



**County of Essex**

# **Pandemic and Infectious Disease Management Plan**

**Annex C**

**Revised: 2025**

**Emergency Management Division**

## Table of Contents

|  |    |
|--|----|
| <b>Pandemic/Infectious Disease Management Plan</b> .....                     | 2  |
| <b>1.0 Introduction</b> .....  | 2  |
| <b>2.0 Purpose</b> .....   | 2  |
| <b>3.0 Goals and Objectives</b> .....  | 2  |
| <b>4.0 Background</b> .....  | 4  |
| <b>5.0 Scope of the Plan</b> .....   | 5  |
| <b>6.0 Legal Authority and Governance</b> .....                              | 5  |
| <b>7.0 Estimated Impact of an Influenza Pandemic</b> .....                   | 6  |
| <b>8.0 Roles and Responsibilities of the Medical Officer of Health</b> ..... | 8  |
| <b>9.0 Pandemic Phases and Activation Framework</b> .....                    | 8  |
| <b>10.0 Windsor Essex County Health Unit (WECHU)</b> .....                   | 9  |
| <b>11.0 Pandemic Response Components, Activation &amp; Maintenance</b>       | 11 |
| <b>12.0 Public Health Measures</b> .....                                     | 13 |
| <b>13.0 Support to People at High Risk</b> .....                             | 15 |
| <b>14.0 Communications</b> .....   | 15 |
| <b>15.0 Workplace Preparedness and First Responder Safety</b> .....          | 16 |
| <b>16.0 EOC Infection Prevention and Control Guidelines</b> .....            | 17 |
| <b>17.0 Conclusion</b> .....   | 19 |
| <b>18.0 Additional Resources</b> .....                                       | 20 |

# **Pandemic/Infectious Disease Management Plan**

## **1.0 Introduction**

This Pandemic and Infectious Disease Management Plan outlines the County of Essex's framework for preparing for, responding to, and recovering from pandemic and infectious disease events. It is designed to work alongside the County of Essex Emergency Management Plan (EMP) and other supporting municipal, provincial, and federal guidance.

The annex addresses outbreaks caused by novel viruses, influenza strains, or other infectious diseases. It emphasizes coordination among municipalities, healthcare partners, and the Windsor-Essex County Health Unit (WECHU), which serves as the lead agency for public health emergencies.

## **2.0 Purpose**

- To protect the life, health, and safety of County residents during pandemic or infectious disease events.
- To outline clear roles, responsibilities, and actions to guide a unified, flexible, and scalable response.
- To align with relevant standards, including:
  - Ontario's Emergency Management and Civil Protection Act (EMCPA)
  - The Canadian Pandemic Influenza Plan
  - The Ontario Health Plan for an Influenza Pandemic
  - World Health Organization (WHO) pandemic phases and guidance

## **3.0 Goals and Objectives**

### **Goal 1: Coordinate a County-Wide Response**

Ensure a unified and scalable response to novel viruses, influenza strains, or infectious disease outbreaks.

#### **Objectives:**

- Maintain a flexible plan responsive to the ever-evolving science and epidemiology.
- Ensure stakeholders have access to accurate and timely information.
- Support cross-sector collaboration and communication.
- Regularly review and update the plan to reflect best practices.

## **Goal 2: Minimize Illness and Deaths**

Reduce the health impact of a pandemic through proactive and coordinated public health and emergency management efforts.

### **Objectives:**

- Support surveillance, testing, and contact tracing in coordination with WECHU.
- Coordinate vaccine and antiviral logistics where applicable.
- Provide support to healthcare and frontline workers.
- Ensure vulnerable populations have access to health services and resources.
- Activate the County's Emergency Operations Centre (EOC) as needed.

## **Goal 3: Maintain Critical Services and Minimize Disruption**

To minimize societal disruption in Windsor-Essex County as a result of a pandemic caused by a novel virus, influenza virus, or infectious disease.

