

	Inclusion Powell River
Business Continuity Plan to Respond to a Pandemic	
2017-18	Response to Pandemic: Call Emergency no. for a pandemic 604 414.3533 or 604.223.0451

SECTION 1 Introduction

Purpose:

This Business Continuity Plan to respond to a pandemic has been developed to ensure that the critical business functions and contractual obligations of inclusion Powell River can be maintained in the event that a large number of our staff can't perform their work duties during a pandemic emergency. It is of high importance to inclusion Powell River to protect the health and safety of the inclusion Powell River clients and staff, in the event of a pandemic outbreak of disease. This plan is designed to help guide the process in the event that it should occur as staff shortages will create challenges to achieving our goal. Inclusion Powell River will endeavor to maintain adequate levels of staffing and to deploy workers to the areas of greatest need in a fair and equitable manner. The collective agreement will be followed, as will inclusion Powell River policy.

Definitions:

Pandemic

A pandemic is an epidemic of infectious disease spreading over a large geographic region such as a continent or worldwide. In contrast to seasonal influenza epidemics, such events like the 2009 H1N1 has the potential to spread very rapidly - infecting larger numbers of people and leading to serious illness or death. Immunity that people may naturally have to seasonal influenza will not protect them during a pandemic outbreak.

An **influenza pandemic** is an epidemic of an influenza that spreads on a worldwide scale and infects a large proportion of the human population in contrast to the regular seasonal epidemics of influenza, these pandemics occur irregularly, with the 1918 Spanish flu the most serious pandemic in recent history. Pandemics can cause high levels of mortality, with the Spanish influenza estimated as being responsible for the deaths of over 50 million people. There have been about three influenza pandemics in each century for the last 300 years. The most recent one was the 2009 flu pandemic.

Antivirals and Vaccines

Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza.

Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus.

A **vaccine** is any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines are the primary means to prevent illness and death from influenza.

They stimulate the production of antibodies against the flu virus components included in the vaccine, providing immunity against the virus.

In order to provide the best protection, a vaccine must be tailored to fight off specific strains of influenza.

Critical Business Functions Critical business functions/ Essential are those activities that must be performed in order for the organization to remain in operation. Identifying our critical business functions and planning for their continuation will ensure that a minimum level of services will be provided to our clients during a local outbreak.

Minimum Services Minimum Services are the services that we must provide to our clients. Identifying the minimum level of services that are necessary to maintain the health and safety of the individuals we support

Components of the Plan:

- 1) Identify critical business functions and resources to draw upon during an outbreak
- 2) Identify minimum levels of service and the staffing levels necessary to continue to provide essential levels of service.
- 3) Maintain agency wide practices using universal precautions to ensure the prevention of and control of infection.
4. Prevent Cross Contamination by limiting staff working in homes from working in other sites.

Responsibilities: The Chief Executive Officer (CEO), working with the Chief Operating Officer (COO) and Program Directors and Management Team, is responsible for successful implementation of the plan. The CEO or designate is the Emergency Response Coordinator (ERC). The ERC will decide on when a minimum service level will be implemented and programs will be closed.

Program Managers (PM) are responsible for communicating the plan and its protocols to all front-line staff. PM's are responsible to communicate with the ER Coordinator either by phone or by e-mail when contagious disease is the reason for staff absence.

All staff are responsible for following protocols as directed by management and their direct supervisors. ***All staff are responsible***

to report contagious disease and likelihood of carrying a contagious disease. When calling in sick, staff must indicate whether their illness is a suspected or confirmed communicable disease.

Degree of Risk:

Recent research indicates that the populations most at-risk of serious illness or death due to any contagious disease, are pregnant women, children, and people with chronic illnesses. Those living in cramped, unsanitary conditions are at higher risk of becoming **infected** with the virus, but not necessarily at higher risk of serious illness or death. Some of our clients have chronic illnesses, particularly respiratory illnesses and/or Hepatitis C – this population is at the highest risk of serious illness or death.

