Group will assume the roles and responsibilities as stated in the City of Mississauga's Emergency Plan. Refer to this document for an in-depth description of these duties.

See Appendix L for guidelines on “Infection Prevention & Control for Emergency Operations Centres” as published in the Ontario Health Pandemic Influenza Plan. All representatives are responsible for their and their colleagues’ health and well being. When Corporate Security contacts the EOC representatives to be on full or stand-by alert, and the EOC representative is ill, they are to make this know to the Security Officer and recommend their alternate be called. Members of the EOC’s CCG or SG who are ill will not be allowed entry to the EOC.

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Figure 1 Activation and Communication Structure During A Pandemic Emergency



3. PANDEMIC PHASES

3.1 World Health Organization (WHO) Pandemic Phases

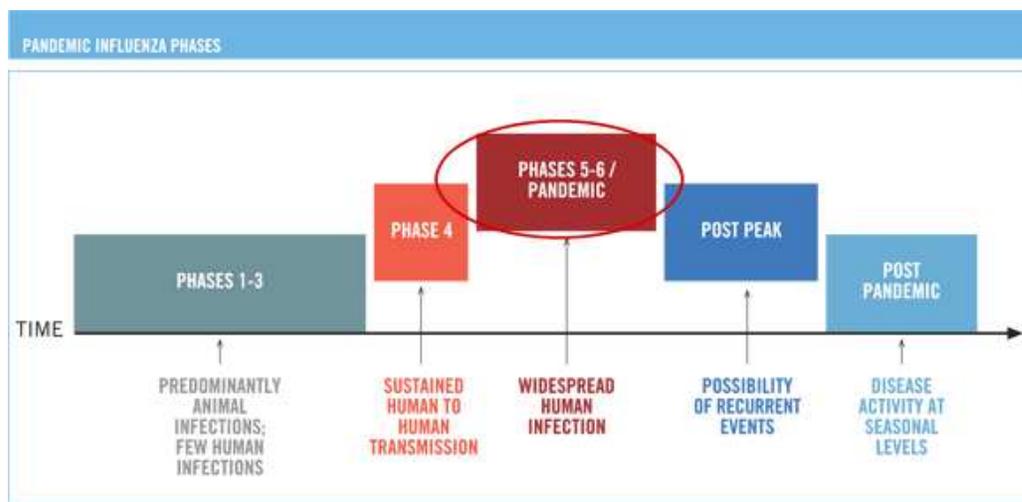
WHO phases reflect the international risk or activity level, but do not necessarily reflect the situation in Canada. Therefore an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from 0 to 2 to indicate the level of activity in Canada. The Canadian adaptation of the WHO phases is as follows;

- 0 – no activity observed in Canada
- 1 – single case(s) observed in Canada but no clusters; and
- 2 – localized or wide spread activity in Canada

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Health Canada’s Phase 6.0 if it has not yet arrived in Canada (taken from “Pandemic Influenza Plan for the Health Care Sector in Peel 2007”).

The follow chart and description was taken from the WHO’s website http://www.who.int/csr/disease/avian_influenza/phase/en/

“In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.



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In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required. “

3.2 Pandemic Phases – City’s Actions

The actions the City of Mississauga will take are based on the WHO’s Pandemic Period descriptions. While Health Canada has also devised a numbering alert system, due to the rapid spread of information and world travel, employees and citizens will be well aware of world situations, thus the City of Mississauga will implement, if necessary, the following actions;

Phase 1-3

- Establish communication linkages with Region of Peel Emergency Management Office, Regional Medical Officer of Health, and Public Health. Primary communications will be via the Community Emergency Management Coordinators (CEMC). See Figure 2 for a communications flow chart for a Pandemic Response. Also see section 4.1 Communication between the Regional EOC and Municipal EOC.
- Develop a Municipal plan and Departmental/Divisional procedures and subplans.

Potential Community Triggers

- A new animal virus has been reported by the Ontario Ministry of Agriculture, Food & Rural Affairs Animal Health and Welfare Branch and/or Health Canada.
- Additional information on public health issues released by the Ministry of Health and Long Term Care.
- Local hospitals reporting cases of animal to human transfer
- Notices from the Region of Peel Public Health on general information relating to the new strain.
- Health related items in the Media are to be observed.

