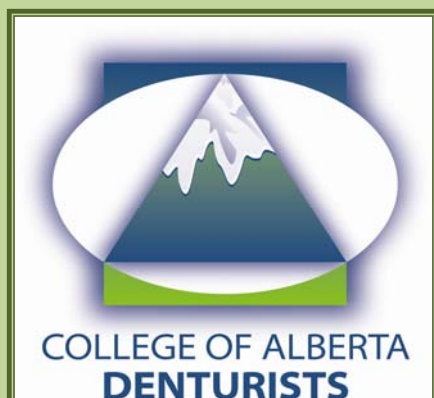


COLLEGE OF ALBERTA DENTURISTS

Business Contingency Plan for Pandemic Influenza

2009



WWW.COLLEGEOFABDENTURISTS.CA

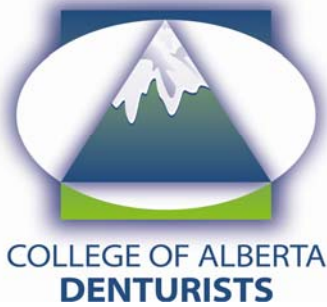
College of Alberta Denturists

Business Contingency Plan for Pandemic Influenza

Table of Contents

Introduction	1
Disclaimer	1
I. Pandemic Overview	
A. What is Influenza and what are the causes of Influenza	2
B. What differentiates Influenzas from other Ailments	2
C. What is Pandemic Influenza	2
D. History & Future of Influenza Pandemics	3
E. Why is there such concern over this possible Pandemic	4
F. Who is responsible for providing help in a Pandemic	4
G. Seasonal Influenza vaccine 2009-2010	4
H. Legal Requirements	5
II. Novel A H1N1 (Swine Flu)	
A. What is H1N1	6
B. Causes	6
C. What are the Signs & Symptoms	6
D. What are the Risk Factors	7
E. How Contagious is H1N1	7
F. What are the Treatments	7
G. Need Additional Information on H1N1 Influenza	8
III. Avian Influenza	
A. What is Avian Influenza	9
B. What are the Signs & Symptoms	9
C. What are the Risk Factors	9
D. How is Bird Flue passed onto Humans	9
E. Why is there such a concern of Bird Flu	10
F. What are the Complications of Avian Influenza	10
G. What are the Treatments	10
IV. College Office Operations	
A. Staff Members of the College	11-13
i. Office Manager	11
ii. Registrar	11
iii. Complaints Director	12
iv. Hearings Director	12
v. Administrative	12,13
B. Non-Staff Members of the College	13
i. Council	13
ii. Standing Committees	13

V. Financial Matters	
A. Payment of Invoices	14
B. Staff Payroll	14
C. Replacement Staff	14
D. Shortfall in General Revenue Account	15
E. Financial Statements and Annual Report	15
F. Post Pandemic	15
VI. Membership Operations during Pandemic	
A. Registration	16
i. Renewal of Practice Permits	16
ii. Initial Application for Registration	16
iii. Courtesy Register and Equivalent Jurisdiction	16
B. Professional Conduct	17
C. Examinations	17
D. Conferences & Seminars	17
E. Annual General Meeting of Members	18
VII. Pandemic Preparedness Plan	
A. Introduction	19
B. Government of Canada Pandemic Plan	19
C. Government of Alberta Pandemic Plan	20
D. College of Alberta Denturists Pandemic Plan	21
E. Alternate Communication Processes	25
F. Post Pandemic Recovery	25
VIII. Information for the Membership	
A. List of Anticipated Skills	26
B. Influenza Information	26
C. Self-care Information	26
D. Precautions	27
E. Personal Guidelines	27
F. General Symptoms of Influenza	28
G. Hand Washing	29
H. Coughing & Sneezing	29
I. Social Distancing	29
J. Masks	30
K. Goggles and Eye Wear	31
IX. Acknowledgements	
List of Acknowledgements	31
X. Waiver	
Waiver	31
XI. Appendices	
A- Hand Washing- Sign	32
C- Influenza Notification- Sign	34
D- Comparison Chart- Sign	36



College of Alberta Denturists

Business Contingency Plan for Pandemic Influenza

Introduction

It is anticipated that a Pandemic Influenza will impact infrastructure throughout the world with a particularly significant effect on our Health Services and other Essential Services.

World governments on all levels, as well as health profession organizations, have a responsibility to plan and prepare for such an event.

Of great concern at this time, is a "second wave" of the Novel A **H1N1** Influenza Pandemic.

The following document presents information related to Influenza, H1N1 Influenza, Avian Influenza and the College of Alberta Denturists Business Contingency Plan which will be implemented upon Governmental notification of the Pandemic.

DISCLAIMER

This document does not imply legal advice. The College of Alberta Denturists does not assume any liability for the use of this document or the application of any of the methodology indicated herein, by any other organization.

Permission is granted to reproduce this document in whole or in part, with the requirement of acknowledgement of the College of Alberta Denturists.

October 2009

I. Pandemic Overview

A. What is Influenza and what are the causes of Influenza?

Influenza (Flu) is a viral infection that attacks your respiratory system including your nose, throat, bronchial tubes and lungs.

The spread of the Influenza virus is via airborne and/or direct contact. A person who is infected with the virus will spread the virus via coughing or sneezing and contaminating surfaces via various methods.

This results in a rapid spread of the disease in areas where people congregate such as schools, offices, nursing homes, shopping centres, public transportation systems, etc.

There are **3 strains** of the Influenza virus; **Influenza A, B & C**:

- **Type A** is responsible for deadly influenza pandemics which effect people worldwide.
- **Type B** is responsible for more localized outbreaks.
- **Type C** is less common and causes only mild symptoms to those infected.

The Type A and B strains are unstable viruses which are constantly mutating resulting in new “strains” of the virus. This results in localized epidemics of virulent strains of the virus every 3-15 years.

Once an individual has been exposed to the virus, they develop antibodies to that specific strain of the virus; this however does not protect you from any new strains of the virus which you may be exposed to in the future.

B. What differentiates Influenzas from other Ailments?

Colds and intestinal ailments such as [gastroenteritis](#) (a condition which causes diarrhoea, nausea and vomiting) can be caused by other viral infections and are often misnomer as the flu.

True Influenzas do not usually affect the Gastrointestinal System. Influenza may present with the maladies of coughing, sneezing, high fever, chills and body aches which not typically are present with a cold.

