

Regardless of Swine Flu ... Creating a Service Continuity Plan

(Focused on Small & Mid-sized Nonprofits/Charities)

Thursday, Sept 17, 2009 1-2pm ET



Webinar Presenter: David Hartley

**Manager, Insurance & Liability Resource
Centre for Nonprofits, *Imagine Canada***

First: Sincere thanks for what you do.

Canada is a great country in large part due to organizations like yours.



Why the focus on “small & medium” ?

1) The government has recently announced funding to assist SME's with pandemic training and tools – they are recognized rightfully as the heart of our economy. But the government, as most Canadians, forgot the small & medium charities and nonprofits – the anchor/heart of many communities.

Marcel, our CEO, has been saying in newspapers across Canada, these organizations are being missed and the consequences would be devastating to Canadians. They don't have the resources to develop time-consuming & complex policies. In terms of the risk management Centre at Imagine, they are our target.

2) Of the 70+ organizations on the line there are a few large charities – hopefully you will still find this webinar useful, especially the YMCA links. Possibly you too can share your best practices in the future



LES GRANDS OUBLIES
Les organismes de bienfaisance et les OSBL sont-ils bien préparés à une éclosion du virus A (H1N1)?

MARCEL LAUZIÈRE

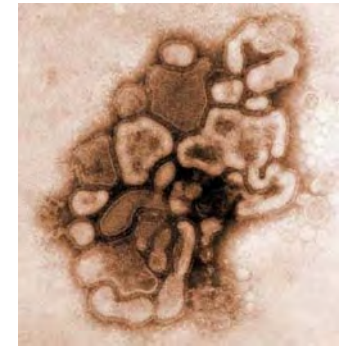
L'auteur est président et directeur général d'Imagine Canada.

Un regard perplexe, un long silence au bout du fil... voilà ce qui se passe quand je me mets à parler de l'impact potentiel de la pandémie sur les organismes de bienfaisance et les OSBL.

Si je traitais des hôpitaux ou des entreprises, je pourrais me

The image shows a newspaper clipping with a headline in large, bold letters: "LES GRANDS OUBLIES". Below the headline is a sub-headline in French: "Les organismes de bienfaisance et les OSBL sont-ils bien préparés à une éclosion du virus A (H1N1)?". The author's name, "MARCEL LAUZIÈRE", is printed below the sub-headline. To the left of the main text is a small portrait of Marcel Lauzière. To the right is a photograph of a food bank interior, showing shelves stocked with food and a person in a striped shirt working. The text of the article is partially visible, starting with "L'auteur est président et directeur général d'Imagine Canada." and "Un regard perplexe, un long silence au bout du fil... voilà ce qui se passe quand je me mets à parler de l'impact potentiel de la pandémie sur les organismes de bienfaisance et les OSBL." and "Si je traitais des hôpitaux ou des entreprises, je pourrais me".

