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|-------------------|--|-----------------------------------|-------------------------------|
| Plan Name         | <b><i>Communicable Disease and Pandemic Plan</i></b>                       |                                   |                               |
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## **1.0 Background**

### **1.1. Purpose**

NAIT acknowledges its legislated responsibility to protect the health and well-being of those within the NAIT community by being prepared and responding to the potential for transmission of communicable diseases on campus. The purpose of the NAIT Communicable Disease/Pandemic Plan is to set out key guiding principles for the identification of, and coordinated response to, unusual outbreaks in Alberta that may impact our NAIT community to:

- Outline roles and responsibilities of key players (any employees with the responsibility to participate in, or respond to, the unusual outbreak).
- Enhance collaboration and coordination.
- Establish clear lines of communication and information; and
- Improve efficiency and effectiveness.

### **1.2. Scope**

This plan provides a framework for a coordinated response to management of epidemics/pandemics that could also lead to outbreaks of communicable diseases. In addition, this plan works in conjunction with the [EMBC.PLN.1 - Integrated Emergency Management Plan \(IEMP\)](#).

- An Epidemic is an outbreak of infection in a community or region that spreads rapidly and affects many individuals at the same time.
- A Pandemic is a disease that is widespread and can be found across the world; a “worldwide epidemic”.
- An Endemic is a disease that occurs regularly in certain regions. When a disease becomes endemic, the number of people falling ill remains relatively constant over time. This can happen after a pandemic or epidemic.
- An Outbreak is a greater-than-anticipated increase in the number of endemic cases. If it is not quickly controlled, an outbreak can become an epidemic.

All the above have one or more of the following:

- A novel or emerging pathogen.
- Illness above expected amounts spread over more than one geographic jurisdiction.
- Severe illness or mortality among identified cases.
- A large number of unexplained illnesses are involved.
- A rapidly expanding outbreak.
- An over-represented vulnerable population among cases (e.g., children, elderly) in the community.
- Multiple agencies manage the outbreak (e.g., Public Health, Agriculture, Emergency Management).
- Significant media attention.

**1.3. Key Considerations**

| Category                      | Initial Risk Assessment  | Ongoing Risk Assessments   | How will this be learned?   |
|-------------------------------|--|--|---|
| Nature of Response            | What will be the overall impact?   | Is the impact changing?<br>How are we coping?  | AHS information<br>PHAC information   |
| Transmissibility              | How fast will it spread?<br>How many will be affected?<br>See also population vulnerability?   | Will there be more than one pandemic wave?<br>Is transmissibility changing?<br>Will follow-up waves be larger or smaller?<br>When will the next wave begin, peak, end?   | AHS information<br>PHAC information   |
| Virulence (Clinical Severity) | How severe is the disease?<br>What proportion of ill people will have severe impacts?  | Is disease severity changing?  | AHS information<br>PHAC information<br>Outbreak reports   |
| Population Vulnerability      | Will all age groups be affected and to what extent?<br>What are the risk factors for severe disease?<br>Are there populations at increased risk? | How is population immunity changing as the outbreak progresses?<br>Are new risk factors/groups emerging?<br>Are there additional populations at increased risk?<br>Are we effectively targeting our interventions? Any unintended consequences from our interventions? | Levels of pre-existing population immunity<br>AHS information<br>PHAC information<br>Outbreak reports |
| Public Health Measures        | What is the anticipated impact, including on transmission?   | Are the interventions acceptable?<br>Are they effective?   | AHS information<br>PHAC information<br>Outbreak reports   |
| Societal Impact               | Will there be significant workplace or school absenteeism?   | Will services be affected?<br>What is the impact on schools, businesses, critical infrastructure, and other services?<br>What is the impact on NAIT's vulnerable populations?<br>What is the economic impact?  | AHS information<br>PHAC information<br>Outbreak reports   |



## 2.0 Terms and Definitions

|  |   |
|--|---|
| <b>Alberta Emergency Management Agency</b> | Emergency Management Agency for the Province of Alberta   |
| <b>Avian influenza (H5N1)</b>              | Avian influenza viruses usually do not infect humans and cannot spread easily from person-to-person. Rare cases have been reported, most often in people who had close unprotected contact with infected poultry or environments have been contaminated with the virus. The reported symptoms of people infected with avian influenza vary from mild symptoms such as conjunctivitis (i.e. red eyes with discharge) to influenza-like illnesses (i.e. fever, sore throat, muscle aches) to severe respiratory illness. Others remain asymptomatic with the virus.   |
| <b>Communicable disease</b>                | A human disease that is caused by an infectious agent or a biological toxin and poses a risk of significant harm to public health, or a disease listed in the schedule, and includes an infectious agent that causes a communicable disease.  |
| <b>Coordinated Response Team (CRT)</b>     | A CRT is formed when an extended ECC will no longer suffice and a dedicated team from across the various business units is required. Their responsibilities include compiling and communicating pandemic/outbreak/epidemic summary information for NAIT leaders and the NAIT community; analyzing the summary data to find trends and links, while informing the coordinated response decision making.  |
| <b>COVID-19-like illness/symptoms</b>      | <p>COVID-19 can affect people in different ways. Most infected people develop mild to moderate illness and recover without hospitalization.</p> <ul style="list-style-type: none"><li>• Most common symptoms: fever, dry cough, tiredness, loss of taste or smell.</li><li>• Less common symptoms: congestion or runny nose, skin rashes, and eye issues (including conjunctivitis, eye pain and light sensitivity), sore throat, headache, aches and pains, diarrhea.</li><li>• Serious symptoms: difficulty breathing or shortness of breath, chest pain or pressure, loss of speech or mobility and confusion.</li></ul> |
| <b>Disinfection</b>                        | The destruction of infectious agents outside the body by any means.   |
| <b>Emergency Coordination Centre</b>       | The physical and/or virtual location from which strategic decisions are made and all activities of an event/incident/crisis are directed, coordinated, and monitored.   |
| <b>Endemic</b>                             | An endemic disease is one that is consistently present throughout a specific region or population. The prevalence of the disease remains stable and its spread is fairly predictable over time.   |
| <b>Epidemic</b>                            | An epidemic occurs when a disease, specific health-related behavior, or other health-related event spreads unexpectedly or quickly across a specific geographical area or population. It can occur if an endemic disease suddenly becomes more prevalent, or if a new disease begins to affect a region or specific population.   |
| <b>Hand hygiene/hand washing</b>           | The process of removing soil and transient microorganisms (bacteria, viruses) from the hands. Hand hygiene is a general term that applies to hand washing or hand antisepsis. Hand washing refers to washing hands with soap and water. Hand antisepsis refers to handwashing with an alcohol-based handwash.   |
| <b>Health authority</b>                    | A health services organization created pursuant to the Health Authorities Act, for the purpose of planning, organizing, and delivering a range of facility and community-based health services to either a designated geographic region or target populations.  |



