



The City of London Corporate Pandemic Plan

October 2009

Foreword from the Chair

The City of London Corporate Pandemic Plan has been developed by the City's Pandemic Planning Resource Group, an interdepartmental committee which provided strategic direction and oversight throughout the planning process.

Acknowledgement with gratitude is extended to the dedicated individuals on this team:

- Bill Coxhead – Director, Parks & Recreation
- Dave Colvin – Manager, Emergency Management
- Dave O'Brien – Manager, Corporate Security & Emergency Management
- David Kitterman – Deputy Fire Chief
- Elaine Gamble – Director, Corporate Communications
- Kate Graham – Municipal Policy Specialist
- George Kotsifas – Director, Building Controls
- Jay Stanford – Director, Environmental Programs & Solid Waste
- Jim Pretty – Manager, Technology Services
- Jim Purser – Manager, Records & Information Services
- John Winston – General Manager, Tourism London
- Joy Jackson – Manager, Risk Management
- Lynn Marshall – Solicitor
- Marian Hughes – EA to the CAO and Public Inquiry Coordinator
- Pat Foto – Manager, Labour Relations & Staffing
- Rob Paynter – Manager, Corporate Communications
- Stephen Bahm – Manager, Occupational Health and Safety & Corporate Training

As the Chair of the Pandemic Planning Resource Group, I wish to thank each of the members of this team for their input, perseverance and dedication to the creation of the *City of London Corporate Pandemic Plan*. Their expertise and hard work has been critical as we take this important step forward.



Tom Johnson
Chair, City of London Pandemic Planning Resource Group
Director, Corporate Management Support
CAO's Department
City of London

Table of Contents

Executive Summary	4
Definitions	5
Chapter 1: Planning for a Pandemic	8
1.1 Introduction.....	8
1.2 Phases of a Pandemic	10
1.3 Planning Approach	12
1.4 Planning Assumptions.....	13
Chapter 2: Roles and Responsibilities	14
2.1 Health and Governmental Authorities	14
2.2 Legislative Overview	15
2.3 Local Activities.....	18
2.4 Local Roles.....	20
2.5 Council Procedure in an Emergency.....	21
2.6 Administrative Procedure in an Emergency	25
2.7 Financing and Emergency Procurement	26
Chapter 3: Corporate Pandemic Continuity Plans (CPCP's)	29
3.1 Overview	29
3.2 Guiding Principles	29
3.3 Activation of the CPCPs	30
Chapter 4: Communications Plan	34
4.1 Communications Plan	34
4.2 Strategy During Low and Medium Risk Periods.....	35
4.3 Strategy During a High Risk Period.....	36
Chapter 5: Human Resources Plan	37
5.1 Keeping the Workplace Healthy	37
5.1.1 Ways to Minimize Illness Among Employees and Customers.....	37
5.1.2 Personal Protective Equipment (PPE).....	38
5.1.3 Keeping the Workplace Clean.....	38
5.1.4 Summary of Pandemic Protection Measures	38
5.2 Training Employees for Possible Redeployment.....	40
5.3 Redeployment	40
5.4 Vacation	41
5.5 Sick Leave.....	41
5.6 Refusal to Work.....	41
5.7 Working from Home	41
5.8 Fit to Work.....	41
5.9 Employee Assistance Program	42
5.10 Alternative Working Arrangements – Home Office Safety Guidelines	42
5.11 Questions & Answers for All City of London Employees – 2009/2010 Influenza (H1N1) Season.....	44
Appendix A: Corporate Services by Priority	48

Executive Summary

The City of London Corporate Pandemic Plan (“Pandemic Plan”) was developed to ensure that all Civic Departments and Municipal Council are prepared to carry out assigned responsibilities in the event of a pandemic.

The Pandemic Plan is supplementary to the *City of London Emergency Response Plan*. The *Emergency Response Plan* focuses on damage to property, equipment and infrastructure while the focus of the Pandemic Plan is on the significant impact that a pandemic will have on both personnel and resources. The Pandemic Plan is intended to offer operational guidance on the delivery of corporate services. The responsibility for interagency coordination lies with the Community Control Group as detailed in the Emergency Response Plan. In the event that coordination with external agencies is necessary for the delivery of services, the Community Control Group would facilitate this coordination. Copies of both the *City of London Emergency Response Plan* and the *City of London Corporate Pandemic Plan* can be viewed on the City of London website at: www.london.ca/emergency

Chapter 1: Planning for a Pandemic

This section provides an overview of the nature of a pandemic and a framework for the pandemic planning process. Advanced planning will enable the continued delivery of essential services to the public. This section includes a brief overview of the history, phases and types of pandemics as well as the purpose, scope and assumptions of the planning process.

Chapter 2: Roles and Responsibilities

All levels of government and sectors have a role to play in preparing for, responding to and recovering from an influenza pandemic. It is critical that roles and responsibilities are clear and that there is communication and coordination of efforts. Current roles and responsibilities for the World Health Organization, Public Health Agency of Canada, Ministry of Health and Long Term Care and the City of London are presented in this section. Chapter 2 also details the current Council procedures and administrative procedures with respect to emergencies and extended absences.

Chapter 3: Corporate Pandemic Continuity Plans (CPCPs)

The CPCP's provide operational guidance during periods of unusually high rates of pandemic-related absenteeism. Creating business continuity plans ensures that the Civic Administration has identified the resources, staffing, skills, and procedures needed to ensure the delivery of essential services are continued without interruption.

Chapter 4: Communications Plan

Accurate, timely and consistent communication is critical before, during and after an influenza pandemic. Chapter 4 provides information about the role of communications and outlines the communication plans and activities that the City would use to provide information to its staff, the public, provincial and federal governments, hospitals and other responding agencies.

Chapter 5: Human Resources Plan

This section contains information to help protect and support the health, safety and welfare of staff. As well it contains the Human Resources policies and procedures that will be referred to when the Plan is activated.

Definitions

Phrase	Definition
<i>antigenic shift</i>	The movement of a type A influenza virus strain from other species into humans. The novel strain emerges by re-assortment with circulating human influenza strains or by infecting humans directly. Because they flourish in the face of global susceptibility, viruses that have undergone antigenic shift usually create pandemics.
<i>asset management</i>	The ongoing management and protection of assets such as the physical security of buildings, or the health & safety of animals at Storybook Gardens. Services ranked as “B” and “C” priorities can have essential functions such as “asset management” and require staff.
<i>avian</i>	Relating to, affecting, resembling or derived from a bird.
<i>City of London Corporate Pandemic Plan</i>	The City of London Corporate Pandemic Plan details contingency arrangements to be implemented in the event of an influenza (flu) pandemic to ensure the continued operation of the City of London’s services. The Plan also provides guidance in the areas of human resources, communications, and delegation of political and administrative authority.
<i>Corporate Pandemic Continuity Plans (CPCPs)</i>	The CPCP’s provide operational guidance during periods of unusually high rates of pandemic-related absenteeism. The CPCP’s assess staffing availability and provide detailed action plans for the continuation of each essential service/activity delivered by the Corporation. The CPCP’s are “a living document” that must be updated on a regular basis.
<i>essential services</i>	<p>The Corporate Pandemic Continuity Plans rank each service or activity that the City of London provides in terms of its importance for continuation during “medium and high risk periods”. Services have been ranked as such:</p> <p>Priority A: Continuation of the service/activity during a pandemic is essential</p> <ul style="list-style-type: none"> ○ Activity is mandated by legislation ○ Activity must be provided within a specified time frame and addresses a high health/safety risk ○ Not providing the service will endanger the health and safety of citizens ○ There is a high risk of legal liability from not providing the service ○ Not providing the service could constitute negligence <p>Priority B: Service/activity could be discontinued to support A if necessary</p> <ul style="list-style-type: none"> ○ Employees working in these services could be moved to staff A services as required ○ Include staff required for asset management and any essential functions in non-essential services.*

Priority C: Service/activity could be discontinued to support As and Bs if necessary

- Services that can be discontinued in the short or long term
- Staff from within this area are moved up to staff B as required
- Include staff required for asset management and any essential functions in non-essential services.*

*Category “B” and “C” services can be discontinued however have essential functions such as “asset management” and require minimal staff. Ex: the ongoing management and protection of assets – the physical security of buildings where the service has been discontinued; Storybook Gardens – the service is discontinued however one staff member must ensure the health & safety of animals.

<i>influenza</i>	A highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes and lungs caused by an influenza virus. It can be responsible for severe and potentially fatal illnesses.
<i>influenza type A</i>	A category of influenza virus characterized by specific internal proteins which infects animals as well as humans and has caused the pandemic influenza infections occurring in this century.
<i>influenza type B</i>	A category of influenza virus characterized by specific internal proteins. It infects only humans, causes less severe clinical illness than type A, and spreads in regional rather than pandemic outbreaks.
<i>influenza type C</i>	A category of influenza virus characterized by specific internal proteins. It does not cause significant clinical illness.
<i>infectious</i>	Capable of being transmitted by infection, with or without actual contact.
<i>flu</i>	Another name for influenza infection, although it is often mistakenly used in reference to gastrointestinal and other types of clinical illness.
<i>H1N1</i>	The H1N1 virus is a subtype of influenza virus A and the most common cause of influenza (flu) in humans. Some strains of H1N1 are endemic in humans and cause a small fraction of all influenza-like illness and a large fraction of all seasonal influenza. Other strains of H1N1 are endemic in pigs (swine influenza) and in birds (avian influenza). In June 2009, World Health Organization declared that flu due to a new strain of swine-origin H1N1 was responsible for the 2009 flu pandemic. This strain is commonly referred to as "swine flu" by the public and media.
<i>pandemic</i>	A global outbreak that occurs when a new influenza virus emerges to which the population has little immunity and that has the capacity to spread easily from person to person and cause serious illness.
<i>Pandemic Planning Resource Group</i>	An interdepartmental administrative group struck with a broad mandate to create a plan which details the contingency arrangements to be implemented in the event of a pandemic to ensure the continued operation of the City’s critical services. The Pandemic Planning Resource Group is chaired by Tom Johnson, Director, Corporate Management Support.
<i>surge potential</i>	An anticipated sudden increase in the need for a specific service for a limited time during medium and high risk periods. For example, the immediate need for re-training of staff during medium and high risk

periods would cause a surge in the demand for Corporate Training services.

vaccine

A vaccine stimulates the body's own immune system to generate anti-bodies and other defenses against viruses such as influenza. While not 100% effective in all cases, a vaccine represents the strongest protection available against contracting the disease. An effective vaccine can only be produced once the virus responsible for the pandemic has been identified and isolated. This could take between four and six months, or perhaps longer in some cases.

Abbreviations

BEM	Basic Emergency Management
CCG	Community Control Group
CDC	Centre for Disease Control
CPCP	Corporate Pandemic Continuity Plans
CPIP	Canadian Pandemic Influenza Plan
ECG	Emergency Control Group
EMO	Emergency Management Ontario
EOC	Emergency Operations Centre
HIRA	Hazard Identification and Risk Assessment
MLHU	Middlesex-London Health Unit
MOHLTC	Ministry of Health and Long Term Care (Ontario)
OHPIP	Ontario Health Plan for Influenza Pandemic
PHAC	Public Health Agency of Canada
PPE	Personal Protective Equipment
SARS	Severe Acute Respiratory Syndrome
WHO	World Health Organization

Chapter 1: Planning for a Pandemic

The *City of London Corporate Pandemic Plan* (“Pandemic Plan”) is a policy document to support the continued operation of the City of London’s essential services, and to promote a safe work environment for employees.

The possibility of a pandemic presents a significant challenge to the operation of any organization, as well as a serious risk to the health of its employees. Forward planning and preparedness can mitigate this risk by ensuring that every practical step is taken to minimize the impact of a crisis. The Pandemic Plan is a part of that effort by providing a mechanism to guide the action and decision making in the event of high employee absenteeism due to a pandemic. This Plan was developed to protect the health and safety of our staff, and to ensure that Civic Departments and Municipal Council are prepared to manage absenteeism and carry out assigned responsibilities in the event of a pandemic. The Pandemic Plan was created based on the legislative framework in place at the time it was written and should be reviewed annually to ensure continued compliance.

1.1 Introduction

A pandemic is a natural phenomena occurring from the spread of a new disease or virus to which humans have little or no immunity developed from prior exposure. Pandemics are inevitable, and can occur suddenly and simultaneously in several areas around the world. A serious pandemic will cause illness and death, disrupt critical services, and result in widespread economic loss.

