



**SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE**

PANDEMIC PLANNING

Effective Date: November 2, 2009

Revised:

POLICY

1. The South Coast British Columbia Transportation Authority Police Service (SCBCTAPS) is committed to providing a safe and healthy workplace for its personnel.
2. SCBCTAPS will establish a Pandemic Plan which will include the organizational protocols and measures to be taken to respond to and to help mitigate the effects of pandemic influenza or similar health emergency.
3. SCBCTAPS will utilize a combination of measures to minimize SCBCTAPS personnel exposure to pandemic influenza, including the most effective control technologies available, where possible.
4. The SCBCTAPS Pandemic Plan procedures will protect not only the health of SCBCTAPS personnel, but aim to protect other workers, organizational partners or the public who enter SCBCTAPS facilities.
5. SCBCTAPS personnel will adhere to the procedures outlined in this policy in order to prevent or reduce the exposure to pandemic influenza or similar health emergency.
6. The SCBCTAPS will provide appropriate personal protective equipment (PPE), at no cost, to its personnel.
7. The Chief Officer will appoint a SCBCATPS Pandemic Planning Committee to lead and coordinate the SCBCTAPS preparation for and response to pandemic influenza or similar health emergency. The Chief Officer will determine the mandate and decision making authority of the Pandemic Planning Committee and Emergency Planner.
8. The Chief Officer will designate a SCBCTAPS Emergency Planner (Emergency Planner), who will be responsible for assisting the Pandemic Planning Committee and the Executive Team in the development and implementation of the Plan.
9. SCBCTAPS will ensure that its Pandemic Plan is consistent with TransLink's emergency plan and the pandemic response planning of the appropriate regional health authorities.
10. SCBCTAPS personnel who are either directed to be quarantined during a pandemic, or self-quarantine due to the presence of symptoms as described in this policy or the actual illness of a family member, will be considered on sick leave and subject to sick

leave compensation under the ordinary rules and/or applicable policies. However, SCBCTAPS will endeavor in all cases to apply these rules and policies flexibly so as to prevent any loss of income arising from the effect of required extended absences on SCBCTAPS personnel.

REASONS FOR POLICY

11. To help SCBCTAPS anticipate, prepare and respond to the next pandemic influenza and to other new and emerging diseases that may impact SCBCTAPS personnel and their policing duties.
12. To inform SCBCATPS personnel about the global and local risks of a pandemic influenza, and to provide the information and guidelines needed to fulfill roles and responsibilities to minimize these risks.
13. To determine the chain of command, and who will make decisions, during a pandemic event.

PROCEDURES / PANDEMIC PLAN

PART 1 - GENERAL

14. Definitions

Avian Influenza: An infection of poultry caused either by any influenza A virus which has an intravenous pathogenicity index (IVPI) in 6 week chickens greater than 1.2 or by influenza A virus of H5 or H7 subtype.

Essential Positions and Assignments: SCBCTAPS personnel who possess special knowledge, skills or abilities and whose extended absence would create serious disruption to a critical police service function.

High-Pathogenicity Avian Influenza (HPAI): A highly contagious disease of poultry caused by avian influenza virus and resulting in significant mortality.

Incubation Period: Interval between infection and onset of symptoms.

Influenza: A highly contagious infection of the respiratory track (nose, throat, bronchial tubes, lungs) caused by the influenza virus. The illness is characterized by sudden onset, fever, cough, sore throat, malaise and general aches, and also by nausea/vomiting and diarrhoea in children. Influenza is caused by a virus that constantly changes and mutates.

Influenza Virus: There are three types of influenza viruses: A, B, and C. Subcategories of influenza (subtypes) are based on the configuration to two proteins on the virus surface – hemagglutinin (H) and neuraminidase (N). Subtypes of influenza A virus known to readily infect humans, include H1N1, H2N2 and H3N2. Avian influenza A viruses (H5N1, H7N3, and H9N2) have also recently been shown

to infect humans, although they do not do so readily. The threat of pandemic influenza is related to the introduction of a new subtype of influenza into the human population.

Isolation: Separation of infected persons from those who are not infected.

Pandemic Influenza: Occurs when a new influenza virus emerges for which there is little or no immunity among humans, begins to cause serious illness, and then spreads easily from person-to-person world wide.

Personal Protected Equipment (PPE): Broadly defined, PPE is specialized clothing or equipment worn to protect someone against a hazard. In health terms, attire used by a person to protect against airborne or droplet exposure and against exposure to blood and bodily fluids, and generally includes masks, eye goggles, face shields, gloves, gowns and foot covers.

Quarantine: The limitation of freedom of movement of a susceptible person (or domestic animal) suspected of being, or known to have been exposed to a communicable disease, for a period equal to the longest usual incubation period of that disease from the last date of exposure.

Seasonal (or Common) Flu: A respiratory illness that can be transmitted person-to-person. Most people have some immunity and a vaccine is available.

Social Distancing: Measures taken to reduce contacts between individuals in order to lower the chance of spreading a disease.

Voluntary Quarantine: A request that persons remain at home, ban visitors, wear a mask when in the same room as other members of the household, and sleep in a separate room. These protocols were developed to decrease the risk of transmitting the SARS corona virus during its outbreak in Toronto and would likely be the primary means for social distancing during an influenza pandemic.

Assumptions

15. The SCBCTAPS Pandemic Plan (Plan) is based upon the following assumptions:

1. This Plan is an “All-Hazards” disease control plan.
2. This Plan assumes that there is no immunity for an infectious disease outbreak and a high risk of contraction is inevitable, if exposed.
3. There will be between 15% to 35% personnel absence as a result of illness or as a result of personnel caring for sick family members or as a result of schools and daycare facilities closing.
4. Based on the last 2 pandemics prior to the 2009 H1N1 virus, it is estimated that a pandemic virus will be present in Canada within three (3) months after it emerges in another part of the world. However, the pandemic could begin much sooner because of the increased speed and volume of modern air travel (as seems to be the case in the H1N1 in Spring 2009).