C. What is a Pandemic Influenza?

Pandemic, in medical terms, is used to describe a widespread epidemic of a disease, one that affects a whole country, continent, etc.

Pandemic influenza refers to a new strain of the Influenza A Virus, which causes a large number of cases of illness and subsequent deaths in humans worldwide.

D. History and Future of Influenza Pandemics

In the last 100 years, the world has been subjected to 4 Influenza Pandemics:

- **1918-1919**: The Spanish Flu;
- **1957-1958**: The Asian Flu;
- **1968-1969**: The Hong Kong Flu; and
- **2009**: The Swine Flu (H1N1)

Although statistically 90% of “conventional influenza” related deaths in North America occurs to individuals aged 65 years or older, the Spanish Flu’s greatest number of deaths occurred in individuals between **20-40 years of age**.

A pandemic occurs when there is a significant change to a virus to which there is current immunity, or the emergence of a “new virus” which affects humans, and the existing vaccines will be of limited if any value, thereby resulting in a quick spread of the disease worldwide; this leading to significant illness, hospitalization and deaths.

Pandemics tend to occur in “waves” with the second “wave” occurring between 3 to 9 months after the initial “wave” of the disease.

With the recent worldwide spread of the **H1N1 Influenza** virus (Swine Flu) and the recent discovery of the **Avian Influenza** virus (Bird Flu) and its transmission to humans, the medical community has even greater concern over the “pending” pandemic.

The **World Health Organization** has predicted that Pandemic response plans are based on a clinical attack rate of **25%** of the population as opposed to a **5-10%** attack rate associated with conventional influenza.

The **Government of Alberta** has indicated an expectation of increases in a pandemic year in comparison to a conventional Influenza year, of:

- **400 to 700%** increase in visits to emergency departments & physician’s offices due to the influenza;
- **400 to 700%** increase in hospitalizations due to the influenza;
- **800 to 2000%** increase in the number of deaths due to influenza; and
- **20%** impact on the workforce due to the influenza and/or having to take care of an individual who has the influenza.

E. Why is there such a concern over this possible Pandemic?

To date of printing, the World Health Organization (WHO) reports that there have been over 4500 deaths worldwide from the H1N1 virus.

Although most confirmed cases of H1N1 have indicated "mild" symptoms, Experts remain predicting significant deaths worldwide from the Influenza Pandemic.

With the number of individuals predicted to be infected with the virus, there will be a significant absenteeism in the workforces.

This in turn, will affect the provision of essential services ranging from grocery stores to police, fire, ambulance and medical care, with a likely result in further increases in the number of deaths.

F. Who is responsible for providing help in a Pandemic?

A Pandemic is an International Health concern and as such, International organizations, federal, provincial and local governmental agencies will work together to provide maximum possible response to the posed threat.

The following are some key organizations which will be involved for Albertans:

- [The World Health Organization](#)
- [Health Canada](#)
- [Alberta Health & Wellness](#)
- [Regional Health Authorities](#)
- [Municipal Governments.](#)

G. Seasonal influenza vaccine 2009-2010

While the pandemic H1N1 influenza virus is anticipated to be the most prevalent strain of the virus in the 2009 winter, Alberta will be offering government-funded seasonal influenza vaccine to high-risk groups beginning in October of 2009, before the H1N1 vaccine becomes available (anticipated to be in November 2009).

These high-risk groups include:

- People 65 years and older;
- People living in group settings such as continuing care and designated assisted living;
- Health care workers in group settings such as continuing care and designated assisted living;
- Adults and children with certain chronic conditions including but not limited to heart conditions, respiratory conditions such as asthma, and diabetes;
- Pregnant women; and
- Healthy children six months to 23 months old.

Continued on next page

Seasonal influenza immunization will stop when the pandemic H1N1 vaccine becomes available. The need to resume or expand the seasonal immunization program will be re-assessed when the pandemic H1N1 program concludes, approximately January 2010.

For additional information regarding Alberta's immunization protocols, visit Alberta Health & Wellness's website at:

www.health.alberta.ca/health-info/imm-influenza.html

H. Legal Requirements?

In Alberta, there are several pieces of legislation that affect healthcare providers, including the Health Professions Act, the Public Health Act, Occupational Health & Safety Act, and the associated regulations enacted there under.

View the following websites for those documents:

Health Professions Act:

www.qp.alberta.ca/574.cfm?page=H07.cfm&leg_type=Acts&isbncln=9780779740772

Public Health Act:

www.qp.alberta.ca/574.cfm?page=P37.cfm&leg_type=Acts&isbncln=9780779741113

Public Health Act Emergency Powers Regulation:

www.qp.alberta.ca/574.cfm?page=2009_187.cfm&leg_type=Regs&isbncln=9780779742448

Occupational Health & Safety Act:

www.qp.alberta.ca/574.cfm?page=002.cfm&leg_type=Acts&isbncln=0779749200

II. Novel A H1N1 (Swine Flu)

A. What is H1N1?

Influenza Novel A (H1N1) was initially known as "*Human Swine Flu*" and became evident in the spring of 2009; it is a new strain of viral infection that attacks your respiratory system including your nose, throat, bronchial tubes and lungs; it is now known now as "**H1N1**".

People have no natural immunity to protect against this virus. The **H1N1** flu virus emerged in April 2009 and surveillance of its spread shows that it is affecting more young and healthy people than the regular [seasonal flu](#), which normally affects seniors and young children. People with underlying medical conditions and [pregnant women](#) may be at a greater risk for severe illness.

Current estimates indicate an impact of 70% of the world's population becoming ill with the virus, with a range of 15-35% missing work due to the illness.

B. Causes

Influenza viruses infect the cells lining your nose, throat and lungs. The virus enters your body when you inhale contaminated droplets or transfer live virus from a contaminated surface to your eyes, nose or mouth on your hand.

However, it is not possible to catch the **H1N1** virus, by eating pork or pork products or through blood transfusions.

C. What are the Signs and Symptoms?

The signs and symptoms are similar to other influenzas, and almost always include a cough and fever, and usually have associated muscle aches, sore throat, headaches, runny nose, fatigue and loss of appetite. Occasionally, nausea, vomiting and diarrhea can be associated.

