Canadian Mental Health Association Durham

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Pandemic Plan

Version 5.0

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Document Revision History

The Pandemic Plan is a document that is reviewed and revised as required to reflect system, operational, or organizational changes. Modifications made to this document are recorded in the version history matrix below.

This document will be reviewed and assessed, at minimum, every three years. Reviews made as part of the assessment process shall also be recorded below.

This document history shall be maintained throughout the life of the document and the associated system.

Date	Description	Version	Author
June, 2006	Document Publication	1.0	
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1.0 Introduction

The World Health Organization has indicated the ongoing necessity to establish preparedness and planning for pandemics. “Consequences of an influenza pandemic during the 20th century, influenza pandemics caused millions of deaths, social disruption and profound economic losses worldwide. Influenza experts agree that another pandemic is likely to happen but are unable to say when. The specific characteristics of a future pandemic virus cannot be predicted. Nobody knows how pathogenic a new virus would be, and which age groups it would affect. The impact of improved nutrition and health care needs to be weighed against the effect of increased international travel or simultaneous health threats that weaken the immune system. The level of preparedness will also influence the final death toll. However, even in one of the more conservative scenarios, it has been calculated that the world will face up to 233 million outpatient visits, 5.2 million hospital admissions and 7.4 million deaths globally, within a very short period. In addition to their human toll, epidemics can have enormous social and economic consequences in a closely interconnected and interdependent world. For example, in 2003 the outbreak of severe acute respiratory syndrome (SARS) caused economic losses and social disruption far beyond the affected countries and far out of proportion to the number of cases and deaths. While influenza is distinctly different from SARS, it can be anticipated that a pandemic would have a similarly disruptive effect on societies and economies. Pandemics do not occur frequently. The last major influenza pandemic was in 1968. Since then, however, highly pathogenic avian influenza (HPAI), which has previously infected only birds, has caused illness in humans several times.

An influenza pandemic is different from seasonal influenza in numerous ways. During an influenza pandemic, more people will need care and fewer health care and essential service workers will be available to work.

Figure 1: How is Season Influenza Different from Pandemic Influenza?[1]

Seasonal Influenza	Pandemic Influenza
- seasonal (between December and February)	- average every 30 yrs.
- ½ million deaths globally	- severe illness/ deaths (millions)
- affect ‘at risk’ groups	- affect all age groups
- effective vaccine	- no effective vaccine
- antiviral drugs	- antiviral drugs limited
-minor impact on general public	-major impact on general public i.e. travel restrictions and business closings

HPAI outbreaks remind us that the next pandemic could occur at any time. The organization remains invested in planning and developing strategies and programmes to prepare for a pandemic.

[1] “Seasonal Flu Vs. Pandemic Flu” Centres for Disease Control and Prevention, May 7, 2019

2.0 Planning Assumptions

This Plan is based on the following assumptions:

- Any pandemic will affect the entire health care system and community and health care services will have limited capacity. Our organization will not be able to rely on the same level of support we receive now from other parts of the health care system or from other community services during an outbreak.

- Our Pandemic Plan must be coordinated with the plans of other organizations in our community as well as local/regional pandemic plans. This Plan has been created to be consistent with the Durham Region Pandemic Plan.

- A pandemic usually spreads in 2 or more waves. The length of each wave is approximately 6 to 8 weeks. A second wave could occur within 3 to 9 months of the initial outbreak wave and may cause more serious illness and death than the first.

- The number of health care workers available to provide care may be reduced by up to one-third due to personal illness, concerns about transmission in the workplace, and family/caregiving responsibilities. Non-life-threatening health services will be significantly curtailed, consolidated, or suspended completely.

- Usual sources of supplies may be disrupted or unavailable.

- A vaccine will not be available for at least four months after the pandemic strain is identified and will likely not be available for the first wave of illness. Once available, the vaccine will be in short supply and high demand.