History is punctuated by pandemic outbreaks, dating back to Typhoid fever in 430 BC. Within the past century there have been three significant pandemics causing a catastrophic loss to human life. The Spanish Flu in 1918, for example, spread to all continents within a matter of a few months, infected nearly one-third of the world’s population, and resulted in nearly 50 million deaths world wide.

Within the past decade, Canadian cities have been threatened by a number of rapidly spreading outbreaks. The Severe Acute Respiratory Syndrome (SARS) in 2003 and the Avian Flu in 2004 both presented a serious risk but fortunately did not escalate to the level of a pandemic.

In April 2009, the World Health Organization (WHO) identified a new strain of Influenza A, known as H1N1 or “swine flu” spreading from its origin area of Mexico to over 100 countries on all continents. By June 2009, WHO declared H1N1 to be a global pandemic. Globally there have been more than 375,000 laboratory confirmed cases and over 4500 reported deaths.¹ In Canada, there have been 79 deaths including 24 in Ontario.² Locally, the Middlesex London Health Unit reports that there have been over 25 laboratory confirmed cases of H1N1 in the London Middlesex area.

No community is immune to the threat of a pandemic. The full extent of the H1N1 pandemic is not yet known, and experts agree that other influenza pandemics are highly probable in the future. It is impossible to forecast the timing or nature of a pandemic, posing a critical challenge to the City of London and other communities to be adequately prepared. The objective of pandemic planning is to mitigate the threat by ensuring that essential services to the community will be continued to minimize social disruption and prevent unnecessary economic losses.

¹ World Health Organization, Pandemic (H1N1) 2009 Update #69, October 9 2009.

² Public Health Agency of Canada, FluWatch Surveillance Report, October 13 2009.

Key Differences Between an Annual Flu and a Pandemic Flu

Annual Flu	Pandemic Flu
Occurs every year, typically during the winter months.	Historically, occurs three to four times per century and can take place during any season.
Affects 5 to 20 percent of the population.	Experts predict an infection rate anywhere between 25 to 50 percent of the population, depending on the severity.
Globally, kills 500,000 to 1 million people in each year.	The most severe pandemic of the last century, the Spanish Flu of 1918, killed nearly 50 million people worldwide.
Most people recover within one to two weeks.	Usually associated with a higher severity of illness and consequently a higher risk of death.
Deaths generally confined to “at risk” groups such as the elderly (over 65 years of age), the young (children aged 6 to 23 months), and those with existing medical conditions such as lung disease, diabetes, cancer, kidney or heart problems, and people with compromised immune systems.	All age groups may be at risk for infection, not just “at risk” groups. Otherwise fit and healthy adults could be at relatively greater risk based on patterns of previous pandemics. For example, adults under age 35 (a critical segment of the workforce) were disproportionately affected during the 1918 Spanish Flu pandemic.
Vaccination is effective because the virus strain in circulation each winter can be fairly reliably predicted.	A vaccine against a pandemic flu may not be available, particularly near the beginning stages of a pandemic. New strains of viruses must be accurately identified, and producing an effective vaccine could take several months before being distributed to the public.
Annual vaccination, when the correct virus strain is used, is fairly reliable. Antiviral drugs are available for those most at risk of becoming seriously ill.	Antiviral drugs may be in limited supply, and their effectiveness will only be known with any certainty once the pandemic crisis is underway.

Community Impact

It is estimated that a pandemic would reach Canada within three months should an outbreak emerge in another part of the world. It could be much sooner given the increasing volume and speed of international air travel, or if the outbreak origin was in closer geographic proximity.

Based on a 35% attack rate, the estimated impact of a pandemic in Ontario and in the City of London would be:

Estimated Pandemic Impact³		
	Ontario	London CMA
People Infected	4,256,103	123,341
People Hospitalized	51,018	1493
Estimated deaths	11,872	348

A pandemic at this level would impact all aspects of society, with increased demand on health care and public services, and general social disorder. The City of London has not faced a pandemic to this degree in recent memory but the community is at risk of a serious influenza or other pandemic outbreak at any time.

Corporate Impact

Research on pandemic planning indicates that organizations should plan for approximately 35% staff absenteeism levels during a pandemic. Pandemics typically spread in waves which can last from a few weeks to several months. During the peak of the pandemic, these rates could swell up to 50% or higher. This absenteeism would stem not just from employees who are infected but also from employees caring for ill family members, and employees who choose not to come to work out of fear of becoming infected.

In the City of London's case, a 35% absenteeism rate would mean that approximately 1,050 employees would be absent from work over the course of the pandemic; at 50% this number would rise to approximately 1,500. Regardless of the exact number, maintaining community and corporate services with significantly fewer staff resources would be a serious challenge.

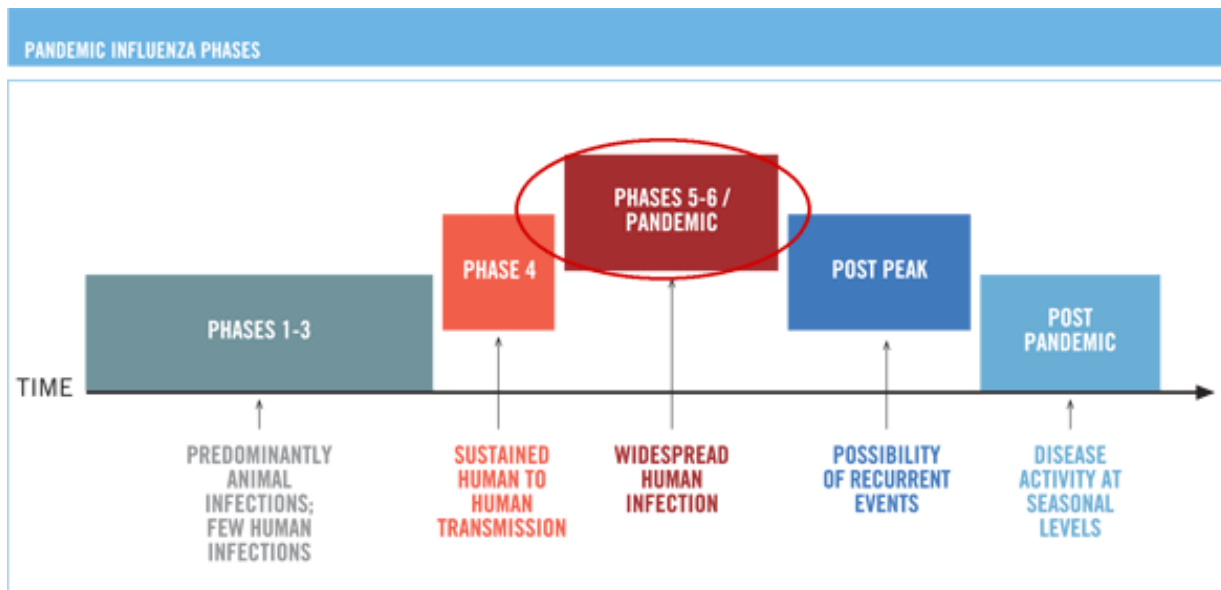
The City of London provides a number of essential services that are required by legislation. Services such as water and waste water, social assistance, and garbage collection are critical to the health and wellbeing of citizens. Even within the City's non-essential services, there are a number of regulatory requirements – for example, while the operation of Storybook Gardens is not an essential service, the Corporation is legally obligated to care for the animals. The pre-identification of essential and non-essential services and activities would be necessary to redeploy staff during medium and high risk periods to ensure the continuation of the City's most critical services.

1.2 Phases of a Pandemic

World Health Organization Pandemic Phases

The World Health Organization (WHO) has established a six-phase approach to classification of pandemics. Phases 1 to 3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 signal the need for response and mitigation efforts.

³ Source: Figures based on FluAid 2.0 model developed by the Centers for Disease Control using Statistics Canada 2006 census population data and calculated based on an attack rate of 35%.



Phase 1 In nature, influenza viruses circulate continuously among animals, particularly birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

Phase 2 In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

Phase 3 In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6 Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

Post Peak During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is

uncertain if additional waves will occur and countries will need to be prepared for a second wave. Previous pandemics have been characterized by waves of activity spread over months so an immediate “at-ease” signal may be premature.

Post Pandemic In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Public Health Agency of Canada Pandemic Phases

The WHO phase number reflects the international risk or activity level with respect to the new influenza virus subtype, but it may not reflect virus activity in Canada especially during the pandemic alert period. To help guide pandemic planning and response in Canada, the Public Health Agency of Canada (PHAC) has developed a numbering system to reflect pandemic influenza activity in Canada:

- 0 Indicates no activity in Canada
- 1 Indicates low activity and low risk in Canada
- 2 Indicates higher activity and risk in Canada

The Canadian activity level number will be used with the WHO phase number to determine the level of pandemic activity in Canada. The Ministry of Health and Long-Term Care and the local public health units will use the same indicators (no activity, low activity and higher activity) to confirm pandemic activity in the province and at the local level.

WHO Phase	PHAC Phase	Definition
6 – Pandemic	0 – No Activity	Outside Canada, increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.
6 – Pandemic	1 – Low Activity	Single human case or cases with the pandemic virus detected in Canada. No clusters have been identified in Canada.
6 – Pandemic	2 – Higher Activity	Localized or widespread pandemic activity has been observed in the Canadian population.

The City of London will closely monitor the surveillance activities of health and government authorities at all levels by following the phase classifications from the World Health Organization as well as the Public Health Agency of Canada. The Middlesex-London Health Unit undertakes local surveillance and will be consulted to provide information to the Corporation regarding the status and development of a pandemic.

1.3 Planning Approach

In May 2009, amid the rise of the H1N1 flu outbreak, the Civic Administration of the City of London formed a Pandemic Planning Resource Group (“Group”). This interdepartmental Group was struck with a broad mandate to create a policy document to ensure the continued operation of the City of London’s essential services, and to promote a safe work environment for employees.

The Pandemic Planning Resource Group focused on several key tasks:

- Developing protocols for decision making and action.
- Identifying essential and legally required or critical services.
- Quantifying the staff and skills, licenses necessary to perform critical services in each City of London division and department.
- Estimating the number of staff available from each area for redeployment.

The Pandemic Plan has been developed to provide guidance during medium and high risk periods and is supplementary to the *City of London Emergency Response Plan*; however, it could be used in conjunction with the *Emergency Response Plan* in the event of any type of emergency which results in a reduced number of staff to maintain critical municipal services.

1.4 Planning Assumptions

The Group adopted the following general assumptions in the development of this plan:

- The City of London Corporate Pandemic Plan will be an evolving document. Administration will revise and continue to build on it as local, provincial and federal planning proceeds.
- Pandemic influenza will simultaneously affect the City of London, the Province of Ontario and many other jurisdictions. Therefore mutual aid may not always be possible.
- A pandemic influenza will likely be caused by a new or novel sub-type of the influenza virus. Individuals and the Corporation will likely have very little lead time between when the World Health Organization (WHO) declares pandemic phase 6 and when the novel pandemic influenza strain is identified. Therefore, the plan must be readily available and accessible at all times.
- The impact of a pandemic on London will be significant. It is likely that there will be multiple waves of influenza pandemic activity with more severe illness and mortality than the usual seasonal influenza is likely in all population groups. The Corporation must be prepared to manage all phases of a pandemic event.
- The psychological impact on the public in the case of a pandemic would be significant. Community activities may need to be curtailed or cancelled to prevent further spread of the infection. Supply chains of resources from every sector will likely be disrupted.
- Maintenance of the plan is critical to ensure the Corporation's ongoing preparedness to manage a pandemic event.

Chapter 2: Roles and Responsibilities

All levels of government and all sectors have a role to play in preparing for, responding to and recovering from an influenza pandemic. It is critical that roles and responsibilities are clear and that there is open communication and coordination of efforts.

2.1 Health and Governmental Authorities

The following describes the roles and responsibilities of health and government authorities in pandemic planning:

The World Health Organization

The World Health Organization (WHO) is responsible for coordinating a global response to an influenza pandemic, including:

- Having established phases of a pandemic, as noted in section 1.2.
- Making recommendations on how jurisdictions should plan and manage a pandemic.
- Declaring a pandemic.

