



a place of mind

OKANAGAN

Pandemic Influenza Response Plan

UBC Okanagan

October 16, 2009

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Introduction

1.0 Purpose

The purpose of the Pandemic Influenza Response Plan is to minimize the impact of a pandemic influenza on the University of British Columbia Okanagan (UBC Okanagan) community. It is intended as a component of the UBC Okanagan Disaster Response Plan and as a complement to business and academic and research program continuity plans at the university, faculty, and departmental or unit levels.

The focus of this plan is on reduction of the impact of a pandemic at the Okanagan campus by delivering an effective response. In order to achieve this impact reduction, comprehensive planning and readiness arrangements must be in place.

1.1 Principles

In creating a Pandemic Influenza Response Plan, the University recognizes the following principles:

- Students, faculty and staff who are ill have the right to stay at home and away from work/classes
- Students, faculty and staff who are ill have the right to the necessary time to recover
- Students, faculty and staff have the right to avoid disease
- UBC Okanagan will rely on medical advice from Interior Health Authority (IHA), the BC Centre for Disease Control (BCCDC) and the Public Health Agency of Canada (PHAC).

1.2 Background

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of people becoming ill and possibly increased loss of life. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due to the new influenza virus are likely to quickly take hold around the world.

The *Canadian Pandemic Influenza Plan*, developed by the Public Health Agency of Canada (PHAC) maps out how Canada will prepare for and respond to an influenza pandemic. Federal, provincial and territorial governments collaborated on its development.

The *Interior Health Authority Pandemic Influenza Preparedness Plan* seeks to minimize serious illness, overall deaths and societal disruption that may result from an influenza pandemic. The plan continues to evolve as new information and experience becomes available.

1.3 Pandemic Overview

1.3.1 National and Community Perspective

Canada has been planning for a pandemic influenza for some time. The Public Health Agency of Canada is working with provinces, territories and the health sector and a wide range of other government agencies to ensure Canada is as prepared as possible for a potential pandemic influenza. A pandemic influenza is a global health event. International, federal, provincial and local organizations will work together to respond. Each level has a role to play in the response that is intended to save lives, care for the ill and to minimize social disruption.

1.3.2 International

The World Health Organization (WHO) watches for the emergence of new strains of influenza throughout the world. If a pandemic influenza strain emerges, it will notify federal health authorities and provide information to governments, the media and the public on immunization and antiviral medication use.

1.3.3 Federal

The Public Health Agency of Canada will provide nationwide coordination for the influenza response. It will monitor the spread of the disease in Canada, provide links with the WHO and other nations, and obtain and distribute vaccines and antiviral medications. A National Pandemic Influenza Committee with representation from provincial, territorial and federal governments will coordinate a national response.

The Canadian Pandemic Influenza Plan is available on the Public Health Agency of Canada website http://www.phac-aspc.gc.ca/influenza/pandemic_e.html. The plan is based on the WHO Pandemic Phases which define the planning escalation steps for action in the event of a pandemic. Changes in Pandemic Phases will be widely publicized. Apart from alerting government agencies to action, the Pandemic Phases may provide businesses with triggers to activate their own pandemic plans.

1.3.4 Provincial

British Columbia is working with provincial, national and international partners to plan and prepare for a possible influenza pandemic. The website <http://www.health.gov.bc.ca/pandemic> provides information and tips to help individuals, local governments and businesses plan for an influenza pandemic, including public information materials, contacts and informational links.

1.3.5 Local

The Interior Health Authority, through the Medical Health Officer, will provide direction to UBC Okanagan on health emergency issues. In addition, the Medical Health Officer will take whatever steps are reasonably possible to suppress the disease and protect the public as described in the *Health Act*.



1.4 UBC Okanagan

In the face of a pandemic influenza outbreak, UBC Okanagan, in consultation with the Interior Health Authority will activate the necessary contingency plans and set priorities for continuity of academic, research and associated activities. These priorities include: maintenance of public safety services such as Security; operation of critical services such as water delivery, waste management, garbage disposal, and utilities; providing information and advice to the university community through regular announcements; and other activities as recommended by the Interior Health Authority. Academic faculties and administrative units should develop management guidelines and procedures to maintain the continuity of academic and research programs and essential services and support, respectively, to the campus community. The Interior Health Authority, through the Medical Health Officer (MHO), will take the lead in providing advice and counsel to UBC Okanagan.

1.4.1 Deputy Vice-Chancellor's Taskforce on Infectious Disease and Pandemic Planning (IDAPP)

The Taskforce on Infectious Disease and Pandemic Planning (IDAPP) provides information and guidance to the Deputy Vice-Chancellor on infectious disease events (such as a pandemic) and hazards that may pose a challenge to the university communities of student, staff, faculty, visitors, and children. The taskforce is also responsible for the maintenance of the UBC Okanagan Pandemic Plan, and ensuring that critical service providers, administrative departments and academic programs can remain operational during periods of increased absenteeism. University-wide communications will be crafted in compliance with the *Pandemic Communications Procedure*, 09.08.20.

The core committee is comprised of the following:

- Provost, Okanagan
- Associate Vice-President, Administration and Finance
- Faculty of Medicine, Regional Associate Dean (Interior), and Associate Vice Provost, Medical Sciences
- Student Housing and Hospitality, Director
- Alumni and University Relations, Director
- Health and Wellness, Director
- Information Technology, Director
- Finance, Director
- Animal Care, Manager
- Human Resources, Associate Director
- Enrolment Services, Associate Registrar
- Health Safety & Environment, Manager
- Facilities Management, Manager
- Interior Health Authority Contact(s) (dependant on situation)
 - Senior Medical Health Officer
 - Central Okanagan Medical Health Officer
 - Emergency Planning Coordinator, Acute, Interior Health Authority
 - Kelowna General Hospital (Infection Control)

- Infection Control Consultant
- Occupational Health Nurse (HSE Pending)
- Student Union Representative

The Manager, Health Safety and Environment (Okanagan) chairs the taskforce and acts as a UBC Okanagan representative on the UBC Infectious Disease Information and Advisory Committee (IDIAC) and UBC Pandemic Planning Subcommittee (see *UBC Pandemic Influenza Response Plan*). This representation is to ensure alignment with respect to prevention, response and recovery actions at the Okanagan and Point Grey campuses.

In the event of a pandemic, IDAPP will convene and provide advice to the Okanagan Policy Group as required by the UBC Okanagan, Disaster Response Plan, Section 5.2. During a pandemic, formal communication linkages with the Vancouver campus would be maintained and include:

- IDAPP (Chair) to IDIAC (Chair),
- DVC to President's Office,
- Policy Group (Okanagan) to Policy Group, and
- Liaison Officer (Okanagan) to Liaison Officer (Vancouver).

Plan Activation

2.0 Plan Activation

Upon notification from the Interior Health Authority of a pandemic alert or actual pandemic, and where preparations to respond to an imminent or actual influenza pandemic need to be implemented, the Policy Group will be informed as per Section 2, *Activating the Plan* of the *UBC Okanagan Disaster Response Plan*.

Further, as soon as is practicable, the DVC Taskforce on Infectious Disease and Pandemic Planning (IDAPP) will convene to review existing pandemic preparations and work with essential service providers to ensure appropriate action plans are being reviewed and implemented.

Okanagan campus representation on the UBC Infectious Disease Information and Advisory Committee (IDIAC), which will be activated at the Point Grey campus, will ensure alignment with respect to prevention, response and recovery actions between campuses.

2.1 DVC Taskforce on Infectious Disease and Pandemic Planning (IDAPP)

In the event of a pandemic, IDAPP will meet as required to address needs of the Okanagan campus community with respect to communication of infectious disease information and to provide guidance to the DVC Office and by extension, the Policy Group (Okanagan).

Meeting of the IDAPP shall be at the call of the Chair and/or directed by the Policy Group (Okanagan) as required, but shall occur at the frequency consistent with the issues at hand. The taskforce shall be informed of the hazard, condition, or perceived risk(s) through a knowledgeable participant or participants.

Other responsibilities will include:

- Additional “best source” information gathering as required
- Establishing immediate priorities and objectives
- Coordinating with local health officials (Director, Health and Wellness, Associate Dean, Faculty of Medicine, and Infectious Disease Control Consultant)
- Providing advice to the DVC and Policy Group (Okanagan)
- Liaising with the UBC Infectious Diseases Information and Advisory Committee (IDIAC)
- Liaising with Office of the Provost (Okanagan) regarding academic continuity and instructional support.
- Providing input into university-wide communication strategies including communications advising faculty, staff and students of the threat with updates as the situation changes, as per the Pandemic Communications Protocol, 09.08.20
- Authorizing releases of information to the news media through Alumni and University Relations

IDAPP shall continue to meet, on a regular basis until an event is seen to be complete, or the risks sufficiently diminished.