5. The first peak of illness in Canada may occur within 2 to 4 months after the virus arrives in Canada.
6. The first peak in mortality will be one (1) month after the peak of the illness.
7. If the pandemic virus arrives close to the annual influenza season, the time interval between emergence, arrival and/or peak illness and mortality will be shortened.
8. A pandemic usually spreads in 2 or more waves, either in the same year or in the successive influenza season.
9. A second wave may occur within 3 to 9 months of the initial outbreak wave and may cause more serious illnesses and deaths than the first.
10. In any locality, the length of each wave is likely to be 6 to 8 weeks.
11. Vaccine will be the primary means of prevention of pandemic influenza. However the supply may be limited during the early stages of the pandemic. Therefore, plans for the first wave should assume the lack of the influenza vaccine and stringent precautions regarding infection control and personal hygiene will be required. Priorities for vaccination will be established by the governing health authorities.
12. A substantial percentage of the workforce may not be able to work for some period of time due to illness in themselves and in their family members.
13. Police personnel, health care workers, and other first responders will likely face a higher risk of infection than the general population, reducing response capacity.
14. Effective preventative and therapeutic resources will likely be in short supply. As a result, education and awareness campaigns within the SCBCTAPS, which are geared towards improving personal hygiene, will be integral to limiting the spread of the virus amongst SCBCTAPS personnel.
15. Essential community services are likely to be interrupted. Widespread illness will increase the likelihood of personnel shortages in first responders, utility and transportation services.
16. Simultaneous or near simultaneous outbreaks in communities across the region and country, would limit the ability of any jurisdiction to provide support and assistance to other areas. Subsequently, SCBCTAPS should not expect the same level of mutual aid from Jurisdictional Police Departments (JPDs) as in normal circumstances.
17. Pandemic influenza could last for several months, which sets it apart from other emergencies which may last for several hours or days.

2009 Influenza Pandemic

16. The **2009 flu pandemic** is a global outbreak of a new strain of an influenza A virus subtype H1N1, referred to as the "**novel H1N1**" first identified in April 2009, and commonly called "**swine flu**". It is thought to be a reassortment of four known strains of influenza A virus: one endemic in (normally infecting) humans, one endemic in birds, and two endemic in pigs (swine). Transmission of the new strain is human-to-human, with cooked pork products safe to eat as the virus cannot be transmitted by eating foods. The number of human cases of the recent H1N1 virus prompted the World Health Organization, in May 2009, to raise its Global Pandemic Alert Level to Level 6 for the first time in 41 years. The number of cases continues to rise around the world. Scientists and health professionals agree that the effects of a pandemic such as the H1N1 virus on the public at large will be widespread and disruptive. The impact on businesses may also be severe as projected rates of staff absenteeism and death will reduce human resources, and hinder key operations. For the management of SCBCTAPS, its staff, and the Transit system, this is a major concern.

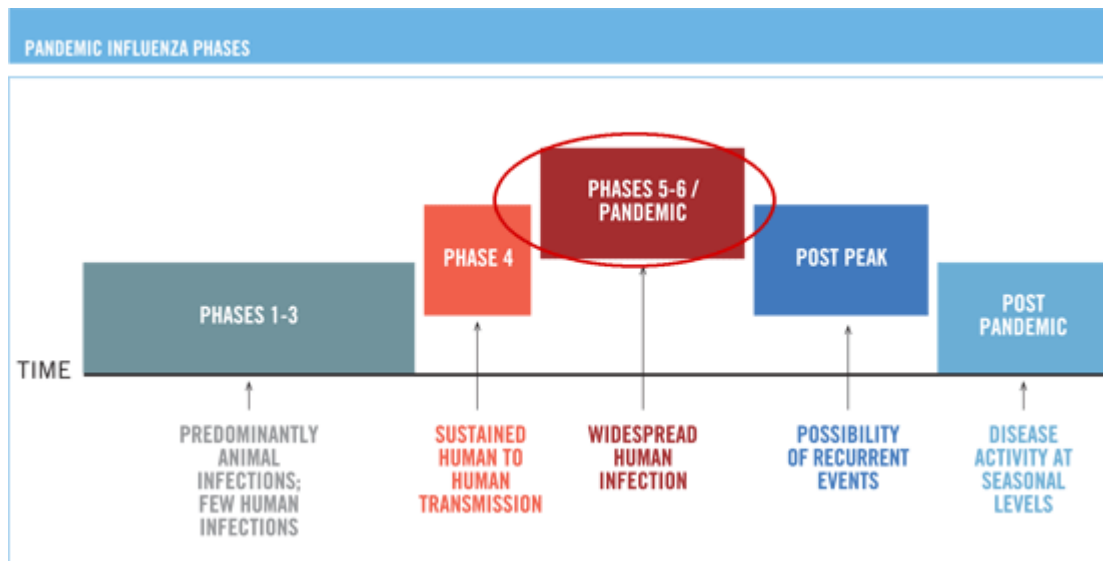
PART 2: RESPONSIBILITIES

Executive Responsibilities

17. The Executive Team will be responsible for organizational implementation of the Plan, including the following actions:
1. Ensure that the materials (e.g., gloves, alcohol based hand rubs, and washing facilities) and other planned resources (e.g., training materials) required to implement and maintain the Plan are readily available where and when they are required by SCBCTAPS personnel;
 2. Select, implement, and document the appropriate site-specific control measures;
 3. Ensure that supervisors and their staff are educated and trained to an acceptable level of competency;
 4. Ensure that personnel use appropriate personal protective equipment (PPE) (e.g., gloves, eye protection and respirators, MyClyns) for their respective duties;
 5. Conduct a periodic review of the Plan's effectiveness, including a review of available control technologies to ensure they are selected and used when practical;
 6. Maintain records of training and inspections, as it relates to the Plan; and
 7. Ensure that a copy of the Plan is distributed to all personnel.

Emergency Planner Responsibilities

18. The Emergency Planner, or other person so designated by the Chief Officer, will be responsible for the day-to-day Plan related tasks during the pandemic event, in coordination with Pandemic Planning Committee.



Source: World Health Organization (2009)

19. In the inter-pandemic (phases 1 & 2) period, the Emergency Planner tasks will include:

1. Establishing and maintaining consistent pandemic communication channels (e.g., briefings, emails, bulletins);
2. Overseeing the identification of key positions and skill sets;
3. Coordinating cross training and backups for those key positions if necessary; and
4. Identifying critical equipment and supplies, and ensuring an adequate supply of PPE and the other required equipment.

20. During the pandemic alert (phases 3, 4 & 5) and pandemic (phase 6) period, the Emergency Planner will also be responsible for:

1. Monitoring reports from BC Centre for Disease Control (BCCDC) and Public Health Agency of Canada (PHAC);
2. Supplying updated information to the communication channels;
3. Monitoring absenteeism;
4. Acting as the Liaison Officer with the TransLink Emergency Planner, local health authorities (Vancouver Coastal and Fraser Health Authorities), JPD Emergency planners, and BCCDC as appropriate.

