



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

REGISTRANT PANDEMIC PLANNING KIT

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COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Registrant Pandemic Planning Kit

Table of Contents

Introduction	2
How to use this kit	2
General Information	3
What is a Pandemic?	3
College Position	4
General Obligations	4
Roles of Organizations	5
The Role of the College	5
The Role of the Ministry of Health	6
The Role of an Employer	7
How do I prepare?	8
Prevention Resources	9
Infection Prevention and Control Guidelines for Occupational Therapists in Office Workspaces	9
General Fact Sheets:	9
Fact Sheets for Health Care Providers	10
Pandemic Planner	10
How can I help?	10
Self Assessment Tools	11
Local Information Resources	11
Summary	11
APPENDIX A	12
APPENDIX B	17

Introduction

The World Health Organization, the Public Health Agency of Canada and the Ontario Ministry of Health and Long Term Care have all released influenza pandemic documents to aid in the planning process and to address prevention, preparedness and operational activities for an effective response and recovery. There are a large amount of information and facts sheets available on this subject. Given the challenge for individuals to gather and synthesize this volume of information, the College of Occupational Therapists of Ontario has compiled these resources and cross referenced them with frequently asked questions to assist you in your pandemic planning, as you prepare both personally and professionally. Dealing with an influenza pandemic will present a unique challenge. Although there is no way to predict when the next pandemic will occur, many experts believe that it is overdue and planning must take place to deal with such an emergency.

It is important to recognize that as health professionals, occupational therapists have a role to play in contributing to the pandemic health threat that will affect both work and family life. In addition, the College has a role to play. During an infectious disease outbreak, such as an Influenza Pandemic, demands for care may result in health providers having to weigh the provision of such care against competing obligations to their own health and that of family members. In the current context of pandemic planning, there is a need for discussion and dialogue on this issue, in order to protect the values of openness and transparency, as well as the need to be inclusive of employer and stakeholder views.

It is expected that occupational therapists will examine their current roles in the health care system and the possible impact a pandemic may have on their delivery of services. Professional and personal pro-active planning, becoming informed about the options, being flexible about choices, and preparedness will help to mitigate many concerns. The College will be working to inform and support occupational therapists in pandemic planning.

Appendix A details a list of definitions pertaining to an Influenza Pandemic.

How to use this kit

This kit is intended to bring together resources for registrants that will help answer general questions related to pandemic planning. The intent is to introduce the steps involved and concepts to be considered when developing a professional practice emergency plan and to assist individuals to begin to prepare their own plans in the event of a flu pandemic.

General Information

What is a Pandemic?

A pandemic is the worldwide outbreak of a specific disease to which people have little or no immunity. An influenza pandemic occurs when an influenza virus changes and becomes a new strain against which people have little or no immunity AND this new strain is easily spread from person to person. Influenza pandemics have occurred about three times per century.

Some General Resources include:

- The World Health Organization (WHO) – the directing and coordinating authority for health within the United Nations system. Responsible for coordinating a global response to an influenza pandemic
www.who.int/csr/disease/avian_influenza/en/
- Health Canada Pandemic Influenza Portal
www.phac-aspc.gc.ca/influenza/pandemicplan_e.html
- Public Health Agency of Canada – communicates with key international organizations about outbreak activity world-wide. Responsible for coordinating a nation-wide response
www.phac-aspc.gc.ca
- Government of Canada Pandemic Influenza Plan
www.influenza.gc.ca
- Ontario Ministry of Health and Long Term Care (MOHLTC) – responsible for planning and managing the response to a pandemic in Ontario including: communicating information provincially to health care workers in partnership with various organizations such as the College of Occupational therapists of Ontario; Pandemic Planning through the MOHLTC
www.health.gov.on.ca/pandemic
- MOHLTC Emergency Management Unit – plans, organizes, manages and coordinates provincial responses to emergencies that affect and impact health.
www.health.gov.on.ca/english/public/program/emu/emu_mn.html
- The MOHLTC Emergency Preparedness Planner Newsletter
www.health.gov.on.ca/english/providers/program/emu/pan_flu/planner.html
- Provincial Infectious Diseases Advisory
www.health.gov.on.ca/English/providers/program/infectious/pidac/pidac_mn.html

- Local Public Health Units
www.health.gov.on.ca/English/public/contact/phu/phuloc_mn.html

College Position

The expectations of the College are outlined in a position statement entitled; *Position Statement: Influenza Pandemic*. This document is available in the What's New? section of the College website:

http://www.coto.org/pdf/COTO_Position_Statement_Pandemic.pdf

These expectations can be summarized into the following **five steps**:

1. Get informed

- Using this kit is the first step!

