

# **Service Continuity Planning Guide**

**for**

# **Community-Based Organizations**



**COMMUNITY  
COUNCIL**

**November 2009**

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# Introduction

How would your Community-Based Organization continue to deliver critical services if normal operations were interrupted? Consider the following scenarios:

- A pandemic influenza is sweeping across Canada. A number of managers and staff in your Community-Based Organization have contracted the virus, and are absent from the agency workplace.
- A fire in your building destroys your offices, and you are unable to retrieve any materials.
- The sprinkler system malfunctions and soaks your offices, damaging most of the computers.
- A hacker gains access to your computer system, blocking access to your financial information and client data.

## **Purpose**

The purpose of this document is to assist Community-Based Organizations (CBOs), i.e. locally-based Non-Governmental Organizations (NGOs), in the creation of a Service Continuity Plan (SCP), so that the agency will be able to maintain or quickly resume operations after a service interruption. This document is targeted toward a disruption caused by a pandemic influenza, but it can have a broader use in addressing other hazards that might cause interruption of service. It is hoped that by compiling key information in advance, your organization will have the right information to help gather needed resources and work through important decisions when an event occurs.

## **Layout**

The planning section of the document is divided into five parts. Each part is introduced by a short scenario with a question related to steps to respond to a possible pandemic outbreak. The scenario is followed by a short narrative, including reference to annexes for

further information. Applicable templates are in each section. The document ends with a summary checklist, a glossary of terms, and a list of further resources and web links related to service or business continuity planning, pandemic planning, and all-hazard emergency planning.

## **Scenario**

The scenarios are meant to be illustrative of a pandemic influenza outbreak. If you have not completed the steps corresponding to each scenario, don't worry as now is the time to start planning. Use the scenarios as a tool to identify the planning needs of your organization.

## **Target Audience**

This guide is meant for small Community-Based Organizations with health service delivery on a relatively basic level, who may otherwise not have the tools to create a robust SCP. In this guide, the term "health-related" is broadly applied. An assumption is that the majority of Community-Based Organizations in British Columbia have a health component to their service delivery, and target at least one of the 12 determinants of health as identified by the Public Health Agency of Canada. This document does not address individual client emergency preparedness, nor has it been produced to assist large NGOs who might have in-house resources to create such a tool.

## **Time Commitment**

Will a basic plan take a long time to create? No. Most of the information you need to gather is readily accessible to you. This guide is not meant to be complicated or difficult. It focuses on helping you gather key pieces of information and it will prompt you to make certain decisions in advance. Your organization's circumstances and structures are unique, so the Service Continuity Plan should be tailored to suit your needs. Ultimately you and your staff are best suited

to know the needs of your organization. This guide will assist in this process, but it will not anticipate every issue or the solution to every issue.

In creating the SCP, you or your staff will fill in various templates. Work on it in sections, doing first the things that seem most important. You may need to hold a handful of meetings with key stakeholders and educate key staff in their responsibilities. The most important thing is to have at least a basic plan that can be implemented in the event of a service interruption.

### **Definition**

A Service Continuity Plan is a collection of policies, procedures, and information that is developed and maintained for use in the event of a service interruption. A SCP is proactive. It outlines the steps your organization needs to take in order to quickly resume service delivery. Having the SCP in place before the service interruption occurs is critical for your organization to respond quickly enough to prevent service interruption. The Service Continuity Plan is similar to a Business Continuity Plan which focusing on the business community, and, in fact, some elements within each plan are equivalent. The primary goals of continuity plans are to:

- protect life and property
- continue essential functions until normal operations can be resumed

Service continuity planning is different from disaster recovery and crisis management in that the focus is not on rebuilding or alleviating the effects of a disaster, emergency or catastrophe. Service continuity planning focuses on sustaining the delivery of services that are essential to the organization's survival. If your agency has a sound Service Continuity Plan, it can continue to provide mission-critical services, no matter what happens. Mission-critical services are those that must be performed in order for your organization to remain operational throughout the event.

### **Uniqueness of a Pandemic Influenza Outbreak**

A global outbreak of influenza is cause for special concern, especially if a strain emerges for which there is little or no immunity in the human population. Such a pandemic influenza has the ability to affect approximately 30 percent of the population at any given time, disrupt 40 percent of the workforce as workers suffer from illness or stay home to take care of family members, and cause significant disruption to all sectors of the economy. Medical facilities might be overwhelmed, medical supplies may prove inadequate over an extended period of time, and response assets may be severely burdened. At the same time, your agency will have to be self-reliant, with no expectation of external support. In fact, your organization may be called upon to expand the scope or level of service during an event which increases the vulnerability of your clients or community.

Planning for a pandemic is much different than planning for other types of disasters or events.

- There will be no physical damage to the infrastructure, but much of the infrastructure may not fully function, because critical personnel become ill or stay away out of fear or to take care of sick family members.
- The likelihood exists of second and third waves, and therefore staffing and infrastructure issues may remain for months or repeatedly over years.
- Government or agency representatives will need to make key decisions with only partial information as the pandemic environment changes quickly.
- Resources may not be available through mutual aid and assistance agreements as outbreaks occur simultaneously throughout the area.

Other impacts from a pandemic could include:

- Vaccines and antiviral medication may be in short supply, at least initially.

There may be discontent among those who are not a high priority for the scarce resources.

- There may be many more deaths than are seen with a seasonal flu outbreak. The number of deaths may challenge the medical examiner or coroner and overwhelm morgue capacity.
- Survivors may develop severe psychological issues as they mourn the loss of friends and family.