Supervisor Responsibilities

21. Supervisors (sworn and civilian) will:

1. Ensure that staff under their supervision are adequately instructed on the controls for the pandemic hazards within the police service;
2. Ensure that staff use proper respirators, they have been fit tested, and the results are recorded; and
3. Direct work in a manner that eliminates or minimizes risk to staff.

Personnel Responsibilities

22. All SCBCTAPS personnel will be expected to:

1. Know the hazards of the workplace;
2. Follow established work procedures as directed by SCBCTAPS or their supervisor;
3. Use PPE as instructed;
4. Report any unsafe conditions or acts to their supervisor; and
5. Know how and when to report exposure incidents.

PART 3: PREVENTION

23. A comprehensive infection prevention and environmental control program forms the basis of a successful pandemic influenza plan. Adherence to infection prevention and control policies and procedures is imperative to minimize the transmission of influenza whether or not vaccine and antiviral medications are available.

24. Routine practices and additional precautions to prevent the transmission of infection are important to delivery of policing services during a pandemic. Certain precautions may be feasible only in the pandemic alert and early pandemic periods as they may not be achievable or practical as the pandemic spreads and resources (equipment, supplies and human resources) become scarce. Strict adherence to hand-washing or hand hygiene is the cornerstone of infection prevention and may at times be the only significant preventative measure available during a pandemic.

25. All SCBCATPS personnel will familiarize themselves with Personal Hygiene and Hand Hygiene guidelines and practice the suggested measures.

Personal Hygiene

26. Personal hygiene measures minimize influenza transmission. They include:

1. Cover nose and mouth with a sleeve or tissue when sneezing or coughing;
2. Turn head away from others when sneezing or coughing;
3. Dispose of used tissues immediately; and
4. Keep hands away from eyes, nose and mouth.

Hand Hygiene

27. Hand hygiene is one of the best ways to minimize the risk of infection. Hand hygiene can be performed with soap and warm water or by using alcohol based hand sanitizers. Sanitizers will be located at the entrances to and strategically throughout the police buildings and also made available in sub-offices and police vehicles.

28. Proper hand washing helps prevent the transfer of infectious materials from the hands to other parts of the body, particularly the eyes, nose and mouth, or to other surfaces that are touched. Personnel should wash their hands:

1. A minimum of five times a day;
 2. Before eating, drinking, smoking, handling contact lenses or applying makeup;
 3. Before leaving a work area;
 4. After removing gloves (even if the gloves appear to be intact); and
 5. After removing PPE (goggles or respirators).
29. Hand washing procedure signs will be placed on the mirrors by each sink in every washroom throughout the police buildings. See **APPENDIX A** to view the hand washing procedure sign.
30. Waterless alcohol-based hand sanitizers can be used as an alternative to hand washing and are especially useful when there is no access to a sink or warm running water.

Office and Equipment Cleaning

31. The SCBCTAPS Facilities Manager will be responsible for establishing cleaning standards to assist with pandemic infection control, and for monitoring of the implementation of those standards. While regular office cleaning remains the responsibility of the SCBCTAPS janitorial staff, each staff person is encouraged to participate in regularly cleaning their workplace as a preventative measure. Regular cleaning of elevator buttons and interior and exterior door handles should be incorporated into the cleaning standards during a pandemic.
32. Telephones, computer keyboards and computer mice are all susceptible to transferring of viruses. Prior to use of this equipment, SCBCTAPS personnel should clean the equipment with anti-microbial hand wipes that each work station is supplied with.
1. Additional quantities of the wipes can be obtained from SCBCTAPS storage/equipment Coordinator.
 2. Designated personnel in each police facility will be assigned responsibility for maintaining the supply of hand wipes near the shared telephones and computer stations.

Vaccine

33. The seasonal flu shot will not protect from pandemic influenza as the pandemic influenza strain will differ significantly from previous strains. Vaccines are virus-specific and so it may take some time (4-6 months) to develop a vaccine that will protect individuals from the pandemic influenza virus strain. Timely vaccine delivery is critical for controlling the spread of influenza.

Note: During a pandemic, the federal government secures vaccine, distributes it to the provinces, and provides guidelines for dosages and priority immunization groups.

34. SCBCTAPS personnel are encouraged to get the annual flu vaccine (which is provided each year at no cost to personnel), unless otherwise advised by health authorities. The SCBCTAPS Human Resources Section will arrange flu vaccinations at the police building in coordination with Coast Mountain Bus Company Occupational Health and Safety Section.

35. Receiving vaccinations regularly may decrease the chance that a staff person becomes sick, while also decreasing the likelihood of infecting a dependent (e.g., child or elderly parent) that the staff person may have to care for.
36. SCBCTAPS will work with TransLink and the appropriate health authorities to promote SCBCTAPS police officers being on the critical list of recipients for the vaccine deemed effective for the pandemic influenza strain. Once such vaccine is available for distribution, SCBCTAPS Human Resources Section will work with the Coast Mountain Bus Company Occupational Health and Safety Section to arrange vaccinations.

NOTE: *According to the BC Pandemic Influenza Preparedness Plan: Annex A-2 – police officers are part of the Emergency and Essential Workers priority group, which is 2nd after health care workers.*

Antiviral Medication

37. SCBCATPS will coordinate with the TransLink Emergency Planner to obtain access to antiviral medication (Tamiflu), and to develop protocol on issuance of antiviral medication to SCBCTAPS personnel who contract pandemic influenza.

Social Distancing

38. Since pandemic influenza is primarily caused by face to face contact via coughs and sneezes, and because droplets from these coughs and sneezes can remain viable and suspended in the air for as long as thirty (30) minutes, its spread can be contained by reducing contact with other people who may be infected but do not know yet.
39. Personal social distancing means eliminating handshaking, increasing physical separation of persons at work, eliminating non-essential meetings, using telecommunications for as many business or personal interactions as feasible, and any other measures possible.
40. During a pandemic, SCBCTAPS may implement social distancing protocols which may include:
 1. Building in a break between shifts to eliminate contact between personnel going to and coming off of shifts;
 2. Using stairs rather than elevators;
 3. Rearranging floor plans to increase distance between personnel;
 4. Minimizing the frequency and duration of meetings and relying on e-mail, video conferencing or web based meetings instead; if a meeting must be held, do so in a large well ventilated room;
 5. Requesting personnel to avoid eating in a crowded lunch room and staggering lunch times to minimize such crowding.