2.2 UBC Okanagan Administration

Over the course of a pandemic, it is also expected that management teams at the University will meet at a frequency consistent with the issues at hand, particularly business and academic and research program continuity considerations (see Section 5 – Business and Academic Research Program Continuity). Entities affected, include, but are not limited to:

- Office of the Deputy Vice Chancellor
- Provost
- Associate Vice President, Administration and Finance
- Associate Vice President, Learning Services
- Associate Vice President, Students

Significant outcomes from each of these areas must be communicated with the Policy Group or IDAPP as required. This will ensure a coordinated and collaborative planning process that is aligned with the response and recovery phases of a pandemic.

2.3 Activation of the Emergency Operations Centre

As it is expected that most pandemics will be evolving situations, and of the extended duration in the order of weeks and months, traditional activation of UBC Okanagan's Emergency Operations Centre (EOC) will likely not be required on an ongoing basis. Instead, it is expected that IDAPP will convene as required to apprise the Policy Group as described in Section 2.1.

Conditions under which the UBC Okanagan Emergency Operations Centre (EOC) might be activated (following the protocols of Section 2 – Activating the Plan of the UBC Okanagan Disaster Response Plan), however, during a pandemic include:

- At the recommendation of IDAPP;
- At the request of the Interior Health Authority;
- At the request of the Provincial Emergency Program;
- In situations where it is necessary to coordinate efforts with the Regional District of the Central Okanagan (and/or emergency responders); and
- In acute situations where UBC Okanagan's capacity to deal with the issues at hand is strained or overwhelmed.

Considerations for Students, Faculty, Staff and Visitors

3.0 Considerations for Students, Faculty, Staff and Visitors

In recognition of the diverse community of students, staff, faculty and visitors that comprise the Okanagan campus, it is critical to recognize pandemic-related considerations that are of importance to each of these groups either as individuals, or collectively as part of the larger constituencies.

Section 1.1 outlines key principles for the UBC Okanagan Pandemic Influenza Response Plan, including:

- Students, faculty and staff who are ill have the right to stay at home and away from work/classes
- Students, faculty and staff who are ill have the right to the necessary time to recover
- Students, faculty and staff have the right to avoid disease
- UBC Okanagan will rely on medical and public health advice from Interior Health, the BC Centre for Disease Control (BCCDC) and the Public Health Agency of Canada (PHAC).

3.1 Health and Well-Being

All members of the University community are asked to:

- Follow recommendations provided by the Interior Health Authority and the University to help stop the spread of infection.
- Monitor www.ubc.ca/okanagan for the latest official information on pandemics
- Stay at home if you are sick. Remain at home until at least 24 hours after you are free of fever (100° F or 37.8° C) without the use of fever-reducing medications.
- Advise your manager, supervisor of department administration if you are staying home due to a possible influenza-like-illness (ILI). Information relating to any individual's medical status is to remain confidential and kept to a need-to-know basis.
- Assist affected individuals in making alternate arrangements so that academic and work-related responsibilities can be fulfilled once they have recovered.
- Develop strategies for business and program continuity in anticipation of high absenteeism (applies to managers, supervisors, department administrators, professors or instructors).
- Have a personal preparedness plan should you or a family member become ill.

Note that the University is not requiring a medical certificate for pandemic illness absences except under compelling circumstances.

There is no need to advise other employees or students of a possible pandemic virus exposure in the classroom or workplace. Advise only department administration, Human Resources and/or direct managers/supervisors in this situation. The need for wider notification and social distancing will be assessed by UBC Okanagan in conjunction with the Interior Health Authority. Individuals can call HealthLink BC 8-1-1 or visit www.healthlinkbc.ca, 24 hours a day / 7 days a week if they have questions/concerns, or if feeling ill.

3.1.1 Reducing the Risk of Infection or Spreading Infection

- Wash your hands regularly with warm water and regular soap, especially after you cough or sneeze.
- When you can't wash your hands, use a hand sanitizer.
- Cover your nose and mouth with a tissue when you cough or sneeze, throw the tissue in the trash right after you use it, and wash or sanitize your hands right away.
- If you don't have a tissue, cough and sneeze into your upper arm or sleeve.
- Avoid touching your eyes, nose or mouth as germs can spread that way.
- If you get sick, stay home and limit contact with others.

3.1.2 Tracking and Reporting ILI

Managers/Administrators/Department Heads/Directors are asked to report on each incidence of ILI for faculty and staff. The Health Safety Environment Office will be collecting data in order to understand the impact the illness has at the Okanagan campus. Statistical information may be reported to the Interior Health Authority and to the Ministry of Advanced Education if required.

This information is to be conveyed to the HSE Occupational Health Nurse using the existing HR Sick Leave system. The system is currently used by departments to provide summarized absence stats to HR on a monthly basis. This system is being enhanced to also allow the collection of ILI stats for the Occupational Health Nurse.

3.1.3 Privacy Concerns

The fact that a staff/faculty member has influenza-like symptoms is generally considered to be personal information under provincial privacy legislation (FOIPPA) and this information should not be shared with co-workers unless the staff member chooses to do so themselves.

3.1.4 Options When a Staff or Faculty Member with ILI Symptoms Refuses to Stay at Home or Go Home

Under the Workers Compensation Act employers have a duty to ensure a safe working environment and this includes remedying any workplace conditions that are hazardous to the health or safety of the employer's workers. This would include exposure to flu viruses including H1N1. However, sending workers home must be exercised in a reasonable way. Managers/Administrators/Department Heads/Directors should meet privately with the individual to discuss their health and the symptoms that are concerning to them. If ILI symptoms do appear to be present, advise the worker of the employer's obligation to ensure a safe workplace for all staff and faculty and seek their understanding and agreement to convalesce at home. Contact Human Resources if you have any questions or concerns in this regard.

3.1.5 Right to Refuse Unsafe Work

The right to refuse unsafe work is one of three basic rights of workers with respect to health and safety in the workplace. Section 3.12 of the British Columbia Occupational Health and Safety Regulation (BC OHSR) states that “a person must not carry out or cause to be carried out any work processes... if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.”

In a pandemic, UBC’s Infectious Diseases Advisory and Information Committee (IDIAC), and the DVC Taskforce on Infectious Disease and Pandemic Planning (IDAPP) will be monitoring information from the Public Health Agency of Canada, WorkSafeBC, the British Columbia Ministry of Health Services and its health authorities, including the Interior Health Authority and Vancouver Coastal Health.

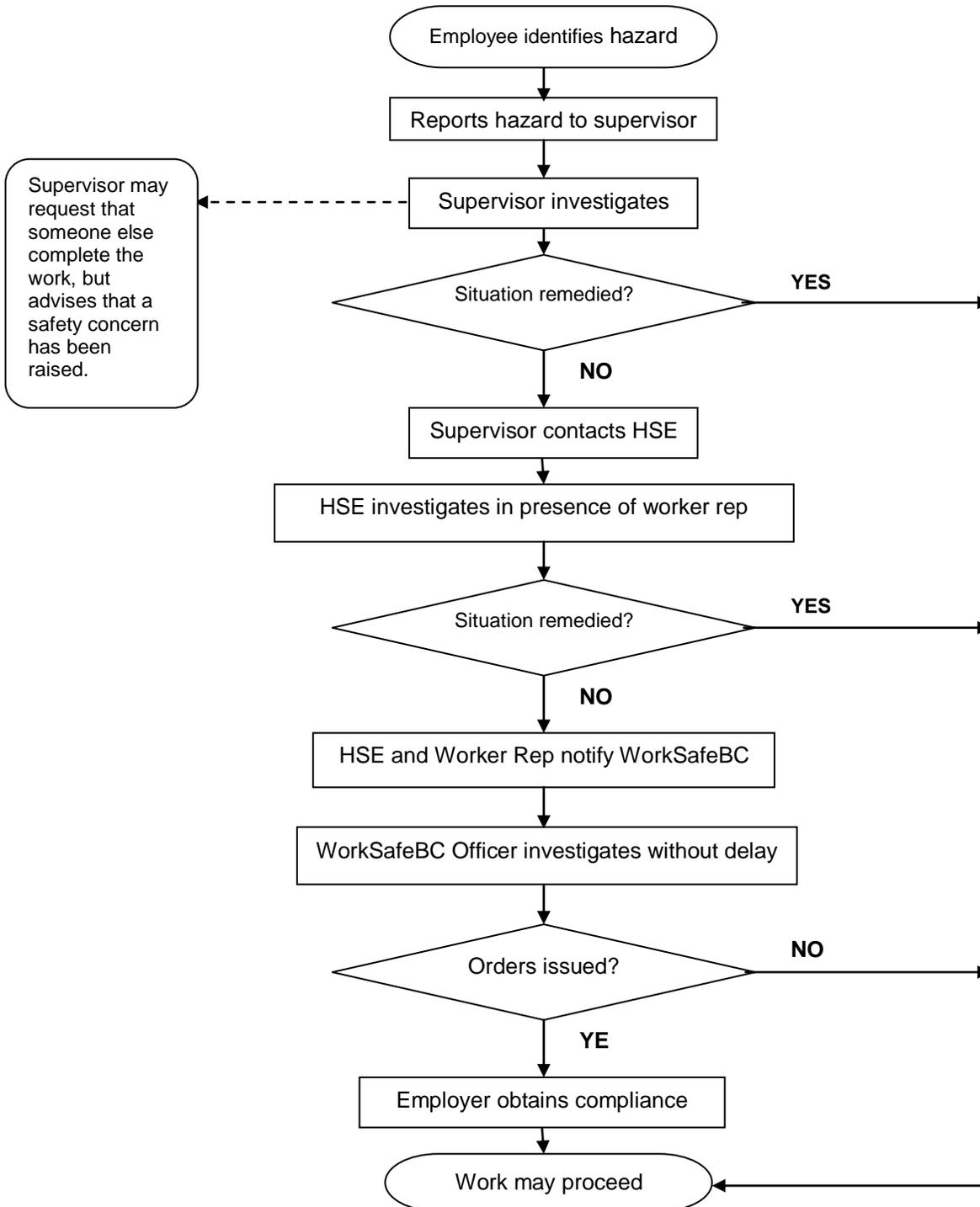
IDAPP will recommend appropriate controls for any work subject to unique or increased risks, with the expectation these controls will be put into effect at UBC Okanagan once approved. The University will make its best efforts to ensure no worker is placed at undue risk in performing work activities during a pandemic.