In our residential programs and outreach programs we rely on the diligence of staff to maintain a sanitary environment and to use standard precautions.¹

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SECTION 2 Critical Business Functions

inclusion Powell River: Payroll, accounts receivable/payable, employee scheduling and supervision

<i>Function</i>	Payroll	Accts Receivable/ Payable	Employee Scheduling	Employee Supervision	Building/Vehi cle Maintenance And Building Cleaning	Emergency Response Coordination
<i>Who Currently</i>	Accounting Assistants	Manager of Finance Accounting Assistants	Scheduling Staff	COO, Directors, Program Managers and Coordinators	<u>Maintenance</u> Finance Manager <u>Cleaning</u> Janitor	Chief Executive Officer (CEO) or designate
<i>Employees that could do</i>	Scheduling with assistance from ComVida or Accounting firm	Accounting Assistants	Accounting Staff Program Managers Program Staff	CEO, Senior Workers	<u>Maintenance</u> Program_ Managers Directors CEO, COO <u>Cleaning</u> All employees	CEO, COO, Program Directors, Manager of Finance
<i>Non-Employees Who Can Help</i>	<ul style="list-style-type: none"> • Board Members • Contractor • Other agency 	<ul style="list-style-type: none"> • Board Members • Contractor • Other agency 	<ul style="list-style-type: none"> • Board Members • Contractor • Other agency 	<ul style="list-style-type: none"> • Board Members • Contractor • Other agency 	<ul style="list-style-type: none"> • Building Contractors • Janitorial Contractor 	<ul style="list-style-type: none"> • Board Members • Contractor • Other Agency Management staff

SECTION 3 Minimum Services Identification

Setting priorities for essential services levels to determine where to place limits and staffing
 Priority 1 – Potential to effect health and safety of the public; clients that are dependent
 Priority 2 – Major inconvenience to the client but does not affect health and safety
 Priority 3 – Minor inconvenience to the client; service probably not missed or could be deferred over the short term (6 weeks)

A	B	C	D	E
Service	Function	Priority (See categories above)	Potential for Increased Demand (Low, Medium, High)	Program Specific Concerns/Issues
Child & Family Services	Personal support/case management	3	Low	A high rate of infection may occur among staff
Facility Based Day Programs	Personal support and group programs	2	Low	A high rate of infection may occur among staff
Residential Options and Community Inclusion	Personal and medical support and group programs i.e. Lifeskills support and employment assistance	1	High	A high rate of infection may occur among staff
Employment Programs	job coaching, resume writing, training, job development	3	Low	A high rate of infection may occur among staff
Residential Services – Group Homes - HomeShare	personal care and support,	1	High	Required to continue service in a pandemic; service levels are generally at health and safety levels and should not be further reduced. There may be situations where reduced staffing levels cannot be avoided and then tasks would be prioritized.

SECTION 4 Minimum Services Staffing

A	B	C	D	E
Priority 1 Function	Current Staff (fte)	Minimum Staff Needed to Operate (fte)	Pandemic Staff Reduced to	Potential Pandemic Staff Shortfall
Child and Family Services including Admin	14.76	3	20%	0
Residential Options: (Supported Apartments, 1:1 supports), ABI, Community Inclusion	6.32	4	67%	17%
CLP, Connector	5.22	2	36%	18%
Employment Services & Model Community	6.66	0.6	10%	0
Residential Services	54.25	40.7	75%	25%
Exempt Directors & Managers	9.28	5	38%	10%
Administrative Positions, including tech and B@H staff	7.22	5.7	63%	13%
Children's Residence	0	0	0	0
Contractors – Homeshare	14	20	90%	30%
Total	135.88	89	65%	82%

We face a potential shortfall in staffing to maintain minimal level of service and support to individuals who are dependent on us.

Strategy:

- 1) Minimum Service Requirements
 1. Client Services
 - a) Group Homes have a goal to maintain 2 staff on every shift except where they are currently single staffed.
 - I. Where the above is not possible, then other emergency planning will need to

take place. The Chief Executive Officer, COO, Program Directors and Program Managers are responsible to respond on a case by case basis and will be required to ensure client care is maintained to a health and safety level.