Phase 4

- Inform employees of Alert Period and prevention activity – the employee wellness education program. The Wellness Education messages will be delivered through the City’s Communication Plan,
- Inform the public that the City has a plan and is prepared to provide service with minimal disruptions.
- Determine communication protocols for businesses and citizens i.e. changes to service.
- Determine PPE and disinfection protocols for City staff based on a Corporate Infectious Control Hazard Assessment.
- Initiate assistance with Regional Flu Assessment Centres (if necessary).

Potential Community Triggers

- Local hospitals and Region of Peel Public Health report cluster cases within the community.
- Local schools report illness and absenteeism.
- Increased citizen and employee inquiries for health and wellness information.
- Notice a trend in employee absenteeism.
- Isolated cases of employee work refusals.
- Decrease in enrollment or attendance in city run programs.
- Decrease in use of city services for example Transit and Licensing applications.
- Interruption in supply chain management (city and community).
- Increase in Emergency Dispatch calls for respiratory distress and influenza-like illness.
- Monitor Media reports and action taken if necessary.

Phases 5 -6

- EOC members (Community Control and Support Groups) will be alerted. This would be either a stand-by or full alert.
- EOC would be stood-up. (if necessary)
- EOC (CCG and SG) would convene and have business cycle meetings on a time table as set by the EOC Operations Officer (City Manager). (subject to above)
- CCG and SG decisions would include (but are not limited to):
 - Implement vaccination program. (if available and on the recommendations of Public Health)
 - Initiate Departmental/Divisional Contingency plans including employee segregation and/or work shifts (if necessary).
 - Initiate comprehensive communication strategy for citizens, businesses, media, and employees.
 - Monitor staffing levels and adjust services as necessary.

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- Initiate ongoing liaison protocols with the Region of Peel Emergency Management Office and Public Health.
- Report on absenteeism, if required.
- Initiate hand sanitizer program (City of Mississauga properties only) if directed by Public Health or the by the EOC's CCG.
- Initiate Personal Protective Equipment (PPE) program (if necessary or if directed by Public Health).
- Initiate decontamination of city vehicles and disinfection program, City property only, (if necessary or directed by Public Health or the EOC's CCG).
- Initiate and /or maintain assistance with Regional Flu Assessment Centres (if necessary).

Potential Community Triggers

- Local hospitals and Region of Peel Public Health report large number of cases within the community.
- Increase in the number of citizens that are clinically ill.
- Increase in the number of employees that are not reporting to work.
- Increase in number of employee work refusals.
- Increase citizen and employee inquiries for health and wellness information.
- Decrease in enrollment or attendance in city run programs that result in cancellation.
- Decrease in use of city services that result in service cancellations.
- Travel advisories.
- Severe disruptions in supply chain management (city and community).
- Overwhelming increase in Emergency Dispatch calls for respiratory distress and influenza-like illness.
- Increase demand for burial permits.
- Monitor Media reports and action taken if necessary.

Post Peak and Post Pandemic Period

- Maintain communication linkages as required.
- Maintain health messaging as required.
- Prepare status report on all employees, supplies and equipment.
- Evaluate effectiveness of all measures taken and adjust accordingly.

For information on the actions to be taken by the Provincial and Federal Governments for each WHO Pandemic Period refer to the "Ontario Health Pandemic Influenza Plan" http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/plan_full.pdf and "The Canadian Pandemic Influenza Plan for the Health Sector". <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

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4. COMMUNICATIONS

4.1 Communication between the Regional EOC and Municipality EOC

The Medical Officer of Health, or designate, is the official spokesperson for pandemic/health emergencies. The need to provide immediate public safety directives, the need to provide general public information, and the requirement to provide specific information to targeted groups must all be addressed throughout the emergency. When the Pandemic Influenza Plan is activated the EOC's Director of Communications, in coordination with the Regional Emergency Control Group's (REOC) Emergency Information Officer, must work to establish and implement the necessary public communications strategy to ensure the accurate and timely dissemination of information related to the emergency.

The REOC's Emergency Information Officer (EIO) will establish the necessary communications network with the Corporation Communications representatives from the Municipalities of Mississauga, Brampton and Caledon. The objective will be to ensure accurate and timely relay of unified and consistent information.

