

# **Toronto Public Health Pandemic Plan A Planning Guide for Housing Service Providers and Shelters**

March 23, 2020

## Table of Contents

<b>1.0</b>	<b><i>Introduction</i></b>	<b>2</b>
1.1	Purpose of this guide	2
<b>2.0</b>	<b><i>Housing Service Providers and Shelters – Specific Issues</i></b>	<b>2</b>
2.1	Basic principles of infection prevention and control in community living settings	3
2.2	Hand hygiene	3
2.3	Practice respiratory etiquette	3
2.4	Use appropriate personal protective equipment (PPE)	4
2.5	Equipment	4
2.6	Food services	5
2.7	Develop or review infectious disease protocols, policies, and procedures	5
2.8	Reduce client mobility	8
2.9	Supporting ill individuals	8
2.10	Stockpiling supplies	11
2.11	Children whose parents are ill	11
2.12	Closure of agencies	11
<b>3.0</b>	<b><i>Planning Checklist</i></b>	<b>12</b>
3.1	Planning checklist - short version	12
3.2	Planning checklist - long version	14

*Disclaimer: This Planning Guide is a tool to support planning for pandemic in the housing service providers and shelters. Toronto Public Health is not responsible for any misinterpretation or misuse of this guide.*

# 1.0 Introduction

Toronto Public Health has prepared a number of planning guides to assist community partners in developing their own pandemic plans. The guides are intended to be used as planning tools. All agencies, organizations and other partners should use these tools alongside the specific advice provided by federal, provincial and local authorities during an actual pandemic situation.

## 1.1 Purpose of this guide

This general planning guide identifies issues and critical elements of emergency preparedness that organizations should consider in planning for a pandemic. Although Toronto Public Health will identify broad public health issues, every organization must plan for the specific disruptions it will face during a pandemic.

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

The housing services providers and shelters planning guide is an evolving document and as planning continues at the federal, provincial and local levels, updated information will be added.

## 2.0 Housing Service Providers and Shelters – Specific Issues

Agencies that provide temporary housing, congregate living spaces or other services for people who are homeless or under-housed such as shelters, drop-in centres, rooming houses, boarding houses, supportive housing units, and Out-of-the-Cold programs are extremely diverse. They offer programs to a wide variety of clients and operate under different organizational and funding structures. This planning guide is intended to support the planning process and each agency should adapt this guide to its own setting.

### ***What to expect***

During a pandemic, community agencies may need to provide basic support to ill individuals as hospitals will be overwhelmed. Agencies will also need to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. Service providers are not expected to provide complex care to ill individuals. If an individual's health status deteriorates, service providers should seek medical attention by contacting a hotline such as Telehealth Ontario, local health care provider, hospital, or 911.

Homeless and housing service provider agencies should consider partnerships with other health and non- health related agencies to develop strategies which may be used during a pandemic. Agencies should consider the following when developing your pandemic plans:

- connect with other health organizations (e.g., community health centres, hospitals, local physicians, public health, volunteer agencies)
- consult existing pandemic plans (e.g., the Toronto Pandemic Plan)
- identify ways to share resources during a pandemic
- develop possible scenarios and identify disruptions that will be faced during a pandemic and how they will affect the agency or facility

## 2.1 Basic principles of infection prevention and control in community living settings

The following are recommendations for routine practices for basic infection control during a pandemic. More detailed information on infection control can be found in Toronto Public Health's Infection Prevention & Control Resources for Homelessness Service Settings website:

<https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>

## 2.2 Hand Hygiene

Hand hygiene is the cornerstone of infection control, particularly during a pandemic. Promote hand hygiene by:

- teaching clients and staff how to wash their hands
- posting [hand hygiene posters](#) at the entrance and in areas where they are likely to be seen
- reminding clients and staff to wash and/or sanitize their hands
- making hand washing supplies easily accessible, such as alcohol-based hand sanitizer, soap, water, towels, and garbage cans
- providing liquid soap for hand washing, or, if this is not possible, provide each person with his or her own bar of soap and towel to avoid contamination
- during a pandemic, making hand sanitizer available at convenient locations throughout the facility, such as at entrances to the building, in hallways, at doors to rooms, and at the bedsides of ill individuals
- For more information on hand hygiene, visit our webpage at <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/hand-hygiene/>

## 2.3 Practice respiratory etiquette

People should be encouraged to cover their mouth and nose when they cough or sneeze. This will help stop the spread of germs that can make people sick. It is important to keep your distance (e.g., more than 2 meters/6 feet) from people who are coughing or sneezing, if possible.