Depending on the individual, there is the potential for complications such as the worsening of chronic medical conditions (such as asthma, heart disease and diabetes), and the life-threatening complications of Viral Pneumonia and Acute Respiratory Distress which can lead to respiratory failure.

D. What are the Risk Factors?

Because the H1N1 virus is new, everyone is at some risk; the first “wave” of the virus affected more young and healthy people than regular seasonal influenza (which typically affects seniors and young children).

Individuals with underlying medical conditions as well as pregnant women may be at greater risk for severe illness related to H1N1.

Health care workers who provide direct patient care are at particular risk of catching H1N1 flu. College students and children in school and child care are also at high risk. Children typically pick up the virus in the classroom and pass it to other members of the household.

E. How Contagiousness is H1N1?

As this strain of virus is new (at time of writing), additional research is currently being conducted to determine how long a person may be infectious.

At time of writing, it is believed that this period is for one day before the onset of symptoms and continues for approximately seven days after symptoms have initiated.

As well, it currently is consistent that the time it takes between being infected and experiencing symptoms is between two and seven days.

F. What are the Treatments?

Most cases of flu, including human swine flu, need no treatment other than symptomatic relief.

If an individual has an underlying chronic respiratory disease, a doctor may prescribe additional medication to decrease inflammation, open airways and help clear lung secretions.

Currently, there are a few antiviral drugs which can be used to reduce the severity of symptoms, but flu viruses can develop resistance to them, however, in attempt to prevent the development of resistance by the H1N1 virus, antivirals are being reserved for people at high risk of complications such as individuals who:

- Are hospitalized
- Have shortness of breath along with other flu symptoms
- Are younger than 5 years of age
- Are 65 years and older
- Are pregnant
- Are younger than 19 years of age and are receiving long-term aspirin therapy, because of an increased risk for Reye's syndrome
- Have certain chronic medical conditions, including asthma, emphysema, heart disease, diabetes, neuromuscular disease, and kidney, liver or blood disease
- Are immunosuppressed due to medications or HIV

G. Need Additional Information on H1N1 Influenza?

As this virus is new (at time of writing), there is a significant amount of research and data collection/sharing, and information and recommendations are changing almost daily.

For the most up-to-date information, please view the following:

Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>

Alberta Health & Wellness: <http://www.health.alberta.ca/health-info/influenza-H1N1.html>

World Health Organization (WHO):
<http://www.who.int/csr/disease/swineflu/en/index.html>

III. Avian Influenza (Bird Flu)

A. What is Avian Influenza?

Avian Influenza (H5N1) known as “Bird Flu”, is a viral infection that attacks your respiratory system including your nose, throat, bronchial tubes and lungs.

In contrast to “conventional Influenza” (Flu), Avian Flu originated in animals, mutated, and now infects humans.

B. What are the Signs and Symptoms?

The signs and symptoms of Avian Influenza are similar to conventional Influenza and may include cough, fever, sore throat and muscle aches.

However, individuals infected with the most virulent strain of the Avian Influenza virus, (A) H5N1, can develop life-threatening complications such as Viral Pneumonia and Acute Respiratory Distress.

C. What are the Risk Factors?

Current indicators show the greatest risk factors to be contact with sick birds and/or surfaces which have been contaminated by the feathers, saliva and/or droppings of infected birds.

Human transmission of the Avian Influenza virus remains undetermined. As too few people have been infected to date, all the possible risk factors for Avian Influenza cannot be ascertained.

D. How is the Bird Flu passed onto Humans?

The usual carriers of Avian Influenza are migratory waterfowl and in particular, ducks, which may be unaffected themselves, but spread the infection to other susceptible species such as domesticated geese, turkeys and chickens.

This results in severe epidemics in the domesticated animals which sickens and kills great numbers of the animals.

The Avian viruses do not generally affect humans however, the cross from animal to human **has occurred**. Crossover from species appears to originate in areas where humans live in close proximity to chickens and pigs. This is due to the fact that pigs are susceptible to infection of both Human and Avian viruses and as such, are ideal for the viruses to mix genetically and mutate into a new strain.

However, some Avian viruses do not need this host and are directly transferred to humans via contact with the infected birds or contaminated surfaces.

E. Why is there such concern of Bird Flu?

At time of writing, there are 15 known subtypes of Influenza A which affects birds in various degrees. Some strains are more deadly than others however; even the “non-deadly” subtypes have the ability to mutate quickly into highly pathogenic types.

There are currently 2 subtypes which have proved to be especially dangerous, those being (A) H7N7 and (A) H5N1. The (A) H5N1 is the subtype responsible for the majority of human and avian deaths in Asia and it is this subtype that is of greatest concern at this time due to the following:

- The transmission is direct between birds and humans. This is the first known avian influenza to make this transmission.
- The virulence of this virus is especially lethal, killing close to 100% of infected birds **and greater than 50% of infected humans**.
- This virus has rapidly spread worldwide with hundreds of millions of birds succumbing to the virus.
- This virus very quickly mutates/undergoes genetic scrambling, picking up genetic codes from other viruses which infect other species. Hence, this virus has the potential to combine with a human influenza virus which will then create a new strain which would spread rapidly from human to human.

F. What are the Complications of Avian Influenza?

Currently, most individuals with Bird Flu have the same signs and symptoms as conventional influenza however, some individuals develop Viral Pneumonia and Acute Respiratory Distress Syndrome which may lead to death.

It is unknown at this time, what complications will be the result of future strains of Bird Flu.

G. What are the Treatments?

Currently, there are a few antiviral drugs which can be used to reduce the severity of symptoms, but with the high probability of mutation of the (A) H5N1 virus, the efficacy of these drugs may be short lived. There are already indications of viral resistance to some of these drugs in Southeast Asia.

IV. College Office Operations

A. Staff Members of the College of Alberta Denturists

During a verified Pandemic, the College of Alberta Denturists (CAD) will continue to fully operate provided that staff resources are available. If required, non-essential services will cease until such time that the CAD can address them.

In the event that staff become ill and cannot attend to their duties, the CAD will then:

1. Temporarily replace staff with pre-screened College staff, Council and or Committee Members of the CAD;
2. Attempt to obtain external temporary staff to replace absent staff; and
3. In the event that neither #1 nor #2 can be obtained, the CAD will then have to decrease operations as necessary in a prioritized fashion.

i. Office Manager

The Office Manager will continue to provide services at the CAD office unless illness occurs or quarantine requirements have been issued or recommended.

