

LOOKOUT HOUSING AND HEALTH SOCIETY POLICY AND PROCEDURE

SECTION: Health and Safety
TITLE: Pandemic Plan Policy
TO: All Staff
APPROVED: February 18, 2020 *(Replaces November 29, 2013)*
LAST REVIEWED: January 7, 2019

POLICY

The following procedures have been developed to manage the risks of contacting influenza, manage program delivery during a pandemic, and safely manage guests who become infected with influenza during a declared pandemic.

Failure to follow this policy, or breaching the intent of this policy, will lead to corrective action.

PROCEDURE

It is paramount for Lookout staff to share this information with the guests we serve. This educational information will be posted, highly visible, and accessible within all reception, dining rooms, and bathrooms of program delivery areas for anyone to review as desired.

Staff will verbally communicate the need for increased hand washing upon intake and prior to meal service during a declared outbreak.

Lookout Staff and Guest Protection

Reduction - Before an Influenza Pandemic

Staff and guest awareness is the first stage of pandemic planning. It is important to educate employees in the various ways that they can protect their own health as well as the health of our guests. This includes:

1. **Hand washing** – Hands can play a significant role in acquiring and in transmitting a virus from one person to another. Good hand washing habits are more likely to prevent infections than excessive cleaning and disinfection. Most people do not wash their hands for long enough or in the correct manner. See the following website for hand washing guidelines:
<http://www2.worksafebc.com/media/fss/handWashing/slideshow.htm>.

Wash your hands often, especially:

- a. Before, during, and after you prepare food;
- b. Before you eat, and after you use the washroom;
- c. After handling animals or animal waste;
- d. When your hands are dirty, and;
- e. More frequently when someone is sick.

Lookout will hang posters in all washrooms, at all sites, and high traffic areas to remind all staff and guests of proper hand washing techniques on an on-going basis.

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2. **Touching your eyes, nose, or mouth** – Try to refrain from touching your face unless you have just washed your hands. It is especially important when using contact lenses that your hands have been washed well.
3. **Cough etiquette** – Turning your head and coughing or sneezing into a disposable tissue or the inside of your elbow will assist in reducing the spread of germs. Remember that you are contagious and spreading germs before you ever start feeling the symptoms of the flu. Also, use disposable tissues only once and ensure that you place them in the garbage right away so that they do not contaminate surfaces.
4. **At the washroom sink** – Use a paper towel to turn off the tap in the washroom after you have washed your hands so that you don't contaminate your hands again. Use the same paper towel to open the door of the washroom and other doors that you may have to open to get back to your work area.
5. **Hand Sanitizer** – Use alcohol based waterless sanitizers where water basins are not possible. Hand sanitizers don't clean visibly soiled hands, but they do kill germs on hands. Hand sanitizers should not be confused with antibacterial soaps, where concerns have been raised about their possible role in antibiotic resistance. Alcohol based hand sanitizers do not pose this risk.

Hand sanitizer is available to guests in public areas at all sites. Sanitizers will be placed at such a height to ensure that wheelchair users may also access them. Increased hand sanitizer stations are installed for staff. Hand sanitizer gel is not provided to replace hand washing with soap and water. However, there are times when it may not be convenient or practical to get to a sink to wash your hands and the hand sanitizing stations will allow staff to kill any germs without water.

6. **Managing shared work areas** – If you share a work space with others, ensure that you clean telephones, keyboards and other surfaces that may be touched by many people. Lookout will provide wipes that can be used for this purpose. Lookout Janitor/Maintenance and Homemakers will be trained in how to handle particular potential pandemic situations in an effort to keep all staff healthy and safe. Posters promoting routine cleaning will be created and posted in high traffic areas to remind all staff on an ongoing basis.
7. **Getting an annual flu vaccination** – It is a good idea to get your annual flu vaccination, and ensure your family members do as well for you and your families health, and also as it protects our guests, most of whom live with poor health and are highly vulnerable to contagious diseases including influenza. While this will not yet protect from new pandemic virus strain, it will prevent other forms of influenza in 70% of the healthy population. Health Officers stress the importance of annual inoculations, and BC has a law where anyone working with vulnerable populations must get a shot or wear a mask during the flu season. Lookout will provide employees and their families with the ability to obtain flu shots through the various Lookout sites. Significant notice will be made reminding staff of the necessity to access flu vaccinations. Posters promoting the available vaccinations will be created and posted in the team book to remind all staff on the importance of getting the flu shot.
8. **Maintain a good diet** – Try to get adequate sleep, a well-balanced diet and drink plenty of water.
9. **Knowing the difference between a cold and the flu** – You will likely know the difference between a cold and the flu. Most flu symptoms typically appear so quickly that people can recall the exact