### ***Cover your cough procedure***

- Cover your mouth and nose with a tissue when you cough, sneeze or blow your nose.
- Put your used tissues into the waste basket.
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
- Wash your hands with soap and water or hand sanitizer

### ***Avoid touching your eyes, mouth and nose***

The virus can spread when the infected respiratory secretions from the mouth or nose of one person come into contact with the mucous membranes (mouth, nose or eyes) of another person. Without even realizing it, you may touch the infected nose and mouth secretions of someone ill (e.g., by shaking hands). If you go on to touch your mouth, nose or eyes, the virus may gain entry into your body causing infection.

## **2.4 Use appropriate personal protective equipment (PPE)**

Agencies will need to support individuals who are ill and are currently living in a community living setting. It is important to base planning on the assumption that not all individuals who are ill with the virus can or need to be hospitalized.

The following recommendations for the use of personal protective equipment refer specifically to situations in which homeless and housing service providers provide “care in place.”

- Sit next to rather than in front of a coughing client when providing care.
- Wear appropriate, recommended personal protective equipment (e.g. mask, eye protection) when providing direct care to an ill client.
- Gloves are recommended when there is a risk of hand contact with a client's body fluids. Gloves should be used as an additional measure and not as a substitute for hand hygiene.
- Wear gowns during client care where clothing might be contaminated.

For additional information, refer to Toronto Public Health's [Infection Prevention & Control Resources for Homelessness Service Settings](#) site.

## **2.5 Equipment**

In all settings where care is delivered, staff should follow procedures for managing and disposing of equipment (e.g., digital thermometers, goggles, gloves, masks).

Take only the equipment needed into the area where care is provided to individuals. Clean and disinfect all reusable equipment. Whenever possible, use disposable equipment that can be safely discarded with the regular garbage. Dispose of this equipment immediately after leaving the room where care has been delivered.

## 2.6 Food services

During a pandemic, community living settings should reinforce routine food safety and sanitation practices. Facilities should also consider the following:

- Reinforce regular hand washing by staff members who prepare food
- Discourage the sharing of dishes, cutlery, and other items
- Use disposable cutlery and pre-packaged food, if staffing levels are low
- Consider stockpiling a 6–8-week supply of non-perishable food, in case deliveries of food are disrupted
- If regular services are interrupted, plan for alternative food supplies

For food safety concerns or recommendations on proper food handling, call Toronto Public Health at 416-338-7600 or visit

<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/food-safety/>

## 2.7 Develop or review infectious disease protocols, policies, and procedures

Develop or review existing protocols on infection control and response to infectious diseases. For example, during a pandemic:

- You may be placing ill clients in an isolation room. In this situation you will also need an individual to screen people on admission for symptoms. Individuals with symptoms should be placed directly in isolation until illness can be ruled out.
- Require that all people sanitize their hands upon entering the building. To minimize the number of staff necessary to oversee this requirement, consider using one primary entrance and closing secondary entrances.

### ***Train staff and clients on routine practices for infection control***

- Consider using TPH’s “[Infection Prevention and Control Guide for Homelessness Service Settings](https://www.toronto.ca/wp-content/uploads/2019/09/98bf-tph-infection-prevention-and-control-homeless-service-settings-2019-.pdf)” to raise awareness of pandemic planning and infection control practices:  
<https://www.toronto.ca/wp-content/uploads/2019/09/98bf-tph-infection-prevention-and-control-homeless-service-settings-2019-.pdf> .
- Consider providing in-service education sessions for staff on infection control and use of personal protective equipment (PPE).
- Educate clients on hand hygiene, respiratory etiquette, and other infection control practices for example by posting hand washing and respiratory etiquette signs. Fact sheets and signs are available on the Infection Prevention & Control Resources for Homelessness Service Settings  
<https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>
- Provide staff access to infection control policies and procedures.

### ***Maintain cleaning and disinfecting policies***

- Regular cleaning and disinfecting of objects and high-touch surfaces will help to prevent the transmission of viruses from contaminated objects and surfaces.
- Increased monitoring of hand cleaning supplies is also recommended to ensure all sinks in washrooms and kitchens are well stocked with hand washing supplies at all times (i.e., soap and paper towels).
- Operators are encouraged to review existing activities and practices within their settings to help determine where enhancements or increased cleaning frequencies may be recommended.