In the event of quarantine or illness, the Office Manager will attempt to provide services from personal residence. In the event that the Office Manager is unable to provide any services the following will be implemented:

1. The Registrar will then assume the duties of the Office Manager.
2. If the Registrar is unable to provide those services, then a suitable alternative Council or Committee Member will be appointed by the Council.
3. If no suitable alternative is available, the CAD will then attempt to obtain external temporary staff.

ii. Registrar

The Registrar will continue to provide services at the CAD office unless illness occurs or quarantine requirements have been issued or recommended.

In the event of quarantine or illness, the Registrar will attempt to provide services from personal residence. In the event that the Registrar is unable to provide any services the following will be implemented:

1. The Registration Committee will then assume the duties of the Registrar.
2. If the Registration Committee is unable to provide those services, then a suitable alternative must be appointed by the Council.
3. If no suitable alternative is available, the CAD will then attempt to obtain external temporary staff.

iii. Complaints Director

The Complaints Director will continue to provide services at the CAD office unless illness occurs or quarantine requirements have been issued or recommended.

In the event of quarantine or illness, the Complaints Director will attempt to provide services from personal residence. In the event that the Complaints Director is unable to provide any services the following will be implemented:

1. The Council will then appoint a Temporary Complaints Director to assume the duties of the Complaints Director.
2. If the Temporary Complaints Director is unable to provide those services, then Council must appoint a suitable alternative Temporary Complaints Director.
3. If no suitable alternative is available, the CAD will then attempt to obtain external temporary staff.
4. If the Government of Alberta waves the requirement of the timelines as indicated in Part 4 of the Health Professions Act, the Council acting reasonably, may choose not to appoint a Temporary Complaints Director.

iv. Hearings Director

The Hearings Director will continue to provide services at the CAD office unless illness occurs or quarantine requirements have been issued or recommended.

In the event of quarantine or illness, the Hearings Director will attempt to provide services from personal residence. In the event that the Hearings Director is unable to provide any services the following will be implemented:

1. The Council will then appoint a Temporary Hearings Director to assume the duties of the Hearings Director.
2. If the Temporary Hearings Director is unable to provide those services, then Council must appoint a suitable alternative Temporary Hearings Director.
3. If no suitable alternative is available, the CAD will then attempt to obtain external temporary staff.
4. If the Government of Alberta waves the requirement of the timelines as indicated in Part 4 of the Health Professions Act, the Council acting reasonably, may choose not to appoint a Temporary Hearings Director.

v. Administrative Staff

Administrative staff will continue to provide services at the CAD office unless illness occurs or quarantine requirements have been issued or recommended.

Continued on next page

In the event that Administrative staff is unable to provide services, the following will be implemented:

1. The Office Manager will assume the duties of the Administrative Staff;
2. In the event that the Office Manager cannot perform those duties, then the Registrar will assume the duties of the Administrative Staff;
3. If neither #1 or #2 cannot be provided, then the CAD will seek external temporary staff;
4. If #1, #2, or #3 cannot be provided, then Council may appoint pre-screened Council or Committee Members to provide the services; and
5. If #1, #2, #3 or #4 cannot be provided, then the CAD will postpone administrative services.

B. Non-Staff Members of the College of Alberta Denturists

i. Council

In the event of a Pandemic, the Council will minimize activities to only those necessary to maintain the operation of the College and to deal with the matters of the Pandemic.

In the event that the Council must meet, whenever possible, this will be done via telephone conference or internet methods.

In the event that the composition of the Council has, due to the pandemic illness, decreased below the minimum required for voting, the Council acting reasonably and in compliance with the CAD Bylaws, will then appoint a required number of Regulated Members in Good Standing with the CAD, to fill the vacancies present due to the illnesses.

ii. Standing Committees

In the event of a Pandemic, the Standing Committees of CAD will minimize activities to only those that are required to be dealt with during the Pandemic.

In the event that a Committee must meet, whenever possible, this will be done via telephone conference or internet methods.

In the event that the composition of a Committee has, due to the pandemic illness, decreased below the minimum required for voting, the Council acting reasonably and in compliance with the CAD Bylaws, then appoint a required number of Regulated Members in Good Standing with the CAD, to fill the vacancies present due to the illnesses.

V. Financial Matters

During the time of the pandemic, the CAD endeavours to continue to function as per normal.

During the pandemic, the strain on financial resources will be wide spread and will not only effect government and businesses, but individuals as well.

Depending on when the pandemic hits and whether or not it is at the time of the CAD Renewal of Practice Permits (which is the time of main revenue intake for the CAD), the CAD may experience a significant depletion of funds without incoming funds.

The following indicates the processes which will be utilized during a pandemic with regards to financial matters.

A. Payment of Invoices

As financial strains and implications of a Pandemic will affect not only Health Care Professionals but all professions, businesses and individuals, the CAD will continue to make timely and appropriate payments for purchases of supplies, rent, telephone service and other such day to day business items as well as Government payroll remittances, GST remittances or similar.

B. Staff Payroll

During the pandemic, there is a high probability that one or more of the staff of the CAD will be effected by the pandemic, whether it is direct illness or family illness which requires the staff member to be absent from work.

The CAD will continue to provide these individuals with their average wages in normal time periods, termed as "emergency wages". Arrangements will be made to deposit the emergency wages into the staff member's banking institution.

Post-Pandemic and upon the staff member returning to regular work, the Council of the CAD and the staff member will then make suitable financial arrangements for reimbursement to the CAD for the emergency wage payments.

C. Replacement Staff

In the event that one or more of the CAD staff is unable to provide their services and the CAD and or the Council replaces the staff as per the aforementioned guidelines, these individuals will be paid as per the applicable CAD policies or, in the event of external temporary staff, as per the agreement with the staffing agency.

D. Shortfall in General Revenue Account

If a shortfall occurs in the general revenue account, the Council in their sole discretion, acting reasonably and upon notification from the Office Manager and or the Registrar indicating a shortfall, may direct the Office Manager and or the Registrar to utilize methods as per the following order:

1. The redemption of term deposits, general investment certificates or similar, regardless of penalty for early redemption, to be placed into the general revenue account;
2. Instruct the Office Manager/Registrar to utilize LOC (line of credit);
3. Transfer of funds from the Discipline Surcharge Account to the general revenue account; and
4. If necessary and pursuant to the CAD Bylaws, instruct the Office Manager/Registrar to issue a special levy to all Members.

