THE SALVATION ARMY

CANADA AND BERMUDA TERRITORY

PANDEMIC INFLUENZA PLAN

Prepared: 2009
Revised: January 2020

PANDEMIC INFLUENZA PLAN

Prepared By:

The Salvation Army
TERRITORIAL HEADQUARTERS
Canada and Bermuda
2 Overlea Blvd
Toronto ON M4H 1P4

PREAMBLE:

Pandemics can last up to 18 months, with the most deadly time being the first 90 to120 days. Of course, as the disease quickly spreads across the country and the world, there will be no such thing as a "safe or alternate place."

We will also face several significant issues, including:

- Fear: There is nothing more frightening than something you cannot see or an illness that has no cure or vaccine. We are likely to become fearful of each other.
- Closures: Many public places are likely to close, including retail stores, businesses such as theaters and restaurants and airports for a period of time. Not only that, but school closures will impact any employees with children.
- Widespread Impact: A pandemic will likely occur simultaneously throughout the world, preventing the shift of resources that normally occurs with natural disasters. Health officials describe it as a Category Five Hurricane in every state simultaneously.
- Shortages: There is likely to be a shortage of health care workers and first responders due to their high risk for exposure and illness, as well as a shortage of critical personnel in important sectors such as military, police, fire and utility workers.
- No Immediate Cure: There is no medical "silver bullet" for a pandemic. Vaccines will likely not be available for at least six to 12 months from the time the organism is identified. Antiviral medications will also be in very short supply.
- Effect on Communities: There will be a prolonged effect on communities that could last for months, or maybe even as long as a year. It is very likely to change our way of living for some time.

GOALS OF THIS PLAN:

- To protect the health & safety of staff and volunteers of The Salvation Army Canada and Bermuda Territory as well as the community at large
- To educate and inform all employees & volunteers of the scenario's which we could face in the event of a Pandemic Influenza
- To prepare for such scenario's through dialogue and planning
- To minimize disruption of our vital support to those who rely on The Salvation Army during a Pandemic

The overall goal of pandemic influenza planning is to reduce illness (morbidity), death (mortality), and social disruption resulting from an influenza pandemic. Although this identifies specific issues associated with pandemic influenza, much of the information applies to other emergencies as well.

WHAT IS INFLUENZA?

Influenza, commonly known as "the flu," is a highly contagious and common respiratory illness caused by a virus. There are three known types of influenza virus – A, B, and C. Types A and B cause seasonal influenza. Only type A is associated with pandemics.

Influenza spreads by droplets in infected persons through coughing, sneezing or talking. It can also be spread by contact with infected surfaces such tabletops, eating utensils or unwashed hands.

- Droplet spread refers to spray with relatively large, short range droplets produced by sneezing, coughing, talking or singing. These droplets may spray up to one meter (about three feet) and can land directly in the eye or be breathed in through the nose or mouth.
- Direct contact occurs when there is immediate transfer of the virus through skin to skin contact or kissing. For example, an infected person may cough into his or her hands and then shake hands with another person who may then touch his or her eyes, nose or mouth.

The incubation period (the time between being exposed to the virus and the point at which one starts to experience symptoms) is one to three days. Most people recover in seven to 10 days.

Most adults are infectious to others between 24 hours before and up to five days after they develop symptoms. Children and some adults may be infectious for seven or more days after they develop symptoms. People infected by the influenza virus could experience: fever, chills, cough, runny eyes, stuffed up nose, sore throat, headache, muscle aches, extreme weakness and fatigue.

Humans are usually infected by other humans. However, in some rare cases, humans may be infected by close contact with infected birds or mammals such as pigs.

WHAT IS THE DIFFERENCE BETWEEN SEASONAL INFLUENZA & PANDEMIC INFLUENZA?

Seasonal influenza	Pandemic influenza
Occurs every year (October to April).	Occurred three times in the 20th century.
Occurs during the winter.	Occurs at any time of the year.
For most people, it is an unpleasant but not life-threatening infection.	It is typically a more serious infection for everyone.
Most people recover within one or two weeks without requiring medical treatment.	Some people will not recover, even with medical treatment. Because the illness is more severe, there is greater risk that an infected person may die.
The very young, the very old and people with chronic illness are most at risk of serious illness.	People of every age may be at risk of serious illness.
Vaccine is available in advance.	Vaccine will not be available in advance.
Annual vaccination is recommended, especially for those at risk of serious illness.	The whole population will be offered vaccination when the specific vaccine required becomes available.
Antiviral drugs are available to treat those at special risk.	Antiviral drugs are likely to be in limited supply and will be used according to how the disease develops.