### **Objectives:**

- To ensure efficient interface and coordinate operational procedures for emergency measures within the municipalities and communities of the region.
- To assist with the development and implementation of a coordinated inter-municipal public pandemic communications plan with all relevant public, private, and Non-Governmental Organization (NGO) sector stakeholders.
- To assist with the development, promotion, testing, and implementation of Continuity of Operations and Business Continuity Plans for both the public and private sectors.
- Implementing new workplace environments, policy and standard operating procedures, as well as return-to-work procedures for employees, to accommodate a safer and more practical work plan inclusive of working from home and/or a combination of home and office hours.
- To implement supply chain management and agreements to ensure the delivery of identified priority resources, equipment, medical supplies, and personal protective equipment (PPE) for frontline pandemic response as well as to assist municipalities in obtaining essential community resources or necessities. To assist and facilitate

with a requested municipally agreed ordering of required, identified, and essential PPE, response supplies, disinfection supplies, and equipment.

## **4.0 Background**

### **Pandemic**

Pandemics occur when a novel virus, a new influenza virus, or any other new communicable or infectious disease emerges with little or no existing human immunity, leading to widespread illness, disruption, and strain on public health and emergency systems.

The COVID-19 pandemic reinforced the importance of local preparedness and interagency coordination. Future pandemics could arise from zoonotic spillover (animal-to-human transmission), evolving influenza strains, or antimicrobial-resistant infections. While the specific pathogen may be unpredictable, the county must maintain readiness to respond effectively and timely.

Pandemic risk includes three general classifications:

#### **Novel Virus:**

- A previously unrecognized or mutated virus with the potential for rapid spread with no existing vaccine.

#### **New Influenza Virus:**

- A strain with little human immunity that can lead to serious illness or global outbreaks.

#### **Communicable Disease:**

- Any disease that spreads person-to-person through direct contact, droplets, or vectors.

Authoritative sources of pandemic information include:

- World Health Organization (WHO)
- Public Health Agency of Canada (PHAC)
- Ministry of Health
- Public Health Ontario (PHO)
- Windsor-Essex County Public Health Unit (WECHU)
- Centres for Disease Control and Prevention (CDC)

## 5.0 Scope of the Plan

This plan provides guidelines on how to implement and maintain the plan and actions to be taken for the effective management of a pandemic for the protection of the life, health, and safety of the citizens of Windsor-Essex County. It aligns with and supports the emergency management plans of the WECHU, local municipalities, and the county. Local municipalities, school boards, and other organizations are encouraged to use this document, as well as other municipal documents, in the preparation of their contingency plans. It is recognized that this plan will require updates on a regular basis because of the changes in the development of medications and vaccines, changes in demographics, and other new epidemiological and evidence-based best practices information that becomes available.

## 6.0 Legal Authority and Governance

### Legislation

Pandemic and infectious disease response in Ontario is governed primarily through the Health Protection and Promotion Act (HPPA), along with the EMCPA.

Under the EMCPA:

- Municipalities are required to develop and adopt an emergency management program, which includes an emergency plan, public education, training, and exercises.
- The Ministry of Health is designated as the lead for emergency health services and epidemic response.

Under the HPPA:

- The Medical Officer of Health (MOH) has statutory authority to investigate, manage, and control outbreaks of infectious diseases.
- Section 22 of the HPPA empowers the MOH to issue public health orders where there is a risk of infectious disease spread.

These acts ensure municipal and provincial alignment in preparing for and responding to public health emergencies.

### Emergency Declarations

Authority to declare or terminate an emergency rests with:

- The Premier of Ontario may declare that an emergency exists throughout the province or in any part, may take actions, and may

issue orders to protect the health, safety, and welfare of the inhabitants of the affected area(s)

- The Premier of Ontario may at any time declare that an emergency has terminated
- The Head of Council of a municipality may declare that an emergency exists in the region, or any part thereof, and may take actions and make orders as he considers necessary to protect the property and the health, safety, and welfare of the citizens
- The Head of Council of a municipality may at any time declare that an emergency has terminated.

The MOH or designate has the authority to control infectious diseases and determines the actions needed to protect the community from a infectious disease as outlined in the HPPA, revised Statutes of Ontario, 1990, Chapter H.7. The MOH has the power to identify, reduce, or eliminate health hazards.