|  |  |
|--|--|
| <b>Health Care Workers</b>             | Health Care Workers (HCW) include anyone who provides care or services related to health care. That includes everyone from medical professionals, management, administrators, support workers and volunteers in both public and private health care-related settings.  |
| <b>High-risk persons</b>               | Persons with specific, medically documented health conditions are at a higher risk of more severe illness or death associated with contracting the influenza virus. This includes all children between 6 months and 4 years and individuals over 65 years of age, pregnant women, persons on immune-suppressing medications, and those with chronic conditions such as diabetes, cardiovascular disease, and respiratory diseases, individuals who are from a First Nation, Inuit, or Metis community or self-identify themselves as First Nation, Inuit, or Metis, and their households, residents and staff who live/work in congregate living, and members of racialized or other equity deserving communities. |
| <b>Infection control measures</b>      | An organization's wide set of protocols and practices which aim to prevent and limit the spread of infectious agents within a health care setting.   |
| <b>Influenza-like illness/symptoms</b> | A constellation of symptoms exhibited by individuals with influenza and may be present prior to the confirmation of influenza. These changes may include but are not limited to; sudden fever of 38 C or higher, dry cough, sore throat, runny or stuffy nose, body aches and joint pain, chills, exhaustion, and nausea/loss of appetite.   |
| <b>Influenza virus</b>                 | A respiratory infection caused by influenza A and B viruses. In Canada, seasonal influenza generally occurs each year in the late fall and winter months.  |
| <b>Municipal Emergency Services</b>    | Fire, Police and Health agencies that protect the community on an ongoing daily basis.   |
| <b>NAIT Community</b>                  | The "NAIT Community" includes E\employees, contractors, vendors, volunteers, clients, and students of the Institute.   |
| <b>Outbreak</b>                        | The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season.   |
| <b>Pandemic</b>                        | An epidemic or infectious disease that can have a worldwide impact.  |
| <b>Pandemic influenza</b>              | A different or novel (new) influenza virus that spreads person to person and causes disease and deaths in humans. Disease occurring world-wide, crossing international boundaries and usually affecting a large number of people. It may cause more illness and deaths than seasonal influenza because people would not have been exposed to it, or a similar virus before.  |
| <b>Personal protective equipment</b>   | Personal Protective Equipment (PPE) is equipment or clothing worn to minimize exposure to workplace hazards  |
| <b>Relaunch Coordination Team</b>      | Relaunch Coordination Team (RCT) can be established by Executive Management Committee (EMC) to lead whole-of-NAIT strategic and operational coordination to achieve the vision, principles, and objectives with a view to situating relaunch activities within the framework of transformation.  |
| <b>Swine influenza (H1N1)</b>          | Swine influenza (swine flu) is an infectious respiratory disease of pigs. It's caused by type A influenza viruses. Infections of human influenza A with swine origin usually result in mild respiratory illness. Symptoms are similar to those of seasonal flu.  |



|                                    |   |
|------------------------------------|---|
| <b>Seasonal (annual) influenza</b> | Influenza is a respiratory infection caused by influenza viruses of the family Orthomyxoviridae. These viruses contain a lipid envelope. It can be distinguished from the common cold (which is also caused by viruses) because it generally results in a more severe illness, with a sudden onset of headache, chills and cough followed rapidly by a fever, appetite loss, muscle aches, and tiredness. |
| <b>Symptoms</b>                    | Subjective evidence of disease or physical disturbance observed by the patient.   |
| <b>Vaccine</b>                     | Protection from infectious diseases. If you are immune to a disease, you can be exposed to it without becoming infected.  |
| <b>World Health Organization</b>   | Founded in 1948, WHO is the United Nations Agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable - so everyone, everywhere can attain the highest level of health.  |





### **3.0 Epidemic/Pandemic Activation Considerations and Steps**

#### **3.1. Epidemic/Pandemic Levels – NAIT Defined**

##### **Level 0 – Operational Baseline:**

- For influenza, the institution maintains its normal day-to-day operation, but there is increasing staff and student awareness of proper hygiene etiquette (handwashing, covering nose/mouth when sneezing/coughing, mask-wearing, physical distancing, no sharing of personal items/drinks). If Novel Coronavirus/SARS (i.e., COVID-19), follow guidance as above plus any overlying guidance from Alberta Health Services (AHS) (which could encourage preventive measures including the use of masks, social distancing, signage & wayfinding, declarations, training, daily check-in form, etc.), and follow baseline (Level 0) COVID-19 cleaning protocols (facilities).

##### **Level 1, Mild/Single/Isolated Incident:**

- For influenza, sporadic cases of influenza within Post-Secondary Institutions (PSI's)/Health Region. Mild; Absenteeism < 15%. Incident response can be managed with resources found on campus and/or by the emergency services within the municipality. If Novel Coronavirus/SARS (i.e., COVID-19) (if confirmed), follow the guidance as above in level 1 plus level 0 precautions, and document via Incident Report to Health Services and if deemed necessary, an investigation by Health, Safety, and Environmental (HSE) could be triggered if linked cases are involved. The instructor/Supervisor is notified and forms part of the response. Facilities (cleaning), Emergency Coordination Centre or Coordinated Response Team (CRT), which may include but not be limited to Human Resources (HR), Marketing & Communications (M&C), Student progression, etc. are also notified, but may not be activated. No personal health information will be shared except to the extent necessary to allow each group to perform its duties in connection with NAIT's response to the incident. A brief status update message is sent to the NAIT community. Individuals diagnosed with a dangerous coronavirus/SARS, or who have been in close contact\* with an infected individual, will be required to follow AHS self-isolation/quarantine and testing protocols if required. Enhanced cleaning protocols if required. Follow AHS guidance for contact tracing and support AHS information requests.

##### **Level 2, Moderate/Initial Linked Cases (2+ Linked Cases)**

- For influenza, absenteeism continues to increase (~25%), and there is a minor impact on-campus operation. The incident has the potential of a higher impact on the campus and may attract regional media interest and/or a high degree of public interest. The campus will activate its IEMP process with the potential of an Emergency Coordination Centre (ECC). There may also be requests for additional external resources from the site of the emergency and the municipality. If Novel Coronavirus/SARS (i.e., COVID-19) (is confirmed), notify AHS of linked cases/outbreaks if required. Support the rapid response to more detailed AHS information requests. Issue more detailed messaging to the NAIT community to increase vigilance for anyone in that building / or who was on campus that day. Monitor and respond to social media activity with prepared messaging. Maintain Level 0 & Level 1 cleaning protocols, and consider closure of the area, if required. Potential cancellation or rescheduling of sessions for students and staff impacted (refer to Business Continuity Plans). It may affect individuals in multiple lab sections or programs.



### **Level 3, Severe/ Expanding Linked Cases / Clusters**

- For influenza, absenteeism continues to increase (~35%), and there is a major impact on campus operation. The emergency will require an extended response and will have a high degree of impact on the campus. The campus will defer direction from the ECC and can be expected to request assistance from the municipality, provincial government, mutual aid partners and others as appropriate. If a Novel Coronavirus/SARS (i.e., COVID-19) (if confirmed), continue to notify AHS of additional linked cases and follow their guidance. Prepare messaging for the public in anticipation of AHS & the Government of Alberta (GoA) discussing the evolving situation at NAIT. Prepare substantially more detailed messaging for the NAIT community. Maintain Level 0-2 controls. Communications Crisis Team (CCT) may be activated.

Potential floor or building closures. Assess exposure risk to nearby labs/areas/services and enact closures/cancellations where risk exists. It may affect a larger group of individuals who use the affected building or area in multiple lab sections or programs.

### **Level 4, Extreme (Coronavirus/SARS only, if confirmed) Significant Linked Cases / Cluster**

- Continue to notify AHS of additional linked cases and follow their guidance. Continue to prepare messaging in anticipation of AHS & the Government of Alberta (GoA) discussing the evolving situation at NAIT. Prepare substantially more detailed messaging for the NAIT community. Activate the Crisis Communications Team (CCT), and the Communications Lead (CL) will now handle all communications internally and externally. Potential building(s) closures, sections of a campus, or an entire campus, for a longer period and cancel all activities within these spaces until safe to re-open. Enhanced cleaning of all spaces used within the affected building(s). Maintain appropriate controls in any unaffected facilities/campuses that remain open. It may affect a larger group of individuals who use the affected building in multiple lab sections or programs.

### **Fatality due to infectious disease**

- Notify AHS & AB OHS. A NAIT CRT Director or ECC Director will prepare messaging in coordination with CCT for the NAIT community, the public, etc. Follow the existing ECC and NAIT Deceased Student/Staff Procedures.