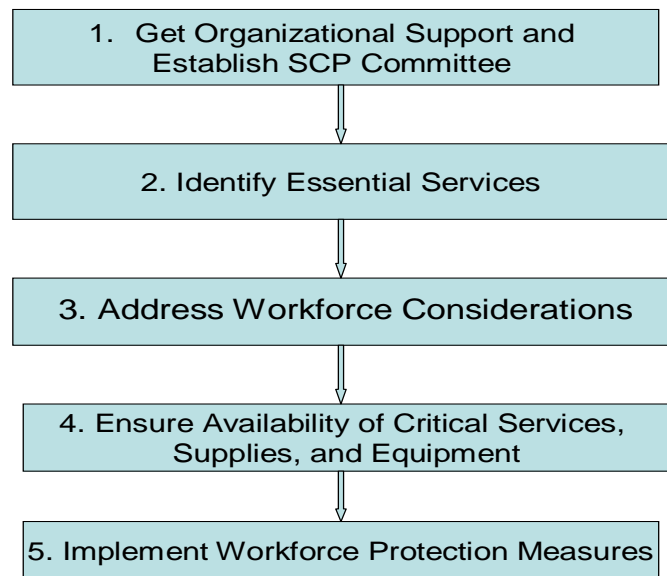
not for natural or other disasters. Among the tasks that your organization will have to consider are how to:

- rely on its internal resources, even if it has been decimated by the flu
- respond to the usual range of issues and incidents in addition to flu-related calls
- manage the public's expectations about what service your agency can do, and in what timeframe.

Your organization, as well as governments and emergency response organizations, will need to plan for pandemics in a way that they do

## Service Continuity Plan Development

The following flowchart summarizes the five basic steps to Service Continuity Planning:



# STEP 1 - Get Broad Organizational Support and Establish Service Continuity Planning Committee

**Scenario 1:** Reports of a virulent new strain of seasonal flu have been reported in Mexico. Several deaths have occurred. The Vancouver Island Health Authority announces a possible impact on Vancouver Island, since the spread is predicted to move into Canada. I have been delaying the development of a Service Continuity Plan for my Community-Based organization. What is the first step to developing a SCP to prepare for such an event?

- Develop contingency plans for crisis communications
- Determine the staff necessary for each responsibility within your Community-based Organization.
- Establish a Service Continuity Planning Committee

## Governance and Leadership Support for Service Continuity Plan

You must obtain the visible support and involvement of your organization's executive, governance, and service leadership in order to launch a SCP project. The leadership must understand the reasons for the Service Continuity Plan and the benefit that the organization will obtain from it. You may need to present a written justification to your Board. Focus the justification on the importance of having a plan that will allow your organization to continue to meet its mission, in spite of any interruption to your business. When the governance leadership have given their support and commitment to the SCP project, let all members of your organization know that the Service Continuity Planning project is a high priority for the senior and program management. The leadership should visibly support the SCP manager by endorsing a service continuity policy statement.

## Establishing the Service Continuity Planning Committee

The next important aspect of launching the project is to establish an effective planning committee. Since creating a good Service Continuity Planning Committee involves all of your organization's services, your team should represent all of the critical services within your organization. Thus, who should be on the

committee depends on your organization's operations, size, structure and resources. You might consider representatives from the following services on the team:

<ul style="list-style-type: none"><li>• Human Resources</li><li>• IT</li><li>• General Office</li><li>• Facilities/Maintenance</li><li>• Security</li><li>• Legal</li></ul>	<ul style="list-style-type: none"><li>• Program</li><li>• Fund Development</li><li>• Communications</li><li>• Accounting/Finance</li><li>• Management</li><li>• Training</li></ul>
---	--

In addition, a Service Continuity Planning manager should clearly be designated and known to all staff as the lead person within the agency to help develop, implement, and monitor the Service Continuity Plan.

## Gathering Reliable Information

Gathering reliable and updated pandemic information and other public health advisories from provincial and local health departments, emergency management agencies, Public Health Agency of Canada, etc. is essential to emphasize the importance of creating a plan. Make information available to staff within your organization, your clients, and others. Distributing information about pandemic awareness and the importance of a preparedness and response plan for your organization will empower the SPC Committee.



## STEP 2: Identify Essential Services

**Scenario 2:** *The pandemic has reached Vancouver Island, but with limited impact. Two of your staff became ill for a few days. The Public Health Agency of Canada reports that the present flu has similar characteristics to the 1918 flu. Another wave is expected. The Board has endorsed Service Continuity Planning; the Committee has been formed; but members have been busy on other pressing matters. How can the Service Continuity Planning committee focus their limited time on the needs of greatest importance?*

- Implement Workforce Protection Measures
- Identify Essential Services
- Share information about pandemic preparedness with other organizations

### Identification of Services

Step 2 in assuring the continued delivery of mission-critical services in the event of a service interruption is to identify what services your voluntary sector organization delivers, to identify the client groups that receive these services, and to rank each service in terms of its priority. Essential services are those that must be completed in order for the organization to remain operational throughout the event. Services are critical because:

- service recipients are vulnerable
- services generate a significant portion of the organization's income

- organizations may be obligated to provide the services due to contractual or legal agreements

One method of identifying the mission-critical services is to ask: "What is it that my organization does that is of the largest benefit to the community and best serves my organization's mission?" In the event of a service interruption, the survival of the organization may depend on being able to continue the delivery of these services.

### Services Delivered

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Analysis of Essential Services**

The following exercise will help you to make difficult decisions to ensure your organization will survive a disruption to services. It also shows the need to focus resources to maintain critical services.

**Maximum Acceptable Downtime**

Determining the maximum acceptable downtime for each service the organization delivers is important. Maximum Acceptable Downtime is the longest period of time estimated between the onset of a disruption event to the resumption of critical services. It is the maximum amount of time that a service or function can be unavailable before its loss will compromise your agency’s activities and objectives. It is the timeframe during which a recovery of the service should occur.

Estimating Maximum Acceptable Downtime for a service is a more objective measure than trying to rank services as: vital, critical, important, necessary, etc. Determining each service’s maximum acceptable downtime will help isolate which services need to be restored first in the event of a service interruption.

1. List the most critical activities and services for your agency.
2. Ask “How long can we or the community be without the service?”
3. Try to estimate the maximum acceptable downtime for each service. (i.e. 12 hrs, 24 hrs, 3 days, one week, one month, 2 months)

<b>Critical Service to Clients</b>	<b>Maximum Acceptable Downtime</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**Support Functions Required to Maintain Critical Services**

The following table will assist in prioritizing the support functions necessary to maintain the most critical services within your agency. Check the timeframe that the support function can be interrupted.

