



KOTM Epidemic/Pandemic Emergency Preparedness Plan

KO Telemedicine (KOTM) provides a variety of essential services to a large number of remote First Nations communities throughout Northwestern Ontario. In the event of an epidemic / pandemic, KOTM's ability to carry out these vital services could be seriously affected. This emergency preparedness plan has been developed to assist the organization in maintaining its essential services despite significant staff absence due to illness.

Goals:

The goal of this plan is to minimize the impact an epidemic / pandemic outbreak can and will have on essential services offered by KOTM from both its Balmertown Head Office location, as well as each community satellite location. This plan will:

- Apply when any highly infectious illness causes extensive staff illness.
- Provide staff with the appropriate protocols to follow in response to an epidemic / pandemic situation.
- Outline how essential services will be maintained during a period of severe employee absenteeism.
- Prepare KOTM to be able to offer pandemic/epidemic related clinical and educational support services to our member communities.

Definitions:

Epidemic: An illness that affects a large population in one geographic area, with rapid spread and is not seasonal.

Pandemic: An epidemic that has become global.

Contagion: A disease that is or may be transmitted by direct or indirect contact.

Influenza Pandemic Background:

Influenza is a highly contagious respiratory infection caused by an influenza virus transmitted through contact with respiratory secretions of an infected individual. The World Health Organization (WHO) monitors flu outbreaks throughout the world, and has identified 6 distinct phases to facilitate pandemic planning preparedness. The phases are as follows:

Phase 1	Low risk of human cases.
Phase 2	Higher risk of human cases.
Phase 3	No or very limited human to human transmission.
Phase 4	Evidence of increased human to human transmission.
Phase 5	Evidence of significant human to human transmission.
Phase 6	Efficient and sustainable human to human transmission.

The Epidemic / Pandemic Executive Committee:

The goal of this team will be to prepare KOTM to initiate the plan in the event of an outbreak within its operational area, to handle the repercussions to business operations of an infectious outbreak, and to subsequently terminate the plan after the outbreak has subsided, all in an effort to continuously maintain essential services. Membership of the committee will include the following employees:

- Regional Telemedicine Coordinator (Chair)
- Program Manager (Vice-Chair)
- Quality Assurance / Privacy Officer
- Community Engagement Coordinator
- Education Coordinator
- Scheduling Coordinator
- Informatics Educator

Quorum for meetings will be a minimum of four (4) committee members present.

Committee Meeting Frequency:

The team will be required to meet when word of a potential outbreak occurring in our geographic region is received by any member of the committee. The committee members will rely on information collected from sources such as:

- When an epidemic type situation may be developing in Northwestern Ontario as reported by:
 - Health Care Partners

- Sioux Lookout Zone
- Northwestern Health Unit
- Family Physicians
- Zone Nursing Office
- Any other organization not listed above
- When one or more of our member communities identify that they are being affected by an infectious contagion.
- When a global pandemic situation has developed, with cases of the illness having been reported in Canada / Ontario.

Once a potential outbreak has been reported to a committee member, the details of the outbreak must be immediately forwarded to the Committee Chair. It will then be the Chair’s responsibility to organize a committee meeting within 3 business days of learning of the outbreak. If the Chair is unavailable at this time, the above-mentioned responsibilities pass onto the Vice-Chair. At this meeting, the committee will determine how often it must meet to best deal with the impending outbreak.

The team will also be required to meet according to the following frequency in the event of a worldwide influenza pandemic situation (in relation to the WHO Pandemic Phase):

Phase 3	Will meet every 6 months
Phase 4	Will meet every 2 months
Phase 5	Will meet every month
Phase 6	Will meet every week, but may meet more frequently if the committee deems necessary

Essential Services:

In preparation for dealing with an infectious outbreak, KOTM has identified four (4) key essential services that must be maintained at all times. These services are:

- Managerial / Administrative Services – the managerial/administrative team includes the Program Manager, Quality Assurance / Privacy Officer, and the Clinical Services Coordinator
- Scheduling Services –the scheduling team includes the Clinical Scheduling Coordinator, the Clinical Schedulers, and the Educational/Administration Schedulers
- Technical Services – this involves all of our network access and support provided through the Kuhkenah Network.
- Community Level Services – this involves the Community Telemedicine Coordinators, their backups, and the Community Health Directors

Plan Implementation:

Authority to implement the epidemic / pandemic plan will require at least four (4) members of the KOTM Epidemic / Pandemic Executive Committee voting to implement the plan. The decision as to when to implement the plan will depend on many factors including, but is not limited to:

- The World Health Organization (WHO) declaring a Stage 6 global pandemic
- The Canadian Government declaring a pandemic / epidemic
- The Ontario Provincial Government declaring a pandemic / epidemic
- The Nishnawbe Aski Nation (NAN) declaring an epidemic
- The Ontario Telemedicine Network (OTN) implementing their pandemic /epidemic plan
- The Zone Nursing Office implementing their pandemic / epidemic plan
- NWO Infection Control Network declaring a pandemic / epidemic
- Sioux Lookout First Nations Health Authority
- North Western Health Unit
- Other factors to be determined

When implemented, the committee will review the workflows of each essential service, update staff contact lists, research clinical and educational events that would be beneficial to staff and community members, and organize operations to maintain essential services. Furthermore, the committee will involve community leadership directly in an effort to identify and better meet the specific needs of our member communities in dealing with an epidemic / pandemic situation.

***COMPUTER NOTE: Once the plan has been activated, all KOTM Staff equipped with a laptop computer must bring their laptop (along with power cable) to ensure that they are able to work from home the next work day should the need arise.

***TRAVEL NOTE: Once the plan has been activated, KOTM Staff may still travel as they see fit in carrying out the responsibilities of their respective positions, subject to any travel restrictions put in force by a member community. A staff member has the right to defer travel during the time period when this plan is in force, and may utilize the video conference technology in lieu of travel to the best of their ability.

***IMMUNIZATION NOTE: If an immunization program for the infectious contagion exists, all KOTM staff are encouraged, but are not required, to participate in said program. KOTM recognizes that an individual has the right to choose their own treatments, and will not make the immunization program a requirement of employment.

Contingency Planning for Maintaining Essential Services:

Managerial / Administrative Services:

Community Telemedicine Coordinators (CTC):

A CTC's direct supervisor at the community level is the Community Health Director. In the event that the Health Director is unavailable, the Assistant Community Health Director or the Band Councillor with the Health Portfolio is considered an acceptable supervisory alternate. If all previously mentioned individuals are unavailable, supervisory capacity will temporarily pass onto the KO Telemedicine Quality Assurance / Privacy Officer, or alternate as described in the next section.

A CTC's direct supervisor at the Balmertown head office is the KO Telemedicine Quality Assurance / Privacy Officer (QAPO). In the event that the QAPO is unavailable, the KOTM Program Manager or KOTM Regional Coordinator is considered an acceptable supervisory alternate. If all previously mentioned individuals are unavailable, supervisory capacity will temporarily pass onto the Keewaytinook Okimakanak managers.

Balmertown Staff:

The direct supervisor for all Balmertown staff is the KO Telemedicine Program Manager. In the event that the Program Manager is unavailable, any Keewaytinook Okimakanak Manager is considered as an acceptable supervisory alternate.

*NOTE: During a period where supervisory capacity is limited, all staff are asked to perform their jobs to the best of their ability. When situations arise that require supervisory intervention, staff are asked to use their discretion to determine whether the issue can be deferred until the appropriate supervisor returns, or if it requires immediate attention. Only issues that require immediate attention should be forwarded to one of the above-mentioned supervisory alternates.

Scheduling Services

Clinical, Educational, and Administrative scheduling is the core activity of KO Telemedicine operations. Currently, all scheduling is completed in the Balmertown head office with the exception of one education scheduler being located in the Thunder Bay KO Research Institute (KORI) office. All computing, at the current time, is performed on desktop computers located in the respective offices.