### ***High-Touch Surfaces***

High-Touch Surfaces may include doorknobs, toys, cribs/cots, elevator buttons, light switches and computer keyboards that are touched frequently with hands throughout the day. High-touch surfaces require frequent cleaning and disinfection at least daily, and more frequently where the risk of contamination is higher than usual (e.g., if there is increase in illness at the site).

### ***Cleaning Products***

Cleaning with water and household detergents and use of common disinfectant products should be sufficient for cleaning and disinfection. If household or commercial disinfectant cleaning products are not readily available, hard surfaces can be disinfected using a mixture of 1-part bleach (5% sodium hypochlorite) and 9 parts water, ensuring the dilute solution makes contact with the surface for one minute for disinfection.

**Environmental Cleaning responsibilities**

<b>Providers should:</b>	<b>Providers are encouraged to:</b>	<b>Workers should:</b>
<ul style="list-style-type: none"> <li>- Implement an environmental cleaning and disinfection program that should include:                             <ul style="list-style-type: none"> <li>• What needs to be cleaned and frequency of cleaning/disinfecting.</li> <li>• Who is responsible for the cleaning/disinfecting.</li> <li>• Who is responsible for cleaning/disinfecting specific areas of the site.</li> <li>• Information (e.g., SDS, manufacturer instructions) on cleaning and disinfectant products are being used in the setting.</li> </ul> </li> <li>- Provide PPE, where appropriate.</li> <li>- Choose appropriate cleaning and disinfectant products (e.g., products that are compatible with each other and effective/appropriate for the setting).</li> </ul>	<ul style="list-style-type: none"> <li>- Have procedures for enhanced cleaning and disinfecting during an outbreak.</li> <li>- Provide training on proper use of cleaning products and disinfectants.</li> <li>- Have a policy and procedure for obtaining custodial services in emergency situations.</li> <li>- Designate a dedicated room for cleaning supplies.</li> <li>- Post and monitor schedules for cleaning and disinfection (e.g., on washroom door).</li> <li>- Provide a cleaning caddy or cart for cleaning supplies (e.g., PPE, cleaning and disinfecting products, alcohol-based hand rub, garbage bags) to decrease the spread of germs while cleaning.</li> </ul>	<ul style="list-style-type: none"> <li>- Use cleaning and disinfecting products according to the manufacturers' recommendations.</li> <li>- Know where cleaning and disinfectant products and supplies are located.</li> <li>- Lock away cleaning and disinfecting products when not in use/store them in a dedicated room or cabinet.</li> <li>- Follow policies and procedures.</li> <li>- Avoid cross-contamination and growth of germs by keeping equipment clean.</li> <li>- Ensure cleaning and disinfectant products are not expired before use.</li> <li>- Launder mop heads after daily use or when soiled and let them dry thoroughly before storage.</li> <li>- Label cleaning and disinfecting products.</li> <li>- Not carry equipment used to clean toilets from room to room.</li> <li>- Clean and disinfect high-touch surfaces at least daily.</li> <li>- Use appropriate PPE based on the risk of exposure to germs and based on the SDS.</li> <li>- Not "top-up" cleaning or disinfectant solutions.</li> </ul>



### ***Handling Linen and Laundry***

In most cases, no special precautions are recommended for handling linen and laundry, routine practices are sufficient. Should additional measures be necessary, this information will be communicated broadly at the time of a pandemic. Please refer to "[Infection Prevention and Control Guide for Homelessness Service Settings](#)" for more information regarding routine practices for laundry and linens.

## **2.8 Reduce client mobility**

Homeless and under housed populations tend to be highly mobile in part because services are spread across multiple agencies. Over the course of a day, one individual may visit several agencies. During a pandemic, this high mobility may promote the rapid spread of the virus through this population. Strategies to reduce individuals' mobility include:

- limiting the movement of residents, such as transfers between shelters
- limiting the number of clients or visitors at drop-ins or other day programs
- canceling or postponing group activities, if possible
- providing incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies

## **2.9 Supporting ill individuals**

During a pandemic, community living settings may need to provide basic support to ill individuals, since hospitals will be overwhelmed.

### ***Isolation***

Most individuals will not need to be hospitalized. As a result, many ill individuals will need to be isolated in non-hospital settings. Ideally, an ill individual should be isolated as soon as possible to reduce the transmission of the virus. Housing service providers and shelters may encounter a range of issues when attempting to provide isolation for an ill individual. Each setting will face its own challenges, depending on the population served, the services offered, and the physical lay-out of the facility. Some agencies, such as drop-in centres, may find care-in-place particularly challenging. The following are some of the issues agencies should consider when deciding on isolation options:

- Individuals in isolation need easy access to washrooms. This may pose challenges in dormitory-style settings. When accommodating a group of ill individuals, consider access to washrooms. If communal washrooms are used, clean them frequently.
- Ill individuals need access to food, drinks, and medications. Staff need to wear appropriate PPE when bringing supplies and providing support to ill individuals (e.g., mask and eye protection if providing direct face-to-face care within 2 meters of the ill person).
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- During a pandemic, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.

- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need for obtaining and taking regular or over-the-counter medications. Different isolation options from ideal to least ideal for the isolation of ill clients in community living settings during a pandemic are shown in figure 1 below:

**Figure 1: Isolation in Community Living Settings**

<b>1. Maintain Routine Infection Control Practices</b> <ul style="list-style-type: none"> <li>➢ Practice hand hygiene.</li> <li>➢ Practice respiratory etiquette.</li> <li>➢ Use appropriate personal protective equipment.</li> <li>➢ Clean equipment.</li> <li>➢ Clean environment.</li> </ul>			
<b>2. General Tips for Isolation within a Facility</b> <ul style="list-style-type: none"> <li>➢ Individuals with signs and symptoms should maintain at least a two-meter separation between all other patients and/or visitors</li> <li>➢ Wear appropriate, recommended PPE (e.g. mask and eye protection) when providing direct care within 2 meters (6 feet).</li> <li>➢ Arrange beds so that individuals lie head to toe relative to each other.</li> <li>➢ In larger rooms, create temporary physical barriers between beds, using sheets or curtains.</li> <li>➢ Direct ill individuals to hospitals, if necessary.</li> </ul>			
<b>1 Person Ill</b>	<b>2 – 10 People Ill</b>	<b>More than 10 People Ill</b>	<b>Majority of People Ill</b>
<b>Isolate in separate room (if possible)</b>	<b>Accommodate together in separate room</b>	<b>Accommodate together on one floor or in a separate section of the building</b>	<b>Accommodate together throughout the entire site</b>
<b>Isolate in shared room</b>	<b>Accommodate together in common area</b>	<b>Accommodate together throughout the entire site</b>	
<b>Isolate in large shared space</b>	<b>Accommodate together at one end of floor</b>		

### ***Illness progression***

The Ministry of Health promotes the use of Telehealth (1-866-797-0000) as a way of seeking consultation without having to visit a health care facility or hospital emergency department. Housing service providers and shelters can obtain remote assessment advice from health care providers operating Telehealth call centres on whether an ill individual may need face-to-face assessment and/or treatment.

Some agencies have on-site nursing or medical care or close ties with organizations or health care workers who can provide advice on the clinical management of ill individuals. The following planning strategies may strengthen an agency's capacity to make such decisions:

- Prepare contact lists of health providers and organizations.
- Consider discussions to engage them in providing consultation if needed. For example, boarding houses may have a designated house doctor to provide care for residents.
- Develop partnerships with health care providers, walk-in clinics, and family physicians or strengthen ties with organizations with expertise in the health care needs of homeless and under-housed populations.
- Consider creating an informal network for homeless service providers and health care providers for emergencies such as a pandemic.

What can clients do if they have a fever?

- Dress in lightweight clothing and keep the room temperature around 20°C (68°F).
- Drink plenty of cool fluids to replace fluids lost in sweat.
- Eat nutritious meals (e.g., soup).
- Acetaminophen (e.g., Tylenol™, Tempra™) is an over-the-counter medication that will help reduce fever. Use the dose and schedule recommended on the package or by the clients' doctor or pharmacist. Ibuprofen (Advil™ or Motrin™) may be used for children older than six months and for adults. Acetylsalicylic acid, also known as ASA, (Aspirin™) should not be taken by anyone under 18 years of age because it can lead to brain and liver damage (Reye's Syndrome).

### ***Deaths on site***

During a pandemic, an ill individual may die from the virus in a community living setting. Prior to a pandemic, agencies should establish connections with local funeral homes if connections have not already been established. Staff should have contact information for these funeral homes.

The coroner must be notified of all deaths that occur at community living settings. Existing procedures for managing a death in a shelter/drop-in should be reviewed. Consult with local public health authorities to determine if the bodies of people who died from the virus are considered contagious and if there are any additional precautions to protect others.

## 2.10 Stockpiling supplies

Agencies should consider stockpiling critical supplies that will enable care on site for ill individuals:

- Medications used to bring fevers down, such as acetaminophen.
- Soap, paper towels, hand sanitizer, hand wipes, and tissues.
- Cleaning supplies, garbage bags, and other waste disposal supplies.
- Personal protective equipment, such as gloves, masks.
- Equipment, such as thermometers.

