

**SHERIDAN COLLEGE
PANDEMIC INFLUENZA EMERGENCY RESPONSE PLAN**

SEPTEMBER, 2009

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SECTION ONE – OVERVIEW

Part 1: Introduction

1. Plan Purpose and Scope

Pandemic influenza is considered to be a specific hazard that could significantly disrupt the operations of Sheridan College, the health care system, and the community at large. For this reason, actions are required to ensure that all Sheridan staff are equipped with the knowledge, skills, and resources to respond to a pandemic emergency. This Sheridan College Pandemic Response Plan has been developed to guide staff in their response to a pandemic influenza.

The Sheridan College Pandemic Response Plan is an appendix to the Sheridan College Emergency Response Plan. The Plan reflects current scientific knowledge and planning principles applied at local, provincial, national, and international levels. Subsequently, the following documents provide the foundation for this plan:

1. Halton Region Health Department: *Pandemic Influenza Response Plan, 2009*
2. Peel Region Health Department: *Pandemic Influenza Response Plan for the Health Sector in Peel, 2007*
3. Ministry of Health and Long-Term Care: *Ontario Health Plan for an Influenza Pandemic, 2008*
4. Public Health Agency of Canada: *The Canadian Pandemic Influenza Plan for the Health Sector, 2009*
5. The Honorable Mr. Justice Archie Campbell: *The Spring of Fear – The SARS Commission Final Report, 2006*

While the Plan is as complete as possible at the time of publication, pandemic planning is an ongoing process. The Plan will be reviewed on a regular basis to ensure it remains aligned with national, provincial and local plans and reflects current knowledge on pandemic influenza.

2. Plan Structure

This plan is divided into four main sections.

Section One provides an overview of pandemic influenza, the Sheridan's objectives for pandemic response, the ethical framework under which decisions during pandemic influenza will be governed, and the assumptions driving the planning process.

Section Two outlines the roles and responsibilities of internal and external stakeholders in relation to Sheridan's response to a pandemic.

Section Three identifies the specific components of Sheridan's pandemic response. This section outlines activities regarding academic services, infection prevention and control,

occupational health and safety, human resource management, and relevant emergency planning requirements.

Section Four addresses the distribution, maintenance and testing of this plan.

Part 2: Overview of Pandemic Influenza

Pandemics of influenza are extreme infectious disease outbreaks. Although many infectious disease outbreaks (e.g. Severe Acute Respiratory Syndrome [SARS], Ebola, HIV, or West Nile Virus) can cause devastation, these infections are typically limited in their spread to either localized areas or regions, or to at-risk populations. Pandemic influenza, by contrast, is an explosive global event in which most, if not all, populations worldwide are at risk for infection and illness. In past pandemics, influenza viruses have spread worldwide within months and are expected to spread even more quickly today given modern travel patterns. It is the sheer scope of influenza pandemics, with their potential to rapidly spread and overwhelm societies and cause illnesses and deaths among all age groups, which distinguishes pandemic influenza from other emerging infectious disease threats and makes pandemic influenza one of the most feared emerging infectious disease threats.

The agent of pandemic influenza is the influenza virus, which is also responsible for causing seasonal influenza, known by most persons as the flu. Seasonal influenza, a common disease characterized by symptoms such as fever, fatigue, body pain, headache, dry cough, and sore throat, affects large numbers of people each year. Influenza viruses are negative-stranded RNA viruses that have been classified taxonomically as orthomyxoviruses; they are divided into two types: “A” and “B” viruses. Influenza type C is not known to cause disease in humans and so is not applicable to this discussion. The remarkable variation of influenza strains—particularly type A—and their ability to cause annual epidemics of respiratory illness of varying intensity and severity, continue to be the focus of intense investigation.

Only type A viruses are known to cause pandemics. Type A viruses are further divided into subtypes based on the specific hemagglutinin (H) and neuraminidase (N) proteins on the virus surface. Currently, two subtypes of A viruses are in worldwide circulation in humans: H3N2 and H1N1. The emergence of both of these subtypes in the 20th century led to separate pandemics. For example, the 1918 pandemic resulted from the emergence and spread of the H1N1 virus while the 1968 pandemic was associated with the H3N2 virus. The 1957 pandemic was associated with the emergence and spread of the H2N2 virus; however, this virus subtype stopped circulating in 1968.

An important feature of influenza viruses that helps to explain much of their epidemiological patterns is the ability and propensity of these viruses to modify (drift) or replace (shift) two key viral proteins, hemagglutinin and neuraminidase, on the viral surface. Because these proteins are the main targets for the immune system, changes in these proteins can have minor to profound effects on the antigenicity of influenza viruses.

Several epidemiological features distinguish pandemic influenza from seasonal influenza. Pandemics of influenza are unusual events and their timing cannot be predicted. For example, only three pandemics occurred in the 20th century (1918, 1957, and 1968). The infrequency and unpredictable timing of these events is explained by the fact that influenza pandemics occur only when a new (or novel) influenza A virus emerges and spreads globally. By definition, most people have never been exposed to these viruses and therefore are susceptible to infection by them. In contrast, seasonal influenza virus strain variants are modified versions of influenza A viruses that are already in widespread circulation. Therefore, there is usually some level of pre-existing immunity to strain variants. Because of the frequent appearance of new variants, virus strains contained in seasonal inter-pandemic influenza vaccines must be updated annually.

Part 3: Pandemic Planning Phases and Periods

The World Health Organization (WHO) has identified periods and phases of an influenza pandemic (see Table 1) which were revised in 2005: Interpandemic Period, Pandemic Alert Period, Pandemic Period and the Postpandemic Period. Canada and Ontario have developed their planning around the WHO Periods and Phases to guide contingency planning and to define the roles and responsibilities of the various levels of government.

Table 1: World Health Organization Pandemic Phases

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

Source: World Health Organization. 2005.

Part 4: Objectives of Sheridan's Pandemic Response

In keeping with national, provincial, and local pandemic response objectives, the objectives of the Sheridan's response during a pandemic influenza are as follows:

1. To reduce the spread of pandemic influenza within all Sheridan facilities.
2. To maintain the provision of essential services and functions during a pandemic.
3. To make effective use of staff skills and knowledge.
4. To identify services that can be reduced, modified or curtailed.
5. To ensure that workplace health and safety standards are maintained.

Part 5: Ethical Framework for Decision Making¹

Individuals and agencies involved in a pandemic response may be required to make difficult decisions regarding the continuity of their operations and allocation of scarce resources. To support the decision making process, the *Ontario health Plan for an Influenza Pandemic 2008 (OHPIP)* outlines an ethical framework for decision making and rationalization. This framework has been adopted by this plan.

OHPIP states that stakeholders are more likely to accept difficult decisions if the decision making processes are:

1. **Open and transparent:** The process by which decisions are made must be open to scrutiny and basis for decisions should be explained.
2. **Reasonable:** Decisions should be based on reasons (evidence, principles, values) and be made by people who are credible and accountable.
3. **Inclusive:** Decisions should be made explicitly with stakeholder views in mind and stakeholders should have opportunities to be engaged in the decision-making process.
4. **Responsive:** Decisions should be revisited and revised as new information emerges, and stakeholders should have opportunities to voice any concerns they have about decisions through dispute and complaint mechanisms.