- The only specific drug treatment during a pandemic will be antiviral drugs which must be started within 48 hours of the onset of symptoms. The efficacy is presently unknown but evidence from use with seasonal flu has shown they shorten the length of time people are ill, reduce symptoms and reduce hospitalizations. They will be in short supply and high demand; therefore, we will have to rely on traditional infection prevention/control practices as a main line of defense.

- Ontario will not have a large enough supply of antivirals or vaccine (when it is first developed) for the entire population; therefore, the province will set priorities for who receives them. During the course of the pandemic, priority groups may change based on the epidemiology of the pandemic strain.

- To meet community needs during a pandemic, staff, supplies and equipment may have to be reassigned or shifted.

- Care protocols may change, and practice may have to be adapted.

- Organizations will need effective ways to communicate with their clients and families to provide basic support and information.

2.1 Planning Objectives

Planning is intended to reduce transmission of a pandemic virus strain, to decrease cases, hospitalizations and deaths, to maintain essential services and to reduce the economic and social impact of a pandemic.

This pandemic plan can easily be used for broader contingency plans encompassing other disasters caused by the emergence of new, highly transmissible and/or severe communicable diseases.

The Canadian Mental Health Association Durham's objectives are to:

- facilitate readiness for a pandemic strain;
- communicate planned responses to clients, employees and stakeholders;
- minimize service disruption;
- maximize system, worker and client support

3.0 Protecting Workers

The risk to health care workers in the workplace is highest in settings where people first present with symptoms e.g. physicians' offices, community health centres/clinics, and emergency departments, in settings providing care for vulnerable people (e.g. long term care homes), and in settings where staff perform high risk procedures that create sprays and/or splashes.

The spread of pandemic illness in health care settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections. This includes staff training and education, infection prevention and control measures, and provision of appropriate personal protective equipment.

Employee education includes:

- Pandemic prevention and response
- Infection control, hand washing, and cough etiquette
- The importance of staying home when sick
- Infection risks when traveling and how to lower infection risks

The organization's Infection Prevention and Control Committee provides ongoing education to staff, clients, families, and caregivers to prevent the spread of infection. This is achieved through:

- Annual Infection Prevention and Control Training for staff
- Communiques on various topics i.e. hand hygiene protocols
- Monitoring and tracking

3.1 Personal and Family Preparedness

CMHA Durham recognizes employees' sense of preparedness is related to their sense that their family is also prepared and is as safe as possible in the event of a pandemic.

To optimize preparedness, the organization encourages employees to have family preparedness plans. This largely relates to developing agreements with family and friends regarding mutual aid and having a basic stockpile of necessary items to get through a period of quarantine, illness at home or change to work situations. Preparedness usually involves the development of a contingency plan for the care of family members (e.g. young children, aging parents, pets) if an employee becomes unwell or is required to be at work for extended periods of time.

Employees are encouraged to look for a personal and family preparedness planning guide on the Public Health Agency of Canada Website (www.phac-aspc.gc.ca) or an appropriate alternative.

4.0 Emergency Management Roles and Responsibilities

A pandemic will have an impact throughout society and will involve the broader emergency management system. Figure 2 outlines the general roles and responsibilities of health system partners during a pandemic.

