Pandemic Preparedness and Response Plan Framework

For Community Support Services (CSS) Organizations – Ontario

Prelude

PRELUDE:

Development of the Central CSS Pandemic Preparedness Framework

The development of a comprehensive Central Community Support Services (CSS) Pandemic Plan was undertaken in response to systemic gaps identified during the COVID-19 pandemic. Community-based service providers—including adult day programs, congregate living settings, and home and community support services—experienced significant operational challenges associated with rapidly evolving public health guidance, supply chain disruptions affecting personal protective equipment (PPE), workforce instability, and variable Infection Prevention and Control (IPAC) capacity across organizations. While acute care organizations operate within established emergency management and incident management frameworks, many CSS providers did not have standardized pandemic governance structures, clearly defined escalation triggers, or coordinated continuity planning processes tailored to the realities of community-based service delivery. The intent of this initiative was to establish a sector-specific, evidence-informed framework that translates provincial and federal public health direction into practical and operational protocols applicable to the Central CSS sector.

This initiative emerged through the role of Regional IPAC Consultant/Advisor supporting multiple CSS agencies across the Ontario catchment area. Through this engagement, variability across organizations was identified in several key domains of pandemic preparedness, including outbreak management processes, PPE stewardship and supply monitoring, environmental cleaning and disinfection practices, and workforce education related to core IPAC principles. Agencies frequently expressed the need for practical operational tools—such as screening algorithms, risk assessment frameworks, decision-making pathways, and standardized policy templates—that could be implemented consistently during periods of increased infectious disease activity or public health emergencies. These sector needs underscored the importance of developing a structured and scalable pandemic preparedness framework that emphasizes proactive risk mitigation, coordinated response planning, and organizational resilience across the Central CSS sector.

The development of the pandemic framework was informed by established public health standards and evidence-based guidance, including resources from Public Health Ontario, Health Canada, the World Health Organization, and local public health units. Environmental scans and policy reviews were conducted across participating agencies to identify common system vulnerabilities. These included inconsistent screening and surveillance practices, limited PPE procurement and stewardship processes, outdated or incomplete IPAC policies, insufficient integration of pandemic preparedness within organizational business continuity planning, limited outbreak response protocols, and gaps in workforce surge capacity planning. Findings from these assessments were mapped against provincial emergency management principles and IPAC best practices to inform the structure and operational design of the pandemic plan. The resulting framework was organized into core operational domains, including governance and incident management structures, surveillance and risk assessment, infection prevention and control measures, workforce continuity planning, communications and stakeholder coordination, and recovery and service restoration.

The Central CSS Pandemic Plan is intended to function not only as a planning document but as a living operational framework designed to support sustained sector preparedness and resilience. The framework establishes defined activation thresholds, clarifies leadership roles and responsibilities, and provides standardized documentation templates and response algorithms to guide executive leadership, program management, and frontline staff during periods of public health risk. By embedding IPAC principles, risk management processes, and emergency preparedness planning into organizational infrastructure, the framework strengthens the capacity of CSS agencies to maintain continuity of essential services for vulnerable populations while supporting alignment with provincial public health expectations, regulatory requirements, and broader health system coordination across Ontario’s Community Support Services sector.

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For Community Support Services (CSS) Organizations – Ontario

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1. Purpose and Scope

- Purpose:
  To establish a coordinated approach for prevention, preparedness, response, and recovery during a pandemic affecting staff, clients, clients, volunteers, and operations of CSS programs.

- **Scope:**
  Applies to all CSS programs (e.g., Meals on Wheels, transportation, congregate dining, personal support, adult day programs, home maintenance, personal caregivers, and friendly visiting) and includes all staff, volunteers, contractors, and service partners in the Ontario CSS catchment.

