

**RECOMMENDATIONS
FOR
PANDEMIC INFLUENZA
EMERGENCY PLANNING &
RESPONSE
AT
FANSHAWE COLLEGE**



Current as of May 2009

Submitted by Director, Facilities Management / Emergency Director

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Section 1: INTRODUCTION

The following provides a framework for creating a pandemic influenza emergency guide for the college. These recommendations address the operating needs of the college should a pandemic influenza emergency occur that adversely affects the college and/ or the local community. This plan has been informed by extensive focus group sessions with cross-institutional membership. Twelve working groups were struck including health/safety and security; facilities support services, maintenance and operations, registrar/financial aid, international, residence, communications, information technology, academic, area campuses, human resources and health services.

The Pandemic Influenza Emergency Plan is by necessity a dynamic and evolving planning process and document. As local and global resources continue to provide their updates that expand our understanding of an evolving threat, we must be prepared to review and revise our preparedness and response strategies.

The Manager, Health & Safety Services (as the primary Safety Team Leader) normally monitors conditions that may warrant the need to utilize this plan. Health & Safety Services maintains regular dialogue with the Middlesex-London Health Unit and follows regular postings and updates from Health Canada, WHO and/ or CDC.

The following sections focus on providing three fundamental recommendations to the college:

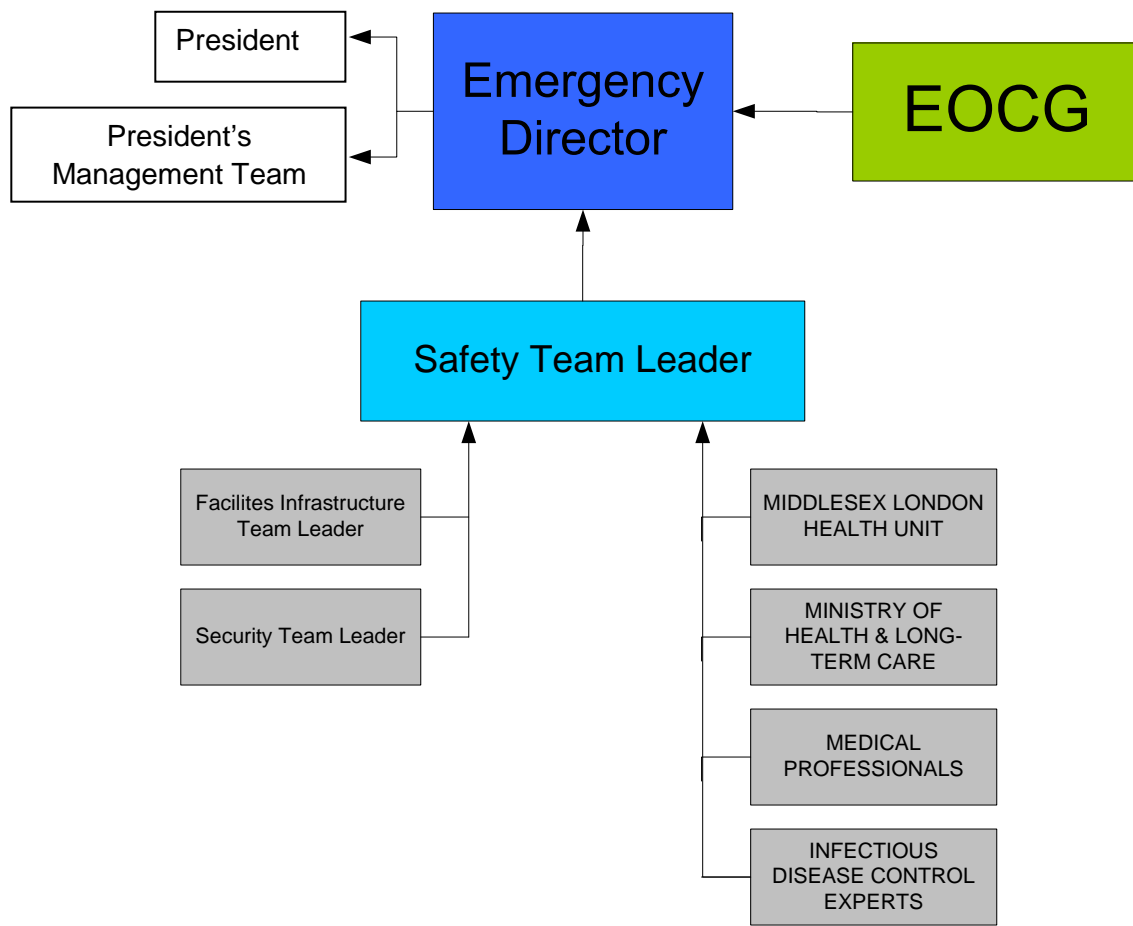
- a. A decision making and governance framework that focuses on providing operational leadership to the college should a pandemic influenza emergency occur.
- b. An information flow process to ensure communication structures are in place that promotes timely and adequate transmission of critical information to function areas.
- c. Operating needs by critical function of the college that focus on the core services needed to maintain business continuity. Critical functions in these services areas are identified, as well as recommended considerations that are necessary to build capacity through actions and stockpiling. When needed, other issues are identified that may be unique to a core service area.

Section 2: DECISION MAKING STRUCTURE

Decision making structures must be congruent with those developed under the Emergency Plan. Compatibility with this plan is important because it will enable the college to make informed decisions quickly during a pandemic influenza emergency using processes and established teams.

Due to the nature of a pandemic influenza emergency, the college should establish at least three layers of alternate staff to populate the decision making structures detailed below. Staff providing critical services to the college should be identified and measures taken to ensure they are able to work remotely from home or live in residences if they are required to remain on-site.

The following chart details the recommended **decision making structure** for pandemic influenza emergencies.



Section 3: STRATEGIC COMMUNICATIONS PROCESS AND INFORMATION FLOW

SARS has provided institutions with strong lessons that point to the importance of rigorous communications processes that ensure the transmission of timely and accurate information into the College community. The chart below shows the critical nature of the flow of information to and from the College's Emergency Director (CED), and shows only the flow of information opposed to who will perform each task. It is imperative that the CED have two backups at all times to receive information from the Middlesex-London Health Unit (MLHU) and the Ministry of Health and Long Term Care (MOHLTC) and ensures their directives are received and the appropriate actions are taken.

To effectively inform the MLHU and the MOHLTC, an appropriate letter should be sent, from the College Emergency Director, informing MLHU and MOHLTC of the College Emergency Director's contact information and the contact information of his/her two alternate backups.

It is understood that Marketing and Communications will utilize the Emergency Communications Plan.

Section 4: PANDEMIC RESPONSE LEVELS

As part of the information flow processes, and to facilitate decision making, the Emergency Director should consider options according to a phased pandemic influenza emergency alert system. The following five pandemic influenza response levels are suggested action checklists that must be based on local conditions. The Pandemic Influenza Response Level and required actions are to be established by the Emergency Director.

