

## YWCA NWT

### PANDEMIC PREPAREDNESS

This plan is to provide guidance in times of pandemic illness. The World Health Organization and Public Health Canada generally determine whether an illness has reached pandemic status.

Our pandemic plan has five sections:

1. Monitoring current risk of a pandemic
2. Implementing protection protocols
3. Reducing the impact of a pandemic
4. Continuing operations during a pandemic
5. Recovery from a pandemic

Activities undertaken in each stage are described below.

1. Monitor the current risk of a pandemic
  - a. Closely follow the reports on public health and outbreak status, globally, nationally and locally
  - b. Purchase masks, extra supplies of bleach, wipes and hand sanitizers and other illness-prevention supplies
  - c. Provide education to staff and residents regarding contagious illness prevention measures
  - d. Monitor and improve day to day hygiene practices and housekeeping standards to prevent transmission of any contagious illness
  - e. Monitor the situation with employees
    - i. Share information on illness prevention, symptoms and treatment and employer expectations about staying home if ill
    - ii. Assess risk level and needs of employees, such as who is at risk of severe complications and who has sole parenting duties
    - iii. Ask employees to notify their supervisor if they have symptoms such as cough, fever, diarrhea, shortness of breath
    - iv. Discuss risk communications and information sharing protocol for internal and external stakeholders so that everyone knows who communicates internally and externally
  - f. Report potential illness and outbreak information to public health
  - g. Test plans with scenario-driven exercises and fine tune these
  - h. Continually assess preparedness activities based on immediate information
2. Re-inforce existing personal, workplace, and family protection protocols
  - a. Personal Protection Protocol
    - i. Cover your coughs and sneezes

## Program Policies

- ii. Wash hands frequently
  - iii. Disinfect commonly touched surfaces, such as door knobs, telephones, tables, fridge and freezer handles
  - iv. If you have a fever, stay home and rest for at least 24 hours after the fever has ended
  - v. Get a vaccine when it becomes available
  - b. Home/facility Protection Protocol (transmission interventions)
    - i. Infants should not be cared for by persons who are sick
    - ii. Keep the sick person away from other people as much as possible and close the sick room door
    - iii. Designate a caregiver, especially one who is not at risk of complications themselves
    - iv. Have the sick person cover coughs and sneezes and wash their hands often
    - v. If caring for a sick child, hold their face over your shoulder to avoid being coughed or sneezed on
    - vi. Have everyone else wash their hands often and use either paper towels or a towel dedicated to each person so germs are not shared
    - vii. If you are in a high risk group for complications stay at least six feet away from persons who are sick; if contact is unavoidable, wear a face mask
    - viii. If a sick person needs to be the common area of the house/facility, or go out for medical care, have them wear a face mask
    - ix. Face masks and Kleenex should be thrown in the trash when removed or used and the person should wash their hands immediately
    - x. Maintain good ventilation in the home/facility
  - c. Housekeeping Protocols
    - i. Wash linens on hot setting and avoid holding them close to you prior to washing
    - ii. Clean toys and other surfaces with a household disinfectant
    - iii. Bag, tie and remove waste such as tissues, masks
    - iv. Ensure all dishes and cutlery are washed and dried in a regular cycle of a dishwasher where possible. If a dishwasher is not available, ensure dishes are soaked in a sterilizing solution prior to hand washing in dish soap and hot water. If drying with a cloth, send the dish cloth or towel to the laundry after each use.
    - v. Replace cloth dish towels with paper towels
3. Reducing the probability and impact of a pandemic
- a. Prepare and sustain essential workers
    - i. Assess core staffing needs by facility; anticipate up to 50% staff absence for a 2-6 week period at height of the pandemic
    - ii. Supervisors will train employees on personal and worksite protection strategies and reinforce the importance of following these strategies

- iii. Identify ways to increase social distancing among staff and clients such as reducing face to face meetings during anticipated height of outbreak
  - iv. Give clear messages about illness protocols (do not come to work if you are ill) and use of sick leaves (if possible, consider expanding sick leave for the duration of the pandemic to help staff follow illness protocols)
  - v. Improve the numbers of available workers capable of performing critical duties
  - vi. Train and prepare an auxiliary workforce to help sustain essential functions
  - vii. Develop a system to track and deploy recovering workers who now have immunity to perform essential tasks in a home/facility with persons who are ill
  - viii. Consider care options for single parent workers so someone can cover for them at home (e.g., a plan to rotate illness child care as a cooperative)
  - ix. Revise leave policies to cover extended sick time, family care, and days when travel may be limited or reduced
  - b. Ensure essential supplies, materials and support systems
    - i. Perform risk assessment of each facility which includes building and service infrastructure, food supplies, and client needs
    - ii. Ensure pandemic reserves are sufficient to endure the initial 6-8 week wave
      - 1. Stock basic easily prepared food items
      - 2. Have on hand toiletries and over the counter medications
      - 3. Re-supply prescription medications in case physicians' offices are busy
    - iii. Replenish supplies rapidly between waves of illness
    - iv. Consider all critical business operations supplies as well (cheques, PO books)
    - v. Plan for early maintenance of facilities (furnaces, snow supplies, etc.)
  - c. Assess which clients are most at-risk of severe illness and protect them
    - i. Provide them with masks
    - ii. Designate one location in a facility to help isolate individuals who become ill
4. Continue operations during the pandemic with reduced staffing and concerns about infection
- a. Protocol to lessen the spread of the illness into the community (contact interventions), including into sites with vulnerable clients
    - i. Pandemic housekeeping routines will be activated
    - ii. Restrict access to any residential site for any staff, visitors or others displaying symptoms of illness
    - iii. Employees who are ill must stay away from the work place until their fever is over for at least 24 hours
    - iv. People who come into contact with a household/facility with a person who is ill yet are asymptomatic themselves are still at risk of infecting others in the community; these staff will wear masks during the incubation period to protect clients and other staff
    - v. Manage shift worker transmission by using 'ghost shift changes' with no overlap in shifts to limit exposure (do it electronically or in writing but not in person)