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moment they first felt sick. Familiarize yourself with the similarities and differences in symptoms of the flu and a cold as noted below:

SYMPTOM	INFULENZA	COMMON COLD
Fever	Usual, sudden onset 38° - 40° and lasts 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	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing Usual	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 current chronic conditions; can be life threatening	Congestion or earache
Fatalities	Well recognised	Not reported
Prevention	Influenza vaccine; frequent hand washing; cover your cough	Frequent hand washing, cover your cough

Lookout - Program Operational Impacts

It is anticipated that businesses/service providers may have a short lead time of less than three months to prepare once a pandemic influenza strain outbreak has been identified. Outbreaks will likely occur simultaneously in multiple locations in two or three waves within a twelve month period. In any community, it is anticipated that a pandemic wave will generally last six to eight weeks but this is only an estimate. All sites will need to consider the impact of a pandemic on their critical business functions and have a plan in place before a pandemic occurs.

Staffing Levels

Statistics indicate that Lookout should be prepared for staff reductions of at least 30-35% during each wave of a pandemic outbreak. It is likely that staff shortages may actually reach upwards of 50% for 2 to 3 weeks at the peak of each pandemic wave. Staff reductions of 30-35% would translate into similar or higher staffing levels than at the peak of yearly vacation scheduling. However, it should be noted that Lookout’s management team staggers the number of people that are eligible to be on vacation at one time and ensures that cross-trained staff can pick up the slack, whereas this may not be possible in a pandemic outbreak.

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There are several general policies/procedures that will be implemented immediately by the Chief Executive Officer if there is notification of a pandemic breakout to help protect the health and safety of all staff and guests. These include:

1. Limiting non-essential travel, both inside and outside of the province;
2. Utilizing conference calling whenever possible to reduce face-to-face meetings with staff and/or outside guests;
3. Encouraging staff to avoid mass gatherings, even in their personal lives, to reduce their chance of exposure;
4. Encouraging staff to increase their hand-washing habits and avoid touching their face;
5. Initiating infection control protocols including teams to clean common surfaces such as door handles and utility rooms daily;
6. When possible, implementing shift work to reduce contact with each other;
7. Adopting work from home policies for applicable staff to reduce contact with other workers and guests.

30-50% Staffing Reduction Plan Essential/Core Services

In order to maintain Lookout's critical service delivery functions with a 30-50 percent reduction in staffing levels, we have considered several delivery options that still provide a minimum level of service to our guests while helping to protect the health of the staff by reducing their exposure to others, if possible. The programs are prioritized in order of minimum essential services; therefore, if Lookout Resource Centres or Shelters require staffing, they may need to recruit from some of the listed programs. Fifty-nine of ninety-six (61%) FTE's are required to provide Lookout's essential services and provide basic services and shelter to the individuals we serve.

Cross-Training of Staff

In the event of Lookout's essential services reach critical staffing levels, individuals who have worked in other classifications will be deemed as multi-trained in those programs and available to provide additional staffing resources as needed. Outreach Workers are to be scheduled into other programs as required, excepting medication shifts. Shelter Resource Workers are to be rescheduled based on the experience of the staff. The following chart is to be used to track individual staff members who are able to be reassigned to different programs, as required at the time. In addition, Managers can be incorporated into schedules should that be required, according also to their experience.

Alternate plans

Note that should supervisory oversight be necessary, but the management team unable to fill the role, that supervisors from the programs may be called upon to serve as temporary managers.

Should staffing levels still fall, temporary staff from an agency could be called in to assist with basic services and security.

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Other Notes

Once notification of a Pandemic has occurred, this plan will take effect thereby ensuring the continuation of services. The support programs (Outreach, Resource Centres) will cease functioning only if staff levels reach a critical point in the essential programs.

