



**Business Contingency Plan
For Pandemic Influenza
Updated October, 2009**

Disclaimer

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Executive Summary

The Business Contingency Plan lays out AOA/COA's intentions to cope with a general health emergency such as pandemic influenza. The overall aim of this plan is to maximize support to the health care system by retaining core capacities to function in essential roles. The plan contains measures to support continued operations through three specific goals:

1. To maintain essential continuity of control;
2. To provide a framework to support the workforce; and
3. To identify and plan to continue key business areas, which may change depending on the nature of the crisis, while postponing non-essential operations until the end of the crisis period.

Continuity of Control

Under this plan, AOA/COA identifies key crisis leadership positions as a Crisis Team (CT), in order to allow for attrition and to broaden the depth of understanding of working issues within and across the functional teams. The CT comprises the executive committee, plus the Registrar. Authority to act on behalf of indisposed Directors, including financial authority, is delegated to Deputies.

Support for Workforce

In order to support continued operation of essential tasks (as defined in the Business Contingency Plan) special emergency provisions are added to normal Personnel Policies that ensure all staff have a minimum amount of leave available in order to care for themselves or family. Protocols for ensuring staff that may be sick stay away from work are identified, and the duty to apply these is delegated to supervisors. Containment protocols to reduce the hazard of spreading infectious disease are also identified. These include personal care such as hand cleaner and tissues in every workspace, and social measures concerning meetings, use of common areas, and communication patterns.

Key Business Areas

AOA/COA's essential, core functions are registration and renewal for external service and payroll/payables for internal office operations. Also, policy and practice consultants can play a critical leadership role in supporting professional practice. Staffing adjustments to support essential tasks have been identified, along with a broad definition of which business activities can be postponed in order that resources can be reallocated as necessary.

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A. Background

According to health experts, a pandemic influenza is an eventuality. Predictions are that it will occur with very short lead-time, anywhere from one to five months to realize a full-scale epidemic. Unfortunately, the timing of this event is unknown. Alberta Health and Wellness (AHW) estimates that influenza will infect up to 35% of Alberta residents within a six to eight week period. This will place increased pressure on hospitals to respond. For this reason, health-related organizations need to develop a proactive response to this epidemic so that we are prepared in advance for this eventuality.

The Alberta Opticians Association/College of Opticians of Alberta (AOA/COA) is preparing to carry on operations during a pandemic influenza crisis in Alberta. As a strategic partner in the Alberta and Canadian health care systems, AOA/COA has an important potential role to play as the sole regulatory authority for Alberta's Optician's. Strategic documents developed at both the Federal and Provincial level mention important linkages to "professional regulatory bodies" such as the AOA/COA possesses some strategically valuable resources that could be essential in a coordinated and effective response to a pandemic. Following is the AOA/COA business contingency plan to address internal and external operations during a pandemic.

Goal

The goal of this plan is to enable AOA/COA to maximize support to the health care system by retaining core capacities to function in essential roles.

AOA/COA will accomplish this goal by:

1. Clearly identifying the critical services to be maintained during a pandemic emergency within AOA/COA;
2. Preparing a surge capability to maintain resources including human resources (HR) for those critical services to account for sudden decreases in staffing numbers;
3. Preparing to support staff required to change or expand job responsibilities in response to the emergency; and
4. Assisting in the mobilization of a potential workforce to respond to the crisis.

Assumptions

This plan was developed with the following assumptions utilizing the resources referenced at the end of this document. The key assumptions for internal HR planning are:

1. Timelines will be very short. The virus will appear in Alberta within three months of discovery anywhere in the world, and will reach peak mortality in the first wave two months after the first appearance in Canada.
2. There will likely be limited or no transfer of Health Care Workers (HCW) between provinces.
3. The best use of resources will be regional but system-wide prioritization.
4. There will be very little time for training once the emergency occurs.
5. Planning is based on a 35% casualty rate within HCW, staff and population.
6. Waves last six to eight weeks, separated by three to nine months.

B. Internal Office Operations

Staffing

AOA/COA has determined those essential services that must continue during a pandemic and those that can be delayed during an emergency. All services will operate provided staff resources are available. Essential core functions within AOA/COA have been determined as registration and renewal for external service and payroll/payables for internal service. In addition, the policy and practice consultants will play a critical leadership role in supporting professional practice. The recent SARS experience has shown that communication, liaison with other organizations, development of real-time guidelines and support of opticianry is an essential service in a pandemic. Given the assumptions of short timelines and a 35% rate of infection, it is essential to plan for staff coverage. Our response is multi-faceted involving a combination of the following options:

1. Cross training for specified staff within regulatory and corporate services.
2. Training the trainers which focuses on key personnel and process design so as to clearly record step-by-step processes comprising essential jobs and then designating key staff that will be required to quickly train new staff in these tasks.
3. Contingency (temporary) staffing may be a source of labour following option 2. This could also involve identifying alternate workers or sources of workers for specific tasks.
4. Recalling out-placed staff to AOA/COA for the duration of the emergency. Staff that have recently retired or moved to other, lower priority (in terms of pandemic response) jobs could volunteer or be requisitioned under some circumstances if AOA/COA services take priority.