Government of Canada

The Public Health Agency of Canada (PHAC) is the federal authority responsible for coordinating the nation-wide health response to pandemic influenza, including:

- Communicating with the WHO, the US Centers for Disease Control, and other organizations to coordinate surveillance, investigation and vaccine activities.
- Procuring/distributing reagents and information to provincial/territorial health laboratories.
- Establishing a domestic influenza vaccine manufacturing capacity.
- Confirming pandemic activity in Canada.

PHAC has developed the *Canadian Pandemic Influenza Plan (CPIP)* which maps out how Canada will prepare for and respond to an influenza pandemic. Federal, provincial and territorial governments collaborated on its development. The Plan is available online at: <http://www.phac-aspc.gc.ca/influenza/pandemicplan-eng.php>

Government of Ontario

The Ministry of Health and Long-Term Care (MOHLTC) is the provincial authority responsible for coordinating the Ontario-wide response to an influenza pandemic, including the declaration of a provincial emergency. The Provincial Government has a number of responsibilities during a pandemic, including:

- Implementing national recommendations for surveillance and immunization.
- Providing direction to local public health authorities and the health care system to ensure a consistent response across the province.
- Confirming pandemic activity in Ontario.

The 2008 *Ontario Health Plan for an Influenza Pandemic (OHPIP)* was released on August 12, 2008. This Plan is managed and coordinated by the Emergency Management Unit of MOHLTC, and was developed through a collaborative effort involving experts from across the health sector, labour, and government.

The *Ontario Health Plan for an Influenza Pandemic* is available online at: http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Local Health Authorities

Local health units are responsible for coordinating the local response to an influenza pandemic, including:

- Maintaining a local surveillance system.
- Developing plans to provide mass immunizations and distribute vaccines, antivirals and medical supplies.
- Liaising with local partners (emergency responders, hospitals, community services, mortuary services, schools, workplaces, etc.)
- Confirming pandemic activity locally.

Each health unit in Ontario, including the Middlesex-London Health Unit (MLHU), is required to have a pandemic influenza plan which sets out the steps that local health care services should take to prepare for and respond to a pandemic.

The *Pandemic Influenza Plan for Middlesex-London* has been developed by the MLHU in collaboration with local health care providers and emergency service organizations. The Plan is available online at: <http://www.healthunit.com/articlesPDF/11992.pdf>

Municipalities

Municipal governments can play an important role in responding to a pandemic. The priorities for municipalities include ensuring the delivery of essential services, supporting local health authorities, and protecting municipal employees. Section 2.3 provides further detail on local roles and activities.

2.2 Legislative Overview

Actions taken during an emergency response must be guided by the legislative framework which gives authority to the City, public health authorities and others for their actions.

The Medical Officer of Health of the Middlesex-London Health Unit may by written order require that a person take or refrain from taking any action that is specified in the order with respect to communicable disease (this includes requiring the closure of premises, requiring any person to isolate him/herself and remain in isolation from other persons, require the person to submit to an examination by a physician, etc.). Such orders can be directed to a class of persons who reside or are present in the jurisdictional region of the local health unit.

It is anticipated that the following statutes will play a role and provide legal authority to respond to influenza pandemic at the local level:

- *Coroners Act*, R.S.O. 1990 c. C.37
- *Emergency Management and Civil Protection Act*, R.S. O. 1990, c. E. 9
- *Health Protection and Promotion Act*, R.S.O. 1990 c. H. 7
- *Occupational Health and Safety Act*, R.S.O. 1990 c. O.1
- *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3 S. A
- *Quarantine Act*, R.S.C. 1985, c. Q-1

Coroners Act

When a person dies while a resident in specified facilities, including a resident in a home for the aged or a nursing home, a psychiatric facility, or an institution under the *Mental Hospitals Act*, the *Coroners Act* requires the person in charge of the hospital, facility, or institution to immediately give notice of the death to the Coroner. Further, if any person believes that a person has died under circumstances that may require investigation, that person must

immediately notify a coroner or police officer of the facts and circumstances relating to the death. The Coroner must investigate the circumstances of the death and determine whether to hold an inquest.

The *Coroners Act* is available online at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c37_e.htm

Emergency Management and Civil Protection Act

On June 30, 2006, Bill 56 received Royal Assent, becoming the new *Emergency Management and Civil Protection Act*. The Act amends the definition of emergency to include danger caused by disease or health risk. The new definition of “emergency” means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property, and that is caused by the forces of nature, a disease or other health risk, an accident or an act, whether intentional or otherwise. The *Emergency Management Act* establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. The *Act* also specifies what must be included in emergency management programs and emergency plans.

The *Emergency Management and Civil Protection Act* is available online at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90e09_e.htm

Health Protection and Promotion Act

In Ontario, the *Health Protection and Promotion Act* (HPPA) requires Boards of Health to provide or ensure provision of a minimum level of public health programs and services in specified areas such as the control of infectious and reportable diseases, health promotion, health protection, and disease prevention.

Mandatory Health Programs and Services Guidelines published by the Ministry of Health and Long-Term Care, set out minimum standards that must be met by Boards of Health delivering these public health programs and services. Regulations published under the authority to the HPPA assist to control the spread of communicable and reportable diseases. Regulation 569, Reports, establishes the parameters within which those who are required to report communicable and reportable diseases to the Medical Officer of Health must operate. The Report regulation specifies the information that must be reported for diseases listed in the regulation, and under certain conditions, such additional information that the Medical Officer of Health may require.

A Medical Officer of Health is authorized under section 22 of the HPPA to issue an order under prescribed conditions to control communicable diseases. The content of these orders could include an order requiring an individual or identified group to isolate himself/herself or themselves, to place himself/herself or themselves under the care and treatment of a physician or to submit to an examination by a physician. A Medical Officer of Health may also, where the disease is a virulent disease (e.g. SARS but not influenza), seek a court order under section 35 of the HPPA to isolate an individual in a hospital or other facility for a period of up to four months.

The HPPA is available online at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm

Occupational Health and Safety Act

The *Occupational Health and Safety Act* is enforced by the Ministry of Labour. The *Act* imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The duties of workers are, generally, to work safely in accordance with the *Act* and regulations.

The *Occupational Health and Safety Act* is available online at:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Personal Health Information Protection Act, 2004

The *Personal Health Information Protection Act, 2004* (PHIPA) regulates the collection, use, and disclosure of personal health information by health information custodians (a defined term in the *Act*) and includes physicians, hospitals, long-term care facilities, Medical Officers of Health, and the Ministry of Health and Long-Term Care. The *Act* also establishes rules for individuals and organizations receiving personal information from health information custodians. Consent is generally required to collect, use, and disclose personal health information; however, the *Act* specifies certain circumstances when it is not required. For example, the *Act* permits disclosure of personal health information to the Chief Medical Officer of Health or the Medical Officer of Health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the Health Protection and Promotion Act. Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. The *Personal Health Information Protection Act, 2004* is available online at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

Quarantine Act

The new federal *Quarantine Act* received Royal Assent on May 13, 2005. The purpose of the *Act* is to prevent the introduction and spread of communicable diseases in Canada. It is applicable to persons and conveyances arriving in, or in the process of departing from, Canada. It includes a number of measures to prevent the spread of dangerous, infectious and contagious diseases including the authority to screen, examine, and detain arriving and departing individuals, conveyances, and their goods and cargo, which may be a public health risk to Canadians and those beyond Canadian borders.

The new legislation includes contemporary public health measures including referral to public health authorities, detention, treatment, and disinfection. It also includes measures for collecting and disclosing personal information if it is necessary to prevent the spread of a communicable disease.

The *Quarantine Act* is available online at: <http://laws.justice.gc.ca/en/Q-1/>

Other Legislative References

*Ambulance Act, 1990*⁴

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90a19_e.htm

Charitable Institutions Act, 1990

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c09_e.htm

⁴ Note: The County of Middlesex has jurisdiction over ambulance services in London and Middlesex.

Community Care Access Corporations Act, 2001
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/01c33_e.htm

Health Care and Residential Facilities Ontario Regulation 67/93 under the Occupational Health and Safety Act
http://www.e-laws.gov.on.ca/DBLaws/Regs/English/930067_e.htm

Homes for the Aged and Rest Homes Act, 1990
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h13_e.htm

Long-Term Care Act, 1994
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/94l26_e.htm

Nursing Homes Act, 1990⁵
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90n07_e.htm

Public Hospitals Act, 1990
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p40_e.htm

2.3 Local Activities

As described in sections 2.1 and 2.2, the City of London and other local authorities must plan, manage and respond to a pandemic influenza within a framework of intergovernmental authority and legislative parameters. The City will undertake a number of local activities during the low risk, medium risk, high risk and recovery periods as summarized in this table:

LOW RISK PERIOD	
<i>A low risk period is characterized by little or no influenza activity at the local level according to the surveillance activities undertaken by the Middlesex-London Health Unit (MLHU). During this time, the Corporation operates under normal procedures. The following activities may be undertaken to plan and ensure preparedness for a pandemic situation:</i>	
Activity	Responsibility
Promote best practices to reduce the risk of influenza transmission in the workplace	Human Resources All Departments
Development and annual review of Corporate Pandemic Continuity Plans (CPCPs)	All Departments
Develop plans to promote antivirals and vaccines to City of London employees	City of London Middlesex-London Health Unit
Development of modified operating procedures for first responders	London Fire Services London Police Services
Establish protocols for influenza surveillance and reporting in the workplace taking into account <i>Municipal Freedom of Information and Protection of Privacy Act</i> considerations	All Departments
Ensure appropriate protocols and agreements are in place to maintain stockpile of protective equipment	Purchasing

⁵ Note: Deerness Home does not fall within this legislation but instead falls under the Homes for the Aged and Rest Homes Act.

Ensure staff are provided with appropriate training and protocols to ensure a safe working environment	All Departments
Review delegation of authority processes and by-laws to ensure that decision making can continue in the event that officers are unable to perform normal duties	Clerk's Office Legal
Identify critical supply chains necessary for the provision of service	Purchasing All Departments
Communications with internal / external stakeholders	Corporate Communications

MEDIUM RISK PERIOD

A medium risk period occurs when the MLHU has identified normal levels of influenza at the local level not impacting the routine operations of municipal government, hospitals, schools or other community agencies. During this time, the Corporation may operate under normal procedures, or may experience above average absenteeism. The following activities may be undertaken:

Activity	Responsibility
Review CPCPs – conduct drills and briefings as required; implement ongoing assessment of business continuity vulnerabilities	All Departments
Review staff training needs	Human Resources
Implement procedures for distribution of protective equipment	Human Resources
Communications with internal / external stakeholders	Corporate Communications

HIGH RISK PERIOD

A high risk period occurs when the MLHU has identified there to be widespread presence of influenza in the community impacting the operation of municipal government, hospitals, schools and community agencies. It is likely that a pandemic may also have been identified by federal and/or international authorities (World Health Organization Phase 5 or 6 and/or Public Health Agency Phases 1 or 2). During a high risk period, the Corporation may be unable to deliver all services under normal operations due to high staff absenteeism. The following activities may be undertaken:

Activity	Responsibility
Full or partial activation of business continuity plans (CPCPs) at a Divisional, Departmental or Corporate level	Coordination Teams All Departments
Implementation of procedures for isolation, social distancing, etc.	Middlesex-London Health Unit Human Resources
Review internal infection control practices and cleaning process in the workplace	EESD All Departments
Monitor activities, services and resources across the jurisdiction	Middlesex-London Health Unit
Monitor activities, services and resources across the corporation	Corporate Coordination Team All Departments
Communications with internal / external stakeholders	Corporate Communications

RECOVERY PERIOD

The recovery period is the stage following full or partial activation of the CPCPs once the Corporation has resumed normal operations. During this period, the Corporation may undertake the following activities:

Activity	Responsibility
Provide supports for employees returning to work per Human Resources plan	Human Resources
Maintain public and media relations	Corporate Communications
Assess effectiveness of the pandemic response process and adjust pandemic and business continuity plans as necessary	Corporate Coordination Team Pandemic Planning Resource Group
Resume pre-pandemic planning activities to prepare for another wave or future pandemic	All Departments
Replenish supplies as necessary	All Departments

It should be noted that influenza pandemics may come in waves, going from a high to medium and back to high risk periods. Experts anticipate that the highest risk peaks could occur anywhere from two to six weeks apart, and may occur several times. Throughout the medium risk, high risk and recovery periods, the Corporation will continue to monitor absenteeism levels and activate and deactivate the CPCPs as needed.