¹ Adapted from: Stand on Guard for Thee: Ethical considerations in preparedness planning for pandemic influenza.

University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group, November 2005.
<http://www.google.ca/search?hl=en&q=Stand+on+Guard+for+Thee&btnG=Google+Search&meta=> and OHPIP 2008 chapter 2 page 8

5. **Accountable:** There should be mechanisms to ensure that ethical decision-making is sustained throughout the response.

OHPIP further outlines the core ethical values that should be considered during a pandemic response. Specifically, more than one value may be relevant in any given situation and some values will be in tension with others. These core values, which are discussed in greater detail in the OHPIP, include:

1. Individual liberty
2. Protection of the public from harm
3. Proportionality
4. Privacy
5. Equity
6. Duty to provide care
7. Reciprocity
8. Trust
9. Solidarity
10. Stewardship
11. Family-centered care
12. Respect for emergency autonomy

Part 6: Planning Assumptions

As of the writing of this Plan, the World Health Organization (WHO) has raised the worldwide pandemic alert level to phase 6. The present escalation to phase 6 is based on the spread of the novel influenza A virus, and not the severity of the illness it causes.² At this time, WHO considers the severity of the influenza pandemic to be moderate, given that most people recover from infection without the need for hospitalization or medical care, national levels of severe illness appear similar to levels seen during local seasonal

² Public Health Agency of Canada: H1N1 Flu Virus – Frequently Asked Questions. Retrieved from the World Wide Web June 23, 2009. (http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/faq_rg_swine-eng.php)

influenza, and, overall, healthcare systems in most countries have been able to cope with the numbers of people seeking care³.

To date, the vast majority of H1N1 cases in Halton and Peel Regions have been mild.⁴ Therefore, although the current world pandemic alert is phase 6, planning assumptions and activities support the **local impact** of an influenza pandemic.

The following assumptions provide the framework for Sheridan's response to a pandemic:

1. The timing and epidemiology of a pandemic is unpredictable. The virus's capacity to cause severe disease in non-traditional age groups, specifically young adults, will be a major determinant of the pandemic's overall impact.
2. There will be no immunity to the virus that causes the pandemic.
3. The pandemic virus will be easily transmitted from person to person, with an extremely high rate of contraction if exposed. The virus may be spread one day before or up to seven days after symptoms appear. Symptoms will include the sudden onset of fever, headache, aching muscles, severe weakness and respiratory symptoms such as cough, sore throat and difficulty breathing.
4. The pandemic will infect regions of populations in multiple waves. The duration of each pandemic influenza wave will be 6 to 8 weeks. Three waves may occur within a period not to exceed 2 years.
5. A vaccine will not be available during the first wave of the pandemic, and it will be in short supply during proceeding waves. Healthcare providers and emergency response personnel will be the first to receive any vaccine once it becomes available.
6. Anti-viral medications will be in short supply during the pandemic and will be made available by the Ministry of Health and Long Term Care only to pre-established priority groups (medical and emergency response personnel). Healthcare providers and emergency response personnel will be the first to receive any vaccine once it becomes available.
7. Sheridan College will utilize ethical processes to guide decision-making in preparation and response to a pandemic as follows:

³ World Health Organization: Epidemic and Pandemic Alert Response. Retrieved from the World Wide Web June 23, 2009. (http://www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/index.html)

⁴ Novel H1N1 Influenza Update: Halton Region Media Release, June 11, 2009. Retrieved from the World Wide Web June 23, 2009. (<http://www.halton.ca/News?mediaShow.cfm?MediaID=2009-06-11-02-14-05>)

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- i. Open and transparent: decisions will be publicly defensible
 - ii. Reasonable: decisions will be based on relevant evidence
 - iii. Inclusive: stakeholders, where practical and possible to do so, will be engaged in the decision making process
 - iv. Responsive: stakeholders will be able to voice their concerns
 - v. Accountable: mechanisms will exist to ensure that ethical decision making is sustained throughout the pandemic
8. Sheridan College will utilize ethical values to guide decision-making in preparation and response to a pandemic as follows:
- i. Restrictions to access and the utilization of Sheridan facilities and resources will be proportional to the risk of harm to the Sheridan Community, necessary to protect the health and welfare of the Sheridan Community, and will be applied without discrimination or preference.
 - ii. Actions to protect the health, safety, and welfare of the Sheridan Community will not exceed that which is necessary to address actual risk and will serve to facilitate the greatest good for the greatest number of people.
 - iii. Measures to respond to a pandemic will be undertaken so as to maximize response while minimizing non-beneficial expenditures.
9. All campuses will be simultaneously impacted by the pandemic influenza.
10. 35-50% of full and part-time faculty, administration, and support staff, will be absent as a result of illness, care giving and normal absenteeism.
11. 5% of full and part-time faculty, administration, and support staff will never return to work as a result of long-term health implications or death caused by pandemic influenza.
12. 35-50% of full and part-time students will be absent as a result of illness, care giving and normal absenteeism.
13. 20-60% of the Sheridan community will be unable or unwilling to work for two to four weeks during the peak of each pandemic wave.⁵

⁵ Ontario Ministry of Health and Long-Term Care,
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/employ/guide.pdf

14. Some employees will be unable to make themselves available to work because of their priority of personal safety, their need to care for family members or others, and a fear of contracting the virus.
15. The potential for deaths will be based on mortality rates of 1 in 522.⁶
16. Given the predicted infection and mortality rates, it may be an extended period of time (i.e. four months to one year) before some employees or students are physically, emotionally, financially or otherwise capable of returning to work or school.
17. Processes and actions set out in the College's Pandemic Plan may be assumed by the Region of Halton Health Department, Region of Peel Health Department, Ministry of Training, Colleges, & Universities, Ministry of Health and Long-Term Care, and/or External Emergency Response Agencies.
18. The College will undertake measures to prevent the spread of influenza as long as possible. This will allow staff who perform essential functions, key responders, and decision-makers to remain operative until a percentage of sick personnel have survived the pandemic, built immunity, and are able to return to assist in response and recovery efforts.
19. Some employees and students may not be prepared, including ill or dependent students in residence, and this will result in the College facing greater taxation of its resources to respond to the pandemic.
20. The President, with the Executive, will determine at which point the absence of students, faculty and staff becomes an academic disruption (where institutional policy would have to be invoked and principles of academic integrity, fairness to students and timely communication would apply) and options for remediation considered. For the purposes of pandemic management, a trigger point of 50% of classes not being delivered, either because of an absence of students, faculty or other support resources (i.e. technologists), will be utilized to initiate the full suspension of all academic operations.
21. The College will adopt, on the basis of a percentage of faculty and staff reported sick or absent, a trigger point for full suspension of administrative operations.
22. The College will suspend academic and administrative operations should any life safety system fail (i.e. heating, ventilation, air conditioning, fire monitoring and safety, security monitoring, etc....).
23. The President, with the Executive, will determine at which point academic and administrative services will be resumed.