Opticians employed at the AOA/COA office will cover for each other within the roles and responsibilities of the organization. Provided the needs of the AOA/COA are being met, some Opticians within the AOA/COA may be deployed to assist other Opticianry practices. This activity mirrors recommendations under external services and is one that would have to be balanced with the loss of capacity within AOA/COA.

Communication with Opticianry practices and Alberta Health and Wellness to effectively manage all essential services will be critical and a large determinant of how staff may be deployed. Practices will be responsible for providing clinical training for all Opticians that are called to assist. Prior to an outbreak, staff will be encouraged to receive annual influenza immunization which will be facilitated through provision of the immunization at no cost to the employee at the work site.

Technology

The requirement for continuation of business operations despite staff reductions or disruptions to the normal systems suggests that a more robust information technology system is required. The ability to access the central registry database from locations other than the provincial office has both strategic implications and business resumption implications while at the same time enabling a staff member to continue being productive if she/he was confined to home to care for family members. Remote access is available and used by a limited number of staff. As part of a technology review and redesign currently underway, consideration will be given to expanding remote access capabilities.

C. External Member Service Operations

Licensing

Attached as section F.2 is a policy entitled *Registration in Emergency Situations*. This policy outlines the process for AOA/COA to expedite registration of eligible Opticians from outside Alberta. This policy allows for a special permit to be issued for a period up to one year for Opticians from other jurisdictions or the United States. Although this policy would expedite increasing the front line registered Opticians, the reality of being able to draw from other provinces or outside Canada is remote. It would be unusual for a pandemic influenza to be isolated to one province making the available labor pool from outside the province limited or non-existent. That being the case, alternative options for temporary registration need to be explored.

Attached as section F.3 is a chart outlining the status of AOA/COA members and other ophthalmic personnel who might be deployed to assist with the crisis. This document outlines the critical steps that would be required to identify the potential workforce, expedite registration where appropriate, and the type of permit/license that might be issued. Four different groups would be targeted:

1. Opticians in Alberta who are eligible for licensure

Processes would be followed to identify currently non-practicing members who while not currently registered still meet the requirements. After telephone contact and confirmation of their willingness to become re-registered they would be issued a practice permit.

2. Unregulated health workers

A media appeal would be required to target those residents in Alberta who once were Registered Opticians but are currently not eligible for licensure. Those who are prepared to assist could be mobilized as unlicensed health care workers (UHW). They would need to be easily identified by other health team members. Because they have lapsed practices, they must be restricted to assisting only with those activities that would normally be assigned to an unregulated worker. They would not have a permit as they would not be licensed. The mobilization of unregulated health workers represents a significant source of support enabling the registered and student Opticians deployed to be best utilized.

3. Student Opticians eligible for a temporary permit

Database query would be done to identify all applicants for registration who have met English language and educational program requirements but are not yet licensed. This would include Alberta student or Internationally Educated Opticians waiting to write the national exam (Provisional Opticians). Temporary permits would be issued enabling them to work as Student Opticians (SO).

4. Registered Opticians in other Canadian jurisdictions

AOA/COA staff would work with registration counterparts to fast-track registration in Alberta for Opticians already licensed in another province. These Opticians would be issued special permits and be able to perform the role of ROs. As previously mentioned, this may not be an option.

AOA/COA does not regulate student Opticians under current and proposed legislation. AHW should consider working with educational institutions in the province to develop a plan to draw from the student population to act as unregulated health workers.

Conduct Processes

Conduct processes and timelines are detailed under the Opticians Act and the Health Professions Act. If AHW were to introduce emergency legislation, consideration should be given to suspending the required timelines for responses by colleges to complaints and resulting conduct processes during a pandemic. Human resources during that situation will be concentrated on maintaining core business functions to expedite registration of health care professionals. Allowing the college the ability to suspend activities surrounding conduct processes during a pandemic frees up remaining staffing resources. This affords the college protection from breaching the rules of natural justice and having no jurisdiction over a pending hearing that could ultimately affect public safety.

Communications

During the early phases of a pandemic influenza, AOA/COA will communicate to its members our business contingency plan. This will be distributed through a combination of direct mail, email and information on our website to ensure we reach our entire member base. As direct mail is costly and not as timely as other methods, registration renewal processes will be put in place to encourage members to provide and update their email contact information in a timely manner. Depending on the magnitude of the crisis, AOA/COA may need to access public awareness announcements on TV/radio/newspapers advising the potential Opticianry workforce how to contact AOA/COA regarding licensure.

Coordinated efforts will be needed to facilitate Opticianry practices advising AOA/COA of their needs. In addition, as permits are issued, AOA/COA will need to advise Opticianry practices about volume and classification of Optician personnel now available in their areas. Permission for sharing of contact information will be sought in advance from the applicants to ensure compliance under the Personal Information Protection Act.