Starting Place: H1N1 Key Facts

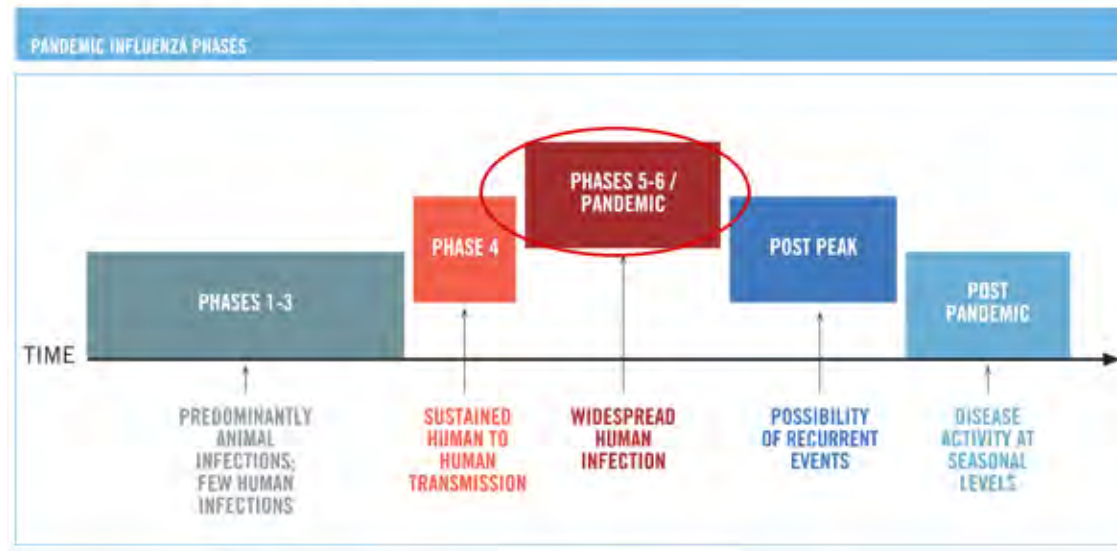


- 1. What is it?** The H1N1 flu virus – also known as human swine influenza – is a respiratory illness that affects the nose, throat and lungs. This virus usually affects pigs, but has been transferred to humans.
- 2. How is it spread?** Same way as regular seasonal flu. This happens when an infected person coughs or sneezes and their germs enter the nose, eyes, or throat of another person. The germs can also rest on hard surfaces, and can be picked up on hands and transmitted to the respiratory system when touching mouth and/or nose. (Not possible to catch by eating pork).

Source: Public Health Agency of Canada http://www.phac-aspc.gc.ca/alert-alerte/h1n1/fs-fr_h1n1-eng.php (PHAC)

3. WHO says H1N1 is a pandemic - Phase 6. Canada has the highest incidence rate in the world now and we're entering our flu season.

The current WHO phase of pandemic alert is 6.



World Health Organization link that explains this chart:

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

How could H1N1 affect my small/mid-sized nonprofit *IF* it spreads rapidly in my community?

- 1) **Significant absenteeism** of paid staff and volunteers due to their own illness or someone in their family or need to stay home with children if childcare/school closures or public transportation closures.
- 2) Health officials may also advise that workplaces take multiple steps to increase the space between people and decrease the frequency of contact among people, also known as “**social distancing**” to reduce the spread of illness during a more severe outbreak. This will very likely affect your ability to continue service as usual.
- 3) Additional thought: very likely increased demand for many of the “people helping” nonprofits. (E.g. meals on wheels)

What is a “Service Continuity Plan” (SCP)?

A collection of **policies, procedures, protocols and information** that is developed, compiled and maintained in readiness for use in the event of a service interruption.

The SCP outlines the steps your organization needs to take in order to quickly resume service delivery. Having the SCP in place before the service interruption occurs is critical; otherwise, your organization may not be able to respond quickly enough to prevent service interruption.

Reasons to Begin Creating a “Service Continuity Plan”:

1) This next month represents a key time for nonprofits to *invest* growing levels of concern into the creation of some form of a “service continuity plan”. The message is “regardless of swine flu” we need to have a plan for disruptions however they are caused. We don’t want to be caught without the ability to provide key services or handle crucial administrative functions – this Fall or anytime.

It’s not just pandemics. We are at risk from potential disasters that include:

- Natural disasters such as tornadoes, floods, blizzards, earthquakes and fire
- Accidents and Sabotage
- Power and energy disruptions
- Communications, transportation, safety and service sector failure
- Environmental disasters such as pollution and hazardous materials spills
- Cyber attacks and hacker activity.



MOTIVATION

- 2) Volunteers, paid staff, clients who benefit from your services and other stakeholders will appreciate **simple, common sense initiatives being put into place to protect services and more importantly, to protect your people.** Developing an SCP reveals caring leadership, something we know affects retention down the road as well.

- 3) Through this process most small-medium nonprofits/charities will uncover important operational issues otherwise unnoticed (e.g. only one person here knows how to run payroll and we don't have technology for her to work at home even if she is able to work from home).

- 4) Plan may reduce exposure to liability in the event of an incident. May lead to cheaper insurance rates or renewal of policy. Also can ensure compliance with regulatory requirements of federal, provincial and local agencies.



MOTIVATION

So How Does a Small & Medium-Sized Nonprofit Create a Plan? **#1: Update Contact Lists.**

So many of these organizations are already under-staffed as it is. It's not reality to be creating a "pandemic coordinator" position or to review existing emergency preparedness plans ... they don't have any! Unfortunately most checklists target larger organizations.