Notwithstanding this commitment, workers do retain the right to refuse unsafe work. Further, in exercising this right, Section 3.13 of the BC OHSR states “a worker must not be subject to discriminatory action... because the worker has acted in compliance with section 3.12 or with any order made by an officer.” Discriminatory action includes, but is not limited to, suspension, lay-off, demotion, discipline or reprimand. For BCGEU employees Article 67.3(a) states “An employee must not carry out or cause to be carried out any work process or operate or cause to be operated tool, appliance or equipment if that employee has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.”

It is a supervisor’s responsibility to inform employees of their right to refuse unsafe work. This information should be discussed in a positive tone, emphasizing that supervisors want to know about hazards that arise in the workplace, and will take reasonable steps to eliminate or control these situations. In providing reassurances to workers during a pandemic, supervisors must first ensure all required controls are in place so that workers can perform work activities safely.

The process involved in refusing unsafe work is detailed in the flowchart on the following page. All cases must be considered seriously. All reasonable efforts to resolve the situation should be made before having to involve WorkSafeBC.

Figure 3.1.5 Right to Refuse Unsafe Work Process



Employees must be made aware of their right to refuse unsafe work. In the event this right is exercised, the process detailed in the Right to Refuse Flowchart will ensure the situation is remedied in a constructive and timely manner.

3.1.6 Other Human Resources Considerations

In addition to the elements outlined above, Human Resources will provide additional guidance and advice in the event of a pandemic, including:

- Pay leave provisions for staff and faculty;
- Compassionate care leave and compassionate care benefits
- Employee family assistance program (EFAP);
- Redeployment of staff/faculty for emergency or critical duties; and
- Research- or work-related travel advice.

Visit www.ubc.ca/okanagan/facultystaff for the latest details.

3.2 Students

- Advise your professors and instructors if you are ill and suspect you may have a pandemic illness.
- Remain away from class and University until you are well enough to return.

3.3 Staff Members

- Remain flexible in your job function and responsibilities.
- Advise your supervisor if you are experiencing or are caring for someone with a pandemic illness.

3.3.1 Managers and Administrators

- Assist the university by promoting infection control practices recommended by the University to your staff.
- Support your staff and provide accommodation to those who are absent due to illness or acting as a caregiver for an ill family member.
- Monitor, track and report all pandemic related absenteeism to Human Resources and the Occupational Health Nurse.
- Develop or review your unit's business continuity plans by identifying critical functions, resources and determining minimum staffing levels to maintain operations. For guidance, see www.ubc.ca/okanagan/hse (Business Continuity Plan Template).
- Consider training additional staff to perform key functions should there be high absenteeism in your department.

3.4 Faculty Members

- Support students who require special accommodation due to a pandemic illness, including options for completing course requirements.
- Provide information to students on where they can obtain resources and support.

- Advise department administration of any pandemic-related absenteeism.

3.5 Visitors

No special considerations are required for out-of-province or out-of-country visitors to UBC Okanagan during a pandemic and so these persons should not be excluded from any campus tour groups, outings or gatherings. The need for visitor restrictions or advisories will be assessed by the University in conjunction with Vancouver Coastal Health and/or Interior Health and information and directives from the Public Health Agency of Canada and the British Columbia Ministry of Health.

Business and Program Continuity

4.0 Business, Academic and Research Program Continuity

All faculties and departments should ensure that appropriate business and academic and research program continuity (business and program continuity) measures are in place. For UBC Okanagan, this can be defined as the ability of the University to ensure continuity of service and support for its students, staff and faculty and to maintain its viability before after and during an event.

Business and program continuity management is a process that identifies potential impacts that threaten an organization and provides a framework for building resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities. Thus it is the management of recovery or continuity in the event of a disaster. It also includes the management of the overall program through training, rehearsals, and reviews to ensure the plan stays current and up to date.

Business and program continuity is an on-going process to ensure continuity and recovery requirements are addressed, resources are allocated, and processes and procedures are completed and rehearsed. To assist faculties and departments in developing their own plans, templates are available at www.ubc.ca/okanagan/hse. An online business continuity web application will be launched in late 2009.

Below are the major steps involved in developing a business or academic program continuity plan. These steps have been incorporated into the development of the UBC Okanagan Pandemic Influenza Response Plan and communicated to faculties and departments developing or revising their respective plans.

4.1 Risk Identification and Analysis

- Develop summary statements of organizational risk and potential impact
- Include the potential impacts on other agencies that you have close relationships with, including
 - Suppliers of materials and services
 - Sub-contractors (e.g. critical maintenance)
- Create and implement business continuity plans accordingly

4.2 Required Preparations

- Develop the likely response processes and measures
- Initiate the development of business continuity plans and include pandemic-specific procedures as appropriate
 - Identify critical services (including contractors), facilities/plants, other inputs
 - For Pandemic events, plan for 30% to 50% staff absences for periods of 2-3 weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the pandemic
 - Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member

- Identify ways to increase “social distancing” in the workplace, reduce movement etc.
- Consider organizational policies to encourage the sick to stay at home, and enable staff to work from home
- Establish mechanisms for alerting staff to change in pandemic status
- Establish procedures and triggers for escalation of response
- Identify ways to minimize illness amongst faculty, staff, students and visitors, and consider how essential messages (e.g. basic hygiene) can be communicated to staff
- Identify needs for personal protective equipment and cleaning equipment. Purchase additional contingency supplies as needed.

4.3 Response Actions

- Implement the specific response processes and measures
- Activate any travel restrictions as indicated by the Public Health Agency of Canada and/or the Canadian Department of Foreign Affairs and International Trade (DFAIT)
- Alert staff to change in pandemic status that will affect them
- Activate measures to minimize introduction and/or spread of influenza in work place (post notices, implement social distancing measures, exclude ill staff members, increase workplace cleaning, etc.)
- Activate critical business continuity measures and establish a regular review process
- Review and update risk and impact assessment
- Set response objectives and identify specific actions required
- Decide activities / services to be maintained / discontinued
- Communicate with staff to promote confidence in the workplace and externally to inform other agencies that you have close relationships with
- Review regularly (e.g. weekly)
- Activate process for recovered / well staff members to return to work (subject to recommendations from the Medical Health Officer, Interior Health Authority, IDAPP and IDIAC).

4.4 Recovery Processes (Post Pandemic)

- Establish criteria and process for agreeing to return to business as normal
- Review and update risk and impact assessment
- Communicate internally with staff and externally with related agencies
- Manage return to business as normal
- Conduct full debrief process(es)
 - Update pandemic plan as appropriate
 - Update Business and Program Continuity Plan as appropriate

The desired outcome of the Plan is to achieve effective preparations and response through clarity, process familiarity and confidence for students, faculty, staff and other stakeholders.

Critical Services

5.0 Critical Services

In the context of a pandemic influenza, Critical Services can be defined as those deemed critical for maintaining the core services and function of the University at the Okanagan Campus. Both the Interior Health Authority and UBC Okanagan have many important roles to fulfill.

Included in this section are the pre-pandemic planning initiatives actions that should be considered once a pandemic is confirmed along with the strategies to maintain operations and programs during this time. It is important to note that not all actions identified may be required due to the actual impacts of the pandemic influenza on the campus community.