Once the KOTM Epidemic/Pandemic Emergency Preparedness Plan has been implemented, the following documents/programs will be compiled and placed on a memory stick, or other portable data storage device, and will be distributed to each scheduler:

- * All necessary scheduling forms
- * Contact phone and fax numbers
- * The URL Link to access the TSM Scheduling Software
- * Software for the K-Net Booking Room
- * Any other documentation or resources that may be required/beneficial to the position

The documents and programs stored on this flash drive will allow a scheduler to be able to work effectively from home if the need arises. If a scheduler finds themselves working from home, he/she can install the necessary items from the data storage device onto their home computers, and their office phone line can be forwarded to their home number. In addition, it will be the scheduler's responsibility to gain access to whatever documentation they require to perform their positions adequately while away from the office, such as acquiring access to the scheduling calendar, or the Clinical / Diabetes / Dr. Edye / Family Visit / and Administrative Binders. The schedulers will also report in regularly to check on the status of faxes received. When the scheduler returns from work, and data transferred to their home computer should be deleted.

In addition to the above-mentioned portable storage devices, an "Administrative Laptop" has been set up to facilitate a work-from-home situation. The administrative laptop has been set up to ensure that a scheduler working from home would have access to the KOTM Bridge software (MGC Manager). This laptop will be signed out when needed to allow the KOTM Educational/Administrative Scheduler to work from home. In the event that the Educational/Administrative Scheduler is sick, possession of the laptop will transfer to another KOTM scheduler.

***The above-mentioned process allows schedulers to work from home, but, admittedly, on a restricted basis. Much of the work that schedulers undertake requires a physical presence in the office environment to function with maximum efficiency. While efficiency is reduced while working at home, it should be noted that scheduling services can be maintained even when not in the physical office environment.

In the very unlikely event that all scheduling staff are off sick at the same time, the following Emergency Scheduling Protocol will take effect. Any staff members still reporting to head office at this time will perform the following tasks to the best of their ability:

Scheduling Office

The Scheduling Office is kept locked at night. The KOTM Secretary will have a spare set of keys at her desk to get in. All files are kept in locked cabinets in the office. The main files are located in the hutch above the fax machine. Keys are located in the "Apple Bowl" on the desk.

* **How to Cancel an Appointment**

1. Patient files can be found in hutch above fax machine. It will be located in the blue upright files marked numerically by date.
2. You will need to look for the date you are cancelling.
3. The main scheduler for that appointment will be listed in the log box, along with the phone number.
4. You will need to contact this person to cancel as well as contact the patient site (CTC).
5. If you are unsure who to phone, please call OTN Thunder Bay Scheduling at 1-807-684-5500 x 5522, x5521, x5524, or x5536.
6. Please give them the patient name and specialist name, or the TSM # located on the bottom right hand corner of file. They will be able to find out who to contact to cancel.

Confirming Appointments

- If you receive an appointment confirmation, please mark it on a “Post-It Note” and place in a secure location in scheduling office (i.e. in the scheduling calendar in the locked hutch)
- If the appointment confirmation is for a consult that needs to be confirmed right away, please phone OTN Thunder Bay Scheduling at 1-807-684-5500 x5522, x 5521, x5524, or x5536, and explain your situation. They will be able to assist you in contacting the person to confirm.

Technical Services:

Technical services for KOTM rest in the operations of our partner organization, the Kuhkenah Network (K-Net). It is the responsibility of all staff, both community and Balmertown based, to report technical problems promptly as they are discovered.