2.4 Local Roles

There are a number of Officers of the Corporation who have specific roles during medium and high risk periods as defined in section 2.3. The roles may be subject to change pending unique circumstances. In general, these roles are as follows:

Role of the Chief Administrative Officer

- Overall responsibility for maintaining operations and safety of staff
- Responsible for Corporate activation of the CPCPs when necessary
- Responsible for seeking Council approval on planning direction
- Calls meeting of the Corporate Coordination Team when required

Role of the Corporate Coordination Team – CAO and General Managers (or designates)

- Responsible for corporate coordination in managing response to absenteeism
- Directs Corporate implementation of the CPCPs
- Manages redeployment of employees across Departments
- Liaison with and reporting to City Council

Role of the General Managers (GMs)

- Responsible to monitor respective areas of responsibility and maintain service in Departments
- Maintenance and regular updating of Departmental Corporate Pandemic Continuity Plans (CPCPs)
- Calls meeting of respective Departmental Coordination Team when required

Role of the Departmental Coordination Team - GM and Division Managers

- Responsible for departmental coordination in managing response to absenteeism
- Directs Department's implementation of the CPCPs
- Manages redeployment of employees within Department

Role of Division Managers and/or Directors

- Responsible for division coordination managing response to absenteeism
- Maintenance and regular updating of Division Corporate Pandemic Continuity Plans (CPCPs)
- Call meeting of respective Division Coordination Team when required

Role of the Division Coordination Team – Division Management and others as required

- Responsible for coordinating and managing absenteeism within Division
- Directs Division's implementation of the CPCPs
- Manages redeployment of employees within Division

Role of the Pandemic Planning Resource Group

- Provide operational advice and recommendations to Corporate Management Team
- Assist corporation with implementation of CPCPs
- Ongoing maintenance of the Corporate Pandemic Plan

Role of Community Emergency Management Coordinator

- Provide advice and guidance to the Chief Administrative Officer, General Managers and Pandemic Planning Resource Group

All municipalities in Ontario are required to have an Essential Emergency Management Program pursuant to the *Emergency Management and Civil Protection Act*. The City of London's *Emergency Response Plan*, outlines a number of specific roles and responsibilities of local officers and organizations in the event of an emergency. In this case of a declared emergency, the roles and responsibilities as defined in the *Emergency Response Plan* would apply.

2.5 Council Procedure in an Emergency

In an emergency or crisis situation, Council may need to make critical decisions in a timely manner, either in preparation for the emergency, during the emergency itself, or during the recovery efforts. However, emergencies can give rise to extraordinary situations, where the decision-making capability of a municipality can be compromised or where normal protocols may not be appropriate. This section provides an overview of the current council procedures applicable to an emergency.

City of London Council Procedure By-law

The Council Procedure Bylaw A-22 (consolidated, January 19, 2009) contains procedures with respect to meetings of Council, Board of Control, Committee of the Whole and Standing Committee in the event of an emergency:

2.4 Rules - regulations - suspended - 2/3 consent - Council

Any rules or regulations contained in this by-law may be suspended with the consent of at least two-thirds of the whole Council.

Absence of Head of Council

2.5 Absence - Mayor - Deputy Mayor - authority

In the absence of the Mayor from the Municipality, or if he/she is absent through illness or if he/she refuses to act or if the office is vacant, the Deputy Mayor for the purposes of this by-law shall act in the place and stead of the Mayor and shall have all the rights, powers and authority of the Mayor, while so acting.

2.6 Absence - Deputy Mayor - member - appointed

In the event that the Deputy Mayor is unable, for any reason, to act in the place and stead of the Mayor, a member shall be appointed pursuant to subsection 226 of the *Municipal Act, 2001, S.O. 2001, c.25*, as amended, to act from time to time in the place and stead of the head of the Council, and shall have and may exercise, while so acting, all the rights, powers and authority of the head of the Council.

As well, the *Municipal Act, 2001* provides in section 242 that a municipality may, by by-law or resolution, appoint a member of council to act in the place of the head of council (or other member of council designated to preside at meetings in the procedure by-law) when the head of council (or designated member) is absent or refuses to act or the office is vacant. While so acting, such member has all the powers and duties of the head of council (or designated member).

Absence of head

242. A municipality may, by by-law or resolution, appoint a member of the council to act in the place of the head of council or other member of council designated to preside at meetings in the municipality's procedure by-law when the head of council or designated member is absent or refuses to act or the office is vacant, and while so acting such member has all the powers and duties of the head of council or designated member, as the case may be.

Meetings

2.8 Meeting Location

All meetings of the Municipal Council, the Committee of the Whole, the Board of Control and the Standing Committees shall be held at London City Hall unless there are extraordinary circumstances for which there is consent by at least two-thirds of the whole Council to hold a meeting at another location within the boundaries of the City of London, subject to the provision of public notice of the change in venue, in the form, manner and times as determined by the City Clerk and subject to the availability of a venue which is accessible to the public.

3.3 Special meeting - emergency - called by Mayor

The Mayor may, at any time, call a special or emergency meeting.

3.5 Special meetings - emergency - held in Chambers

Special or emergency meetings shall be held in the Council Chambers at the City Hall, unless otherwise decided by a majority of the members present.

4.5 Emergency - notice not required

Notwithstanding any other provision of this by-law, an emergency meeting may be held, without written notice, to deal with an emergency or extraordinary situation,

provided that an attempt has been made by the Clerk to notify the members about the meeting as soon as possible and in the most expedient manner available.

4.6 Emergency - business specified - transacted

No business except business dealing directly with the emergency or extraordinary situation shall be transacted at the emergency meeting.

4.7 Orders of the Day - notice - not received - validity

Lack of receipt of a notice or of the Orders of the Day by the members shall not affect the validity of the meeting or any action taken thereat.

4.8 Postponement - meeting - emergency - up to 3 days

The Mayor may, when emergency or extraordinary situations arise, postpone a meeting for not more than 3 days.

4.9 Postponement - notice by Clerk

Upon the postponement of a meeting by the Mayor in accordance with section 4.8 of this by-law, the Clerk shall attempt to notify the members of the postponement as soon as possible and in the most expedient manner available.

Part 18

EMERGENT BUSINESS

18.1 Emergency - congratulations - condolatory matters

Business that is not part of the Orders of the Day shall not be considered by the Council unless it is of an emergency, congratulatory or condolatory nature.

18.2 Introduction - 2/3 vote - required

Members shall introduce matters described in section 18.1 of this by-law at Stage X, but in order for such matters to be introduced two-thirds of the members present shall give leave for the introduction of such matters.

18.3 Motion to introduce - not amendable - debatable

Motions to give leave for the introduction of such matters shall not be amendable or debatable.

Quorum

The *Municipal Act, 2001* s. 237 provides that a majority of the members of a municipal council is necessary to form a quorum. The requirement for a quorum cannot be altered by way of a by-law.

Emergency Declared

In the event that the Lieutenant Governor in Council or the Premier by order declares that an emergency exists pursuant to the *Emergency Management and Civil Protection Act*, the Premier may, by order under section 7.0.3, do the following:

- a) direct and control the administration, facilities and equipment of the municipality in the emergency area, and, without restricting the generality of the foregoing, the

exercise by the municipality of its powers and duties in the emergency area, whether under an emergency plan or otherwise, is subject to the direction and control of the Premier; and

- b) require any municipality to provide such assistance as he or she considers necessary to an emergency area or any part of the emergency area that is not within the jurisdiction of the municipality and direct and control the provision of such assistance.

A municipality is authorized to exercise a municipal power in response to such an order of the Premier (or his or her delegate) without the necessity of a by-law.

The *Municipal Act, 2001* sets out the role of Council, and the role of the head of council. Section 226 also provides that a municipality may (with the consent of the head of council) appoint a member of council to act in the place of the head of council on any body:

Role of council

224. It is the role of council,

- (a) to represent the public and to consider the well-being and interests of the municipality;
- (b) to develop and evaluate the policies and programs of the municipality;
- (c) to determine which services the municipality provides;
- (d) to ensure that administrative policies, practices and procedures and controllership policies, practices and procedures are in place to implement the decisions of council;
- (d.1) to ensure the accountability and transparency of the operations of the municipality, including the activities of the senior management of the municipality;
- (e) to maintain the financial integrity of the municipality; and
- (f) to carry out the duties of council under this or any other Act.

Role of head of council

225. It is the role of the head of council,

- (a) to act as chief executive officer of the municipality;
- (b) to preside over council meetings so that its business can be carried out efficiently and effectively;
- (c) to provide leadership to the council;
- (c.1) without limiting clause (c), to provide information and recommendations to the council with respect to the role of council described in clauses 224 (d) and (d.1);
- (d) to represent the municipality at official functions; and
- (e) to carry out the duties of the head of council under this or any other Act.

Substitution

226. A municipality may, with the consent of the head of council, appoint a member of council to act in the place of the head of council on any body, other than on the council of another municipality, of which the head of council is a member by virtue of being head of council.

Head of council as chief executive officer

226.1 As chief executive officer of a municipality, the head of council shall,

- (a) uphold and promote the purposes of the municipality;
- (b) promote public involvement in the municipality's activities;
- (c) act as the representative of the municipality both within and outside the municipality, and promote the municipality locally, nationally and internationally; and
- (d) participate in and foster activities that enhance the economic, social and environmental well-being of the municipality and its residents.

2.6 Administrative Procedure in an Emergency

The *Municipal Act, 2001* sets out the role of the officers and employees of the municipality:

Municipal administration

227. It is the role of the officers and employees of the municipality,

- (a) to implement council's decisions and establish administrative practices and procedures to carry out council's decisions;
- (b) to undertake research and provide advice to council on the policies and programs of the municipality; and
- (c) to carry out other duties required under this or any Act and other duties assigned by the municipality.

Statutory Officers

The following are legislatively-required statutory officers:

City Clerk

The *Municipal Act, 2001* in section 228 requires a municipality to appoint a City Clerk. The *Municipal Act, 2001* authorizes the appointment of deputy clerks who have all the powers and duties of the clerk under this and any other Act. Further, the clerk may delegate in writing to any person (other than a member of council) any of the clerks' powers and duties under this and any other Act.

Treasurer

The *Municipal Act, 2001* in section 286 requires a municipality to appoint a treasurer. The Act also authorizes the appointment of deputy treasurers who shall have all the powers and duties of the treasurer under this and any other Act. The municipality may delegate to any person all or any of the powers and duties of the treasurer under this or any other Act with respect to the collection of taxes.

Auditor

The *Municipal Act, 2001* provides in section 296 that a municipality shall appoint an auditor who is not an employee of the municipality.

Chief Building Official

The *Building Code Act, 1992* provides in section 3 that the council of each municipality shall appoint a chief building official and such inspectors as are necessary for the enforcement of this Act.

The Chief Building Official may appoint a Registered Code Agency if the Chief Building Official determines their services are required, to perform specified functions in respect of the construction of a building or class of buildings under the *Building Code Act*.

Fire Chief

The *Fire Protection and Prevention Act, 1997* provides in section 6 that, if a fire department is established for a municipality, the council of the municipality shall appoint a fire chief for the fire department.

Administrator (Homes for the Aged and Rest Homes Act)

The *Homes for the Aged and Rest Homes Act* requires a council of a municipality that establishes and maintains a home to appoint an administrator for the home.

Administrator (Day Nurseries Act)

The *Day Nurseries Act* provides that every delivery agent shall appoint an administrator.

Other Management Staff

Statutory officers that are not legislatively required and other management staff may designate an appropriate individual to act in their extended absence.

2.7 Financing and Emergency Procurement

There may be instances before, during or after a pandemic where purchases must be made quickly to ensure that the City of London is able to respond and recover effectively during a crisis.

Financial Management

During an emergency, it is imperative to have financial control and proper documentation in place to oversee any required emergency expenditures.

The City Treasurer (or delegate) is responsible for developing the municipality's financial management process prior to the emergency, monitoring expenditures during an emergency, and assisting with expenditure reconciliation after an emergency, whereby emergency funding may be obtained if required.

The City Treasurer (or delegate) will report to the Community Control Group (CCG). Once an emergency situation is in the recovery phase, it is imperative to attempt to recover lost revenues for emergency expenditures through normal insurance policies or disaster relief agencies.