[See also: OG040 – Communicable Diseases]

PART 4: COMMUNICATION

41. During any emergency, an organized, timely flow of accurate, consistent information is essential. The Emergency Planner will be responsible for monitoring the current pandemic situation within police building locations (communities of New Westminster and Richmond) as well as the wider Transportation Service Region.
42. Communications from the Emergency Planner to personnel may be done by various means including letter and E-mail. Links to external pandemic information sites may also be provided for personnel to access. (See **Appendix K** for some external links.). All communication regarding a change in pandemic condition will be conducted following consultation with the TransLink Emergency Planner and the local health authorities, where applicable.
43. The communications may include:
 1. Latest news on the progress of the pandemic and infection control strategies;
 2. Information to help personnel recognize the signs of the illness;
 3. Information about protecting personnel and their families from infection;
 4. Latest SCBCTAPS and TransLink information on pandemic response and implications for the transit system, including any revised policies and procedures; and
 5. News from the BCCDC, local health authorities, Canada Health etc.
44. The Emergency Planner will forward all draft communications to the Executive Team for review, prior to issuance, unless exigent circumstances exist or this requirement waived by the Chief Officer or their designate.
45. To enhance internal information sharing during a pandemic, SCBCTAPS may recommend modifications to current information sharing methods, such as dedicated electronic bulletin site, use of hotlines, and use of calling trees.
46. SCBCTAPS will establish an external communications plan in relation to a pandemic or similar health emergency and revise as necessary.

PART 5: PERSONAL PROTECTIVE EQUIPMENT

47. Relative to pandemics, PPE consists of:
 1. Disposable N95 Particulate Respirators,
 2. Disposable Nitrile Powdered gloves,
 3. Plastic eye protection,
 4. Isagel Ethyl Alcohol Hand Cleansing Gel (wipes and containers), and
 5. MyClyns.
48. SCBCATPS will stockpile quantities of PPE, with inventory amounts to be determined by the Pandemic Planning Committee and Emergency Planner in consultation with the Executive Team.

49. The Emergency Planner will establish a process for monitoring of PPE quantities and expiry dates, and order replacements as needed.
50. Personnel will refer to **APPENDIX C** to view the types of products that will be part of **SCBCTAPS PPE**.
51. Members (and other civilian personnel as deemed appropriate) will be provided training and fit testing for effective use of N95 respirators. Personnel will refer to **APPENDIX B** to view general information and diagrams on fitting, wearing and removal of a **N95 Respirator** (the N95 respirator product issued to SCBCTAPS personnel may differ – but product specific instructions will be provided upon issuance to personnel).
52. SCBCATPS will issue PPE to personnel at such time deemed appropriate by the Pandemic Planning Committee, or as directed by the Chief Officer. Where practicable and appropriate, PPE issuance will follow consultation with the TransLink Emergency Manager and local health authority.
53. Wearing of gloves by Members is not a substitute for hand washing, and single-use gloves should not be re-used or washed.
54. Members on patrol duties should regularly change their disposable gloves during the work day, and promptly after transporting a prisoner or application of use of force on a person exhibiting an influenza-like illness (ILI).
55. Members should use specially marked disposal containers for used gloves and other PPE items.

PART 6: PERSONNEL EDUCATION AND SELF CARE

General Tips

56. Personnel will review the following tips to help take care of themselves and ensure they take the right precautions to avoid spreading the virus to others:
 1. Get lots of rest. Make sure you stay home if you are sick.
 2. Drink plenty of fluids. Try to drink a 6-8 ounce glass of juice, water, or other fluid every hour you are awake.
 3. Gargle with warm salt water to ease a sore throat. Lozenges and hard candies also help sore throats.
 4. Use saline nose drops or spray if you need to soothe or clear a stuffy nose. Try not to blow your nose as this may send secretions farther into your sinuses and promote further infection.
 5. Wash your hands often, either with warm water and soap, or with a waterless alcohol-based hand sanitizer.
 6. Don't smoke and avoid second-hand smoke.
 7. Keep telephone contact information of friends and relatives close at hand in case you need to contact someone to help you and/or family members when ill.

8. Keep in touch with friends and family by e-mail or phone to help feelings of loneliness if you are confined to your home while sick.
9. For up to date health information access the Health BC website at <http://www.healthlinkbc.ca> or call Health Link at 811.

57. Personnel will familiarize themselves with symptoms of influenza. See **APPENDIX D** to view the **Influenza Symptoms Chart**.

Using Over-The-Counter Medications

58. When purchasing over-the-counter medications for influenza, personnel should seek the assistance of their pharmacist to help find the best products with the active ingredients mentioned below. Personnel should keep the following tips in mind when purchasing or using over-the-counter medications to help ease influenza symptoms:

1. It is better to buy a remedy that treats only one symptom;
2. Read the label to see if you are using another medication with the same ingredient;
3. Try “regular strength” products first;
4. Follow instructions on the label. Look for possible side effects, warnings regarding interactions with other drugs, or health conditions that may be affected by the medication;
5. Check expiry of the medication; and
6. Take outdated medication to the pharmacy for disposal.

59. When personnel are **treating a cough with over-the-counter medications**, keep in mind the following tips:

1. While uncomfortable, sometimes a cough can be helpful if it is getting rid of mucous out of your system;
2. If a dry cough is keeping you awake or is causing chest discomfort, try a cough suppressant such as **Dextromethorphan (Benlyn® Robitusson®)**;
3. If you need to help loosen mucous, an expectorant such as **Guaifenesin** may help; and
4. It is not helpful to take both a cough suppressant and expectorant together.

60. When personnel are **treating a sore throat with over-the-counter medications**, keep in mind the following tips:

1. Try lozenges or throat sprays;
2. **Dyclonine** works best to numb the throat; and
3. Products that contain honey, herbs, or pectin may also work to soothe a sore throat.

61. When personnel are **treating a stuffy nose with over-the-counter medications**, keep in mind the following tips:

1. Decongestants help shrink swollen blood vessels in the nose, such medications come in pills or nasal sprays/drops;
2. Nose drops or sprays work quickly and have fewer side effects than pills. However, sprays should only be used for two to three days or they can make the

- symptoms worse. Essential ingredients to look for are Oxymetazoline, Phenylephedrine, and Xylometazoline;
3. If you are still stuffy after two or three days, you may want to switch to pills. Pills take about ½ hour to work and may cause dry mouth and affect your sleep (e.g. Pseudoephedrine is a decongestant in pill form); and
 4. If you have a long term health problem or are on other medications, do not take decongestants without speaking to a health care provider.