<b>Essential Functional Support Required</b>	<b>&lt;24 hrs</b>	<b>48 hrs</b>	<b>72 hrs</b>	<b>1 week</b>	<b>2 weeks</b>	<b>1 month</b>	<b>&gt; 1 month</b>
Staff							
Information Technology							
Critical Records							
Internet							
Facilities							
Communication							
Transportation							
Equipment							
Furnishings							
Supplies							
Vendors							
(other)							



## STEP 3: Address Workforce Considerations

**Scenario 3:** *The probability of a second wave of the pandemic flu seems likely, according to reports. The mission-critical services of your agency have been documented. What should the Service Continuity Planning committee consider to ensure that enough trained workers are available to deliver critical services?*

- Share pandemic preparedness information with members of the community
- Address Workforce Considerations
- Implement Workforce Protection Measures

### Workforce Planning Assumptions

Once sustained person-to-person transmission begins, pandemic influenza may spread rapidly. The Canadian Center for Disease Control planning assumptions for workforce impacts from a pandemic are as follows:

- The clinical disease attack rate will likely be 30 percent or higher in the overall population throughout the first or second wave of the pandemic influenza.
- Rates of absenteeism will depend on the severity of the influenza pandemic. In a severe influenza pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may range from 20 to 40 percent.
- Pandemic waves may last from 6 to 12 weeks in affected communities.
- Multiple waves (periods where community outbreaks strike across the country) will likely occur with each lasting 2 to 3 months, and waves will recur every 6 to 18 months for several years.

### Staffing Plan

After identifying critical service functions, it is necessary to identify what staffing resources and alternatives exist to maintain your operation with a 20 to 40% reduction in staffing level. This percentage estimates impact in the entire community. However, within certain organizations, especially a small CBO, the staff level reduction may approach 100%, due to

very limited depth of staff or volunteers. The staffing plan helps:

- identify the minimum staffing levels needed to maintain the services in a pandemic situation by priority
- identify and consider various temporary alternatives and sources for maintaining staffing levels and essential/core services

### Survey Staff Skills

It is important to identify those staff members who may be able to fill in or assist in the completion of essential services. Although employees may not currently be assigned to tasks related to the essential services, their previous work experience or particular skills sets may allow them to complete these functions. For each essential service, create a list of all staff or other resources that could be cross-trained to perform the required tasks.

### Cross-training Staff

After identifying the essential service functions that must be performed in your organization over a minimum of 6 to 12 weeks:

- identify all staff that could perform those critical service functions
- identify all staff that has been cross-trained on the critical service functions
- note people that have moved to other roles within the organization, or have recently retired, who could return to perform essential service functions

- consider whether temporary staff from another agency could be called in to perform essential functions
- identify the functions that volunteers may assist with on a temporary basis

**Delegation of Decision-Making Authority**

A pandemic influenza strikes personnel indiscriminately. To ensure continued operations, your organization may need to delegate the authority to make policy and operational decisions. A delegation of authority:

- identifies who is authorized to act on behalf of the organization’s head or other officials for specified purposes
- ensures that designated individuals have the legal authorities to carry out delegated duties

**Order of Leadership Succession**

An order of succession in an agency transfers a clear line of leadership to enable an orderly and predefined transition of management in the event of the principal’s death or incapacity. The successor acts on behalf of and exercises the authorities of the principal. Ideally, orders of succession should be at least “three deep” for continuity purposes. In a

pandemic, it may be preferable to develop orders of succession that are deeper, with one successor designated in another geographic area.

**Review Personnel Policies and Procedures**

As part of your pre-pandemic planning, you should review your personnel policies including:

- leave to support ill workers and their ill family members
- assistance for those without leave
- fitness-for-duty certification to return to work
- work- and non-work-related travel to infected areas
- quarantine personnel after returning from infected areas
- sending ill employees home who pose a direct threat in the workplace
- sequestering staff
- overtime policies
- working alone or in isolation
- union agreements
- worker protection while delivering services

**Staff Requirement for Critical Functions**

Critical Function or Activity	Current Staff Numbers	Minimum Staff normally required	Pandemic Staff Reduction (up to 40%)	Potential Pandemic Staff Shortfall
1.				
2.				
3.				
4.				
5.				
6.				
7.				

## Identification of Essential Staff

*(Duplicate form as necessary)*

1. Name of Essential Function:

---

2. What would be the impact if this function was disrupted over an extended period of time?

---

3. Personnel who can perform of this function, followed by back-up personnel who have been trained or cross-trained to perform this function:

Name (principal)	Position
------------------	----------

Name (back-up)	Position
----------------	----------

Name (back-up)	Position
----------------	----------

Name	Position
------	----------

4. List any additional needs and opportunities to cross-train staff and volunteers to perform this critical function.

## **STEP 4: Ensure Availability of Critical Services, Supplies and Equipment**

**Scenario 4:** *The second wave of the pandemic flu has hit the southern hemisphere populations (i.e. Australia, New Zealand) during their winter season. Illness and hospitalizations have spiked, although very few deaths have been reported. The World Health Organization predicts that the virus will spread seasonally to the northern hemisphere, and has declared a Phase 5 pandemic. The Service Continuity Plan has determined the essential functions and workforce considerations. What can the organization do to safeguard the services, supplies and equipment it depends on?*

- Ensure availability of critical services, supplies and equipment
- Identify clients with special needs
- Address workforce considerations

After identifying essential functions and internal staff to perform them, what alternatives may need to be developed? Can assurances be made of the availability of external services, supplies, equipment, and communications? Will additional protective measures be required?

### **Strengthen Interdependencies**

Interdependencies refer to the interrelationship among critical infrastructure sectors. During an outbreak, lack of personnel in one sector may affect all interrelated sectors. Critical linkages may include:

- services or supplies (e.g., energy, water, banking, etc.) that you need in order to provide essential services
- cyber networks and communication infrastructure that transmit information required to operate your essential services
- other agencies with which your network may partner or enter into assistance agreements

### **Obtaining Needed Supplies and Services**

Organizations that depend on a national supply chain may find themselves without the necessary materials, supplies, and workforce because other communities across the country may still be affected by an outbreak. It is important to talk with suppliers and service vendors about their pandemic planning. Find

out how they intend to support their customers and where they feel their limits are.