2. Have a plan (personal and professional)

- **Make a Plan**
http://www.health.gov.on.ca/english/public/program/emu/pub/prep/broc_plan_010606.pdf
- **Personal Emergency Kit Check List**
http://www.health.gov.on.ca/english/public/program/emu/pub/prep/broc_clist_010606.pdf
- • **Hand Washing Information**
http://www.health.gov.on.ca/english/providers/program/emu/emerg_kit/pdf/kit_handwash.pdf

3. Stay informed

- See section titled “Staying Up-to-Date” under “Roles of Organizations”.

4. Inform your patients

- See resources in “General Facts Sheets”

5. Comply with Public Health and the Emergency Management Unit directives and standards for practice

- See section titled “How can I help?”

General Obligations

During a Pandemic outbreak the Regulated Health Professions Act and the Occupational Therapy Act will continue to be in place. Occupational therapists will be expected to make decisions based on the code of ethics and within their own

personal ethical framework. The obligations of health care professionals have been considered in such articles as “On Pandemics and Duty to Care: Whose duty? Who cares?” www.biomedcentral.com/content/pdf/1472-6939-7-5.pdf in BMC Medical Ethics (April 2006) and “Stand on Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza” www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf from the University of Toronto Joint Centre for Bioethics (November 2005).

It is recognized that the answers to ethical dilemmas relating to care are often situational, and that the knowledge, skills and judgment of the individual will vary between profession and practice setting. As well, in an emergency, there may be a need for health care professionals to be reallocated from their usual roles and settings. During an influenza pandemic, governments and public health authorities will have to make difficult decisions (e.g. access to vaccines and anti-virals, reallocation of people and resources etc.). Members of the public, health care workers and organizations are more likely to accept the difficult decisions that must be made if the decision-making processes are open and transparent, reasonable, inclusive, responsive and accountable.

The MOHLTC has adopted an ethical framework for decision making using the following ethical principles:

- Individual liberty
- Protection of the public from harm
- Proportionality
- Privacy
- Equity
- Duty to provide care
- Reciprocity
- Trust
- Solidarity
- Stewardship
- Family-centered care
- Respect for emerging autonomy

Roles of Organizations

The Role of the College

When the Emergency Management Unit of the Ministry of Health and Long Term Care declares a Pandemic outbreak and the province is put on Amber Alert, the College of Occupational Therapists of Ontario will implement the College’s Business Continuity Plan for an Influenza Pandemic.

It may become necessary for College operations to move to a virtual format. Staff will be available to provide support via telephone, email and teleconference contact and through the College website, in order to continue the operation of essential regulatory tasks. The College telephone message will provide information on College operations as well as contact information for the Ministry of Health and Long Term Care INFO Line.

The role of the College during a pandemic is four-fold. The College will:

1. Ensure effective communication with registrants
2. Provide advice on regulatory issues and standards of practice
3. Maintain a mechanism to register qualified professionals
4. Conduct other business as required to address regulatory issues

In order to achieve these four goals, the College plans to:

- Maintain the Entry to Practice or Registration Program
- Maintain the Practice Liaison Program
- Maintain the communication service
- Suspend Quality Assurance and Professional Conduct activities

The Role of the Ministry of Health

The Ontario Ministry of Health and Long Term Care (MOHLTC) is responsible for planning and managing the response to an influenza pandemic in Ontario, including activities such as:

- implementing national recommendations;
- conducting surveillance activities;
- coordinating investigations of outbreaks;
- confirming pandemic activity in Ontario; and
- providing guidelines and direction to local public health authorities and the health care system to ensure a consistent response across the province.

The MOHLTC has developed the Ontario Health Plan for an Influenza Pandemic (OHP/IP) which describes in more detail the province's role and sets out expectations for local health authorities. This plan is available at www.health.gov.on.ca/pandemic.

Ontario Government Ministry of Health Information line; **1-866-801-7242**.

