

## **Section 12 Service Continuity**

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## **1. Introduction**

### **1.1 Introduction to the HKPRDHU Influenza Pandemic Service Continuity Plan (SCP)**

The goal of the HKPRDHU Service Continuity Plan is to enable the Health Unit to maintain essential services for the public in the event of an influenza pandemic. This plan outlines essential services of all mandated programs, staff deployment to maintain these essential services, and procedures to keep influenza out of the Health Unit facilities and steps required to manage ill staff and contacts.

### **1.2 HKPR District Health Unit Organizational Structure**

The Health Unit jurisdiction encompasses the Northumberland County, City of Kawartha Lakes, and Haliburton County with an approximate population of 171,671 (2006 census based on 100% data).

The Board of Health is the governing body for HKPRDHU. It was created under the *Health Protection and Promotion Act* and oversees public health concerns, programs and services delivered by the Health Unit in the community with the Medical Officer of Health (MOH) reporting directly to the Board of Health. HKPR is required by the *Act* to ensure that specific public health programs and services are provided.

For an overview of the HKPR organizational structure, refer to Appendix 13.1.

### **1.3 Planning Assumptions**

In anticipation of an influenza pandemic, HKPRDHU has compiled the Pandemic Influenza Response Plan. The Plan is based on the following key assumptions:

- Pandemic response is a responsibility shared across the health care and community service sectors. Therefore, respective stakeholder agencies will develop and maintain complementary pandemic influenza response plans.
- Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon and resources of all regions will be simultaneously strained. Therefore, the Health Unit must be able to demonstrate a large amount of self-sufficiency in order to maintain essential services and be able to oversee the pandemic response.
- As the pandemic is likely to occur in waves, which may last over one to two years, this self-sufficiency will need to be sustained over a prolonged period.
- Regardless of the severity of the pandemic, there will be an illness attack rate of 35% over the duration of the pandemic, which means that, over the entire course of a pandemic, about 35% of the population will be sick enough with influenza to take at least a half day off work.

In the event of a pandemic it is expected that all staff in all departments will have a role to play. Staff would either be involved in services aimed at maintaining essential services or assist in the HKPR Pandemic Influenza Response Plan.

## **2. Human Resources Policies**

### **2.1 Ill Employees at Work**

During a pandemic, some employees may develop symptoms of influenza at work. These individuals may be advised to leave the workplace following an assessment by the Influenza manager (see section 6), and should not return to work until five days after onset of symptoms, or when they feel well enough to return to their duties, whichever is longer. Refer to the *Occupational Health and Safety* section of this plan for a detailed protocol to manage ill staff.

HKPR will need to appoint an *Influenza Manager* and alternate whose task will be the management of influenza cases in all five offices.

### **Φ Next Steps**

AD/HR to adopt, modify the following definition with respect to worker's ability to remain at or return to work:

**Fit for Work** - Fit to work with no restrictions.

**Unfit for Work** – Defined as a medically determinable illness that prevents an employee from performing the regular or modified duties of their occupation.

**Fit for work with restrictions** – Allows for the re-assignment of duties or reintegration into the workplace in a manner that will not pose an infection risk to the health care worker or to other individuals in the workplace.

(For detail, refer to:

[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/ohpip2/ch\\_07.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_07.pdf))

### **2.2 Emergency Scheduling and Staff Redeployment**

During a pandemic staff resources would be strained. As a result, work schedule will have to be changed, and duties will need to be redistributed. HKPR Human Resources should develop plans to address the following:

- The Health Unit's expectation of staff during a pandemic
- Shift changes
- Changes to hours of work
- Compensation and scheduling of overtime
- The need to reassign staff from one department to another on short notice
- Training employees for newly assigned work
- Provision of food to employees
- Information sessions to address concerns of staff regarding the influenza pandemic

The current collective agreements may not adequately address these issues. HKPR must negotiate solutions to these issues with each relevant union body so that emergency response plans can be implemented promptly and without acrimony.