- a.) Homeshare client and Better at Home clients, who are unsafe when unsupported/unsupervised then alternate strategies will need to be implemented. Where the length of time the client might be left without support could leave the client in unsafe conditions.
 - c) Other residential supports – where the length of time the client might be left without support could leave the client in unsafe conditions.
 - d) Day program workers are cross trained to work in some residential services. These workers would be requested to fulfill these roles first. If they are not available then other options would of necessary be pursued until such time as regular staff are able to fulfill their duties.
 - e) Work supports where the individual might be at risk of losing their job if they don't attend work with staff support.
2. Payroll and accounting – should there be an emergency declared, then payroll and other accounting staff may be requested to work from their home in order to minimize the possibility of illness as payroll and accounting is a critical service.
 3. Technology – as inclusion Powell River has limited capacity in this area the technology support personnel would be requested to work from home in the event of an emergency therefore reducing the risk of systems failing in the midst of an emergency.
 4. Administrative supports-Although reception is important in the Marine Ave. office and at the Cranberry Children's Centre, other important administrative support staff may be requested to work from home in order to minimize the risk of their becoming ill and jeopardizing the service delivery system at inclusion Powell River.
 5. Leaders – Members of the leadership team may be asked to alter their schedules and through the use of technology remain in close contact with their programs and the service delivery system. As they may well be needed to make critical decisions within the context of such an emergency they may be asked to take every precaution to ensure that they do not fall ill which could include working from their home in order to reduce the risk of contact with others who are contagious.
 6. The CEO will act as Emergency Response Coordinator or appoint an Emergency Response Coordinator to take responsibility for coordinating the efforts of the team. The leadership team will make management of the emergency a priority. All other important tasks will be put on hold until such time as the emergency has passed. Members of the Leadership Team may need to be available on 24 hour call in the event of such an emergency. They will need to be available to staff and to each other for consultation to ensure the safety of all clients and staff.
 7. Communication Systems
 - a. The Chief Executive Officer will act as the Emergency Response Coordinator or she will appoint a designate. The Emergency Response Coordinator (ERC) will be responsible to manage staff shortages and field questions from staff with regards to the emergency.
 - b. Please call one of the following numbers if there is emergency or potential emergency. **Our on call phone number 604-414-3533 or the scheduling number 604-223-0451 to report your medical condition or emergency.** In addition, staff must contact their Program Manager/Coordinator and

report to them. Scheduling Staff or the Program Manager/Coordinator must immediately contact the CEO.

- c. Information that is to be reported.
 - 1) Staff person's name
 - 2) Date when they became ill
 - 3) Expected return to work date
 - 4) Have they been vaccinated against the contagious disease?
 - 5) Ability to fill their position.
 - 6) Challenges the house is facing.
- d. inclusion Powell River will use ShareVision announcements, regular e-mail distribution and the phones for communication between employees and administration. Ensuring that these systems are functioning during an emergency situation will be critical.

Education on the Influenza Virus:

All staff will be oriented to universal precautions that include a focus on prevention and control of contagious diseases.

1) Understanding Influenza Viruses as the mostly likely disease to create a pandemic.

Influenza Characteristics: There are three things to know about the influenza virus when contemplating actions to manage risks in the workplace:

- **Transmitted by Contact** – The influenza virus can be transferred from an ill individual to a susceptible host by indirect contact, such as contaminated hands. Hand-washing, therefore, is the most effective method for controlling the spread of the virus. There is no evidence that the use of masks in general public settings offer protection once the virus is circulating widely in a community.
- **Impervious to Anti-Bacterial Medications** – Viral-based influenza does not respond to antibiotics like bacterial-related diseases. The common medications used for bacterial infections, such as penicillin and streptomycin, have no effect on the influenza virus. Some recently developed antiviral medications can inhibit the dispersal of viral particles inside the body, but there is no medical cure for influenza at this time. **This suggests the most effective way to combat the disease is to avoid exposure to the virus.**
- **High Mutation Rate** – Influenza viruses have an ability to rapidly mutate. Viruses can and do change their characteristics readily from one generation to the next. The ability to adapt rapidly means the influenza virus can overcome obstacles to growth, including the body's defenses, antiviral medications, and vaccines. Since experts do not expect that we can prevent a pandemic, advance preparations are key.

How Influenza is Spread:

- A person could inhale virus-laden droplets or particles released when an infected person

coughs or sneezes. A contagious individual can easily infect others within about one metre (three feet) through coughing and sneezing.

- Someone could also pick up the virus on their hands from touching an infected person or a hard surface where the virus is present, and then introduce the virus by bringing their hands to their mouth, nose, or eyes. The virus then makes its way to the respiratory track.
- Viruses can live on hard surfaces such as doorknobs for 24 to 48 hours, and on nonporous surfaces such as cloth, paper and tissue from 8 to 12 hours. Once on the hand, the virus can survive for about 5 minutes therefore keeping hands away from nose, mouth and eyes is critical.