The Role of an Employer

It is essential that businesses and organizations make reasonable efforts to protect the health of their employees, safeguard critical operations and plan for a pandemic. To assist organizations to prepare for and manage the impact of an influenza pandemic, the MOHLTC has published a “Guide to Developing a Workplace Health Plan for an Influenza Pandemic”. The guide follows a four-pronged strategy:

1. Communication: Opening lines of communication with employees, clients and external suppliers;
2. Containment: Containing the disease to the extent possible by reducing the spread at an organization’s location(s);
3. Continuity: maintenance and continuity of critical services, and;
4. Personal Preparedness: Preparing individuals for a pandemic. For individuals working as employees, it is important to be informed of your employer’s pandemic plan and your role within that plan. Occupational therapists who employ others need to consider the impact of a flu pandemic on the workplace setting and the employees and develop a plan on how this situation will be managed.

Employer Resources

Pandemic Planning checklists are available along with additional resources for employers. These resources may also be helpful for employees who are required to follow their employer’s plan. Links to some of these resources are provided below.

- **Pandemic Planning Checklist for Employers**
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/employ/check.pdf
- • **Entry Point Notice**
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/employ/app_1.pdf
- • **Infection Control Poster**
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/employ/app_2.pdf
- • **Hand washing**
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/employ/hand_wash_tech.pdf

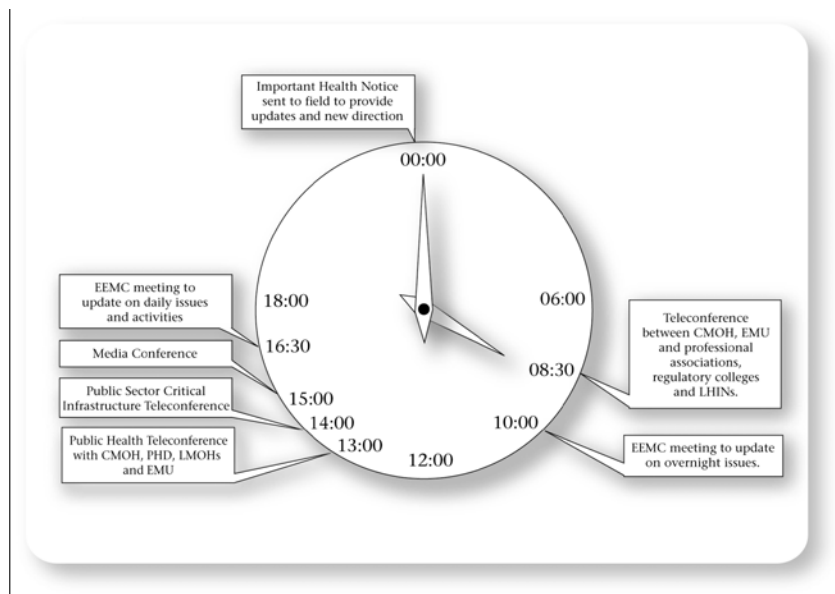
Staying Up-to-Date

In the event that the MOHLTC declares that a Pandemic Amber Alert situation exists in Ontario, the most up-to date information will be available directly from the MOHLTC website: www.health.gov.on.ca/pandemic or by calling the INFO line at 1-866-801-7242

Free advice and information will also be available via Tele Health Ontario at: 1-866-797-0000 or you can contact the Emergency Management Unit directly at: 1-866-212-2272 or emergencymanagement.moh@ontario.ca.

A Daily Information Cycle (**see figure below**) has been developed by the MOHLTC to ensure that health regulatory colleges receive regular timely reports during an alert, that information is disseminated and briefings are conducted at pre-determined times each day. The College will receive information briefings from the Ministry and then disseminate relevant data to registrants in a variety of ways (e.g. via email, website postings, telephone recordings etc). Contact the College at 416 214-1177 or toll free at 1-800-890-6570 or visit the website www.coto.org

MOHLTC Daily Information Cycle



Reference: Ontario Health Plan, Chapter 12, Communications

How do I prepare?

It is important to take the time to educate yourself on this topic by knowing the facts, in order to prepare yourself and your family for the flu pandemic. Developing

good infection control practices in your day to day activities will help to reduce the spread of infectious diseases. Proper hand washing as well as practicing coughing and sneezing etiquette that encourages sneezing into your sleeve are current evidence based best practices, shown to be the most effective ways to reduce the spread of infections. Proactive steps you can take now, to help prepare yourself and your family, includes making a plan and preparing a kit of resources available in the event a pandemic outbreak is declared.

Prevention Resources

Infection Prevention and Control Guidelines for Occupational Therapists in Office Workspaces

Infection Prevention and Control Guidelines for Occupational Therapists in Office Workspaces has been adapted from a provincial Plan (2006) for Occupational Therapists who work in small organizations or in private practice. Please see **Appendix B** for this document.