Information may also be relayed to the Municipality via the Municipal representatives stationed at the REOC or via the CEMC's, depending on the nature of the information and whether or not the REOC and/or the Municipal EOC is operational. Refer to Chapter 13 page 76 of the Pandemic Influenza Plan for the Health Sector in Peel 2007 that states "All Communications to the non-health care sector will be coordinated through PREP (Peel Region Emergency Program)".

Key information from the CEMC network will be forwarded to the appropriate individual(s) within the City's Pandemic Task Force. That individual is responsible to take any applicable action regarding the communication and ensure all activities within the department/division have been followed through.

4.2 Internal

4.2.1 Corporate

Communications to Members of Council and the Leadership Team will be handled by the City's Director, Communications (or designate).

4.2.2 Departmental/Divisional

Communications to the City's employees will be handled as per the Communications Division Emergency Response Subplan outlining details of information dissemination.

Unless otherwise directed by the Mayor, City Manager, or their immediate Supervisor healthy employees are expected to report for duty. If at any time media reports leave questions as to the status of work, employees should call the staff information hot-line or their Supervisor.

4.3 External

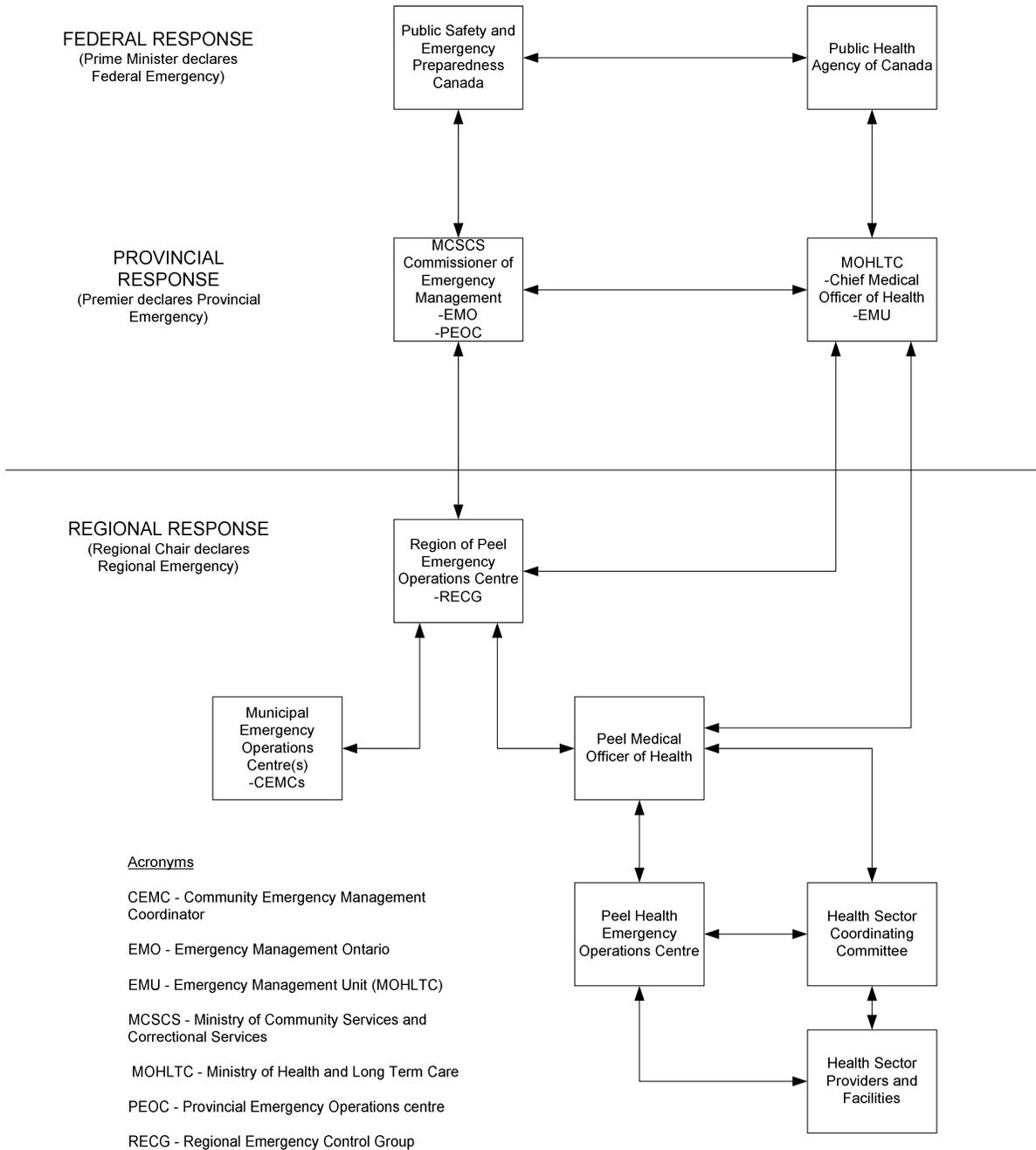
4.3.1 Citizens and Businesses

As per the City's Communications sub-plan, the Director, Communications (or designate) will follow provide information to the community using appropriate communication channels.

4.3.2 Media

As per the City's Communications Division Emergency Response Subplan, the Director, Communications (or designate) will coordinate media relations activities including but not limited to news conferences, issuing news releases and updates and handling media inquiries.

Figure 2 Emergency Management Coordination Structure for Pandemic Response in Peel



5 MITIGATION MEASURES

5.1 Purchasing

Prearranged agreements for the purchasing, stockpiling and rotating of supplies are necessary to ensure PPE and disinfectants are readily available. Managers or the Departmental Health and Safety Specialists must ensure that they have current and reliable information and adequate arrangements to ensure continuous availability of supplies.

In order to ensure materials, equipment, services and supplies are available during the pandemic, Materiel Management will prepare a list of suppliers, product codes, and approvals. Each department/division is responsible for ensuring the supplies they require are obtained from Central Stores, section of Materiel Management, and for monitoring their inventory levels, with the exception of Fire and Emergency Services.