- QUICK START – CONTACT LISTS:** 1) Update your contact list of all your staff and volunteers – work and home locations - add emergency contacts
- 2) Update or create a partner contact list – a list of contact information of current and possible partners (e.g. other agencies and organizations who you can contact for assistance in a pinch).
- 3) Update or create a vendor contact list – who do you have contracts with? Who is contact person? (e.g.paper/photocopier/computers/payroll). So often in smaller organizations one person only knows this information.



#2 – Determine Essential Services & Functions.

- A) What are the critical services you must deliver? (Consider 10%, 20% and 50% loss of staff and volunteers and areas where service demand may actually increase.)
- B) What are the essential functions which ensure services. Don't miss administrative functions like payroll and deposits.
- what are these duties and who does them now (F/T or P/T paid or volunteer staff, what skills/knowledge are required)
- C) Can the technology, equipment and training be put into place for these functions to be done from current worker's home if they are unable to come into office (e.g. teleworking where staff has access to email, necessary software and network files to handle essential duties).
- D) For functions that cannot wait for 7-10 days while someone is off ill, you must cross-train a back-up person (e.g. through "job shadowing"). Ideally train back-up for every critical function. Chart who is capable at each function and put this in every key person's hand. Consider bringing in retirees, previous staff or volunteers, others who may be able to step in.



Critical Service has 4 Parts To It.





Submit by Email

Pandemic Preparedness Survey

Date:

Employee Name:

Job Title:

Home Phone:

Cell phone:

1. Do you have any dependant's or other commitments for whom you would be responsible for taking care of in the event they became ill or required assistance?

- Yes
- No

2. Do you have a home computer that could be used to access the BGCC network remotely?

- Yes
- No

3. The pandemic team would like to get an idea of any mission critical tasks you perform and how BGCC could deal in the event you were away for an extended period of team. Could you please indicate:

- which task it is
- how often you perform the task
- whether you could complete the task remotely if you had network access
- which other BGCC staff member could complete the task with limited training
- whether it would be possible for BGCC to contract this task out to a third party

Task	Frequency			Completed remotely?	Alternate staff	Contract work	
	Daily	Weekly	Monthly			Yes	No
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#3 – Communicate Safety Measures & Need for Personal Emergency Preparedness

A) Communicate reliable, up-to-date, pandemic information and other public health advisories.

- > signs & symptoms & incubation period
- > how it is spread & who is more at risk
- > latest information on H1N1 spread in your region
- > what to do if you display symptoms
- > ways to protect each other: hygiene & cough etiquette (post signs that staff, volunteers, visitors and vendors can see) as well as how to protect yourself while caring for others who may be sick with H1N1.



B) Discuss personal emergency preparedness. Include plans for caring for children & other dependents in case their usual caregiver is sick/closed. Personal planning is practical part of nonprofit planning.

Q: Where Can I Find Reliable Information?

A) Flu Watch: <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>



Updated Weekly! Sample: “Summary of FluWatch Findings for the Week ending August 29, 2009” (below is first paragraph)

“The overall trend of influenza activity has slightly decreased this week compared to last week. In fact, the ILI consultation rate is nearly within the range of expected level at this time of the year. The peak period of Pandemic (H1N1) 2009 occurred between weeks 22 to 24 (May 31, 2009 and June 20, 2009).”

Reliable Websites (continued)

More from Public Health Canada – FAQ to Print/Distribute

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>

B) World Health Organization – All the Key Questions Answered

http://www.who.int/csr/disease/swineflu/frequently_asked_questions/what/en/index.html

http://www.who.int/csr/disease/swineflu/frequently_asked_questions/about_disease/en/index.html

C) Centers for Disease Control (U.S.) – Key Questions Answered. Very helpful and material for print. http://www.cdc.gov/h1n1flu/general_info.htm

D) Provincial Websites – How to Prevent Flu - Printable (e.g. ontario.ca/flu)

Protect yourself against the flu.



Wash hands thoroughly & often.



Keep alcohol-based hand sanitizer handy.



Cough or sneeze into a tissue or your sleeve.



Keep surfaces & items disinfected.



Get both seasonal & H1N1 flu shots.

— Imagine  Canada

#4 – Workplace Policies & Protocols

- A) Ensure a healthy work environment with adequate air circulation, no-touch waste bins, tissues, alcohol-based sanitizers, soap, paper towels, posters, fact sheets.
- B) Establish policies & protocols for volunteers, staff, clients and visitors to prevent the spread of influenza viruses.