Infection timeline: It is also important to acknowledge **what happens** when a person becomes infected in considering actions to manage pandemic risks.

- **Exposure** – Once an individual is exposed to the virus, influenza particles make their way to the respiratory system, where they begin to replicate. A single virus can produce millions of copies of itself during the “incubation” stage. The incubation period usually ranges from one to three days.
- **Infectious** – A person may be able to infect others within one day of acquiring the virus and is contagious for five to seven days following the onset of symptoms.. More importantly, people can be contagious 24 to 72 hours before the appearance of any symptoms. This means inclusion Powell River cannot rely on simply sending sick workers home to control the disease. By the time their illness becomes obvious to them and to others, many people may have been infected.
- **Symptoms** – People respond to influenza in different ways, but the most common symptoms include fever, headache, cough, body aches, and weakness. Symptoms could rapidly increase in severity, and persist for a week or two. Some people, who are sick with influenza, and therefore contagious to others, show few or no symptoms throughout their illness.
- **Complications** – A major threat in past influenza pandemics has been the tendency for the viral infection to exhaust the body’s immune capacity. This opens the door for other diseases. Most notable among these complications is pneumonia, a bacterial infection that causes the build-up of fluid in the lungs and bronchial passages. Even if treated with appropriate medications, complications from a viral infection can result in prolonged illness or death.
- **Potential for Death** – It is difficult to predict the likelihood of death among pandemic influenza victims. Much depends on the nature of the viral sub-type, how readily it resists the body’s many immune system defenses and the physical condition of those infected. Historic outbreaks of influenza have shown, however, that death can come within hours of the first symptoms, or after a prolonged battle with complications over many weeks.

It is very important for inclusion Powell River Staff to share this information with clients, volunteers, visitors. This educational information will be shared and posted for all staff in the offices of the programs.

2) inclusion Powell River Staff and Client Protection

Disclosure/Notification (of suspected or confirmed infection among staff members):

All staff must notify their PM immediately upon suspected or confirmed infection with a serious contagious disease. The PM will immediately notify the Chief Executive Officer through the following contact points: Call 604-485-6411 ext. 227 or 604-414-9881

Prevention – Before and During a Pandemic: Staff and client awareness is the first stage of pandemic planning. It is important to educate employees in the various ways that they can protect their own health as well as the health of our clients. This includes:

• **Hand washing – ASK EVERYONE WHO ARRIVES AT YOUR WORKSITE TO WASH THEIR HANDS UPON ENTERING.** Hands can play a significant role in acquiring and in transmitting a virus from one person to another. **Good hand washing habits are more likely to prevent infections than excessive cleaning and disinfection.** Most people do not wash their hands for long enough or in the correct manner. See the following website for hand washing guidelines: <http://www2.worksafebc.com/media/fss/handWashing/slideshow.htm>. Wash your hands often, especially:

- Before, during, and after you prepare food;
- Before you eat, and after you use the washroom;
- After handling animals or animal waste;
- When your hands are dirty, and;
- More frequently when someone in your home is sick.

All inclusion Powell River staff and clients must wash their hands before preparation of food or eating.

• **Touching your eyes, nose or mouth** – Try to refrain from touching your face. Wash your hands again if you touch your nose or mouth. It is especially important when using contact lenses that your hands have been washed well before touching them.

- **Cough etiquette** – Turning your head and coughing or sneezing into a disposable tissue or the inside of your elbow will assist in reducing the spread of germs. Remember that you are contagious and spreading germs before you ever start feeling the symptoms of the flu. Also, use disposable tissues only once and ensure that you place them in the garbage right away so that they do not contaminate surfaces. Please make tissues available in high-traffic staff areas and keep within reach for clients.

- **At the washroom sink** - Use a paper towel to turn off the tap in the washroom after you have washed your hands so that you don't contaminate your hands again. Use the same paper towel to open the door of the washroom and other doors that you may have to open to get back to your work area. Posters will be created and posted in washrooms, high traffic areas to remind all staff and clients on an on-going basis about hand washing.

- **Hand Sanitizer** – Use alcohol based waterless sanitizers where water basins are not possible. Hand sanitizers don't clean visibly soiled hands, but they do kill germs on hands. Hand sanitizers should not be confused with antibacterial soaps, where concerns have been raised about their possible role in antibiotic resistance. Alcohol based hand sanitizers do not pose this risk.