## 2. HKPR Essential Services

Core essential services are defined as “services that must be delivered to ensure survival, avoid causing injury, and meet legal or other obligations of an organization” (Public Safety and Emergency Preparedness Canada, 2003). HKPR services were divided into four categories:

- “**Must Do**”: cannot be deferred or delegated during an influenza pandemic
- “**High Priority**”: do not defer if possible or bring back as soon as possible during or after an influenza pandemic
- “**Medium Priority**”: can wait if influenza pandemic is not too long;
- “**Low Priority**”: can be brought back when the influenza pandemic is over.

Department heads are responsible for the classification of services. For more detailed information on all HKPR programs and services classification, refer to Appendix 12.2.

### 3.1 Communicable Disease Control (CDC)

#### 3.1.1 “Must Do”

##### Control of Infectious Diseases

24 hour on call;  
Assess and respond to incidents within 24 hours;  
Identify and respond to outbreaks.

##### TB Control

Investigate cases;  
Provide TB drugs to cases & chemoprophylaxis to LTBI;  
Monitor adherence & completion of therapy.

##### Infection Control

Providing advice to hospitals on management of CDs.

##### VPD

Ensure availability of influenza & pneumococcal vaccine to LTCHs & chronic care hospitals.

#### 3.1.2 “High Priority”

##### Control of Infectious Diseases

Investigate & manage cases and contacts

##### VPD

Ensure access to immunization with provincially funded vaccines  
Provincially funded vaccines  
Ensure availability to physicians  
Investigate AVEs & report to Ministry

Refer to Appendix 12.2B for a summary of CDC essential services.

## **3.2 Environmental Health (EH)**

### **3.2.1 "Must Do"**

#### **Food Safety**

Emergency fire/flood;  
Risk assessment.

#### **Health Hazard Investigation**

24 hour on-call

#### **Safe Water**

Risk assessment;  
Regulated drinking water complaint;  
Boil water advisory;  
Boil water rescinding.

#### **Outbreak Control**

Institutional enteric outbreak;  
Non-institutional enteric outbreak.

#### **Rabies control**

Incident investigation;  
Rabies vaccine delivery.

#### **Ontario Building Code – Part 8**

Inspection of sewage system disposal;  
Complaint – Private sewage disposal systems.

#### **Food safety**

Food recall, depending on level of recall;  
Legal action.

#### **Ontario Building Code – Part 8**

OMB hearing.

Refer to Appendix 12.2A for a summary of EH essential services.

## **3.3 Family Health**

### **3.3.1 "High Priority"**

#### **HSBHC**

Hospital liaison;  
48 hr postpartum calls;  
Postpartum HVs  
High risk HVs.

## **3.4 Chronic Disease and Injury Prevention (CDIP)**

All services and programs of CDIP department can be suspended until the influenza pandemic is over.

Refer to Appendix 12.2C.

### **3.5 Administration and Human Resources (AD/HR)**

#### **3.5.1 “Must Do”**

Switchboard and reception;  
Processing of pay claims;  
Information technology maintenance.

Refer to Appendix 12.2C for further detail.

### **3.6 Dental**

#### **3.6.1 “High Priority”**

CINOT/OW administration.

See Appendix 12.2C

### **3.7 Epidemiology**

#### **3.7.1 “Must Do”**

Communicable disease reporting;  
Epidemiological support of outbreak investigation;  
Data management;  
iPHIS maintenance.

Refer to Appendix 12.2C.

## **4. Maintenance of Essential Services**

In order to mitigate the health impacts of an influenza pandemic on the community, HKPR will strive to maintain the delivery of essential services. In the event of absenteeism and subsequent staff shortages, staff from less critical areas (Services deemed medium and low priority) will be deployed to these core critical services (must do and high priority). These identified deployable staff will require training in these new roles before an influenza pandemic occurs.

In order to mitigate the health risks to HKPR staff that will be working directly with clients during an influenza pandemic, HKPR will institute policies and procedures to protect employees from contracting influenza as a result of their responsibilities, refer to the *Occupational Health and Safety* section for more details on staff and visitor protection.