HR Policies with Staff/Volunteers – Consider the following:

1. “Please don’t come in / Please go home if you have influenza symptoms” (seasonal or H1N1 so similar – only saliva test reveals). Immediate mandatory non-penalized sick leave. Ensure sick staff and volunteers feel they can go home without fear.
2. Minimum time before returning to work. CDC states: “until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). Make sure fever is gone without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen”. <http://www.cdc.gov/h1n1flu/business/toolkit/actionsteps.htm>
3. Use of office contact person who needs regular updates
4. Teleworking availability policy
5. Compensation policy that clearly states how staff will be paid when on sick leave and if caring for sick family member OR for child home due to closure
6. Develop flexible leave policy to care for family member
7. No Doctor’s note requirement due to impact on health system at this time

DRAFT ONLY

Employee Absence Due to Pandemic Influenza

BGCC recognizes that in the event of a federally, provincially or locally declared Influenza Pandemic, the current sick leave policy may not address the needs of BGCC employees.

It is imperative that a staff member who has been diagnosed with Pandemic Influenza, or has been exposed to Pandemic Influenza because a member of their household has been diagnosed with Pandemic Influenza, stay at home rather than come to work and potentially infect other staff members. Where possible staff will be requested to fulfill their job duties through telework. However, this may not be possible in all circumstances, therefore:

1. Permanent and temporary staff members will be granted paid sick leave if they or their household are diagnosed with Pandemic Influenza and are unable to telework during this time;
2. Sick leave will be granted over and above any regular sick leave already accrued by the staff member, as needed;
3. If a staff member requires sick leave, he/she shall provide a medical certificate.

In deciding whether an employee with an apparently contagious illness may continue to work, BGCC will consider several factors:

- The employee must be able to perform normal job duties and meet regular performance standards.
- In the judgment of BGCC, the employee's continued presence must pose no risk to the health of the employee, other employees and/or customers, contractors, and visitors.

In the event that BGCC determines that an employee is unable to perform normal job duties, meeting regular performance standards, or poses a risk to the health of others, BGCC reserves the right to inform the employee that they must take sick leave until their health improves, and is cleared by a physician for a safe return to work. During this extraordinary medical situation, this leave will be paid at the employees' regular rate of pay for a maximum of six weeks, after six weeks the pay will decrease to 70% of normal pay rate.

If an employee disputes BGCC's evaluation that such a risk exists, the employee must submit a statement from his or her attending health care provider that the employee's continued employment poses no significant risk to the employee, or others.

#4 (cont'd) – Workplace Policies & Protocols

Protocols:

1. facility cleaning (e.g. handles, surfaces) more often, normal agent used
2. respiratory hygiene (hand-washing, coughing & sneezing etiquette, etc) discussed and posted
3. limited face-to-face contact (meetings) during a pandemic, meet in larger rooms, postpone non-essential training or meetings
4. a clearly communicated place (e.g. website) where updates for volunteers and paid staff will be posted
5. consider increasing distance between work desks
6. evaluate services to see which may be facilitating H1N1 virus spread
7. remove magazines/toys from waiting areas
8. avoid crowded lunch areas – eat at desk or stagger meal hours
9. If an employee does become sick while at work, place the employee in a separate room or area until they can go home, away from other workers. If the employee needs to go into a common area prior to leaving, he or she should cover coughs/sneezes with a tissue or wear a facemask if available and tolerable. Ask the employee to go home as soon as possible.



#5 – Take Additional Steps with Staff/Volunteers if Flu Conditions become more severe

1. **Conduct active screening of staff/volunteers when they arrive for work or task.** Ask everyone about symptoms such as fever, cough, runny nose, muscle aches, and sore throat during the previous 24 hours. Staff/volunteers who have flu-like symptoms should be asked to go home. Continue to advise them to check for any signs of illness before coming to work each day.
2. **Extend the time sick staff/volunteers stay home to at least 7 days.** People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away, even if they feel better sooner.
3. **Try to change work duties, workspace, or work schedules for employees who are at higher risk for flu complications** to reduce the possibility of getting sick at work. If this cannot be done, allow these employees to work from home, or stay home if feasible.
4. **Be more active in minimizing face-to-face contact between employees.** Consider strategies, such as using e-mail, Web sites, and teleconferences, canceling large meetings and gatherings, and encouraging flexible work arrangements (telecommuting or flexible work hours) to reduce the number of employees who must be at the work site at the same time or in one specific location.