Hand sanitizer will be made available to clients. Increased hand sanitizer stations have been installed for inclusion Powell River staff in addition to providing outreach staff with their own individual bottles of sanitizer. **Hand sanitizer gel is not provided to staff and clients to replace hand washing with soap and water.** However, there are times when it may not be convenient or practical to get to a sink to wash your hands and the hand sanitizer can be used then.

Managing shared work areas: If you share a work space with others, ensure that you clean telephones, keyboards and other surfaces that may be touched by many people. inclusion Powell River will provide wipes that can be used for this purpose. Implement a schedule for cleaning your work environment daily. The list of surfaces to clean should include the washroom, all door handles and all flat surfaces.

Getting an annual flu vaccination: It is a good idea to get vaccinated and ensure your family members do as well. Follow the recommendations you will find on this website <http://www.healthlinkbc.ca>. **Employees who are vaccinated must submit their proof of immunization to payroll.** These employees may be assigned to work with our most vulnerable clients should an emergency pandemic occur.

Maintain a good diet: Try to get adequate sleep, a well-balanced diet and drink plenty of water.

Knowing the difference between a cold and the flu: You will likely know the difference between a cold and the flu. Most flu symptoms typically appear so quickly that people can

recall the exact moment they first felt sick. Familiarize yourself with the similarities and differences in symptoms of the flu and a cold as noted below:

SYMPTOM	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset 38° - 40° and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old Rare	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing Usual	Rare in early stages	Usual

Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen current chronic conditions; can be life threatening	Congestion or earache
Fatalities	Well recognized	Not reported
Prevention	Influenza vaccine; frequent hand washing; cover your cough	Frequent hand washing, cover your cough

STAY HOME IF YOU HAVE FLU SYMPTOMS!!

Other Resources available at:

http://www.vch.ca/pandemic/docs/Look_after_yourself.pdf

3) Managing Clients who are ill

Depending on the severity of individual cases, and the number of clients who become ill with influenza, a number of client management options are open to us.

- 1) Individual clients who become ill with suspected flu or other serious contagious illness must be assessed by a medical practitioner. Once flu is verified or strongly suspected, the client should stay home in order to reduce the spread of the disease. If a client is seriously ill they should be moved to a health facility.
- 2) inclusion Powell River will access the services of a trained health professional to assist staff if the number of ill clients becomes unmanageable, or if infection rates in the house increase rapidly, or if staff absence due to illness results in an inability to cover shifts at the minimum level.
- 3) Visitors may need to be limited to the residence in order to minimize the spread of disease. Please notify all regular visitors should there be suspected or confirmed outbreak.
- 4) Community outings may need to be limited while there is community concern about contagious disease outbreak. If uncertain please check with your community health centre for information or check the website <http://www.healthlinkbc.ca>.

SECTION 6 Workplace Cleaning

During a pandemic, we will need to implement additional measures to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g., sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Influenza viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. The table below suggests the appropriate choice and concentration of disinfectants:

Disinfectants	Recommended Use	Precautions
1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of 100 % disinfectant bleach (e.g. Clorox Bleach or Javex Bleach)	Disinfection of material contaminated with blood and body fluids	Should be used in well-ventilated areas. Protective clothing required while handling and using undiluted bleach. Do not mix with strong acids to avoid release of chlorine gas. Corrosive to metals.
Granular chlorine: e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturer’s instructions.	May be used in place of liquid bleach, if it is unavailable	Same as above.
Alcohol: E.g. Isopropyl 70%, ethyl alcohol 60%.	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used e.g. wood surfaces.	Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation. Keep away from heat sources, electrical equipment, flames and hot surfaces.

When a person with suspected influenza is identified and has left the workplace, it is important that her/his work area/office, along with any other known places s/he has been, are thoroughly cleaned and disinfected.