Your illness gets worse: When to seek medical care

62. While over-the-counter medications may be of sufficient help for some influenza cases, medical care may be needed if the illness gets worse. The information below is provided as background for personnel. Personnel should consult with their physician if their illness is getting worse.
1. Generally when you have the flu, you begin to feel better after your fever goes down and your temperature returns to normal -- this usually occurs in about three days. You are often ready to return to normal activities in a week. It is common for tiredness and a cough to linger on for several more weeks.
 2. During an influenza pandemic, however, the virus may be more severe than during a normal flu season, symptoms may last longer, and you may feel worse than with a “regular” flu virus.
 3. If you have already visited an assessment centre or another health care facility during the pandemic, and you think your illness is getting worse, proceed to the nearest assessment centre for a re-evaluation of your condition. You may be sent to receive further treatment at an influenza treatment centre or at an acute care facility.

PART 7: SCREENING OF PERSONNEL

Exhibiting Symptoms at Home

63. Personnel who believe that they may be experiencing ILI **MUST** promptly contact their supervisor before coming to work.
64. Sick personnel are strongly encouraged to stay home until their symptoms have disappeared.
65. SCBCTAPS reserves the right to screen personnel prior to coming to work or at the workplace to minimize the risk of an infected individual coming to work and infecting the rest of the workforce. See **Appendix E** for the **SCBCTAPS Screening Checklist for Detection and Management of Suspected Pandemic Influenza Cases (Form AZ570)**.
66. In the event that some or all of a staff person’s symptoms correspond with those on the checklist, their supervisor will:
1. Inform them that they must stay at home until the symptoms abate;

2. Advise to immediately contact a health professional;
3. Complete the Personnel Notification Form (Form AZ580) which includes listing of the other staff that they may have had contact with recently [see **Appendix H** for form];
4. Arrange for the staff person's usual work area to be cleaned and disinfected; and
5. Notify the Emergency Planner.

Reporting to Work Exhibiting Symptoms

67. In the event that a staff person reports to work exhibiting ILI symptoms, the following actions will take place:

1. Staff person's condition to be identified from screening checklist;
2. Staff person to immediately be provided with PPE (e.g., N95 mask and gloves);
3. Staff person to immediately leave the workplace and contact a health professional; the staff person to avoid using public transport when leaving work;
4. Staff person's supervisor to be notified, who will then inform the Emergency Planner and arrange for the staff person's usual work area to be cleaned and disinfected;
5. Form AZ580 to be completed.

Exhibiting Symptoms at Work

68. When a staff person is observed exhibiting ILI symptoms at work, the staff person making the observation (or made aware from another external party) **MUST** contact the staff person's supervisor or the Emergency Planner, and if neither available, the Watch Commander or designate. After such notification, the following actions will take place:

1. Staff person's condition to be identified from screening checklist;
2. Staff person to immediately be provided with PPE (e.g., N95 mask and gloves);
3. Staff person to immediately leave the work place and contact a health professional; the staff person to avoid using public transport when leaving work;
4. Staff person's supervisor to be notified, who will then inform the Emergency Planner and arrange for the staff person's usual work area to be cleaned and disinfected; and
5. Form AZ580 to be completed.

PART 8: CORE FUNCTIONS & STAFFING STRATEGIES

69. The effectiveness of maintaining operations within SCBCTAPS depends heavily on the identification of the essential processes and critical functions within the organization and the key personnel to maintain them.

70. The SCBCTAPS Chief Officer will determine the essential processes and critical functions of the organization, together with the minimum levels at which they must be maintained, for both sworn and civilian personnel.

71. Personnel in areas of the organization that have been deemed as 'less critical' will be reassigned when the need arises due to personnel absences, in order to ensure that

the organization continues to function throughout the duration of a pandemic. See **APPENDIX F** to view the Pandemic Personnel Matrix for SCBCTAPS sworn personnel and **APPENDIX G** to view the Pandemic Personnel Matrix for SCBCTAPS civilian personnel.

72. The Chief Officer may authorize the implementation of alternate staffing strategies to help prevent the spread of influenza amongst personnel and to better meet service demands with reduced strength, for example:
1. Telecommuting – some personnel may be able to perform essential work duties from remote locations, particularly their homes, using telephones and computers linked to the police service and the internet;
 2. Adjusting Shift Times – some personnel presently working only day shifts may be able to perform essential duties during off hours, thereby reducing the number of persons on duty at the same time;
 3. Care Days – Liberal leave may be provided to personnel who must care for sick family members who are unable to care for themselves and the staff person can be excused without unreasonable harm to police service operations;
 4. Overtime – overtime may be authorized in cases where essential personnel are unavailable to work due to illness and other personnel may effectively fill in to perform their duties with overtime;
 5. Reassignment – certain civilian or sworn personnel may be reassigned to alternate duties that are essential to maintaining police operations during the pandemic;
 6. Leave – some leave may be cancelled; and
 7. Cross Training – personnel in the same unit or in similar jobs may be cross trained to perform the duties of other personnel (such training should begin before the onset of a pandemic).
73. SCBCTAPS is aware of the potential for personnel fatigue amongst Members who remain healthy and who try to compensate for the loss of other personnel by working long hours over an extended period of time. A pandemic influenza can last weeks or months and SCBCTAPS will consider the sustainability of extreme work schedules amongst a sharply reduced staff working in an unusually stressful environment.
74. Based on the foregoing staffing alternatives and methods of influenza mitigation, the Deputy Chief Officers in cooperation with their unit managers will develop detailed divisional and unit response plans in anticipation of pandemic influenza. Using the Pandemic Plan Staffing Matrices as a framework, each division should consider the following in their plan:
1. Identification of essential assignments and positions (e.g., personnel who possess specialized knowledge/skills/abilities, specialized technical skills and training, or unique command or supervisory skills/responsibilities; personnel who could not be readily replaced by transfer or another staff person to the position or assignment; personnel whose knowledge/skills/abilities would be difficult to impart to another staff person through cross-training);
 2. Providing details of a position deemed essential and the negative impacts if staff person is absent from duty for an extended period;

3. Identifying proposed remedies for overcoming loss of essential personnel, and the possible costs and obstacles associated with implementing the proposed remedies.
4. Proposed chain of command to be used in the division during the absence of specific supervisors/managers.