In addition, the MOH has the authority to issue an order under Section 22 of the HPPA with respect to infectious disease if "he or she is of the opinion (upon reasonable and probable grounds) that an infectious disease exists or may exist, or that there is an immediate risk of an outbreak of an infectious disease in the health unit served by the MOH."

A novel virus or influenza virus is a reportable and infectious disease as defined by the HPPA. Therefore, health professionals must report diagnoses of influenza meeting the case definition as outlined in 0.2.1 to the local MOH or designate.

## 7.0 Estimated Impact of an Influenza Pandemic

While the specific characteristics of future pandemics will vary, it is important to be anticipatory of high case volumes, service disruption, and pressure on both healthcare and critical services/infrastructure.

Based on past influenza pandemic models (FluAid 2.0, 2023), a pandemic with a 35% attack rate in a six-week wave could result in:

| <b>Impact</b>             | <b>Number of People</b> | <b>Range</b>      |
|---------------------------|-------------------------|-------------------|
| Infected                  | 140,920                 |                   |
| Requiring Outpatient Care | 75,196                  | 58,436 to 107,641 |
| Requiring Hospitalization | 1,671                   | 601 to 2,113      |
| Deaths                    | 381                     | 215 to 393        |

These figures have been used to provide an estimate of the low-to-high impact of an influenza pandemic on Windsor-Essex County for planning purposes number of hospital beds needed. The impact is dependent upon such factors as the virulence of the virus and the availability of a vaccine and antiviral drugs. Special guidelines will need to be in place to address critical issues that will occur as service access is maximized and resources are depleted. Locating the resources that will be required, collecting the information that will be needed to educate response partners, stakeholders, and citizens, and identifying the service gaps that exist presently or will occur need to be addressed.

## **Key Operational Planning Assumptions**

Planners should anticipate and prepare for the following challenges:

### **Healthcare Surge & Staffing**

- Shortages of healthcare workers and emergency responders due to illness
- Overwhelmed hospitals and clinics; potential need for field hospitals or isolation sites

### **Service Disruption**

- Disrupted essential services (transportation, utilities, public safety)
- Strained PPE, disinfection supplies, and medical supply chains

### **Cross-Border & Regional Constraints**

- Border closures and travel restrictions may affect the flow of resources
- Essex County may not be able to rely on neighbouring municipalities

### **Vulnerable Populations**

- Temporary foreign workers may require quarantine support, testing, and medical access
- Additional mental health and social supports will be required

### **Communication and Public Confidence**

- High media and public scrutiny; need for clear, credible, and coordinated messaging

## 8.0 Roles and Responsibilities of the Medical Officer of Health

The MOH is the lead authority for managing public health aspects of a pandemic or infectious disease emergency in Windsor-Essex. In this capacity, the MOH or designated alternate will:

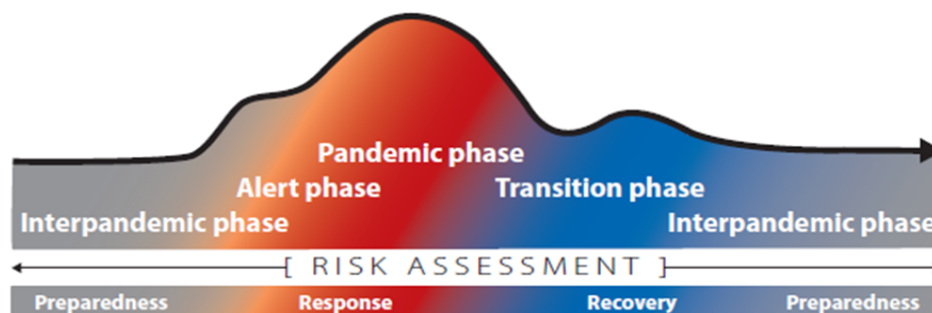
- Activate and coordinate the WECHU Emergency Response Plan and support municipal pandemic plans
- Provide epidemiological assessment and guidance to inform response actions
- Coordinate public health response operations within municipal and county emergency management structures
- Liaise with regional, provincial, and federal authorities to ensure integrated response
- Lead public health communications, including advisories, briefings, and community updates
- Advise other emergency services on public health considerations in broader emergencies
- Monitor and assess long-term public health impacts during/following pandemic events
- Review and revise the WECHU emergency plans to reflect current science and any lessons learned during operations

The MOH also ensures alignment with provincial health directives and acts as a liaison to the County Control Group (CCG) when public health measures affect countywide operations.