At this time current Health and Safety PPE policies will be followed. Human Resources undertook a Corporate Infectious Control Hazard Assessment of all city positions. From this study, guidance is provided as to the PPE requirements in terms of type and quantities for each department/division/section. At this time the decision to stockpile PPE will be considered. This decision may also be made in consultation with Public Health or the Medical Officer of Health

By example, general supplies required for a pandemic influenza may include;

- a) Nitrile gloves
- b) Appropriate Respiratory Protection
- c) Antiseptic Wipes
- d) Disinfectant (may include bleach)
- e) Hand Sanitizers

Should the time come when items considered as ‘pandemic influenza supplies’ be required, based on the numbers allotted to each city department/division, an order process has been developed by Central Stores. Only those individuals identified by their department/division to Central Stores with authority to order these supplies will be given access to the resources.

For other supplies such as office materials, regular use PPE (for example hard hats), and those items unique to each department/ division, purchasing, storage, stock-piling, and distribution will be covered in their individual contingency plans. It is recognized that these items are not a pandemic specific requirement but suppliers may have difficulty in filling orders or delivering products.

5.2 Tracking of Absenteeism

Since surveillance data will drive the pandemic response it is important that the most current information regarding staff absences be available. Divisional Supervisors will be assigned to collect the absentee data and report to their Managers and the Human Resources Staffing and Development Unit on a daily basis unless otherwise directed. Each Department/Division Manager will provide a weekly status report (progress of work), unless otherwise directed, to their Director.

Staffing and Development will be responsibilities for the tracking and reporting absences.

Each City division will:

Provide daily (unless otherwise directed) absence statistics to Staffing and Development.

1. Including:
 - a. Number of new absences
 - i. Due to illness
 - ii. Required to provide family support.
 - b. Number of employees returned to work and length of their absence.
2. Statistics will be submitted in an electronic format. See Appendix G for the absentee tracking template. NOTE: this template is a guideline and at the time of implementation may vary in its composition.
3. Staffing and Development will be responsible for maintaining absenteeism records.

Staffing and Development will:

1. Compile daily and cumulative statistics per division.
2. Disseminate statistics based on:
 - a. New absences
 - b. Number of employees returned to work
 - c. Average length of absence
 - d. If possible reason for absence, i.e. family care, employee illness.

3. Statistical information will be disseminated by the Staffing and Development Unit to the EOC via the Director of Human Resources or her representative.
4. Statistical information will be disseminated to Peel Public Health, if requested, by Corporate Communications.