E. Financial Statements and Annual Report

In the event that the pandemic occurs at a time of fiscal year end and normal auditing of the CAD's finances, and as the CAD is a not-for-profit organization which does not pay income tax, the CAD will seek a relaxation from the Government of Canada for submission of the financial statements.

As well and as is required by the Health Professions Act, the CAD will request from the Minister of Health & Wellness in Alberta, for a relaxation of the date for submission of the Annual Report.

F. Post Pandemic

Upon entering into a Post-Pandemic Phase and upon return to normal staffing and operations by the CAD, the Council will meet (if necessary) to determine appropriate steps to address the financial implications of the pandemic. The following will be addressed if necessary:

1. Financial status post-pandemic;
2. What sources have been utilized to meet financial obligations;
3. Determine repayment of any paid emergency wages;
4. Determine process to make reimbursement to the Discipline Surcharge Account and or payment of LOC;
5. Determine whether or not a reimbursement to Members of Special Levy will be done;
6. Initiate the auditing of the CAD finances,
7. Completion of the CAD Annual Report; and
8. Any other financial matters arising from the pandemic.

VI. Membership Operations during a Pandemic

It is unlikely that in the event of a Pandemic that the government will consider Denturists to be an essential service.

Regardless, upon notification of a Pandemic, the CAD will implement its Pandemic Preparedness Plan. This plan addresses what membership services will be maintained or postponed (as is allowable under the *Health Professions Act*).

A. Registration

i. Renewal of Practice Permits

In the event that a Pandemic occurs at or near the time of Renewal of Practice Permits is required, the CAD will request that all Regulated Members endeavour to comply with the requirements of Renewal within the normal timelines.

However, in the event that a Regulated Member is unable to attend to normal duties due to the Pandemic, the CAD will allow for a relaxation of the requirement of renewal until the Regulated Member is able to return to normal duties. Upon return to normal duties, the Regulated Member must then comply with the requirements of Renewal forthwith.

With respect to the Other Members of the CAD, the aforementioned guidelines will also apply.

ii. Initial Application for Registration

During the time of a Pandemic, the CAD will continue to provide Regulated Member and Intern Member Registration services as possible for Initial Applications.

iii. Courtesy Register and Equivalent Jurisdiction Applications

If there is a need for temporary increases in Regulated Member Denturists in the Province of Alberta, the CAD will then streamline the process for Regulated Member Courtesy Register Applications and Equivalent Jurisdiction Applications.

This will be achieved by utilizing electronic documents and temporarily waiving the requirement of submission of original documents. Verification/clarification of current jurisdictional matters will be achieved via electronic communication and or telephone communication with the applicant's equivalent jurisdiction Regulatory Body.

However, original documents must ultimately and as soon as reasonably possible, be submitted to the CAD to be retained on the individuals register file.

B. Professional Conduct Processes

The *Health Professions Act* in Part 4 indicates timelines with respect to matters of Professional Conduct.

The CAD is required to abide by those timelines however, upon notice from the Government of Alberta of the waiver of the requirement for complying with those timelines, the CAD will then prioritize these matters and will (if necessary) postpone some Conduct matters.

In other words, responses to the Complaints Director may be delayed or postponed due to the Regulated Member's illness and or the complainant's illness (or both), until such time as the parties can respond accordingly.

Further, the convening of Hearing Tribunal Hearings will be postponed unless there is a significant issue relating to a matter where by the Regulated Member may cause harm to themselves and/or to the public.

With respect to Alternative Complaint Resolution processes and Complaint Review Committee processes, these will be postponed until the Pandemic is officially over.

All matters which have been postponed will be rescheduled and dealt with post-pandemic in a timely fashion.

Without a waiver from the Government of Alberta, the CAD, acting responsibly and in consideration of any Pandemic illness of the Regulated Members and or the Complainants, will endeavour to postpone all professional conduct matters as possible. Such matters will continue to be dealt with in as timely a fashion as possible, with consideration to all parties involved and the timelines indicated in the Health Professions Act.

C. Examinations

During a Pandemic, any scheduled Examinations will be postponed, except in the case where there is a necessity to replace a shortfall of Regulated Members due to the pandemic.

In such a case, the CAD, acting reasonably, may additionally delay the requirement of successful completion of the examination(s) until the Pandemic is officially over.

D. Conferences and Educational Seminars

Any scheduled conferences or continuing educational seminars will be postponed and rescheduled to a future date, post-pandemic.

E. Annual General Meeting of Members

Pursuant to the CAD Bylaws, there is a requirement to hold an Annual General Meeting of Members (AGM). If the AGM is scheduled to take place at a date during which there is a Pandemic, the CAD will postpone the AGM and reschedule it for a future date, post-pandemic.

In the event of an essential matter which requires a vote by the Regulated Members, the Council of the CAD may vote to utilize the Bylaw provision of a mail vote.

VII. Pandemic Preparedness Plan

A. Introduction

Denturists are primary health care providers who provide services to a wide range of age groups, in private clinics, medical facilities, nursing homes, assisted living accommodations and individual homes.

In the event of a Pandemic Influenza outbreak, **Denturists will be at risk of exposure to the Influenza virus and subsequent infection.** Further, Denturists in their Clinics and at the facilities where they provide services will then have the potential to spread the virus.

A Pandemic is an International Health concern and as such, International organizations, federal, provincial and local governmental agencies will work together to provide maximum possible response to the posed threat. The following are some of the key organizations which will be involved for Albertans:

- [The World Health Organization](#)
- [Health Canada](#)
- [Alberta Health & Wellness](#)
- [Regional Health Authorities](#)
- [Municipal Governments.](#)

The College of Alberta Denturists takes the position that we must do everything in our power to do our part in dealing with a Pandemic.

As such, the College of Alberta Denturists, upon notification from the Governmental Bodies of a threat of a Pandemic, will put into place our Pandemic Influenza Preparedness Plan.

B. The Government of Canada's Pandemic Influenza Plan

Canada was one of the first countries to have a Pandemic Influenza Plan in place, which sets out specific measures and actions which will be required by from Government Health and Other Department as well as various organizations at the National, Provincial and Municipal levels.

To view this plan, please see the Government of Canada- Canadian Pandemic Influence Plan at the [Public Health Agency of Canada](#) website.