Pandemic Influenza Response Level 1 (Occurrence/ Heightened Readiness) Considerations:

This alert phase is normally utilized as a heightened level of readiness when local / global conditions warrant that the college community must maintain their personal health vigilance per the public health education campaign and direction from the MLHU. This is the stage at which the Safety Team Leader or Incident Commander must notify the Emergency Director. Depending on the severity of the pandemic influenza emergency alert, the Emergency Director should consider:

- o Communicate better understanding of mechanisms of disease transmission;
- o Communications to students and employees to encourage infection control and self-help measures;
- o Promote mass immunization for seasonal influenza to reduce potential caseload;
- o Consider making hand sanitizer more available throughout the College facilities;
- o Consider need to enhance and/or promote environmental cleaning;
- o Review training and fit-testing requirements;
- o Review any requirement to suspend travel;
- o Review any requirement to cancel all unessential activities, meetings and events; and
- o Monitor in-coming employees and students travelling internationally and/ or the affected region(s).

Pandemic Influenza Response Level 2 (Event) Considerations:

This alert phase is normally utilized when the threat or risk to the college and/ or the local community is imminent and/ or exists per direction from the MLHU.

Once the Manager, Health & Safety Services or the Emergency Director has been advised that WHO Pandemic Influenza Alert Phase 5 has been reached and that a local impact has occurred or such occurrence is expected to be imminent at the college and/ or within the local community as advised by the MLHU and/or the City of London Community Control Group, the Emergency Director normally should assemble the Safety Team Leader, Security Team Leader, and Facilities Infrastructure Team Leader.

Depending on the severity of the pandemic influenza emergency alert, in addition to ongoing Level 1 considerations, the Emergency Director may be required to implement further prevention/ mitigation/ response strategies, which may include:

- Ensure that response strategy supplies that have been pre-identified are being procured and/ or secured;
- Consider utilization of the Emergency Plan / assembling the EOCG;
- Consider stockpiling material for critical staff staying on campus and residences. This should include identifying sleep/residence accommodation for critical staff and arrangements for international students who may need to stay at the college;
- Consider refusing or limiting non-essential visitors to the college;
- Consider if any building should be closed (due to staffing)
- Consider if any services should be stopped or modified;
- Consider if persons entering and/or leaving the campus/buildings should be controlled;
- Consider the need to isolate critical buildings (E, D, and M) and close/shut down rest of College; and
- Consider the suspension of classes and activities at area campuses, as appropriate.

Pandemic Influenza Response Level 3 (Emergency) Considerations:

This alert phase is normally utilized when the local impacts has escalated and that the threat or risk to the college and/ or the local community exists and normal operations are being adversely impacted. Based on MLHU and other local authorities the Emergency Director in addition to ongoing Level 1 & 2 considerations will need to consider the following additional considerations:

- Assembling the EOCG at the Emergency Operation Centre or via electronic means.

If the EOCG is assembled the following are EOCG considerations:

- Determine an EOC operating cycle;
- Establish communications with the City of London's Emergency Community Control Group and determine if an EOCG representative should be sent to the City of London Community Control Group or Health Sub-Committee (if available);
- Determine the size and make-up of the EOCG membership for the incident;
- Determine if a Recovery / Business Continuity Committee should be established;
- Determine whether or not to continue student experience opportunities;
- Determine if non-essential staff should stay home and/or work remotely; and
- Determine essential staff needed are on-site and appropriate scheduling is created.

Pandemic Influenza Response Level 4 (Disaster) Considerations:

This alert phase is normally utilized when normal College operations have been directly impacted detrimentally due to the Pandemic Influenza Emergency. The impact to the College could vary from students and employees contracting the influenza virus to external services affecting service delivery (elementary school closures would mean employees of children displaced may not be able to attend work).

This alert phase the Emergency Director would normally utilize the Emergency Plan and the EOCG to manage the emergency.

The Emergency Director and Emergency Operations Control Group considerations will include all prior considerations as well as:

- Determining health monitoring mechanisms and areas;
- Initiating an emergency communications plan specifically for the President and PMT;
- Determining building access / restrictions;
- Determining suspension of any or all services; and
- Determining the essential staff required on-site.

Pandemic Influenza Response Level 5 Considerations: Recovery

This alert phase occurs during or after Level 4 when the College begins to implement recovery strategies to begin the process of returning to normal operations from the emergency.

The Emergency Director and the Emergency Operations Control Group considerations will include but are not limited to:

- Review the operating cycle of the EOCG;
- Determine if a representative should be sent to or remain at the City of London Community Control Group (if available);
- Review the size and make-up of the EOCG membership for the incident (does a new Recovery/Business Continuity Committee need to be established);
- Determine if building access should be modified;
- Determine if any building closed should remain closed (due to staffing);
- Determine which buildings/areas and services are to be restored in order of priority and capability; and
- Develop scaled call-back of staff by function and priority.

Note: Throughout a pandemic influenza emergency, decision makers should remain sensitive to the likelihood and the potential need for long term suspension of college services.

Section 5: COLLEGE-WIDE RECOMMENDATIONS

Immediate Considerations:

- Identify manager and backups as suggested from each of the following areas to receive ongoing communication from the College Emergency Director:
 1. Decision making team leads operations, planning and logistics and their backups
 2. Residences: Manager, Residences and two back-ups
 3. International Students: Manager, International Partnerships and two back-ups
 4. Stakeholder communications/media/general inquiries: Manager, Marketing and Communications and two back-ups
- The College needs to organize, on an annual basis influenza vaccination clinics open to the entire College community. Although these clinics are not specifically related to pandemic influenza emergencies, they are an important element in flu prevention. The clinics must be able to accommodate large numbers of people and be held in a readily accessible location (e.g., gym). The Middlesex London Health Unit may be an active participant in the flu clinics. As the public health education campaign ramps up, the public interest for annual flu immunization increases.
- The College should approach Colleges Ontario to address Human Resource issues that a pandemic influenza emergency will create.
- Establish College 'stay home if you are sick' policy. During levels of a pandemic influenza emergency it is imperative that people displaying symptoms of illness do not appear in the workplace.

General Recommendations

- Each college department should develop a Departmental Action Plan with Pandemic Influenza Emergency considerations. The Departmental Action Plan Pandemic Influenza Emergency considerations should focus on:
 1. Stockpile lists of critical tools needed during a Pandemic Influenza emergency (i.e., critical functions list for each area identifying skills and tasks needed to complete those functions). Some areas, such as cleaning should develop checklists of requirements and lists of materials needed to complete those tasks.
 2. Personal Protective Equipment (PPE) requirements for each task according to their industry standards.
 3. Phone trees and contact lists for all staff.

- Identify a Pandemic Influenza Emergency Coordinator to be responsible for the pandemic influenza emergency plan, including its annual updating and testing. The Pandemic Influenza Emergency Coordinator should also:
 1. Lead the development of a college-wide stockpile list. This process should be part of the annual budget cycle.
 2. Facilitate the development of Departmental Action Plans (DAP) to ensure they fit with the pandemic influenza emergency plan. The DAP's should be updated on an annual basis incorporating new developments.