## 9.0 Pandemic Phases and Activation Framework

The County of Essex aligns its pandemic response with guidance from the WHO and Ministry of Health, using defined phases to scale operational activity

Figure 1. The continuum of pandemic phases<sup>a</sup>



<sup>a</sup> This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

## WHO Pandemic Phases

The WHO outlines pandemic activity across four main phases:

### **Interpandemic Phase:**

- The global average of cases is currently low and correlates to the Preparedness Assessment Stage

### **Pandemic Alert Phase:**

- Global average of cases greatly increases and corresponds to Preparedness and Response Assessment Stages

### **Pandemic Phase:**

- Increased and sustained transmission in the general population, which correlates with the Response Assessment Stage

### **Transition Phase:**

- This phase indicates a possible second wave or pandemic of cases and correlates to the recovery assessment stage, eventually returning to a levelling out of cases and return to the Interpandemic Phase

## County of Essex Pandemic Alert Phases

The County of Essex Pandemic and Infectious Disease Plan has been developed in coordination with the Ministry of Emergency Preparedness (MEPR) and Response Influenza Pandemic Guidelines for municipal emergency management programs. Although four pandemic phases are defined by the WHO to coordinate health sector activities, for most municipal purposes, three pandemic alert phases will exist.

### **Pre-Pandemic Phase:**

- Where no threat is identified or imminent;

### **Pandemic Alert Phase:**

- A pandemic is deemed to be likely;

### **Pandemic Phase:**

- WHO has declared a pandemic is present.

Each of these phases will compel different levels of engagement and activity for municipalities and other public authorities.

## 10.0 Windsor Essex County Health Unit (WECHU)

As outlined by the Ministry of Health, pandemic preparedness planning is a responsibility that is shared between the public health unit, hospitals, healthcare agencies, long-term care facilities, retirement homes, and local

emergency response agencies. Local MOH have been given the responsibility of ensuring the pandemic plans are developed, tested, and reviewed regularly in the inter-pandemic period.

The WECHU becomes the lead agency in dealing with a pandemic or infectious disease outbreak. The principal roles of the Health Unit are surveillance, administering vaccines and antivirals, providing health advice to the community, and supporting local efforts to respond to and manage the event.

Established in May of 2005 by the WECHU, the Pandemic Planning Committee brought together leaders/stakeholders from local organizations such as healthcare, emergency services, social services, and other sectors to prepare municipal pandemic plans and advocate for readiness across different sectors.

The Windsor-Essex County Pandemic Planning Committee was established in May 2005, and it is anticipated that committee members will assist with the development of local municipal pandemic plans, advocate for pandemic planning within a local community and regional approach structure, and be responsible to managing the response for an influenza or novel virus pandemic in their own place of employment. It was intended that the Windsor-Essex County Pandemic Planning Committee would be a standing committee, which currently has transformed into a regional command table structure during the SARS-CoV-II pandemic that reflects the principles of the Ontario IMS structure and will meet regularly in the inter-pandemic period to test, review, and revise pandemic planning, response, and recovery.

The committee is responsible for:

- Supporting the development, testing, and revision of municipal and county pandemic plans
- Providing surveillance, risk assessment, and public health guidance
- Coordinating public health messaging and resource allocation across the region
- Liaising with provincial and federal agencies, including the Ministry of Health, MEPR, PHO, and PHAC
- Making activation recommendations to municipal councils and the WECHU Board of Health

## **11.0 Pandemic Management Components, Activation & Maintenance**

### **Components of the County Pandemic Plan**

The County of Essex Pandemic and Infectious Disease Management Plan is integrated with the County Emergency Management Plan and outlines the following components for a coordinated response:

#### **Public Safety:**

- Emergency management coordination and community protection

#### **Healthcare Preparedness:**

- Surge planning, support to hospitals, clinics, and long-term care

#### **Workplace Health and Safety:**

- Guidance and controls to protect municipal and partner staff

#### **Corporate Communications:**

- Timely, consistent messaging to internal and external stakeholders, led by the Communications and Organizational Development Team in coordination with WECHU

### **Plan Activation and Alerting Protocols**

In pandemic influenza, the WHO will first identify an antigenic shift. The Population and Public Health Branch (PPNB) will obtain information about the new influenza strain and will begin to develop a vaccine for the influenza strain. This process can take up to six months or more to complete. The Ministry of Health will inform MOH of the impending pandemic.

Historically, pandemics have originated in Asia, thus providing Essex County with some advanced warning about the pandemic. As the pandemic escalates in scale, the MOH and the WECHU Strategic Planning Committee will determine when to implement various stages of the WECHU Emergency Response Plan. This will determine whether to contact or convene emergency response groups and have the County of Essex Pandemic/Infectious Disease Management Plan implemented. Area municipalities will also be prepared to implement their Emergency Management Plans if required. The following call-out procedure will be used to implement or place on standby the County of Essex Pandemic Plan:

- The MOH or alternate may be notified of influenza by the Ministry of Health, indicating that there is a confirmation of a pandemic declared by the WHO.

- The MOH or alternate will request that the Regional Pandemic Command and General Staff structure or Incident Management Team be contacted, and either remain on standby or report to the WECHU. The MOH or alternate will act as a liaison between WECHU and other provincial ministry entities.
- The MOH or alternate will activate the WECHU Emergency Response Plan.
- The MOH designate (or Director of Health Protection or Director who receives the advisory) will immediately notify the Manager, Social and Health Services, and other members of the WECHU Emergency Response Team, notifying them of the emergency and expected response required. They may be advised to assemble at WECHU to determine the scope of the emergency.
- Components of the County of Essex Pandemic/Infectious Disease Management Plan will be activated, collaborated with, and engaged (Communications, Surveillance, Vaccine/Antiviral, Health Care Preparedness and the Community, Emergency Preparedness and Response) and will contact the members of the teams or their alternates.
- At each level of notification, staff will be informed to remain on standby or take specific action steps to respond to the emergency; brief but pertinent details of the emergency will be provided (i.e. type of emergency, location, magnitude, response required, and assigned tasks).
- Close the loop and report to the MOH or designate on the status of the alert fan-out.

## County of Essex Pandemic/Infectious Disease Management Plan Activation

- Identification of antigenic shift (a novel hemagglutinin surface protein with or without changes in the neuraminidase surface protein) by the WHO
- Laboratory Centre for Disease Control (LCDC), Bureau of Infectious Diseases obtains information about the novel virus, new influenza strain, or infectious disease
- LCDC, Public Health Branch notifies local MOH (pandemic potential is confirmed)
- The local MOH may assemble the Pandemic Command and General Staff structure or Incident Management Team, and the local WECHU Pandemic Response Plan may be activated at the direction of the MOH
- Once a pandemic is imminent, the WECHU Emergency Response Plan is activated at the direction of the MOH
- It is expected that all municipalities will need to activate their emergency management plans

## Plan Evaluation and Maintenance

This plan must remain current and operationally viable. To do this, it will be

- Reviewed and revised regularly following any activation or major public health event
- Tested through exercises aligned with the County EMP
- Synchronized with WECHU and local municipal pandemic plans
- Updated in compliance with the MEPR
- Supported with training and orientation for staff that will be involved in a pandemic response

The MOH will designate a WECHU representative to the County Support Group to ensure public health integration into the emergency operations.

## 12.0 Public Health Measures

### Purpose and Objectives

Public health measures are non-medical interventions used to slow the spread of infectious disease during all phases of a pandemic. These measures aim to:

- Delay or reduce virus transmission before vaccines or treatments are available
- Minimize illness and deaths
- Protect healthcare capacity and critical services

These measures are led by WECHU and supported by the county, its departments, municipalities, and partner agencies.