Further "one-stop" information from the Government of Canada regarding the pandemic can be found at:

http://www.influenza.gc.ca/index_e.html

C. The Government of Alberta's Pandemic Influenza Plan

The [Government of Alberta](#) has in place a 3 phases Pandemic Plan. Those phases are:

1. ***Pre-Pandemic Phase***: a new type of Influenza Virus has not been detected anywhere or a new strain has been found only in a small number of people, most likely outside of Canada.
2. ***Pandemic Phase***: The World Health Organization declares that an Influenza Pandemic is underway and the new Flu is detected in Canada. There will be localized outbreaks of the Flu to start, followed by broader outbreaks that will occur in waves.
3. ***Post-Pandemic Phase***: the number of cases and deaths from the Flu returns to normal levels and the pandemic is declared to be over.

To view this plan, please see the Government of Alberta Health & Wellness website at:

<http://www.health.gov.ab.ca/influenza/PandemicPlan.html>

D. The College of Alberta Denturists Pandemic Influenza Plan

The College of Alberta Denturists Pandemic Plan will occur in **3 Phases**, implemented in a timely process.

The **3 Phases** are:

1. **Pre-Pandemic Phase**;
2. **Pandemic Phase**; and
3. **Post-Pandemic Phase**.

These Phases will be implemented via the following activities:

1. **Pre-Pandemic Phase**

- Verify validity of Notification of the Pre-Pandemic Phase
- Provide notification(s) as per the Plan
- Implement Pre-Pandemic Phase procedures of the Plan
- Cross-train/verify training of replacement staff
- Determine any changes to methodology for communication and implement into the plan
- Review current methodologies for immunization, disinfection, sterilization, self-care, etc.
- Review processes for registration during the pandemic and necessity to replace members

2. **Pandemic Phase**

- Verify validity of Notification of the Pandemic Phase
- Provide notification(s) as per the Plan
- Implement Pandemic Phase procedures of the Plan
- Re-Communicate the Business Contingency plan with Members and Stakeholders
- Communicate and liaison with other organizations as necessary
- Develop and distribute ongoing guidelines as necessary, to deal with the Pandemic

3. **Post-Pandemic Phase**

- Verify validity of Notification of the Post-Pandemic Phase
- Provide notification(s) as per the Plan
- Implement Post-Pandemic Phase procedures of the Plan

The CAD Pandemic Plan Phases

Phase 1- *Pre-Pandemic Phase*

Upon Governmental notification of a Pre-Pandemic Phase, the College of Alberta Denturists will take the following actions:

General

- Update the College website to indicated a Pre-Pandemic Phase is in place; and
- Maintain timely updates to the website regarding the status of the Pre-Pandemic Phase.

To the Members

- Update the Members on status of the Virus of concern, indicate that a Pre-Pandemic Phase is occurring;
- Recommend Influenza Immunization for practitioners and staff;
- Instruct the Members to ensure they question patients regarding recent travel history, noting any suspect travel locations and subsequently taking any necessary precautions regarding possible patient infection; and
- Maintain timely updates to the Members as to the status of the Pre-Pandemic Phase.

Phase 2- *Pandemic Phase*

Upon official Governmental notification that the Pandemic Phase is underway, the College of Alberta Denturists will take the following actions:

General

- Update the College of Alberta Denturists website to indicate a Pandemic Phase is occurring and provide necessary health recommendations and information, contact information and web links;
- If appropriate, postpone any College of Alberta Denturists organized functions or activities; and
- Maintain timely updates to the website and Membership.

To the Members

- Update the Members of the change of status to a Pandemic Phase and provide information on the infection areas;
- Instruct the Members to have themselves and staff immunized for the Influenza Virus (if a vaccine is available);
- Instruct the Members to ensure they question patients regarding recent travel history, noting any suspect travel locations and subsequently taking any necessary precautions regarding possible patient infection;
- Instruct the Members on methods to minimize risk of infection;
- Instruct the Members to provide only emergency treatments to individuals institutionalized and in assisted living/home care locations;
- Instruct the Members to implement social distancing;
- Provide information related to any changes in the provision of services by the College;
- Provide up-to-date protocol for appropriate disinfection and sterilization;
- Provide up-to-date protocol for self-help related to Influenza;
- Request that the Members provide any possible assistance to Governmental Agencies as needed, to ensure the continuation of Essential Services; and
- Provide timely updates on changes to the Pandemic.

Phase 3- *Post Pandemic Phase*

Upon official Governmental notification that the Pandemic is “over” and is now a Post-Pandemic Phase, the College of Alberta Denturists will take the following actions:

General

- Update the College of Alberta Denturists website to indicate a Post Pandemic Phase;
- Restart full College operations and reschedule any previously postponed functions; and
- Maintain timely review of the status of reoccurrences of outbreak (if any) and provide subsequent updates to the website and Members.

To the Members

- Update the Members on the change of status to a Post-Pandemic Phase;
- Indicate return to normal practice including attendance at institutions and in assisted living/home care locations; and
- Provide timely reports as to the status of the Pandemic.

E. Alternate Communication Processes

Most organizations are anticipating that during the Pandemic, the electronic systems of communication will remain functioning at normal levels. This includes land-line communication services, cellular communication services, satellite communication services, web based communications and ground delivery (mail and courier services).

There is a possibility however, that some of these services may also be impacted by the Pandemic.

As such, the CAD will make provisions for alternative methods of communication in the event that the services are interrupted.

The CAD will establish Regional Information Officers, who will be provided with a list of Regulated Members in their region, which they will be responsible for providing any College directed information to. The Regional Information Officers will be used as a last resort.

The following indicates the steps which will be implemented to communicate with the Members (in descending order of disrupted services):

1. If web based services are not functioning, the CAD will utilize telephone services and wherever possible, document transfer via facsimile;
2. If web based services and telephone communication services are not functioning, the CAD will utilize document transfer via ground delivery services;
3. If web based services, telephone services and ground delivery services are not functioning, the CAD will then utilize Council appointed individuals to deliver documents to the Regional Information Officers, for them to distribute to the Members on their distribution list.
4. If this is unachievable, the CAD will then seek any other available methods to provide as much communication to the Members as possible.

F. Post Pandemic Recovery

Upon official Government notification of a Post-Pandemic Phase, the CAD Council will meet to determine the status of the CAD and the effect the Pandemic has had on the CAD.