⁶ Toronto Public Health. Mortality rates are predicted to be 1 in 522 to 1 in 2870. Sheridan College will utilize the higher ratio (1 in 522) for planning purposes.

24. The President, with the Executive, will determine the circumstances under which residences will be closed, and subsequently reopened, during or after a pandemic influenza, unless otherwise determined by public health officials.
25. Students in residence and essential service employees 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.
26. Persons in neighbourhoods adjacent to the College campuses may seek advice, support or assistance from the College during a time of crisis and, as a guideline, the College should respond “as resources are available”.
27. 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).
28. The College should not rely on any level of government to provide policy direction before or during a pandemic nor should it assume that assistance will be provided during a pandemic, given the wide-scale demands and limitation of resources.
29. There will be an increased probability of exposure in some College buildings and gathering places where there is a greater likelihood of direct contact with others because of high volume of pedestrian traffic or high density of occupants. Examples include cafeterias and student residences.
30. Internal services critical to the health and welfare of the College population and that are especially important during an outbreak include Health Services, Cleaning, Security, Residence Services, Food Services, Facilities (utilities and plant services), Information Technology Services, and Communications.
31. Management employees in non-critical service operations may be re-assigned to a mutually agreed upon function to assist as required during a pandemic emergency.
32. Functional and technological provisions may be made for employees to work from home to the greatest degree possible (if, for instance, they are under quarantine, have care responsibilities, or are unable to travel).
33. SLATE may not be utilized as a substitute for academic classes normally held on College premises.
34. Both the suspension and resumption of academic activities will be implemented consistently across all campuses, schools, and programs to ensure the equitable treatment of all students and faculty.

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35. SLATE will be utilized, at a minimum, as an administrative and communications tool to facilitate an effective and efficient restoration and resumption of academic activities.
36. Resumption of all College activities will be determined with the advice and/or direction of Ministry of Training, Colleges, & Universities and public health officials.
37. The College will have a plan in place to facilitate the completion of any semester(s) impacted by a pandemic influenza.
38. Tuition refunds and ancillary financial issues will be addressed by the Ministry of Training, Colleges, & Universities to ensure consistency between colleges in Ontario.
39. The pandemic will cause a potential for unattended research and loss of intellectual property.
40. Transit service to College campuses may be disrupted or terminated during a pandemic.
41. Mutual aid agreements with individual retail operators/service providers will be pursued by the College in order to maintain services provided by commercial tenants for as long as possible during a pandemic.
42. Telecommunications infrastructure may degrade during a pandemic.
43. Campuses may be used as Assessment Centres during a pandemic. The utilization of any Sheridan resource to support the response to, and recovery from, a pandemic will be based on mutually agreed upon terms and conditions between Sheridan and external healthcare authorities (i.e. Region of Halton, Region of Peel, Ministry of Health and Long-Term Care) that will be developed well in advance of a pandemic emergency.
44. The Board of Health will not second College staff in the event of a pandemic.
45. Emergency response services (police, fire, ambulance) may be significantly degraded during each wave of a pandemic and the average response time will be 4 to 6 hours.
46. Based on the expected response times for municipal emergency services, each campus will designate and outfit an isolation room for use by Student Health Services.

47. Many students will be at above average financial risk due to the loss of jobs, loss of support from families, or similar conditions. The College will provide a plan to extend bursary funds beyond normal limits to support students thus impacted.
48. Given the expected duration of a pandemic and potential for financial loss, MTCU will continue normal grant instalments during the Pandemic without recourse for claw-back.
49. The College will provide timely, accurate, and relevant information to its employees, students, and stakeholders throughout the planning, response and recovery phases of a pandemic influenza.

Part 7: Legislative Considerations

The following legislation will also be considered in planning Sheridan's response to a pandemic:

1. Health Promotion and Protection Act R.S.O. 1990cH. 7 (HPPA)

The Health Promotion and Protection Act requires boards of health to provide or ensure the provision of a minimum level of public health programs and services in areas such 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.

2. Emergency Management Act R.S.O. 1990, c.E.9

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.

3. Bill 56 Emergency Management Statue Law Amendment Act, 2006

This legislation was designed to further improve the province's ability to respond quickly to all types of emergencies and will help clarify under what conditions the province can declare an emergency. The bill also added to the *Employment Standards Act* "Emergency Leave, Declared Emergencies," which is leave without pay where: an employee is not able to perform duties because an emergency has been declared; an emergency order has been made that applies to the employee; an order under *the Health Protection and Promotion Act* has been made that applies to the employee; the employee is needed to provide care or assistance to a family member; or any prescribed reason.

4. Personal Health Information Protection Act, 2004 S.O. 2004, C.3 Schedule A (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, disclosure of personal health information to the Chief Medical Officer or Health or Medical Officer of Health without consent is permitted, if for the purpose of the *Health Promotion and Protection Act*.

5. Occupational Health and Safety Act R.S.O. 1990 c.0.1

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.

6. Workplace Safety and Insurance Act, 1997, amended 2008 C.20.

The purpose of this Act is to accomplish the following in a financially responsible and accountable manner:

- i. To promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and occupational diseases.
- ii. To facilitate the return to work and recovery of workers who sustain personal injury arising out of and in the course of employment or who suffer from an occupational disease.
- iii. To facilitate the re-entry into the labour market of workers and spouses of deceased workers.
- iv. To provide compensation and other benefits to workers and to the survivors of deceased workers. 1997, c. 16, Sched. A, s. 1; 1999, c. 6, s. 67 (1); 2005, c. 5, s. 73 (1).

7. Additional Legislation

Other legislation that may be applicable is as follows:

- i. *Employment Insurance Act*
- ii. Human Rights Code
- iii. *Employment Standards Act*
- iv. *Quarantine Act R.S.C. 1985, C. Q-1.*
- v. *Ontario Colleges of Applied Arts and Technology Act 2002, O. Reg. 34/003*
- vi. *Regulated Health Professionals Act*
- vii. *Public Hospitals Act, R.S.O. 1990, C.40*

SECTION 2 – ROLES AND RESPONSIBILITIES

Part 1: Authority

The Sheridan College Pandemic Influenza Plan is a sub plan of the College's overall Emergency Response Plan.

The President, or his/her designate, is the person responsible for activating and deactivating this plan.

OHPIP and local health department plans identify those involved in managing the health care system response to an influenza pandemic.

Part 2: Role Definition

1. External Agencies

A. WORLD HEALTH ORGANIZATION (WHO)

WHO is the United Nations specialized agency for health matters. WHO's objective is the attainment of the highest possible level of health for all people. Health is defined by WHO as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁷ WHO is responsible for coordinating the global response to an influenza pandemic. WHO has established the phases for pandemic planning, as noted in Section 1 of this document, and has provided recommendations to jurisdictions for managing pandemic planning and response.