### **4.1 Staff Deployment**

The current staffing in each department is outlined in Appendix 13.3. It describes the number of staff available for re-deployment in each department, and the number of staff required to maintain essential services in that department. HKPR staff were surveyed on core skills relevant to the maintenance of essential services and to the pandemic response. Staff skills are grouped into four broad categories:

- Administration/Human Resources,
- Clinical,
- Epidemiology,
- Supplies & logistics.

Refer to Appendix 13.4 for a detailed summary.

Staff skills list needs to be updated annually by AD/HR Department.

#### 4.1.1 Staffing During an Influenza Pandemic

Some HKPR departments are responsible for more essential services than others, therefore the level of involvement of each department in the pandemic response will vary based on its program and services.

The following table summarizes the level of deployable staff in each department including the office of the MOH.

Department	Maintenance of Essential Services	Pandemic Support Response
Office of the MOH	0	100% (2)
CDC	50% (12)*	50% (12)
CDIP	0	100% (46)
EH	80% (21)	20% (7)
Family Health	10% (3)	90% (25)
Epidemiology	0	100% (2)
Communications	0	100% (6)
AD/HR**	55% (11)	45%(9)
Dental	20% (2)	80% (8)
Total	59	108

\*Vaccinators were not included.

\*\* Excluding Communications, Epidemiology and the office of the MOH.

#### 4.2 Staff Training

The AD/HR Department is responsible for maintaining an up-to-date file on each employee's skills and training needs.

Staff will require introduction and familiarization with the HKPR Influenza Pandemic Service Continuity Plan. The process can be done either at the departmental level or at the all staff day meeting. Either the executive or management committee will decide on the format of this process.

Staff training should take place prior to an influenza pandemic. Department directors in concert with AD/HR will take into consideration the following when planning staff training:

- Number of staff that requires training
- Required qualification
- Availability of orientation manual
- Mode of training

- Time required for the training
- Funding for staff training

The following table provides core competencies in emergency preparedness for HKPR staff. Some are applicable to every employee; others are specific to a professional group or department.

**Table1: Staff Training Schedule and Category of Learning**

Basic	Basic	Intermediate	Advanced
Routine Practice Mode of Transmission Cough Etiquette Immunization Self Screening Stay home if ill Return to work policy Self care at home Pandemic influenza Communication during a pandemic HKPR Pandemic Plan and Service Continuity Plan.	Administration and HR Communication Dental Health promoters Nutritionists Volunteers Students		
<b>Intermediate</b>			
Basic learning level PPE Additional Precaution		Environmental Health	
<b>Advanced</b>			
Basic & intermediate Levels IMS Mass vaccine Prophylaxis			Managers/Supervisors CDC/Family Health/CDIP Nurses Epidemiologist(s)

**4.2.1 Roles and Responsibilities for Service Continuity**

All the Health Unit employees will play a role in the maintenance of essential services. The table below outlines roles and responsibilities of executives, managers/supervisors and staff.

	Responsibility
HKPR Executive Committee	<ul style="list-style-type: none"> <li>- Become familiar with their role at the incident command – Refer to section 1.3</li> <li>- Approve the HKPR Influenza Pandemic Service Continuity Plan</li> <li>- Ensure that the HKPR Influenza Pandemic Service Continuity Plan and the Preparedness Checklist Appendix 12.11) are updated annually</li> <li>- Ensure that staff are familiar with the plan</li> <li>- Ensure that training for replacement staff is provided</li> <li>- Ensure that essential services are provided</li> </ul>
Managers and Supervisors	<ul style="list-style-type: none"> <li>- Provide training and update to staff on the HKPR Influenza Pandemic Service Continuity Plan</li> <li>- Ensure that staff are trained in infection control practices</li> <li>- Ensure that critical services have adequate staff.</li> </ul>
Staff	<ul style="list-style-type: none"> <li>- Become familiar with the HKPR Influenza Pandemic Service Continuity Plan</li> <li>- Become familiar with infection control measures</li> <li>- Ensure critical services are delivered as directed by management.</li> </ul>

## 5. Occupational Health and Safety

In the event of a pandemic HKPR is responsible for the protection of staff and visitors within the Health Unit's premises.