SECTION 7 **Training and Infection Control Protocols**

PROTOCOLS:

- inclusion Powell River will hang posters in all washrooms, and in high traffic areas, at Cranberry Children's Centre, Jean Pike Centre and the Marine office to remind all staff and clients of proper hand washing techniques on an on-going basis
- inclusion Powell River will provide hand sanitizer to all outreach staff and place hand sanitizing stations in key locations at the Jean Pike Centre, Cranberry Children's Centre and the Marine Ave. offices.
- All staff and clients must be aware of the information contained in this plan and attend any training sessions provided by inclusion Powell River related to infection prevention and control. These training sessions will include WorkSafe BC information on infection control in the workplace, including hand washing procedures
- It is recommended that all staff be vaccinated for influenza by a Public Health Nurse (at no cost to them)
- Gloves will be available at all times for the use of all staff if so desired. Staff may be required to wear gloves at all times during their shift.
- Clients must receive infection control training from front line staff to support their well being at home, in programs and in community.
- **Standard precautions will continue to be a priority for all staff.**
- **In the event of an outbreak of an infectious disease, all staff will be asked to review this plan and will be provided with a sign off sheet to indicate that they have read the plan.**

SECTION 8 Questions regarding Union contract, excluded employees and applicable Legislation

Community Social Services Employers’ Association (CSSEA) has provided the following information regarding mandatory vaccines, time off, and employee/employer rights and responsibilities.

Can an employer insist that employees be vaccinated? If not, can employers force un-vaccinated employees to stay away from the workplace?

Pursuant to Article 22.9 (c) of the collective agreements, employers must provide available vaccines to unionized employees at no cost to those employees. If employees refuse to be vaccinated employers may require them to commence a leave without pay or utilize vacation time until the risk of spreading infection at the workplace has been eliminated. In certain circumstances employees who are unable to receive vaccinations may need to be accommodated at the workplace. These same factors would apply to non-union employees.

Can an employer require a medical certificate of fitness before allowing an employee who has been exposed to H1N1 to return to work?

Yes. Employers are allowed to ask for a certificate of fitness, or some other form of documentation, that will provide reasonable proof the employee is safe to return to work. An employer can ask whether the nature of contact on the job, such as sharing a pen, or conducting personal care, will be safe for other workers/clients.

Can employees take time off to care for family members who are ill? Who qualifies as “family?”

Non-Union/Excluded Employees: Section 52 of the *Employment Standards Act* (the “Act”) allows employees to take up to 5 days unpaid leave of absence in a year to attend to the health of the employee’s immediate family. Under section 52.1 of the Act, employees may take up to 8 weeks of unpaid leave to care for a family member where a medical practitioner has provided a certificate stating the family member has a significant risk of death within 26 weeks, due to a medical condition.

Under the *Compassionate Care Leave Regulation* family includes: in-laws, step-siblings, aunts, uncles, nieces and nephews, current or former foster parents, wards or guardians, as well as immediate family members. Any individual with a serious medical condition who considers the employee to be, or whom the employee considers to be, like a close relative, is also eligible.

Unionized Employees: Article 20.2 (Special Leave) of the collective agreements provides that a regular employee who has completed probation shall be entitled to special leave without pay to a maximum of ten (10) days per year to attend to:

- (c) Serious household or domestic emergency including illness in the employee’s immediate

family where no one in the employee's home other than the employee can provide for the care of the ill immediate family member – up to two (2) days;

(h) ...up to five (5) days of unpaid leave during each employment year to meet responsibilities related to:

- (1) The care, health or education of a child in the employee's care, or
- (2) The care of health of any other member of the employee's immediate family;

Under Article 20.1(a) (Compassionate Leave) of the collective agreements, family includes: a parent, (including step and foster-parent), spouse, common-law spouse, child, step-child, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, legal guardian, ward and a relative permanently residing in the employee's household. In such cases employers will have to assess the reasonableness of such requests in light of their operational and staffing requirements.

Can an employee who is not ill, nor showing any symptoms of illness, refuse to come to work during an epidemic?

Yes. If the employee believes his or her health is at risk, they are entitled to refuse work until it is determined the workplace is safe. If the workplace is deemed to be unsafe, the employee may remain off work until the employer complies with any orders issued by the Workers' Compensation Board. If the workplace is deemed safe for workers, the employee must return to work, or face discipline. See section 3.12(1) of the *Occupational Health and Safety Regulation*.

Do employees have privacy rights regarding their medical status or their exposure to infected individuals?

It is acceptable for an employer to ask a sick employee how contagious he/she might be, and with who he/she was in contact. Where an employee has fallen ill, it is also acceptable for employers to inform other employees that he/she may have been exposed to an illness. Additionally, employers may be able to advise that there might have been an exposure in the workplace, without disclosing who had the communicable disease.