Adapted from:
Department of Health (England) "Pandemic Flu: Frequently Asked Questions" October 19 2005 at www.dh.gov.uk and Ministry of Health and Long-term Care "Differences between seasonal or "annual" influenza and the influenza pandemic" Fact Sheet at www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip_fact_sheets.html

IMPORTANT FACTS ABOUT PANDEMIC INFLUENZA:

1. Influenza pandemics are reoccurring events.

An influenza pandemic is a rare but reoccurring event. Three pandemics occurred in the previous century: "Spanish influenza" in 1918, "Asian influenza" in 1957, and "Hong Kong influenza" in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic is considered one of the deadliest disease events in human history. Subsequent pandemics were much comparably less serious with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.

A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.

2. The entire world will be affected

Once a fully contagious virus emerges, its worldwide spread is thought to be inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but will not be able to stop it all together. The pandemics of the previous century spread worldwide in 6 to 9 months, even when most international travel was by boat. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than 3 months.

3. Widespread illness will occur.

Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill.

4. Medical supplies will be inadequate.

Supplies of vaccines and antiviral drugs – the two most important medical factors for reducing illness and deaths during a pandemic – will be not be nearly sufficient in all countries at the start of a pandemic and for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defense for protecting populations. Given the state of the world as it is right now, many developing countries will have no access to vaccines throughout the duration of a pandemic.

5. Large numbers of deaths will occur.

Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and susceptibility of affected populations, and the effectiveness of preventive measures. Accurate predictions of death cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are tentative.

The World Health Organization has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more serious virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered out of the ordinary.

6. Economic and social disruption will be great.

Health Canada estimates that 15 to 35% of the population will become ill during the course of a pandemic and will be unable to work for a period of time. Many people who are not ill may stay home to care for children, other family members, or friends who are ill. As well, some people may stay home due to concerns or fears about potential exposure to influenza in the community and in the workplace. The resulting high rates of employee absenteeism will affect every sector and every part of the City.

Past pandemics have spread globally in two and sometimes three waves. Not all parts of the world or of a single country are expected to be severely affected at the same time. Social and economic disruptions could be temporary, but may be amplified in today's closely interrelated and interdependent systems of trade and commerce. Social disruption may be greatest when rates of absenteeism impair essential services, such as power, transportation, and communications.

Organizations should purchase from local suppliers wherever possible, make plans for regular shipments, and stockpile six to eight weeks of critical supplies (those required to maintain service operations). In addition to critical supplies, your organization should have an adequate supply of disposable tissues, hand sanitizers, and hand-washing supplies.

INFECTION CONTROL STRATEGIES FOR INFLUENZA

There are several infection control strategies that should be part of common practice at all times. These strategies include good hand hygiene, covering your mouth, staying home when ill, and cleaning the environment. Reinforcing these strategies will help to prevent transmission of viruses.

Hand Hygiene: Hand Washing and Hand Sanitizers
Hand washing is the most effective way of preventing infections, including influenza. Hands should be washed or sanitized:

- after coughing, sneezing or blowing the nose;
- after shaking hands;
- before eating;
- before putting contact lenses in eyes;
- before touching the eyes, nose or mouth.

Frequent hand washing with soap and water, or the use of alcohol-based hand sanitizers, are both very effective at removing viruses on the hands. These help to limit the spread of infections. Appropriate hand washing involves the use of liquid soap and warm running water, rubbing the hands together for at least 20 seconds. Effective hand sanitizers contain alcohol and work by rubbing a quarter size amount over the hands until dry. When possible, hands should be washed or hand sanitizers used after shaking hands to prevent introduction of virus from the hands into the mouth, nose or eyes.

Covering the Mouth when Sneezing and Coughing
Covering the mouth when sneezing and coughing, followed by hand washing or hand sanitizing, can help to limit the spread of infection to others. Coughing or sneezing into your elbow or upper arm avoids contaminating hands. Tissues should be readily available for use on runny noses or to cough or sneeze into. Hands should be washed or sanitized after touching contaminated tissues.

Staying Home from Work, School or Child Care Centres if Ill
Staying away from others is important when ill, as this helps prevent the spread of infection. Staying home when contagious should become a common practice and is a sign of respect for others. Influenza is considered contagious for 7 days in adults and 10 days in children. Colleagues and classmates should encourage their

peers to go home if feeling unwell. While at home, it is important to minimize contact with household members, cover your cough and wash your hands to reduce the possibility of spread.