## 2.11 Children whose parents are ill

If a client with children becomes ill in a family shelter and is unable to supervise his or her children, consider the following strategies:

- Ensure client emergency contact information is up to date and, if possible and appropriate, ask clients to identify temporary caregivers for their children.
- Try to locate family members or friends of the client who could care for the children temporarily.
- Find appropriate caregivers within the agency.
- Call Children's Aid Society for support or to arrange temporary custody as a last resort.

## 2.12 Closure of agencies

It is extremely unlikely that shelters would be closed during a pandemic; however, agencies should plan for the scenario where too many staff are off ill to provide normal levels of service.

## 3.0 Planning Checklist

### 3.1 Planning checklist - short version

Planning Issues	Completed Yes/No	Comments
Does your organization have an emergency plan?		
Have you made your employees aware of emergency response plans?		
Have you identified which tasks and positions would be essential during an emergency?		
Have you considered alternative strategies on how to continue service delivery when normal methods are disrupted?		
Have you developed a service continuity plan for your organization for decreasing or altering the services that you offer?		
Have you considered how to keep your organization operational with a large number of staff ill and unable to work?		
Do you have a mechanism to monitor increases in staff absenteeism?		
Have you considered how to deal with employees who report to work ill?		
Do you know where to get up-to-date and accurate information about the pandemic?		
Have you trained your employees on proper hand hygiene and respiratory etiquette?		

Planning Issues	Completed Yes/No	Comments
Is your cleaning staff aware of proper disinfecting techniques during a pandemic?		
Have you considered stockpiling necessary supplies?		
In case of a death on-site, do you know who to contact (ambulance, coroner, funeral home)?		
Have you considered how you would communicate information to your staff and clients in an efficient manner?		
Have you considered how you would provide your staff with support and counseling?		

## 3.2 Planning checklist - long version

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision-making process
-----------------	---------------------------------------	--

### ***Activation/Termination of Pandemic Response Plan***

Who has responsibility for activating the service continuity plan for your agency and who is that person's back-up?		
Has your agency identified a process through which the decision will be made to activate and terminate the plan?		
Do you have a communication strategy for reaching employees and service partners as a result of having to implement any section of the service continuity plan?		

### ***Decision-making and Reporting***

Who needs to approve the Pandemic Response Plan?		
Who is identified as being in charge in the event of a pandemic and are the roles of the various stakeholders clearly defined?		
Who makes what decisions?		

### ***Agencies and Stakeholder Communications***

Do you have a list of all relevant agencies and stakeholders and their contact information?		
Who notifies the various stakeholders?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision-making process
-----------------	---------------------------------------	--

**Communications with Staff and the General Public**

Who will be in charge of communicating to the employees in your agency and who is their back up person(s) to assume this responsibility?		
Have you prepared site-specific notification for closures and contacts for the public?		
Who will be in charge of communicating with the general public?		
How will reduction/temporary termination of regular services be communicated to local stakeholders and the public?		
Who has authority to issue public service announcements/news releases and who is their alternate?		
How fast can these announcements be produced and approved?		
If mail service is interrupted, is there critical mail delivery which you need to make alternative arrangements for?		
Do you know where to get up-to-date and accurate information about the pandemic? Vaccine and antiviral medications information Infection control Personal care Public health measures		



Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision-making process
<b>Planning</b>		
Who is in charge in the event of a pandemic episode and are the roles of the various stakeholders clearly defined? Who makes what decisions? Who notifies the various stakeholders?		
Who do you need input from both internally and externally to prepare and review a service continuity plan for your agency? Elected officials Legal counsel Community partners Labour unions and bargaining agents		
Who needs to approve the service continuity plan?		
Is the pandemic service continuity plan integrated with your emergency preparedness plan(s)?		
What is the staff capacity and are there provisions to bring in additional staff or volunteers?		
Have you identified the key services that must be provided? (Note: consider minor to major lack of availability of staff due to illness)		
Has your agency identified possible key functions, staff positions, and supplies for each key service?		
<b>Testing of the Plan</b>		
How will you test and/or evaluate your service continuity plan?		
How will you test your communication systems, e.g., fan-out?		