Figure 2: Roles and Responsibilities of Health System Partners

Party	Roles and Responsibilities
World Health Organization (WHO)	• Coordinate international response activities under the International Health Regulations • Perform international surveillance and provide an early assessment of pandemic severity in order to help countries determine the level of intervention needed in the response • Declare a pandemic • Select the pandemic vaccine strain and determine
Public Health Agency of Canada (PHAC)	• Coordinate national pandemic response activities, including nation-wide surveillance, international liaison and coordination of the vaccine response
Ministry of Health and Long-Term Care (MOHLTC)	• Liaise with PHAC and other provinces and territories • Collaborate with Public Health Ontario to use surveillance information to determine severity • Develop recommendations and provincial response strategies for the provincial health system, as well as others affected by public health measures • Communicate with provincial health system partners through situation reports, the MOHLTC website and other methods • Communicate with the public through media briefings, the MOHLTC website and other methods • Solicit and respond to feedback and input from provincial health system partners • Deploy supplies & equipment from the MOHLTC stockpile to health workers and health sector employers • Deploy antivirals from the MOHLTC stockpile to community-based pharmacies and other dispensing sites
Public Health Ontario (PHO)	• Support the MOHLTC to use surveillance information to determine severity • Lead and coordinate the provincial surveillance strategy • Coordinate and provide provincial laboratory testing • Provide scientific and technical advice to the MOHLTC (e.g., advice on infection prevention and control measures) • Generate knowledge translation tools and offer training opportunities to supplement the MOHLTC's recommendations, directives and response strategies
Local Health Integration Networks (LHIN)	• Liaise between transfer payment (TP) organizations and the MOHLTC • Participate in the coordination of local care & treatment
Public Health Units (PHU) i.e. Durham Region Health Department	• Follow MOHLTC recommendations, directives, orders and requests • Develop and issue orders

	• Lead local implementation of the surveillance strategy • Lead local implementation of immunization • Participate in the coordination of local care & treatment • Lead local implementation of public health measures • Continue to provide other public health services
Health workers and health sector employees	• Follow MOHLTC recommendations, directives, orders, requests • Follow PHU orders • Continue to provide safe and effective care • Participate in the coordination of local care & treatment • Participate in research and surveillance activities • Practice and role model appropriate behaviour to protect clients/ patients/ residents and prevent further spread of pandemic illness (e.g., get immunized; practice respiratory etiquette and hand hygiene; stay home when sick)
Public	• Follow public health measures such as staying home when symptomatic, performing hand hygiene and keeping commonly touched surfaces clean • Follow MOHLTC and PHU orders • Be immunized as soon as possible

5.0 Pandemic Planning and Preparedness

Preparedness involves measures that are put in place before an emergency occurs that will enhance the effectiveness of response and recovery activities, such as developing plans, tools, and protocols, establishing communication systems, conducting training, and testing response plans. In addition to the Pandemic Plan, The Canadian Mental Health Association Durham has a separate Emergency Preparedness and Business Continuity Plan.

In the event of a pandemic, appropriate preparedness and planning may reduce the number of people infected, the severity of illness, the number of deaths, and the amount of socio-economic disruption. The pandemic plan is reviewed after each outbreak and updated as needed by the Infection Prevention and Control Committee.

5.1 Preparing for an Emergency

The organization utilizes existing structures and control, which is reflected in the organizations Emergency Preparedness and Business Continuity Plan. In preparation for a pandemic being declared, the organization has developed strategies to reduce the human, resource, and community impact.

Planning and preparation strategies include:

- Maintaining incoming communication pathways for public health and ministry communications for passive surveillance and updates;
- Reviewing emergency plans, roles and responsibilities of employees during a pandemic;
- Establishing an operational team for enacting during a pandemic;
- Integrating and collaborating with local and sub-regional pandemic planning committees;
- Assessing employees' educational needs through anonymous and self-assessment surveys and establishing educational review based on assessed needs;
- Monitoring supply stock for personal protective equipment (PPE), cleaning supplies, infection control products;
- Maintaining communication with cleaning contractors to ensure availability of stock of their cleaning supplies and review of enhanced surface and clinic cleaning;

- Maintaining fit testing for N95 masks for designated employees (based on availability of stock);
- Develop communication plans to target different groups (e.g. clients, employees, specific risk groups, Board of Directors, community partners, contracted cleaners, etc.) to keep stakeholders updated on accurate information, service changes, alternate hours and directions;
- Press and media inquiries including the spokesperson for the organization would be directed as per the CEO or designate;
- Establishing secure remote access to Ontario Telemedicine Network, Electronic Health Record, teleconference lines, electronic faxing, internet, and email to support all employees to maintain workflow, communication and reporting in the event of quarantine or the need to work remotely;
- Establishing payroll strategies for remote authorization and advance calculations to support remote business continuity;
- Developing a mechanism to identify vulnerable clients for monitoring remotely in the event that this is required.