B. GOVERNMENT OF CANADA

The Government of Canada is responsible for liaising with WHO and other national and international organizations to coordinate the nation-wide pandemic response. Through the Public Health Agency of Canada, the Government of Canada has developed the *Canadian Pandemic Influenza Plan* that sets out the responsibilities of the federal government and the planning and response expectations for the provinces and territories. PHAC is the federal agency responsible for national health related pandemic planning.

C. GOVERNMENT OF ONTARIO

The Government of Ontario is responsible for planning and managing the province's pandemic response. Through the Ministry of Health and Long Term Care (MOHLTC) is the provincial ministry responsible for leading provincial pandemic planning, and has developed the *Ontario Health Plan for an Influenza Pandemic* which describes the province's responsibilities and sets out expectations for local health authorities.

⁷ World Health Organization (2007). *About WHO*. Retrieved March, 2009 from <http://www.who/about/en/>

D. REGIONS OF HALTON AND PEEL

The Regional Emergency Control Groups for both Halton and Peel Regions are responsible for the overall coordination of emergency response activities within their respective jurisdictions. Each Regional Chair will oversee their control groups and has the authority to declare and terminate emergencies within their regions.

E. HALTON PUBLIC HEALTH/PEEL PUBLIC HEALTH

Under the direction of the provincial and federal governments, the Medical Officers of Health for Halton and Peel are responsible for coordinating pandemic planning for the health sector in their jurisdictions. Halton and Peel Public Health is the recognized authority for the College in seeking out direction in implementing infection control measures to respond to an influenza pandemic.

2. Sheridan College – Positional Responsibilities

A. COLLEGE PRESIDENT

The College President, or designated alternate, is responsible for:

- i. activating and deactivating this plan as required;
- ii. notifying the Board of Governors and the Ministry of Training, Colleges and Universities (MTCU) when this plan has been activated or deactivated and providing both with regular updates and briefings as appropriate;
- iii. notifying the Executive activation of this plan;
- iv. in addition to directing the convening of the College's Pandemic Emergency Response Team (see below), establishing a hierarchy of roles and responsibilities for managing a pandemic emergency consonant with the College's emergency preparedness framework, including the appointment of the position of Chair, Pandemic Emergency Response Team;
- v. establishing appropriate institutional authorities for decision making in regard to policy and enactment of policy decisions;
- vi. consulting with Colleges Ontario, the College Compensation Committee and the Council of Presidents to ensure that concerns common to the Ontario College system are addressed at an appropriate level (e.g. union agreements);
- vii. providing strategic direction and leadership in emergency response and recovery activities and ensuring the coordinated allocation and deployment of human and physical resources;
- viii. authorizing the cancellation, suspension, modification, enhancement and/or resumption of academic and administrative functions and services based on the exigencies of the pandemic and pursuant to advice and/or direction from provincial and regional government authorities;
- ix. acting as spokesperson for Sheridan College;
- x. conducting post-incident debriefing sessions for the Sheridan community; and

- xi. maintaining a personal log of all decisions made and actions taken.

B. CHAIR, PANDEMIC EMERGENCY RESPONSE TEAM

The Chair, Pandemic Emergency Response Team, as appointed by the President, is responsible for:

- i. establishing a meeting location and convening a Pandemic Emergency Response Team (PERT) consisting of the College Executive or their designated alternates who have the skills and authority to make decisions regarding their specific areas of responsibility as pertaining to the College's management of an influenza pandemic;
- ii. establishing an Operations Cycle of meeting for the PERT and ensuring availability of administrative support to maintain a record of decisions made and actions taken (see Operations Cycle below);
- iii. identifying, coordinating, and communicating the immediate, intermediate, extended, and recovery requirements in response to the influenza pandemic;
- iv. providing the President with regular updates regarding the status of the influenza pandemic;
- v. ensuring adequate human, physical and technological resources to support the College's response to the influenza pandemic;
- vi. participating in post-incident debriefing sessions for the Sheridan community; and
- vii. maintaining a personal log of all decisions made and actions taken.

C. VICE PRESIDENT ACADEMIC

The Vice President, Academic, or designated alternate is responsible for:

- i. acting as Chair of PERT if designated by the President and performing said duties as set out in this plan;
- ii. participating as a member of PERT and/or appointing personnel with full authority to act in his/her capacity;
- iii. in conjunction with MTCU and other Ontario Colleges, establishing plans and guidelines for the successful completion of the academic year for students who are unable to attend classes/exams for an extended period of time either through personal circumstances related to the pandemic or in the event of the cancellation of classes;
- iv. in conjunction with Human Resources and Student Services, developing a system for monitoring attendance of : a) students at scheduled classes and examinations; b) faculty at scheduled examinations; and c) non-academic staff in their workplaces and for collating this information to support decision making processes of the President and PERT;
- v. reviewing the feasibility of providing College operated daycare services and ensuring that, while in operation during the pandemic, daycare services are provided in a manner to best mitigate the spread of influenza;

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- vi. ensuring the continuity of critical services and functions within his/her area of responsibility and the suspension, modification and enhancement of activities as appropriate;
- vii. participating in post-incident debriefing sessions for the Sheridan community; and
- viii. maintaining a personal log of all decisions made and actions taken.

D. VICE PRESIDENT FINANCE AND ADMINISTRATION

The Vice President, Finance and Administration, or designated alternate is responsible for:

- i. acting as Chair of PERT if designated by the President and performing said duties as set out in this plan;
- ii. participating as a member of PERT and/or appointing personnel with full authority to act in his/her capacity;
- iii. ensuring the implementation of additional cleaning and sanitizing regimes as recommended by regional health officials and Sheridan's occupational health and safety personnel;
- iv. if recommended by regional health officials, ensuring adjustments to ventilation systems to accommodate the housing of ill persons on campus;
- v. evaluating the feasibility of continuing or initiating capital projects, including construction, renovation and repair projects and suspending or modifying said projects as appropriate;
- vi. ensuring contracted service personnel are aware of College initiatives and protocols regarding infection control;
- vii. evaluating the need to modify or suspend the provision of food services;
- viii. authorizing the expenditure of funds to support response to the pandemic influenza;
- ix. directing the Human Resources department to review and/or create pandemic specific policies, taking into consideration respective Collective Agreements and the Terms and Conditions of Employment for Administrative staff, pursuant to, and as appropriate, regarding:
 - a. Absenteeism
 - b. Bereavement Leave/Emergency Leave
 - c. Communications
 - d. Contact Control and Monitoring Policy
 - e. Duty of Care
 - f. Fitness to Work
 - g. Hazardous Duty Pay
 - h. Healthy Workplace
 - i. Hours of Work
 - j. Overtime
 - k. Hygiene
 - l. Pandemic Crisis Support
 - m. Probationary Period
 - n. Recruitment and Selection

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- o. Redeployment
 - p. Re-entry and security for staff, suppliers and visitors
 - q. Restricted Access
 - r. Termination of Employment
 - s. Travel
 - t. Vacation and Vacation Pay
 - u. Work from Home
- x. ensuring the continuity of critical services and functions within his/her area of responsibility and the suspension, modification and enhancement of activities as appropriate, particularly payroll services and the provision of emergency financial assistance for students in need;
 - xi. participating in post-incident debriefing sessions for the Sheridan community; and
 - xii. maintaining a personal log of all decisions made and actions taken.