- All of Lookout's essential, or core services, will be forced to shut down in case of sustained water and power outages. This would happen in only the most extreme cases, due to staff and guest safety.
- Lookout will have constant communication with BC Housing, Vancouver Coastal and Fraser Health Authorities to ensure best practices and new developments in regards to the pandemic.
- Lookout will promote car-pooling for the staff that requires public transit to get to work where possible.
- Flexible shifting will be considered to ensure uninterrupted guest service, staff safety and to avoid crowds.
- None of the Essential/Core Services can be performed from home as these services are not guest-based on the job site.
- Management and administrative services can largely be based from home, rather than the office, but managers may need to come into the office for files and supplies.
- Agency staff meetings will not be held until the pandemic has passed. Meetings that are unavoidable will be conducted in a large meeting room or in the open air (weather permitting), and attendees will sit at least one meter away from each other.
- Activities, referrals, housing and compiling community resources within the Resource Centres will cease until they are safe to commence and the programs are fully staffed.
- Professionals from outside agencies or ministries utilizing Lookout property will be asked to suspend service until the pandemic has passed unless they are directly related to the prevention of the pandemic or removing those infected.
- Signs will be posted to remind staff and guests not to touch each other (avoid shaking hands or hugging).
- Lookout will encourage staff to avoid recreational or other leisure classes/meetings etc. where they might come into contact with infectious people.
- Lookout will increase utilization of on-line services and/or the telephone to contact guests.
- Surgical masks and additional rubber gloves will be available for staff and guests
- Any Lookout staff that become ill at work will be encouraged to: contact their manager, return home, and seek medical attention. Their workspace will be immediately cleaned and disinfected. People they have had contact with will be closely monitored for signs of infection.
- Lookout staff will advise the other employees that they have been in contact with a person suspected of having influenza.

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- Lookout management will monitor contacts according to Ministry of Health procedures found on their internet site.
- Once infected staff will require a doctor's note of good health to return to work.
- Lookout Managers will check on employees that do not report to work and have not called in to ensure that they are not sick and require assistance.
- Resource Centres will increase ventilation by keeping windows open (weather permitted).
- Lookout will explore self-serve options for toiletries, coffee, towels, cups, etc.
- Lookout will order in advance, and stock pile, critical provisions to eliminate the need to order or shop externally.
- Lookout will post a sign on the door affected of sites. Language example: "This xxxx could be contaminated with the Influenza virus. Do not enter if not required." This may result in a decrease of individuals utilizing the service and therefore may reduce the threat to staff and guests. It will also reduce agency liability.
- Lookout staff will not be expected to travel or network as part of work during the pandemic.
- Lookout will work with staff to allow for personal medical needs to be met through outside clinics or individuals' primary physicians during work hours if necessary, increasing all opportunity for acute medical attention.
- Lookout anticipates employee fear, anxiety, rumours and misinformation. The management team will thereby increase communications during outbreaks to help alleviate some of these natural responses. Some of the information that will be shared is: Lookout's pandemic preparedness plan, updates to the aforementioned plan, the at-home care of ill employees and family members, the status of the pandemic and mutations.
- Lookout will promote information on health, hygiene, and illness prevention and mitigation strategies through the BC Health site at <http://www.healthlinkbc.ca>
- A reminder: that once an outbreak or pandemic has been declared at any Lookout site, only those staff who have documentation for receiving current flu shots are permitted to work at the declared Outbreak/Pandemic site.

Other Community Based Public Health Measures

Additional public health measures for community based disease control will be considered. The trigger for these measures will depend on the way in which the pandemic unfolds. Decisions on implementing these measures will be made by local Health Authorities, the Federal, Provincial, and Municipal governments to ensure consistency. Some measures have been assessed as being effective as a community based strategy. However, all community based public health measures will be assessed and these may include:

Self-Isolation

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Individuals who are ill will be asked to stay home from public locations. Adults recommended for self-isolation should remain home for a minimum of five days after onset of symptoms (seven days for young children) or until symptoms have resolved, unless they need to visit a health care provider. During this period, people should avoid close contact with unexposed household members. “Close contact” is defined as face to face exposure within one metre (three feet) of another individual. Frequent disinfection of household surfaces should be practiced, e.g. repeatedly daily.

Quarantine

At the very early stages of a pandemic, contacts and individuals linked to exposure sites may be quarantined in an effort to slow transmission in the community. This measure would only be applied if there were sporadic infections or clusters in the region and not if there was efficient virus spread in the general population.

Restriction of Large Gatherings

This would involve closing of indoor gathering places for people. Gatherings may include sporting events, theatre, conferences, as well as mass public transportation services. Because the effectiveness of this measure is not documented and the difficulty with sustainability of cancelling or restricting indoor gatherings, this measure is not recommended in the Canadian pandemic plan as a broad public health measure. However, this measure remains an option for targeted events to reduce transmission.