To minimize illness among staff and visitors, HKPR will adopt the following strategies:

- Exclude workplace entry to people with influenza symptoms
- Practise good personal hygiene and workplace cleaning habits
- Increase social distancing (e.g. enable tele-working, avoid face-to-face contact)
- Manage staff who become ill at work

This section identifies specific issues and outlines procedures on how to address these issues.

The Influenza Manager or alternate, designated by the MOH, has the primary responsibility for this section.

The Influenza Manager will inform the Joint Health and Safety Committee of any relevant issue.

**Table 2: Occupational Health and Safety/Infection Prevention and Control Pandemic Checklist**

Task/Activity	Yes/No	Action Required
<b>1. Agency</b>		
1.1 Does the agency have a joint health and safety committee or occupational health representative?		
1.2 Is the employer aware of its responsibilities under the OHSA?		
1.3 Are supervisors and managers aware of their responsibilities under the OHSA?		
1.4 Are staff aware of their duties and responsibilities and rights under the OHSA?		
1.5 Has the agency developed occupational health and safety measures and procedures for use during an influenza pandemic in consultation with the joint health and safety committee or health and safety representative?		
1.6 Does the agency routinely review and assess its infection prevention and control programs in consultation with the JHSC?		
<b>2. Education and Training</b>		
2.1 Has the agency incorporated information for workers into its ongoing training programs?		
2.2 Do orientation programs for new employees include information on infection prevention and control and occupational health and safety measures during an influenza pandemic?		
<b>3. Risk Assessment</b>		
3.1 Has the agency completed a risk assessment in conjunction with JHSC to determine workers' level of risk during an influenza pandemic?		
3.2 Has the agency refined education and training plans based on the risk assessment?		
3.3 Does the agency have a procedure in place to regularly update risk assessments?		

3.4 Does the agency have a respirator protection, education and fit-testing program consistent with the Canadian Standards Association "Selection, Use and Care of Respirators"?		
<b>4. Hierarchy of Controls</b>		
4.1 Has the agency identified and implemented engineering controls that would reduce influenza transmissions?		
4.2 Has the agency reviewed and modified administrative and work practices to reduce the risk of influenza transmission?		
4.3 Has the agency identified the personal protective equipment that workers will require during an influenza pandemic?		
4.4 Does the agency have a four-week stockpile of personal protective equipment?		
<b>5. Infection Prevention and Control</b>		
5.1 Does the agency have an ongoing FRI surveillance program?		
5.2 Does the agency have immunization policies that encourage workers who provide care and/or services to patients with ILI to be immunized against seasonal influenza?		
5.3 Does the agency actively promote hand hygiene and consider it a standard of practice?		
5.4 Does the agency actively promote cough etiquette to staff and the public?		
5.5 Are staff aware of and trained in the routine practices and droplet, contact and airborne precautions to be used during an influenza pandemic?		
5.6 Do staff have easy access to the equipment and supplies they need to consistently use appropriate precautions?		
5.7 Have staff who will have contact with influenza patients (in MVCs) been fit-tested and trained in the use of N95 respirators.		
5.8 Are staff trained in the safe use and removal (i.e., donning and doffing) personal protective equipment?		
<b>6. Managing Workers with Influenza</b>		
6.1 Does the agency have a procedure to assess whether workers are fit to work?		

<b>7. Psychosocial Support</b>		
7.1 Has the agency developed plans to provide psychosocial support for workers during and after an influenza pandemic?		

### 5.1 Workplace Restrictions

Once a pandemic is declared by the World Health organization (WHO), HKPR should consider putting up notices at all five office entry points, advising staff and visitors not to enter if they have influenza symptoms.

Employees should be advised not to come to work when they are feeling unwell, particularly if they are exhibiting influenza symptoms. It may be helpful to inform staff of the differences in symptoms between influenza and the common cold, see table 2.

- HKPR staff will be provided with a copy of Appendix 12.7 (Difference between Influenza and Common Cold) and Annex A (Self-Care package)

Employees who are not feeling well should also be advised to seek medical advice. Employees who are ill should stay home until symptoms resolve.