PART 9: THE POLICE ROLE IN THE COMMUNITY DURING PANDEMIC

75. The onset of pandemic influenza may result in new types of requests for policing services, even as police agencies experience reduced staffing levels and continue to provide routine policing services. Jurisdictional police have a role within their local health authority's Pandemic Plan. As a supplementary policing unit, SCBCTAPS may be asked to assist JPDs with pandemic response, for example:
1. Enforcing the quarantining of highly contagious/infected persons;
 2. Providing security at traditional (hospital) and non-traditional medical care facilities where community immunization clinics may be sited; and
 3. Providing additional security at hospitals or other health authority locations.
76. SCBCTAPS will consider requests for pandemic response assistance from the JPDs, and respond where possible.
77. As a result of its safety and security mandate for the transit system, SCBCTAPS may also experience additional police responsibilities during a pandemic, such as
1. Enforcing closure orders or travel limitations, and restrictions on gatherings, as it relates to the transit system; and
 2. Responding to increased calls for service as a result of transit employee or public concerns with transit riders exhibiting ILI.
78. Under reduced staffing emergencies during a pandemic, SCBCTAPS will consider implementation of modified response to calls for service or investigation. Modified response protocols may also be necessary upon increasing emergency assistance requests from JPDs. For example:
1. Prioritization of calls for service – SCBCTAPS may consider modifications to its call prioritization system that would allow for significantly deferred response, or the use of alternate responses to certain types of calls for service (such as suspension of all responses to nuisance offences, minor thefts);
 2. Enforcement – SCBCTAPS may consider suspending proactive enforcement of the Transit Safety and Conduct Regulation, such as fare enforcement blitzes.

PART 10 - PROTECTING SCBCTAPS PERSONNEL

79. Most Pandemic viruses are likely to be respiratory diseases and as such will be easily spread by causal contact between individuals. As the disease is spreading throughout the community, Members will be exposed repeatedly. As it expands within the community, it will also expand amongst law enforcement, unless specific

measures are taken to prevent and reduce the opportunity for infection as much as possible.

80. In the simple act of stopping and speaking to a person, a Member may inhale pathogens or handle an infected item. Physical contact and altercations dramatically increase the risk of infection. In addition, Members will face work specific risks such as controlling individuals or crowds, transporting prisoners and working closely with health care professionals who are also at a heightened risk for exposure, such as BC Ambulance Service staff.
81. There may be a time when, in consultation with the local health authorities, strict monitoring of the health of those requiring access to the police facility will be required. In order to facilitate such monitoring, health questionnaires have been developed for: personnel, visitors and prisoners. See **APPENDIX I** to view the **Pandemic Personnel / Visitor Screening Form (Form AZ590)**.
82. The completed Form AZ590 will be forwarded by the staff person completing the form to:
 1. Human Resources Section; and
 2. Emergency Planner
83. During a pandemic, SCBCTAPS may modify its routine prisoner intake process to screen for ILI risks. See **APPENDIX J** to view the **Pandemic Prisoner Screening Form (Form AZ600)**.
84. The completed Form AZ600 will be forwarded by the staff person completing the form to:
 1. Master File (Informatics Section); and
 2. Emergency Planner
85. When arresting, transporting and interviewing suspects with ILI symptoms, SCBCTAPS personnel will follow these guidelines:
 1. Member to wear a N95 mask if within six feet of the suspect, and wear gloves and eye protection;
 2. Suspect required to wear surgical mask;
 3. Suspect to be fully isolated during transport;
 4. Prisoner compartment in the police transport vehicle to be turned in for cleaning (promptly after suspect booked); personnel assigned cleaning function to be notified of reason for cleaning request so appropriate precautions can be taken; and
 5. Member to follow hand hygiene recommendations and used PPE disposal protocol prior to returning to duty.
86. Members will defer to the JPD detention facility policies and procedures when booking in a suspect with ILI symptoms. Members will contact the detention facility officer in charge prior to transport.

87. Forms AZ580, AZ590 and AZ600 are available under the Policy Manual – AZ Forms folder – P Drive.

APPENDIX A

HAND WASHING

FIGHT GERMS BY WASHING YOUR HANDS!

1 Wet your hands

2 Soap

3 Lather and scrub - 20 sec

4 Rinse - 10 sec

5 Dry your hands

6 Turn off tap

DONT FORGET TO WASH:

- between your fingers
- under your nails
- the tops of your hands

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APPENDIX B

N95 Respirator Instructions - 3M

Wear It Right

Wearing your three-panel filtering facepiece respirator



1 Remove the respirator from its packaging and hold with straps facing upward. Place the bottom strap under the center flaps next to the "WARNING" statement.



2 Fully open the top and bottom panels, bending the nosepiece around your thumb at center of the foam. Straps should separate when panels are opened. Make certain the bottom panel is unfolded and completely opened.



3 Place the respirator on your face so that the foam rests on your nose and the bottom panel is securely under your chin.



4 Pull the top strap over your head and position it high on the back of the head. Then, pull the bottom strap over your head and position it around your neck and below your ears.



5 Adjust for a comfortable fit by pulling the top panel toward the bridge of your nose and positioning the bottom panel under your chin.



6 Place fingertips from both hands at the top of your nose and mold the nosepiece around your nose to achieve a secure fit.



Non-valved, three-panel filtering facepiece respirator



Valved, three-panel filtering facepiece respirator

Check the seal of your three-panel facepiece respirator each time you don the respirator.

1a For non-valved respirators Place one or both hands completely over the middle panel. *Inhale and exhale sharply.* If air leaks around your nose, readjust the nosepiece as described in Step 6. If air leaks at the edges of the respirator, adjust the panels and straps. If you cannot achieve a proper fit, do not enter the contaminated area. See your supervisor.



1b For valved respirators Place one or both hands completely over the middle panel and *inhale sharply.* If air leaks around your nose, readjust the nosepiece as described in Step 6. If air leaks at the edges of the respirator, adjust the panels and straps. If you cannot achieve a proper fit, do not enter the contaminated area. See your supervisor.



WARNING:

- A This respirator helps protect you from certain particles when worn during all times of exposure.
- B Misuse of this respirator may result in sickness or death.
- C Use your respirator with caution regarding which respirator is used in your area, or call 1-800-235-4636 (In Canada, call 1-800-237-4636).
- D If you cannot achieve a proper fit, do not enter the contaminated area. See your supervisor.
- E OSHA standard 1910.134 and the CDC, standard 29 CFR 84.10 require that the wearer be fit tested.
- F Do not use with hoods or other facial hair or other conditions that prevent a good seal between the face and the edge of the respirator.