1.1 Legislative & Policy Context:

This Plan aligns with the following authorities and guidance documents:

1. **Ontario Ministry of Health (MOH):** Emergency Preparedness & Response Framework, Health System Emergency Management Policy.
2. **Public Health Ontario (PHO):** Infection Prevention and Control (IPAC) Best Practice Documents.
3. **Health Canada / Public Health Agency of Canada (PHAC):** Canadian Pandemic Influenza Preparedness (CPIP) Framework.
4. **World Health Organization (WHO):** International Health Regulations (IHR, 2005) and Pandemic Influenza Preparedness (PIP) Framework.
5. **Centers for Disease Control and Prevention (CDC, Atlanta):** Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017.

2. Governance and Roles

2.1. Pandemic Response Team (PRT):

- **Chair:** Executive Director or designate
- **Members:**
- IPAC Consultant
- IPAC Lead / Health & Safety Lead
- Environmental Services Lead
- Client Care and Safety Lead
- Program Directors / Clinical Leads
- Program Managers
- Human Resources
- Communications Officer
- Volunteer Coordinator
- Administrative Support
- Local Public Health Representatives
- Government Representatives (Public Health Ontario)
- Ontario Health Representatives

2.2. Roles & Responsibilities:

Role	Key Responsibilities
Executive Director	Activates the plan, ensures continuity of operations, liaises with Board and funders and helps in establishing Community of Practice Meetings with key stakeholders.
IPAC Lead	Monitors public health guidance, leads infection prevention and control measures. Leads Community of Practice and Infection Control Meetings with local health units and governmental liaison/representatives.
Managers	Implement procedures within programs, support staff/volunteers.
HR	Monitors absenteeism, enforces sick leave and staffing contingencies.
Communications	Manages internal/external messaging, website and client notices.
Volunteers	Follow protocols, report illness, assist in essential services if safe. Reports to the volunteer co-ordinator and supports staff if needed and safe.

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3. Risk Assessment and Planning

- Identify potential **pandemic risks and impacts** on:
- Workforce (absenteeism, illness, burnout)
- Service continuity (critical vs. non-critical programs)
- Supply chains (PPE, fuel, food)
- Vulnerable client populations
- Use **risk matrix** to rate impact and likelihood.
- Maintain updated **business continuity plan** (BCP) integration.
- General surveys to establish needs and responsibilities of staff

3.1 Operational Levels with Triggers and Actions

Additional Operational Guidance

Use of the Risk Assessment Matrix

Guidance for Use of the Risk Assessment Matrix: The matrix assists organizations in evaluating pandemic-related risks by assessing both the likelihood of occurrence and the potential operational impact. Users should review identified risks (e.g., staffing shortages, PPE supply disruptions, service interruptions) and assign ratings based on current public health information and organizational context. The resulting score helps leadership prioritize mitigation strategies and resource allocation. A matrix visualization or pie chart may also be used to illustrate overall risk distribution across operational areas and support discussion during Pandemic Response Team meetings.

Four levels guide scalable actions across programs. Adjust thresholds with PHU direction.

Level	Trigger Examples	Service Posture	Key Actions
Green (Preparedness)	No local transmission; normal absenteeism; supplies stable.	Normal operations with readiness checks.	Review plan, stockpile minimums, train staff, validate contact lists, exercise comms.
Yellow (Heightened)	Sustained transmission in region; minor absenteeism; mild supply delays.	Modify non-essential services; enhance screening and PPE.	Activate partial IMS (Integrated Management Systems); daily sit-reps; reinforce IPAC; pre-position supplies; confirm surge staffing.
Orange (Restricted)	High community transmission; outbreaks in CSS settings; staffing strain.	Prioritize essential services (e.g., PSW, Meals on Wheels); virtualize where possible.	Full IMS; cohorting; strict visitation rules; transport protocols; contingency scheduling; conserve PPE.
Red (Emergency)	Severe transmission; critical	Minimum essential services only with strict controls.	Crisis standards guidance; mutual aid; alternative

	staffing/supply disruption; PHU directives.		sites; pause high-risk group activities; frequent PHU liaison.

Transition criteria must be documented each time the level changes; see Appendix M for change logs.