Procurement

Accepted emergency purchasing procedures will be developed by the Manager of Purchasing and followed for all purchases made during the emergency with the following assumptions:

- The Manager of Purchasing shall maintain a list of emergency purchase orders for use during an emergency;
- Due to the nature of most emergency situations, finance operations will be carried out with compressed time frames and other pressures, from time to time, necessitating the use of non-routine procedures. This in no way lessens the requirement for sound financial management and accountability;
- Each agency or organization involved in the emergency will have their own designated person responsible for financial management in accordance with their own approved process already in place;

- It is expected that at least partial reimbursement will come from the provincial or federal governments for services and resources, but it is recognized that at least the initial payments will be borne by the City of London; and
- The Manager of Purchasing shall maintain a list of available suppliers/contractors with 24-hour availability. This list shall be updated annually.

Emergency Procurement Policies

The City of London Purchasing Policy does make allowances for making non-competitive purchases in the event of an emergency:

NON-COMPETITIVE PURCHASES

3.7 (1) The requirement for competitive bid solicitation for goods, services and construction may be waived under joint authority of the appropriate General Manager and City Treasurer and replaced with negotiations by the General Manager and Purchasing and Supply under the following circumstances:

- i. where competition is precluded due to the application of any Act or legislation or because of the existence of patent rights, copyrights, technical secrets or controls of raw material;
- ii. where due to abnormal market condition, the goods, services or construction required are in short supply;
- iii. where only one source of supply would be acceptable and cost effective;
- iv. where there is an absence of competition for technical or other reasons and the goods, services or construction can only be supplied by a particular supplier and no alternative exists;
- v. where the nature of the requirement is such that it would not be in the public interest to solicit competitive bids as in the case of security or confidentiality matters;
- vi. where in the event of an “Emergency” as defined by this Policy, a requirement exists;
- vii. where the requirement is for a utility for which there exists a monopoly.

(2) When a General Manager intends to select a supplier to provide goods, services or construction pursuant to subsection 3.7(1), a written report indicating the compelling rationale that warrants a non-competitive selection will be submitted by the Department to the Board of Control and City Council for approval prior to the selection.

3.8 (1) In subsection 3.7 (1)(vi) “Emergency” includes

- i. an imminent or actual danger to the life, health or safety of an official or an employee while acting on the City’s behalf;
- ii. an imminent or actual danger of injury to or destruction of real or personal property belonging to the City;
- iii. an unexpected interruption of an essential public service;
- iv. an emergency as defined by the *Emergency Plans Act*, R.S.O. 1990, Chapter E.9 and the emergency plan formulated hereunder by the City;
- v. a spill of a pollutant as contemplated by Part X of the *Environmental Protection Act*, R.S.O. 1990, Chapter E.19 and,
- vi. mandate of a non-compliance order.

(2) Where, in the opinion of the City Manager or two General Managers, an emergency has occurred,

- i. the Manager of Purchasing and Supply on receipt of a requisition authorized by a General Manager and the City Manager (or two General Managers) may initiate a purchase order in excess of the preauthorized expenditure limit; and
- ii. any purchase order issued under such conditions together with a source of financing shall be justified and reported to the next meeting of the Board of Control and City Council following the date of the requisition.

Expenditure of Municipal Funds

In addition to the Purchasing Policy, the Purchasing Bylaw A-20 (consolidated, May 18, 2004) makes allowances for non-competitive purchases in the event of an emergency. In the case of an emergency due to a flu pandemic, the Manager of Purchasing, on receipt of a requisition authorized by a General Manager and the City Manager (or two General Managers), may initiate a purchase order in excess of the preauthorized expenditure limit. Any purchase order issued under such conditions, together with a source of financing, shall be justified and reported to the next meeting of the Board of Control and City Council following the date of the requisition.

All expenditures related to emergency incidents, including a flu pandemic, must be recorded under the following business unit: Emergency Incidents Management – BU 120104. The appropriate subledger and account number should be chosen for the expenditure. In the case of the flu pandemic, the subledger is “flu”. There is no budget associated with this business unit.

Extreme care and attention to detail must be taken throughout the emergency response effort and recovery period to maintain logs, formal records, and file copies of all expenditures including personal timesheets in order to provide clear and reasonable accountability and justification for future reimbursement requests.

Reimbursement is not automatically given unless proper procedures are used and accountability is maintained. Reimbursement is also subject to the terms and conditions of insurance policies or disaster relief programs.

All records relating to the allocation and disbursement of municipal funds pertaining to the elements and activities covered in this Plan must be maintained as applicable in compliance with standard policies and accounting procedures.

The City of London, as well as any agency or organization involved in the emergency response effort, is responsible for the allocation and disbursement of its own funds as well as individual record keeping.

Funding Assistance

There are programs in place for municipalities to obtain reimbursement of funds after a major emergency or disaster has occurred. The City of London will first exhaust existing insurance policies before seeking compensation from additional programs. Programs available include the Ontario Disaster Relief Assistance Program (ODRAP) and the (Federal) Disaster Financial Assistance Arrangements (DFAA). ODRAP requires some fundraising to obtain financial assistance for private costs as outlined in their documentation. DFAA provides financial assistance to the Province above a predetermined level (funding formula) of expenditure.

Chapter 3: Corporate Pandemic Continuity Plans (CPCP's)

3.1 Overview

The CPCP's provide operational guidance during periods of unusually high rates of absenteeism. Creating business continuity plans ensures that the Corporation has the resources, staffing, skills, and procedures needed to ensure the delivery of essential services are continued without interruption during a high rate of absenteeism in a pandemic. All Departments have completed a "Corporate Pandemic Continuity Plan" for each service to identify the essential functions within those services that must be kept operational as well as non-critical functions that may be suspended. Services were ranked by "A", "B" or "C" priority (refer to Guiding Principles below). The Plan contains in detail for each service:

- the corporate and community impact issues of discontinuing the service;
- an action plan to continue the service/function which includes listing the notification plans, communications strategy, staffing relocation plans, use of other sectors services, any change in the scope of service delivery, monitoring and reporting needs, and work from home potential;
- details of any potential for a surge – which is an increase in demand for the service during a pandemic;
- any training required for staff;
- specific qualifications/skills and licenses required;
- internal and external resources required;
- private sector assistance required/available; and,
- key contact information for staff responsible for implementing the plan as well as a backup.

3.2 Guiding Principles

In preparing the Corporate Pandemic Continuity Plans (CPCPs), the Pandemic Planning Resource Group adopted the following guiding principles:

1. Corporate Pandemic Continuity Plan

A continuity plan should be completed for each service/activity within a division.

2. Staffing

- a) Each Department uses resources from within own Department first. Only when no longer possible to staff from within, staff from other Departments will be brought in.
- b) Casual staff are not to be included in staffing numbers.

3. Essential Services Prioritization

- a) Essential services continue.
- b) Maintain as many services as normal and for as long as practical.
- c) Manage own assets; asset management duty rooster to be created.

Include priority classifications as follows:

Priority A: Essential service to maintain.

- Activity is mandated by legislation
- Activity must be provided within a specified time frame and addresses a high health/safety risk
- Not providing the service will endanger the health and safety of citizens
- There is a high risk of legal liability from not providing the service
- Not providing the service could constitute negligence

Priority B: Second service to be dropped to support “A” services

- Employees working in these services could be moved to staff A services as required
- Include staff required for asset management and any essential functions in non-essential services.*

Priority C: First service to be discontinued to support “A” and “B” services.

- Services that can be discontinued in the short or long term
- Staff from within this area are moved up to staff B as required
- Include staff required for asset management and any essential functions in non-essential services

*Category “B” and “C” services can be discontinued but may have essential functions such as asset management and require minimal staff. The ongoing management and protection of assets or the physical security of buildings may be continued even though the service has been discontinued. As an example, Storybook Gardens may be temporarily closed; however, one staff member must ensure the health and safety of the animals.

See [Appendix A: Corporate Services by Priority](#) for a full listing.

3.3 Activation of the CPCPs

The Chief Administrative Officer may consider activation of some or all of the Corporate Pandemic Continuity Plans (CPCPs) in the event that the Corporation is unable to continue to deliver critical or essential services under normal operation due to staff absenteeism in any area.

The Pandemic Plan is intended to offer operational guidance on the delivery of corporate services. Although the CPCPs have been developed based on a 35% absenteeism threshold, they can be activated at any level of absenteeism when one or more Departments or Divisions are unable to continue to deliver services under normal operation. The Severity Index diagram provides an index that can be used to determine the severity of the situation, and what level of response may be necessary.

Severity Index

LOCAL IMPACT INFECTION RATE - community infection rate per MLHU*	> 20%	5	CRITICAL SEVERITY - may require resources beyond Corporate control; typically managed by the Community Control Group to facilitate interagency coordination				
	15 to 20%	4	HIGH SEVERITY - may require Corporate coordination of resources, typically managed by Corporate Coordination Team				
	10 to 15%	3	MODERATE SEVERITY - may require Departmental coordination of resources, typically managed by Department Coordination Teams				
	5 to 10%	2	MILD SEVERITY - typically managed by Division Coordination Teams				
	<5%	1	ROUTINE - normal operations under normal management controls				
#	1	2	3	4	5		
	< 15%	15 to 20%	20 to 25%	25 to 30%	> 30%		
STAFFING LEVELS - absence level per corporate monitoring							

NOTE: The high severity category is characterized by a 20% infection rate but a 30% absence rate. This difference is due to an anticipated higher level of absences than infections as a result of employees missing work to care for a child or loved one, out of fear of coming to work, or other related reasons.

* Percentage determined by dividing number of confirmed cases in London-Middlesex, as published by the Middlesex-London Health Unit, by the total population of catchment area

The management and decision making process is illustrated in the following in the following chart. It is anticipated that the process of utilizing the CPCPs would begin at the Division level, moving to the Departmental level only when a Division is unable to deliver services with internal resources.

Departmental Coordination Teams would then be responsible for managing departmental needs before seeking corporate resources. Corporate management and decision making would occur through a Corporate Coordination Team. This process is illustrated in the diagram on the following page.

As described in the diagram, Divisions will monitor absenteeism and utilize existing resources within the Division to ensure continued service delivery as required. If they are unable to maintain appropriate service levels after exhausting resources with continued absenteeism, the Division Coordination Team will elevate the situation to the Departmental Coordination Team.

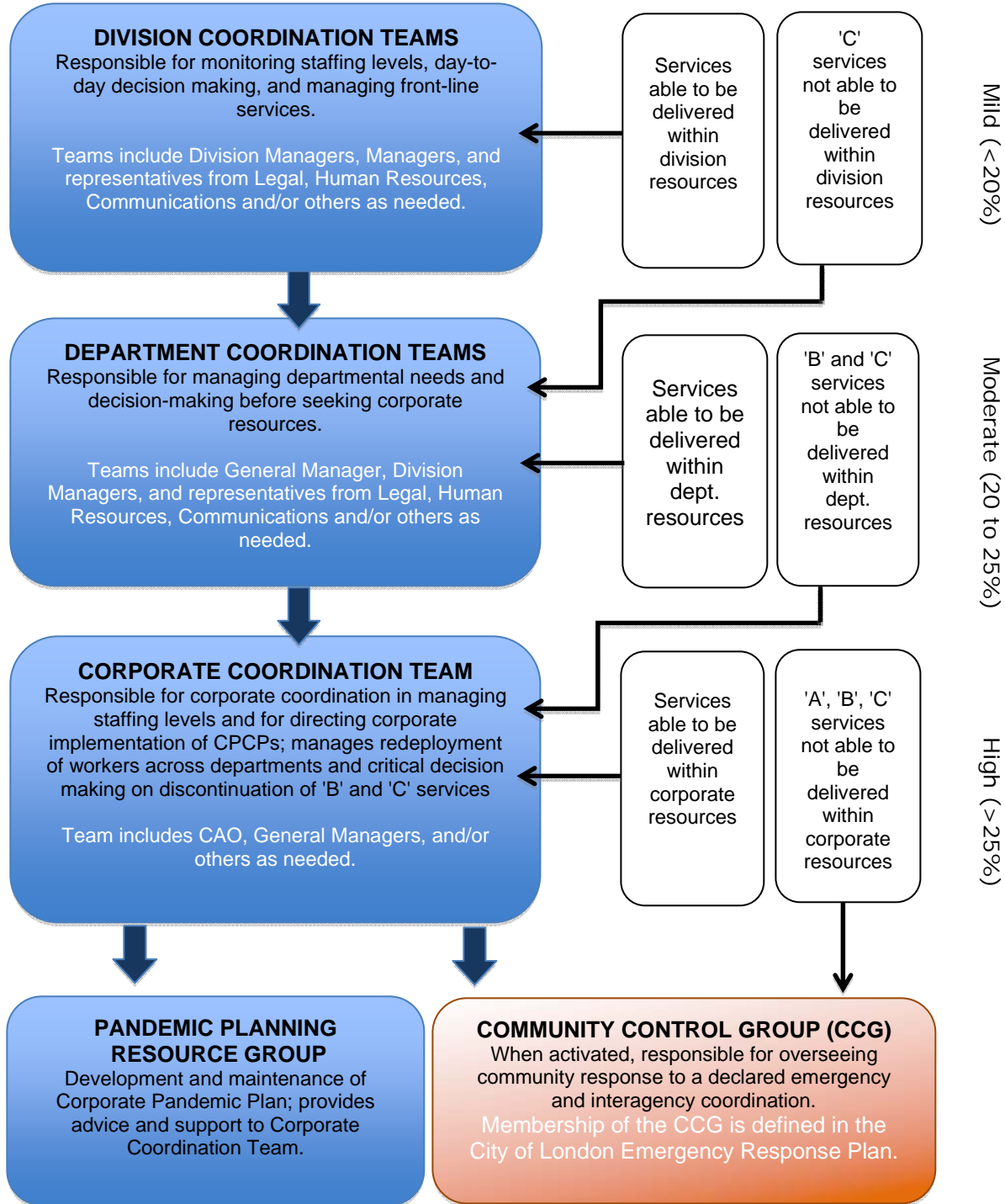
The Departmental Coordination Team will utilize the CPCPs within their Department to ensure continued service delivery. If they are unable to maintain appropriate service after exhausting Departmental resources, the Corporate Coordination Team will implement the CPCPs to ensure the delivery of corporate services.