5.1 Interior Health Authority

The Interior Health Authority (IHA) provides direction to UBC Okanagan through the Medical Health Officer on issues related to medical emergencies. Sections 5.1.1 to 5.1.3, inclusive, are excerpts from the Interior Health Authority's Pandemic Plan, modified based on UBC Okanagan organizational and functional structures.

5.1.1 Plan Assumptions

- The pandemic is likely to originate outside of North America. As a result, there may be advance warning of its arrival.
- Each Health Service area, business sector and community program should be prepared to operate a "stand alone" emergency pandemic influenza plan, which links to the overall Interior Health Plan.
- In a worst case scenario, an influenza pandemic could last upwards of 18-24 months.
- Health care workers and other first responders will be faced with a high risk of infection when screening and/or caring for pandemic influenza cases.
- Widespread illness will also increase the likelihood of personnel shortages in other key areas such as police, fire, utility, and transportation services.

5.1.2 Pre-Pandemic Responsibilities

Planning efforts are focused on building Interior Health's capacity to effectively respond to an influenza pandemic, and building on communication networks, both to support the planning process and to support a future pandemic response.

- Ensure the emergency management structure of IHA links with and addresses novel issues arising from the response to an influenza pandemic.
- Ensure interoperability with local/municipal partners' plans when it comes to the distinctions between the care provided by IHA and the support to be provided to the public-at-large by other organizations.
- Work to improve annual influenza vaccination levels in collaboration with health service providers, employers, municipalities, etc.
- Devise a plan for distribution and administration of vaccine to all priority groups.

- In partnership with municipalities and involved stakeholders, review current plans for mass vaccination campaigns.
- Facilitate development of a plan to oversee the allocation and distribution of antivirals during a pandemic.
- Evaluate the adequacy of existing local health services infrastructure to respond to an influenza pandemic.
- Monitor reports from WHO, PHAC, CDC (US), BCCDC, and the Ministry of Health once a novel virus has been identified.
- Notify appropriate agencies of alert once novel virus has been identified.
- Assist in the development of an online ILI surveillance reporting form and data collection system IH stakeholders.
- Engage in discussions with municipal-level stakeholders regarding similar information collection systems in schools, essential service sectors, and mortuary care.
- Increase public awareness of the importance of pandemic planning.
- Engage key agencies and stakeholders in the planning process.
- Establish a broad-based network for disseminating information in all three pandemic phases and ensure pandemic planning stays on the public agenda.
- Practice mock pandemic exercises every 2-3 years.

5.1.3 Confirmation of a Pandemic

Under the Health Act, the Medical Health Officer has the authority to enact community-based control measures that he/she believes are important in controlling the spread of pandemic influenza and minimizing its impact (i.e. closing community centres or cancelling public gatherings). During this phase, efforts are focused on minimizing rates of mortality, illness, and suffering, and minimizing social and economic disruptions.

- Activate Interior Health Pandemic Influenza Preparedness Plan.
- Report to Municipal EOC's to provide a briefing and receive status reports from partner agencies [Note: UBC O would send the Liaison Officer (or designate) to the Regional District Central Okanagan EOC as a member of the "Educational Unit" within the Operations Section).
- Provide direction and assistance to municipal stakeholders and related agencies, as requested.
- Determine local vaccine requirements by risk groups.
- Finalize necessary human resource requirements needed for mass immunization clinics.
- Increase the public's awareness about pandemic influenza vaccine through education, promotion, the media, and presentations.
- Disseminate media information about antiviral distribution, and other pertinent information about antivirals to the public and health care providers.
- Ensure infection control measures for the various settings have been activated and that education materials are being distributed as necessary.
- Open additional alternative care facilities, if necessary.
- If medical/health mutual aid system is overwhelmed, request assistance from provincial government, but anticipate that assistance from others may be limited.
- Track hospital admissions, deaths, physician visits, and IH staff illnesses related to influenza and pneumonia.

- Consider cohorting contacts (e.g. closing workplaces or schools).
- Attend EOC briefings and provide regular updates to municipal and NGO partners.

5.2 Pre-Pandemic Responsibilities of UBC Okanagan

- Establish plans and procedures to support Interior Health initiatives to prepare for a pandemic.
- Develop a program, in conjunction with the Interior Health Authority, to facilitate influenza vaccination of staff as recommended by the Health Authority.
- Establish a list of buildings and review the benefits and disadvantages of closure of those public facilities in the interest of public health, in conjunction with the Interior Health Authority.
- Ensure that areas of responsibility essential for governance of the Okanagan campus have been backed up so that appropriate designated personnel can take over management in case of absence due to illness.
- Review agreements with the Regional District Central Okanagan (RDCO) and neighboring communities to share personnel capable of managing and maintaining critical services.
- Review and confirm availability of facilities that could be used for alternate care, triage, cremation, refrigeration, with the Interior Health Authority and Coroners Services.

5.3 Campus Critical Services

Critical service groups are defined as units that provide a service that is critical to the continued operation and health and wellness of those on Campus. At UBC Okanagan, those departments deemed as critical for maintaining core services and functions include:

- Teaching and Research Programs (Section 5.4)
- Alumni and University Relations (Public Affairs) (Section 5.5)
- Animal User Group (Animal Care) (Section 5.6)
- Campus Security (Section 5.7)
- Childcare (Section 5.8)
- Facilities Management (including Custodial) (Section 5.9)
- Finance (Section 5.10)
- Health, Safety and Environment (Section 5.11)
- Health and Wellness (Section 5.12)
- Human Resources (Section 5.13)
- Information Technology (Section 5.14)
- Library Services
- Supply Management (Section 5.15)
- Student Housing and Hospitality (Food Services, Student Housing) (Section 5.16)
- VP Students Office (Registrar/Financial Aid) (Section 5.17)

5.3.2 Critical Service Group requirements

As per the University's *Disaster Management Policy*, Policy 8, and as outlined in Section 4 of this document, all University administrative and academic units are advised to develop continuity plans. As the services provided by these critical service groups are essential it is important that these groups have developed strategies to manage a pandemic. Content relevant to each unit's continuity plan is included below, however, the full versions may be reviewed by contacting each department.

All Critical Service groups must determine:

- What critical service(s) they provide
- The minimum personnel required to maintain these services
- What technology is required to support these services
- How long you can go without providing this critical service.
- Training and experience necessary to perform critical service.
- Whether the service can be performed remotely.
- Location of vital records and/or information necessary to perform critical service.
- Contractors necessary to perform critical service.
- Supplies necessary to perform critical service.
- Dependencies on other internal departments/units to perform critical service
- Prioritize critical services (can some services be suspended to provide support to a more critical service?)
- Identify and implement pre-pandemic and confirmed pandemic actions as required

5.4 Teaching and Research Programs

5.4.1 Critical functions/Services

- Continuity of teaching
- Critical research functions

5.4.2 Pre-Pandemic Planning

All faculties and academic departments or units should ensure they have continuity plans prepared to endure a disruption to teaching or research. The Provost will request that all Deans consider the impact of a pandemic on their respective program. As each program is unique, ownership is on the Faculty or Department/Unit to consider what accommodations they can provide students who become ill and what measures they can employ to ensure continuity of instruction if the faculty member is unable to teach or supervise.

Where appropriate, faculties should prioritize courses or programs and develop strategies for continuation of these core classes.

5.4.3 Confirmed Pandemic Responsibilities

The Provost will provide the Deans information on University Policy during the event and offer additional considerations for Faculty.

This would include issues such as:

- Class work and exam accommodations;
- Suspending the requirement for medical certificates for the absences due to influenza like illness (ILI); and
- Special accommodations for pregnant or immunocompromised students.

Students affected by ILI should not go to class and advise their professors and instructors via telephone or email of illness.

Faculty who are ill with ILI should not come to work and should advise their departmental or unit administrator.

Faculties who are experiencing high absenteeism of students, staff or faculty should advise Human Resources.

Critical research programs will require the development of contingency plans to ensure continued health and safety in the workplace.

5.5 Alumni and University Relations

5.5.1 Critical Functions

- UBC Okanagan Alumni and University Relations is responsible for communicating key university messages and values to both the internal community of faculty, and staff, and to the broader external community of diverse audiences.

5.5.2 Pre-Pandemic Planning

- Determine UBC Okanagan communication strategies (website, global distribution lists) in conjunction with Health, Safety and Environment and UBC Public Affairs
- Establish a link from the UBC Okanagan home page to www.ubc.ca/okanagan/hse

5.5.3 Confirmed Pandemic Responsibilities

- Direct media inquiries as appropriate.
- In coordination with Health, Safety and Environment, develop communiqués to keep the campus community informed of the situation as it involves.
- Disseminate approved communiqués through agreed upon distribution methods.
- Ensure consistent messaging with UBC Vancouver.
- Monitor media reports and follow up as appropriate.
- Assist with HSE web site as requested.