3.2 Activation and Response Levels

Level	Trigger (examples)	Core Actions
Standby	WHO/PHAC alert; increased local surveillance	Monitor; verify supply levels; review staffing and communication plans.
Partial Activation	Regional activity; suspected cases in catchment	Screening; PPE protocols; adjust non-essential services; increase updates.
Full Activation	Local outbreak; PHU directive	Activate PRT; cohort/isolate; suspend group programs; surge staffing; daily briefings.
Recovery	PHU declares control; sustained decline	Phase restoration; after-action review; update Plan; staff/client debriefs.

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4. Infection Prevention and Control (IPAC) Measures

4.1. Surveillance and Monitoring

- Monitor local public health alerts (e.g., PHO, Ontario Health, local PHUs).
- Establish process for staff/client illness tracking.
- Establish outbreak case definitions for organizations
- Monitor and track all visitors, clients and staff for respiratory illness and documentation of asymptomatic and symptomatic cases

4.2 Sources of epidemiologic information Maintain active monitoring of guidance and data from:

1. Local Public Health Unit (PHU)
2. Public Health Ontario (PHO)
3. Ontario Ministry of Health
4. Public Health Agency of Canada / Health Canada
5. WHO and CDC for international context

1. Prioritization of services into *Essential*, *Supportive*, and *Suspendable* categories
2. Scalability triggers tied to local epidemiology and PRT activation levels
3. Cross-training matrix to support role coverage and back up staff

4.3. Routine Practices

1. Hand hygiene, respiratory etiquette, environmental cleaning and disinfection.
2. Routine audits of hand hygiene and environmental cleaning.
3. PPE availability and training (masks, gloves, eye protection).
4. Additional precautions training of staff and documentation of N95 respirator fittings.
5. Screening of staff, volunteers, and clients (active or passive) regularly and daily to ensure safety of staff and clients in organization.
6. Training of caregivers and volunteers to ensure proper understanding of control measures and IPAC needs. (Donning and Doffing, hand hygiene, and masking)

4.4. Outbreak Management

1. Define outbreak thresholds per PHU direction.
2. Establish baselines for each organization.
3. Establish isolation, cohorting, and enhanced cleaning protocols.
4. Coordinate with local public health for contact tracing and testing.
5. Follow outbreak and IPAC audit checklist to ensure organization is following IPAC requirements.
6. Establish cohorting procedures and areas within the organization where line listed persons can be safely isolated from non ill clients and staff.

Upon suspected outbreak:

1. Isolate the issue area (program/site/route) as feasible; implement immediate precautions.
2. Notify the PHU and organizational leadership; start a line list and exposure log.
3. Confirm case definitions and testing guidance with PHU.
4. Enhance cleaning/disinfection and ventilation; review PPE and cohorting.
5. Communicate with affected staff, clients/caregivers; provide clear instructions.
6. Hold daily huddles; update sit-reps; adjust operational level if needed.
7. Declare outbreak over with PHU, complete after-action review

4.5 Screening and exclusion

Active vs Passive Screening

Screening Approach: Organizations may implement either active or passive screening depending on the level of infectious disease activity and public health direction. Active screening involves direct questioning of staff, clients, visitors, or caregivers regarding symptoms and exposures prior to entry or service provision. Passive screening relies on posted signage and self-monitoring, where individuals are instructed not to enter or participate in services if they are experiencing symptoms of illness. Active screening is typically used during higher-risk periods or outbreak situations, while passive screening may be appropriate during periods of lower transmission.