Social Distancing

Once a pandemic has arrived in a community, people should use “social distancing” as a way to reduce the risk of being exposed. The Health Authorities will provide advice. Some strategies for social distancing include: Avoid “close contact” with individuals (i.e. within 1 metre); minimize visitors to homes; cancel family gatherings, avoid shaking hands, hugging, or kissing people as greetings; stock up on groceries and shop less frequently; work from home if possible, minimize contact at work by teleconferencing; utilize means other than public transit.

Use of Masks by Healthy Individuals

This measure is not recommended in the Canadian pandemic plan as a community based intervention. It is assessed that it is not likely to be effective in reducing disease spread in the general population. It is recognized that wearing a surgical mask properly at the time of an exposure may provide a barrier, if used with other infection control measures. If masks are used, they should only be used once and must be changed if they become wet (because they become ineffective when wet). As well masks must be removed properly to avoid contaminating the wearer. It is not feasible to wear masks for the duration of a pandemic wave and there may be supply problems. Again, advice will be provided by the Health Authorities.

Education on the Influenza Virus

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There are three things to know about the influenza virus when contemplating actions to manage risks in the workplace:

- **Transmitted by Contact** – The influenza virus can be transferred from an ill individual to a susceptible host by indirect contact, such as contaminated hands. Hand-washing, therefore, represents an important method for controlling the spread of the virus. There is no evidence that the use of masks offers protection once the virus is circulating widely within a community.
- **Impervious to Anti-Bacterial Medications** – Viral-based influenza does not respond to antibiotics like bacterial-related diseases. The common medications used for bacterial infections, such as penicillin and streptomycin, have no effect on the influenza virus. Some recently developed antiviral medications can inhibit the dispersal of viral particles inside the body, but there is no medical cure for influenza. This suggests the most effective way to combat the disease is to avoid exposure to the virus.
- **High Mutation Rate** – Influenza viruses have an ability to rapidly mutate. Viruses can and do change their characteristics readily from one generation to the next. The ability to adapt rapidly means the influenza virus can overcome obstacles to growth, including the body's defences, antiviral medications, and vaccines. Since experts do not expect that we can prevent a pandemic, advance preparations are key.

Means of Influenza Transmission

- A person could inhale virus-laden droplets or particles released when an infected person coughs or sneezes. A contagious individual can easily infect others within about one metre (three feet) through coughing and sneezing.
- Someone could also pick up the virus on their hands from touching an infected person or a hard surface where the virus is present, and then introduce the virus by bringing their hands to their mouth, nose, or eyes. The virus then makes its way to the respiratory track.
- Viruses can live on hard surfaces such as doorknobs for 24 to 48 hours, and on nonporous surfaces such as cloth, paper, and tissue from 8 to 12 hours. Once on the hand, the virus can survive for about 5 minutes.

Infection Timeline

It is also important to acknowledge what happens when a person becomes infected in considering actions to manage pandemic risks.

1. **Exposure** – Once an individual is exposed to the virus, influenza particles make their way to the respiratory system, where they begin to replicate. A single virus can produce millions of copies of itself during the "incubation" stage. The incubation period usually ranges from one to three days.
2. **Infectious** – A person may be able to infect others within one day of acquiring the virus and is contagious for three to five days following the onset of symptoms. More importantly, people can be contagious 24 to 72 hours before the appearance of any symptoms. This means Lookout

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cannot rely on simply sending sick workers home to control the disease. By the time their illness becomes obvious to them and to others, many people may have been infected.

3. **Symptoms** – People respond to influenza in different ways, but the most common symptoms include fever, headache, cough, body aches, and weakness. Symptoms could rapidly increase in severity, and persist for a week or two. Some people, who are sick with influenza, and therefore contagious to others, show few or no symptoms throughout their illness.
4. **Complications** – A major threat in past influenza pandemics has been the tendency for the viral infection to exhaust the body's immune capacity. This opens the door for other diseases. Most notable among these complications is pneumonia, a bacterial infection that causes the build-up of fluid in the lungs and bronchial passages. Even if treated with appropriate medications, complications from a viral infection can result in prolonged illness or death.
5. **Potential for Death** – It is difficult to predict the likelihood of death among pandemic influenza victims. Much depends on the nature of the viral sub-type, how readily it resists the body's many immune system defences, and the physical condition of those infected. Historic outbreaks of influenza have shown, however, that death can come within hours of the first symptoms, or after a prolonged battle with complications over many weeks.