E. VICE PRESIDENT, BUSINESS DEVELOPMENT

The Vice President, Business Development or designated alternate is responsible for:

- i. acting as Chair of PERT if designated by the President and performing said duties as set out in this plan;
- ii. participating as a member of PERT and/or appointing personnel with full authority to act in his/her capacity;
- iii. in consultation with the Vice President Student Services and Information Technology, and in accordance with the direction of regional public health officials, reviewing the need to cancel or delay all special events and facilitating the communication of all cancellations;
- iv. activating Sheridan's Crisis Communications Plan as required;
- v. delivering information to the Sheridan community, stakeholders and the public regarding Sheridan's response to the pandemic influenza;
- vi. identifying issues, concerns and misinformation to be addressed and preparing and issuing responses as appropriate;
- vii. preparing messages for the President, or designate, and organizing media briefings as required;
- viii. assisting College school and department heads with the development of internal communications;
- ix. providing current and relevant information regarding the pandemic influenza consistent with direction from regional health officials;
- x. ensuring the continuity of critical services and functions within his/her area of responsibility and the suspension, modification and enhancement of activities as appropriate;
- xi. participating in post-incident debriefing sessions for the Sheridan community; and
- xii. maintaining a personal log of all decisions made and actions taken.

F. VICE PRESIDENT STUDENT SERVICES AND INFORMATION TECHNOLOGY

The Vice President, Student Services and Information Technology or designated alternate is responsible for:

- i. acting as Chair of PERT if designated by the President and performing said duties as set out in this plan;
- ii. participating as a member of PERT and/or appointing personnel with full authority to act in his/her capacity;
- iii. taking measures to ensure the functioning and integrity of College information technology devices and systems in support of the response to the pandemic influenza, subject to the availability and stability of external technology infrastructure;
- iv. depending on College direction regarding work from home policies, ensuring that College systems and networks can accommodate the anticipated number of users from remote locations, subject to the availability and stability of external technology infrastructure;
- v. liaising with internet service and telephone providers to confirm arrangements to ensure continuity of service and potential increases in service demands;
- vi. ensuring activation of residence service provider pandemic influenza plan and providing oversight of provider response to ensure alignment with College response objectives;
- vii. ensuring the continuity of critical services and functions within his/her area of responsibility and the suspension, modification and enhancement of activities as appropriate;
- viii. participating in post-incident debriefing sessions for the Sheridan community; and
- ix. maintaining a personal log of all decisions made and actions taken.

G. VICE PRESIDENT, PLANNING, INTERNATIONAL AND WORKFORCE DEVELOPMENT

The Vice President, Planning, International and Workforce Development or designated alternate is responsible for:

- i. acting as Chair of PERT if designated by the President and performing said duties as set out in this plan;
- ii. participating as a member of PERT and/or appointing personnel with full authority to act in his/her capacity;
- iii. ensuring the continuity of critical services and functions within his/her area of responsibility and the suspension, modification and enhancement of activities as appropriate;
- iv. developing and executing strategies for communicating with, recalling and supporting Sheridan students who are studying abroad as well as faculty and staff who may be in these international locations;

- v. participating in post-incident debriefing sessions for the Sheridan community; and
- vi. maintaining a personal log of all decisions made and actions taken.

Part 3: Operations Cycle

The Chair of PERT will schedule and conduct Operations Cycle Meetings for PERT. Depending on the nature and duration of the emergency, the frequency between meetings may vary. Meetings will be kept as brief as possible thus allowing members to carry out their individual tasks. A pre-appointed Administrative Assistant will maintain and update a log of decisions made, actions taken, and tasks assigned. During the meetings, the PERT will:

- i. inform each other of actions taken;
- ii. evaluate the status of the emergency;
- iii. identify problems;
- iv. make decisions and develop and modify action plans to support emergency response and recovery operations; and
- v. address other issues relevant to the emergency, including the cancellation, suspension or modification of routines operations and services.

SECTION 3 – RESPONSE ACTIONS AND CONSIDERATIONS

Part 1: Continuity of Operations

As noted above, each Vice President is responsible for ensuring the continuity of critical services and functions within his/her area of responsibility and the suspension, modification and enhancement of activities as appropriate.

Part 2: Designated Alternates

The Office of the Vice President Finance and Administration will maintain a record that identifies the designated alternates for the College Executive, Senior Management, and Associate Deans.

Part 3: Academic Planning Issues

1. Alternative Methods of Curriculum Delivery

Each school/division will investigate the possibility of alternate methods of delivering curriculum that will reduce the likelihood of person-to-person contact during the pandemic.

Since it is likely that faculty will request such action, each school/division should be prepared to address the issue and provide factual information if the alternate methods are not a possibility.

2. Requirement for Medical Documentation – Students

Consistent with MOHLTC projections, 45 per cent of those who become ill with influenza will not require medical attention by a physician. As such, it will be unlikely that medical documentation to support an absence will be available. In recognition of this fact, the requirement of current college policy to provide medical documentation to support absences resulting from influenza will be suspended upon declaration of a pandemic influenza.

The college PERT will monitor the issue and amend procedures, if warranted. Any changes to procedures will be based on recommendations from regional health officials. The PERT will notify the Human Resources Department who in turn will be responsible for notifying all their faculty and administrative staff of procedure changes.

3. Excessive Absenteeism in Class/Lab

While alternate methods of curriculum delivery will be implemented if appropriate in the circumstance, the program coordinator, in consultation with the Associate Dean will advise faculty to report any instance where excessive student absenteeism in classes or lab exist. The program coordinator, in consultation with the Associate Dean, will

determine what action can/should be taken, such as rescheduling or postponement of classes/labs.

4. Continuing Education

For programs offered through Continuing Education, the program manager, will advise faculty to report any instance where excessive student absenteeism in classes or labs exist.

The program manager, in consultation with the Associate Dean, will determine what action can/should be taken, such as rescheduling or postponement of classes/labs or make-up classes.

5. Hand Washing Incorporated into the Curriculum

Hand washing is regarded as one of the most effective methods to control the spread of germs. Several programs, such as Nursing and Early Childhood Education, already have hand washing built into their curriculum. For programs where hand washing would not be a natural fit with the curriculum, the program coordinator should consider the use of a hand-washing module made available through the learning management system.

6. Nursing Programs

An influenza pandemic will result in some challenges for the nursing programs. During the SARS outbreak, nursing faculty who supervised students in the hospital clinical component of the program were quarantined, as were some of the nursing students. Regional public health has advised that during a pandemic, quarantine will likely only occur for initial cases. Other scenarios could include hospitals suspending the clinical component of a program during a pandemic. During a pandemic, the MOHLTC holds daily teleconferences with key stakeholder associations and groups to update them on any developments that may affect clinical placements. Colleges Ontario has representation in the group, and that individual will report back to the colleges with applicable information.