The Corporate Coordination Team is comprised of a similar membership to the Corporate Management Team – that is, the Chief Administrative Office (or designate), Department General Managers (or designates), and others as required. The Corporate Coordination Team would meet in the event that redeployment of staff across Departments is necessary to continue to deliver services.

In the event of a community-wide pandemic situation, the Community Control Group (CCG) comprised of the heads of municipal agencies and departments will be activated to manage the emergency situation across the community. The responsibility for interagency coordination lies with the Community Control Group as detailed in the Emergency Response Plan. In the event that coordination with external agencies is necessary for the delivery of services, the Community Control Group would facilitate this coordination.

Pandemic Management

Decision-Making Flow



Chapter 4: Communications Plan

4.1 Communications Plan

The following communications plan has been prepared in anticipation of an influenza pandemic.

During a high risk period, it is critical that all communications to the public be proactive and coordinated to ensure consistent and easy to understand messages and to minimize confusion.

During a medium risk period, the Middlesex-London Health Unit (MLHU) will be the lead organization for public and professional communication within Middlesex-London.

The City of London Corporate Communications Division (CCD) will support the MLHU communications activities by preparing information about City services and programs for both external and internal audiences. CCD will work in conjunction with other City departments to prepare and disseminate messages.

If the Emergency Operations Centre (EOC) and the Community Control Group (CCG) are activated, communications to City of London residents will be coordinated and approved through the CCG. As set out in the City of London Emergency Response Plan, the lead for all communications in this scenario will be the Mayor, the Director of Communications for the City of London and the lead agency – MLHU.

Effective communication to the public contributes, either directly or indirectly, to the objectives of taking care of patients, preventing further cases and ending the outbreak quickly. As such, the World Health Organization recommends that effective, transparent communications be considered an intervention in its own right.

To insure that changes to City services and programs are understood by city staff and Londoners, directors and managers will keep CCD fully up to date with any changes that need to be communicated.

External audiences

- Residents
- Media

Internal audiences

- Community Control Group
- Council
- City employees

Community partners

(an email group of communications staff to keep all partners aware of site specific updates)

- MLHU
- Thames Valley School Board
- London District Catholic School Board
- LHSC
- St. Joseph's Health Care

- University of Western Ontario (UWO)
- Fanshawe College
- London media

External objectives

- To ensure the community has accurate information about the status of City services and programs.
- To provide the public with enough information to know how to prevent virus spread.
- To provide accurate information to residents in a timely manner.
- To instill public and staff confidence that the City is prepared and acting to safeguard health.
- To quickly and effectively counter misinformation that might appear on social media websites.

Internal objectives

- To ensure staff have enough information to understand the rights and responsibilities of their employer, and equally, their rights and responsibilities as an employee.
- To ensure changes to City services and programs are understood.
- To ensure Council is kept up to date on all community and city changes.
- To quickly and effectively counter misinformation that might appear on social media websites.

Best Practices (external and internal)⁶

Best practices for effective external/internal communication include:

- Build trust – ensuring public/staff confidence that the appropriate government(s) and agencies are acting to safeguard health, will influence compliance with recommended control measures and hasten outbreak containment.
- Announce early – early announcement contributes to early containment and wins public/staff confidence around open reporting.
- Be transparent – communication must be candid, easily understood, complete and accurate.
- Respect public/staff concerns – treat concerns as legitimate, explored and respected. Do not attempt to downplay concerns.
- Plan in advance.

4.2 Strategy During Low and Medium Risk Periods

External:

- Media – inform the media about steps taken to prepare the community. Refer all requests for information about influenza to MLHU.
- Residents – post links to MLHU, community partners and other governments on City website.

Internal:

- Staff and Council – collect updates from the MLHU and other community partners to provide a daily summary and daily full version by “sendall”.
- Ensure communications are printed and posted on bulletin boards to reach staff that do not have access to email.

⁶ World Health Organization. Outbreak Communication. Best practices for communicating with the public during an outbreak. 2004. http://www.who.int/csr/resources/publications/WHO_CDS_2005_32web.pdf.

- Prepare Q&A sheets on staffing issues re health and safety, infection control, leaves of absence, work at home, etc.
- Circulate H1N1 fact sheets.

As part of pre-pandemic planning:

- Hold a briefing with media to discuss the important role they will play in distributing information to the public and discuss daily briefing strategy. Ensure both the community's needs and the media's needs are being met.
- Arrange with community partners how to best communicate individual institution updates.

4.3 Strategy During a High Risk Period

External: Media relations and releases

- The Mayor and representatives from the MLHU are the only official spokespeople.
- Hold one media briefing each day at a location to be determined – possibly MLHU building or Police Headquarters if the EOC is running.
- Inform the media that the daily media briefing is the one and only opportunity to interview City and MLHU officials. This will avoid essential staff spending the majority of their day handling media calls. It also ensures that all media outlets receive exactly the same message at the same time.
- Supply the media with one number (tbd) where they can ask questions in advance of the media briefing each day. We can work to get the answers and provide them at the news conference.
- Place all news releases on the web. Include links to all MLHU information.

Advertising:

- Newspaper and radio ads to explain service and program availability.
- Public Service Announcements (PSAs) – run free by radio and possibly TV stations.
- All advertising will push Londoners to our website (london.ca) for more information.

Internal: Staff and Council communications *(in conjunction with HR)*

- Staff inquiry line will be activated with short, up to date messages.
- Direct staff to City website for information
- Send group-specific emails to staff about assignment changes and instructions on how to reach managers on duty for more information.
- Daily updates and daily summaries sent to all staff by email.

Other Communications

- All information provided to the media will be posted on the City's website and provided to the City's Public Inquiry Line staff. The City's current website architecture will be altered to accommodate specific H1N1 news and updates.
- Consider use of social media, where appropriate (eg: use Twitter/Facebook to post links to online updates) to disseminate info as well as counter misinformation.

Other Considerations

- Consider need to translate information. (Ontario health website has translated H1N1 info pieces already in place.)
- Ability to reach populations that may not have access to media (homeless, vulnerable populations) through posters, on site caregivers.
- All Corporate communications shall comply with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act, 2004*.

Chapter 5: Human Resources Plan

The City of London engages in the delivery of many services essential to the safety and quality of life of Londoners. Our employees are key to the delivery of these services. According to the MLHU, during a pandemic we may experience as much as 35% of all employees to be absent from work. It is imperative that we have as many employees as possible available to continue delivery of our essential services and supporting tasks. Staff is encouraged to prepare in advance where alternate arrangements may be possible in the event of school closings and care for sick family members.

Reasonable efforts will be made to keep employees from getting sick while at work. Staff is encouraged to follow basic hygiene practices and protection measures summarized below both at home and at work.

Staff absences at various stages of a pandemic may impact the ability to continue to deliver some of our essential services. It is important to note that staff flexibility of deployment may be required to ensure that essential services such as ensuring our water supply and pollution control plants are operating, garbage is collected and our most vulnerable continue to receive financial aid, as well as many other essential services. The Corporation's employees are key to our delivery system therefore it is imperative that employees who are well and able to work continue to attend work as scheduled.

The information below details initiatives the Corporation may implement to protect you and which may impact you.

5.1 Keeping the Workplace Healthy

5.1.1 Ways to Minimize Illness Among Employees and Customers

Primary strategies which may be used by the Corporation in order to minimize illness among employees, clients and customers include:

- Restrict workplace entry of people with influenza symptoms;
- Promote good personal hygiene practices and workplace cleaning habits;
- Increase social distancing; and
- Restrict business related travel out of London.

Basic personal hygiene measures will continue to be reinforced with employees and customers. Hygiene notices are currently posted in washrooms and may be added to workplace entrances upon the advice or order of the MLHU. Hand sanitizing stations will also be maintained in work and public areas during a pandemic.

Through Corporate Communications, regular communication with employees using a variety of methods may be used to continue to reinforce the messages of the practical measures everyone should practice to minimize potential influenza transmission.

Where appropriate the Corporation will ensure adequate supplies of hand hygiene products are available.

5.1.2 Personal Protective Equipment (PPE)

The effectiveness of wearing masks, eye protection and other personal protective equipment to decrease transmission in the workplace is uncertain. Personal protective equipment (PPE) requirements may be established based on the recommendations of the MLHU.

If the MLHU recommends employees wear tight fitting disposable respirators, affected employees will be fit tested and trained in the proper use, care and disposal.

5.1.3 Keeping the Workplace Clean

During medium and high risk periods, additional measures may need to be implemented to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Employees are reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water after use.

All magazines / papers should be removed from waiting rooms and common areas for the duration of the pandemic.

5.1.4 Summary of Pandemic Protection Measures

The MLHU will provide direction to the Corporation on the protection measures required to protect employees in the event of a pandemic in addition to those already in place.

The following are important aspects of reduce the risk of transmission:

- Hand hygiene;
- Cough etiquette; and,
- Social distancing.

When practical and when recommended by the MLHU:

- Use PPE, including: disposable surgical mask, eye protection and/or gloves.

Infection control strategies for all times

There are infection control strategies that should be instituted as common practices. Reinforcing these strategies will help to prevent the transmission of many infectious agents including those that cause influenza, the common cold and diarrhea. These strategies include:

Hand washing and hand sanitizers

Frequent hand washing with soap and water, or the use of alcohol-based hand sanitizers are very effective at limiting the spread of infection. Appropriate hand washing involves the use of pump soap and warm running water, rubbing the hands together for a total of 15 seconds. Effective hand sanitizers contain alcohol and work by rubbing a quarter size amount over the hands until dry.

Hands should be washed or sanitized:

- After coughing, sneezing or blowing the nose;
- After using the washroom;
- After changing diapers;
- After touching animals;
- Before preparing food or eating;
- Before putting contact lenses in the eyes or touching the eyes, mouth or nose; and,
- After shaking hands.

Environmental cleaning

The influenza virus can survive on hard non-porous surfaces for up to 48 hours. It can also persist for up to 12 hours on cloth, paper and tissues, so used tissues should be discarded immediately after use. Frequent cleaning of the environmental surfaces can help reduce the spread of virus. Cleaning should take place using common household disinfectants as directed by the manufacturer. Special attention should be paid to commonly touched areas in public places such as:

- door handles;
- hand rails in buildings and on public transportation;
- elevator buttons;
- buttons on automatic banking machines;
- public computer keyboards and the mouse;
- table tops in restaurants; and,
- telephone receivers in public places, etc.