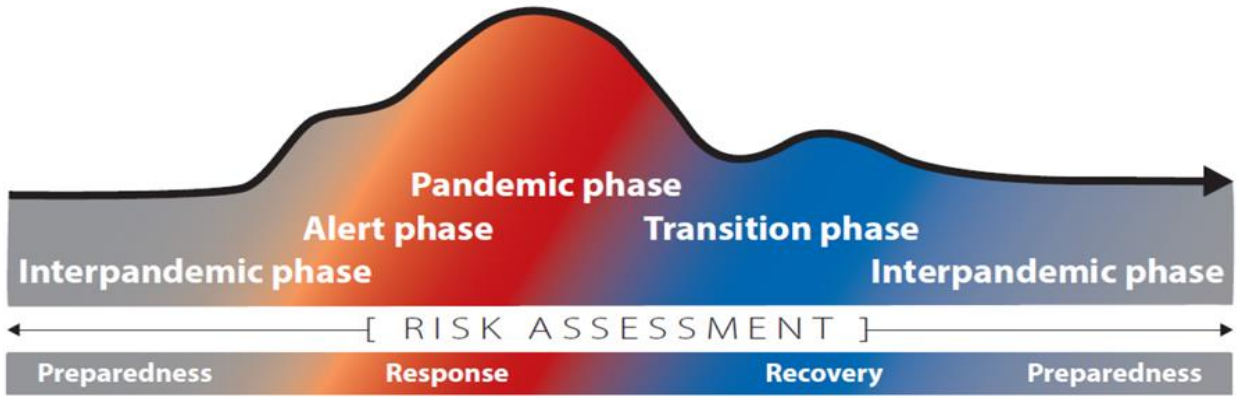
6.0 Surveillance

Early detection of pandemic activity in Canada is the role of Public Health and governing agencies. Surveillance consists of ongoing collection, interpretation and dissemination of data to enable the development of evidence-based interventions. This activity occurs at levels throughout the entire health care system and government agencies. The objectives of surveillance may differ according to the seriousness of the disease and the possibilities of intervention.

6.1 Pandemic Phases

The pandemic phases reflect WHO's[2] risk assessment of the global situation regarding illness symptoms with the potential to infect humans.

Figure 3: The Continuum of Pandemic Phases



Interpandemic phase: This is the period between pandemics.

Alert phase: This is the phase when the spread of illness is caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.

[2] "Pandemic Influenza Risk Management" World Health Organization, May 2017

Pandemic phase: This is the period of global spread of symptoms caused by a new illness subtype based on global surveillance. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.

Transition phase: As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

6.2 Passive Surveillance

Passive Surveillance: No Pandemic Activity in Canada/North America

Passive and active surveillance activities will be conducted during pandemic illness and the type of surveillance will depend on whether a potential pandemic strain of virus has first been recognized in animals, birds or humans, or if this is a new strain of pandemic virus that is not known or expected. Government agencies (e.g. Public Health) will identify the active surveillance strategies and disseminate the guidelines to primary care.

If a pandemic has been declared elsewhere in the world, but there is no pandemic activity in Canada, our organization will:

- Use a passive approach to surveillance
- Allow family members and visitors to self-screen
- Look for pandemic like illness symptoms in residents/clients while providing routine daily care or activities
- Ensure staff report pandemic like illness symptoms to their supervisor
- Ensure a daily surveillance form is used and includes resident/client identification, location, date of onset of symptoms, and a checklist of relevant signs and symptoms.

6.3 Active Surveillance

Active Surveillance: Pandemic Activity in Canada/Ontario (not Durham)

When there is pandemic activity in the country or province, our organization will take a more active approach to illness monitoring, including:

- Actively seeking out symptoms and risk factors for pandemic illness in clients, families, and visitors at all points of contact
- Reviewing daily reports, reviewing nursing progress notes, and asking staff for verbal reports based on clinical observations.