- Keep consistent knowledge of local health unit pandemic influenza plan and update Fanshawe Pandemic Influenza Emergency Plan consistent with new developments. Fanshawe College has been identified as a city wide immunization clinic. However at a pandemic influenza emergency Level 3, Fanshawe College may begin to consider restricting movement in and out of the College and rely on its own staff for operations. Therefore, it is unlikely that the College can accommodate this request.
 - Other items to keep consistent with upon legislation revealed from the Middlesex London Health Unit are trigger points and thresholds to institute community containment measures such as closing (and re-opening) the College. Identify and review the College's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of health care on campus.

- Establish College policy stating that sick people will be rejected from entering the building if thought to be ill upon symptom screening (although they may think they are healthy enough to work. Determine compensation for those who think they are healthy enough to work, however can't because they are ill.

- The Control Centre in D building should be utilized during a pandemic influenza emergency to ensure mitigation of spread of disease and continuity should other buildings be inaccessible.

- If closing of area campuses occurs, redeployment of resources to main campus is recommended. The college relies heavily on contractors to provide many services such as residences management, cleaning, security, etc. During a pandemic influenza emergency, the college cannot rely on the continuity of these services, and may be compromised to ensure any level of service, especially in the residences.

- The college community will require access to counseling services throughout the pandemic influenza emergency period to assist in personal issues, staffing issues, etc. Ensure adequate staffing and availability of these professionals.

Section 6: FUNCTION AREA CONSIDERATIONS

1. Health, Safety and Security

Immediate Considerations

- Protocols may need to be developed during Pandemic Influenza Emergency Levels for entry to the college. The college should consider limiting entry to one main entrance, and close all other college entrances. The main entrance should be equipped with hand sanitation and stations for assessment of health status. If individuals are symptomatic they should be directed to the city's assessment sites. Staffing of assessment unit may incorporate nursing faculty and will require training based on information from the LMOH.
- Store critical equipment (e.g., radios and batteries) and supplies for assessment stations. Currently, maintenance and security staff depends on the continued service of radios in order to maintain contact and receive information/instructions.
- Develop a back-up communications method in the event radios are not functional (eg. hourly physical check-ins, public address system).
- Control access to buildings by screening staff identification cards.
- Control Centers must have adequate equipment to support the needs of the Emergency Response Team.
- Secure storage areas for stockpiled supplies on a College-wide basis and limit access to these locations to only approved individuals.

Long-term Considerations

- During Pandemic Influenza Emergency, the college should consider restricting all visitors.
- Design safe start-up recovery checklists. Security staff should be trained to 'sign-off' on the safety and security of the area once security staff has checked it.
- During Pandemic Influenza Emergency, dispose of all hazardous material College-wide except for items needed for cleaning.
- Limit College access to one road entrance if possible. Areas in the college not being used should be locked.

2. Maintenance and Operations

Maintenance and Operations focuses on air, heating, cooling and clean water. Skilled workers perform preventative maintenance and maintain the function of these areas.

Immediate Considerations

- The college needs at least two plumbers to maintain full service. As scaled closure begins there will need to be at least one rotational trades person to be on-site at all times. Identify and create a list of staff with skilled trades to maintain the buildings. Cross-train these staff as necessary.
- Skilled tradespersons will be required to maintain/monitor ventilation systems throughout the College.
- Maintain adequate supply of equipment and parts to ensure maintenance and building can be sustained during prolonged shutdown (e.g., six months). Items required should be determined as part of the planned preventative maintenance plan.
- Store enough diesel fuel to operate generators for a three month period. Ensure that generators can be refueled manually.
- E, D and M Buildings should be identified as critical and core structures that need to be maintained during a pandemic influenza emergency.
- Maintenance and Operations may be required to maintain residences physical plant. Decide who will maintain residences and create an action plan to accommodate this need.

3. Facilities Support Services

Facilities Support Services are responsible for maintaining a clean working and learning environment throughout the College and identifying storage for College-wide supplies. Cleaning will be a critical element during a pandemic influenza emergency.

Additional funding will be required prior to a pandemic influenza emergency and during a pandemic influenza emergency in order to provide additional hygiene supplies such as hand sanitizers.

Immediate Considerations

- Cleaning staff will have additional cleaning responsibilities depending on the requirements during a pandemic influenza emergency. Develop scaling back plan for closure of unnecessary areas to help focus resources on imperative areas (e.g., 110 washrooms that could be scaled back to main floor only. Common areas such as computer labs will be closed).
- Identify secure storage for stockpiling of supplies for all areas as determined in the individual Departmental Action Plans.
- Stockpile cleaning supplies and personal protective equipment including hand sanitizers (computer labs).
- E, D and M Buildings should be identified as critical and core structures that need to be maintained during a pandemic influenza emergency.
- Facilities Support Services may be required to maintain residences cleaning protocol. Decide who will maintain residences.
- Develop checklists of cleaning protocols and ensure proper training of cleaning staff. Protocols should be based on hygiene standards established by the public health unit.
- Facilities staff should be trained to 'sign-off' on that the cleaning protocol of the area has been completed prior to reopening the area.

4. Human Resources

Should a pandemic influenza emergency occur, the college community will find itself in a difficult environment; socially, emotionally, professionally and economically. With strong support for co-workers, including a flexible work environment and counseling, all members of the community will feel valued and safe.

Absenteeism will be a critical issue facing the college. With absenteeism rates expected to reach at least 35% of all staff, the college should consider developing methods of reporting 'wellness to work' for a pandemic influenza emergency situation. This is an alternative to reporting 'too ill to work' and maintains a community-building perspective, while ensuring the college is aware of the available resources.

Strategies for continuing to pay employees, especially vulnerable part-time and contract employees should be developed and implemented if the college reaches pandemic influenza emergency Level 4.

Cross training may be an integral part to the business continuity strategy and will compensate for illnesses escalating within the population. Cross training may also facilitate the recovery period should certain employees be unable to return to work after a pandemic influenza emergency. The Departmental Action Plans should identify critical tasks and skills in their areas and begin cross training immediately as necessary.

Many of the issues that face Human Resources during a pandemic influenza emergency will be common to all Colleges in the system. It is recommended that such issues be identified and be resolved at the provincial level.