Other communication would include requests for registered Optician employed in non-clinical practice areas that could be deemed non-essential during an emergency, to volunteer to provide required service in other areas. This request could be targeted through communication similar to those mentioned previously as well as a general request through public service announcements for members.

Prior to an outbreak, articles in our quarterly publication will focus on issues surrounding a pandemic influenza outbreak. Topics could include ethical responsibility and protection measures for the health professional. Practice consultation concerns that surfaced from the SARS outbreak in Ontario may also be incorporated within our existing publication. New printed material such as brochures may be developed to assist practicing Opticians with generic practice issues. Registered Opticians will also be encouraged to receive their annual influenza immunization to protect them from known strains of the

virus. We request that Opticians be placed on the list of healthcare workers who receive immunization. This could be accommodated in our publication prior to an outbreak.

D. Emergency Preparedness Plan

Aim

This plan supplements the AOA/COA Business Contingency Plan and lays out specific measures to assist in the management of AOA/COA operations during a crisis such as pandemic influenza. The specific circumstances of an emergency will vary depending on the nature of the crisis, and so a good deal of flexibility and adaptability is anticipated and required. The aim of this plan is to instill confidence by ensuring fundamental issues are considered and basic preparations in place to handle a wide variety of contingencies.

The plan has three broad goals:

1. To maintain essential continuity of control;
2. To provide a framework to support the workforce; and
3. To identify and plan to continue key business areas, which may change depending on the nature of the crisis, while postponing non-essential operations until the end of the crisis period.

Command and Control

Provincial Council

Under a pandemic emergency, Council can be directly affected. A public emergency such as an influenza pandemic could create a higher duty call on Opticians' time. Travel or meeting restrictions could also affect the ability of Council to meet in person, and could make achievement of a quorum problematic. Consideration could be given to postponement of routine business during an emergency period, and devolution of such emergency powers as may be required to the President or his/her successor pending ratification by Council at a later time when it is again safe to meet. In the event Council chooses to meet electronically, through teleconference or other electronic technology, a process is required to establish the validity of such a meeting and thereby validate any decisions made.

Under emergency conditions such as pandemic influenza, when potentially both President and President-Elect are incapacitated and Council is unable to convene in person there is a mechanism to allow Council to make alternate or interim arrangements for the leadership of AOA/COA.

Options for enabling conduct of Council business without a face to face meeting are contained within the current AOA/COA Bylaws, which provide authority for electronic voting under paragraph **24(8)**

Council Meetings:

“(8) The Council may also conduct business by mail, facsimile, or conference telephone.”

If both President and President-Elect are incapacitated under emergency conditions, the Council will choose a Director to perform the functions, duties, powers and responsibilities of the President.

Senior Executive Level

In a Declared Emergency, in the absence of or incapacity of the Executive Director, full authority to carry out the daily tasks of the Executive Director shall devolve to the Acting Executive Director (AED). The AED shall have full authority to direct or re-direct resources between departments as required to meet emergency requirements.

The powers of the AED may be limited under the Declared Emergency by explicit instructions from Provincial Council. The AED will make regular reports as directed to the President or Executive Committee regarding the emergency status and activities of the headquarters staff.

AOA/COA staff will assume the duties of the AED in the following order of precedence:

1. Registrar
2. Complaints Director
3. Executive Assistant
4. Consultant (Past Executive Director)
5. President

In the event an AED who is not a qualified Optician is required to perform a duty that is restricted to qualified Optician's, that duty shall devolve to the next person in the precedence list who is qualified.

AED duties meet the requirements for Responsibility Pay as identified in AOA/COA Personnel Policies.

Departmental Level

Each department Director shall designate a Deputy Director (DD) and an Alternate Deputy Director (ADD). The designated DD or alternately the ADD shall report to the ED or AED and have full executive authority within the department in the absence of the Director.

Directors shall ensure their designated DD is familiar with issues, processes, and procedures necessary to maintain effective functioning of the department.

Throughout this document, where a specific title of a position is identified, in the event that person is unable to fulfill the requirement, the duties devolve automatically to the designated Deputy or Alternate Deputy as identified. Deputy duties meet the requirements for Responsibility Pay as identified in AOA/COA Personnel Policies.

The list of designated DD and ADD shall be promulgated separately, and revised at least annually.

Crisis Management

While operating under a Declared Emergency, the Crisis Team will advise the ED on a regular basis as determined under the circumstances. The Crisis Team is responsible to:

- a. maintain a status board showing the current operational capacity of AOA/COA as required by the ED

- b. access latest Alberta Health advice regarding managing staff that become ill, contact definition and contact management from their website and modify the process outlined below as appropriate, and provide this information to managers.