### **Building an Inventory of Critical Supplies**

The impacts of a pandemic could seriously interrupt your supply chain, so it is important to coordinate with suppliers ahead of time to ensure you can obtain essential items. Stock enough supplies for the first wave, if possible. Stocking supplies for the anticipated 6 to 12-week first wave will need to be covered in the organization's budget and may require some persuasion. Ensure that supplies are staged and available at each worksite. Staging may be a complex task. Build a "trigger" into the planning process so that essential personnel have a definite point at which they will order the supplies. In addition, you may need to plan for security to protect your inventory.

### **Maintaining Equipment and Systems**

Develop contingency plans for equipment and systems that:

- identifies the systems or equipment required to provide essential services
- allows for the repair of failed primary and supporting equipment with a reduced workforce and potential supply shortages
- prioritizes those systems and equipment that require regular maintenance (e.g. vehicles, cyber

systems) in order to be ready in an emergency situation

- arranges for replacement parts or systems for all essential equipment on-site or locally

### **Meeting Communications Needs**

Effective communications systems will be imperative during a pandemic. Personnel movement may be restricted and transportation systems may be disrupted. Communication, whether internal or external to the organizations, may become more difficult. Emergency communications systems must support connectivity, under all conditions among key leadership, internal elements, other agencies, critical customers, and the public. Each organization and the entire

### **Sample Telephone Call Tree Procedure**

A telephone call tree is a series of telephone calls from one person to the next used to relay specific information. An established and exercised call-down protocol can be used during emergency situations, such as a flu pandemic, to deliver urgent information to and for communication purposes among members and staff.

jurisdiction should review its communications plan to determine if:

- personnel will be able to communicate effectively with other organization's personnel and with external customers even if they are dispersed to different locations
- contingency plans have been developed in case communications fail and vendor support is unavailable

### **Communicating with Personnel**

It may be appropriate to establish hotlines, web postings, and/or telephone trees to communicate to off-site employees in a consistent and timely fashion with information on agency status, service updates, and future actions.

This sample telephone call tree procedure is intended to be adapted for use by individual agencies, based on their own organizational structure. An alternate procedure is one person can be assigned to call each member within his or her department or section.

<b>Sample Telephone Call Tree Protocol</b>					
Position/Title	Name	Phone Number	Order of Call Down	Person Initiating Call Down	Person Terminating Call Down
Primary SCP Manager			1	X	
Secondary SCP Manager			2		
Staff A			3		
Staff B			4		

Sample Telephone Call Tree Protocol					
Staff C			5		
Staff D			6		
Staff E			7		X

The last person on the telephone call tree list calls the first person (in this case, the primary pandemic flu manager) after receiving his/her call in order to confirm that the call down has been successfully completed.

**Communication with Key External Contacts**

Make a list of key external contacts. External agency contacts might include public health officials, emergency management agencies, key government agencies, local health-care agencies, disaster relief agencies, key social service agencies, etc. Keep this list updated and ensure that it can be accessed by multiple personnel, rather than in control of one or two staff that may become incapacitated.

Agency	Contact Name
Phone	E-mail Address
Agency	Contact Name
Phone	E-mail Address
Agency	Contact Name
Phone	E-mail Address
Agency	Contact Name
Phone	E-mail Address
Agency	Contact Name
Phone	E-mail Address

## Key Agency Contact Information

*(duplicate as required)*

_____	_____
<b>Organization Name</b>	Contact Name
_____	_____
Phone	E-mail Address
<b>You are relying on this organization for the following assistance/guidance:</b>	
<b>You are partnering with this organization in the following manner:</b>	
<b>Is the service of this agency critical during a pandemic?</b>	

_____	_____
<b>Organization Name</b>	Contact Name
_____	_____
Phone	E-mail Address
<b>You are relying on this organization for the following assistance/guidance:</b>	
<b>You are partnering with this organization in the following manner:</b>	
<b>Is the service of this agency critical during a pandemic?</b>	



## Key External Vendor Information

The following information should be on file for each external vendor:  
(duplicate as necessary)

Vendor name _____
Good / Service Provided by Vendor _____
Vendor account number _____
Vendor contact person _____
Phone number _____
Fax / mobile numbers _____
Email / web contact _____
Person authorized to contact / place order _____
Alternate person _____
Address of vendor _____
_____

Vendor name _____
Good / Service Provided by Vendor _____
Vendor account number _____
Vendor contact person _____
Phone number _____
Fax / mobile numbers _____
Email / web contact _____
Person authorized to contact / place order _____
Alternate person _____
Address of vendor _____
_____



## STEP 5: Implement Workforce Protection Measures

**Scenario 5:** *The 2<sup>nd</sup> wave of the pandemic has now entered Canada. The World Health Organization has announced a Phase 6 pandemic. There is a high probability that both your staff and clients will be affected. What steps should the organization take to protect the workforce?*

- Implement Workforce Protection Measures
- Increase the level of protection for NGO workforce
- Develop contingency plans for crisis communications

### **Managing Personnel during a Pandemic**

Maintaining a healthy group of trained personnel may be one of the most difficult aspects of pandemic planning. As with any emergency, organizations are responsible for managing their personnel during a pandemic. Some organizations will be able to implement strategies, such as social distancing, without difficulty, while others will have to place their staff in close proximity to a potentially infected public. These organizations will have to consider a wide array of options for supporting their personnel during a pandemic.

### **Strategies for Protecting Essential Personnel**

Remember that pandemic influenza will spread from person to person through social contact. One of the biggest challenges for any organization, then, will center on protecting essential personnel. Although there are no guarantees, some organizations will be able to protect their personnel more easily than others.

### **Keeping Personnel Informed**

Hygiene and health materials that educate employees should be distributed, such as:

- the fundamentals of pandemic influenza (e.g., symptoms of influenza, modes of transmission)
- personal and family response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans)
- community and workplace mitigation strategies (e.g., social distancing, provision of infection control supplies)

### **Social Distancing**

All organizations should review their communications programs and systems to ensure that they can consider support to social distancing operations. Social distancing involves focused measures to increase the distance between people as a way to reduce exposure or to restrict interaction. There are three general strategies for social distancing:

- telework
- shift work
- physically spreading personnel throughout the workplace

### **Telework**

Telework is an arrangement in which an employee regularly performs officially assigned duties at home or other worksites geographically convenient to the residence of the employee. Staff that uses computers and other information technology while teleworking need effective support during work hours. Remote access presents some unique issues, and agencies should have technical support to meet these needs. These needs must also be taken into account in planning for using a distributed workforce during an emergency situation. Employees designated to work from home during an emergency event should telework frequently enough to ensure all systems are working smoothly.