### **Additional Waves Impact (if applicable)**

- Additional waves of the endemic/pandemic may occur, and rapid response procedures will be enacted. The process will follow the severity levels above. If a Novel Coronavirus/SARS (i.e., COVID-19) (is confirmed), NAIT campuses will follow the direction of the Government of Alberta and continue with previous-level steps as appropriate.

### **Post Epidemic/Pandemic**

- School maintains its regular day-to-day operation and continues promoting the importance of proper hygiene etiquette. School reviews the pandemic experience and revises Business Continuity Plans and Communicable Disease/Pandemic Plan based on this experience.

Table 1: Correlation of World Health Organization's Pandemic Phases and Health Authority Stages

| Level of Response | Type of Response                   | Influenza Approach  | Coronavirus Reporting Structure & Communications   | Coronavirus Controls & Next Steps   |
|-------------------|------------------------------------|---|--|---|
| 0                 | Operational Baseline (No Incident) | School institution maintains its normal day-to-day operation, but there is increasing staff and student awareness of proper hygiene etiquette (handwashing, covering nose/mouth when sneezing/coughing, mask-wearing, physical distancing, no sharing of personal items/drinks) |  | Per AHS direction, could include encouraging preventative measures which may include use of masks, social distancing, signage & wayfinding, declarations, training, daily check-inform, etc., and follow baseline (Level 0) COVID-19 cleaning protocols (facilities). Mechanical Systems (HVAC) operated in occupied mode (including normal or peak outside air rate introduced to the building as determined by filter levels as per the hierarchy of controls defined by AHS/ASHRAE) up to a period of 2 hours prior to occupants re-entering the building. |
| 1                 | Level 1 Single/Isolated Incident   | Sporadic cases of influenza within Post-Secondary Institutions (PSI's)/ Colleges/ Health Region.<br><br>Mild; Absenteeism < 15%.<br><br>Incident response can be managed with resources found on campus and/or by the emergency services within the municipality.               | Document via Incident Report to myCority for Health Services and investigation by HSE.<br><br>The instructor/Supervisor is notified and forms part of the response. Facilities (cleaning), CRT, Human Resources (HR), Marketing & Communications (M&C), etc. are also notified, but with no personal information being shared except to the extent necessary to allow each group to perform its duties in connection with NAIT's response to the incident.<br><br>A brief status update message is sent to the NAIT community. | Maintain Level 0 controls.<br><br>Individuals diagnosed with coronavirus/SARS, or who have been in close contact* with an infected individual, to follow any AHS self-isolation/quarantine and testing protocols.<br><br>Cleaning protocols for the area once identified, as required. If a positive case has been identified several days later, determine if additional cleaning is necessary.<br><br>Follow AHS guidance for contact tracing, if required.<br><br>Support AHS information requests.  |



| Level of Response | Type of Response                                  | Influenza Approach   | Coronavirus Reporting Structure & Communications   | Coronavirus Controls & Next Steps  |
|-------------------|---|--|--|--|
| 2                 | Level 2 Initial Linked Cases<br>(2+ Linked Cases) | <p>Absenteeism continues to increase (~25%) and there is a minor impact on-campus operation.</p> <p>The incident has the potential of having a higher impact on the campus and has attracted regional media interest and/or a high degree of public interest.</p> <p>The campus will activate its Integrated Emergency Management Plan process of an ECC.</p> <p>There may also be requests for additional external resources from the site of the emergency and the municipality.</p> | <p>Notify AHS of linked cases/outbreaks. Support the rapid response to more detailed AHS information requests.</p> <p>Issue more detailed messaging to the NAIT community to increase vigilance for anyone in that building / or who was on campus that day.</p> <p>Monitor for and respond to social media activity with prepared messaging.</p>  | <p>Maintain Level 0 &amp; Level 1 controls.</p> <p>Lab/shop/class may close as required. If a positive case has been identified several days after the reporter has been on campus, determine if a closure is necessary.</p> <p>Cancel, reschedule, or move work/learning online for students and staff impacted (refer to business continuity plans) for days as required. If a positive case has been identified several days later, determine if a closure is necessary.</p> <p>This may affect individuals in multiple lab sections or programs; notify as required.</p> |
| 3                 | Level 3 Expanding Linked Cases/Clusters           | <p>Absenteeism continues to increase (~35%), and there is a major impact on campus operations.</p> <p>An emergency will require an extended response and will have a high degree of impact on the campus.</p> <p>The campus will defer direction from the ECC to fully activate its department safety plans and business continuity plans and can be expected to request assistance from the municipality, provincial government, mutual aid partners and others as appropriate.</p>   | <p>Continue to notify AHS of additional linked cases and follow their guidance.</p> <p>Prepare messaging for the public in anticipation of AHS &amp; the Government of Alberta (GoA) discussing the evolving situation at NAIT for ~14 days or more.</p> <p>Prepare substantially more detailed messaging for the NAIT community.</p> <p>Crisis Communications Team potentially activated.</p> | <p>Maintain Level 2 controls.</p> <p>It may require closures for labs, classes, shops, etc. If a positive case has been identified several days after being on campus, determine if a closure is necessary.</p> <p>Assess exposure risk to nearby labs/areas/services and enact closures/cancellations if a risk exists, which will be determined by CRT/ECC and business units.</p> <p>This may affect a larger group of individuals that use the affected building or area in multiple lab sections or programs; notify as required.</p>                                   |



| Level of Response | Type of Response                             | Influenza Approach | Coronavirus Reporting Structure & Communications  | Coronavirus Controls & Next Steps  |
|-------------------|--|--------------------|---|--|
| 4                 | Level 4<br>Significant Linked Cases/Clusters | Coronavirus Only   | <p>Continue to notify AHS of additional linked cases and follow their guidance.</p> <p>Continue to prepare messaging in anticipation of AHS &amp; the Government of Alberta (GoA) discussing the evolving situation at NAIT for ~14 days or more.</p> <p>Prepare substantially more detailed messaging for the NAIT community.</p> <p>Activate Crisis Communications Team (CCT), the Communications Lead (CL) will now handle all communications internally and externally.</p> | <p>Prepare to close floors or entire building(s), sections of a campus, or an entire campus, if necessary.</p> <p>Potentially cancel all activities within these spaces if deemed unsafe to remain open (directed by AHS or other authority).</p> <p>Proportionate level of cleaning and sanitization accounting for the material surface types, impact to lab/classroom equipment and virus exposure period, as required.</p> <p>Maintain an appropriate level of controls in any unaffected facilities/campuses that remain open.</p> <p>Protective Services is involved in building entry, which requires coordinating scheduled access if required.</p>                                    |
|                   |  |                    |   | <p>Maintain an appropriate level of controls in any unaffected facilities/campuses that remain open.</p> <p>If closure occurs, re-entry to full or partial building occupancy following a closure may require mechanical systems (HVAC) to be operated in occupied mode (including normal or peak outside air rate introduced to building) for a minimum period of one week prior to occupants re-entering the building.</p> <p>Domestic water flush of the building is required prior to re-entry for total building closures exceeding 30 days.</p> <p>May affect a larger group of individuals that use the affected building in multiple lab sections or programs, notify as required.</p> |

### 3.2. Pandemic Phases – World Health Organization (WHO) Defined

#### Inter-pandemic Period (Phase 1)

- No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered below.  
\*Distinction between phase 1 and phase 2 is based on the risk of infection or disease from circulation strains in animals.

#### Inter-pandemic Period (Phase 2)

- No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human infection.

#### Pandemic Alert Period (Phase 3)

- Human infection(s) with a new virus subtype, but no human-to-human spread, or at most, rare instances of spread with close contact.  
\*\* Distinction between phases 3, 4 and 5 is based on the risk of a pandemic.