The following personnel comprise the Crisis Team:

- Executive Director
- Executive Assistant
- Registration Administrator
- Accounting Administrator
- Consultant

Administrative Support

Definitions

Declared Emergency

A Declared Emergency is proclaimed by the Executive Director (or authorized delegate) in response to a general disaster affecting all or part of the geographic area of Edmonton and surrounding districts in which staff of AOA/COA live. The ED (or authorized delegate) is responsible to declare both the start and the end of the Declared Emergency in a manner congruent with any public Declaration of Emergency made by government. Examples of a Declared Emergency include: a pandemic influenza or other general pestilence; or a physical disaster such as tornado or flood.

Emergency Personal Leave

During the period of a Declared Emergency, staff of AOA/COA who are both:

- a. ill or otherwise unable to work as a result of the disaster; and
- b. have less than 18 days accrued Personal leave

are entitled to a minimum of 18 days Personal leave specifically to cope with the personal or family health effects of the Declared Emergency.

The ED may extend Emergency Personal Leave on an individual basis as required.

Emergency Working Conditions

During the period of a Declared Emergency staff may be required to work shifts, longer hours, or weekends without additional remuneration, within the standards set under Alberta Employment Standards. Time off in lieu of overtime will accrue hour for hour and may be deferred to a reasonable time after the end of the Declared Emergency.

Self-Quarantine

Under a Declared Emergency for Pandemic Influenza or other infectious disease, employees who may have had contact with the disease must consider their first duty to AOA/COA is to not infect other employees. Because a person may be contagious 24 hours before exhibiting symptoms of the disease him/herself, and because symptoms may not develop for 72 hours, an employee who has grounds to believe s/he has contacted an infected person should self-quarantine by staying away from work and public places for 3 days. Employees under Self-Quarantine who are still working while at home are not considered to be using Personal Leave or Emergency Personal Leave.

Should an employee develop symptoms of disease, s/he will shift to Personal Leave or Emergency Personal Leave.

Employees placing themselves under Self-Quarantine or changing status while under Self-Quarantine will inform their supervisors as soon as possible. They will also provide any useful information that may help the supervisor to determine if other employees might be affected.

Mandatory Quarantine

1. Official order

Should a Medical Officer of Health or other competent government authority order the quarantine of an area and thereby prevent employees from coming to work, or should a Declared Emergency situation prevent employees from coming to work, they may continue to work from home where possible or if work is not possible to use Emergency Personal Leave or Personal Leave. Affected employees shall inform their supervisors as soon as possible.

2. Supervisor

Supervisors who receive reports of self-quarantine from their employees are responsible to assess whether other employees might be affected, to inform senior managers, and to suggest whether others should also stay away from work as detailed under the Self-Quarantine provision.

3. Physician

Employees advised by their physicians to stay away from work either as a prophylactic measure or in order to assist in the care of family members are entitled to use Emergency Personal Leave or Personal Leave when appropriate, or to continue to work from home where possible. Employees will inform their supervisors as soon as possible.

4. Liability

Supervisors and managers are not liable any decision or lack of decision they make in respect of this provision. Employees retain responsibility for their own health decisions.

E.1 Containment Activities

Reducing risk of infected persons entering the site

On notification of a Declared Emergency for viral disease from the ED, managers for each location will do the following:

- a. Set up prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of influenza
- b. Set up basic hygiene and hand hygiene notices around workplace including entrances, notice boards, meeting rooms and toilets
- c. Ensure they have adequate supplies of tissues, medical and hand hygiene products, cleaning supplies

Human Resources will ensure that employee communications include pandemic influenza fact sheet and information on Key General [Infection Control](#) Notices and Social Distancing.

Social distancing

On Declaration of Emergency for viral disease, AOA/COA will adopt a general policy of social distancing to minimize the risk to employees and visitors within AOA/COA offices.

Social Distancing measures include:

- a. Avoid meeting people face to face – use the telephone, video conferencing and the Internet to conduct business as much as possible – even when participants are in the same building.
- b. Avoid any unnecessary travel and cancel or postpone non-essential meetings / gatherings / workshops / training sessions.
- c. If possible, arrange for employees to work from home or work flex hours to avoid crowding at the workplace.
- d. Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.
- e. Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced.
- f. Do not congregate in the lunch room or other areas where people socialize. Do what needs to be done and then leave the area.
- g. If a face-to-face meeting with people 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 or hugging.
- h. Set up systems where clients / customers can pre-order/request information via phone / email / fax and have order / information ready for fast pick-up or delivery.
- i. Encourage staff to avoid recreational or other leisure classes / meetings etc. where they might come into contact with infectious people.

Personal Protective Measures

AOA/COA will maintain appropriate stocks of personal protective equipment (PPE) in accordance with provincial government guidelines. PPE shall be stored and inspected IAW provincial government guidelines. When indicated by the emergency situation, AOA/COA managers have the authority to require correct use of PPE by employees as a condition of employment.

Following [guidelines of the Centre for Disease Control](#), AOA/COA is not adopting the use of masks as standard PPE for use in a business environment.