### **Shift Work**

Shift work includes any system of work other than day work and should be assigned to accommodate workflow. It may require technical support outside of normal working

hours. Studies have shown that employees who work shifts are less efficient and more likely to have an accident on the job than employees working regular shifts. The longer an employee works a shift, the more these factors have an effect. Shift work may include:

- weekends
- afternoons, nights, and rotating shifts
- split or broken shifts
- extended shifts
- extended working hours

### ***Spreading Personnel***

Research shows that a contagious person can infect others within a distance of two meters through coughing, sneezing, and talking. Maintaining a physical distance between persons can be an effective way of reducing risk. Consider the following:

- maintaining a distance of at least two meters from each other at all times
- instructing personnel in how to use social distancing to protect themselves while serving clients
- not meeting with clients or public in enclosed places

### ***Workplace Hygiene***

Influenza also is spread by touching objects contaminated with influenza viruses and then transferring the infected material from the hands to the nose, mouth or eyes.

Organizations should encourage employees to use a paper towel when touching door handles, telephones, and other surfaces with which they come in contact, rather than touching these surfaces directly. Maintaining proper workplace hygiene is possible by:

- frequently disinfecting common surfaces including phones, door knobs, handles, break room counters, coffee pots, and switches
- discouraging employees from using other employees' phones, desks, offices or other work tools and equipment
- providing no-touch waste cans

### ***Employee Hygiene***

Influenza is primarily spread when infected people cough, sneeze or talk, sending infectious droplets or very small sprays (aerosols) into the nearby air, resulting in either direct contact with other people or onto surfaces which will be touched by people. Safe hygienic practices will be critical to protect employees. All employees should be encouraged to:

- wash their hands frequently with soap and water or an alcohol-based hand cleaner if soap is not available
- cover their mouths and noses with a tissue when coughing or sneezing or into their upper sleeves if tissues are not available
- avoid touching your eyes, nose, or mouth
- stay home if they are sick

### ***Vaccination***

An effective measure of pandemic protection is to receive a vaccination offered through local health services. Almost all experts agree that the vaccine will provide at least some degree of protection against the pandemic strain with very little health risk or side effects. After an initial vaccination to reach vulnerable target groups, vaccines should be abundantly available for all agency staff and volunteers.

In addition, organizations have a critical role in encouraging clients and others to use health precautions during the pandemic. The agency should educate personnel on the influenza prevention and treatment methods and encourage individuals in healthy hygiene. Numerous website links describing and updating the pandemic influenza and health measures are referenced at the end of this report.

## Post-planning Activities

### **Coordination with other organizations**

Coordinating your pandemic influenza preparedness and response plans with external organizations and agencies is important. This includes working with public health agencies, emergency responders, local healthcare facilities and other non-governmental and community organizations.

### **Exercise the Plan: Tabletop Exercise**

After development, the service continuity plan should be tested, most commonly through conducting a tabletop exercise. In a service continuity exercise using a tabletop model, the test participants are gathered around a conference table and are told that a specific service interruption has occurred. While seated at the table, they "walk through" the interruption to verify that the SCP contains all that is necessary to continue the delivery of mission-critical services. The plan should be

tested using realistic conditions or a scenario that might simulate an actual service interruption affecting your agency. Revisions within the planning document will be based upon the outcomes and discussion of the exercise's findings.

### **Feedback**

After the pandemic has passed, it is imperative that your agency conduct an evaluation of its operations and response during the event. Getting thorough feedback from essential and non-essential personnel is critical for making improvements in planning and responding in the future. Revise the Service Continuity Plan as necessary. Also determine what feedback can apply to other types of incidents, and incorporate it into planning for other hazards that might affect the delivery of your agency.

## Information Sharing of Pandemic Influenza Plan

**Staff and Internal Organization Members**

**#Copies**

_____	_____
_____	_____
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**External Agencies / Organizations**

**# Copies**

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**Record of Changes**

The Service Continuity Planning Guide will be reviewed semiannually on \_\_\_/\_\_\_ and \_\_\_/\_\_\_, making any necessary changes or additions.

<b>Change Number</b>	<b>Date of Change</b>	<b>Change Made by (Signature)</b>

## Conclusion

The purpose of this document has been to highlight some of the major points in a logical sequence that a Community-Based organization might consider in order to prepare its plan for continuation of services in the event of a pandemic. Writing the plan demands thinking ahead to the possible impacts and making contingencies. However, your agency cannot plan for every possible scenario in today's world. The ultimate goal of this exercise is not to create a separate plan that addresses one risk (e.g. pandemic), but to create a plan that is adaptable enough to address all risks.

Hopefully, the creation of this document will help to inspire a "service continuity culture" within your agency. This involves a conscious effort to keep the plan alive, rather than allowing it to become stale due to more

pressing agency priorities. Staff and volunteers must realize that continuity planning applies not only in the organization's life, but in their personal lives. As staff and volunteers develop personal plans, they will be better able to cope with service interruptions that occur at the workplace and may be more available to help your organization continue its service delivery.

A large volume of information is available to assist agencies in various stages of continuity planning, disaster mitigation, emergency preparedness, response, and recovery from an event. Some applicable web-based resources are listed.

## Resources and Web links

- [www.ccep.ca](http://www.ccep.ca)
  - The Canadian Center for Emergency Preparedness is a not-for-profit organization based in Burlington, Ontario devoted to fostering the development of a disaster resilient Canada through individual preparedness.
- [www.bccdc.org](http://www.bccdc.org)
  - BC Center for Disease Control is a research and teaching centre affiliated with the University of British Columbia. It provides resources for healthcare providers, researchers, and the general public.
- [www.councilfornonprofits.org](http://www.councilfornonprofits.org)
  - The National Council of Non-profits serves more than 20,000 local or regional member organizations. Among other services, the Council has prepared a toolkit with special

resources to provide up-to-date information, sample policy language, and other tools to help avoid and manage flu.