Occupational Health and Environmental Safety Products
3M Canada
Post Office Box 5797
London, Ontario N5A 4T1

3M Innovation

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APPENDIX C

Personal Protective Equipment



APPENDIX D

INFLUENZA SYMPTOMS CHART

Symptom	Cold	Flu
Fever	Fever is rare with a cold	Fever is usually present with the flu in up to 80% of all flu cases. A temperature of 38°C or higher for three to four days is associated with the flu.
Coughing	A hacking, productive (mucus-producing) cough is often present with a cold.	A non-productive (non-mucus producing) cough is present with the flu (sometimes referred to as dry cough).
Aches	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with the flu.
Stuffy Nose	Stuffy nose is commonly present with a cold and resolves spontaneously within a week.	Stuffy nose can be present with the flu.
Chills	Chills are uncommon with a cold.	Chills are fairly common in most flu cases. 60% of flu cases include chills. Chills and shivering are a normal reaction to a cold environment, but unexplained chills can also be a sign of the flu.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with the flu and may last for 2 to 3 weeks.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is not common with the flu.
Sudden Symptoms	Cold symptoms tend to develop over a few days.	The flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches, and pains.
Headache	A headache is fairly uncommon with a cold	A headache is very common with the flu, present in 80% of flu cases
Sore Throat	Sore throat is commonly present with a cold.	Sore throat is can be present with the flu.
Chest Discomfort	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with the flu.
Complications	Colds can lead to sinus congestion or earache	The flu may lead to pneumonia & respiratory failure, can worsen a chronic condition and can be life threatening.

APPENDIX E

Form AZ570

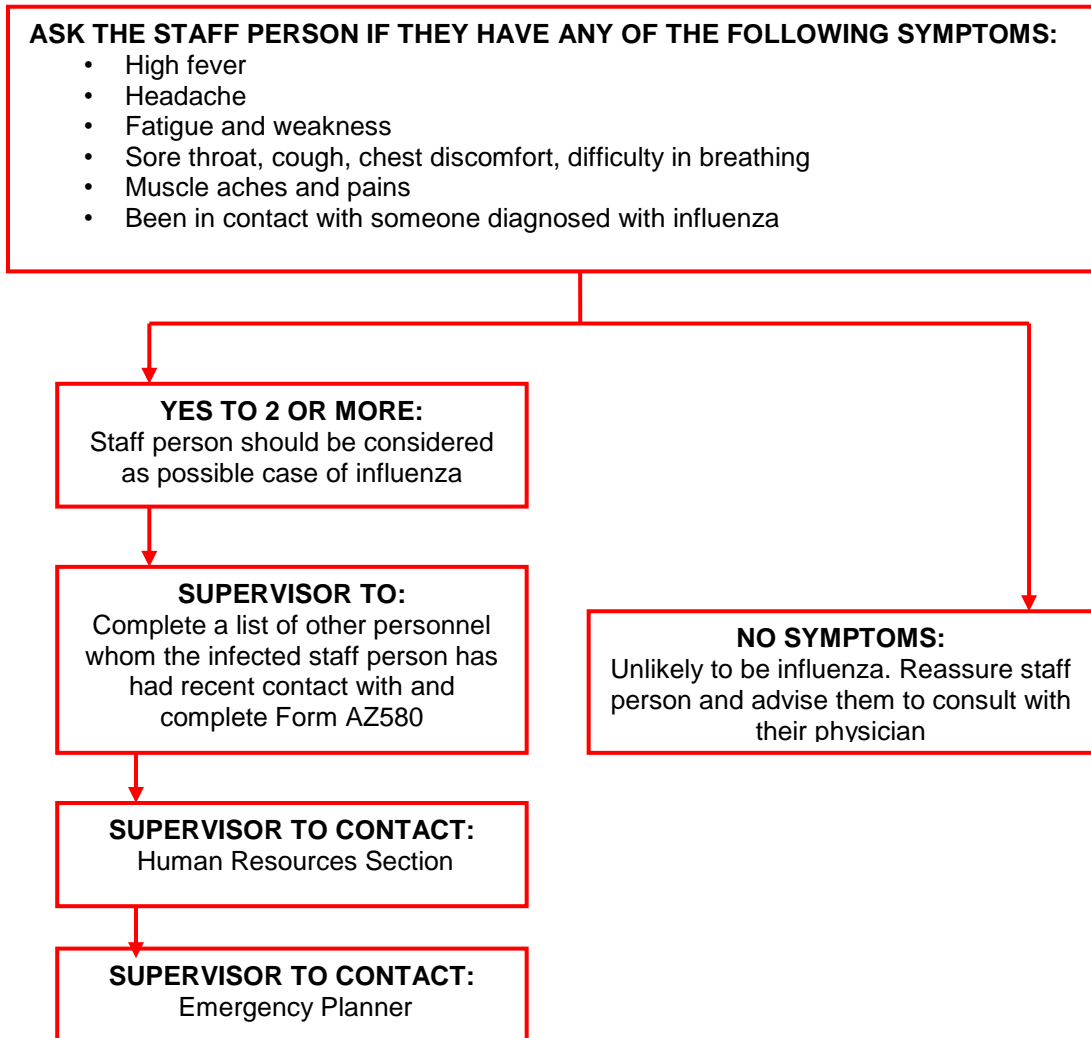


Pandemic Influenza Plan - Screening Checklist

This Screening Checklist is to be used by SCBCTAPS personnel in the detection and management of suspected pandemic influenza cases.

Process:

- Supervisor receives a call from a staff person suspecting that they may have influenza;
- Supervisor will ask these screening questions over the telephone, following the flow chart below:



APPENDIX F

**SCBCTAPS PANDEMIC PLAN MATRIX - SWORN OFFICERS
(ATTACHED)**

APPENDIX G

**SCBCTAPS PANDEMIC PLAN MATRIX – CIVILIAN STAFF
(ATTACHED)**

APPENDIX H

AZ580



**SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE**

PANDEMIC INFLUENZA PLAN – PERSONNEL NOTIFICATION FORM

(Suspected influenza case at work or home)

Details of the affected staff person:

Surname:	Given 1:	Given 2:
DOB:	Position:	Date:
Address:	Home Telephone:	
	Work Telephone:	
Postal Code:	Cellular:	
SYMPTOMS NOTED:		
<input type="checkbox"/> Fever <input type="checkbox"/> Dry Cough <input type="checkbox"/> Fatigue <input type="checkbox"/> Head Ache <input type="checkbox"/> Body Aches <input type="checkbox"/> Other:		
Time of symptoms onset:	Time of isolation:	
Any recent travel history? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, where?		
Where referred?		
Recent contact with other personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, complete contact list of names:		
Completed by:	Date:	Time:
Copies forwarded to: <input type="checkbox"/> Human Resources Section <input type="checkbox"/> SCBCTAPS Emergency Planner		



**SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE**

**PANDEMIC INFLUENZA PLAN
PERSONNEL & VISITOR SCREENING FORM**

During a Pandemic Influenza Emergency – Level 6, this screening will be administered to visitors to police facilities and to SCBCTAPS personnel (or as otherwise determined by the Chief Officer).