Hand Sanitizing Stations in Public Settings

Frequent hand washing is an effective infection control measure. However, the Canadian pandemic plan does not recommend establishing sanitizing stations in public settings such as public transit stations. It is assessed that this would not be effective in significantly reducing the spread of the disease in the general population. Compliance would not be assured and these stations would require human and financial resources to maintain. Hand washing must be encouraged and existing public washrooms should be appropriately stocked with supplies at all times. People should consider carrying their own travel size bottle of hand washing gel.

Environmental Cleaning

Because the virus can survive on environmental surfaces (up to 48 hours on hard surfaces) frequent cleaning can reduce the spread of the virus in the home or at workstations. Cleaning should take place using approved cleaning products. In office settings, the building cleaners should not be relied upon to do this level of cleaning. It is best to allocate time for staff to thoroughly clean their own areas, especially if they share workspaces or work in areas where the public are served. See appendix 7 for suggested disinfectants, recommended use, and precautions.

Recover and Reconstruct Records

If required, identify and recover critical records that may not have been attended to during the pandemic episode. As well, catch up filing and other non-essential business functions that will assist in getting the business activities functioning in a normal manner.

Key Lookout Contacts for Critical Service Delivery

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Chief Executive Officer
Chief Operating Officer
Director of Operations
Director of Administration & Human Resources
Property Manager

Documentation

Lookout staff will learn and develop future strategies by documenting the parts of the plan that worked well and the areas that need improvement. Provide this information to the Chief Operating Officer for incorporation into future agency continuity plan updates.

RELATED POLICIES

[Casual Availability Policy](#)

[Attendance Policy](#)

[Influenza Immunization](#)

[Harm Reduction Policy](#)

[Pathogenic Outbreak Procedures](#)

ADDENDUM

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Tuberculosis, or TB, is a serious disease caused by bacteria spread through the air. TB usually affects the lungs, but can also affect other body parts. TB can be cured and medicine to prevent or cure are free through BC Provincial TB Service Clinics and public health units.

TB is spread from through the air when someone sick with TB in the lungs coughs, sneezes or talks. Usually a significant amount of close, regular contact with someone sick with TB in the lungs is needed to become infected. If a person's defenses stop the bacteria from growing and making you sick, you will not feel sick and you cannot spread TB bacteria to others. This is called "sleeping" or latent TB infection. TB disease however occurs when you breathe TB bacteria into your lungs and the bacteria start to grow. You may or may not feel sick, and how you feel depends on where the TB bacteria is growing. When you have growing TB disease in the lungs you might spread TB bacteria to those around you. This is called active TB.

Symptoms of TB Disease

Symptoms of active TB disease of the lungs include cough (dry or productive) for 2 weeks or longer, bloody saliva, chest pain and shortness of breath. It may also include unexplained weight loss, fever, night sweats, loss of appetite and tiredness or fatigue.

Knowledge defeats fear

Treatment of active TB disease cures and prevents the spread of TB. Treatment is a combination of pills used for 6 months or longer. If you are not symptomatic but test positive for latent TB you can discuss treatment options for latent TB as a preventative step with your physician.

TB tests are typically small injection skin tests. A secondary/follow up test may also be required. This does not mean there was a positive result for active TB. False positives may also occur so do not be concerned if you hear a follow up test is required. The secondary test, usually an x-ray or a saliva test, will confirm if there is any presence of TB within the body.

As staff

A person with a healthy immune system has a 5 to 10 per cent chance of developing active TB disease over your lifetime. If your body's immune system is weakened at any time, the risk increases to develop active TB disease. If you have been exposed to active TB, or if at any time you are symptomatic, you should not come to work, wear a mask, isolate and see your physician for a test. Alternatively, you can get tested at your local health unit, your health care provider's office, or one of the following clinics. Additional TB testing locations can be found at: www.healthlinkbc.ca/services-and-resources/find-services.

For guests

Guests who are symptomatic should be tested. If they are mobile they can be referred to the local clinic or public health office. Public health should be notified by site leadership if they suspect a case of TB. Public health can also often send a nurse to the site to conduct site testing. In the event that a guest is found to be positive for active TB they will often be hospitalized and quarantined if they are living in a

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shelter or supportive housing environment. Other guests, or those with compromised or weakened immune systems, are most likely to be at risk of contracting active TB. Wearing masks and isolation are the best preventative measures to reduce the spread of active TB.