5.5.4 Maintaining operations/services

- All Alumni and University Relations positions can be completed from home as long as the internet remains available
- Redundancy and cross training exists for web content administrators and support staff

5.6 Animal User Group (Animal Care)

5.6.1 Critical Services

- Provide continual care and daily monitoring of animals within the existing UBC Okanagan Animal Care Facility.
- Ensure compliance with the guidelines of the Canadian Council on Animal Care and enforced by the UBC Okanagan Animal User Group and the UBC Animal Care Committee.

5.6.2 Assumptions

- Facilities Management is critical for the daily operations of the Animal Care Facility. They monitor and maintain some of the building environmental factors that have an impact on the Animal Care Facility environmental quality (air flow, air temperature).
- Facilities Management is also critical in completing repairs or making modifications within the facility.
- Facilities Management assists the Animal Care Facility in maintaining relatively normal operations in the event of a loss of building services such as electrical power or building compressed air by providing the appropriate equipment (i.e. generators, air compressors).
- Temperature control system in the Fish Lab is controlled via software running on a UBC Okanagan server. In order to control and monitor this system, the campus internet must be functional.

5.6.3 Pre-Pandemic Responsibilities

- Ensure continuity of animal care in compliance with Canadian Council for Animal Care (CCAC) guidelines through the Manager of Animal Care Facilities.
 - Ensure that appropriate standard operating procedures are up to date and available if alternate (qualified) Animal Care technicians need to be used at the facility.
 - Ensure a SOP on how to access the facility during a building closure is drafted in consultation with Campus Security and HSE.
 - Ensure that a sufficient number of appropriately trained animal care technicians are caring for the animals.
 - Communicate with faculty/principle investigators in the event that the animal care technician(s) are not available to maintain compliance with CCAC standards.
 - Identify any critical suppliers and develop contingency plans to manage reduced services.
 - Ensure the animal care facility is identified as a critical service area within Facilities Management's business continuity plan.

5.6.3 Confirmed Pandemic Responsibilities

- Continue to provide animal care in compliance with the CCAC.

- Ensure that a sufficient number of qualified animal care technicians and staff are available to care for the animals. Ensure personnel resource lists and callout lists are available.
- Utilize documented working alone procedures for technicians working in staff reduced environments.
- Maintain communications with faculty and researchers and advise of animal care may become compromised.
- Contact Human Resources for additional staffing assistance should the existing human resources become overwhelmed.

5.6.4 Staffing Considerations

- There are an adequate number of qualified animal care technicians. The animal care facility has one full-time technician that is currently not responsible for the care of any research animals; she cares for teaching animals and also plants used in the delivery of courses. Animal Care currently has two holiday relief technicians, one graduate student and one undergraduate student that have taken the NAUIT program and have been trained by the facility technician. Both have on the job experience in our animal facility. In addition there are more than half a dozen faculty and several graduate students that have successfully completed the NAUIT program that could be entrusted to operate the facility in an emergency; some with vast animal care experience and others with little or none.
- Staff must ensure that the environments in which any animals are housed are secure and optimal for the well being of those animals. Environmental variables include: air exchange, air/water temperature, water aeration, availability of high quality food, water chemistry (pH, hardness, and ammonia concentration). Animal health and environmental conditions are monitored daily with changes being noted and any suspect animals quarantined or euthanized. If necessary, contact with the contracted veterinarian is made.
- Experience with the animals is extremely beneficial as the person providing the care must be aware of subtle changes in animal behaviour which are usually the first signs of animal stress or a change in their health. Animal Care currently requires any technician or users of the facility to have successfully completed the CCAC National Institutional Animal User Training Program. However, CCAC requires the keeping of Standard Operating Procedures (SOP's) for all aspects of animal care and facility operations. Therefore, in an emergency, it is possible that anyone could provide basic care to the animals housed in the facility.
- UBC Okanagan has a contract with a local veterinarian, Dr. Linda Kaplan, to provide for the medical needs of our animals when her expertise is required. She is a member of the UBC Okanagan Animal User Group. We have several local veterinarians that we could ask to assist us in the event the Dr. Kaplan was not available due to a pandemic or other emergency. We could also contact one of the numerous faculty/staff veterinarians that are on the Vancouver campus in the event that local veterinarian services were not available to us.
- Critical Supplies include food, environmental monitoring reagents/kits and cleaning supplies. Food and environmental monitoring reagents/kits can be obtained from a number of local pet stores (Total Pet, Pet Smart, Purple Seahorse) or feed suppliers (Buckerfields). The pet stores usually have abundant supplies. The feed supplier often

has supplies but occasionally ships food in from Vancouver. Food is currently not required in large quantities so it is not anticipated that the obtaining food will be a challenge during an emergency/pandemic.

- Copies of all Standard Operating Procedures (SOP's) and Animal Use Protocols (AUP's) are kept in the Animal Care Facility, specifically SCI 140. Faculty/Principle Investigators also must have copies of these documents. The AUP's are also accessible on line through the RISE system.

5.7 Campus Security

5.7.1 Critical Services

- Secure and protect select areas, buildings, and critical supplies.
- Provide primary emergency first aid to faculty, staff, and students.
- Ensure successful callout of fire, police and ambulance. Provide additional information regarding incident, and guide these services to the appropriate location.

5.7.2 Assumptions

- The University could experience delays in the arrival of emergency services.
- Additional contractors (Core Commissionaires) would need to be called in for duty.
- Additional first aid/medical aid staff could be utilized during an emergency if additional Commissionaires were not adequately trained in first aid.

5.7.3 Pre-Pandemic Responsibilities

- Develop plans to secure and protect selected areas and buildings on campus declared by the University as "closed" or off limits due to vacancy or quarantine.
- Plan to secure and protect the University's critical supplies: Food, water, personal protective equipment, medical supplies.
- Work with Health, Safety and Environment to determine the appropriate level of personal protective equipment that is required

5.7.4 Confirmed Pandemic Responsibilities

- Determine if there are personnel shortages or challenges for RCMP, VFRS, BCAS through the RDCO EOC.
- Ensure adequacy of staffing/contractor levels and increase staffing as required (Human Resources, Core Commissionaires)
- Ensure adequate personal protective equipment and procedures for staff.

5.8 Childcare (Kelowna Campus Daycare)

5.8.1 Critical Services/functions

The core mandate of the North Kelowna Daycare is to provide high quality childcare in 0-3 and 3-5 programs while maintaining housekeeping in the facility. The daycare must comply with licensing requirements at all times including the maintenance of child to caregiver ratios.

5.8.2 Assumptions

- If staff absences are high due to illnesses, children will also be absent due to illness. While this may be true, it will not be assumed that this will prevent a potential shortage of childcare providers.
- If children are in session, housekeeping must be increased

5.8.3 Pre-Pandemic Planning

- Review and update existing emergency management plans to include a section on pandemic influenza.
- Review responsibilities within your organization in the event of staff illness.
- Identify who is responsible for overseeing and implementing your influenza plan. This may include watching and disseminating public health information.
- Incorporate in plans expectations for attendee's special needs (i.e. children with special health care needs eg: immunocompromised).
- Practice emergency plans and revise it periodically as needed.
- Consider the impact of varying levels of children and staff absences, or potential closures related to the influenza outbreak on service provision.
- Consider external impacts that may impact the program (food service/acquisition, transportation).
- Consider and develop alternative procedures to support families requiring child care during outbreaks of illness.
- Develop a continuity of operations plan for services during outbreaks such as communications with staff, children and parents, payroll or cleaning.
- Implement infection prevention policies and procedures that help limit the spread of influenza such as screening of children for illness on arrival at the centre, promotion of hand washing, cough/sneezing etiquette (cover coughs and sneezes with tissue or sleeve) and proper disposal of used tissues in wastebaskets.
- Review sick child policies regarding isolation, family notification, exclusion from child care while ill.
- Provide sufficient and accessible hygiene supplies such as soap, tissues and disposal baskets. Ensure adequate stock of hygiene supplies.
- Establish policies and procedures for staff and children's sickness absences unique to influenza.
- Encourage staff to receive influenza immunizations and advise families of public health recommendations related to influenza immunizations.
- Evaluate level of preparedness (compare to "Public Health Guidance for Child care Programs and Schools (K to Grade 12) regarding the Prevention and Management of

Influenza-Like-Illness (ILI), Including the Pandemic (H1N1) 2009 Influenza Virus" dated Aug 19, 2009).

5.8.4 Confirmed Pandemic Responsibilities

- Review status of pre-pandemic responsibilities and improve if necessary.
- Monitor communications and guidelines being issued from Provincial and local health authorities. Implement as appropriate.
- Continue to ensure compliance with Provincial child care licensing.

5.8.5 Maintaining Operations at Reduced Staffing Levels

- Licensing regulations require that staff to child ratios are met and mandate program standards specific to each age group.
- Some enrollment and data entry work can be done from home but that is minimal and only for a short period of time. Provision of child care cannot be done from home.