There has been a preliminary suggestion that nursing students could be utilized by Regional public health or by hospitals during a pandemic. While public health may ask students to volunteer, the college will not coordinate this activity or recommend such action to students, for liability reasons.

The appropriate Associate Dean will therefore:

- i. Maintain communication with placement facilities to ensure the most current information regarding pandemic planning and its potential effect on the nursing program is available. Ensure contact information of nursing program students and employees is available should the need arise; and
- ii. Maintain communications with placement facilities to determine how the pandemic will affect the program, identify issues and propose solutions. Report outbreaks as

required to external agencies. Departments will determine how/if the program(s) can continue, should the clinical component be cancelled or student absenteeism becomes problematic. The above will be applicable to any program with clinical, field placements, cooperative education, etc.

8. Daycare Operations

The managers of Sheridan's Daycare and Montessori operations will maintain communication with the Ministry of Community and Social Services and public health officials regarding the operations during a pandemic. Outbreaks will be reported as per Ministry guidelines. Communications to parents will occur in consultation with Sheridan's Marketing and Communications Department.

8. English As A Second Language (ESL)

Communication and educational plans will need to address the special needs of those for whom English is not their first language. During a pandemic, media coverage may be sensationalized, which can be alarming to anyone, but especially for those who are not readily able to understand the information. In addition, should the college need to care for ill students, translators may be required.

The Dean of Student Services will therefore:

- i. Liaise with the Occupational Health and Safety department and the Advancement and Government Affairs department providing information regarding translation needs for the purposes of planning communication and educational plans; and
- ii. Ensure ESL/International students are aware of current information regarding seasonal influenza and pandemic influenza (if necessary)

9. Perceived Ill Students/Ill Students

It can be anticipated that students exhibiting symptoms may be present at work/school. Students will be advised to seek medical attention from Student Health Services. Should Health Services staff feel the student may have influenza, the student will leave the campus and stay at home until they are well.

10. Student Responsibilities

All students are asked to remain off-campus and not attend classes if they are showing flu symptoms. They should also contact their department office. All students are encouraged to prepare themselves and their families to avoid significant impacts due to emergency situations. If a college shutdown has been announced, students are expected to:

- i. Remain off-campus during the campus shut-down whenever possible
- ii. Keep in contact with the College through the main webpage: www.sheridaninstitute.ca to determine the state of alert on the campus and establish when they are to return.

Once a re-opening of the campus has been announced, students are expected to:

- i. Report to class on the identified day
- ii. If they are unable to report to class due to quarantine, nursing an infected person, or are ill with the pandemic influenza, they can contact their department office.

11. Students Bringing Children to Campus

In the event of a pandemic, increased infection control methods are imperative. It may be anticipated that parents will want to bring their children to campus, should their day care or public school system be disrupted by a pandemic. This practice will only serve to potentially increase the transmission of the virus. Students will not be permitted to bring their children to campus in the event of a pandemic.

As part of the communication plan, students will be advised of the importance of keeping their children (affected by closures) from accompanying them to campus and the prohibition of doing so. Stronger directives may be required and this issue will require reviewing, once the severity of the circulating strain has been established.

12. Student Recruitment

Student recruitment will be affected during a pandemic. Applications may decrease and staff with duties within the student recruitment, admissions and registration centre may be absent. Liaison with all agencies and school boards may have to be enhanced to maximize applicants. Within application processing, competitive programs can be filled, albeit delayed. Communication can be varied by sending out more hard-copy materials to agencies and school boards. Some planning projects may possibly be developed from home.

13. Program Closures

During phase 6 of the pandemic, if any single program would need to close then all programs at all campuses should be evaluated to determine if circumstances are such that those programs should also close. Sheridan will work to keep classes running for as long as possible provided that this can be done safely for students, faculty and staff. The decision to close academic programs will be based on input from public health and staff and student absenteeism at Sheridan.

Part 4: Human Resources Issues

1. Categories of Absences

Quarantine orders: An employee who has been diagnosed with pandemic influenza may be put under a quarantine order, and not be allowed to leave a certain location (home,

hospital, etc.). This means that they will not be able to attend work for the duration of the order.

Exhibiting flu symptoms: If an employee is exhibiting flu symptoms during an influenza pandemic, he/she is expected to stay at home and not return to work until the symptoms have passed. The individual will notify the manager of his/her department, who will then follow absence tracking procedures as outlined by human resources.

Caring for ill family members: In recognition that the respective collective agreement and/or terms and conditions of employment for administrative staff may contain provisions for absences due to the necessity of caring for ill family members, it is essential that supervisors notify the Human Resources Department.

Caring for dependants if schools/day cares closed: During a pandemic, due to social distancing, schools and/or day cares may close. This means that employees may need to stay at home in order to care for underage dependants.

Told to stay home: Some employees may be told by the college to stay at home because a business service will not be delivered during the pandemic.

Public transit disruptions: In the event that public transit is disrupted during a pandemic, some employees may not be able to arrive at work at their regularly scheduled time or may not be in a position to make alternative arrangements. Employees who regularly carpool to the college may also experience transit difficulties.

In recognition that the respective collective agreement and/or terms and conditions of employment for administrative staff may contain provisions for such lateness or absences due to transit disruptions, it is essential that supervisors notify the Human Resources Department.

Approved Volunteering in Community: Some employees may be given approval to volunteer in the community during a pandemic, as they have specific skills that may be of use to a particular organization, or because the functions of their department have been suspended during the pandemic.

2. Work Refusals

Under the *Occupational Health and Safety Act*, most employees have the right to refuse work if a condition of the workplace “is likely to endanger” their health or safety. Employees encountering the H1N1 virus in the workplace (or who fear that they may encounter it) may seek to exercise their right to refuse work in this regard.

When faced with a work refusal, the manager should immediately contact the Human Resources Department which will investigate, consider the right, and, failing resolution with the employee, notify a Ministry of Labour inspector. Failure to comply with the *Act* may result in fines.

3. Reporting Illness

Consistent with the provincial projections, 45 per cent of those who become ill with influenza will not require medical attention by a physician. As such, it is unlikely that medical documentation to support an absence will be available. In recognition of this fact, the requirement of current college policy to provide medical documentation to support absences of more than five days may be suspended.

PERT, with representation from Human Resources and the health and safety department, will monitor this issue and amend procedures, if warranted. Any changes to procedures will be based on recommendations from Regional public health.

4. Reporting Employee Absence – Administrator's Responsibilities

Administrators are responsible for the accuracy of reporting employee absences each week. Administrators will ensure they adhere to any directive from Human Resources regarding the reporting of such absences.

5. Continuity of Services – Human Resources

Human Resources will ensure staff are appropriately cross-trained in the various HR disciplines to ensure continuity of services. The priority for the department will be placed on employee issues relating from a pandemic.

6. College/Union Relations

Due to increased absenteeism during a pandemic, it is essential that dialogue between the college and union occur to address such issues as the requirement of backfilling positions, etc. Ideally, an understanding should be reached prior to the declaration of a pandemic. This aspect of the plan is the responsibility of the Human Resources department.