- [www.globalcontinuity.com](http://www.globalcontinuity.com)
  - A news, information and jobs portal for business risk and continuity management.
- [www.yourwindow.to/business-continuity](http://www.yourwindow.to/business-continuity)
  - Free access guide to business continuity and disaster recovery planning.
- [www.drj.com](http://www.drj.com)
  - The Disaster Relief Journal is the premiere industry publication in the Business Continuity area.
- [www.dri.ca](http://www.dri.ca)
  - Provides information about services for contingency planning and business continuity.
- [www.getprepared.ca](http://www.getprepared.ca)
  - This Federal Canadian Government website encouraging every household in emergency preparedness steps: “know the risks; make a plan; get a kit”.
- [www.pep.bc.ca](http://www.pep.bc.ca)
  - The homepage of the Provincial Emergency Program of the Province of British Columbia, which contains numerous resources pertinent to emergency planning in BC.
- [www.gov.bc.ca/health](http://www.gov.bc.ca/health)
  - The government of BC health care website provides information about health issues and provincial health care system, such as primary health care, Medical Services Plan and Pharmacare.
- [www.jibc.ca](http://www.jibc.ca)
  - Justice Institute of British Columbia, located near Vancouver, is a public, post secondary educational institution that offers a range of applied training and academic programs covering the broad continuum of all-hazard emergency prevention, planning, response and recovery.
- [www.redcross.ca](http://www.redcross.ca)
  - Provides numerous community services, including enhancing the role of the voluntary sector in health emergencies and providing resources to assist them.
- [www.viha.ca](http://www.viha.ca)
  - Vancouver Island Health Authority provides community health and medical services through a network of clinics, hospitals, and facilities. Includes organizational details and health information, including public health alerts for pandemic outbreaks.
- [www.cdc.gov/flu](http://www.cdc.gov/flu)
  - US Centers for Disease Control and Prevention homepage that specifically deals with influenza flu and possible pandemics.
- [www.flu.gov](http://www.flu.gov)

- Access portal to US Government information on H1N1, avian and pandemic flu information.
- [www.pandemicflu.gov](http://www.pandemicflu.gov)
  - Cross-linked with flu.gov as a one-stop access to US Government H1N1, avian and pandemic flu information.
- [www.ready.gov](http://www.ready.gov)
  - US Department of Homeland Security's Ready Campaign website, which is designed to educate and empower the public to prepare for emergencies including natural disasters and other hazards.
- [www.phac.ca](http://www.phac.ca)
  - Protects the health and safety of Canadians through public information and the prevention of chronic disease and injuries, public health emergencies, and infectious diseases
- [www.readyforcrisis.ca](http://www.readyforcrisis.ca)
  - A Voluntary Sector Project which aims to increase emergency response capacity in the voluntary sector, thus strengthening Canada's overall disaster response. The Canadian Red Cross, St. John Ambulance, and the Salvation Army partner in this project with financial support from the Public Health Agency of Canada. Excellent online tutorial adapted from the Non-Profit Risk Management Center deals with influenza preparedness.
- [www.nonprofitrisk.org](http://www.nonprofitrisk.org)
  - Provides risk management assistance and resources for Community-Based nonprofit organizations. Many articles and tutorials, including a tutorial on pandemic readiness directed toward non-profit agencies.
- [www.cdc.gov](http://www.cdc.gov)
  - Homepage of the Centers for Disease Control, located in Atlanta, Ga. The CDC maintains several departments concerned with sectors such as travelers' health, occupational safety and health, injury prevention and control, healthy living, disease surveillance, and health emergency planning and preparedness.
- [www.swineflu.org](http://www.swineflu.org)
  - Provides the general public with the latest news and information regarding the H1N1 swine flu pandemic.
- [www.fema.gov](http://www.fema.gov)
  - The Federal Emergency Management Agency of the US government is tasked with
  - Disaster Mitigation, Preparedness, Response and Recovery. It is a clearing house for emergency management information to the general public and practitioners, and covers all aspects of US emergency management training and procedures.

# Checklist

## 1. Get broad leadership and governance support. Establish a Service Continuity Plan Committee.

Task	Not Started	In Progress	Complete	Date of Completion	Person Assigned
Obtain support of your organization's executive, governance, and service leadership in supporting a Service Continuity Plan project					
Assign key staff as a Planning Committee, with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.					
Assign the person within your organization who will take the lead for developing the Service Continuity Plan.					
Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and BCCDC. Make this information available to your organization and others.					
Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.					
Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities--state and local health departments, emergency management agencies, and BCCDC.					
When appropriate, include basic information about pandemic influenza in agency and public meetings (e.g. classes, trainings, small group meetings and announcements).					

**2. Identify the Essential Services of your Organization and the Support required to maintain.**

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Determine the potential impact of a pandemic on your organization’s usual activities and services. Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.					
Try to determine the Maximum Allowable Downtime for each critical service within your CBO.					
Consider focusing your organization’s efforts during a pandemic to providing services that are most needed during the emergency					
Prioritize the organizational support functions that are most essential to maintaining your critical client services					
Assure that critical records are safe, accessible, and recoverable in the event of a service disruption.					
Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.					
Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.					

**3. Address Workforce Considerations:**

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.					

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization's work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.					
Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.					
Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty					
Set up policies for flexible work hours and working from home.					
Assure that decision-making authority and leadership succession is in place in case of senior staff incapacitation.					
Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.					
Set procedures for activating your organization's response plan when an influenza pandemic is declared by public health authorities and altering your organization's operations accordingly.					

#### **4. Ensure Availability of Critical Services, Supplies, and Equipment**

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)					
Determine the possibility of building an inventory of necessary supplies and materials					
Develop contingency plans to maintain equipment and supplies which are required for essential services					

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Keep an updated list of key external agency contacts, and the service that they can provide in case of a disruption.					
Maintain a list of key external vendors that are essential to the function of your organization and the provision of client services					
Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.					

### **5. Implement Workforce Protection Measures**

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.					
Develop tools to communicate information about pandemic status and your organization's actions. This might include websites, call trees, flyers, local newspaper announcements, pre-recorded phone messages, etc.					
Evaluate your organization's usual activities and services to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)					
Follow travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.					