In the event that insufficient regular staff is not available, services could be curtailed. Parents would be informed through communication systems in place (e.g. voice mail, email) that child care may not be available when parents arrive at the centre due to a shortage of staff or that early pick up is required to maintain staff to child ratios.

Healthy regular staff could be moved from one child care program to another to supplement ratios. Programs could be amalgamated for short periods of time, while maintaining staff to child ratios and maximum group sizes. Families would also be encouraged that if they do not need care to keep their child or children home during an outbreak or to shorten their work day.

5.9 Facilities Management

5.9.1 Critical Services

- Utilities (water, power, gas)
- Building operations (critical equipment, including animal care)
- Janitorial (including contract 99.99%)
- Waste removal (contract)
- Snow removal (include contract 50%)

5.9.2 Assumptions

- A list of critical building operations/services has been provided to Facilities for consideration when resources are limited and services need to be prioritized.
- The University will attempt to provide additional janitorial services if needed from redeploying staff versus another contract service.
- Waste removal will continue.
- Snow removal will need to be prioritized based on risk if contract/staff absenteeism increases.

5.9.3 Pre-pandemic Responsibilities

- Work with Health Safety and Environment to ensure the appropriate type and amount of disinfectant, hand soap, and paper towels are available should there be a supply chain interruption or high demand for additional products
- Assess janitorial contract against cleaning recommendations from the Health Authorities and report to Committee for review.
- In consultation with Health, Safety and Environment and Health and Wellness, identify buildings that could be used as an assessment centre(s), quarantine areas and morgues.
- Work with Health Safety and Environment to determine appropriate level of personal protective equipment and train staff on any additional infection control procedures.
- Develop continuity plans for critical service areas.

5.9.4 Confirmed Pandemic Responsibilities

- Based on recommendations from the Interior Health Authority and IDAPP, ensure that appropriate cleaning and infection control measures are being implemented. Strive to clean high traffic surfaces at least once daily (twice daily preferred). Enhance and or increase cleaning requirements as needed.
- Maintain hand washing posters, soap, paper towels, and sanitation stations.
- Based on guidance from IDAPP, ensure that appropriate cleaning and infection control measures are implemented. Increase or enhance cleaning requirements as needed.
- Work with Supply Management and Human Resources to address staffing/contractor shortfalls associated with the management of critical services

5.9.5 Maintaining Services/Operations with Reduced Staff

- If necessary, staff could be reassigned to fulfill janitorial duties. Human Resources may also assist with the deployment of janitorial services through the auxiliary pool.
- Buildings may need to be prioritized.
- In collaboration with the Interior Health Authority, and IDAPP, duties may need to be reviewed and prioritized e.g. surface wiping reduced or suspended to ensure washrooms are cleaned.

5.10 Finance

5.10.1 Critical Services/Function

- Payroll
- Accounts Payable

5.10.2 Pre-Pandemic Planning

- Promote hand hygiene and infection control practices among Finance staff
- Continue to cross train employees in Payroll and Accounts Payable
- Consider telecommuting options
- Coordinate backup support with UBC Vancouver Finance

5.10.3 Confirmed Pandemic Responsibilities

- Where possible, collect and maintain records of the financial impact to the University's operations.
- Track all costs to the PEP Task number if established.
- Coordinate with UBC Vancouver Finance and Treasury to ensure the University has funds for business continuation.
- Ensure payroll and accounts payable is maintained.
- Work with Supply Management to assist with payments for emergency purchases.

5.10.4 Maintaining Services with reduced staffing levels

- Closely monitor Payroll and Accounts Payable functions and initiate precautionary measures, telecommuting, if required
- Seek support from UBC Vancouver Finance if absenteeism specifically hits Payroll and Accounts Payable

5.11 Health, Safety and Environment

5.11.1 Critical Services

- Ensure safe handling and disposing of hazardous materials (chemical, biohazardous, biomedical, radioactive) guidance and/or response to hazardous material spills.
- Accident/incident investigations and the initiation of WBC claims paperwork
- Maintain and update the primary H1N1 communications portal on www.ubc.ca/okanagan.hse
- Investigate issues associated with refusal of unsafe work. Liaise with WorkSafeBC as necessary.
- Track influenza like illness and provide report to the health authorities upon request.
- Assist in the education and training of personal protective equipment (conduct respirator-fit-testing as required).
- Convene the DVC Taskforce on Infectious Disease and Pandemic Planning as necessary
- Ensure EOC emergency callouts are done successfully
- Act as representative (or ensure representation) within the Educational Unit (Operations) for the RDCO Emergency Operation Centre
- Promote and support infection control initiatives
- Ensure compliance with work place safety regulations and granting agency requirements

5.11.2 Assumptions

- Alumni and University Relations could provide HSE web updates/uploads
- WCB claims reporting process (creation of the Form 7) would continue through HSE in Vancouver.

5.11.3 Pre-pandemic Responsibilities

- Lead the development of the UBC Okanagan pandemic plan and unit specific business continuity plans for the Okanagan campus
- Monitor external sources for status of pandemic in collaboration with IDIAC and IDAPP.
- Provide UBC Okanagan membership on the Infectious Disease Information and Advisory Committee (IDIAC) and the Pandemic Planning Sub-Committee.
- Chair the DVC Taskforce on Infectious Diseases and Pandemic Planning (IDAPP) and make recommendations with the taskforce to the senior executive on when to activate the plan.
- Create a list and stockpile critical supplies (i.e. respirators, first aid, spill cleanup, infection control products, gloves).
- Communicate proper hygiene techniques (i.e. handwashing, sneezing etiquette).
- Collaborate with HSE (Vancouver) on methods to acquire assistance (either through providing personnel or remotely).

5.11.4 Confirmed Pandemic Responsibilities

- Track Influenza-Like-Illness (staff/faculty) and report on absenteeism for the campus as well as individual units.

- Collect and collate UBC O comments and suggested revisions for UBC communiqués (see Pandemic Communications Procedure, 09.09.11)
- Maintain the HSE website as a standard communication channel for UBC communiqués (see Pandemic Communications Procedure, 09.09.11)
- The Manager, HSE to act as media spokesperson if required.
- Investigate instances of refusal of unsafe work and liaise with WorkSafeBC to mediate as necessary.

5.12 Health and Wellness

5.12.1 Critical Services

- Provide preventative and primary health care (physical and mental) for students in residences.
- Provide preventative and primary health care for non-resident students when students are on campus.
- Provide advice and support for residence staff
- The Director of Health and Wellness will act as liaison between the Interior Health Authority's Medical Health Officer, and the University (in collaboration with the Manager, Health Safety and Environment).
- Continue to work with the academic arm to ensure messaging to students (i.e. managing influenza like illness, when to self-isolate) is consistent with the overall messaging of the University.

5.12.2 Pre-pandemic Planning

- Develop plans to ensure ongoing critical services in the event of a reduced workforce.
- Establish protocols for communicating with parents in coordination with Student Housing and Hospitality, and the AVP Students Office.
- Establish protocols for staying in contact with the local health authority.
- Contribute to preventative actions on campus in collaboration with Health, Safety and Environment.
- Identify additional supplies, medications, and personal protective equipment that may be useful in assessing and preventing the spread of infection.
- Identify supplies critical to ongoing daily practice that may be in short supply during a pandemic.
- Identify supplies critical to ongoing daily practice that may be in short supply during a pandemic.
- Identify additional supplies, medications, and personal protective equipment that may be useful in assessing and preventing the spread of infection.
- Determine Wellness Centre reception procedures and controls for isolating individuals suspected of being infected and requesting assessment or requiring care.
- Determine Wellness Centre staff procedures for care of resident students who are self-isolating, suspected of being infected and requesting assessment or requiring care.

5.12.3 Confirmation of Pandemic

- Implement recommended infection control procedures
- Advise the DVC's Task Force on Infectious Disease of increased student ILI cases or activity (voluntarily reported).
- The Director of Health and Wellness or designate shall continue to provide clinical advice to the DVC's Task Force on Infectious Disease and the UBC Okanagan executive as required.

- The Director of Health and Wellness or designate should review all UBC communiqués containing medical information (as per Pandemic Communications Protocol).
- Collaborate with Health, Safety and Environment and Workplace Health and Sustainability to facilitate vaccination clinics for faculty and staff (influenza and other).
- Collaborate with the local health authority/Interior Health, in cooperation with Health Safety and Environment to facilitate student vaccination and assessment.

5.12.4 Maintaining Operations at Reduced Staff Levels

- Retain at least 1 reception/admin. support staff at the University Center to handle call volume and maintain health care supplies.
- Replace ill professional staff when possible and, where acceptable, reduce non-essential appointments by providing phone and email counseling and longer prescriptions or refills on medications.
- If necessary, the Kalamalka Wellness Centre can be temporarily closed.
- Cleaning services must be maintained to keep rooms cleaned appropriately for infection control.
- If nursing and counseling staff is reduced, Health and Wellness will locate replacement staff, where possible, with the Schools of Nursing and Social Work (using the HR Redeployment Center).