<b>Planning Issues</b>	<b>Completed Yes/No/Not Applicable</b>	<b>COMMENTS</b> Document who is responsible for each action and the decision-making process
------------------------	--	---

**Training and Orientation**

What are your training needs for staff and external stakeholders regarding: <ul style="list-style-type: none"> <li>infection control measures</li> <li>environmental cleaning</li> <li>equipment use</li> <li>• review of your organization’s service continuity plan, including explanation of roles and responsibilities</li> </ul>		
What additional training will volunteers and reassigned staff require?		

**Educational Materials**

Have educational materials been prepared?		
Have public education efforts been planned?		

**Human Resources**

Is there a list of all employees, complete with telephone numbers (home and business) and job titles (including those recently retired)?		
Does your agency maintain a fan-out list to contact employees?		
Is there a contact list of all senior staff within your agency?		
If public transit becomes a problem, can employees arrange alternate forms of transportation to work, e.g., carpooling?		
Has your agency addressed the issue of staff being unable to report to work due to possible school and daycare closures?		
Do you currently have adequate staffing for regular day-to-day function?		

<b>Planning Issues</b>	<b>Completed Yes/No/Not Applicable</b>	<b>COMMENTS Document who is responsible for each action and the decision-making process</b>
Do you have a mechanism to monitor increases in staff absenteeism?		
Has your agency prepared an inventory of skills and professional competencies in the event that people from your agency are required to perform duties/ functions		
How has your agency planned to maintain the employee payroll?		
<b>Health and Safety</b>		
Is there a copy of the Health and Safety manual on site in your agency?		
Have insurance and union issues been addressed?		
Has an inventory been prepared for specialized equipment/facilities that may be needed during a pandemic?		
Have liability issues been addressed for volunteers and re-assigned staff?		
Have support care services been planned for employees? Psychosocial support Grief counselling		
<b>Materials and Supplies</b>		
Are there clearly stated policies and procedures that cover signing authority and acquisitions?		
Is there a mechanism that will ensure that additional equipment (e.g., cell phones, refrigerators, etc.) can be obtained with minimum delay?		
Who has authority for ordering repair/replacement for equipment and who is their alternate?		

<b>Planning Issues</b>	<b>Completed Yes/No/Not Applicable</b>	<b>COMMENTS Document who is responsible for each action and the decision-making process</b>
Have you considered developing a 6-8-week stockpile of critical supplies required to maintain your “must do” services, and stockpile of infection control supplies (e.g., alcohol-based hand sanitizers, tissues)?		
Does your agency have contact lists for all your suppliers and alternate suppliers?		
Has a recovery phase been planned for (e.g., depleted supplies or backlogs)?		

**Documentation and Record Keeping**

<p>Has your agency developed appropriate record keeping procedures for such items as:</p> <ul style="list-style-type: none"> <li>• Complaints and issues raised.</li> <li>• Significant decisions that were made.</li> <li>• Regular reporting to provincial/federal governments as required.</li> </ul>		
Are there people in your agency who have sole access to incoming information (e.g., reports, complaints, etc.) and who are their alternates?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision-making process
-----------------	---------------------------------------	--

**Information and Technology**

Does your agency maintain a central inventory of passwords to office equipment and electronic files?		
If your information and technology person is ill, who is their alternate?		
Does your agency have access to inventory (including serial numbers) of all computer equipment, printers, fax machines, photocopiers in case repairs are needed?		
Does your agency have contact lists for all equipment repair persons?		
Does your agency have the staff and equipment for a website/telephone call-in line to update staff and clients?		

**Facilities**

Could any of the agency's services be provided from another work location or from home?		
If necessary, could staff live at the work location or alternative work location for some period of time?		
Who is your security contact should there be a problem with physical access to your work location and who is their alternate?		
How are courier packages generally sent out and received?		

Planning Issues	Completed Yes/No/Not Applicable	COMMENTS Document who is responsible for each action and the decision-making process
-----------------	---------------------------------------	--

***Procurement of Additional Resources***

Who has the responsibility for procurement matters (e.g., ordering resources and/or equipment) during a pandemic?		
Who will be responsible for payment issues related to overtime and/or additional salary issues and who is their alternate?		
Who has the authority to hire contract/temporary workers and to take on volunteers and who is their alternate?		
Is there a pre-approval process in place for purchasing additional supplies? If not, how long does it take for the approval process?		

***Post Pandemic***

What are the immediate lessons learned from the previous wave when planning for multiple pandemic waves?		
Who will be responsible for evaluating your response to the pandemic?		
What factors should be included in the evaluation?		
Who will have the authority to notify the various employees, clients and stakeholders regarding the agency's return to full service?		
Who will decide to reinstate full service?		