7. Death of an Employee

In the event of the death of an employee, the procedure for communicating an employee death will be determined by the College President.

8. Benefits

In the event the strain of influenza causes severe illness, it should be anticipated that the death of employee(s) will occur. Human Resources will ensure employees are cross-trained in order that the necessary documentation preparation for benefits can occur in a timely manner. Supervisors should ensure timely communications with Human Resources in the event an employee dies in order to ensure timely follow-up regarding benefits.

9. Employee Assistance Program

Should the health impact of the pandemic be significant, employees will be reminded of the Employee Assistance Program in order to assist them with the stress, grief counseling, etc.

10. Employees Bringing Children to Work

In the event of a pandemic, increased infection control methods are imperative. There is a possibility that public schools may close in the event the circulating strain of pandemic influenza is causing a serious illness, or if there is a significant outbreak within a school or daycare. This will occur upon the direction of the municipal public health office.

In order to limit exposure and maximize infection control, employees will not be permitted to bring their child to work during this period. Further, employees are encouraged to plan for this continuity within their family unit.

11. Employees Working Out-of-Country

Pre-pandemic, employees who conduct college business out-of-country should visit their travel physician and request information regarding a pandemic influenza kit, which could include a filled prescription for an antiviral such as Tamiflu. This would assist employees in a country when/if a pandemic is declared, as many countries will not have the product available. In addition, a supply of surgical masks would be beneficial (surgical masks are currently the mask recommended for use during a pandemic influenza).

In addition, the administrator of the department should discuss with employees working out-of-country the possibility of returning to Canada in the event of a pandemic. It should be noted that once movement towards a declared pandemic starts, using the WHO alert systems, it will likely escalate quickly. This necessitates pre-planning trips.

If an employee working out-of-country cannot travel back to Canada for a reason such as a travel ban, every effort will be made to supply the employee with protective equipment.

In addition, employees working out-of-country should follow the health directives from the Public Health Agency of Canada regarding recommendations for the traveling public. Information related to precautions and food preparation, especially in countries where outbreaks of avian flu are occurring, is especially important.

12. Emergency Scheduling

During a pandemic, work schedules may change. In planning for these changes Sheridan needs to consider the following:

- i. Shift changes
- ii. Changes in hours of work
- iii. Compensation

- iv. Redeployment of staff
- v. Provision of food to students, faculty and staff
- vi. Contracts and Collective Agreements

Part 5: Public Health Measures – Preventing the Spread of the Disease

1. Overview

Public health measures are non-medical interventions that may be used to reduce the spread of the influenza virus in the community. Decisions regarding the implementation of public health measures to minimize the transmission of influenza in the community in the event of an influenza pandemic will be made by the Chief Medical Officer of Health (Ontario) in consultation with local medical officers of health and other levels of government and will be made as events develop and with consideration for mortality, morbidity, infection rate, virulence and epidemiological data. These public health measures include:






- i. Providing public education (re: how the virus spreads, hand washing, coughing/sneezing etiquette, how to clean surfaces, how to access health care and related services, self care and how to care for others)
- ii. Issuing travel restrictions and screening travelers
- iii. Conducting case and contact management (public health staff follow-up with ill individuals to reduce transmission to others through self care, isolation and quarantine)
- iv. Community-based disease control strategies such as:
 - a. Restricting public gatherings (e.g. conferences, sporting events, faith-based ceremonies)
 - b. Encouraging or requesting social distancing in workplaces and post-secondary education institutions and,
 - c. Closing day cares, elementary and secondary schools.

Because public health measures are socially and economically disruptive, the Ontario Health Plan for an Influenza Pandemic uses a severity-based approach (see below) for the implementation of public health measures that are “proportionate to the risk of public harm and necessary to protect the public good.” The type and extent of public health measures will depend on the severity of the pandemic, as determined by the local health department. The recommended public health measures will be an integral component of Sheridan’s response to an influenza pandemic.

Pandemic Influenza Plan uses the Public Health Measures by Pandemic Severity guidelines to assist in determining the response to the pandemic. Sheridan may move between these phases during a pandemic wave. Decision makers should remain sensitive to the potential for three waves of the pandemic and the potential for long-term suspension of services.

Table 2 - Public Health Measures (Actions) by Pandemic Severity

Sheridan College Pandemic Influenza Emergency Response Plan

PUBLIC HEALTH MEASURE	PANDEMIC SEVERITY		
	Mild	Moderate	Severe
Public Education	Reinforce general infection prevention and control practices. Notify where to get information on self-care		
		Provide messages on social distancing	
			Provide messages on mask-wearing for people who do not have flu
Business Travel	Business as usual.	Consider deferring unnecessary travel.	Recommend deferring unnecessary travel.
	Refer travelers to PHAC website for Travel Health Notices and International Reports.	Consider measures to reduce the number of people on transit vehicles at any one time in the affected area.	Recommend measures to reduce the number of people on transit vehicles at any one time in the affected area.
Case Management	Voluntary isolation Self-Care Antivirals Public Health follow-up – individual as long as necessary to confirm the pandemic strain, then switching to group management strategies.		
Contact Management	Reinforce public education messages and provide information on where to go for care		
School and Daycare Measures	Reinforce infection prevention and control measures within the affected Ministry of Education region		
		Consider social distancing (e.g. limit size of groups and activities in schools) within the affected Ministry of Education region	
	Business as usual.	Consider closing day cares, elementary schools and secondary schools within the affected Ministry of Education region.	Recommend closing day cares, elementary schools and secondary schools within the affected Ministry of Education region for <12 weeks.
Social Distancing in the Community	Reinforce public education/infection prevention and control measures within affected areas.		
		Consider implementing social distancing measures in post-secondary institutions, workplaces and community in affected areas (e.g. distance between desks, flex hours, meeting via video, teleconferencing, working at home)	Recommend implementing social distancing measures in post-secondary institutions, workplaces and community in affected areas (e.g. distance between desks, flex hours, meeting via video, teleconferencing, working at home)
	Business as usual	Recommend that people avoid indoor public gatherings	Restrict all public gatherings

Source: Public Health Agency of Canada

2. Infection Prevention and Control Measures

Infection control measures are actions that can prevent or minimize the spread of the influenza virus in the community, educational and workplace settings. Sheridan's Pandemic Influenza Emergency Response Plan incorporates the following public health and infection prevention and control measures recommended by the Ontario Ministry of Health Plan for an Influenza Pandemic:

3. Hand Washing

Hand washing is the most important infection control measure applicable to all settings (home, work, community, health-care settings, etc.) since the influenza virus is easily killed by hand-washing products (soap, hand wash or hand sanitizer products). Hand washing may be supplemented but not substituted by other personal protective equipment (e.g. mask, protective eyewear, gloves).

Hands should be cleaned frequently with soap and water or with an alcohol-based hand sanitizer, especially after you sneeze, cough or blow your nose. Use a hand sanitizer if you are not near a source of soap and water.

The importance of hand washing for preventing the spread of the influenza virus should be communicated during regular seasonal influenza periods and reinforced and practiced by staff, students and visitors during a pandemic.