#### Pandemic Alert Period (Phase 4)

- Small cluster(s) of infection with limited human-to-human transmission, but the spread is highly localized, suggesting that the virus is not well adapted to humans.

#### Pandemic Alert Period (Phase 5)

- Larger cluster(s) of infection; the human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

#### Pandemic Period (Phase 6)

- Pandemic phase: increased and sustained transmission of infection in the general population.  
AHS will identify an outbreak/pandemic.

#### Post-Epidemic/Pandemic Period

Table 2: Correlation of World Health Organization's Pandemic Phases and Health Authority Stages

|                       | WHO Phase | Description  | Health Authority Stages | Description  |
|-----------------------|-----------|--|-------------------------|--|
| Inter-pandemic Period | 1         | No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, risks of human infection or disease are considered to be low. | 0                       | WHO concerns are increasing– actions may be required for staff and students outside of Canada. |



|                      | WHO Phase | Description   | Health Authority Stages   | Description  |
|----------------------|-----------|---|---|--|
| Pandemic Period      | 2         | No new influenza virus subtypes have been Detected in humans. However, circulating animal influenza virus subtypes pose substantial risks of human disease.   |   |  |
|                      | 3         | Human infection(s) with a new subtype, but no human-human spread, or at most rare instances of spread with close contact.   |   |  |
|                      | 4         | Small cluster(s) with limited human-to-human transmission but the spread is highly localized, suggesting the virus is not well adapted to humans.   |   |  |
| Pandemic Period      | 5         | Large cluster(s), but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). | 0   | Increasing sustained transmission in the general population outside of Canada. New virus subtype.          |
| Pandemic Period      | 6         | Pandemic increased and sustained transmission in the general population.  | 0   | Suspected/confirmed cases within Alberta/Canada.   |
|                      |           |   | 1 Mild  | Sporadic cases with Colleges/Health Region Absenteeism <15%.   |
|                      |           |   | 2 Moderate  | Absenteeism is increasing, with minor impacts. Absenteeism ~25%.   |
|                      |           |   | 3 Severe  | Absenteeism increases major impacts- Government mandate suspension of public gatherings. Absenteeism ~35%. |
| Post Pandemic Period |           | Return to the inter-pandemic Period.  | 4   | Pandemic event is ending, reflect on what was learned.   |
| COVID Fatality       |           | Notify AHS & AB OHS. The NAIT Coordinated Response Team (CRT)/Emergency Coordination Center (ECC) will prepare messaging with CCT for the NAIT community, the public (as required), etc.                        | Follow existing NAIT fatality processes and procedures.<br><br>Prepare (mental) health resources and support for staff and students.<br><br>Prepare a toolkit for front-line staff. Assign a liaison (single point of contact) for friends and family, as required. |  |





## **4.0 Procedure**

### **4.1. Notification to NAIT Community and Interested Parties**

When a suspected epidemic or pandemic is detected by NAIT as well as announced by AHS, NAIT will communicate with their community and interested parties as required. Communication channels and tactics will be identified in consultation with the communications team. The initial point of contact for any questions or concerns will be Health Services, ending on the length of the event an additional communication methodology and contact may be identified.

The following teams, as applicable, will be invited to review the information and conduct the initial assessment call for the outbreak:

1. Mandatory:
  - HSE
  - Emergency Management and Business Continuity (EMBC)
  - ECC Director
2. Optional:
  - Others as required

NOTE: NAIT will maintain and update the contact list annually or as required.

Upon review of the information provided, the teams will agree on one of the following:

1. No further action.
  - Communication as needed.
  - If new information arises, another call can be initiated.
2. Monitor the situation and reassess.
  - All involved will agree on the timeframe for follow-up meetings.
  - The ECC Director (if applicable) will coordinate follow-up meetings and distribute minutes/agenda.
  - At the follow-up meeting, new information will be reviewed and reassessed to determine the next steps.
3. Activate the NAIT ECC. The NAIT ECC Director will be responsible for:
  - Scheduling subsequent meetings,
  - Creating agendas and documenting minutes.
  - Chairing the meetings/teleconferences.

The Communication team will recommend NAIT's communication strategy, including tactics, channels, and messages. If the epidemic/pandemic turns into a level where ECC is activated, the Communication Lead (CL), with the support of the Crisis Communications Team (CCT), will support the ECC Director by recommending NAIT's communication strategy, including tactics, channels, and messages. If the epidemic/pandemic does not escalate to an ECC activation, Health Services and EMBC will collaborate with Communications.





## **4.2. Communication Steps between NAIT Internal and External Partners**

1. Alert notification: Information could be received at NAIT from several sources, i.e., Alberta Health, Local Health Authority or possibly Advanced Education, depending on the crisis.
2. The NAIT department who is informed notifies the EMBC Department
3. EMBC to collaborate with the Executive Management Committee to activate the ECC (partially or in full)
4. ECC operationalizes the response and would determine and create the necessary immediate actions and plans across NAIT i.e., Communicable Disease and Pandemic Plan, Business Continuity Plans, etc.
5. Maintain communication between other post-secondary institutes (PSIs) and Advanced Education.

## **4.3. NAIT Emergency Coordination Centre**

### **4.3.1. Activation and Composition of ECC**

1. The NAIT ECC will follow the IEMP. Roles and responsibilities will follow the direction of the ECC unless otherwise directed.
2. Once the ECC has been activated, several steps are initiated to coordinate ongoing outbreaks. These are identified in the IEMP and are ongoing throughout. Some steps need to be taken specifically for a pandemic:
  - a. Investigation Activities: Every effort should be made to standardize the information being collected and centralize the data analysis for the investigation. The ECC will ensure the coordination of data collection and information sharing by agreeing to and sharing the Epidemic/Pandemic Case Definition on Campus.
    - An epidemic/pandemic-specific case definition, including case classification (i.e., confirmed, probable, suspect), will be determined by the ECC. This may be the current Alberta case definition or a modification of it.
  - b. Prevention and Control Strategies: Prevention and control strategies may vary during an unusual outbreak depending on the severity and nature of the outbreak. The ECC will develop appropriate prevention and control strategies.
3. Creation of Working Groups/Committees: Working groups outside the ECC may be established to explore public health interventions and measures, such as a CRT. These working groups will be expected to bring recommendations back to the ECC for discussion and approval.

Depending on the nature and magnitude of the unusual epidemic/pandemic, government departments (e.g., AHS), provinces or Public Health Authority Canada (PHAC) may be consulted and/or advised.



#### **4.3.2. Deactivation and After-Action Reports (AAR)**

1. Deactivation of ECC or CRT
  - a. The ECC/CRT will determine when to scale back or deactivate. Deactivation should always occur once an epidemic/pandemic is concluded. However, the ECC can also choose to scale back and/or deactivate prior to the conclusion of an outbreak.
2. Submission of Final AAR
  - a. When the unusual epidemic/pandemic has concluded (the ECC/CRT may already be deactivated), a final AAR should be submitted within 2 weeks of closing the investigation as per the usual reporting process.
  - b. The final AAR, including the outbreak summary, should be submitted no later than 30 days after closing the epidemic/pandemic investigation.
3. Final Outbreak Summary
  - a. The goals of the post-epidemic/pandemic summary will include:
    - Consensus on the source of the epidemic/pandemic, if required.
    - Effectiveness of NAIT actions and/or difficulties in their implementation.
    - Evaluation of the collaborative response efforts, including communication and coordination.
    - Discuss any privacy and/or legal issues that may have arisen.
    - Identification of immediate and/or long-term measures that require program and policy changes.
    - Discussion on joint publication of epidemic/pandemic findings in journals and/or presentations at conferences.
    - Lessons learned.
    - Identification of improvements to the AAR.