Increase Social Distancing

Strategies to keep employees at least a metre apart may help limit the spread of influenza in the workplace. Crowded places and large gatherings of people should be avoided, whether in internal or external spaces. Greater distances are more effective. Visiting of or other contact with, unwell people should be avoided wherever practicable. Consideration should be given where possible and practical to minimize contact by:

- Avoiding meeting people face to face where practicable– by using the telephone, video conferencing and the Internet to conduct business as much as possible – even when participants are in the same building;
- Avoiding unnecessary travel, non-essential meetings, and gatherings;
- Where practicable, arranging for employees to work from home or work variable hours to avoid crowding at the workplace;
- Practicing “ghost” shift changes wherever possible, with the shift going off duty leaving the workplace before the new shift enters. If possible, leave an interval before re-occupation of the workplace. If possible and practicable, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning;
- Avoiding public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport;
- Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants);
- Introducing staggered lunchtimes so numbers of people in the lunchroom are reduced;
- Avoid shaking hands or hugging;
- Holding meetings in the open air;
- Setting up systems, where practicable, where clients / customers can pre-order / request information via phone / email / fax and have order / information ready for fast pick-up or delivery; and,
- Encouraging employees to avoid recreational or other leisure classes or meetings where they may come into contact with infected individuals.

Non essential meetings of employees and the public should be cancelled where appropriate. Where it is deemed necessary to have a meeting the following should be taken into consideration:

- Opportunities for alternative meeting formats (e.g.: conference call); and,
- Limiting attendance to essential participants.

All non-essential training may be cancelled including but not limited to: Workshops, Conferences, Seminars and In-house training programs.

- If a face-to-face meeting is unavoidable, minimize the meeting time, choose a large meeting room and sit at least one meter away from each other if possible.

5.2 Training Employees for Possible Redeployment

Managers have identified essential services and essential tasks within non-essential services. Skills, qualifications, credentials and training requirements for those essential services/tasks have also been identified. Managers have developed action plans to continue those essential services/tasks including the redeployment of staff from other positions.

As part of the action plans, managers may identify staff that have obtained the skills, qualification, credentials and training but are no longer working in the job currently. Managers may also identify staff that meet some of the above requirements that, with further information, instruction, training and supervision could perform all or part of the job necessary to continue the essential service/tasks for the duration of the pandemic or emergency.

Managers who require staff to be redeployed to their area are responsible for ensuring that staff receives:

- an orientation to the work area;
- a review of the health and safety risks in the work area and of the work to be performed,
- instructions on the control measures to prevent injury or other losses;
- verbal or written job instructions (where available and applicable);
- training on the use and care of any personal protective equipment, where applicable;
- contact information for the supervisor/manager; and,
- other information or instructions as appropriate to the circumstances.

Departments may choose to undertake all or some of the above evaluation, orientation, training, etc. in advance of any declared pandemic.

5.3 Redeployment

The Corporation may alter an employee's work location or job duties as required leading up to and during a pandemic or state of emergency. Additionally, hours of work may also be altered where necessary.

Where a job requires a certification / license reasonable efforts will be made to use qualified employees. Where tasks require timely completion for health and safety or emergency reasons and no qualified employees are immediately available, the manager / supervisor may delay performance of the work until a qualified person is available, complete the work themselves, or contract out the work to a qualified person if no employee is available to perform the work.

Departments/Divisions will evaluate using current employees to perform key jobs or portions of key jobs in order to continue to deliver essential services. The manager may also request resources from other divisions within the department. Such requests will be made based on who has the necessary licenses, skill, knowledge and previous job experience to fill the job or portion of the job identified as essential.

Where no employee has been identified or is readily available with the necessary licenses, skill, knowledge and previous job experience to fill the job or portion of the job identified, the Corporation may at its discretion delay the performance of the work, contract out the work, or fill the job or portion of the job with another individual from within or outside the Corporation.

5.4 Vacation

Given the anticipated levels of absenteeism and the need to continue essential services and essential duties within non-essential services, managers may not be able to approve vacation and may cancel pre-approved vacation and related leaves of absence.

Employees on vacation shall remain on vacation unless called back to work early.

5.5 Sick Leave

Managers will continue to record sick leave absences as per standard Payroll and applicable collective agreement practices.

5.6 Refusal to Work

The health and safety of our employees is a priority. If employees have concerns about their safety at work, they should talk first to their supervisor/manager.

The Occupational Health and Safety Act (OHSA) governs the rights of workers to refuse work where they believe their health or safety is likely to be in danger. In the case of an emergency or pandemic the usual process will continue to apply, subject to any emergency legislation that might be passed. The worker must report to work and remain on the premises to initiate and participate in the investigation.

5.7 Working from Home

During medium and high risk periods, it is important that core people and core skills are available to keep essential parts of our business operating. Managers have identified essential services and essential tasks within non-essential services. Managers can also identify those employees that can complete both essential and non-essential tasks from a location other than the workplace. e.g. home or alternate location.

Selected employees may be asked to work from home even in very early stages of a pandemic and to practice social distancing measures.

Only employees who have jobs which are identified by management and approved by the General Manager or designate may work from home. This option is contingent on the availability of appropriate equipment and space at the employee's home or other approved location.

5.8 Fit to Work

To limit the spread of influenza in the workplace, employees who are exhibiting symptoms of influenza must not come to work during high risk periods, and if they are at work, will be advised to

go home and remain at home until symptoms have improved. MLHU will provide details on symptoms and recovery time.

The Corporation may institute medical screening via questionnaires or other means at the direction of the MLHU.

5.9 Employee Assistance Program

A pandemic may bring with it a number of pressures and stressors in both our work and personal lives. Employees are encouraged to take the necessary steps to care for themselves including where they feel the need to seek assistance through our employee assistance program – London Employee Assistance Consortium (LEAC). Employees are encouraged to contact LEAC by calling (519) 432-1821 or Toll-free 1-888-824-5322. The offices of LEAC are located at 472 Rideout St. North. An answering service is available to make contact 24 hours per day, 7 days per week. Visit their website at <http://www.leaceap.ca/index.htm>

5.10 Alternative Working Arrangements – Home Office Safety Guidelines

When working from an alternative location, such as at home, the following should be considered:

1. Identify a safe location in the home as a workplace. Employees do not need to devote an entire room to their office at home. Locate your workstation away from distractions.
2. Maintaining regular contact with Supervisor/Manager. Contact may be via phone, in person or by email.
3. For safety and security reasons, appointments and meetings with work-related visitors must not be conducted in the home office. If necessary to meet in the home this is to be done at the discretion of the supervisor/manager.

Home Inspection Checklist

When working at home staff should use the follow checklist to evaluate the safety of the environment:

Electrical

1. Are extension cords in good condition and positioned properly?
2. Are cords and cables causing a tripping hazard?
3. Are multiple attachments made to a single outlet without ensuring appropriate protection?
4. Is there surge protection on a power bar for electrical equipment?
5. Is there sufficient ventilation for electrical equipment?

Emergency Procedures

6. Has an evacuation plan been established?
7. Are the first aid supplies adequate?
8. Are emergency contact numbers established and available?
9. Has a periodic contact schedule been established?

Fire Protection

10. Is there a functioning smoke alarm?
11. Is there clear access to a fire extinguisher?
12. Is there a carbon monoxide detector in areas where there are fuel-burning appliances?

Ergonomics

13. Task and natural lighting allow sufficient light for the tasks at hand, i.e. no glare on the computer monitor.
14. The workstation is adjustable and has been adjusted meeting ergonomic principles.
15. Aisles, hallways, doorways and corners are free from obstructions to allow free movement.
16. Temperature and ventilations can be controlled to allow comfortable work.
17. The workstation is free from sharp edges materials that may cause injury.

General Home Keeping

18. Walkways are free from slip and trip hazards.
19. Toxic substances are not located in the work area.
20. Stairways are clear from obstruction and have a handrail.

5.11 Questions & Answers for All City of London Employees – 2009/2010 Influenza (H1N1) Season

In response to many questions raised regarding the upcoming influenza season we have prepared the following communication for our employees. We want to assure our employees that your health and safety remains our priority and we will be monitoring the situation closely. We are in daily contact with the Middlesex London Health Unit (MLHU) and will update you as appropriate with respect to their advice.

In the meantime the MLHU continues to emphasize individuals take the following actions to protect themselves in and out of the workplace:

- Hand Hygiene – hand washing and hand sanitizers
- Covering the mouth when sneezing and coughing and using a tissue or your elbow
- Do not share objects that have been in others' mouths
- Stay home if you are sick. Staying home will prevent the spread of infection to co-workers and the general public
- Frequently clean common surfaces such as keyboards

Please note that this Q&A does not amend any of the City's current policies and procedures or provisions of any of the City's Collective Agreements with its various bargaining units. All applicable policies and procedures and Collective Agreement provisions continue to apply at this time.

What is the City doing about the Influenza (H1N1) Virus?

The City is monitoring the potential for an outbreak of influenza or H1N1 and is following the guidance of the MLHU. We are also in the process of finalizing the Corporate Pandemic Plan so we are prepared to respond to the potential threat of a pandemic.

I am experiencing flu like symptoms, should I be attending work?

On the advice of the MLHU, employees who have symptoms of influenza-like illness should not be at work. They should remain at home until their fever has resolved without the use of fever-reducing medicines and they feel better. The U.S. Centre for Disease Control (CDC) recommends employees with flu like illness should stay home until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). Furthermore the CDC recommends this should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen).

What are my rights with respect to sick leave, sick pay and/or benefits?

Your absence will be treated the same as any other absence due to illness. The employee's entitlement to sick leave, sick pay and/or any other applicable benefits will be in accordance with the applicable provisions of the relevant Collective Agreement and/or City policies and procedures. Depending on your circumstances you may wish to consider applying for EI benefits.

Do I report my absence from work to my manager?

Follow the normal procedure for your workplace to inform your manager you are ill and will not be attending work. Decide whether you need to seek appropriate assistance from a health care provider.

Do I have an obligation to report to work if I am not sick but a pandemic is declared?

The City of London services will be open for business during a pandemic therefore you are expected to report to work if you are well. If there is a change in your work arrangements your manager will contact you with up-to-date information. It is very important that your Manager has your most current contact information.

I am an employee that supports the delivery of critical services to residents. If I have flu like symptoms, should I still come to work?

Please do not come to work if you have flu like symptoms no matter how critical the service is that you help provide. You risk your own health and the health of other employees. Stay at home, inform your manager and decide whether you need to seek appropriate assistance from a health care provider.

Can the Corporation prevent an employee from entering a City workplace?

Yes. The Corporation has a duty to ensure a safe and healthy workplace for all its employees. This may include preventing an employee from entering a workplace if there is reason to believe the employee may have a contagious illness such as influenza.

I have been diagnosed with H1N1 and have been quarantined by the Medical Officer of Health and prevented from attending work. Will the City continue my sick pay even if I have exhausted my sick credits?

Sick leave provisions continue as negotiated in each collective agreement and sick leave policy. Employees who have exhausted sick credits can apply for short term disability or long term disability as the case may be and eligibility for benefits will be determined based on the applicable insurance policy. Depending on your circumstances, you may wish to consider applying for EI sickness benefits.

I feel that I am ready to return to work. How will I make that transition?

Contact your manager to discuss your readiness to return to work. Your manager will review your situation and may liaise with the MLHU where appropriate to confirm your readiness to return to the workplace.

If I have been off work with flu like symptoms can the Corporation require me to provide a medical certificate stating I am fit to return?

As part of the Corporation's duty to ensure a healthy and safe workplace it may be appropriate to ask you to provide a medical certificate stating you are fit to return to the workplace.

I'm not sick but my daycare closed or I need to look after a sick family member, can I use sick time?

Sick leave entitlement is for employees to use only if they are sick and therefore unable to come to work. If an employee needs to stay home to care for a sick family member, the employee may request alternative paid or unpaid time off that may be available to him or her in accordance with the terms of the applicable Collective Agreement and/or City policies and procedures. Such alternative paid or unpaid time off may include, among others, vacation, unpaid leaves of absence, or lieu days.

In addition, under the *Employment Standards Act*, ESA employees are entitled to up to ten (10) unpaid "personal emergency leave" days per calendar year which may be used for an illness, injury or medical emergency of the employee or the death, illness, injury or medical emergency with respect to the following individuals:

- The employee's spouse.
- A parent, step-parent or foster parent of the employee or of the employee's spouse.
- A child, step-child or foster child of the employee or of the employee's spouse.
- A grandparent, step-grandparent, grandchild or step-grandchild of the employee or of the employee's spouse.
- The spouse of a child of the employee.
- The employee's brother or sister
- A relative of the employee who is dependent on the employee for care or assistance.