Immediate Considerations

- Protocols need to be developed to facilitate reporting illness on campus, and assessing readiness to come back to work in the recovery phase.
- Develop protocols for reporting illnesses or 'wellness to work'.
- Ensure staff can work remotely.
- Develop phone trees and maintain accurate contact information for all staff.
- Ensure availability and promotion of Employee Assistance Program (contracted service).
- Develop a plan to redeploy staff during a pandemic influenza emergency and perform return to work wellness assessment.
- Ensure payroll can continue.
- Identify critical functions (i.e., payroll)
- Conduct staff training sessions on Fanshawe's Pandemic Influenza Emergency Plan

5. Registrar/Financial Aid

The Registrars Office provides fundamental services for students that are especially critical during a pandemic influenza emergency (e.g, ramping down services, implementing a recovery plan that is flexible to enrolment needs and student funding consistent with the annual cycle). Decisions regarding financial services to students (OSAP, fees, etc...) will be based on provincial guidelines. However, delivery of funds to students may be compromised during a pandemic influenza emergency.

Immediate Considerations

- Develop phone trees and contact lists for all staff.
- Ensure that students contact information is accurate.
- Cross-train staff in all function areas to ensure delivery of services. Ensure sufficient staffing during a pandemic influenza emergency across all function areas.

Long term considerations

- This area relies heavily on IT and external IT (e.g. OCAS). Dedicated, long-term and backed-up IT services need to be developed for this area.
- Should staff in this area be asked to work remotely, the college will need to consider methods to ensure the security and integrity of private information.

6. International

Approximately 300 students (and growing) attend Fanshawe as international students. In the event of a pandemic influenza emergency, international students will be extremely vulnerable because international travel may be curtailed, and they have few support structures within London and Ontario. The college is strongly advised to consider housing international students in the residences for the duration of a pandemic influenza emergency.

Immediate Considerations

- Develop accurate and consistently updated contact lists of international students including their home stay address contact information. In collaboration with Marketing and Communications, identify a strategy to contact students and maintain communications during a pandemic influenza emergency .
- Develop a Departmental Action Plan in coordination with the residences. Key issues for international students that may need to stay in London include: housing, finances, health services, legal permits (visas, health insurance), food, counseling, contact and communication with home.
- The International Office requires additional staff to support students during a pandemic influenza emergency. Staff may be recruited from other areas of the College.
- In the event of a pandemic influenza emergency, international students will be housed in College residences based on the assumption that international travel will be restricted and students currently living in residences will be evacuated.

7. Residences

The residence houses 792 individuals in 198 suites in two buildings.

Students living in Ontario should be encouraged to return home once classes are suspended. Secure, long-term storage areas for students' belongings need to be identified so that rooms can be vacated and completely emptied. Every effort will be made to minimize the number of individuals living in residence during a pandemic influenza emergency.

In the event of a pandemic influenza emergency, the residences will need to be used to house international students unable to return home, critical staff required to be on-site, and potentially as a good neighbour to support health professionals in the community. **Closing the residences will simply not be an option.**

Therefore, a plan must be developed to ensure the ongoing provision of residence management services, cleaning service, linen/laundry service, transportation of students and staff to hospital, dedicated food services and potentially health services. Currently, the College relies on contract services to manage the residences. In the event that contract services are not available during a pandemic influenza emergency, the College must develop a plan to staff the residences. Fanshawe College maintenance and operations staff and facilities support staff are available to the residences for cleaning and physical plant maintenance if needed.

Immediate Considerations

The College needs to consider having alternate strategies for maintaining service in the residences, including full-time permanent staff to manage the residences.

Develop Residences Action Plan identifying strategies to ensure the effective transition between normal and pandemic influenza emergency services.

Issues to be considered should include:

- security,
- accurate and updated information about who is in each room, and how long they've been there
- ongoing monitoring of health status of residents,
- food supply,
- cleaning protocols,
- communication processes to ensure linkages with public health authorities and college's communications,
- process for dealing with ill residents including support of ill and convalescence,
- maintenance of physical plant including back-ups.

Long-term Considerations

Determine the best location to isolate ill residents (e.g. isolated patients in one building, essential staff in the other).

The college has no capacity for large scale in-house provision of health services for students and staff. During a pandemic influenza emergency, the residences will require these services. The college should consider developing an action plan to support the public health requirements of the residences.

- Consultation with Fowler Kennedy clinic indicates that during a pandemic influenza emergency clinic services may become unavailable to anyone.

8. Communications

Marketing and Communications is responsible for overall pandemic influenza emergency communications to all stakeholders, staff, students, media and the general public. Communications is an essential function. Linkages established with the Emergency Director, facilitating essential messages from the Medical Officer of Health and Local Medical Officer of health are crucial to the success of timely and accurate communications. Monitoring developments regarding a potential pandemic influenza emergency through international web sites is absolutely essential and should be an ongoing function of the Marketing and Communications department. Furthermore, a specific individual should be tasked with this daily responsibility and communicate with appropriate College staff.

Marketing and Communications is housed in E Building and relies heavily on Buildings D (Control Center) and M for radio and television broadcast. Marketing and Communications also relies heavily on telecommunications and IT which are also housed in E Building. An off site location or working remotely (from home) may be necessary if social distancing is implemented.

Public education is a critical element in pandemic influenza emergency planning. The College must continue the ongoing public health education program ensuring that good hygiene habits are in place. These good habits may mitigate the spread of any infectious disease outbreak and at present (combined with PPE) is the only defense for pandemic influenza emergency .

The following documents are attached in the Appendix:

- Marketing and Communications Critical Functions
- Communications to Stakeholders
- Public Health Education Campaign-Get Your Healthy On-365
- Communications Checklist
- See Appendix for Related College Policy that apply to Marketing and Communication

Immediate Considerations

- Develop phone trees and contact lists for all staff and students (in coordination with Human Resources (staff) and Office of the Registrar (students)).
- Maintain accurate media contact lists.
- Maintain accurate Emergency Communications Plan and train critical staff on Emergency Communications Plan, Pandemic Influenza Emergency Communications Plan, Corporate Communications and Media Relations.

- Provide resources to support the annual Get Your Healthy On-365 public health education campaign, initially launched in October, 2006. Include more focused information on pandemic influenza emergency exclusively when moving into pandemic influenza emergency Level 2 and personal emergency preparedness with responsibility residing with the individual (student, employee) and family.
- Enable all essential communications staff can work remotely.
- Ensure sufficient layers of staff who can alter the web site.
- Develop a communications kit for essential communications staff that includes all applicable emergency communications information, contact numbers, personal PPE, IT equipment)

Long-term Considerations

- Develop plan to deliver essential recruitment services during all pandemic influenza emergency levels (i.e., prerecorded Applicant Information Sessions uploaded to the web site, virtual tours).

9. Information Technology

As a service area, Information Technology provides all technological needs for the college. During a pandemic influenza emergency, these services become essential to ensuring flexibility in the continuation of business. In order to effectively serve the College, the College's departments must identify their IT needs so IT can provide effective College-wide service.

It should be noted that D Building provides backup electricity to E Building. Therefore it is imperative that D Building be kept open in the event of a pandemic influenza emergency.

Immediate Considerations:

Information Technology requires sufficient resources and support from the college to develop a Business Continuity Plan and IT Disaster Recovery Plan. These plans must include a schedule of planned preventative maintenance.