#### **4.4. Mitigation Strategies**

##### **4.4.1. Background**

1. What is an epidemic/pandemic influenza virus?
  - a. This is a completely different or novel (new) influenza virus that spreads easily from person to person and causes disease and death in a significant number of humans throughout a community and even worldwide. It could cause more illness and death than seasonal influenza because people would not have been exposed to it or a similar virus before. It is spread the same way as seasonal influenza – by droplets released through coughing, sneezing, or talking/laughing. The droplets can then be breathed in by others. The virus can also be contracted by shaking hands contaminated with the virus and by touching hard surfaces, such as counters or doorknobs contaminated with it. A person becomes infected by subsequently touching his/her eyes, nose, or mouth.
  - b. People are most contagious during the 24 hours before the onset of symptoms and during the most symptomatic period (usually about 3-5 days from the clinical onset in adults).
    - Influenza is a virus that can live on hard surfaces for one to two days. It can also live on cloth, tissue, paper and especially hands.
  - c. Droplet transmission refers to large droplets formed in the respiratory tract of the infected individual. These droplets contain the influenza virus and can be propelled a distance of one meter (3 feet) or less through the air during coughing, sneezing, or talking and are deposited on anything within that immediate area, including people or the environment. These



droplets do not remain suspended in the air but fall onto surfaces they come in contact with.

- d. Influenza viruses expelled in respiratory droplets can settle on objects in the immediate environment and have been shown to survive on hard, non-porous surfaces for 24-48 hours, on cloth paper and tissue for 8-12 hours, and on hands for 5 minutes.
2. What about an influenza vaccine?
    - a. The Federal Government of Canada has a contract with a domestic vaccine manufacturer. This ensures Canada can provide a safe and effective pandemic vaccine as early as possible in the event of a global outbreak. The federal government will distribute the vaccine to the provinces and territories on an equitable basis.
    - b. The Public Health Agency of Canada, Alberta Health and Wellness, and AHS will distribute the vaccine during the influenza pandemic.
    - c. AHS will plan for large-scale immunization programs. They will work with municipal governments to identify sites where vaccines can be provided to large numbers of people.
  3. What is a Coronavirus?
    - a. Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, like the common cold. Most can be handled similarly to influenza.
  4. What is Coronavirus disease (COVID-19)?
    - a. This is an infectious disease caused by the SARS-CoV-2 virus and can be spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing, or breathe. These particles range from larger respiratory droplets to smaller aerosols.
    - b. It is not certain how long this virus survives on surfaces and objects. Research shows that some coronaviruses may live on surfaces and objects for a few hours or up to several days depending on 1) the type of surface or object 2) environmental factors such as humidity and temperature. Studies have shown that People with COVID-19 virus reported a wide range of symptoms – from mild symptoms to severe illness. Symptoms may appear on average 5-6 days from when someone is infected with the virus; however, it can take up to 14 days.
  5. What about the COVID-19 vaccine?
    - a. Vaccine types accepted in Alberta include Pfizer/BioNTech, Moderna, AstraZeneca/COVISHIELD, Janssen, Sinovac, and Sinopharm. A single dose of COVID-19 vaccine offers protection against severe outcomes, including hospitalization and death. However, additional doses are needed to get the best and most long-lasting protection.

#### **4.4.2. Personal Hygiene Etiquette**

Personal hygiene etiquette is a set of protective infection control measures an individual can do that limit the spread of infectious disease. It is important to communicate the following infection control measures to staff and students:

- Follow respiratory etiquette practices
- Use proper handwashing
- Use social distancing
- Disinfect the environment

#### **4.4.3. Respiratory Etiquette**

The influenza virus droplets travel approximately 1 meter (3 feet), and the Novel Coronavirus/SARS virus droplets travel approximately 2 meters (6 feet) in the air after being expelled from an infected person's cough, sneeze or when talking/laughing/singing.

- Cover your nose and mouth with a tissue when sneezing or coughing.
- If you do not have a tissue, cough, or sneeze into your sleeve, not on your hands.
- Throw away tissues after wiping your nose or covering a cough.
- Immediately wash hands for a minimum of 20 seconds after coughing, sneezing, or using tissues.
- Wear a mask. Wear a well-fitting three-layer mask, especially when you cannot physically distance yourself if you are indoors.



Figure 1: Protect Yourself and Others

#### 4.4.4. Hand Hygiene

Proper handwashing is the most important control measure to limit the spread of epidemic/pandemic influenza/coronavirus.

1. Inhalation of droplets containing the influenza virus is **not** the only route of entry into the body. Transmission of influenza can occur indirectly when someone touches a surface infected with influenza containing droplets and then touches their own eyes, nose, or mouth. **However**, the influenza virus is readily inactivated on the hands by handwashing with soap and water or using alcohol-based (minimum 60%) hand cleaners.
2. Information from the COVID-19 (Novel Coronavirus/SARS) pandemic suggests that this virus spreads more efficiently than influenza, but not as efficiently as measles, which is highly contagious. Infectious variability depends on the variant of concern. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of Novel Coronavirus/SARS spread. It may be possible that a person can get Novel Coronavirus/SARS **By touching a surface or object that has the virus on it** and then touching their mouth, nose, or eyes. This is not the main method of transmission. As COVID-19 is a coronavirus, this information can apply to other coronaviruses.

Table 3: When to Wash your Hands

| Washing your hands is the single most important way to prevent influenza/COVID-19  |   |
|--|---|
| Wash Before:   | Wash After:   |
| <ul style="list-style-type: none"> <li>• Handling or eating food or feeding others.</li> <li>• Brushing or flossing teeth.</li> <li>• Inserting or removing contact lenses.</li> <li>• After treating wounds or cuts.</li> <li>• Touching your eyes, nose, or mouth in any way.</li> </ul> | <ul style="list-style-type: none"> <li>• Having any contact with a person who has influenza or with his/her immediate environment.</li> <li>• Going to the toilet or changing a diaper.</li> <li>• Blowing your nose or wiping a child's nose.</li> <li>• Coughing or sneezing.</li> <li>• Handling garbage.</li> </ul> |

After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles and tables.

#### 4.4.5. Cleaning with Alcohol-Based Hand Sanitizer/Cleaner

Waterless, alcohol-based hand sanitizer can be used as an alternative to hand washing and is especially useful when access to a sink or warm running water is limited. Alcohol-based hand sanitizer products containing greater than 60% alcohol are an excellent alternative to soap and water and may be used if hands are not visibly soiled. There is a maximum number of times hand sanitizer can be used before it is recommended that you wash your hands using soap and running water. Hand sanitizer can be used for a maximum of 8-10 times before using soap and running water to clean the hands.

#### 4.4.6. Washing with Alcohol-Based Hand Sanitizer

- Apply 1 to 2 pumps of product to the palms of dry hands.

- Rub hands together and cover all hand surfaces with alcohol-based sanitizer.
- Keep rubbing your hands together until they are dry.
- Do not use paper towels to dry your hands.



Figure 2: How to Wash your Hands

#### 4.4.7. Social Distancing

Social distancing during a pandemic means minimizing human-to-human contact in the peak phase of pandemic influenza/ Novel Coronavirus/SARS. This means keeping a distance of at least 2 meters (6 feet) from someone with influenza-like or coronavirus-like symptoms or persons suspected of having influenza-like or coronavirus-like illness (coughing, fever, etc.).

These are likely to include family members and/or other living companions and coworkers (if confined to closed airspace environments). Suggestions on how to minimize close contact include:

- Modify your routines to limit or avoid close interactions or direct physical contact with others.
- Minimize meeting times.
- Meet in large rooms.



- Use communication and network technologies and devices to communicate.
- Avoid crowded settings (indoors or outdoors).