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.					
Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.					
Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety.					

**6. Coordinate with External Organizations and Exercise the Plan.**

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.					
Review the roles of federal, provincial, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.					
Share your preparedness and response plan with other agencies and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and others.					
Review the roles of federal, provincial, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.					
Work with local and/or provincial public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide.					
Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.					

<b>Task</b>	<b>Not Started</b>	<b>In Progress</b>	<b>Complete</b>	<b>Date of Completion</b>	<b>Person Assigned</b>
Share what you've learned from developing your preparedness and response plan with other Community-Based Organizations to improve community response efforts.					
Work together with other Community-Based Organizations in your local area and through networks to help your communities prepare for pandemic influenza.					
Periodically review the Service Continuity Plan. Record and date changes that are made.					

# Table Top Exercise

## **Definition and characteristics**

A Tabletop exercise is an informal activity involving discussions of actions to be taken related to a simulated emergency.

It is done without time constraints, allowing participants to practice problem solving, evaluate emergency plans and procedures, and to resolve questions of coordination and assignment of responsibilities.

This exercise should involve management, key agency staff, and personnel from other agencies, as appropriate.

## **Objective**

To increase awareness for Community-based Organizations (CBOs) as to the scope, severity, and impact of a disaster event through a realistic scenario of a pandemic outbreak.

To identify issues, challenges, options, and implications for CBOs concerning a pandemic.

To assist CBOs in emergency planning and preparation in order to minimize service interruption caused by a disaster.

## **Methodology**

A series of messages are issued to participants in the exercise, usually describing an unfolding disaster event.

Discussion points follow each message, and participants respond verbally to the simulated scenario.

Exercise should include discussion of:

- Findings from exercise
- Recommendations (to improve agency response)
- Action Planning based upon recommendations

## **Additional Comments**

No organization is fully prepared for this type of emergency (i.e. pandemic)

Exercise should both reinforce strengths and identify weaknesses in SCP Planning Guide.

Open and honest dialogue among staff will provide the greatest feedback to improve agency readiness.

Full participation is key. We learn from what we are involved in.

## **Pandemic Tabletop Exercise**

Four messages are provided, each followed by discussion points.

Both messages and discussion points could be in greater detail.

Expanded dialogue is encouraged!

Approx. 1-2 hours, depending on discussion.

Tabletop scenario is illustrative, and for exercise purposes only.

## **Message 1 (Day 1)**

Cities around Canada are reporting people flooding into emergency rooms and walk-in clinics.

In the last 24 hours, >10,000 cases have been reported nationally, with 2,000 patients hospitalized and 250 deaths.

Several cases of H1N1 virus are suspected among those admitted in local hospitals.

A supply of vaccine has recently been released. Supplies are limited, so health care workers, small children, and other vulnerable groups are priority. Staff of service organizations are not considered a priority at this time.

The BCCDC suspects that the outbreak in BC is the H1N1 influenza virus.

### **Message 1 Discussion Points**

Have you identified a pandemic coordinator and planning team with defined roles and responsibilities to assist in continuation of your organization's critical services?

Have you identified essential employees and other critical inputs required to maintain service continuity and staff critical functions during a pandemic?

Have you planned for scenarios likely to result in an increase or decrease in demand for your services during a pandemic?

What materials covering pandemic issues, personal and family protection, and response strategies have you located or developed?

Have you disseminated the information to employees about your pandemic preparedness and response plan?

What authorities, triggers, and procedures for activating (and terminating) the response plan, altering your core services, and maintaining critical functions have you developed as the pandemic effect spreads?

### **Message 2 (Day 7)**

Our local hospitals and clinics have seen more than 4,500 cases of influenza. BCCDC confirmed that some patients have tested positive for the H5N1 virus.

Local hospitals / clinics overwhelmed by those seeking antiviral meds. Local stores are reportedly running out of over-the-counter remedies and meds.

The massing of people at stores and clinics made spread of virus worse.

Difficult to determine the actual numbers of those infected, since people can be infected and contagious 1-2 days before symptoms.

### **Message 2 Discussion Points**

Has your community-based organization identified employees and clients with special needs, and incorporated their requirements into your preparedness plan?

Have policies been established for employee compensation and sick-leave unique to a pandemic (e.g. non-punitive, liberal leave), as well as when a previously ill person can return to work?

Does the plan of your CBO have policies that restrict travel to affected geographic areas, evacuating staff serving in or near an affected area, and guidance for employees returning from affected areas?

Are policies established for preventing influenza spread at the worksite (e.g. promoting hygiene & cough etiquette, and dismissal of staff or clients with influenza symptoms)?

Are policies in place for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave)?

### **Message 3 (Day 21)**

An estimated 100,000 residents have the virus including 30 – 40% of health workers.

Nearly 50% of health workers nationwide are reportedly absent due to illness, care of sick family members, fear of contracting illness, or having been deceased.

More than 1,000 local residents have died. Intensive care units are overwhelmed. Special care centers have been set up throughout the province.

Law enforcement, emergency personnel, and local utility companies are experiencing shortages of workers.

Personnel shortage resulted in cutbacks of routine utility services.

The massing of people at stores and clinics made spread of virus worse.

Local authorities have taken unprecedented step to quarantine parts of the city, including your location.

Rumors abound with public.

Clients uneasy about being quarantined.

Friends and relatives clog communications, seeking situational status.

### **Message 3 Discussion Points**

Have procedures been put in place to build an inventory of critical supplies? Is a list of key external vendors' contacts available, and contacted?

Are policies in place for flexible worksite and flexible / extended work hours?

How will your organization enhance communications and information technology as needed to support employee telecommuting and remote service access due to the pandemic?

What means are in place for communicating pandemic status and actions to employees, vendors, suppliers, clients (and family), both inside and outside your agency in a consistent and timely way?

Do you have redundancies in the emergency contact system of your community-based organization?

Does your plan identify sources (i.e. local, national) for timely and accurate pandemic information?

### **Message 4 (Day 45)**

Flu outbreak appeared to have passed. Conditions have started to return to normal. Number of ill has been declining for - two weeks.