The following are some of the issues the Council will address:

1. Deaths or disability of staff- need for replacement staff;
2. Financial impacts on the CAD- see Financial Matters-post-pandemic, page 12;
3. Deaths or disability of the Members- need to temporarily replace Denturist services in a given location/community; and
4. Steps to be taken to return to normal operations.

VIII. Information for the Membership

A. List of Anticipated Skills Required During an Influenza Pandemic

The following lists some of the **anticipated skills** for Health Care professionals during a pandemic, which may be applicable to Denturists:

- Knowledge of signs and symptoms of influenza virus;
- Knowledge of vaccines for influenza and pneumonia;
- Knowledge of antivirals used for influenza;
- Knowledge of case definition for influenza pandemic;
- Cardio Pulmonary Resuscitation (CPR);
- First Aid Skills;
- Vital Signs (Blood Pressure, Temperature, Pulse);
- Triaging Skills (In person and via telephone);
- Assessment Skills (Physical, Social, etc); and
- Infection Control Practices (Gloving, gowning, masks, disinfection, hand washing, etc).

B. Influenza Information

The Center for Disease Control and Prevention website provides information related to Pandemic Influenza. This information is available at:

<http://www.cdc.gov/flu/pandemic/keyfacts.htm>

Further, the Public Health Agency of the Government of Canada website provides information related to Pandemic Influenza. This information is available at:

http://www.phac-aspc.gc.ca/influenza/pandemic_e.html

Additionally, the Alberta Health & Wellness website provides information related to Pandemic Influenza. This information is available at:

<http://www.health.gov.ab.ca/influenza/Pandemic.html>

C. Self-care Information

The Government of Alberta, Health and Wellness, has published a document for Health Care providers on Influenza Self-care information.

This document can be viewed at the [Alberta Health & Wellness](#) website, Professional Resources Section at:

http://www.health.gov.ab.ca/influenza/SC_ProfessionalLong.pdf

D. Precautions

Universal precautions should be a standard of any Denturist practice regardless of the health of any individual patient or a notice of a pandemic.

Standard precautions should be utilized at all times. A review of such precautions can be viewed at the Center for Disease Control and Prevention website:

http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

As well, the Center for Disease Control and Prevention website contains information on Infection Control. This can be viewed at:

<http://www.hhs.gov/pandemicflu/plan/sup4.html>

E. Personal Guidelines regarding Influenza

If you have any symptoms of influenza, you should not provide services at your Clinic and you should remain at home for 5-7 days. Seek medical assistance when necessary.

For additional information or to discuss your symptoms, please contact the Health Link Alberta at the following numbers:

In Edmonton: **408-LINK (5465)**

In Calgary: **943-LINK (5465)**

Other (toll-free): **1-866-408-LINK (5465)**

Website: **www.albertahealthlink.ca**

- **Stay Home if you are Sick.** Any symptoms of the flu or other sickness, you should remain at home, get plenty of rest and check with a family physician as necessary.
- **Cover your Mouth and Nose.** When coughing or sneezing, ensure you cover your mouth with a disposable tissue.
- **Wash your Hands.** Effective hand washing often helps protect you from germs. Use alcohol-based wipes or sanitizing gels when soap and water are unavailable.
- **Avoid Contact with your Eyes, Nose and Mouth.** The spread of germs often occurs from contact with contaminated items followed by transfer to an individual's eyes, nose and or mouth.
- **Avoid Close Contact.** This works two ways; avoid close contact with individuals who are sick and when you are sick, avoid close contact with others.

F. General Symptoms of Influenza

Some signs and symptoms of Influenza mirror those of a common cold, such as a runny nose, sneezing and sore throat. However, if you have a fever, you may have influenza. Additionally, you will feel worse with Influenza than with a common cold. Some signs and symptoms of influenza include:

- Runny nose
- Sneezing
- Sore throat
- Chills and sweats
- Headache
- Muscular aches and pains, especially in your back, arms and legs
- Dry cough
- Loss of appetite
- Fatigue and weakness
- Nasal congestion

For more information, please see the Mayo Clinic website information, located at:

<http://www.mayoclinic.com/health/influenza/DS00081/DSECTION=1>

Symptoms/ Description	Influenza	Common Cold	Stomach Flu
Fever	Usually high	Sometimes	Rare
Chills, aches, pain	Frequent	Slight	Common
Loss of appetite	Sometimes	Sometimes	Common
Cough	Usual	Sometimes	Rare
Sore throat	Sometimes	Sometimes	Rare
Sniffles or sneezes	Sometimes	Common	Rare
Involves whole body	Often	Never	Stomach/ bowel only
Symptoms appear quickly	Always	More gradual	Fairly quickly
Extreme tiredness	Common	Rare	Sometimes
Complications	Pneumonia; can be life threatening	Sinus infection Ear infection	Dehydration

Comparison Chart provided by [Alberta Health & Wellness](#)

G. Hand Washing

As previously stated, hand washing is one of the most important and easiest measures to reduce the risk of transmission of infections from one individual to another.

Where soap and water is not available, place alcohol wipes and or hand sanitizers for use by any individual; whether it is the practitioner, staff, patients, or general public. Posting of signage in all clinic areas, drawing people's attention to the need for hand washing, will increase compliance.

Hands should be washed regularly with soap and water, alcohol hand wipes/rubs or an antiseptic hand sanitizer, followed by thorough drying with disposable towels. Any contact with contaminated or potentially contaminated surfaces or items should be followed by hand washing.

Activities such as eating, smoking and personal grooming are occurrences which are termed as Hand-to-Mouth contact. This contact poses a potential for transmission of influenza from surfaces which have been contaminated with respiratory and or droplet secretions and therefore, hand washing should be done prior to such activities.

To review proper hand washing procedures, please see the [World Health Organization Practical Guidelines for Infection Control](http://www.wpro.who.int/sars/docs/practicalguidelines/dec2004/annexes.pdf) website at:

<http://www.wpro.who.int/sars/docs/practicalguidelines/dec2004/annexes.pdf>

H. Coughing and Sneezing

Anyone with a respiratory infection/influenza should comply with the following:

- **Avoid close contact with other people** (less than 1 metre).
- **Cover nose and mouth** with a disposable tissue when sneezing or coughing.
- **Use disposable tissues** to contain nasal and respiratory secretions.
- **Dispose of used tissues** in a waste receptacle which has a disposable liner in it.
- **Immediately wash and dry hands.**

I. Social Distancing

In the event of a pandemic, prevention of transmission is paramount. Areas where numbers of individuals gather such as health care facilities, long term care facilities, assisted living facilities, shopping malls, sports facilities, schools, etc. should, whenever possible, be avoided during the pandemic.