To protect Canadians from dangerous or infectious diseases some laws and acts allow the limitation of freedom of movement for a person suspected of being or known to have been, exposed to a communicable disease.

In Canada, a public gathering where human to human contact may occur, during an epidemic or pandemic, it is mandated by law:

- The Federal government has quarantine powers through the Quarantine Act.
- The Provincial government as well as the Regional Health Authorities has the power to quarantine through the *Public Health Act*.

Under the Emergencies Act, the government can:

- Regulate or prohibit travel to, from or within any specified area, where necessary for the protection of the health or safety of individuals.
- Order you to leave any specified area and make arrangements for the adequate care and protection of the persons and property.

#### 4.4.8. Self-Isolation

Self-isolation means avoiding situations where you could infect other people when you have influenza or other illnesses. It is an effective way to help prevent the spread of infections like Novel Coronavirus/SARS or H1N1. When you are exposed to an illness, there is a time between the exposure and when you start to feel sick. This incubation period is usually 2 to 4 days for influenza and H1N1 and for a Novel Coronavirus/SARS (i.e., COVID-19) it can be up to 14 days. Not everyone who is exposed will get sick, but it is necessary to follow AHS guidance to be sure you are not infected.

There is a very small chance you can spread the germs before you feel sick, as many people have very mild symptoms at the start of their sickness. Staying home means that if you do start to feel sick, it will not happen while you are in a public place, which lowers the chance the virus could spread to others.

#### 4.4.9. Disinfection of the Workplace and Environment

While influenza viruses may live up to two days on a hard surface, regular cleaning with household disinfectants will inactivate them. It is recommended that surfaces that are frequently touched with hands be cleaned at least daily. Shared workstations and equipment should be disinfected after each use.

Household disinfectant wipes, such as Lysol disinfectant wipes, are a simple and effective way to reduce the spread of infection on common surface areas, such as desks and doorknobs. Directions for use can be found on the disinfectant container; please read and follow these directions for use.





Novel Coronavirus/SARS on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects. Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading coronavirus infection. Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection.

#### **4.4.10. Restricting Workplace and Classroom Entry**

Employees and students experiencing flu-like symptoms should be advised not to come to work or class when ill or under quarantine until symptoms are resolved or the quarantine has ended. Staff missing work should contact their supervisor and fill out a general illness form. Students who miss classes will be advised to contact their program. Supervisors should ensure that ill employees have completed any required isolation period and are healthy before allowing them to return to work.

If a staff member or student requires further assistance or has questions, they should be advised to call 811 or speak with a nurse in Health Services at 780-471-8733.

#### **4.4.11. Infection Control Supplies**

The following infection control supplies are recommended to be available for use in all work and classroom areas at NAIT:

- Tissues for containing droplets when coughing or sneezing
- Alcohol-based hand sanitizer (containing greater than 60% alcohol for hand washing)
- Household disinfectant wipes for cleaning hard surface areas (reception desks, doorknobs, etc.)
- Waste container for tissues.

It is recommended that tissues, alcohol-based hand sanitizer, and a waste container be placed in a central location. This ensures easy access to disposing of tissues after use, followed by cleansing the hands with alcohol-based hand sanitizer.

Tissues, hand sanitizer, and household disinfectant wipes can be ordered directly by each department and shipped directly to the user's location. Recommended suppliers include Staples, Fischer Scientific or VWR.

#### **4.4.12. Get Vaccinated**

Depending on the health emergency/virus, there may be a requirement or option for vaccines. The COVID-19 vaccines produce protection against the disease as a result of developing an immune response to the SARS-Cov-2 virus. Developing immunity through vaccination means there is a reduced risk of developing the illness and its consequences. This immunity can help fight the virus if exposed. Getting vaccinated may also protect others. This is particularly important to protect people at increased risk for severe illness from a SARS-Cov-2 virus (e.g., COVID-19), such as healthcare providers, older or elderly adults, and people with other medical conditions.





#### **4.5. Preparedness Strategies**

##### **4.5.1. Assessments and Checklists**

These may vary depending on the communicable disease, but NAIT has various tools; some are available via AHS (some tools are available for specific diseases and may be temporary):

1. Self-Assessments (AHS, NAIT, etc.).
2. NAIT alert app.
3. Government Tracing apps.
4. AHS Website.
5. NAIT COVID tracking/tracing reporting tool, if applicable.

##### **4.5.2. Personal Protective Equipment (PPE)**

1. Masks: Surgical Masks/N95 Masks

To protect against **influenza**, the Public Health Agency of Canada does not recommend that members of the public wear surgical masks for influenza viruses. Evidence shows that this is not effective in preventing the transmission of influenza. People often use surgical masks incorrectly or contaminate them when putting them on and taking them off, which could increase the risk of infection. A better alternative is practicing good infection control measures, including social distancing, washing hands frequently, covering coughs and sneezes, and staying home when ill. N95 respirators are specially designed facemasks that require fit testing, training, and medical clearance. Proper use is required to maximize effectiveness. The use of N95 respirators is not generally recommended for workers in non-healthcare occupational settings for general work activities. Masks are generally only required for people who have high exposure risk, such as healthcare workers.

To protect against **SARS/COVID-19** follow current recommendations from the Public Health Agency of Canada (PHAC) and/or AHS. The public must also practice good infection control measures, including social distancing, washing hands frequently, covering coughs and sneezes, and staying home when ill. Refer to Table 4 and Table 5.

2. Face Shields (for labs/shops)

The Public Health Agency of Canada recommends that face shields be used in addition to a mask for added eye protection. Without a mask, a face shield does not provide adequate protection against communicable disease transmission. If wearing a face shield that extends around the sides of the face and below the chin, people will still need to:

- Maintain physical distancing.
- Practice good hand hygiene, especially if you touch the face shield.

Table 3: Centre for Disease Control (CDC) Recommendation for Mask Use

| Setting  | Persons with NO higher risk of severe illness from influenza | Persons with a higher risk of severe illness from influenza (High-Risk Persons*)  | Persons with No higher risk of severe illness from Novel Coronavirus/SARS (i.e., COVID-19) | Persons with a higher risk of severe illness from Novel Coronavirus/SARS (i.e., COVID-19) (High-Risk Persons*) |
|--|--|---|--|--|
| <b>Community Setting</b>   |  |   |  |  |
| Virus present in a non-crowded setting   | Masks not recommended  | Masks not recommended   | Masks  | Masks/Face Shield  |
| Virus present in crowded setting (i.e., doctor's office)                             | Masks not recommended  | Avoid setting<br>If unavoidable consider a mask**                                 | Masks  | Masks/Face Shield  |
| <b>Non-Healthcare Occupation</b>   |  |   |  |  |
| Virus present in a non-crowded setting   | Masks not recommended  | Masks not recommended   | Masks  | Masks/Face Shield  |
| Virus present in a crowded setting (i.e., doctor's office)                           | Masks not recommended  | Consider temporary reassignment/avoid setting<br>If unavoidable consider a mask** | Masks  | Masks/Face Shield  |
| <b>Healthcare Occupation</b>   |  |   |  |  |
| Caring for persons with known or suspected illness (contact Within 2 meters/ 6 feet) | Respirator (N95) recommended **                              | Respirator (N95) recommended**  | Masks  | Masks/Face Shield  |

\*High-risk persons are those with medically documented health conditions that increase their risk of more severe illness or death associated with contracting the influenza virus. This includes persons less than 2 years and over 65 years of age, pregnant women, and those with chronic conditions such as diabetes, cardiovascular disease, and respiratory diseases.

\*\* Use of N95 respirators or facemasks generally is not recommended for workers in non-healthcare occupational settings for general work activities. The optimal use of respirators requires fit testing, training, and medical clearance. Workers should try to maintain a distance of 2 meters/six feet or more from the person with an Influenza-like illness or coronavirus-like illness to avoid infection.