The organization would await information from the Durham Region Health Department to determine if services need to be altered and group activities curtailed.

Active Surveillance/Retraction of Services: Pandemic Activity in Durham

If the pandemic has spread into our community, the Durham Region Health Department will make this information known and will communicate with health care agencies such as ours.

- Local public health unit will notify community
- We will notify Medical Officer of Health or Designate of illness affecting our clients/staff and find out about availability of antivirals or vaccine
- Our organization will activate the Pandemic Plan where upon services are reduced to focus on essential services and priority clients
- Maintain active surveillance as indicated in previous stage.

The organization would continue to review guidelines for surveillance, case investigation, and treatment recognizing that ongoing pandemic activities may results in limiting services based on system resources. Therefore, active screening of clients and staff will occur as per the established guidelines of the government. The Provincial Emergency Indicators[3] are noted below:

Provincial Status ROUTINE	Declaration of Routine Conditions means that the healthcare system is operating under normal conditions. Under these conditions the ministry maintains ongoing surveillance for abnormal events.
Provincial Status ENHANCED	Declaration of Enhanced Conditions means that a potential emergency is developing at a local level. Under these conditions the ministry enhances its surveillance and monitoring activities and takes appropriate related actions. For updates and important information health care professionals would continue to check the Emergency Management Branch section of this website.
Provincial Status EMERGENCY	Declaration of Emergency Conditions means that the province is in an emergency response mode. Under these conditions the ministry activates its Emergency Plan and takes appropriate related actions. For updates and important information health care professionals would continue to check the Emergency Management Branch section of this website.
Provincial Status RECOVERY	Declaration of Recovery Conditions means that the ministry is working to ensure a smooth transition from Enhanced or Emergency Conditions to Routine Conditions. For updates and important information health care professionals would continue to check the Emergency Management Branch section of this website.

7.0 Ethical Considerations

In order to plan for a pandemic, decisions need to be made about which services are provided, how services will be provided, who will provide them, and how limited resources will be used. An ethical framework is required to assist in making these difficult decisions.

The key ethical issues during a pandemic identified by the Joint Centre for Bioethics at the University of Toronto in the report Stand on Guard for Thee Document (2005)[4] are as follows:

1. health care workers' duty to provide care during a communicable disease outbreak;
2. restricting liberty in the interest of public health by measures such as isolation and quarantine;
3. priority setting, including the allocation of scarce resources, such as supplies, vaccines, antiviral medicines, and staff support; and
4. global governance implications, such as travel advisories.

These may not be the main issues that our organization will face during a pandemic, however, they are critically important issues that warrant consideration.

[3] http://www.health.gov.on.ca/en/public/programs/emu/prov_status.aspx
[4] http://jcb.utoronto.ca/people/documents/upshur_stand_guard.pdf

7.1 Duty to Provide Care

Health care workers have an ethical duty to provide care and respond to suffering. During a pandemic, demands for care may overwhelm health care workers and their institutions, and create challenges related to resources, practice, liability and workplace safety. Health care workers may have to weigh their duty to provide care against competing obligations (i.e., to their own health, family and friends).

When providers cannot provide appropriate care because of constraints caused by the pandemic, they may be faced with moral dilemmas. To support providers in their efforts to discharge their duty to provide care, the organization will encourage early discussions and planning for personal and family preparedness. Employees will be asked to recognize the extreme nature of the circumstances during pandemic and their critical role in the health care system.