If you must attend these places during the pandemic, ensure that you maintain a **minimum of 1 metre** between persons whenever possible.

Any contact with individuals known to be infected with the pandemic influenza should be avoided completely if possible.

J. Masks

The use of disposable masks by individuals with a respiratory infection is recommended in order to prevent the spread by respiratory secretions.

The World Health Organization recommends the following when an outbreak occurs:

1. **N95 masks** are recommended for general use in isolation rooms where close contact with a patient and direct contamination with saliva/sputum via cough and or sneezing, is **not** likely.
2. N95 masks should be worn by infected patients at all time when staff and or other people are in the same room.
3. HEPA (**P100, N100**) masks are recommended for use during procedures where splash of respiratory secretions **is** likely.
4. Disposable masks should be discarded after 4-6 hours. They should not be stored in bags and re-used or hung around the neck.
5. It is essential that the mask makes a complete seal on the face at all times. Proper fitting is essential and care should be taken to ensure that the seal is complete before approaching a patient.
6. Masks **cannot** be worn with beards or unshaven faces.
7. Splashed, wet masks should be changed.
8. Standard surgical masks can be use by **patients** if N95 masks are not tolerated.
9. Standard surgical masks are **not adequate** for practitioners, staff or visitors.

High quality disposable **surgical masks** may be used for day to day operations outside of an outbreak.

After sneezing, coughing or upon the mask becoming moist, the mask must be removed and disposed of in waste receptacle with a disposable liner. The individual must immediately wash and dry their hands and place a new mask on their face.

All practitioners **require** proper training on the fitting of the N95 Mask (see First-Aid & Safety Training organizations). Additionally, employers have the **legal responsibility** to ensure adequate protection is available and that the employer and staff are trained.

K. Goggles & Eye Wear

Protective goggles should be worn at all times during patient contact and cleaned thoroughly between patients with an alcohol-based disinfectant solution prior to re-use.

UVEX goggles may be worn with an individuals eye glasses and cleaned as per the aforementioned.

IX. Acknowledgements

The College of Alberta Denturists wishes to acknowledge the following individuals, departments and organizations for information used in this Business Contingency Plan:

- Alberta Health & Wellness
- Government of Canada
- Center for Disease Control and Prevention
- World Health Organization
- Mayo Clinic
- College and Association of Registered Nurses of Alberta
- Federation of Regulated Health Professions of Alberta, Health & Wellness
- Dr. Garnet Cummings, MD
- Charles Gulley, DD

X. Waiver

The College of Alberta Denturists **does not** endorse any specific company's products or recommended products.

The references to a specific product(s) contained in this document are for reference and examples only and do not indicate any remotely or expressly implied endorsement of the product(s), use of the product(s) and or effectiveness of the product(s).

It is solely an individual's choice as to a company or brand of product they choose to purchase and the College of Alberta Denturists accepts no responsibility for an individual's use, misuse or failure to use any product.

XI. Appendices

The following appendices provide a chart on hand washing, influenza notification and a comparison chart of influenza, common cold and stomach flu.

These are provided for your **consideration** of use to post in your clinic in the event of a pandemic.

This Plan was revised and approved by Council on October 16, 2009.

HAND WASHING is the Most Important thing You can do to Protect Yourself!

With Soap and Water

- Wet hands and wrists keeping them lower than the elbows to prevent contamination of arms.
- Apply soap (preferable liquid and wherever possible, from an automatic dispenser) and lather thoroughly.
- For a minimum of 10-15 seconds, use firm circular motions to wash the hands and arms up to the wrists, covering all areas including the palms, back of the hands, fingers, between the fingers and sides of fingers, knuckles and wrist.
- Repeat if hands are very soiled.
- Clean under fingernails.
- Rinse hands thoroughly with clean running water, again keeping hands lower than elbows.
- Dry hands thoroughly with disposable paper towel or napkins, a single use clean towel, or air-dry.
- Discard towel into an appropriate container without touching hands to the container.
- Use a paper towel, clean towel or your elbow/foot to turn off the faucet to prevent recontamination.

For Antiseptic Hand Rubs, Gels or Swabs

- If there is visible soil on the hands, they should first be washed with soap and water. If soap and water is unavailable, then a detergent-containing towelette should be used first.
- Apply product to the palm of one hand.
- Rub hands together covering all surfaces of the hands and fingers.
- Rub until dry.
- Do not rinse.

INFLUENZA NOTIFICATION

Influenza is a Contagious Disease. In order to reduce the spread of the Influenza Virus in this Clinic, the following is to be followed by anyone entering the Clinic:

DO NOT ENTER THIS CLINIC IF YOU HAVE:

- **Fever greater than 38° Celsius or 101° Fahrenheit**
- **Chills or shivering**
- **Muscle Aches and Pains**
- **Loss of Appetite**
- **Cough**
- **Breathing Difficulties**
- **Sore Throat**
- **Sniffles and or sneezes**
- **Stuffy or runny nose**
- **Unusual Tiredness/weakness**

If you have one or more of the above symptoms, do not enter this clinic. Rather, go home and contact us by telephone to advise us of your condition.

You should stay at home until you recover and seek Medical Advice if necessary.

We thank you for your consideration.

Comparison Chart
between
Influenza, Common Cold & Stomach Flu

Symptoms/ Description	Influenza	Common Cold	Stomach Flu
Fever	Usually high	Sometimes	Rare
Chills, aches, pain	Frequent	Slight	Common
Loss of appetite	Sometimes	Sometimes	Common
Cough	Usual	Sometimes	Rare
Sore throat	Sometimes	Sometimes	Rare
Sniffles or sneezes	Sometimes	Common	Rare
Involves whole body	Often	Never	Stomach/ bowel only
Symptoms appear quickly	Always	More gradual	Fairly quickly
Extreme tiredness	Common	Rare	Sometimes
Complications	Pneumonia; can be life threatening	Sinus infection Ear infection	Dehydration

Comparison Chart provided by [Alberta Health & Wellness](#)

COLLEGE OF ALBERTA DENTURISTS