Required Office Materiel

- Alcohol wipes
- Kleenex
- Alcohol hand cleaner
- Gloves (for cleaning)
- Antiseptic cleaning solution

Cleaning

Under a Declared Emergency for influenza, office cleaning will be stepped up during the pandemic period.

1. Filters of the air conditioning systems should be cleaned and anti-bacteria solution applied.
2. Telephone sets in common areas should be cleaned daily.
3. Anti-bacteria solutions should be applied to all common areas, counters, railings, washbasins, toilet bowls, urinals and septic tanks (where these are present) daily.
4. All employees should wipe down their work surfaces, especially telephone handsets and keyboards daily with disposable alcohol wipes.

Management of cases at work

Managers will put up [posters](#) giving information on what to do if people get sick at work.

Human Resources will send out emails to all staff regarding what to do if people get sick at work including key message: if they feel unwell, don't come to work. HR will send out information regarding [difference between influenza and common cold](#).

If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact their manager by telephone if at all possible.

Using the [screening flowchart](#), the manager:

1. Should avoid visiting this person if it can be avoided – manage the process over the phone
2. Check if the employee has any of the symptoms outlined in the first section of the flowchart
3. If the employee does not have any symptoms like those listed, they are very unlikely to have influenza, and should be reassured but advised to call the Manager again later or to contact their physician if they are still concerned.

4. If the employee does have symptoms that match any of those listed, they should be treated as a “suspect case.” The manager should notify the Crisis Team, including details of any staff and/or visitors the person has been in contact with. This information will permit the Crisis Team to monitor staff whereabouts and well-being during the pandemic.
5. The suspect case should leave work immediately and be advised to contact their physician by telephone for a review. They should not use public transport if at all possible – AOA/COA will pay for a taxi if necessary.
6. Contact management – the manager will
 - identify contacts (once an employee is suspected to be infected);
 - advise contacts in person that they have been in contact with a person suspected of having influenza; and
 - Ask contacts to go home, and stay at home until advised otherwise.
 - Advise the Crisis Team
7. The suspect case’s work station should be cleaned and disinfected, as indicated in the section on Workplace cleaning.
8. Return to work of the suspect case and their contacts:
 - Advise staff member on how long to stay away from work (the Alberta Health website will have advice on this once the characteristics of a pandemic are known)
 - Check on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc., if they become ill.
 - Contact supervisor prior to returning to work.

E.2 Personal Guidelines

If you have symptoms of influenza you should stay home 5-7 days. For more information, Call Health Link Alberta - in Edmonton, call 408-LINK (5465); in Calgary, call 943-LINK (5465); or, outside the Edmonton and Calgary local calling areas, call toll-free 1-866-408-LINK (5465).

More specific information is available here: <http://www.cdc.gov/flu/pandemic/keyfacts.htm>

Stay Healthy

- ***Avoid close contact.***
Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- ***Stay home when you are sick.***
When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.
- ***Cover your mouth and nose.***
Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- ***Clean your hands.***
Washing your hands often will help protect you from germs. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used
- ***Avoid touching your eyes, nose or mouth.***
Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Typical Symptoms of influenza

When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed. Remember: Keeping your distance from others may protect them from getting sick. Common symptoms of the flu include:

- fever (usually high)
- headache
- extreme tiredness
- cough
- sore throat
- runny or stuffy nose
- muscle aches, and
- nausea, vomiting, and diarrhea, (much more common among children than adults).

Hand hygiene

Hand washing is still the single most important measure to reduce the risks of transmitting infectious organisms from one person to another.

Hands should be washed regularly with soap and water, an alcohol-based hand rub or an antiseptic hand wash and then thoroughly dried, preferably using disposable tissues or towels.

Hands should always be washed and dried after contact with respiratory secretions or after touching surfaces that have been contaminated with respiratory secretions. Health care workers dealing with respiratory secretions should be wearing gloves as per the Standard Precautions. See Standard Precautions: http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

Hand-to-face contact, which occurs during such activities as eating, normal grooming or smoking, presents significant risks because of the potential for transmitting influenza from surfaces contaminated with respiratory secretions, and for this reason, hands should always be washed and dried before any activity that involves hand-to-face contact.

Respiratory hygiene/cough etiquette

People with respiratory infection symptoms should practice the following cough/sneeze etiquette whenever they are in the presence of another person.

All symptomatic people should:

- avoid close contact (less than 1 metre) with other people
- cover their nose and mouth when coughing or sneezing
- use disposable tissues to contain respiratory secretions
- immediately dispose of used tissues in the nearest waste receptacle
- immediately wash and dry their hands.

Social distancing

Crowded places and large gatherings of people should be avoided at times of an influenza pandemic, whether such gatherings are in internal or external spaces.

A distance of at least 1 metre should be maintained between persons wherever possible. Greater distances are more effective.

Any form of contact with people who are unwell with pandemic influenza, including visiting, should be avoided wherever practicable.