In the workplace, it is a good idea to have alcohol hand sanitizers readily available for use in common areas and on desktops. Schools or child care centres should consider the use of hand sanitizers in classrooms and playgrounds. The use of hand sanitizers should be supervised with younger children.

Cleaning the Environment

Some viruses and bacteria can survive in the environment for long periods of time. For example, the influenza virus can survive on hard surfaces for 24 to 48 hours. It can also survive for 8 to 12 hours on cloth, paper and tissues. Frequent cleaning of the environment can help reduce the chance of a person picking up a virus or bacteria from a contaminated surface. Cleaning should be done with a common household disinfectant, or a bleach solution (1 teaspoon bleach to 2 cups water), and special attention should be paid to commonly touched areas such as door handles, hand railings, light switches, and telephone receivers. Computers, especially those intended for multiple users, should be cleaned and disinfected periodically. Turn off the computer and monitor, and use a cloth dampened with 70-90% isopropyl alcohol to wipe clean the keyboard and mouse.

ACTIVATION OF THIS PLAN:

The Ministry of Health conducts surveillance on an ongoing basis. Depending on the number of cases identified, the Ministry would prompt the local Health unit to take action. Once cases are identified, the Health unit may call the Community Control Groups in the City and the County to declare an emergency if the number of cases warrants it.

It will be the responsibility of The Medical Officer of Health to get the word out usually through the Media. Once this alert is issued, this plan will take effect.

STAGES OF IMPLEMENTATION:

These stages are designed to stay one step ahead of the pandemic and to take measures to prevent the spread of influenza during a pandemic.

The Territorial Director of Emergency Disaster Services (TDEDS), in consultation with the Territorial Policy Group will advise Divisions as to the level of activation required at various stages of the pandemic.

STAGE	INDICATOR / ACTIVATION	MEASURES
Routine Monitoring	**First case of human to human transfer identified in Canada**	**Heightened vigilance in regard to spread within Canada.** **Strict monitoring for notification of first confirmed case in the Canada and Bermuda Territory.** **Territorial Policy Group will meet to discuss current situation and any actions required. Policy Group will also appoint a qualified Incident Commander.** **Each Division will review their individual Pandemic Plan, ensure it is up-to-date and any needed supplies (i.e. masks, cleaning supplies, etc.) are ordered.**
Enhanced Monitoring	**First confirmed case in the Canada and Bermuda Territory**	**All Divisions will review programs and services that involve outside visitors and determine which are not "mission critical" should they need to be temporarily suspended.** **A notice will go out to Divisions reminding them of the symptoms of influenza as well as mitigation strategies.** **Divisions should identify areas requiring more environmental cleaning (i.e. common areas, dining rooms, sanctuaries, gyms, etc. should be cleaned more often).**

Partial Activation	**Commencement of illness within one or more Ministry Unit (i.e. staff member, volunteer, corps member, hostel resident, etc.)** **OR** **Multiple reported cases within one or more communities in a Division**	**The Division should contact the TDEDS to notify of the situation and provide regular situation reports.** **Territorial Emergency Operations Centre will be established, and the Incident Management Team will meet on a regular basis to determine if any further course of action is required and to make recommendations to the Policy Group.** **Anyone with symptoms of influenza will be encouraged to stay home.** **If staff numbers in Ministry Units reduce human resources should be assessed to determine, in consultation with DHQ, if non-essential programs/services need to be temporarily suspended.** **The Ministry Unit which serves the affected community should contact the Health Unit or local government officials to offer assistance on behalf of The Salvation Army.**
Full Activation	**Cases of influenza are widespread in one or more communities or Divisions**	**The only programs/services being provided are those that are essential.** **Everyone should be screened to determine if they are experiencing symptoms of influenza. Anyone who has influenza symptoms will be directed to get medical assistance.** **All Ministry Units institute the follow:** • **Social distancing: This involves spacing out staff at least three to six feet from each other. If you can't space them out, or if they need to work more closely, you will require masks.** • **Limit face time: Once we have reached a level six pandemic, cancel all face-to-face meetings. You should ensure employees do all work via conference call bridges.** • **No handshaking: Institute a no-handshaking policy. Now that might sound extreme, but consider that your hands are your greatest sources of infection.**