5.13 Human Resources

5.13.1 Critical Services

- Process Staff Appointment Forms (SAFs) and Faculty Appointment Forms (FAFs)
- Act as a central staff redeployment centre and continue the recruitment of critical services

5.13.2 Assumptions

- Human Resources will be successful in maintaining all critical services.
- Contractors (SunLife, EFAP) will continue to provide level of service.

5.13.3 Pre-pandemic Responsibilities

- Provide administrators with effective ILI - related HR processes and information that align with UBC policies, UBC O collective agreements, current labour practices, and relevant employment statutes.
- Develop and maintain an onsite absenteeism tracking system to be managed by HR Okanagan
- Draft FAQ document has been co-developed with UBC V HR that outlines the following:
 - Flexible work options that include telecommuting/work from home arrangements
 - Application of sick leave and extended absence provisions as related to ILI
 - Managing ILI symptoms in the workplace
 - Managing the return to the workplace of ILI affected faculty and staff
- Establish a protocol for ensuring that all communications that are specific to managers/department heads are received by all individuals who direct the activities of other (i.e. Graduate Students, Teaching Assistants).
- Create a Redeployment Centre to support UBC Okanagan critical staffing needs during a pandemic event. UBC Okanagan HR will collect and maintain critical service staffing information from all UBC Okanagan faculties and service departments from which HR will:
 - Identify existing UBC Okanagan staff that may have necessary or transferrable skills supportive of campus critical services
 - Maintain volunteer lists of those individuals willing / capable of temporary reassignment across campus
 - Pre-screen the existing auxiliary pool for relevant skills and availability
 - Augment the current auxiliary pool with new hires
- Ensure that faculty and staff contact information (including emergency contact information) is current and accurate.
- Apprise Union groups of pandemic planning and HR considerations.
- Solidify HR critical services and ensure that HR staffing levels and operational arrangements are able to provide these services without interruption.

5.13.4 Confirmed Pandemic Responsibilities

- Activate redeployment centre
- Promote EFAP, in particular alternative counseling methods (email, telephone)

- Review communiqués and communication related to human resources
- Continue the communication to staff and faculty regarding their role in managing influenza like illness.
- Provide additional guidance and advice in the event of a pandemic, including:
 - Pay leave provisions for staff and faculty;
 - Compassionate care leave and compassionate care benefits
 - Employee family assistance program (EFAP);
 - Redeployment of staff/faculty for emergency or critical duties; and
 - Research- or work-related travel advice.
- Continue to manage Return to Work (claims mgmt; sick leave, IRP, WCB)

5.14 Information Technology

5.14.1 Critical Services

- Telephone
- Network (Internal and External)
 - Internal (Wireless, Wired, and VPN)
 - External (Internet, UBCO to UBCV, UBCO to Research Networks)
- Email (Exchange – faculty and staff)

5.14.2 Assumptions

- All of the critical services are configured with some level of redundancy that allows for failure of some components while allowing the systems to continue without interruption to services. Remote access for Faculty, Staff and Students is provided through VPN service.
- However, the UBC Okanagan VPN service is currently limited to 1000 concurrent connections.
- The telephone system has a limit on the number of incoming and outgoing phone lines.
- Power is required to keep these services running and redundancy is available through a backup generator provided by Facilities Management.

5.14.3 Pre-pandemic Responsibilities

- Continue work to improve the redundancy and resilience of critical systems at UBC Okanagan (this is an ongoing process and many projects are already underway).
- Determine minimum staffing necessary to maintain all critical functions.
- Ensure cross training of skills within the department.
- Develop a list of services that could be suspended if IT absenteeism reaches 30%.
- Work with other critical service units to ensure staff performing critical functions can perform these functions from a remote location where possible.
- Consider work areas and spaces that may need additional infection control measures. This would include shared work areas such as the Help desk, computer labs, and reception areas.
- Work with Health Safety and Environment and Facilities Management to research cleaning procedures and options for keyboard cleaning.

5.14.4 Confirmed Pandemic Responsibilities

- Maintain ongoing critical services.

5.14.5 Staff

- Critical services are provided with redundancy within the department. In cases where internal staff can't meet the demand, UBC Vancouver IT staff has been utilized in the past. The design and implementation of systems here at UBC Okanagan is based on UBC Vancouver, which allows for them to assist if required. They have specialized skill sets required to support these services so it is unlikely that a contractor could be

brought in to cover missing staff. Because of the redundancy built into these systems and the reliability, it is possible to operate with limited staff for the duration of an event lasting several weeks.

5.15 Supply Management (SM)

5.15.1 Critical Services

- Procurement of Critical Supplies
- Contract Management of Critical Service Providers
- Receiving and Delivering of Critical Supplies

5.15.2 Pre-Pandemic Responsibilities

- Work with vendors to ensure they have continuity of service to the University, and/or identify alternative vendors for emergency use.
- Evaluate the sufficiency of critical suppliers business continuity plans.
- Develop ability for procurement, central receiving and mail services to work off site.
- Develop plan for additional / replacement staffing resources for SM.
- Provide contract management of critical service providers - janitorial, food services, security, snow removal, garbage disposal, and campus health nurses.
- Develop and maintain a current supplier contact list for critical supplies. SM to work with suppliers to confirm stock availability.
- Work with Facilities Management & HSE to stock pile critical supplies.
- In collaboration with Finance, ensure a system is in place to maintain the purchasing of goods and services should there be a reduction in supply management workforce.
- Work with vendors to ensure they have continuity of service to the University, and/or identify alternative vendors for emergency use.

5.15.3 Confirmed Pandemic Responsibilities

- Provide departmental/unit support as necessary to continue the purchase of critical supplies or identify necessary vendors.

5.15.4 Staffing Considerations

- Procurement of Critical Supplies
 - Currently SM has (2) staff in procurement at UBC Okanagan.
 - SM does not foresee any staffing issues in procurement.
 - Procurement has access to (12) backup resources at UBC Vancouver. If staffing required from outside the SM department, minimal basic training to procure critical supplies only approx. 1+ days.
- Contract Management of Critical Service Providers
 - Currently SM has (2) staff in procurement at UBC Okanagan.
 - SM does not foresee any staffing issues in procurement.
 - Procurement has access to (9) backup resources at UBC Vancouver. If staffing required from outside the SM department, minimal basic training to manage contracts not a reasonable time frame.
- Receiving & Delivering of Critical Supplies
 - Currently SM has (2) staff in receiving at UBC Okanagan.
 - SM can utilize their on -site (2) procurement staff in these positions if required.

- If staffing is required from outside the department, minimal basic training to receive & deliver critical supplies approx. 1/2 day.
- SM working on a plan for off-site receiving.

5.16 Student Housing and Hospitality (Food Services, Student Housing)

5.16.1 Critical Services

- Ensure provision of food services to student population that participates in meal plans
- Residence Management
- Responding to student families calls and concerns
- Respond to student inquiries
- Respond and give direction in dealing with any crisis/emergency situation in residence, including: suicide, student death, assaults, riotous behaviour, escalating student conflicts, medical emergencies.
- Maintain building security and safety
- Available and on call 24 hours a day, seven days a week
- Facilitate payroll and requisitions for vendor payment
- Coordinate student move-in and move-out
- Ensure janitorial services are maintained (provided by external contractor)

5.16.2 Pre-pandemic Responsibilities

Food Services (ARAMARK)

- Establish expectations regarding contract food service delivery. (Supply Management and HSE to assess contractor's ability to ensure ongoing food services in the event of a reduced workforce, and anticipate and plan for the impact on supply chain and deliveries).
- Ensure contractor has infection control policies and procedures to minimize the spread of flu from self serving operations and food service personnel.
- Review food handling practices in conjunction with HSE to ensure that contractor is following infection control procedures to minimize or prevent the spread of the flu.
- Review possible partnership with the Students' Union in ensuring continued food services to residences if needed.

Student Housing

- Ensure communications with residents regarding how to protect themselves from influenza-like-illness, and what to do if they become symptomatic (including self-isolation techniques).
- Evaluate current level of janitorial services and determine whether the level of service meets recommendations for cleaning established by Interior Health.

5.16.3 Confirmed Pandemic Responsibilities

Food Services Contractor (ARAMARK)

- Work with Housing and Conferences for ensuring those quarantined or in isolation are provided with food. Prioritize areas where student residents do not have the ability to prepare in their units

Student Housing

- During an outbreak, determine how washroom facilities will be maintained (and if isolation is required) in conjunction with Health and Wellness staff.
- Link with Health and Wellness staff on more severe individual cases where isolation is needed and the student cannot travel home.
- Work with Facilities Management to determine if isolation areas have air handling systems that can be switched to re-circulated air.
- Work with Health and Wellness to provide the most current information to students believing they have been exposed or are exhibiting flu like symptoms.
- Create "care kits" for student purchase that provide some essentials for the first 48 hours of illness/self isolation.
- Work with food service contractors to determine how students in isolation will be able to get food safely delivered.