Protective Equipment

See [US Homeland Security](#) suggestions for your own consideration at home.

Using masks

People with respiratory infection symptoms should consider using a disposable surgical mask to help prevent exposing others to their respiratory secretions.

Any mask must be disposed of as soon as it becomes moist or after any cough or sneeze, in an appropriate waste receptacle, and hands must be thoroughly washed and dried after the used mask has been discarded.

Patients with respiratory infection symptoms in health care institutions should be masked to contain respiratory secretions at any time they present a potential risk to unprotected people.

E.3 Summary of protection measures

Protection measure	Where applicable
Hand hygiene, cough etiquette, ventilation	Everyone, all the time
Organisational policies	Every organisation, all the time
<u>Social distancing</u>	Everyone, whenever practical
Protective barriers	In situations where regular work practice requires unavoidable, relatively close contact with the public
Disposable surgical mask	Workers in any community or health care setting who are caring for the sick (this includes first responders) Also as a possible adjunct to protective barriers
Disposable particulate respirator mask, eye protection, gloves, gown/apron	Health care workers participating directly in close contact patient care when there is a high risk of contact with respiratory secretions, particularly via aerosols (mostly inpatient settings).

F. Operations

Registration

Current legislation requirements must be met until the Government of Alberta enacts legislation that supersedes the current legislated requirements.

Goal

To register and issue practice permits to all eligible applicants as efficiently and effectively as possible.

Existing Registration staff (or those who have previous registration assistant experience) will be assigned to continue usual workflow processes.

Other AOA/COA staff temporarily assigned to registration will assist by screening incoming phone calls and email inquiries.

They will have FAQ guidelines to help with this, and they may also be involved processing applications for a “practice permit for emergency situations” if approved by AOA/COA Council.

Policy and Practice

Emergency consulting

- Professional and ethical responsibilities in emergency situation
- Ignore PCC, use email system for assigning call follow-up, with one-page format report on question and response

Key messages

- Draft Frequently Asked Questions
- Key messages from FAQ prepared for Alberta Opticians

Key Processes

Daily coordination with Communications and others to keep information current

Communications

Key contacts

Province of Alberta

Alberta Health and Wellness

Regional Health Authorities

- Medical Officers of Health
- Clinical Nurse Leaders Contact
- Communications Contact

Media contacts

- newswire
- major dailies
- community newspapers group
- broadcast

Advertising contacts

- dailies
- community newspaper
- major radio stations

Consultants

- Drew Jeffries

Emergency Communications

Communications plays a key role as a single contact point for information being received by AOA/COA and for information being distributed to members. In the event of a pandemic, a daily briefing would be conducted to ensure that all staff have access to current information and to determine communications needs related to members or other stakeholders. Depending on the stage of the pandemic, primary communication tools would be the newsletter (preparatory information only), web-site (including shadow web-site if pandemic reaches critical level), blast e-mail bulletins, advertising to reach members, media relations as required to provide critical information to members and reinforce public safety messages issues by government, and assistance with development of frequently asked questions, fact sheets/guidelines or other materials intended to assist staff in providing support for members.

Support Services

Call centre

Reception services continue to be managed as normal. Fact-sheets to assist with frequently-asked-questions and to help with directing calls most appropriately will be prepared by the Executive Director, the Registrar, and President.

When call volumes reach higher than normal levels, additional receptionists will be identified by the Crisis Team and calls will be routed to them on an overflow basis.

Payroll

In the absence of the Accounting Administrator, payroll services will be administered by the Registration Administrator or the Executive Assistant.

Payables

Payables cheques are produced by the Accounting Administrator. The Registration Administrator is the main back up for the production of cheques with the Executive Assistant also being trained. The cheques require two signatures and in future there will be additional signing officers added. Although it would not be possible to produce cheques off-site/remotely at this time, it is possible to hand write cheques and enter the information afterward.

Maintenance

Staff may be required to wipe down their own workspaces daily. The workspaces of Staff who leave mid-day because they become symptomatic may be secured until danger of transmission of the virus has passed (24 hours).

Training Status

JOB TITLE	CRISIS JOB	ALTERNATE
Executive Director	Consulting	Council
Consultant	Consulting Communications	Council
Executive Assistant	Communications	Executive Director Consultant President
Registration Administrator	Registration	Executive Assistant Accounting Administrator
Accounting Administrator	Payroll Human Resources	Executive Assistant Registration Administrator

F.2 Registration in Emergency Situations

Policy

AOA/COA will expedite registration of eligible Opticians from outside of Alberta in an emergency situation, so designated by Alberta Disaster Services, where additional Registered Opticians are required.

Criteria

Applicants must hold active registration in a home jurisdiction within Canada.

Process

1. Applicant requests verification of registration in current jurisdiction be faxed to the AOA/COA.
2. Applicant applies for Special Permit and presents current license/registration card and pays fee to AOA/COA.
3. Picture I.D. required.