General Fact Sheets:

The following fact sheets are available from the Ontario Ministry of Health and Long Term Care website (www.health.gov.on.ca/pandemic), to aid in pandemic influenza preparedness planning. The focus of these fact sheets is to provide resources to inform the general public. Occupational therapists may find these resources helpful when preparing their individual and family plans as well as helpful resources to inform patients seeking information on the topic of influenza pandemic.

The Ontario Ministry of Health and Long-Term Care provides relevant fact sheets on an ongoing basis. The following are samples of the fact sheets currently available on their website:

- What is an influenza pandemic?
- How does an influenza pandemic start?
- What is the contagious period?
- What is the difference between ordinary/seasonal influenza (flu) and an influenza pandemic?
- Will Ontario be affected?
- What will happen if an influenza pandemic hits Ontario?
- Who is most at risk?
- How many people will fall ill? What kind of care will they need?
- What could a flu pandemic look like?
- When will there be a treatment for an influenza pandemic?
- When will there be a vaccine for an influenza pandemic?

- How can I protect myself and my family from an influenza pandemic?
- What is the health system doing to protect us from an influenza pandemic?
(Fact Sheets are also available in 24 languages, as resources for patients.)

Fact Sheets for Health Care Providers

The following fact sheets are available from the Ontario Ministry of Health and Long Term Care website to aid in Health Care Providers in pandemic influenza preparedness planning.

- How will anti-virals be used in an influenza pandemic?
- During an influenza pandemic there will be information from many sources – who should I believe?
- How can I bring forward my ideas and questions about planning for an influenza pandemic?
Who is in charge during an influenza pandemic?
- How will I be kept informed during an influenza pandemic?
- How is Ontario preparing to respond to an influenza pandemic?
- I work alone – how will I know what to do during an influenza pandemic?

An interdisciplinary, ad-hoc Infection Control Committee consisting of members from a number of Health Regulatory Colleges prepared a booklet entitled Infection control for Regulated Health Professionals as a resource and educational tool for practitioners. Click here to download a copy:

<http://www.coto.org/pdf/InfectionControlforRegulatedHealthProfessionalsFederationGuide.pdf>.

Pandemic Planner

The Ministry of Health and Long Term Care posts a monthly Emergency Preparedness Newsletter on their web site. This is a helpful resource intended for health care professionals to keep current with the government direction, planning activities and new developments. Click here for the monthly Pandemic Planner: http://www.health.gov.on.ca/english/providers/program/emu/emerg_prep/emerg_planner.html

How can I help?

During an infectious disease outbreak, such as an Influenza Pandemic, demands for care may result in health providers having to weigh the provision of such care against competing obligations to their own health and that of family members. Occupational therapists should consider their personal competencies relevant to the

provision of care during an influenza pandemic and develop a plan for decision-making and involvement. Individual circumstances will vary depending on practice setting and nature of professional practice. There are no right or wrong answers; self assessment tools provide an opportunity to understand the skills and competencies that may be needed during an influenza pandemic and enable self assessment of how best to be of assistance.

Self Assessment Tools

Ontario Health Plan for an Influenza Pandemic (OHPIP) provides resources to help individuals complete a self assessment of their own competencies for skills that may be helpful during a pandemic.

- Chapter 8A questionnaire – Care Competencies Assessment Parts I & II. (Please see *Ontario Health Plan for an Influenza Pandemic*, Chapter 8A, pp. 1-37)

Contact your local Public Health unit to review the guidelines developed for managing emergencies in your municipality and find out how you may be of assistance in your community during an Influenza Pandemic.

- http://www.health.gov.on.ca/english/public/program/emu/pub/pan_flu/pres_phu_051606.pdf

Local Information Resources

- Locating Public Health Units
- Local Health Integration Networks (LHIN)
- MOHLTC INFOLine 1 866 532-3161

Summary

An influenza pandemic will impact the lives of all occupational therapists, their families, and their patients. It is essential for occupational therapists to take the time to become informed. Proactive steps need to be taken now to develop a plan and ensure that resources are in place for themselves and their families in the event a pandemic outbreak is declared.

This document has been based on documents shared by the College of Physiotherapists of Ontario and the College of Nurses of Ontario. The College of Occupational Therapists of Ontario acknowledges their contributions to our plan.