AD/HR will use normal communication channels to ensure that all employees receive the notice. At the same time the CDC department will provide staff with information about how to stay well during an influenza pandemic, e.g. by distributing the Ministry of Health and Long-Term Care (MOHLTC) fact sheet and Health Canada self-care algorithm.

### 5.2 Personal Hygiene

HKPR Staff need to be reminded to practise good hygiene measures. Strict adherence to hand washing/hand antisepsis is the cornerstone of infection prevention and may be the only preventive measure available during a pandemic. Hand washing with plain soap or proper hand antisepsis is effective in inactivating the influenza virus.

**The *Influenza Manager* will disseminate the following messages to all employees:**

- Cover nose and mouth when coughing or sneezing. Use disposable, one-use tissues for wiping noses. Dispose of the tissue immediately after use with regular waste and perform hand washing/hand antisepsis. Refer to Appendix 12.13 (Cover Your Cough poster).
- Wash hands before meals, after using the toilet, coughing, sneezing, blowing your nose or when assisting an individual for any of these processes. Refer to Appendix 12.12a and 12.12b (Proper Handwashing Techniques).
- Avoid rubbing eyes or touching mouth or nose. Touching these parts can bring the virus into the airways after the hands have been exposed to the virus from an ill individual or a contaminated object.

- Avoid sharing glasses, water bottles, drinks, spoons/forks, etc.
- Avoid shaking hands.

The Influenza Manager will ensure that:

- There is a hand sanitizer at every workstation.
- There is a hand sanitizer at each office entrance.
- Every staff member receives a self-care package – Refer to Annex A.

**Table 3: Difference between influenza and a common cold**

Symptoms	Influenza	Common Cold
Fever	Usual, sudden onset 38 – 40 Degrees and last 3-4 days.	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhoea	In children <5 years old	Rare
Watering of eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a concurrent chronic condition; can be life threatening	Congestion or ear-ache

### 5.3 Personal Protective Equipment

Staff may request masks for protection on the job. The use of masks is a difficult and unresolved issue. There is no evidence that the use of masks will protect an individual from infection when the influenza virus is circulating widely in the community.

The Health Unit should consult with the MOHLTC, the Ministry of Labour, and labour unions on this issue.

- HKPR should provide up-to-date information and education to employees on the appropriate use of personal protective equipment.

- HKPR will keep a stockpile of surgical masks as part of the Health Unit's overall needed supplies.

#### **5.4 Workplace Cleaning**

The influenza virus can live up to two days on hard surfaces.

During a pandemic, HKPR will need to implement additional environmental cleaning in addition to the current cleaning schedule.

Influenza viruses can be inactivated by low-level disinfectant. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended.

- *Influenza Manager* will ensure that adequate supplies for hand washing and cleaning are available in all HKPR offices.

#### **5.5 Social Distancing**

Staff should be encouraged to minimize contact between each other whenever it is possible. A distance of at least three feet or one meter should be maintained between staff and visitors whenever it is practical.

Suggestions on how to minimize contact include:

- Avoid meeting people face to face – use the telephone, tele-conferencing and internet to contact other staff as much as possible – even when participants are in the same building.
- Avoid unnecessary travel and meetings.
- Bring lunch and eat at desk or away from others (avoid the kitchen). The Health Unit may introduce staggered lunchtimes so the number of people in the lunchroom can be reduced.
- Do not congregate at reception or in other areas.
- If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least one meter away from each other if possible. Avoid shaking hands. Consider holding meetings in the open air whenever it is practical.
- Set up systems where the public can request information via phone / email / fax and have forms / information ready for fast pick-up or delivery.

### **6. Managing Staff Who Become Ill at Work**

If a staff member feels ill, or if someone observes that another person is showing symptoms of influenza (see Table 2) at work, the *Influenza Manager* should be contacted immediately by phone.

Using the flow chart in Appendix 12.6 the *Influenza Manager* should avoid visiting the presumed ill staff member and use the phone as often as it is practical. *The Influenza Manager will proceed with the following:*

#### **Step 1**

Complete the suspected influenza at work form, refer to Appendix 12.8. Use table below as guide.