5.16.4 Staffing Considerations

Food Services (Contract Services provided by ARAMARK)

- Contractor to provide own business continuity plan to maintain critical services for students living on campus and participating in meal plans

Student Housing

- Critical services could be provided in the short term through management team taking responsibilities for colleagues area (ie: Residence Life Managers to assist in Residence Administration).
- As a system department the more administrative functions could be managed through the Vancouver operation (ie: applications, assignment of rooms, receipt of payments etc). The more service-orientated functions such as serving residence conflicts or conference services guests would require campus specific support
- An interruption of services in the summer months would be very difficult for the Conference Services division to manage. A campus interruption may result in a conference group having to be cancelled or re-scheduled.
- Residence Life Managers live and work on campus.

Staff Group	Minimum Staff Levels	Percentage of Total Staff
Residence Life Managers	1 (short term coverage for immediate matters only)	50%
Residence Advisors	14 RA's (2 per community)	30%
Housing Admin Staff	1 (short term coverage for immediate matters only)	33%
Utility Workers	1 (urgent work only)	50%
Conference Services	1 – 10 (seasonal dependent)	10 – 75%

5.17 VP Students Office (Registrar/Financial Aid)

5.17.1 Assumptions

- Student Systems Unit in Vancouver will ensure that critical systems remain functional
- Similar Enrolment Services departments from each campus will cover for each other and work in partnership to sustain critical services.

5.17.2 Critical Services

- Switchboard
- Student Information Services (SIS) (front counter)
- Student Service Centre (Student on-line Services)
- SISC (Staff access to student system) includes global student email service
- Financial Deposit Receipt and Delivery
- Off-Campus Recruiting
- On-Campus Recruiting
- Recruiting Information and Advising
- Student loan and Bursary assessment and support
- Emergency funding approvals
- Cheque distribution

5.17.3 Pre-Pandemic Responsibilities

- Develop a policy to address academic and financial concerns of students resulting from prolonged absences from class
- Develop a plan to address decreased tuition receivables if there is a significant reduction in returning students.
- Plan for cross-campus coverage of recruiting activities

5.17.4 Confirmed Pandemic Responsibilities

- Act as key contact for dissemination and approval of global communiqués to students (see Pandemic Communications Procedure 09.09.11). The Associate Registrar is responsible for ensuring a process for approval is in place to the satisfaction of the AVP Students Office and Director of Health and Wellness.
- Ensure SIS counter remains functional (switchboard, information, deposits)
- Ensure Student Financial Assistance counter and telephone remain functional
- Ensure Recruiting in-person and telephone services remain functional

5.17.5 Staffing Considerations

- Department staff are cross-trained in all critical services
- Clerical staff from other Enrolment Services units are trained in critical services
- Identify three backup levels of signing authority for emergency funding cheques

Communications

6.0 Communications

In recognition of the vital importance of effective and timely communications, the purpose of this section is to outline the processes by which the University undertakes to create, review, distribute and/or respond to issues regarding a pandemic influenza. It applies to:

- Information created, reviewed and distributed by the Infectious Disease Information and Advisory Committee (IDIAC).
- Information created, reviewed and distributed by Faculties and Departments
- Media Requests and Coverage

6.1 Information Created, Reviewed and Distributed by the Infectious Disease Information and Advisory Committee (IDIAC)

6.1.1 Scope

This procedure applies to any information and advisory communiqués (hardcopy or electronic) created by the IDIAC Pandemic Planning Subcommittee or by IDIAC.

6.1.2 Procedure

- a. The need for a new pandemic-related communiqué is established through Subcommittee deliberations or at the direction of the University's Executive.
- b. A draft of the document is created incorporating the technical knowledge of IDIAC's members and other resources, including public health authorities, as required. The Chair of IDIAC, or designate, leads the creation of the initial draft.
- c. The document is reviewed in the timeliest manner possible. Reviewers will include:
 - i. Content contributors and members of the Pandemic Planning Subcommittee of Infectious Disease Information and Advisory Committee (IDIAC).
 - ii. HSE Advisor (Business Continuity and Emergency Planning, Vancouver)
 - iii. Manager, Health, Safety and Environment (Okanagan)
 - iv. Director, Health, Safety and Environment (Vancouver)
 - v. Public Affairs (Vancouver) and Alumni and University Relations (Okanagan)
 - vi. Senior executives with operational responsibilities, including:
 - Provost (Okanagan)
 - Associate Vice President Human Resources
 - Provost and VP Academic (Vancouver)
 - Acting Associate Vice President, Administration and Finance (Okanagan)
 - Vice President, Students
 - CIO and Associate Vice President IT
 - Director, Office of the President

Reviewers may also include other UBC officials/entities as required.

All communications containing medical advice or information must be reviewed by the Director, Student Health Service (Vancouver), Director, Health and Wellness (Okanagan) or designates.

All identified reviewers shall review the document, make suggested changes and return to the Director, Health, Safety and Environment or designate in the timeliest manner possible. Best efforts should be made to collect and collate comments and suggested revisions at both campuses through the Manager, Health, Safety and Environment (Okanagan) and the Vancouver HSE Coordinator (Communications), respectively. The Director, Health, Safety and Environment or designate will receive and review the submissions from the Manager, Health, Safety and Environment (Okanagan) and the Vancouver HSE Coordinator (Communications) and will incorporate suggestions as required and seek final approval from those providing input under 3.c.

- d. The President's Office will provide final signoff prior to publication.
- e. HSE Coordinator (Communications) formats the document, including preparation for on-line presentation and e-delivery working with Public Affairs/Alumni and University Relations and Human Resources as required.
- f. Standard communication channels and those responsible include:
 - i. UBC website homepage (all visitors to UBC website) – Public Affairs. This may be done as an updated timestamp.
 - ii. UBC Okanagan homepage (all visitors to the UBC Okanagan website) -- Alumni and University Relations. This may be done as an updated timestamp.
 - iii. HSE websites (Vancouver and Okanagan) - HSE Coordinator (Communications), Manager, Health, Safety and Environment (Okanagan). These may be done as updated timestamps.
 - iv. HeadsUp listserv (to UBC department heads) - HSE Coordinator (Communications)
 - v. UBC students websites (<http://www.students.ubc.ca/> and <http://www.students.ubc.ca/health/>) – VP Students' Office
 - vi. UBC O Student Broadcast Email (Associate Registrar, Okanagan)
 - vii. HR Network news (to UBC HR representatives throughout the university) - HSE Coordinator (Communications)
 - viii. UBC This Week (subscribers of Public Affairs' news summary) – Public Affairs
 - ix. UBC Okanagan Exchange web newsletter - Alumni and University Relations (Okanagan)
 - x. Union/Association presidents (all members of unions/associations) – Director, HR Advisory Services.
 - xi. Student Union Okanagan (Associate Registrar)

The need for, and use of, a UBC broadcast email (all UBC staff, faculty and students) will be considered on a case-by-case basis.

6.2 Time Sensitive Information

In keeping with Section 4 of UBC Okanagan's Emergency Communications Protocol, if because of critical time constraints or due to the fact that a communiqué is straightforward in nature, the following persons can initiate, authorize or release pandemic-related information deemed in the best interests of the campus without a full review as described in Section 6.1.2:

- President's Office
- Any member of the DVC, Senior Executive
- Director, Health and Wellness
- Director, Alumni and University Relations; or
- Manager, Health, Safety and Environment.

6.3 Information Created, Reviewed and Distributed by Faculties and Departments

During a pandemic, it is acknowledged, expected and encouraged that Faculties and Departments at the University will undertake their own communications to ensure the protection and safety of their students, staff, faculty and visitors and also as a matter of ensuring the continuity of their services. Given that, it is of critical importance that any such information be aligned and consistent with official University positions on the issues at hand, especially those relating to the protection of health and safety, academics and research, and human resources. Where possible, reference should be made to information approved by the President's Office and made available on the UBC Okanagan webpage (www.ubc.ca/okanagan).

6.4 Media Requests and Coverage

Media coverage in all forms is to be expected at the University during a pandemic, especially in acute situations. Regardless of their origin, all media requests must be made known to Alumni and University Relations before any statement is given, information provided or interview granted. Alumni and University Relations, on behalf of UBC Okanagan, will assess the merits of the request and confer with subject matter experts before consenting to fulfill media wishes. Alumni and University Relations is responsible for communicating key university messages and values to both the internal community of students, faculty, and staff, and to the broader external community of diverse audiences.