APPENDIX A

INFECTION PREVENTION & CONTROL GUIDELINES FOR THE OFFICE

1. Scope and Purpose

- a. These Infection Prevention & Control Guidelines (IPCG) were written for Emergency Operations Centres, (EOCs), however they have been adapted by the College of Occupational Therapists of Ontario for Occupational Therapists in office workspaces. This document may be further adapted for any office workplace for Occupational Therapists.
- b. Its purpose is three-fold:
 - i. To identify the issues that may impact or affect the office; and
 - ii. To identify infection prevention and control measures that can be implemented to help the operational continuity of the organization, especially during influenza season or a pandemic.
 - iii. To identify infection prevention and control measures for the use of OTs in office environments, and private practices
- c. This document could be considered in the design and implementation of a specific emergency response program tailored to the needs of the organization and / or any unique situation.
- d. Each office work-site should have a designated Safety Officer, as appropriate.

2. Key Issue: Infection Prevention and Control to help Ensure Continuity of Operations (Business Continuity)

- a. **Primary concern** - The primary concern for the office is maintaining essential services while experiencing potential workforce shortages due to employee illness as a result of an infectious disease outbreak, ranging from a cold to potentially serious febrile respiratory illnesses such as influenza. Symptoms of febrile respiratory illnesses include both a fever and a cough.
- b. **Primary goal** – The primary goal for the office is to ensure that preventive practices are established to decrease the risk of transmission of febrile respiratory illness in the office setting. This will help to ensure continuity of operations (business continuity), which is especially important during emergency operations. **Note: for the purposes of this document the emphasis is on influenza viruses.**

- c. **Transmission of influenza** - Influenza is transmitted from person-to-person by droplets when an infected person coughs or sneezes.
 - i. Droplet-spread infections pass from person to person easily.
 - ii. Droplet-spread infections can also be transmitted indirectly by touching contaminated surfaces such as doorknobs, elevator buttons, keyboards, etc.

3. Infection Prevention and Control Measures

- a. It is recommended that Occupational Therapists in office workspaces and in private practice establish practices on infection prevention and control measures to minimize influenza virus infection and transmission.
- b. It is recommended that offices may want to appoint a designated Safety Officer who will provide orientation to **infection prevention and control information** which should include the following **components**:
 - i. **Promotion of influenza immunization** - Influenza immunization is strongly recommended for all involved in the operations of the organization, unless medically contraindicated. In Ontario, annual influenza immunization is recommended and available free to everyone over the age of 6 months who lives, works, or studies in Ontario.
 - ii. **Education on hand hygiene** - Frequent hand washing, the use of alcohol-based sanitizers and care when disposing of tissue and hand hygiene after using tissues are recommended. An appropriate alcohol based hand sanitizer contains 60% to 90% alcohol (isopropyl or ethanol).
 - iii. **Assessment** – Continuous assessment of the potential risk of infection and the appropriate use of personal protective equipment must be done (refer to sections 7 & 8 below).
 - iv. **Regular cleaning** – The work environment, focusing on frequently touched surfaces, must be subject to a regular cleaning schedule.
 - v. **Focus on individual responsibility** – It is each individual’s responsibility to keep him/herself, and fellow staff members, safe, including staying home when ill. The organization should establish a clear expectation that staff do not come to work when ill with a febrile respiratory illness and support this expectation with appropriate attendance management policies.
 - vi. **Procedures for personnel screening** – Procedures must be established for the screening of personnel for febrile respiratory illness, based on the Ministry of Health and Long-Term Care (MOHLTC) document “Preventing Febrile Respiratory Illnesses”, posted on the Ministry of

Health and Long-Term Care website at:
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_fri_092805.pdf.

For further information on infection control see the College Standard for Infection Control on the web-site at www.coto.org, and Infection Control for regulated Professionals
http://www.coto.org/pdf/InfectionControl_Standards.pdf
<http://www.coto.org/pdf/InfectionControlforRegulatedHealthProfessionalsFederationGuide.pdf>.