5. Legislation

Opticians Act until proclaimed then the

Health Professions Act, Opticians Regulations:

Section 2 (d) **Provisional Register**

Section 2 (e) **Courtesy Register**

Section 6 **Equivalent Jurisdiction**

Registration Committee Policies for the HPA:

Item 3.1.3.2 Registration in Emergency Situations

Policy
1. AOA/COA will expedite registration of eligible Registered Opticians from outside of Alberta in an emergency situation, so designated by Alberta Disaster Services, where additional Registered Opticians are required.
2. Applicants must hold active registration in a home jurisdiction within Canada. where fluency in English is demonstrated.
3. An application will be considered by the Registrar once the following requirements have been met: <ul style="list-style-type: none">(a) Form & Fee – completion of an application for practice permit in emergency situations form (may be faxed to AOA/COA) and payment of courtesy permit fee.(b) Good Character & Reputation – verification form other Canadian jurisdiction must be received (facsimile documents acceptable) indicating the member is in good standing and the license is not encumbered, revoked, or suspended.(c) Identification – photocopy of birth certificate and one other piece of identification showing complete legal name and photo ID.
4. The Registrar shall indicate if there are any limitations, conditions, or restrictions on the practice of the person to whom it is issued.

F. 3 Practice Permits

Status of members deployed to assist	Processes required to achieve potential deployment	Type of permit issued
Opticians in Alberta who are eligible for licensure	<ul style="list-style-type: none"> • Public awareness announcements on TV/Radio/Newspapers targeted at any graduate Opticians living in Alberta who qualify to be Registered Opticians to contact the AOA/COA if they would be willing to assist in the crisis. • Database query done in alphabetical order to identify Opticians who currently are non-practicing or unregulated members who would qualify for registration. • Telephone contact by AOA/COA staff to determine if these members would be prepared to have registration fast tracked to assist in crisis. 	Registered Optician Practice Permit
Registered Opticians in other Jurisdictions in Canada	<ul style="list-style-type: none"> • Appeal through media outside the province to Registered Opticians in other Canadian provinces not involved in the pandemic for assistance. • Work with Registration counterparts to verify applicants are registered in another jurisdiction and are members in good standing and meet continuing competency requirements. These verifications to be done via fax rather than traditional mailed source documents. 	Special Permit issued for eight months
Student or Graduate Opticians eligible for a temporary permit	<ul style="list-style-type: none"> • Database query to identify all applicants who have met English language and educational requirements but are not registered as they haven't met all requirements for licensure (awaiting NACOR exam, lapsed practice, or lapsed continuing competence in last five years). 	Issue Temporary Permit for six months

Status of members deployed to assist	Processes required to achieve potential deployment	Type of permit issued
	<ul style="list-style-type: none"> • Identification of those who have not had a temporary permit issued to them already. • Phone contact to determine whether they would be interested in assisting with crisis as a graduate Optician. 	
Unregulated Health Worker (UHW)	<ul style="list-style-type: none"> • Public awareness announcements through TV/Radio/Newspapers targeted at those residents in Alberta who once were Registered Opticians who might wish to assist in the crisis as an unlicensed health worker to contact the AOA/COA. • Alphabetical Database query to identify those members who have not held RO status for five or more years. • Telephone contacts to determine whether they would be interested in assisting with crisis as an unregulated health worker. Many could have moved and no longer be residing in Alberta • Written guidelines would need to be issued to these individuals and employers regarding the fact that they are not licensed and should not accept or be assigned to activities required of licensed RO's. 	<p>No permit issued</p> <p>Need to determine what identification these individuals would be issued and by whom</p>

F.4 Alberta Emergency Levels

Alberta Pandemic Influenza Response Plan

					AOA/COA Staff Level
Level	Title	Description	Indicator	Measures	
1	Steady state	Normal operations	WHO statement	Planning	
2	Pre-Pandemic Phase	Heightened awareness, basic precautions	AHW statement	Basic	1
3a	Pandemic Phase	Onset in Alberta full precautions	MOH Declaration	Full Internal	2
3b	Pandemic Phase	Significant effect on AOA/COA operations	Restricted AOA/COA operations; Insufficient staff to maintain essential functions	Restrict Access; Cease non-essential functions	3
4	Post Pandemic	Analyze results and plan next wave	Public posture	Planning	