3. Eye Protection (Goggles, face shields, masks with visor attachment)  
Eye protection is only required for people who have high exposure risks, such as healthcare workers. Eye protection includes goggles/safety glasses or face shields.
4. Gloves  
Gowns/lab coats are only required for people who have high exposure risk, such as health care workers.
5. Gown/lab coats  
Gloves are only required for people who have high exposure risk, such as health care workers.

Table 4: Who needs personal protective equipment for the influenza/coronavirus pandemic

| Exposure Risk   | PPE Requirement  |
|---|--|
| <b>Minimal</b> <ul style="list-style-type: none"> <li>People with no contact with influenza/epidemic/pandemic (e.g., COVID-19) infected personnel.</li> </ul>   | Masks  |
| <b>Lower</b> <ul style="list-style-type: none"> <li>The job allows social distancing (2m or more) from others.</li> <li>Close contact with individuals who are not showing the symptoms of influenza/coronavirus.</li> <li>Potential exposure in work areas or open public areas that may be contaminated with influenza/Novel Coronavirus/SARS/H1N1 symptoms but can keep a distance of greater than 2 meters (6 feet).</li> </ul> | Masks and Face Shields for labs/shops  |
| <b>Higher</b> <ul style="list-style-type: none"> <li>The job requires close contact (less than 2m) with a person that has influenza symptoms.</li> <li>The job requires medical procedures on a person that has influenza/Novel Coronavirus/SARS/H1N1 symptoms.</li> </ul>  | Varies <ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye Protection</li> <li>Masks (surgical or N95)</li> </ul> |

Source: Government of Alberta Best Practice Guidelines for Workplace Health and Safety During Pandemic Influenza

#### 4.6. Personal Planning for an Epidemic/Pandemic Emergency

Planning for an epidemic/pandemic is very important for everyone. AHS produces brochures that outlines how to prepare for an emergency such as pandemic influenza. It identifies important, specific activities to prepare, many of which will also help in other emergencies. For a copy of the information brochure for Families and Individuals, go to the Alberta Health Services website.

In the event of an epidemic/pandemic, there will be many social disruptions due to absenteeism in several services and professions. Everyone is advised to be prepared for this type of emergency.



Here are some general suggestions to observe:

1. Store a two-week supply of water and food. During an epidemic/pandemic, if stores are out of supplies or if one cannot get to a store, it will be important to have extra supplies on hand. This can be useful in other emergencies, such as power outages and disasters.
2. Ask your doctor if getting an extra supply of regular prescription drugs is possible.
  - a. Have non-prescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
3. Have first aid supplies or a first aid kit available.
4. Store candles, matches, flashlights, and batteries in case the power is turned off.

#### 4.7. Protecting Health

1. Take common-sense steps to limit the spread of germs.
2. Encourage family, students, and co-workers by setting a good example:
  - a. Wash hands frequently with soap and water or use a waterless antiseptic hand sanitizer.
  - b. Cover your mouth and nose with a tissue when you cough/sneeze, etc.
  - c. Maintain a healthy work environment by always encouraging healthy behaviours.
  - d. Post tips on how to stop the spread of germs at work.
  - e. Promote good hand hygiene and respiratory etiquette: Handwashing, covering your cough/sneeze and staying home when ill.
  - f. Ensure that waterless antiseptic hand agents are available.
  - g. Communicate with and educate students/employees about the threat of pandemic influenza and the steps the company is taking to prepare for it.
  - h. In emergencies, employees demonstrate an increased tendency to listen to their employer, so clear and frequent communication is essential.
  - i. Encourage personal preparedness.
  - j. Tell students/employees to stay away from the workplace if they become ill. This is both for your health and to avoid spreading illness to others.
  - k. Washing hands is the single most important way to prevent pandemic influenza. Wash hands for at least 20 seconds with soap and warm water or use alcohol hand sanitizer.
3. Other prevention methods include:
  - a. Cover nose and mouth when sneezing or coughing, preferably with a tissue. As an alternative, cough into your elbow.
  - b. Throw away tissues after wiping your nose, sneezing, or coughing.
  - c. Avoid crowds during an epidemic/pandemic influenza.
  - d. Keep personal items separate if a household member has influenza.
  - e. Not sharing personal items or drinks.
  - f. Maintain good health, including drinking plenty of water, stopping or reducing smoking, exercising regularly, and eating nutritious meals.



- g. Take medicine to relieve symptoms.
- h. Drink plenty of fluids.
- i. Contact Health Link Alberta on 811 for professional health advice 24 hours a day, 7 days a week.
- j. Maintain good basic hygiene (washing hands to prevent spreading the virus from hands to face).
- k. Emotional preparedness: Get timely and accurate information from credible sources.
- l. If possible, maintain your regular daily routine.
- m. Focus on positive things: exercise, writing, organizing, sleeping, etc.
- n. If in self-isolation, look for opportunities to stay connected to family and friends.

#### **4.8. Response Strategies**

##### **4.8.1. Rapid Response Protocol**

To ensure the safety of the NAIT community and to comply with the requirements of the Government of Alberta, NAIT may develop a Rapid Response Planning Framework, which will help guide rapid response procedures (RPPF).

This was critical during COVID-19 and can be adapted to deal with any pandemic to detail actions in case of confirmed cases on campus. The RPPF was developed jointly with the EMBC Department and NAIT ECC, as well as with the input of various NAIT members. The purpose of this framework was to serve explicitly as a guide to rapid response procedures for NAIT, allow decisions to be made, and create support materials in advance.

It was built on several existing initiatives and presented an approach to the development of steps to guide rapid response actions and consisted of rapid response and ongoing support steps with simultaneous requirements to assess the needs of the staff and students.



Table 5: COVID-19 Rapid Response Planning Framework (2021) example

| Rapid Response Phase |   |   |
|----------------------|---|---|
| Step                 | Action  | Responsible Party   |
| 1                    | <p>Notify NAIT of symptoms OR confirmed case using <a href="#">myCority</a> online reporting tool (for employees and students) or the <a href="#">HS.FRM.22 COVID-19 Incident Report form</a>.</p> <p><u>Note:</u> The standard Clinic Visit process is used for a person reporting to HS (Health Services) in person, masked.</p> <p>Note: Consider a WCB* Claim</p>   | <ul style="list-style-type: none"> <li>Employees, students, contractors, and visitors.</li> </ul>   |
| 2                    | Notification Process: Follow the instruction in the next column.  | <ul style="list-style-type: none"> <li>Staff- Report to Direct Supervisor.</li> <li>Student- Report to Instructor.</li> <li>Contractor- Report to NAIT Contact.</li> <li>Visitor- Report to NAIT contact or Health Services.</li> </ul> |
| 3                    | Review the incident details with the individual with a presumptive or confirmed Case.   | <ul style="list-style-type: none"> <li>Health Services</li> </ul>   |
| 4                    | <p>If NAIT learns of a positive COVID-19 test result and determines there is a risk to the health of others requiring the disclosure of personal information:</p> <ul style="list-style-type: none"> <li>Inform the Office of the Information and Privacy Commissioner (OIPC).</li> <li>Inform the individual to whom the information relates &amp; discuss the situation.</li> <li>Inform members of the NAIT community who may be at risk of significant harm to their health.</li> <li>Inform AHS.</li> </ul>  | <ul style="list-style-type: none"> <li>Case Management Response Team (General Counsel Services Supporting)</li> </ul>   |
| 5                    | <p>Inform the following stakeholders:</p> <ul style="list-style-type: none"> <li>CMRT</li> <li>Program leader (Department Head/Dean) or</li> <li>Department leader (Manager/Director)</li> </ul> <p>*Program/Department to decide if a change in Program delivery is warranted based on case numbers and circumstances.</p> <p>Note: The individual's Personal information will not be shared with any stakeholder group except to the extent necessary to allow that group to perform its duties in connection with NAIT's response to the incident.</p> | <ul style="list-style-type: none"> <li>Health Services</li> </ul>   |
| 6                    | Advise AHS if the case is connected to 2 or more cases with a known location link by contacting the Community Outbreak Team by email or by phone.   | <ul style="list-style-type: none"> <li>Health Services</li> </ul>   |
| 7                    | Connect the individual with all NAIT health supports.   | <ul style="list-style-type: none"> <li>Human Resources – Staff</li> <li>NAITSA - Student</li> </ul>   |
| 8                    | Initiate a Coordinated COVID-19 Response Process if this case represents a new or 2+ linked cases.  | <ul style="list-style-type: none"> <li>Case Management Response Team (Comms Supporting)</li> </ul>  |



