

# Canadian Pandemic Influenza Plan for the Health Sector 2006

## Relevant Clauses

### Section Two: Background

#### 2.4 Key Planning Assumptions: Absenteeism

The following assumptions and explanation have been provided by the Department of Finance (federal), Economic Analysis and Forecasting Division, based on work completed as of September 2006.

- During an outbreak in a specific area, it would be appropriate for employers to plan for a total workplace absenteeism rate of between 20% and 25% during the peak two-week period with lower rates in the preceding and subsequent weeks.
- There is no evidence of significant workplace-avoidance absenteeism during any previous pandemic, or during SARS. Nevertheless, it might be prudent for those engaged in business continuity planning to consider the possibility that some workplace-avoidance absenteeism might occur. Possible peak workplace-avoidance absenteeism in individual industries is estimated using a framework in which employees balance the perceived relative risk of the workplace with the cost of an absence. The perceived relative risk of the workplace is determined by the overall morbidity rate and whether an employee or his or her immediate family has already contracted the disease. If workplace-avoidance absenteeism occurs, it could be highest in education services, health care and social assistance and public administration, reflecting a combination of high social density and leave availability in these industries

### Section Three: Preparedness

#### 2.4.2 Planning Principles and Assumptions

i) Infection prevention and control, and occupational health

... During the pandemic, it will be imperative to keep health care workers as healthy as possible. Occupational health issues that need to be considered include vaccination of health care workers, use of personal protective equipment, criteria for work exclusion and/or fitness to work, and work reassignments....

### Section Four: Response

#### Canadian phase 3.1

*Component: Health Services; Focus: Preparation*

Ensure that any legal and insurance issues that may impede recruitment and use of active and retired health care workers and volunteers have been addressed with P/T licensing bodies

Prepare and/or update communications defining the extent of care that health care workers and volunteer workers can perform according to P/T laws and union agreements

## **Annex F: Infection Control and Occupational Health Guidelines During Pandemic Influenza in Traditional and Non-Traditional Health Care Settings**

### **3.5 Occupational Health Management of Health Care Workers During an Influenza Pandemic**

The phrases “fit for work”, “unfit for work”, and “fit to work with restrictions” are used by Occupational Health to communicate a worker’s ability to remain at or return to work depending upon their susceptibility to influenza, immunization status and agreement to use antivirals. During the early phases of a pandemic, vaccine and antiviral availability will be limited and will be provided to priority groups. Health Care Workers, and those trainees, volunteers, etc. who are recruited to perform the duties of a HCW, are to be one of the priority groups. (See Annexes D and E of the Canadian Pandemic Influenza Plan.)

#### **3.5.1 Recommendations**

##### **1. Fit for Work**

- a) Ideally, HCWs are fit to work when one of the following conditions apply:
  - i. They have recovered from ILI (see glossary for definition and ILI Assessment Tool, Appendix IV) illness during earlier phases of the pandemic;
  - ii. They have been immunized against the pandemic strain of influenza as outlined in Annex D of the Canadian Pandemic Influenza Plan; or,
  - iii. They are on appropriate antivirals as outlined in Annex E of the Canadian Pandemic Influenza Plan.

Such HCWs may work with all patients and may be selected to work in units where there are patients who, if infected with influenza, would be at high risk for complications.

- b) Whenever possible, well, unexposed HCWs should work in non-influenza areas.
- c) Asymptomatic HCWs may work even if influenza vaccine and antivirals are unavailable. Meticulous attention should be paid to hand hygiene and HCWs should avoid touching mucous membranes of the eye and mouth to prevent exposure to the influenza virus and other infective organisms.

##### **2. Unfit for Work**

Ideally, staff with ILI should be considered “unfit for work” and should not work; nonetheless, due to limited resources, these HCWs may be asked to work if they are well enough to do so (see 3(b) below).

##### **3. Fit to Work with Restrictions**

- a) Ideally, symptomatic staff who are considered “fit to work with restrictions” should only work with patients with ILI. Health Care Workers who must work with non-exposed patients (non-influenza areas) should be required to wear a mask if they are coughing and must pay meticulous attention to hand hygiene.
- b) Symptomatic HCWs who are well enough to work should not be redeployed to intensive care areas, nurseries or units with severely immunocompromised patients,

i.e., transplant recipients, hematology/oncology patients, patients with chronic heart or lung disease, or patients with HIV/AIDS and dialysis patients.

## **Annex G: Clinical Care Guidelines and Tools**

### **1.2 Ethics of clinical care during public health emergencies**

On the basis of the six ethical principles outlined in the CPIP, health care planners and clinicians will want to consider the need for the following:

- **Protect and promote the public's health.** This is the organizing principle of public health action. For health care planners, it includes the duty to protect those who are on the front lines helping to fight disease. For clinicians, it implies the “duty of care”, according to which all health care professionals are expected to go beyond the normal call of duty during a health emergency.

## **Appendix I: Pandemic Primer for Front-Line Health Care Professionals**

### *5. The Five Best Practices for Health Care Professionals to Consider When Preparing for Pandemic Influenza*

#### Best Practice #4 – Ethics-based decision making

There are a number of ethical considerations that come into play during a pandemic; here are a few key principles:

First, there is the **duty of care**. All health care professionals will be asked to work hard during a pandemic. It is understandable that among the first reactions clinicians may experience is some personal trepidation when hearing the news that the pandemic has hit Canada. It is hoped that, nonetheless, you will respond to the call of duty. Of course, it will be much easier to respond to this call of duty if the previous best practices have already been put in place.

Second, there is the **duty to protect**. The people responsible for organizing health care services know that there is a moral and legal duty to protect those who are on the front lines helping to fight this disease. In turn, those who are on the front lines need to protect the patients whom they are looking after, especially the vulnerable.

Source: Public Health Agency of Canada (2006). Canadian Pandemic Influenza Plan for the Health Sector. Available from <http://www.phac-aspc.gc.ca/cpip-pclcpi/>