## Key Public Health Measures

### Individual Level Measures

- Stay home when ill
- Self-isolation or quarantine as directed
- Hand hygiene and respiratory etiquette
- Use of masks or PPE when appropriate
- Case management and contact tracing

### Community-Level Measures

- Closure of schools or childcare facilities
- Restrictions on mass gatherings
- Travel advisories and screening
- Promotion of remote work or virtual services
- Targeted communication campaigns

## Phase Based Implementation

Public health measures will vary depending on the phase of the pandemic:

- The epidemiology of the pandemic strain-because novel viruses, new influenza, and infectious diseases are highly contagious, the opportunity to avert or contain a pandemic will end once efficient, sustained human-to-human contact is established
- Ontario's ability to implement public health measures, which will be affected by the phase of the pandemic, the human and financial resources available, the associated costs, and the public's acceptance of the measures

| Phase          | Focus   |
|----------------|---|
| Pre-Pandemic   | Develop and communicate public health protocols (contact tracing, distancing) |
| Pandemic Alert | Early case identification, targeted containment, public awareness             |

|                 |   |
|-----------------|---|
| Pandemic Period | Broad community level restrictions, expanded isolation and distancing, support for vulnerable populations |
|-----------------|---|

## Coordination and Consistency

To ensure effective response:

- WECHU will issue directives and coordinate local implementation
- The County will support enforcement, logistics, and public messaging
- A province-wide approach enhances consistency, compliance, and public confidence

### 13.0 Support to People at High Risk

Certain populations are more vulnerable to the direct and indirect impacts of pandemics. This can include increased risks of infection, barriers to accessing care, or disproportionate effects of public health restrictions.

#### Priority Populations

- Seniors and those with chronic/immunocompromising conditions
- People experiencing homelessness or housing insecurity
- Temporary foreign workers in the agri-food sector
- Low-income or lower socioeconomic individuals who may be unable to self-isolate without support
- Single-parent households or caregivers without support
- Culturally and linguistically diverse populations that may need tailored messaging

### 14.0 Communications

Effective internal and external communications provide the backbone for a coordinated response to an influenza pandemic. A wide range of groups at all levels will need to share accurate, timely, and consistent information about what is known about the pandemic strain and the risks to public health, as well as advice on how to manage those risks at each stage of a pandemic. During a pandemic, media attention will be intense, and information demands will continue over several months. Sustaining public and workplace confidence over that time will be a challenge. Credible spokespeople will be required nationally, provincially, locally, and within workplaces.

## Communication Objectives

- Ensure accurate public information is available at all stages of a pandemic
- Support WECHU-led public health messaging through county platforms
- Provide regular updates to county staff, elected officials, and emergency partners
- Respond to evolving communication needs, misinformation, and community concerns

## Core Principles of Pandemic Communications

### Educate:

- Explain risks, prevention measures, and community responsibilities clearly and simply

### Reassure:

- Emphasize preparedness, leadership, and support for the community and vulnerable groups

### Be Accountable:

- Share updates transparently, and adapt messages based on feedback and changing conditions

For further or additional information on communications during an influenza pandemic, visit Ontario Health Plan for an Influenza Pandemic (OHP/IP) Communications: Chapter 12.

## 15.0 Workplace Preparedness and First Responder Safety

### Business and Workplace Preparedness

In the event of a pandemic, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact on the economy and society. Planning for a pandemic is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centres for Disease Control and Prevention (CDC) have developed a checklist for large businesses.

It identifies important, specific activities large businesses can do to prepare, many of which will also help you in other emergencies.

## County Workplace and Staff Expectations

County employees and departments will:

- Maintain adequate supply of PPE, cleaning products, hand sanitizer, etc.
- Post and reinforce hygiene and distancing protocols
- Communicate changes regarding staffing, scheduling, or service delivery
- Encourage vaccination and ensure compliance with the Ministry of Health and WECHU

## First Responder Infection Control Measures

All first responders and essential frontline staff should adhere to appropriate infection prevention and control protocols, including:

- Proper hand hygiene before/after client contact and PPE use
- Use of PPE (mask, gloves, gown, eye protection) based on exposure risk
- Regular workplace sanitation, especially high-touch surfaces
- Adapting operational procedures to limit contact
- Use of barriers or distancing where feasible during service delivery

Agencies should maintain up-to-date:

- Mutual aid agreements
- Shift protocols to reduce overlap and transmission
- Training on pandemic-specific PPE use and hygiene practices

## 16.0 EOC Infection Prevention and Control Guidelines

This section provides guidance for maintaining safe working conditions and continuity of operations in the EOC during a pandemic or infectious disease event. It focuses on preventing illness among staff and ensuring the EOC remains operational during all phases of an emergency.