#6 – Other Tips

- A) Finance – ensure back up signing authority
- B) Encourage and/or facilitate routine annual flu vaccination which strengthens immunity. (H1N1 vaccination available later in fall.)
- C) Fundraising/Special Event – be careful about planning these during flu season (note: insurers in June added wording to special event policies which excluded coverage for H1N1-type losses).
- D) Buy important supplies in advance of flu season (e.g. hand cleanser, cleaning supplies, tissues).
- E) Consider videoconferencing possibility instead of travel.
- F) Consider how your organization can help dispel rumours, misinformation, toxic fear with the community you serve with regard to H1N1
- G) See what other organizations with similar missions are doing (e.g. if you require children's toys on site, using non-porous toys and disinfecting properly; games or other materials not readily disinfected should be discontinued). Share best practices!

Completed

In Progress

Not Started



#6 Other Tips (cont'd)

- H) Review Employment Agreements and establish policies regarding: vacation time, overtime, redeployment of staff, flexible scheduling during a pandemic.
- I) Consider providing access to counseling and support services during and after a pandemic outbreak
- J) Ensure that communication is appropriate for the cultures, languages and reading levels of your staff, volunteers and those you are assisting
- K) Consider increased partnership with other nonprofits/charities during a widespread pandemic – for better use of limited resources but also because it may improve your services after pandemic is over.
- L) Be as clear as possible as to how pandemic plan start date will be determined, about expectations and when the plan will stop.
- M) Website home page: your service update + link to H1N1 websites

#7 Want to Go Further?

Here are More Resources:

1) Detailed Service Continuity Planning Course available online for free (French version also).

<http://www.readyforcrisis.ca/service-continuity/>

This website was created by several top organizations, including Volunteer Canada, for Canada's nonprofit community. Helps develop, implement and test your own Service Continuity Plan.


2) Go to our website to see many links + (NEW) over a dozen documents that YMCA (GTA) and Habitat for Humanity have graciously provided us this week. Website: www.nonprofitzzz.ca

True, neither are small or medium-sized organizations, however they have some excellent ideas in the documents which can be gleaned. Very specific help.

NOTE: If you are willing to share your documents, please send them on to Siobhan at smoran@imaginecanada.ca and she will post them as well. Or you can send a link directly from the right side of the risk website "submit a resource": www.nonprofitzzz.ca

How to find the Imagine Canada's Risk Management website (one of its 4 sites).

From Imagine Canada's main website (www.imaginecanada.ca) find and click on the small words "risk management" at top, just above the top red bar



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Thank You for big and small help:

- 1) **Don Lapierre**, Volunteer Canada > Soliciting Emails.
- 2) **Della Faulkner**, Canadian Nurses Association > Key Comment.
- 3) **Connie Berry**, Public Health Agency of Canada > your email
- 4) **Ella West**, CSO Privacy Officer > your email
- 5) **Russ Dahms**, Edmonton Chamber of Voluntary Organizations > email
- 6) **Mike Meadows**, Imagine Canada > important link
- 7) **Medhat Mahdy**, YMCA (GTA) > wonderful resources
- 8) **Scott Haldane**, YMCA (GTA) > wonderful resources
- 9) **Kaire Hartley**, NYGH, for several important finds
- 10) **Siobhan Moran**, Imagine Canada > for making everything happen
- 11) **Terry Petkau**, Habitat for Humanity Canada > helpful resources
- 12) **Marlene Deboisbriand**, Boys and Girls Club of Canada > 2 key forms
- 13) **Peter Walker**, Boys and Girls Club of Canada > 2 key forms

Thank You to Our Funder:
Ministry of Immigration
& Citizenship, Ontario



Ontario

Thank You to Our Partners in the Ontario Volunteer Partnership



Thank You for Joining Us Today. We're here to help you every day.

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Webinar Disclaimer



- **A Word of Caution**

Anything said in this workshop or read in this resource package is not intended to provide or replace professional advice from either a lawyer or an insurance professional. They will be able to give their professional advice based on your specific situation.

Insurance and the law are always changing. Yet another reason to double check information, like that found in this package, before making decisions.

The views expressed here do not necessarily reflect those of the Government of Ontario which provides the Risk Management Centre's funding.

Final Note: Webinar Sources:

Noted on slides specifically, or find full list of H1N1 websites we use at our website.