4. Hand Hygiene and Cough Etiquette

- a. Frequent and thorough hand-hygiene and routine infection control practices are important measures in preventing the spread of many infectious illnesses, including influenza.
- b. Frequent and thorough hand hygiene, either with soap and warm running water (for 15 or 20 seconds) or alcohol-based hand sanitizer, is the single most important measure for preventing infections. Alcohol-based hand sanitizers are not effective when hands are visibly dirty. Hands should be washed thoroughly with soap and warm running water, or wiped with 'moist wipes' to remove visible dirt prior to using alcohol-based hand sanitizers.
- c. The organization should design, implement and reinforce an awareness campaign to educate all personnel regarding routine infection-control practices that can prevent the spread of respiratory illness.
- d. A routine 'infection control' education campaign should also include cough etiquette: covering one's nose and mouth with a tissue when coughing or sneezing; washing one's hands after coughing/sneezing; appropriate disposal of tissues; and hand-hygiene after tissue use.
- e. Some suggestions for consideration are:
 - i. Accessible hand hygiene stations in multiple locations, and signage instructing staff when and how to perform hand hygiene.
 - ii. Posted guidelines / signage, and regular education about hand hygiene and cough and respiratory etiquette.
 - iii. Quick and easy access to hygiene supplies (soap, hand-washing gels, single use paper towels, tissues, etc)

5. Workspace and Equipment Disinfection

- a. The organization should maintain routine cleaning practices to keep the working environment clean; daily operation should be reflected in the frequency of cleaning.
- b. In addition, protocols may be instituted to clean the individual workplace before handing over to the next shift of personnel, as appropriate.
- c. Guidelines to be considered include the following:
 - i. scheduled cleaning of the personal workplace at the beginning or end of each shift
 - ii. follow manufacturer's instructions for cleaning agents
 - iii. containers for cleaning materials should be covered and kept separate from food preparation and rest areas
 - iv. surfaces to be cleaned should include frequently touched surfaces, such as: telephones, desktop, and keyboard
 - v. appropriate cleaning agents can be pre-packaged single-use cleaning towels or prepared for specific use (see: <http://www.phac.aspc.gc-ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>)

6. Personal Screening

- a. Workplace screening supports sustained operational capability during an outbreak/pandemic situation.
- b. Screening questions will be provided by the MOHLTC at the onset of an infectious disease emergency.
- c. Personnel conducting workplace screening at entrances need not be health professionals but should be advised as to the protocols to be followed.
- d. Personnel ill with a febrile respiratory illness (fever and cough) should be denied admission to the office until assessed by a health professional.
- e. Non-essential personnel should not be permitted access to the office.

7. Personal Protective Equipment (PPE)

- a. When it is deemed appropriate for PPE to be used in an office setting, it is essential if key personnel must enter the office when symptomatic, that they should:
 - i. Maintain >1 meter distance from others;
 - ii. Wear a mask to contain expelled droplets;
 - iii. Practice frequent hand hygiene; and

- iv. Ensure their workspace and any equipment they touch is disinfected (e.g. keyboards, phones).

8. Safety Officer

- a. A Safety Officer is responsible for the health and safety for all personnel.
- b. The duties of the Safety Officer should include the development/adaptation, review and update of the infection prevention and control initiatives.
- c. The duties and responsibilities of a Safety Officer must be clearly identified to all personnel in the office.

9. Summary

- a. An infection prevention and control program is not a static program or document; it should be monitored, evaluated, and updated on a regular basis to ensure it is congruent with current infection control practice guidelines.
- b. Ongoing evaluation of procedures should occur to ensure compliance with routine infection prevention and control practices and health and safety standards.

This Interim Plan has been adapted from The Provincial Coordination Plan for Influenza Pandemic, 2006.

APPENDIX B

DEFINITIONS OF COMMON TERMINOLOGY RELATING TO AN INFLUENZA PANDEMIC

To better help in understanding the plan and to avoid confusion, the following are a number of definitions often used interchangeably in discussions centered around the possibility of an Influenza outbreak:

Definitions:

Emergency – An emergency is a sudden and usually unforeseen event that calls for immediate measures to minimize its adverse consequences.

Disaster – An event that is relatively sudden, highly disruptive, time limited (although the effects may be longer lasting) and public. A disaster is usually of greater magnitude than an emergency; disrupts essential services such as housing, transportation, communications, sanitation, water and health care and requires the response of people outside of the community affected.

Business Continuity – The planning, training, procedures, and technical infrastructure required to maintain essential business operations during a catastrophic failure, disaster or other disruptive events.

Epidemic – A widespread outbreak of an infectious disease; many people are infected at the same time.

Pandemic – An epidemic that is geographically widespread; occurring throughout a specific region or even throughout the world.

College Pandemic Plan – A coordinated, stepped plan that considers the internal and external business of the College ensuring staff members, committee members and Registrants alike are supported, informed and updated as the Pandemic progresses during an Amber Alert.