## Plan

|                              |  |   |
|------------------------------|--|---|
| 9                            | Initiate investigation of the Incident using the interview questionnaire & investigation template (if the cause is deemed to be occupational) and implement corrective actions.  | <ul style="list-style-type: none"><li>• Direct Supervisor / Business Unit Leadership Team/Dean (HSE supporting)</li></ul>                                       |
| 10                           | Validate Corrective Actions, Close Investigation, and Report as necessary to: <ul style="list-style-type: none"><li>▪ CRT</li><li>▪ Joint Work Site Health and Safety Committee</li><li>▪ AB OHS</li><li>▪ AHS</li><li>▪ CAC &amp; Executive Committee</li></ul> | <ul style="list-style-type: none"><li>• HSE</li></ul>   |
| <b>Ongoing Support Phase</b> |  |   |
| <b>Step</b>                  | <b>Action</b>  | <b>Responsible Party</b>  |
| 1                            | For Employees: Execute the business unit / department-level plan (business continuity plans) for the continuity of critical work despite the isolation or quarantine of staff/Instructor who may be affected by a case.  | <ul style="list-style-type: none"><li>• Direct Supervisor</li><li>• (Business Unit / Department Leadership Supporting)</li></ul>                                |
| 2                            | Maintain regular contact and support for the impacted individual.  | <ul style="list-style-type: none"><li>• Direct Supervisor or Associate Dean/Instructor</li></ul>  |
| 3                            | For Employees: Keep team/co-workers informed as much as possible, always considering FOIP.<br><br>For Students: Keep the team as informed as possible, always considering FOIP.  | <ul style="list-style-type: none"><li>• Direct Supervisor (Business Unit Leadership Supporting)</li><li>• Dean or Associate Dean</li></ul>                      |
| 4                            | Initiate a Return-to-Work Plan for employees once cleared medically by AHS.<br><br>Initiate a Return to Class Plan for students once cleared per AHS protocols.  | <ul style="list-style-type: none"><li>• Health Services (Direct Supervisor &amp; HR Supporting)</li><li>• Health Services (Associate Dean/Instructor)</li></ul> |



#### **4.9. Recovery/Resumption Strategies**

##### **4.9.1. Business Continuity Planning**

Each department/school has business resumption steps within their business continuity plans; however, each area should develop processes for employees to work remotely in the event the epidemic/pandemic/communicable disease disruption reduces their ability to work.

Each departmental leadership will work with employees to:

- Identify their criticality of services.
- Identify personnel requirements.
- Identify specialty knowledge, subject matter experts.
- Ensure effective cross-training and succession planning are included.
- Ensure service level for clients and services.
- Ensure employees are supported for their resource requirements, i.e., IT, equipment, records management, etc.
- Collaborate with essential services (IT, Compliance, Facilities, HR, Finance, etc.); and each division/department will develop processes for their groups that are effective and efficient for their specific services.

##### **4.9.2. Submission of Final AAR**

When the unusual outbreak has concluded (the ECC may already be deactivated), a final AAR should be submitted within 2 weeks of closing the investigation as per the usual reporting process.

The final AAR, including the outbreak summary, should be submitted no later than 30 days after closing the outbreak investigation.

##### **4.9.3. Final Epidemic/Pandemic Summary**

The goals of the post-virus summary will include:

- Consensus on the source of the outbreak, if required.
- Effectiveness of NAIT actions and/or difficulties in their implementation.
- Evaluation of the collaborative response efforts, including communication and coordination.
- Discussion of any privacy and/or legal issues which may have arisen.
- Identification of immediate and/or long-term measures that require program and policy changes.
- Discussion on joint publication of outbreak findings in journals and/or presentations at conferences.
- Lessons learned; and
- Identification of improvements to the AAR.

#### **4.10. Records**

Records resulting from the plan are to be maintained by EMBC for a minimum of three years.





## **5.0 Plan Accountability and Responsibility**

Health Services will maintain responsibility for all general influenza cases and liaise with EMBC staff as the levels increase and business units and services are impacted.

EMBC staff will maintain responsibility for all coronaviruses/pandemic-level cases and liaise with Health Services as the levels increase. If a pandemic is declared, the process will follow the IEMP structure for roles and responsibilities but also include collaboration with Health Services and any other groups as required.

## **6.0 Related Documentation**

- 6.1. Public Health Act
- 6.2. Emergency Management Act
- 6.3. Quarantine Act
- 6.4. [EP 1.0 Emergency Management and Business Continuity Policy](#)
- 6.5. [EMBC.PLN.1 - Integrated Emergency Management Plan \(IEMP\)](#).
- 6.6. CSA Z1600-17 Emergency and Continuity Management Program
- 6.7. ISO-22301:2019 Security and Resilience - Business Continuity Management Systems – Requirements

## **Document History**

| <i>Date</i>      | <i>Action/ Change</i>   |
|------------------|---|
| February 8, 2022 | Updated to a new template and to reflect latest COVID-19 directions/recommendations and internal policy and procedures. |
| June 2, 2023     | Updated vernacular pertaining to ECC (organizational chart and titles).   |
| April 4, 2024    | Updated some terminology, grammar/composition, and instructional/resource information.                                  |



## **APPENDIX A: Resources**

Useful Websites for Influenza and Novel Coronavirus Information/ Updates:

### **Alberta**

- [Alberta Health Services](#)
- [Alberta Health and Wellness](#)
- [Alberta's pandemic influenza](#)
- [COVID-19 info for Albertans](#)

### **Government of Canada**

- [Public Health Agency of Canada](#)
- [Canada – Number of cases](#)
- [H1N1 influenza virus](#) – latest updates and information
- [Travel Health Notices](#)

### **International**

- [US Centers for Disease Control and Prevention](#)
- [World Health Organization](#)
- [Centers for Disease Control and Prevention](#)



APPENDIX B: Health Services COVID-19 Case Tracker

| Case # | Incident # | Identifying Number | Staff/Student<br>/Contractor/Other | Location | Contact # | Email Address | Incident Report Date<br>Received | Onset Of Symptoms | Online Assessment | Covid Test Booked | Incident Report Completed<br>Date | Test Results (Y/N) | Test Results | RTW Date | FMD Cleaning Timeframe | Comments |
|--------|------------|--------------------|------------------------------------|----------|-----------|---------------|----------------------------------|-------------------|-------------------|-------------------|-----------------------------------|--------------------|--------------|----------|------------------------|----------|
|        |            |                    |                                    |          |           |               |                                  |                   |                   |                   |                                   |                    |              |          |                        |          |
|        |            |                    |                                    |          |           |               |                                  |                   |                   |                   |                                   |                    |              |          |                        |          |
|        |            |                    |                                    |          |           |               |                                  |                   |                   |                   |                                   |                    |              |          |                        |          |
|        |            |                    |                                    |          |           |               |                                  |                   |                   |                   |                                   |                    |              |          |                        |          |