F. 5 AOA/COA Emergency Measures

Level	Measure	Description	AOA/COA Staff	
			Authority	Level
1	Maintenance	<ul style="list-style-type: none"> - Continuous supply of hand soap is in wash rooms. - Provide tissue supplies - Alcohol wipes - Alcohol handwash 	CS	1
	Internal Comms	Promote messages to employees on actions they can take to protect themselves and others	CS	
2	Vaccine	Flu shots in Fall	CS	
	Member advice	Basic precaution etc. info	P&P	
	Hand washing	Alcohol washes available; regular soap wash	CS	
	Etiquette	Cough control measures	CS	
	Cleaning	Additional routine cleaning of communal equipment; linen	CS	
	Presenteeism	Advise stay home if ill	CS	
3a	Personnel Support	Declare Emergency	ED	2
	Visual Alerts	Post prominent notices re control measures	ED	
	Presenteeism	Require to stay home if suspected ill	ED	
	Emergency Personal Leave	18 days per person	ED	
	Initiate emergency external communications	Disaster Web contact	ED	
	Initiate emergency consulting	Standard FAQ	ED	
	Social Distancing Policy	<ul style="list-style-type: none"> - Reduce contact - Avoid common areas - inter-personal distance 1 M 	ED	
	Initiate Emergency Registration	Activate emergency provisions	ED	
3b	Restrict public access	Cease public hearings; close walk-in access	ED	3
	Cease non-essential functions	Shift resources into essential functions; Hire replacement staff	ED	

F.6 AOA/COA Emergency Levels

AOA/COA Staff
• Level 1 - normal operations
• Level 2 - restricted operations, but internal solutions possible (work additional hours, normal backup process)
• Level 3 - restricted ops, no internal solutions - must borrow staff from other area (Enhanced Staffing Model) or hire staff
• Level 4 - overwhelmed - must cease ops in this area

F.7 WHO Pandemic Phases

Inter-pandemic period Virus in animals, no human cases	Phase 1	Low risk of human cases
	Phase 2	Higher risk of human cases
Pandemic Alert New virus causes human cases	Phase 3	New strain - No or very limited human to human transmission
	Phase 4	Evidence of increased human to human transmission
	Phase 5	Evidence of significant human to human transmission
Pandemic	Phase 6	Sustained transmission in general population.

G. Timing of Activities

Pre-Pandemic Phase

- Request emergency legislation from Alberta Health and Wellness to fully activate plan
- Update member database contact information including request for email addresses
- Cross-train core business functions internally and develop in-house trainers
- Communicate need for staff and members to receive annual influenza immunization
- Determine information technology enhancements and implement changes to processes
- Publish articles on ethical responsibility and protection measures for health care professionals
- Research Ontario's handling of the SARS outbreak and related practice concerns with a view to developing printed material to assist Opticians in practice
- Document processes for registration during pandemic

Pandemic Phase

- Communicate business contingency plan with members and stakeholders
- Secure release of information permission and communicate newly registered individuals with permits to regional health authorities
- Provide communication, liaison with other organizations
- Develop guidelines and support Opticians and professional Optician practice
- Determine feasibility, in conjunction with government, of deploying registered Opticians at AOA/COA to assist in clinical areas

Post-Pandemic Phase

- Determine requirement for post-traumatic stress treatment for workers or provide counseling as necessary
- Debrief on success of plan and modify as necessary to handle subsequent wave

H. Containment Communications

Screening Flowchart

Ask the person if they have any of the following symptoms:

- High fever (or feel feverish and hot)
- Headache
- Fatigue and weakness
- Sore throat, cough, chest discomfort, difficulty in breathing
- Muscle aches and pains
- Been traveling recently
- Been in contact with someone diagnosed with influenza

Yes, two or more symptoms

Patient should be considered possible case of influenza

- Take names of contacts (those working within one metre or in enclosed place for more than 60 minutes)
- Advise them where they can find a surgical mask and ask them to leave work immediately
- Advise them to call their doctor by telephone to advise that they have been in contact with a suspected influenza case

- **Advise contacts that they have been in contact with suspect case**
- **Ask contacts to go home and to stay there until they have received further advice**
- **Advise the Crisis Team**

Arrange for clean up of person's workstation

No Symptoms

Unlikely to be influenza

Reassure

Advise to call again if concerned or visit their doctor

Fact Sheet What is the Difference between Influenza and a Common Cold?

Symptom	Influenza	Common Cold
Fever	Usual, sudden onset 38°C-40°C 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
Watering of the 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 current chronic condition Can be life threatening	Congestion or ear-ache
Fatalities	Well recognised	Not reported
Prevention	Influenza vaccine Frequent hand-washing Cover your cough	Frequent hand-washing Cover your cough

Protecting Yourself and Others against Respiratory Illness

Hand washing is the most important thing you can do to protect yourself.

Cover your nose and mouth when coughing or sneezing

Use a tissue and dispose of this once used in the waste

Always wash hands after coughing and sneezing or disposing of tissues

Keep your hands away from your mouth, nose and eyes.

Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until influenza-like symptoms have resolved.

Avoid contact with people who have influenza-like symptoms.

Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

Influenza Notification

Influenza is a contagious disease. In order to reduce the spread of influenza in this workplace, the following is required of everybody:

DO NOT COME TO WORK if you have:

Chills, shivering and a fever ($>38^{\circ}$)

Muscle aches and pains

Sore throat

Dry cough

Trouble breathing

Sneezing

Stuffy or runny nose

Tiredness

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

If you start to feel ill at work, DO NOT leave your work area.

Call or email your manager.