Does the employee have any of the symptoms listed in the flow chart? (Refer to Appendix 13.6)	
Yes	NO
<ul style="list-style-type: none"> <li>▪ Staff to be treated as a “suspect case”</li> <li>▪ Complete the appropriate form. Refer to Appendix 13.8.</li> <li>▪ Write down the names of all staff that have contact with the “suspect case” Refer to Appendix 13.9</li> <li>▪ Instruct staff where to find surgical masks</li> <li>▪ Instruct to leave work and seek medical advice</li> <li>▪ Inform supervisor or director</li> </ul>	<ul style="list-style-type: none"> <li>▪ Very unlikely that employee has influenza</li> <li>▪ Advise to call back for update</li> <li>▪ Advise to seek medical help if he/she is still concerned</li> </ul>

**Step 2**

The *Influenza Manager* will proceed to the management of “Contacts”. During a pandemic the definition of contact may change, therefore the *Influenza Manager* will consult with the Medical Officer of Health for instruction and then proceed to the following:

- Complete “Contact List” form. Refer to Appendix 12.9.
- Advise contacts that they have been in contact with a person suspected of having influenza.
- Ask contacts to go home, and stay at home until advised otherwise.

**Step 3**

The *Influenza Manager* ensures that the employee’s workstation is cleaned and disinfected as outlined in Section 5.4.

The *Influenza Manager* in coordination with AD/HR should set up a system to manage the absence and return to work of the employee and his/her contacts. Some issues to be considered:

- ✓ Ensure employee is healthy before allowing him/her back to work
- ✓ Encourage employee to return to work once he/she is well.

**7. Stages of HKPR Pandemic Response**

The Health Unit will respond to an influenza pandemic in a staged approach corresponding to Canadian pandemic sub-phases defined by the Public Health Agency of Canada.

The table below outlines the timeline of actions that need to be taken to maintain the Health Unit essential services before and during an influenza pandemic.

WHO Pandemic Phases		Action
Interpandemic Period	Phase 1	- All the Health Unit services are maintained.
	Phase 2	- Develop and refine Pandemic Response Plan and Service Continuity plan. - Assess staff skills.
Pandemic Alert Period	Phase 3	- Continue with phase 1-2 activities. - Determine training needs. - Cross train staff. - Key person to supervise the annual review of the SCP.
	Phase 4	- Continue with phase 1-3 activities. - Increase preparedness level.
		- Suspend low level services and increase staff level involvement in pandemic preparedness.
		- Continue with sub phase 1-4 activities
	Phase 5	- Continue with phase 1.0-4.2 activities.
		- Continue with phase 1-5 activities. - Ensure plans are finalized.
- Continue with phase 1- 5 activities. - Assess readiness level - Suspend Medium level services and deploy more staff to pandemic preparedness and response.		
Pandemic Period	Phase 6	- Continue with phase 1-5 activities - Appoint <i>Influenza manager</i> and Alternate.
		- Activate HKPR service continuity plan and pandemic plan.
		- All services except “Must Do” will be suspended and all available staff are deployed to pandemic response.

## 8. Conclusion

In the face of an emergency, be it natural or biological, the Haliburton, Kawartha, Pine Ridge District Health Unit must assume the leadership role for the community at large to minimize damage, and provide directives for the frontline health care workers within its jurisdiction who give care to those affected. In alignment with the Public Health Agency of Canada and the Ministry of Health and Long-Term Care, the HKPR District Health Unit has adopted a phased approach based on the Incident Management System model in preparation for an influenza pandemic. The objective of the HKPR Service Continuity Plan is to ensure minimal disruption of the delivery of essential services to the general public, and at the same time, address emerging challenges and issues faced by

the HKPR staff in the event of a pandemic. In keeping with this goal, the Plan facilitates the identification of HKPR essential services that should be maintained, outlines roles and responsibilities of all levels of staff, identifies staff deployment and training requirements to fulfill these responsibilities, and offers recommendations on management of suspect influenza cases at work. It is important to recognize that the current Service Continuity Plan is a preliminary plan that requires ongoing revisions. As the pandemic unfolds and more information regarding the nature and transmission pattern of the pandemic influenza become available, the Plan must be updated to reflect and address previously unforeseen areas of need.