Employees will be asked to:

- Adhere to identified safety procedures and precautionary measures i.e. use Personal Protective Equipment as instructed;
- Work remotely if appropriate and/or work modified hours as directed;
- Be flexible and be redeployed based on need, recognizing that redeployment may require a shift in work location, in days or hours of work and a possible increase in hours of work;
- Accept reassignments and continue to work, recognizing the need to utilize all employees and their skills during a Pandemic;
- Identify when they have personal circumstances that may make them more susceptible to illness or place them at a higher risk for complications;
- Stay home if they are ill and adhere to the organizations directions with respect to established protocol for reporting sick leave;
- Recognize that administration may implement more stringent monitoring of fitness to work and return to work;
- Identify any skill deficiencies that they may have in relation to a reassignment but recognize that they may still be asked to provide services based on their existing skill level;
- Discuss scheduled vacations and leaves of absences with their Team Lead recognizing the possibility that canceling such requests may be necessary;
- Management may be called to duty while on scheduled absences (excluding those off on medical leave) to assist in the pandemic response;
- Ensure that they consistently carry appropriate personal identification with them;
- Stay informed about pandemic and the organizations decisions by accessing established communication methods daily; and
- Notify your Team Lead when issues arise that make it difficult to work and be prepared to explore alternate arrangements (i.e. childcare).

7.2 Individual Liberty vs. Protection of the Public from Harm

During a pandemic it may be necessary to restrict individual liberty to protect the public from serious harm. When making decisions designed to protect the public from harm, our organization will need to weigh the benefits of protection against the loss of liberty of some individuals (e.g. isolation or quarantine). The restrictions on individual liberty and measures to protect the public from harm should not exceed the minimum required to address the actual level of risk or need in the community.

7.3 Privacy

Individuals have right to privacy, including privacy of their health information. During a pandemic, it may be necessary to override this right to protect the public from serious harm, however, to be consistent with the ethical principle of proportionality, we will need to limit any disclosure to only that information required to meet legitimate public health needs. We will need to report to Durham Region Health Department staff and clients who show symptoms of pandemic illness.

7.4 Equity

During a pandemic, our organization will strive to preserve as much equity as possible between the needs of clients with pandemic infection and clients with other health care demands. Criteria for deciding which clients have priority access to our stored supplies and staff support must be clearly defined. Access to antiviral drugs and vaccine will be controlled by the Durham Region Health Department based on established priority groups.

External resources that may aid in ethical decision making include:

Quarantine Act
http://laws-lois.justice.gc.ca
The purpose of this Act is to protect the public health by taking comprehensive measures to prevent the introduction and spread of communicable diseases.

Coroners Act
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c37_e.htm
This Act provides information on giving notice of a death to the Coroner.

Occupational Health and Safety Act (OHSA)
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm
This Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The duties of workers are generally to work safely in accordance with the Act and regulations. The OHSA cannot be overridden by any emergency order made under either the EMCPA or the HPPA (OHPIP 2008, p.2-14).

College of Nurses of Ontario Ethical Framework
https://www.cno.org/globalassets/docs/prac/41034_ethics.pdf
Nursing standard that outlines the considerations related to ethical issues. Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Standards apply to all nurses regardless of their roles, job description or areas of practice.

8.0 Business Continuity

When a pandemic is declared, a range of strategies will be put into place to meet the organization's objectives. Standard operational procedures for essential functions will continue to be reviewed during a pandemic. These may include:

- Receive and establish procedures for alerts and outbreak verification;
- Increase information flows (at minimum daily team meetings to review situation reports, briefings, back-up of information);
- Suspend non-essential services with communication to enrolled clients
- Follow infection prevention and control guidelines for cleaning, disinfecting, precautions, and disposal;
- Review and ensure continuity of human resource management during an emergency;

- Ensure that business operations, payroll, banking functions are provided remotely
- Continue communication pathways to public health authorities for suspected cases, clinical guidelines, testing, results review and follow up care as per guidelines and direction; and
- Maximize virtual care and remote operations as needed to the highest degree possible to reduce transmission and to provide continuity of care to vulnerable clients, clients with chronic conditions, for medication renewals, virtual follow up visits and more.

8.1 Identifying Essential Services

The organization will discuss and identify essential and non-essential services and activities during a declared pandemic in alignment with the Continuum of Pandemic Phases (see Figure 3). This is achieved through the organizations Business Impact Analysis's (BIA's) for contingency planning to predict the consequences of service disruption. Information from BIA's are categorized and used to develop recovery strategies during a major emergency or disaster event.