5.3 Vaccine Program

For an in-depth description of what a vaccine is please refer to Appendix E.

5.3.1 Program Administration

The responsibility of supplying vaccines to the City of Mississauga is that of Peel Public Health. The City will work in coordination with Public Health to organize and implement a vaccine program, for this program. Public Health was previously supplied with a copy of its requirements for vaccine distribution and will keep records of those individuals receiving the treatment. It has been recognized that the list of requirements and the actual number of vaccine doses allocated to the City of Mississauga employees may not correlate.

5.3.2 Recommendations for Pandemic Vaccine use in a Limited Supply Situation

Priorities for vaccinations will be established in order to maintain our objective of uninterrupted customer service. Health Canada and the Province of Ontario have set guidelines for the priorities for vaccine distribution. For a detailed description of these guidelines refer to the Ontario Health Pandemic Influenza Plan section 2.5 “Ethical Framework for Decision Making” and section 9A “Ontario Emergency Mass Vaccination/Prophylaxis”.

5.3.3 Recommended Order for Vaccinations – City Employees

Since it is not known what the number of doses the City will be allotted, discretion will have to be used in selecting positions and/or people. In some cases not all of any one recommended groups will be able to receive the vaccine.

The goal of the Ontario Health Pandemic Influenza Plan is to obtain enough vaccine in order to vaccinate the entire population. However, vaccine may be in short supply, especially during the initial phases of the pandemic; thus certain groups may receive the vaccine before others.

For a detailed description of these guidelines refer to the Ontario Health Pandemic Influenza Plan section 2.5 “Ethical Framework for Decision Making” and section 9A “Ontario Emergency Mass Vaccination/Prophylaxis”. Peel Public Health will follow the national and provincial recommendations.

In reviewing our definitive goal – to minimize service disruptions while maintaining an environment that is safe for our employees, citizens, businesses, and the environment - the following are the recommended order for City of Mississauga employees.

Group 1) Positions that are involved with providing service (primarily the Critical Functions) to the citizens that have direct, close contact with the public, identified essential service workers, and key (emergency management) decision makers.

Group 2) Positions that are involved with providing service to the citizens that do not have direct, close contact with the public.

Group 3) Remaining personnel.

The distribution of anti-viral is currently a responsibility of the Province. Should this responsibility be transferred to the Region of Peel then the City will respond to Peel Health’s requirements for an anti-viral distribution clinic.

5.4 Hand Hygiene

Thorough and frequent hand washing is the most effective way to prevent infections from spreading. An aggressive program is required to encourage staff to wash their hands before and after:

- Being in close contact with groups of people
- Using the washroom;
- Eating, handling food or smoking;
- Handling garbage;
- Visiting with ill people;
- Blowing their nose, coughing or sneezing.

This program will comprise the following:

- a) A Communication campaign;
- b) Washroom maintenance organized to ensure cleanliness and that supplies are always stocked;
- c) Checking and maintaining hand sanitizers stations. (if set up)

NOTE: hand sanitizers are to be used in areas where hand washing areas i.e. running water, sink, and soap are not available.

5.4.1 Staff and Visitors to City Properties

Upon direction of Public Health or the EOC's CCG, staff and visitors entering Municipal buildings will be required to disinfect their hands. Disinfection stations with a supply of hand sanitizers will be set up at the entrances to all buildings and Divisional areas. It will be the responsibility of the facility's manager or supervisor to ensure these stations are maintained. Illness screening maybe implemented upon recommendation of Public Health or the EOC's CCG.

5.5 Personal Protective Equipment (PPE) Program

At this time current Health and Safety policies will be followed. Since it is not known what final form the influenza virus will take or its virulence. Policies will be reviewed once the virus has been identified. It is planned that Supervisors will be given an in-depth review of the City's PPE Programs along with any changes as a result of direction received from Regional Medical Officer of Health and/or in areas identified as a result of the hazard assessment. Changes to current policies will be under the direction of Public Health and/or the Ontario Ministry of Health. Appropriate materials and protective devices will be required as defined by the Occupational Health and Safety Act and as determined by Management.

Depending on the severity of the virus, recommendations from the Medical Officer of Health, and the CCG, PPE may be issued to those staff that perform Critical Functions and that the Infectious Control Hazard Assessment study found to be the most at risk.