### Primary Concern

- The primary concern for EOCs is maintaining essential services while experiencing potential workforce shortages due to employee illness as a result of an infectious disease outbreak, ranging from a cold to potentially serious febrile respiratory illnesses such as influenza. Symptoms of febrile respiratory illnesses include both a fever and a cough.

## **Primary Goal**

- The primary goal for EOCs is to ensure that preventive practices are established to decrease the risk of transmission of febrile respiratory illness in an EOC setting. This will help to ensure continuity of operations (business continuity), which is especially important during emergency operations.

**Note:** For the purposes of this document, the emphasis is on novel viruses, influenza viruses and infectious disease.

## **Transmission novel viruses and new influenza**

- Are transmitted from person to person by droplets when an infected person coughs or sneezes. Droplet-spread infections pass from person to person easily, while droplet-spread infections can also be transmitted indirectly by touching contaminated surfaces such as doorknobs, elevator buttons, keyboards, etc.

## **EOC Safety Responsibilities**

The Safety Officer is responsible for infection control oversight and ensuring adherence to health and safety protocols.

Each EOC must have clear policies for infection prevention and staff health screening.

## **Key Infection Control Measures**

### **Staff Health and Screening**

- Promote influenza and COVID-19 vaccination for all EOC personnel
- Screen all staff for symptoms (fever, cough, etc.) before entry
- Restrict access for symptomatic individuals and non-essential personnel

### **Hand Hygiene and Cough Etiquette**

- Post signage and provide training on hand hygiene and respiratory etiquette
- Supply accessible hand sanitizers and tissues throughout the EOC
- Reinforce routine practices through regular messaging

### **Workplace Cleaning and Disinfection**

- Disinfect shared workplaces (desks, phones, keyboards) at shift change

- Clean high-touch surfaces regularly with disinfectants
- Store and manage cleaning supplies safely and separately from food areas

### **Personal Protective Equipment**

- PPE may be required in the EOC as directed by WECHU and the Safety Officer
- If symptomatic personnel must enter (in exceptional cases), they must:
  - Maintain 2m physical distance
  - Wear a medical mask
  - Sanitize hands frequently
  - Clean all equipment and surfaces after use

### **Maintenance and Evaluation**

- The EOC Infection Prevention and Control practices must be reviewed on an annual basis or following any outbreaks
- The Safety Officer is responsible for updating protocols based on Ministry of Health or WECHU guidance
- Ongoing staff awareness, compliance monitoring, and refresher training are important

An infection prevention and control program is not a static program or document; it should be monitored, evaluated, and updated on a regular basis to ensure it is congruent with current infection control practice guidelines. Ongoing evaluation of procedures should occur to ensure compliance with routine infection prevention and control practices and health and safety standards.

## **17.0 Conclusion**

The County of Essex Pandemic and Infectious Disease Management Plan lays out a framework to best protect the health, safety, and well-being of residents during any outbreaks, pandemics, or infectious disease events. By integrating the knowledge and information from the WECHU, municipal partners, provincial and federal authorities, and community stakeholders, the plan ensures a response that is unified and scalable, prioritizing public health, continuity of critical services, and support for vulnerable populations. This will be a living document, and this plan will continue to evolve through regular review, exercises, and lessons learned from real-world events.

## **18.0 Additional Resources**

- World Health Organization (WHO)
- Ministry of Health
- Windsor-Essex County Health Unit (WECHU)
- Ontario Health Plan for an Influenza Pandemic (OHPIP)
- Canadian Pandemic Influenza Plan (CPIP)