An employee wishing to take a "personal emergency leave" in accordance with the *ESA* should advise his or her supervisor/manager in advance that he or she intends to do so. If the employee must begin the "personal emergency leave" prior to advising his or her supervisor/manager, the employee must advise his or her supervisor/manager as soon as possible after beginning it.

How will absences impact the delivery of services?

Each department/division has evaluated what services are essential and which services can be temporarily suspended during periods of high absenteeism due to illness. When absences impact the ability to deliver non-essential services, those services may be discontinued and the available employees redeployed to maintain other more essential services. It is important that employees who are well continue to attend work to ensure the ability to continue essential services.

Can I refuse to work if I feel the work I have been assigned is unsafe?

Generally employees can, pursuant to the Occupational Health and Safety Act ("OHSA"), refuse work if they have reason to believe that their health or safety is in danger. Under the OHSA, certain employees, including firefighters and home for the aged staff, have limited rights to refuse unsafe work. As with any health and safety concern, you are encouraged to speak first to your supervisor to provide them an opportunity to resolve the situation without the need to exercise a refusal to work or do particular work that you believe is likely to endanger you or another co-worker.

Can I flex my day beyond the “normal hours” specified in the collective agreement in order to accommodate my family needs? If flexing outside the “normal hours” will I be eligible for a shift or other relevant premiums?

Speak to your manager. Staff who “flex” must have the permission of their manager. Flex arrangements generally do not qualify for shift or related premiums.

Why is the City not distributing face masks?

The Health Unit, along with the World Health Organization are not recommending the use of face masks at this time.

Will all employees receive a vaccine in the workplace?

The City will be arranging for the administration of the seasonal flu vaccine in the workplace once it becomes available. It is anticipated this vaccine will be available in December and January.

We will **not** be administering H1N1 clinics. At this time we understand the vaccine will only be available at community clinics and family physician offices. For more information and updates on clinics for the H1N1 vaccine visit the www.healthunit.com.

How will the Corporation communicate to employees?

The City is committed to ensuring staff receive regular updates. Team London “sendall” emails will be sent to all employees and copies will be printed and distributed to all bulletin boards with respect to any ongoing developments regarding the H1N1 virus.

For questions on Employment Related matters please contact:

Pat Foto
Manager of Labour Relations and Employment
Human Resources
(519) 661-2500 ext. 5914

For questions about the Pandemic Corporate Resource Team and its work:

Tom Johnson
Director, Corporate Management Support
(519) 661-2500, ext. 4917

For further information:

Middlesex-London Health Unit www.healthunit.com
Public Health Agency of Canada <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guide/index-eng.php>
City of London http://www.london.ca/d.aspx?s=/Emergency_Management/default.htm

APPENDIX A: Corporate Services By Priority

APPENDIX A: CORPORATE SERVICES BY PRIORITY			
Priority	Service/Activity	Dep.	Division
"PRIORITY "A"			
A	CAO & Department Administration	CAO	Office of CAO
A	Public Inquiry Centre	CAO	Office of CAO
A	Internal Audit Function	CAO	Corporate Management
A	Corporate Communications	CAO	Corporate Management
A	Legal Advice	CAO	City Solicitors Office
A	Risk: Claims Receipt & Investigation	CAO	Corporate Management
A	Occupational Health & Safety	CAO	Human Resources
A	Labour Relations & Staffing	CAO	Human Resources
A	Rewards & Recognition	CAO	Human Resources
A	Human Resources Administration	CAO	Human Resources
A	Prosecutions	CAO	City Solicitors Office
A	Market Tower/Parks & Recreation Facilities Support	CS	Parks & Recreation
A	Nichols Arena Refrigeration "B" Operator	CS	Parks & Recreation
A	Animal Care - Storybook Gardens	CS	Parks & Recreation
A	Payment Processing (AP)	CS	Financial & Business Services
A	Ontario Works (Intake, Case Management & Benefits)	CS	Social & Community Support Services
A	Discretionary Benefits	CS	Social & Community Support Services
A	Ontario Works Customer Service Centre	CS	Social & Community Support Services
A	Department Administration	CS	Departmental Management
A	Funding to Service Providers	CS	Neighbourhood & Children Services
A	Mandated Child Care Fee Subsidy Program	CS	Neighbourhood & Children Services
A	Mandated Wage Subsidy, Special Needs Resourcing & Resource Centres Programs	CS	Neighbourhood & Children Services
A	Customer Service	CS	Parks & Recreation
A	Security & Emergency Management	E&ES	Fleet Facilities & Dept. Resources
A	De-Icing & Anti Icing of Roads	E&ES	Roads & Transportation
A	Facility Operations	E&ES	Fleet Facilities & Dept. Resources
A	Water Treatment & Supply (Regional Water)	E&ES	Water

APPENDIX A: CORPORATE SERVICES BY PRIORITY			
Priority	Service/Activity	Dep.	Division
A	Solid Waste Operations - Collections Essential	E&ES	Env. Programs & Solid Waste
A	Customer Relations & Compliance	E&ES	Env. Programs & Solid Waste
A	Solid Waste Operations - Landfill Operations	E&ES	Env. Programs & Solid Waste
A	Snow Removal	E&ES	Roads & Transportation
A	Traffic Signal & Street Light	E&ES	Roads & Transportation
A	Operate & maintain WTT, pumping stations, including Water SCADA, & laboratory services	E&ES	Wastewater & Treatment
A	Water Operations	E&ES	Water
A	Sewer Operations	E&ES	Wastewater & Treatment
A	Communication Dispatch	E&ES	Fleet Facilities & Dept. Resources
A	Pot hole patching	E&ES	Roads & Transportation
A	Plan file	E&ES	Roads & Transportation
A	Department Administration	E&ES	Administration
A	Council & Committee Support	F&CS	City Clerk
A	Concierge/Mail Services	F&CS	City Clerk
A	Mayor's Office	F&CS	City Clerk
A	Department Administration	F&CS	Administration
A	Procurement & Supply of all Goods &/or Services to the City of London	F&CS	Finance-Purchasing & Supply
A	Tax Billing & Collection	F&CS	Finance-Revenue
A	courtroom support	F&CS	Courts Administration
A	Data inputting, financial, administrative & customer service	F&CS	Courts Administration
A	Corporate Accounts Payable	F&CS	Finance-Financial Services
A	E-mail & Blackberry Services	F&CS	Technology Services
A	Dearness Technical Support	F&CS	Technology Services
A	Web/GIS Technical Support	F&CS	Technology Services
A	Corporate Data & Phone Support & Installation	F&CS	Technology Services
A	Ontario Works Technical Support	F&CS	Technology Services
A	Corporate Payroll Processing for all employees	F&CS	Finance-Payroll
A	Building Permit Inspections	P&D	Building Control
A	Department Administration	P&D	Planning
A	Operational Support for Building Division	P&D	Building Control
A	By-law Enforcement & Property Standards	P&D	Building Control
A	Building Permit Plans Examination	P&D	Building Control
A	Social Housing Administration	P&D	Housing Division
A	Operational Support for processing development applications, loan programs, property standards & vital service requests	P&D	Planning

APPENDIX A: CORPORATE SERVICES BY PRIORITY			
Priority	Service/Activity	Dep.	Division
A	Housing Access Centre - Centralized Waiting List for Geared-to-Income Assisted Housing	P&D	Housing Division
"PRIORITY "B"			
B	Culture Office	CAO	Corporate Management
B	Golf Course Maintenance	CS	Parks & Recreation
B	Golf Course Management	CS	Parks & Recreation
B	Indoor Pool Operation	CS	Parks & Recreation
B	Aquatic Services admin	CS	Parks & Recreation
B	Aquatic Services Program Delivery	CS	Parks & Recreation
B	Community Development	CS	Neighbourhood & Children Services
B	Area Recreation Services (Programs, Facilities, Community Development work)	CS	Neighbourhood & Children Services
B	Children's Services Administration & Management	CS	Neighbourhood & Children Services
B	Solid Waste Management	E&ES	Env. Programs & Solid Waste
B	Construction Administration	E&ES	Wastewater & Treatment
B	Health, Safety & Training	E&ES	Fleet Facilities & Dept. Resources
B	Design & construction management	E&ES	Water
B	Parking Enforcement	E&ES	Roads & Transportation
B	Parking Fine Administration	E&ES	Roads & Transportation
B	Parking Operations	E&ES	Roads & Transportation
B	Engineering Review & Approvals	E&ES	Water
B	Restoration of sewer & water repairs	E&ES	Roads & Transportation
B	General maintenance	E&ES	Roads & Transportation
B	Cleaning of BIA	E&ES	Roads & Transportation
B	Transportation Planning & Design	E&ES	Roads & Transportation
B	Wastewater & Drainage Engineering Division	E&ES	Wastewater & Treatment
B	Fleet Services	E&ES	Fleet Facilities & Dept. Resources
B	Administrative Services	E&ES	Administration
B	Stormwater Management Unit	E&ES	Wastewater & Treatment
B	Council Administrative Support	F&CS	City Clerk
B	Reception/Licensing	F&CS	City Clerk
B	Records Management	F&CS	City Clerk
B	Elections* (in election year)	F&CS	City Clerk
B	Financial Planning & Policy	F&CS	Financial Planning & Policy
B	Finance Department Administration	F&CS	Finance-Departmental Administration
B	General Accounting, Accounts Receivable, POA Collections & TCA Project	F&CS	Finance-Financial Services
B	Corporate Data Centre	F&CS	Technology Services

APPENDIX A: CORPORATE SERVICES BY PRIORITY			
Priority	Service/Activity	Dep.	Division
B	Database Management & Support	F&CS	Technology Services
B	Hardware Services	F&CS	Technology Services
B	Maintain & Support servers that provide important services	F&CS	Technology Services
B	Service Desk & Customer Support	F&CS	Technology Services
B	TSD Finance Support	F&CS	Technology Services
B	TSD Forms & Electronic Documents Support	F&CS	Technology Services
B	Print Centre & Copier/Print Support	F&CS	Technology Services
B	Payroll Systems Maintenance & Development	F&CS	Finance-Payroll
B	TSD Engineering, Planning & Fire department support	F&CS	Technology Services
B	Site Plan Applications, Condominium, subdivision & Consent applications	P&D	Development Approvals
B	Development Approvals - Subdivisions, Condos, Consents	P&D	Development Approvals
"PRIORITY "C"			
C	Corporate Training	CAO	Human Resources
C	Doctor Recruitment	CAO	Office of CAO
C	Business Liaison	CAO	Office of CAO
C	Intergovernmental & Community Liaison	CAO	Office of CAO
C	Human Rights	CAO	Human Rights Division
C	City Hall Cafeteria	CS	Parks & Recreation
C	Parks & Recreation Business operations	CS	Parks & Recreation
C	Special Events & Community Rentals	CS	Parks & Recreation
C	Spray Pads	CS	Parks & Recreation
C	Outdoor Pool Operation	CS	Parks & Recreation
C	Wading Pools	CS	Parks & Recreation
C	Fieldhouse Maintenance (Park Washrooms)	CS	Parks & Recreation
C	Storybook Gardens Administration	CS	Parks & Recreation
C	Accounts Receivable	CS	Financial & Business Services
C	Financial Support	CS	Financial & Business Services
C	Accounting & Reporting	CS	Financial & Business Services
C	P&R Administration	CS	Parks & Recreation
C	Parks & Recreation Operations	CS	Parks & Recreation
C	P&R Operations & Sports Services	CS	Parks & Recreation
C	Facilities Design & Construction	E&ES	Fleet Facilities & Dept. Resources
C	Solid Waste Operations - Nonessential	E&ES	Env. Programs & Solid Waste
C	Environmental Programs	E&ES	Env. Programs & Solid Waste
C	Parking Policy	E&ES	Roads & Transportation
C	Surveying	E&ES	Roads & Transportation
C	Facilities Maintenance	E&ES	Fleet Facilities & Dept. Resources

APPENDIX A: CORPORATE SERVICES BY PRIORITY

Priority	Service/Activity	Dep.	Division
C	Graphics	E&ES	Roads & Transportation
C	Paralegal services - surveys & roads	E&ES	Roads & Transportation
C	Elections (in non-election year)	F&CS	City Clerk
C	Realty Services	F&CS	Realty Services
C	Affordable Housing Program	P&D	Housing Division
C	City Planning & Research	P&D	Planning
C	Parks Planning & Design	P&D	Planning