## Program Policies

- vi. Clients in the facility who are ill will be isolated from common areas as much as possible
  - vii. For congregate residential services, serve food in individual portions and plates. While food may be prepared in a large serving size, do not allow individuals to serve themselves. Have one staff member dish up each plate, another staff member take the plate to the resident seated at a table. The serving staff member should clean their hands after passing out each serving.
  - viii. If clients become ill, monitor them for potential admission to the hospital.
  - ix. Residents who are ill may need some care from staff; staff will be assigned to provide basic care for residents who are ill
  - x. Potential clients coming into a facility with an active illness outbreak will be told of the outbreak so they can determine if they want to postpone entry
  - xi. Facilities have the option of closing some beds if many clients are experiencing symptoms so that adequate services can be available to those who are ill
  - xii. The management team will decide if and when to close program sites under our control
  - xiii. Sites not under our control may decide to cancel their activities and close their facilities, which impacts after school and other YWCA programs)
- b. Steps to lessen the impact on employees
- i. Restrict access to any work site for any staff, visitors or others displaying symptoms of illness
  - ii. Activate measures of social distancing such as telephone conferencing, exclusion of ill staff from work site, closure of shared common rooms, playrooms
  - iii. Activate isolation procedures for any suspected or confirmed cases in residential facilities, as much as possible
  - iv. As much as possible, we can be flexible in scheduling to allow parents to remain working if there are school or child care closures
  - v. Employees at high-risk for severe or fatal infection may include pregnant women, persons with compromised immune systems or with underlying chronic conditions; these employees will not be scheduled to work in facilities where there is an active outbreak of illness
  - vi. YWCA will enforce employee protection strategies, such as social distancing (6+ feet between workers), minimize crowds, avoid face to face meetings, stagger lunch times and starting/ending times, promote hand washing, provide infection control supplies (hand sanitizers and masks), restrict work force travel, clean and disinfect facilities and equipment regularly
  - vii. YWCA will enforce implementation of protection protocols, especially by not allowing staff to work if they are ill, or to return to work until they are no longer contagious.
  - viii. Management team will have weekly check-ins to resolve problems and issues.

- c. Steps to lessen the impact on the agency
  - i. As pandemic impacts mount, YWCA will closely monitor all essential functions to ensure sustained operations
  - ii. Minimal staffing to keep functions open include:
    - 1. Finance – one full-time equivalent for payroll, AR, AP
    - 2. Alison McAteer House and Sutherland House – at least one staff per shift, one bridging staff so no one works alone longer than 4 hours if there are ill clients in-house, and one staff on-call
    - 3. Housing Programs – two staff during weekdays
    - 4. After School – must continue with licensing requirements plus one manager unless schools are closed or groups are combined
    - 5. Child Recovery – one staff unless schools are closed
  - iii. YWCA will have an emergency team to re-schedule staff available for shift coverage when scheduled employees call in sick
  - iv. Any YWCA staff may be scheduled to work emergency shifts in departments other than their home department, as needed, and for shifts other than their normal working hours during an illness outbreak
  - v. Management will monitor potential weaknesses in the system that may fail faster than planned and take corrective action if possible or implement planned closures
  - vi. Rapid adjustment of actions to address system disruptions and contain potential cascading effects will be taken
    - 1. Finance must be functional
    - 2. Facility maintenance must be functional
    - 3. Residential programs with in-house clients must be functional
    - 4. Housing outreach services must be functional
  - vii. YWCA management will decide when facilities/sites need to be closed and for how long this is feasible
  - viii. Emergency and information sharing communication systems will be used to:
    - 1. Quickly address rumours and misinformation
    - 2. Keep internal and external stakeholders informed in a timely manner
  - ix. Track availability of government direct and indirect support
- 5. Recovery after the epidemic has subsided to resume normal or near normal operations
  - a. Assess impacts and adjust recovery actions based upon actual impacts
    - i. Clients well-being
    - ii. Staff sustainability
    - iii. Agency functioning
  - b. Assess costs to prepare for next wave

## Program Policies

- c. Assess any on-going impacts on employees (and their families) that impact their ability to work
- d. Assess if worker shortages and essential supplies shortages were problematic and any remedies for the future
- e. Implement any viable options to correct shortages