STOP!
**DO NOT ENTER THIS POLICE FACILITY
 UNTIL YOU HAVE COMPLIED WITH THIS SCREENING DIRECTIVE.
 HAVING COMPLIED WITH THIS DIRECTIVE,
 VISITORS/PERSONNEL MUST SANITIZE THEIR HANDS
 BEFORE ENTERING THE FACILITY.**

SECTION A – VISITORS & PERSONNEL (To be completed by a member of staff)		
SYMPTOMS: Are you experiencing any of the following symptoms?	YES	NO
Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
Severe fatigue or unwell	<input type="checkbox"/>	<input type="checkbox"/>
Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
If staff personnel/visitor answers YES to two or more of the above questions: NO ADMITTANCE permitted to the police facility.		
CIRCUMSTANCES: Please answer the following questions:		
Have you had contact with a person with or under investigation for FLU in the last 2 to 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled to a Restricted Travel country in the last 2 to 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
If staff personnel/visitor answers YES to one or more of the above questions: NO ADMITTANCE permitted to the police facility.		
Name of Visitor (to be recorded whether admittance is permitted or not):		
Completed by:	Date:	Time:

SECTION B – PERSONNEL (To be completed by a SCBCTAPS Supervisor)		
	Yes	No
Temperature (at or above 38°C)	<input type="checkbox"/>	<input type="checkbox"/>

1. If the staff person does not have a temperature at or above 38°C, no abnormal clinical signs and answered **NO** to the first two circumstantial questions, he/she may report to work.
2. If the staff person has had contact with a person with or under investigation for the FLU in the last 2 to 7 days, instruct the employee to contact www.healthlinkbc.ca or call 811.
3. If the staff person has attended a Restricted Country in the last 2 to 7 days, he/she should submit to voluntary quarantine at home and contact their physician.
4. If the staff person has a temperature above 38C, abnormal clinical signs **or** answered **YES** to either of the two circumstantial questions, call www.healthlinkbc.ca or call 811.
5. **If a staff person is absent from work as a result of these restrictions, a medical certificate certifying fitness to return to work MUST be provided. SCBCTAPS will cover the cost of the certificate.**

Signature of Supervisor

Date (yy/mm/dd)

Name of Supervisor

This completed form is to be forwarded by the Supervisor to:

- Human Resources Section
- SCBCTAPS Emergency Planner

APPENDIX J

AZ580



**SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE**

PANDEMIC INFLUENZA PLAN – PRISONER SCREENING FORM

As a result of a Pandemic Influenza emergency – Level 6, SCBCTAPS Police Officers will use this form to screen prisoners (or as otherwise directed by the Chief Officer).

Prisoner Name:	Date:	Time:
PART 1 – (Symptoms subject to review prior to booking in) (To be completed by Officer)		
SYMPTOMS: Are you experiencing any of the following symptoms?	YES	NO
Do you have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a cough (worse than usual)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having difficulty breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have muscle aches or pain?	<input type="checkbox"/>	<input type="checkbox"/>
If prisoner answers YES to two or more of the above questions and the reason is not obvious (foot pursuit, pepper spray, resisted arrest etc.): PROCEED TO PART 2.		
PART 2		
Have you travelled to a Restricted Travel country within the last 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you should be quarantined?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, when were you told?		
<p>If the prisoner answers YES to <u>any of the above questions</u>, the following steps must be taken:</p> <ol style="list-style-type: none"> 1. The accused is to be provided with a surgical mask, which should be worn at all times while in SCBCTAPS custody. 2. The accused should be transported in a separate compartment in the police transport vehicle. 3. Member to contact the JPD detention facility and advise them of accused with influenza-like illness (ILI) being booked in shortly. 4. Follow the JPD policies and procedures for booking the accused. Allow the accused to speak to the JPD health nurse if the health nurse wishes to ask him/her a series of questions to determine the risk of infection. The JPD may determine, based on the information gathered and diagnosis made, whether the accused should be transported to the hospital and or the detention facility. 5. Report ALL incidents concerning a potentially infected individual to a Supervisor. <p>This completed form is to be forwarded by the Officer completing the form to:</p> <ul style="list-style-type: none"> ▪ Master File ▪ SCBCTAPS Emergency Planner 		
Officer Name:	Badge Number:	

APPENDIX K

Pandemic Information Links

BC Centre for Disease Control:

- <http://www.bccdc.ca/default.htm>

BC Provincial Emergency Program:

- <http://www.pep.bc.ca/index.html>

Fraser Health Authority:

- <http://www.fraserhealth.ca/HealthTopics/CommunicableDiseases/PandemicFlu/Pages/PandemicFHPrepares.aspx>

Health Canada:

- <http://www.hc-sc.gc.ca/index-eng.php>

Health Link BC:

- <http://www.healthlinkbc.ca/healthfiles/hfile94a.stm#E46E1>
- <http://www.healthlinkbc.ca/healthfiles/hfile94b.stm>
- <http://www.healthlinkbc.ca/healthfiles/hfile94c.stm>
- <http://www.healthlinkbc.ca/kbaltindex.asp>

Provincial Health Agency:

- <http://www.health.gov.bc.ca/pandemic/pdf/prepare.pdf>
- http://www.health.gov.bc.ca/pandemic/pdf/Employee_Leaflet_04.pdf
- http://www.health.gov.bc.ca/pandemic/pdf/flu_poster.pdf
- http://www.health.gov.bc.ca/pandemic/pdf/handwash_soap.pdf
- http://www.health.gov.bc.ca/pandemic/pdf/handwash_sanitizer.pdf

Public Health Agency of Canada:

- <http://www.phac-aspc.gc.ca/emergency-urgence/index-eng.php>
- <http://www.phac-aspc.gc.ca/influenza/pandemic-eng.php>

Vancouver Coastal Health Authority:

- <http://www.vch.ca/pandemic>

World Health Organization:

- <http://www.who.int/en/>
- http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html