Stores are getting in periodic shipments of food and supplies. Some localized looting reported.

Law enforcement, emergency medical personnel, health providers, and local utility companies are still suffering personnel shortages

Emergency services still cannot be performed without a delayed response time.

### **Message 4 Discussion Points**

Does your plan detail employee access to and availability of social or mental health services during and after the pandemic (i.e. corporate, community, faith-based resources)?

Has your organization communicated with local and/or provincial public health agencies and/or emergency responders about the services your agency could contribute to the community at this time?

Has your planning anticipated employee fear and anxiety, rumors and misinformation and planned communications accordingly?

Do you have collaboration with federal, provincial, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities during a pandemic?

### **Post-exercise Discussion**

#### Findings

- 1.
- 2.
- 3.
- 4.

#### Recommendations

- 1.
- 2.
- 3.
- 4.

#### Actions

- 1.
- 2.
- 3.
- 4.

# Glossary

**Community-Based organizations** are civil society non-profits that generally operate within a single local community. They are essentially a subset of the wider group of nonprofits. They are often run on a voluntary basis and are self-funded. Within Community-Based organizations there are many variations in terms of size and organizational structure. Some are formally incorporated, with a written constitution and a board of directors while others are much smaller and are more informal.

## **Coping Capacity**

The means by which people or organizations use available resources and abilities to face adverse consequences that could lead to a disaster. In general, this involves managing resources, both in normal times and during crises or adverse conditions. Strengthening coping capacities usually builds resilience to withstand the effects of natural and human-induced hazards.

## **Determinants of Health**

The range of personal, social, economic and environmental factors that determine the health status of individuals or populations. The Public Health Agency of Canada recognizes twelve determinants. They include: income and social status, social support networks, social and physical environments, healthy child development, education, employment and working conditions, personal health practices and coping skills, biology and genetic

endowment, health services, culture, and gender.

## **Emergency Management**

The management of emergencies relating to all hazards, including all activities and risk-management measures related to prevention and mitigation, preparedness, response and recovery.

## **Emergency Management Organizations**

Designated organizations operating in different sectors at the federal, provincial and territorial levels, including Aboriginal organizations with emergency management responsibilities.

## **Emergency Mandate**

Organizations with an emergency mandate consist of those with emergency relief services as part of their constitutional mission and/or their established tradition of community service delivery.

## **Emergency Response**

Actions taken in anticipation of, during and immediately after an emergency to ensure that its effects are minimized and that the people affected are given immediate relief and support.

## **Health Emergency**

An occurrence or imminent threat of a serious or life-threatening illness or health condition to a population which exceeds the population's capacity to cope. While other emergencies such as natural disasters may

affect public health, a health emergency is one where the health threat is the cause, not the consequence, of the emergency. For example, it may be caused by the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin that poses a significant risk of substantial future harm to a large number of people in the affected population. However, health emergency preparedness activities take an all-hazards approach by anticipating and preparing for the full range of possible hazards that could require health and emergency social services support.

### **High-Risk Populations**

People whose situational and physical characteristics increase their susceptibility to harm due to a disaster.

### **Mitigation**

A "sustained action that reduces or eliminates long-term risk to people and property from natural hazards and their effects." Mitigation is the ongoing effort to lessen the impact disasters may have on people and property, and involves such activities as avoiding construction in high-risk areas such as floodplains, and engineering buildings to withstand wind and earthquakes.

### **Pandemic**

An epidemic disease of widespread prevalence around the globe, partly as a consequence of the lack of resistance to a new infectious agent.

### **Preparedness**

Developing and readying response and recovery actions to increase the community's ability to respond to future impacts.

Governments, community groups, service providers, businesses, civic and volunteer groups are all partners in this effort.

### **Prevention**

A method of averting health problems (e.g. disease, injury) through interventions.

Preventing and reducing the incidence of illness and injury may be accomplished through three mechanisms: activities geared toward reducing factors leading to health problems; activities involving the early detection of, and intervention in, the potential development or occurrence of a health problem; and activities focusing on the treatment of health problems and the prevention of further deterioration and recurrence.

### **Recovery**

The process of returning to normal following the response phase of an emergency. It may extend for many years and involves the physical, social and economic component of the community. Salvage, resumption of business processes and repair are typical recovery tasks.

### **Resilience**

The capacity of a system, community or society to adapt to disturbances resulting from hazards by persisting, recuperating or changing to reach and maintain an acceptable level of functioning.

## **Response**

The actions involved in responding to an emergency when it occurs. The response phase focuses on immediate efforts to limit further harm and meet the community's basic needs.

## **Social Vulnerability**

Refers to vulnerabilities at the level of population groups in a particular cultural, historical, political and social context. It is experienced at the individual level but determined by relative group access to key resources and the capacities and resources of the subpopulation.

## **Surge Capacity**

A system's ability to rapidly expand beyond normal services to meet the increased demand for qualified personnel, and services in the event of large-scale emergencies or disasters.

## **Voluntary Organization**

Organizations are considered to be part of the non-profit and voluntary sector if they are:

- organized (i.e. have some structure and are institutionalized to some extent, but not necessarily legally incorporated);
  - nongovernmental (i.e. are institutionally separate from governments);
  - non-profit-distributing (i.e. do not return any profits generated to their owners or directors);
  - self-governing (i.e. are independent and able to regulate their own activities);
- and,

- voluntary (i.e. benefit to some degree from voluntary contributions of time or money).

## **Voluntary Sector**

Refers to both volunteers and those entities that are neither for-profit nor agencies of the state. It includes incorporated non-profit organizations as well as unincorporated volunteer community groups. It is also known as the Community-Based-sector, the non-profit sector, the third sector or the public benefit sector. The common feature is their reliance on volunteer boards of directors to govern their activities.

## **Volunteer (including episodic volunteer)**

A volunteer is a person who willingly carries out unpaid activities in the form of time, service or skills, through an organization or group. Volunteers are generally unpaid, although circumstances exist where they may be compensated for expenses or may receive honoraria.

## **Vulnerability**

The propensity to suffer some degree of loss (e.g. injury, death, damages) from a hazardous event. Whether considering a community, an individual, an economy or a structure, vulnerability depends upon coping capacity relative to the hazard's impact.



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