Hand washing can be promoted by:

- i. Educating staff and students of the importance of hand washing and proper procedures;
- ii. Posting signs;
- iii. Making hand-washing supplies easily accessible; and
- iv. Making hand sanitizers available at convenient location throughout the college (entrances, hallways, classroom entrances).

4. Respiratory Etiquette

One source of exposure to the influenza virus is through the spreading of droplets from sneezing and coughing. Contaminated droplets generated by sneezing and coughing may land on common surfaces or be sprayed up to two metres (six feet) and potentially be inhaled by anyone in this two metre range.

It is important for everyone to cover their mouth and nose when they cough or sneeze to prevent the spread of potentially contagious germs (droplets). If possible, people should stay more than two metres (six feet) away from people who are sneezing or coughing

5. Use of Masks

The wearing of masks by the public or people who do not have influenza is not recommended at this time. However, surgical masks can be used by those who wish to wear one provided they learn to don and doff masks properly to prevent contaminating themselves by avoiding contact with droplets deposited on the mask.

It is important for people to recognize the difference between surgical masks and respirators. Respirators are designed to fit with tight seal around the face to reduce exposure to airborne contaminants.

Surgical masks are not designed or certified to prevent the inhalation of small airborne contaminants and are not designed to fit with a tight seal around the face. Rather, surgical masks provide a physical barrier to protect against splashes of large droplets of blood or body fluids. Surgical masks also protect other people from contamination/infection by trapping large particles of contaminated particles that may be expelled by the wearer.

Surgical masks are used for different reasons including:

- i. Worn by sick people to limit the spread of infectious respiratory secretions; and
- ii. Worn by health-care workers to prevent accidental contamination of patient wounds and to protect themselves from splashes or sprays of blood or body fluids.

6. Housekeeping and Cleaning

People with influenza may contaminate their surroundings with respiratory secretions from their nose and mouth. Potentially contaminated surfaces include anything people come into direct contact with. Examples of potentially contaminated surfaces include:

- i. Door knobs, handles, hand rails
- ii. Keyboards, input devices
- iii. Telephones (handsets, number pads)
- iv. Sink faucets
- v. Desktop surfaces
- vi. Any shared equipment.

The frequency of cleaning these surfaces should be increased in a pandemic, but special cleaning agents or disinfectants are not required since the influenza virus is easily killed.

7. Social Distancing

Social distancing refers to measures to reduce or avoid close contact with other people as much as possible to reduce exposure to the virus. Strategies for social distancing at the college include the following:

- i. Avoiding large gatherings (e.g., gym, theatre);
- ii. Using stairs instead of crowded elevators;
- iii. Canceling non-essential face-to-face meetings;
- iv. Using teleconferencing, e-mail and faxing for communicating;
- v. Avoiding direct contact such as shaking hands, hugging or kissing people;
- vi. If possible, stay more than two metres (six feet) away from people who are sneezing or coughing;
- vii. Bringing your own lunch and eating at your desk or in an area away from others; and
- viii. Avoiding non-essential travel.

Public Health can ask post-secondary institutions to implement social distancing practices to reduce contact between adults such as;

- i. Spacing employees and students two metres (six feet) apart;
- ii. Allowing staff and students to use computer technology to work/study from home;
- iii. Limiting the number of people in a work/study area at any given time; and
- iv. Staggering working and lecturing hours to reduce number of people on public transit at same time.

These social distancing measures should be considered in a moderately severe pandemic and would be recommended by the Public Health Department in a severe pandemic.

Social distancing measures in the community include:

- i. Reducing the number of household visitors;
- ii. Canceling or postponing family gatherings, outings or trips;
- iii. Stockpiling household items to reduce the need/frequency to go shopping; and
- iv. Paying bills at ATMs, online or over the phone.

8. Self Care

Staff and students will need to have access to basic information for caring for individuals with influenza and how to access or seek medical information. This information may support caring for a family member or providing self care.

9. Voluntary Isolation - Stay Home If You Are Ill

Isolation refers to separating or containing an infected person during the communicable phase of a disease to prevent or minimize contact with other people. The influenza virus can be transmitted by infected adults from 24 hours prior to, and up to five days after the onset of symptoms and can last more than seven days for some adults and children. At the moment there is no firm data to support a specific period of time a person with

influenza-like-symptoms should stay away from work or school to prevent the spread of the virus. However, the Ontario Health Plan recommends that people with influenza-like-symptoms self-isolate and stay home to avoid contact with others and not return to work (or school) for at least five days after the onset of symptoms or until they feel well enough to return, whichever is longer.

10. Vaccines and Antiviral Medications

Antiviral medications and vaccines will play important roles for the treatment and prevention of a pandemic influenza. Unfortunately, the effectiveness of antiviral medications cannot be known in advance of a pandemic virus strain nor will a vaccine for the pandemic virus be immediately available.

11. Antiviral Medications

Antiviral drugs (i.e., anti-influenza drugs) can be used to treat and prevent influenza and will be an important part of the Ministry of Health's disease management strategy, especially in the early waves of a pandemic prior to the development of a vaccine. While antiviral drugs reduce the length of time people are ill and the risk of complications, hospitalization and death from seasonal influenza their effectiveness against a pandemic strain is unknown. Antiviral drugs need to be administered within 48 hours of the onset of symptoms to be effective.

Ontario has a stockpile of antiviral drugs sufficient to treat 25 per cent of the population, which exceeds the number of people expected to become sick enough to require antiviral treatment. At the time of writing, there are three antiviral drugs licensed for use in Canada for prevention and treatment of Influenza A infections. Each product has its own benefits and specific application:

- i. Amantadine
- ii. Oseltamivir (Tamiflu)
- iii. Zanamivir (Relenza)

12. Vaccines

Vaccines are currently used to immunize people against specific strains of Influenza A viruses and have been proven to be effective for preventing influenza in 70 to 90 per cent of healthy adults. Unfortunately, a vaccine will not be immediately available in the event of a pandemic because it will take time to develop a vaccine for the specific viral strain. The Ministry of Health cannot be certain of the effectiveness of the vaccine, once it has been developed, and the vaccine is not expected to be available for the first wave of the pandemic.

Once a vaccine has been developed, it will be distributed to local Public Health units that will organize vaccination clinics in their respective communities.

SECTION 4: PLAN MAINTENANCE AND TESTING

Part 1: Annual Review and Evaluation of the Plan

Under the guidance of the Director, Public Safety and Security, the College will annually review and evaluate this plan. Upon approval by the Vice President of Finance Administration, the Director, Public Safety and Security will facilitate amendments and revisions to this plan as necessary.

The incumbents of each position identified in this plan are responsible for notifying the Director of any revisions or administrative changes affecting this plan.

Part 2: Training and Exercises

The Director, Public Safety and Security will promote the development and delivery of a training program and assist with the training of staff including the development and conduct of appropriate exercises.

Part 3: Distribution

The Director, Public Safety and Security, is responsible for the distribution of this plan and subsequent amendments as required.