- Nitrile gloves;
- Appropriate respiratory protection

It is also recommended that all employees who are issued uniforms be diligent about changing out of their work clothing at the end of their shift. Training will be provided to all affected employees regarding the proper usage, cleaning, and disposal of the PPE they use in their jobs. This training will be in the form of instruction, video, or a combination of methods.

5.5.1 Inventory Control

Inventory that has a shelf -life will be monitored by the receiving department/division. In attempts to minimize stock losses, the suppliers or other users will be contacted as expiry dates approach.

Storage of the supplies will be controlled in locked storage areas. Distribution of the supplies will be a function of Central Stores, a section of Materiel Management, in consultation with the various departments/divisions, with the exception of Fire and Emergency Services. Guidelines for Ordering and Distributing PPE from Central Stores will be provided.

5.6 Disinfection/Cleaning Methods and Procedures

Until directed by Public Health, all disinfection products and procedures used in daily activities will remain the same. If there are any changes to these products and procedures as a result of direction from Peel Public Health and in areas identified as a result of the hazard assessment, then it is the responsibility of each Division to provide guidance as to the functionality of these changes to their working environment.

5.6.1 Disinfection/Cleaning of City Vehicles

Upon direction from Public Health or the EOC's CCG, employees required to utilize city owned vehicles will be required to disinfect hard surfaces such as steering wheels, door handles, fixed radios and cell phones using disinfecting wipes. It is the managers/ supervisors/ team leader's responsibility to ensure employees carry out disinfection protocols at the start and end of each shift, at the start and end of each person's use during a single shift, or as required.

Those departments/divisions with special considerations, such as transit, city vehicles, and city vehicles used to transport non-city personnel, will provide detailed disinfection protocols in their own contingency subplans.

5.6.2 Disinfection/Cleaning of workspaces and equipment

Personal hygiene is essential. Employees should wash their hands with soap and water as described in Section 5.4 before and after disinfecting equipment and surfaces.

Surfaces that are shared between employees over several shifts will require disinfection/cleaning, if directed. This should be done at the start and the end of each shift or at the start and end of each person's use during a single shift. It is management's responsibility to ensure proper disinfection protocols are monitored.

These areas include:

- Keyboards;
- Desks and other work surfaces;
- Telephones;
- Equipment handles;
- Tools;
- Work stations.

Each individual is expected to clean all potentially contaminated equipment and surfaces. They may use the antiseptic wipes and discard in general waste containers unless otherwise instructed by the CCG or Public Health.

Where provision of hand washing facilities is not feasible, antiseptic hand cleanser and clean cloth/paper towels or antiseptic wipes will be provided. When antiseptic hand cleansers or wipes are used, hands shall be washed with soap and running water as soon as possible.

5.7 Compensation and Benefits

Human Resources is currently reviewing all applicable compensation and benefit policies. Changes will require the approval of the Leadership Team and Council. At this time all Human Resources policies will be followed and may have to be reviewed before or at the time of pandemic influenza onset.

5.8 Waste Management Program

Currently, all gloves, masks, antiseptic wipes and other PPE used in this plan are not considered bio-hazardous waste and can be disposed in regular garbage containers. Should at any time this situation change then the City will follow the guidelines provided by Peel Public Health. All chemical waste will be disposed in accordance to pre-existing procedures. Divisions responsible for garbage collection either through internal

employees or external contractors should make allowances for increased volume in refuse.

5.9 Departmental/Divisional Contingency Plans

Each City of Mississauga Department/Division has prepared a pandemic, business continuity contingency plan. A template for this plan has been provided. These plans require departmental/divisional sign-off and distribution to the appropriate staff members. Each department/division will forward a copy of their plan to the Emergency Management Coordinator. It is the responsibility of each divisional contingency plan writer to ensure that their plan is up dated and distributed to the appropriate individuals. It is the responsibility of the division's Director to ensure that their staff is made aware of their plan and associated procedures.

5.10 Critical Functions

The Corporate Pandemic Task force conducted a thorough review of all functions provided by the City of Mississauga. Through this process, services which are considered critical to keep the City operating were identified by Department and Division. In a pandemic influenza outbreak, these identified critical functions may be the only services provided by the City of Mississauga when faced with severe staff and resource shortages. Staff who are able to report to work but who do not provide a critical function may be redeployed (if necessary) to either a corporate critical function area or to assist with another city service as required.