The admission of new clients to Canadian Mental Health Association Durham programs and services will need to be carefully assessed on a case-by-case basis. In some cases, admission may be postponed until the pandemic wave has passed, depending on available staffing resources, the incidence of illness among current clients, and the availability of finite resources such as housing.

The Ministry of Health and Long-Term Care (MOHLTC) recommends maintaining services as long as possible or provide services in an alternate way e.g. via phone.

8.2 Assessing Client Needs and Priority Rating

In preparation for a potential pandemic, client care needs must be assessed so that appropriate supports can be given during a pandemic. This will ensure that limited staff resources can focus on clients with priority needs. Programs must identify clients who will be a priority in the event of a pandemic.

Each program will determine clients deemed a priority based on organizational definitions (high, medium, low). This information can be accessed through the Electronic Medical Record (EMR) or clients requiring time sensitive services i.e. Clozapine

The NPLC will use the electronic health record to generate a real-time list of clients that are considered "at risk". If a vulnerable client requires care during pandemic, the goal will be to maintain access and see them virtually or in person, ultimately early in the day and physically separated from unwell clients to minimize any potential exposure to illness.

8.3 Identifying Human Resource Needs

In the event of a pandemic, the organization will need to be prepared for high rates of absenteeism. It is expected that staff will be deployed in different ways to ensure that decisions are made, and essential services provided. Staff will need to be flexible and may be required to perform other functions if the supply of available staff is reduced. As mentioned, if a pandemic significantly affects our staff complement, the organization will reduce services to provide only the essential services identified. Employees may need to take on tasks they do not normally perform but will not be asked to take on tasks they cannot safely and properly perform.

If necessary, depending on the scope, scale, and time, the "Fan-Out" procedures as per the Emergency Preparedness and Business Continuity Plan may be deployed by the Chief Executive Officer or designate. This will assist us to communicate with staff to determine the status of those who are self-quarantined, to maintain work ties with those working from home, and to provide information about the status of the pandemic and any impacts on and actions taken by the organization.

8.4 Communications and Decision-Making

Consistent and frequent communication amongst organizational leaders as well as amongst staff, students, on-site community partners, and clients is essential for business continuity preceding, during and after an outbreak phase of pandemic illness. Our organization will keep abreast of the status of the pandemic through links with the Durham Region Health Department who will issue advisories relating to the impact of the pandemic at each geographic level (national, provincial, regional).

The Chief Executive Officer or designate will be responsible for maintaining communication with Durham Region Health Department and inform the Chair of Board.

8.5 Identifying Required Supplies

The organization regularly stocks hand sanitizer and personal protective equipment (PPE). It is possible that the availability of supplies may be affected by a pandemic. It is anticipated that items i.e. hand sanitizer, masks, may be in short supply due to disruptions. Based on the scope of the Pandemic, the organization may be required to purchase or obtain additional supplies and PPE. Stocked N95 respiration masks will only be available to designated staff that may be mandated to continue essential services i.e. Primary Care.

9.0 Pandemic Recovery

The decision to return to normal operations will only be made by the CEO or designate as directed by National, Provincial, and/or Regional level as applicable. Return to work direction will follow the Emergency Preparedness and Business Continuity Plan Fan-Out procedures as indicated in section 5.0 Pandemic Planning and Preparedness.

It will be important to ensure that clients are appropriately supported to recover from this potentially severe event. In order to do this, staff will need to assess:

- Each client's physical, mental, and emotional state
- Each client's trauma history which could be activated during an emergency situation
- The potential impact of media exploitation on clients and the need to divert client attention away from media coverage

10.0 Evaluation and Debrief

Following a pandemic occurrence, it will be important to evaluate the effectiveness of our activities, including our pandemic preparation and response strategies. Quality Council will engage in this evaluation in the aftermath of the emergency. A post evaluation meeting will be held to review the effectiveness of the organization's pandemic response. At the time of review any potential for improvements will be determined and recommendations shall be submitted for approval and implementation if warranted.