- All units should incorporate IT needs into their Departmental Action Plans as required under the Emergency Plan. These plans should include a list of critical staff and the equipment needed to perform their duties off-site.
- Determine multiple off-site locations to forward Help Desk phones and protocols for transferring (example, routing through carrier?) Due to increased staff working remotely, the demand for Help Desk assistance will be higher. Ensure staff is available to accommodate this need.
- All Administrators need to have access to the Virtual Private Network for remote work. Currently the VPN has limited usage, as managers must request access. The VPN will become a critical portal for business continuity during the height of a pandemic influenza emergency. Therefore, all managers should have direct access.
- Identify off-site location to back-up the IT infrastructure. Currently, E building acts as back-up to M building.
- Ensure the college can operate remotely and receive information from other authorities.

10. Academic

The decision to suspend classes is made by the College Emergency Director based on an understanding of the intensity of the pandemic influenza emergency, and the health, safety and security of the college in coordination with maintenance and operations and cleaning capabilities. This decision will impact the academic cycle.

Academic Deans identified an absence of 20% to 25% of faculty and students as a key tipping point in their capacity to offer programs.

There has been much discussion in the community and province-wide about the potential role of health sciences students during a pandemic influenza emergency. The college's position is that it **will not** require students to continue placements. The college's priority is to safeguard student welfare. Should the Government of Ontario or the Government of Canada determine that health students **must** play a role; the college will facilitate these requirements.

Issues to consider during the recovery phase depend on:

- Physical plant readiness
- Point in the academic cycle
- Availability of faculty by program area,
- Availability of students to fill programs,
- Potential for designing program completion methods, if any.

Section 7: CONCLUSION

The above findings create a framework which provides the overall structure to the pandemic influenza emergency planning at Fanshawe College. Further planning is required, but the level of detail required at this stage in the planning process demands that it now be internalized by the college to ensure that these plans reflect the day-to-day realities at the college.

The pandemic influenza emergency plan should be reviewed annually by the Emergency Operations Community Control Group.

Review the pandemic influenza emergency plan both internally and externally with:

- Labour unions and bargaining agents
- Community partners
- Contracted services
- Elected officials
- Legal counsel

Section 8: APPENDICES

APPENDIX I

Principles and Values

A pandemic influenza emergency is like no other emergency in the history of the college. Difficult decisions may need to be made. Understanding that a pandemic influenza emergency is a highly volatile and rapidly transforming emergency is critical to ensuring that all members of the college act in the interests of their community.

The following principles and values have been adapted from Humber College and have been approved by the President's Management Team February 21, 2007.

Open and Transparent

The process by which decisions are made must be open to scrutiny and the basis should be explained to students, faculty and staff.

Reasonable

Decisions should be based on evidence, principles, and values and be made by people who are credible and accountable.

Inclusive

Decisions should be made explicitly with stakeholder views in mind and stakeholders should have opportunities to be engaged in the decision-making process.

Responsive

Decisions should be revisited and revised as new information emerges, and stakeholders should have opportunities to voice any concerns they have about the decisions (i.e. dispute and complaint mechanism).

Accountable

There should be mechanisms to ensure that ethical decision-making is sustained throughout the pandemic influenza emergency.

Protection from harm

The College will work to ensure its students, faculty and staff have a safe environment in which to work and learn.

Proportionality

Decisions will be made that balance, as far as possible, the needs of our staff, students and faculty and the needs of the College and its community.

Privacy

Individuals have a right to privacy including the privacy of their health information.

Solidarity

During a pandemic influenza emergency some individuals will face greater burdens than others. Through solidarity we can help each other mitigate these burdens and develop a response to the pandemic influenza emergency that builds strength and bonds across the community.

Stewardship

Fanshawe's students, faculty and staff are committed to the protection and development of our learning community. We will act as good stewards to protect resources and ensure future learners continue to benefit from an open and accessible learning environment.

Trust

Decisions will be made to ensure trust relationships are maintained among all members of Fanshawe's community.

APPENDIX II

Background

A pandemic influenza emergency is a rapidly evolving emergency that:

- Ranges in severity
- Spreads quickly around the globe
- Occurs in two or three waves lasting six to eight weeks

Pandemic influenza is a threat because:

- No vaccine will be available until six months after a pandemic influenza emergency begins. (Although antivirals are an option, they aren't guaranteed to work against a pandemic influenza strain)
- Symptoms and method of transmission are unknown until a pandemic influenza strain is detected
- Human to human transmission makes pandemic influenza spread quickly
- It is unknown where a pandemic influenza emergency may begin (however, since the majority of new flu strains emerge in Southeast Asia, it is very unlikely that a pandemic influenza emergency will begin in North America)- Even if a pandemic influenza emergency starts overseas, with air travel it could arrive here within three months with increase virulence
- No one is immune to a pandemic influenza. Widespread illness will occur and health care will be extremely limited. 30-60% of the world's population will be affected.

With increased attention to H5N1-Avian , it is inevitable that there will be another pandemic influenza emergency. It is unknown WHEN.

Avian (Bird) : A disease caused by influenza viruses carried and spread among birds.

Seasonal (Human) : An infection caused by influenza viruses carried and spread among humans.

Pandemic Influenza: A new strain of influenza virus that spreads quickly worldwide.

Bird Flu + Human Flu = Pandemic Influenza

One way pandemic influenza can occur is if bird flu mixes with human flu and reassorts to create a new strain of flu virus that can spread easily from human to human.

A pandemic influenza is a worldwide influenza epidemic that can occur anytime of the year.

See Business Continuity – Pandemic Influenza Levels for relation to Fanshawe College.

The World Health Organization is responsible for monitoring and reporting on the accuracy of the Pandemic Influenza Phases and alerting the world when a threat increases.

World Health Organization – Pandemic Phases

9

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

The College's best defense to be prepared is:

- ***College Pandemic Influenza Emergency Plan***
- ***Public Health Education Campaign***

APPENDIX III

Assumptions

1. A plan for an infectious disease outbreak should provide a framework to guide other potential, similar health-related events that may affect continuity of the college's operations.
2. The plan should assume there is no immunity and a high risk of contraction is inevitable if exposed.
3. The plan should assume 15-35% employee absence as a result of illness, caring for sick family members or friends, and closures of schools and daycare facilities and fear of contracting the disease. A potential for deaths based on mortality rates of (1 in 416). At the 30-35% absenteeism point, there will be a suspension of operations at the College.
4. Given the estimated mortality numbers, it may be an extended period of time before some employees or students are emotionally, financially or otherwise capable of resuming their normal lives.
5. Given the expected duration of a pandemic, it is assumed that many students will be at above average financial risk due to job loss, loss of support from family, or extenuating conditions. The College will provide a plan to extend bursary funds beyond normal limits to support students who are impacted most.
6. Given the expected duration of a pandemic and the potential financial loss for each institution, it is assumed that Ministry of Training, College's & Universities will continue normal grant instalments without resource for claw-back.
7. Previous influenza pandemics have infected regions in multiple waves. The duration of each pandemic influenza wave is likely to be six to eight weeks. Previous influenza pandemics have included three waves over a period not to exceed two years.
8. Students in residence, essential service employees, and members of the emergency response team may not have access to food from normal sources either on-campus and/or off-campus. Additionally, these individuals may not be able to access cash to purchase food if there is disruption to banking services and machines.
9. The College should not rely on the Ontario health care system to provide arrangements for caring for sick students in residence (who are unable to go home).
10. It is assumed that the College campus facilities **will not** be used by the Middlesex London Health Unit as a city assessment centre during a pandemic.
11. It is assumed that the London Middlesex Health Unit will not second staff from the College in a pandemic and that rather will expect the College to look after its own population.