The following list indicates staff members that should be notified promptly when a technical problem occurs. Furthermore, staff should contact the first person listed below, and should move successively down the list in the event that the previous individual is unavailable:

- KOTM Clinical Scheduling Coordinator (Carmen McFtridge x 1332)
- K-Net Network Business Manager (Penny Carpenter x 1285)
- KO Computer Technician (Lars Dixon x 1264)
- K-Net Network Technicians (Terrence Burnard x 1268 or Dan Gaudette x 1270)

- K-Net Reception (IP extension 1335 or 1269)

Community Level Services:

During an epidemic / pandemic type situation, Telemedicine services can be of extreme value to a community. Connectivity to health care providers, access to topic-specific educational events, and virtual meeting rooms where one can learn and share with peers from other communities are just some of the valuable services that the communities can benefit from that KOTM offers. It is essential that there are individuals in the communities that are able to operate the equipment, publicize events as necessary, relay community specific information/needs to KOTM staff, and to continue to offer the normal operational services that KO Telemedicine delivers on a daily basis.

It is the responsibility of every Community Telemedicine Coordinator to report to work as normal during a community epidemic. If a CTC is unable to come to work, they must ensure that their backup is able to provide full Telemedicine services to the community.

Epidemic / Pandemic Plan Procedures:

Human Resources:

During an epidemic / pandemic, KOTM will strive to maintain normal operations. The following requirements must be followed by all staff once the KOTM Epidemic / Pandemic Plan has been implemented:

- If the staff member is well (healthy), and no members of their immediate household are exhibiting symptoms related to the active contagion, the staff member will report to work as normal.
- If the staff member is ill with symptoms related to the active contagion, the staff member must remain home and claim a sick day.
- If the staff member is well (healthy), but a dependant of the employee (an individual that requires the care of the employee) is ill with symptoms related to the active contagion, the staff member must remain home and claim a sick day.
- If the staff member is well (healthy), but a member of their immediate household (an individual that can care for themselves) is ill with symptoms related to the active contagion, the staff member is encouraged, but is not required, to remain at home to prevent transmission of the illness to his/her co-workers. If the staff member decides to remain at home:
 - The staff member will then work from home to the best of their ability.

- The staff member, if unable to work from home due to the nature of their position, will be considered “on-call” (the staff member must provide a contact telephone number where they can be reached during the day):
 - The staff member is expected to be available by telephone/e-mail throughout the entire business day.
 - Staff will be paid as if they have come in to work.
 - If they are later determined to be unavailable (no response by phone or e-mail), the staff member will then have to claim a vacation day or a leave without pay day as they were unavailable for work, as per management’s discretion.

** In an effort to protect the public health, staff members that have fallen ill due to the active contagion must remain home. Furthermore, any sick days accumulated during the time that the epidemic / pandemic plan has been implemented will not be counted as part of the employee’s normal allotment of sick days. During this time, management has agreed to provide all staff with additional sick days as necessary. This benefit extended to all staff will be closely monitored. Any abuse of this benefit will be subject to disciplinary action which may result in the staff member being terminated from their position with KO Telemedicine.

In the event that a community’s Leadership decides to take measures that would prevent a KOTM employee from reporting to work, the employee must call into Balmertown head office according to the reporting protocols/procedures described in the next section.

Employee Reporting Protocols: Post-Plan Implementation

If a staff member will not be coming to work on any given day, that staff person must phone in to the KOTM Helpline (ext. 1000) before 9am local time, and must speak directly to a staff member in the Balmertown Head Office (no voicemail messages are allowed). In that phone call, the staff member must report whether they will be working from home, or if they are off sick. A phone call must occur each day the employee will be working from home, or if they are sick.

The following staff must follow their position specific instructions when calling in sick:

- **Community Telemedicine Coordinators (CTC):**
 - The CTC, in addition to calling in, must ensure that they arrange a backup to cover the day’s consults/activities before 9am local time. If the backup is available to cover the day, the CTC must indicate that fact in their phone call. If they are unable to contact their backups, or if the backups are unavailable, all events scheduled for the day will subsequently be cancelled.

- **All Staff:**

- May be required to provide nominal assistance to other staff, even if calling in sick, to aide other staff in finding vital information to ensure the continuation of essential services.

***NOTE: Any charges incurred by the employee in carrying out the tasks of their positions (most notably, long distance charges applied to their home phone bill) as a result of working from home will be fully reimbursed by KO Telemedicine.