During the duration of a pandemic, each Director would need to monitor their ability to offer these critical functions as well as normal activities and the public requirement. If the public need for any of the identified critical functions were to decrease, then its continued operation would be re-evaluated by the Community Control Group in consultation with the affected Division's Director. Similarly, if there is a dramatic need for a service not previously identified, then the City would respond through the re-deployment of available staff where appropriate.

5.11 Service Planning and Adjustments

In the event of a flu pandemic in the Region of Peel or the Greater Toronto Area, it is expected that there will be a loss in workforce across the city. The goal is to maintain as much service as practical with the minimum inconvenience to citizens and businesses. Because of the uncertainty of the workforce resources, it will not likely be possible for all services to be fully scheduled and staffed.

The decision on service adjustments will be based on a number of factors and considerations. Availability of workforce and equipment, safety of the workforce, along with citizens' requirement for City services will be important deciding factors. The top priority is to minimize the inconvenience to citizens. The CCG would convene and have business cycle meetings on a time table as set by the EOC's Operations Officer (City Manager). At that time all available data would be assessed and decisions made as to the reduction of services, suspension of programs, and facilities closures. It is the responsibility of Corporate Communications to relay this information to the public as quickly as possible.

Each Department/Division has prepared a list of functions critical to their specific area and a service degradation schedule which takes into account staffing shortages at 10%, 25%, and 35%. This has identified those services that can be discontinued, services that can be reduced or postponed, and services that must be maintained.

It is recognized that a reduction in service(s) may result in a surplus of employees. All efforts will be made to redeploy these employees to other areas within the city. Since it is not known when the pandemic will happen or where the greatest number of staff shortages will occur, the decision on service reductions and employee redeployment will be made by the CCG during the business (operations) cycle meetings.

5.12 Information Technology

Information Technology has reviewed their resource inventories. Each Department or Division is responsible for supplying IT a list of their auxiliary equipment requirements. This is to verify that the resources they have identified in their divisional/departmental sub plans can be realistically obtained. Should these requirements change it is the responsibility of the Department or Division to inform the Director of Information Technology that additional equipment is required or that equipment has become available to it came be assigned elsewhere.

5.13 Security of Facilities

Unless otherwise directed by the Emergency Operations Centre's CCG, there will be no addition security requirements for city facilities. Region of Peel Health Services has indicated the possibility of requiring a Recreation Centre or another City of Mississauga property that may be utilized as Vaccination or Flu Assessment centre. Security arrangements for these clinics are the responsibility of the Region of Peel Health, however should a shortage of Peel Regional Police Officers occur, resources may be required from Corporate Services, Security and Operations Division.

5.14 Flu Assessment Centres

The Region of Peel in conjunction with the City of Mississauga has identified locations within the city that may be used as Flu Assessment Centres. The purpose of the Flu Centres is to provide: influenza assessment, treatment and referral services for persons without a primary care provider, persons whose primary care provider is unavailable or unable to see them within 12-24 hours of developing symptoms or hospital emergency wards are at capacity.

The logistics of these centres is still in the early planning phases. All logistical issues of the stand-up, operation, disinfection, and closure of these clinics are still being determined by the Region. .

6.0 RECOVERY PHASE

The recovery phase starts when the Influenza Pandemic is declared over. This may not take place until all the recurring pandemic influenza wave(s) have passed. It is important to evaluate the Pandemic Influenza Plan in preparation for the next influenza pandemic wave, to return services and infrastructure to normal levels as quickly as possible, and to address long term health and psycho-social needs of the community.

Activities will include:

- a) Standing down EOC, Divisional Command Posts, and Media Centres.
- b) Preparing a recovery statement for media release.
- c) Evaluating staffing levels, determine area of shortages, re-training needs, and other economic issues.
- d) Arranging a debriefing session with key stakeholders from the City and the Region and disseminating results to participants.
- e) Assessing remaining and re-establish inventories to normal levels.
- f) Evaluating the effectiveness of the City of Mississauga Pandemic Influenza Plan and the Departmental/Divisional Sub Plans. Plans will be revised if necessary.