12. It is assumed that emergency response services will be significantly downgraded during each wave of a pandemic and that the average response time will be four to six hours.
13. In a pandemic, potential exists for all to be infected, including the emergency response personnel and senior decision-makers. Therefore, multiple backups will be required for all essential positions.
14. Measures to prevent exposure as long as possible should be planned for the College's emergency management and response staff.
15. Personal emergency preparedness and pandemic preparedness are essential education tools with responsibility residing with the individual (student, employee) and family. This applies to anything from food to medications. There may be employees and students who may not be prepared and this will result in the College facing greater taxation of its resources to respond to the pandemic, including ill or dependent students in residence.
16. The College should not rely on upper levels of government to provide policy direction before, during or after a pandemic, nor should it assume that assistance will be provided during a pandemic, given the wide-scale demands and limitation of resources.
17. Accurate, reliable communications systems must be maintained during a pandemic. Ongoing communications about pandemic must be initiated before, during and after.
18. It is assumed that the performance of the Internet will degrade during each wave of a pandemic, with complete failure possible within one week.
19. It is assumed that phone based telecommunications networks will degrade during each wave of a pandemic, with complete failure likely.
20. As a substitute to in class learning, online learning will not be offered once classes are cancelled.
21. There will be the potential for a disruption of transit service to the College leading up to and during a pandemic. Commuters must have a contingency plan. The London Transit Commission will make decisions on service delivery. This decision will be communicated to stakeholders when known.
22. Due to the span of area that the satellite campuses are located, some areas may be affected more than others.
23. In order to maintain contracted services, mutual aid agreements will be pursued by the College.
24. The College will confirm with all suppliers arrangements for a pandemic.

- 25. There will be resource implications to deliver a Pandemic Influenza Plan and response program.**
- 26. Resources will be made available as soon as possible to the planning and management of an influenza pandemic. There is a very short time-frame in which planning arrangements must be made.**

APPENDIX IV

Communications

Marketing and Communications Critical Functions

Currently, Marketing and Communications is responsible for the following critical communications:

- **Media Relations**
All official communications of behalf of the College will be conducted by the media relations person
No one shall provide information to the media who is not previously authorized to do so (public opinion may be expressed as detailed in College Policy 1-C-01-Public Expression of Personal Opinion by College Employees)
- **Public Relations**
- **Corporate Communications (see College Policy 1-C-10 Corporate Communications)**
- **Key messages**
- ***Web site**
- ***Fanshawe Online (working with Learning Systems Services)**
- ***E-mail all stakeholders**
- ***Fax all**
- ***Telecommunications (working with Information Technology and Office of the Registrar)**
- ***General Inquiries**
- ***E-mail inquiries**
- **Authorize internal radio (CFRL) and internal television broadcast (FCTV); 'The X' for external radio broadcast**

Area campuses will receive all communications inclusive.

Marketing and Communications currently relies heavily on new media and technology to inform stakeholders. This method, however, does not accommodate those who do not regularly use the internet and new technology. Other, more traditional and user-friendly methods are necessary, such as posters.

Marketing and Communications will assist with communications to international students and translating key messages before, during and after a pandemic influenza emergency.

During a pandemic influenza emergency, a large percentage of the population may be affected by severe illness. Incidentally, Marketing and Communications will determine, in consultation with the College Emergency Director and College

Executives, the procedure for reporting employee and student deaths in these extenuating circumstances.

Marketing and Communications Critical Functions Enabler

Facilities are responsible for maintaining buildings E, D and M. Marketing and Communications is housed in E Building and relies on Buildings D (Control Center) and M for radio and television broadcast. Marketing and Communications also relies heavily on telecommunications and IT which are housed in E Building.

An off site location or working remotely (from home) may be necessary if social distancing is implemented. This will ensure that essential staff may continue to work as long as possible.

Communications to Stakeholders

Delivery and confirmation:

Phone
E-mail
Fax
Courier

Communicating to staff/contracted service delivery staff and other contracted services staff who work on campus:

E-mail all
E-mail to alternate address
Fanshawe Online alert
Automated caller
Web site
Media (radio, television, newspaper) Radio available on television and internet
Use of CFRL and FCTV for on campus broadcast; The X for preferred external media, Stellar radio for internet radio broadcast
Fax

Communicating to international students:

Translating key messages assisted by Marketing and Communications
Phone
E-mail all
E-mail to alternate address
Fanshawe Online alert
Web site
Automated caller
Text messages
Media (radio, television, newspaper)

Use of CFRL and FCTV for on campus broadcast; The X for preferred external media, Stellar radio

Communicating to students in residences:

E-mail all

E-mail to alternate address

Fanshawe Online alert

Web site

Text messages

Media (radio, television, newspaper)

Use of CFRL and FCTV for on campus broadcast; The X for preferred external media, Stellar radio

Posters

Automated caller to room in residences

Resident advisor meeting with student residents

Door to door mail

Student (snail mail mailboxes)

Communicating to students:

E-mail all

E-mail to alternate address

Fanshawe Online alert

Web site

Automated caller

Text messages

Media (radio, television, newspaper)

Use of CFRL and FCTV for on campus broadcast; The X for preferred external media, Stellar radio

Communicating to parents:

Web site

Automated caller

Media (radio, television, newspaper)

Students tell parents (phone, e-mail)

Use of CFRL and FCTV for on campus broadcast; The X for preferred external media

Communicating to placements:

Students' e-mail/call placement hosts

Media (radio, television, newspaper)

Hosts check College web site

Use of CFRL and FCTV for on campus broadcast; The X for preferred external media, Stellar radio

Communicating with media:

Media inquiries directed to spokesperson only

News Release
Fax
Phone
E-mail
Web site

Inquiring to the College:

Listen to key message on College main line 519-452-4430
Hotline (TBA)
E-mail inquiries (address TBA)
In person visits to control center unless access is restricted
See web site or listen to The X, Stellar radio

Confirmation of messages received:

Incoming messages received from MOH and LMOH via College Emergency
Director and confirmation (see information flow)
Hotline and e-mail inquiries
Web site inquiries
Fanshawe Online logins
E-mail read receipts
E-mail responses
Local/national media coverage

Public Education Campaign

In addition to maintaining strong information flows, the College will ensure that its community develops good hygiene habits. These good habits may mitigate the spread of any infectious disease outbreak. Marketing and Communications has developed a campaign to educate staff and students. This public health education program is an ongoing process that is flexible and responsive to emerging health issues. Its current primary focus is on encouraging cold and flu prevention and will be enhanced as needed to reflect Pandemic influenza emergency information and prevention.

Purpose

Infection control and prevention tactics are the only existing defence against the flu. A sustainable, long term, annual public health education campaign not focused exclusively on pandemic influenza but on infection control strategies and maintaining good health by preventing illness is an essential part of pandemic influenza emergency planning.

Residences

Enhanced infection control and quarantine measures are necessary when considering many people live in close proximity.

Seasonal Cold and Flu Prevention Convention

Event promoting elements listed below by involving community organizations to showcase pandemic influenza emergency PPE and infection control supplies, hand washing demonstrations, infectious diseases information, immunization, lung and respiratory health, stop smoking information, fitness, vitamins and nutrition.

Annual Flu Clinics

Getting the annual flu vaccine reduces chances of acquiring seasonal flu thus preventing spread. The annual flu vaccines may build immunity to many flu strains.

Hand hygiene and hand sanitizers

Flu is transferred through water droplets and hand contact; basic precautions can reduce its spread. Good hand hygiene is the best way to prevent the spread of flu viruses. Hand sanitizer is effective when hands aren't visibly soiled and hand washing isn't an option.

Respiratory Etiquette

Cover your nose and mouth when you cough and sneeze, cough into your sleeve or use a tissue. Avoid touching your eyes, nose and mouth to prevent the spread of germs.

Environmental Cleaning

Avoid touching multi use surfaces and clean all contact surfaces often. Germs living on surfaces can easily infect healthy people.

Flu Information

Seasonal flu, avian flu and pandemic influenza defined. Guidance that explains steps individuals can take to decrease their risk of acquiring or transmitting influenza during a pandemic influenza emergency. Resources include World Health Organization, Public Health Agency Canada, Ministry Of Health Long Term Care, Middlesex London Health Unit, and Fanshawe Pandemic Influenza Emergency Plan. Marketing and Communications will launch the Fanshawe College pandemic influenza web site www.fanshawec.ca/pandemic for easy access to this information when it is determined necessary to do so.

Social Distancing, Stay Home if ill, Quarantine if ill

Social distancing indicates that most face to face and non-essential activities will be discontinued. Stay home if you have pandemic influenza. Avoid large crowds where viruses can spread easily and eliminate travel immediately.

Personal Protective Equipment (PPE)

PPE is essential to prevent acquiring illness when you must be around someone who is sick (within three meters of another person).

Employee Assistance Program (EAP)

In coordination with Human Resources and Organizational Develop and Learning, conduct pandemic influenza staff and student information sessions and remind employees of the availability of the EAP in order to assist with stress and grief counselling.

Symptom Screening

Let staff and students know that symptoms can be recognized by quick diagnosis. Visit the doctor or triage center if you think you have pandemic influenza. Symptom screening may become necessary when determining if staff and students are healthy enough to enter the building. Entry points may be setup to monitor access to the College.

Awareness of Public Health Measures

Promote Pandemic Influenza information from Middlesex London Health Unit during a pandemic influenza emergency. Information may include triage/assessment/vaccination centers. Tell stakeholders where to find this necessary information when it becomes available.

Personal Emergency Preparedness

If staff and students are personally prepared for a pandemic influenza emergency or other natural disaster this translates into the ability to sustain one longer. (Emergency kits at home, prescription medications, dry food and plenty of bottled water are examples). Personal emergency preparedness plans are the responsibility of the employee, student and their family.

The public education campaign Get Your Healthy On-365 was launched initially in October 2006 by Marketing and Communications. To repeat this campaign annually as required, support may be needed from the Wellness Committee and Health and Safety in the form of budget and staff assistance. To successfully harbor the lasting affects of the campaign, providing hand sanitizers and everyday infection control supplies may be necessary in Levels 2-4, especially for essential staff who may be asked to work/remain on site. Appropriate infection control supplies to consider for distribution are:

Hand sanitizer

Disinfectant wipes

Antibacterial Kleenex

One use telephone handset covers

Although purchase and distribution may be done by Facilities Management, Marketing and Communications will play a vital role in promoting the purpose of the products and their use for achieving successful hygiene, assisting the College with the overall goal of reducing infection rate of individuals as much as possible and reducing the spread of pandemic influenza and the impact on College operations.

APPENDIX V

Function Area Checklists

The following checklists are designed to assist departments in developing specific plans for pandemic influenza emergency preparedness. These checklists are not all inclusive and may be expanded based on needs and issues.

1. Health, Safety and Security Checklist

- Identify protocols for HAZMAT disposal/storage during Pandemic influenza emergency Levels 1-5 including training of backup staff (e.g. labs, ventilation)
- Identify protocols and plans for screening/assessing staff/personnel at entry points to the College during Pandemic influenza emergency Levels 2-5
- Establish plan for increasing availability of hand sanitation stations throughout College
- Develop checklist for administrators for safe start-up of respective areas
- Identify plan for maintenance of security during Pandemic influenza emergency Levels 1-5, including communications strategies for security staff

2. Maintenance and Operations Checklist

- Develop plan for servicing buildings E, D, and M throughout all pandemic influenza emergency levels (e.g. backup generators, water supply)
- Develop plan for closing facility at Pandemic influenza emergency Level 4 and reopening at Pandemic influenza emergency Level 5
- Identify essential staff required for Pandemic influenza emergency Level 4 maintenance
- Maintain accurate contact lists for all staff
- Cross-train essential staff if necessary
- Develop a plan for essential staff residential accommodations in coordination with residences
- Stockpile materials for shutdown and start-up
- Ensure communication technology (two-way radios, etc) is available for staff during Level 4

3. Facilities Support Services Checklist

- Stockpile cleaning supplies in secured location
- Ensure suppliers can deliver required cleaning products (especially for Pandemic influenza emergency Level 5)
- Maintain updated supply list and supplier contact information
- Stock cleaning carts with supplies and ensure manual accompanies cart identifying contents and protocol for cleaning
- Train all applicable staff (and backup) on cleaning protocols and maintain an accurate list of trained personnel
- Include (PPE) personal protective equipment as part of training
- Identify high-traffic areas (e.g. washrooms, entrances) that will require more frequent cleaning/sanitation. Identify staffing requirements to accomplish cleaning regimen.
- Develop cleaning protocol for computer equipment in labs (implement hand sanitizer pumps in computer labs)
- Ensure PPE is available for cleaning staff during Pandemic influenza emergency Level 1 and Pandemic influenza emergency Level 5.
- Develop cleaning for recovery plan identifying staffing, material needs and time required to accomplish full cleaning of ALL facilities.

Ensure availability of supplies upon cleaning for recovery (may take longer to clean if must wait to receive ordered supplies after pandemic influenza emergency waves cease)

4. Human Resources Checklist

- Develop protocols for reporting illnesses
- Ensure staff can work remotely
- Develop phone trees and maintain accurate contact information for all staff
- Ensure availability and promotion of Employee Assistance Program (contracted service)
- Develop a plan to redeploy staff during pandemic influenza emergency level 5 and perform return to work wellness assessment
- Ensure payroll can continue
- Identify critical functions (i.e., payroll)
- Conduct staff training sessions on Fanshawe Pandemic Influenza Emergency Plan

5. Registrar/Financial Aid Checklist

- Ensure that staff are enabled to work remotely (e.g., computer equipment)
- Ensure that student information (name, address, phone number, contact information is available anytime to appropriate departments) – such as communications
- Develop recovery plan that is flexible to enrolment needs, funding, etc... for all pandemic influenza emergency levels consistent with annual cycle
- Identify issues that need to be addressed from a provincial level
- Ensure delivery of funds to students
- Identify essential services and backups of at least two people for each skill

6. International Checklist

- Develop a plan to communicate with international students during pandemic influenza emergency
- Develop communication strategy to inform parents and family of pending situation
- Any international student who cannot go home will be moved into residence
- Develop plans for moving approximately 350 international students into residence when alerted to do so (location, transportation, moving assistance) in coordination with residences
- Investigate issues related to health insurance, visas, immigration status and finances for duration of stay

7. Residences Checklist

- Clearly define roles and responsibilities
- Develop evacuation plan to move any students that can go home out of residence
- Work with International Office to develop plans for moving approximately 350 international students into residence when alerted to do so (location, transportation, moving assistance)
- Determine communication to parents and students in residence for all pandemic influenza emergency levels
- Decide location for isolated patients (e.g. sick students in separate residence building or same)
- Develop plan for food services for students and staff in residences
- Develop disposal system for contaminated garbage and disposal of regular waste
- Develop plans with Registrar for reimbursement of residence fees to students evacuated from the residences
- Find transportation for sick students to hospital (assuming regular modes of transportation are unavailable e.g., ambulance)
- Train residence staff on infection control measures, cleaning methods and cleaning carts/protocols/WHMIS
- College cleaning protocols will apply to residence; with more rigorous protocols necessary for isolated areas
- Identify clean/dirty utility rooms for isolated students for storing clean and dirty supplies separately including laundry

8. Communications Checklist

- Maintain accurate contact lists for all communications staff
- Maintain accurate media contact lists
- Maintain accurate Emergency Communications Plan
- Train applicable staff on Emergency Communications, Pandemic Influenza Communications, corporate communications and media relations
- Develop plan to maintain critical communications during a pandemic influenza emergency and for recovery
- Develop backup layers of personnel to ensure delivery of communications (i.e., those who can alter web site)
- Ensure that staff are enabled to work remotely from home
- Ensure consistent annual promotion of Get Your Healthy On-365 and include all of the following items as necessary for each pandemic influenza emergency level: information to residences, seasonal cold and flu prevention convention, annual seasonal influenza vaccination clinics, hand hygiene and hand sanitizers, respiratory etiquette, environmental cleaning, flu information, social distancing, PPE, Employee Assistance Provider, Public Health Measures, Personal Emergency Preparedness.
- Develop plan to deliver essential recruitment services (i.e., pre-recorded Applicant Information Sessions uploaded to the web site)
- Develop an outline describing College-wide pandemic influenza emergency protocols and information for students on electronic and print platforms (e.g., the College may restrict all social events and face to face activities during a pandemic influenza emergency)

9. I T Checklist

- Ensure accessibility at all times to all IT services
- **Develop a business recovery plan**
- Develop disaster recovery plan which should include planned preventative maintenance
- Determine multiple offsite locations to forward helpdesk phones
- Ensure installation of VPN for all Administrators
- Coordinate College-wide IT with departmental needs

APPENDIX VI

Regulatory Framework in Ontario

In the event of a pandemic influenza emergency, the legislation that will apply includes, but is not limited to:

Health and Promotion Protection Act – Bill 171

The Health Promotion and Protection Act requires Boards of Health to provide and ensure the provision of a minimum level of public health programs and services in such areas as control of infectious and reportable diseases, health promotion, health protection and disease prevention. Regulations under the Act assist in controlling the spread of communicable and reportable diseases. Changes to enhance ministry powers when a public health emergency is considered imminent.

Emergency Management and Civil Protection Act, 2006

The Emergency Management Act establishes the requirements for emergency management programs and plans in Ontario. Municipal bylaws are required in order to adopt the emergency plans. It outlines Emergency Powers to support management of a declared provincial emergency, amends the definition to include dangers caused by disease of health risk, formalizes use of orders (directives), orders in council responsibilities for Ministry of Health and Long-term Care (human health, disease and epidemics, health services during an emergency).

Personal Health Information Protection Act, 2004 (PHIPA)

PHIPA regulates the collection, use and disclosure of personal health information by health information custodians. Consent is usually required to collect, use or disclose personal health information; however the Act specifies situations when this is not required. In the event of a pandemic influenza emergency, disclosure of personal health information to the Chief Medical Officer of Health or Medical Office of Health without consent is permitted, if for a purpose of the Health Promotion and Protection Act.

Occupational Health and Safety Act

The Occupational Health and Safety Act imposes a general duty on employers to take all reasonable precautions in the circumstance to protect the health and safety of workers. The duties of workers are, generally to work safely and in compliance with the Act and Regulations.

Quarantine Act

The intent of this federal public health legislation is to prevent the introduction and spread of a communicable disease arriving in or departing from Canada.

College Policy

- Emergency Preparedness and Response Plan 1-F-09
- College Closure due to Weather or Extenuating Circumstances 1-F-10
- Public Expression of Personal Opinion by College Employees 1-C-01
- Corporate Communications 1-C-10
- Death of A Full-Time Staff Member or Full-Time Student or Former Staff Member 1-C-09

APPENDIX VII

Resource Documents

World Health Organization (WHO)

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf

Canadian Pandemic Influenza Plan for the Health Sector (Public Health Agency of Canada-PHAC)

Second iteration released fall 2006

http://www.influenza.gc.ca/index_e.html

Ontario Health Plan for an Influenza Pandemic – OHPIP (Ministry of Health and Long Term Care (MOHLTC)/Emergency Management Unit (EMU))

Third iteration released September 2006

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Provincial Coordination Plan for an Influenza Pandemic (Emergency Management Ontario (EMO))

Released October 2006

Roles and responsibilities for other provincial ministries, including requirements to support MOHLTC response

Influenza Pandemic Planning Guidelines for Municipalities (EMO)

Released July 2006

A guide for municipalities for developing pandemic influenza emergency coordination plans for all critical infrastructure sectors

Middlesex London Health Unit

Pandemic Influenza Plan

<http://healthunit.com/articlesPDF/11992.pdf>