1. Symptom screening protocols for staff, volunteers, visitors and clients where appropriate
2. Clear exclusion criteria and return-to-work/return-to-service guidance based on public health advice

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5. Human Resources and Workforce Management

1. Cross-train staff for critical roles.
2. Develop staff redeployment plan for essential services.
3. Outline **work-from-home** or modified duty policies.
4. Clear **illness reporting and return-to-work** protocols.
5. Follow the Ministry of Health directions pertaining to return to work protocols.
6. Provide **mental health supports** and employee assistance resources.
7. Available Counselors, Psychiatrists, and mental health support workers.
8. Available external Nurses, PSW and Health Care Workers to help alleviate sick staff

Sick Leave & Accommodation

9. Non-punitive sick leave policies for symptomatic staff
10. Clear documentation for accommodation and phased return-to-work procedures

Staff Supports

1. Employee Assistance Program (EAP) information
2. Mental health check-ins and wellbeing resources

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6. Communication Strategy

As part of the CSS sector pandemic response framework, organizations will participate in a Community of Practice (CoP) forum to support coordinated communication, shared learning, and problem-solving related to Infection Prevention and Control (IPAC) during a pandemic event. The Community of Practice may convene weekly, daily, or as needed depending on pandemic activity and operational pressures. These meetings provide an opportunity for CSS organizations, IPAC leads, program managers, and sector partners to discuss emerging IPAC issues, review public health updates, share best practices, and coordinate service continuity strategies across the sector. The Regional Learning Centre (RLC) may also support these communications by serving as a hub for disseminating updated guidance, tools, and sector resources.

6.1. Internal Communication

1. Daily or weekly situation updates to staff and volunteers.
2. Community of Practice and facilitated by CSSN (Community Support Service Network) weekly CSS Providers Meetings with local health unit representatives.
3. Centralized digital communication hub (email, Teams, Zoom, intranet).
4. Updates to contact list and call outs to organizations

6.2. External Communication

1. Consistent messaging to clients, caregivers, and partners.
2. Website and voicemail updates with service modifications.
3. Designated spokesperson for media/public health liaison.

Equity, Accessibility, and Ethical Considerations

Identify populations at higher risk or with barriers (language, digital access, mobility). Provide reasonable accommodation, accessible formats, and culturally safe services. Establish fair prioritization when resources are constrained.

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7. Continuity of Operations

1. Identify essential vs. non-essential programs:
    1. *Essential:* Meals on Wheels, transportation for medical care, PSW/home support.
    2. *Non-essential:* Social groups, congregate dining, in-person volunteer events.
2. Establish alternate delivery models (e.g., phone check-ins, virtual programs).
3. Maintain supply chain lists and backup vendors for PPE, cleaning products, and food.
4. Ensure IT and remote access systems are secure and functional.

7.1 Service prioritization matrix

5. *Essential services:* e.g., meal delivery to homebound clients, essential personal support, transportation for medical care

6. *Supportive services:* e.g., wellness checks, limited in-person social supports

7. *Suspendable services:* group social programs, congregate dining when risk is high

7.2 Alternative delivery models

8. Phone or video check-ins, frozen meal distribution, contactless delivery, virtual group sessions

9. Cohorting service delivery

10. Hoteling staff to prevent spread to family

7.3 Supply chain & procurement

11. Maintain minimum stock levels for PPE, cleaning supplies, and non-perishable food

12. Pre-established alternate vendors and municipal/region mutual aid contacts

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8. Training and Education

The Regional Learning Centre (RLC) website will also serve as a central platform for updated pandemic preparedness information, IPAC guidance, and sector training resources. Educational materials, recorded training sessions, and updated guidance may be shared through the RLC to support ongoing staff and volunteer learning throughout the pandemic response.

1. Annual or bi-annual **pandemic response training** for staff and volunteers.

2. Regular **PPE refresher sessions**.

3. Scenario-based **tabletop exercises** and drills.

4. Monthly IPAC meetings outlining health unit updates.

5. Training of Caregivers and clients to help mitigate IPAC lapses in organization.

6. Family training sessions with monthly updates regarding the community and expectations when working within the organization, visiting and providing care to loved ones.

7. Mask fit test train staff to alleviate the need of external fitters during pandemic.

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9. Collaboration and Coordination

1. Work closely with:
    1. **Public Health Units** (infection control guidance, outbreak management)
    2. **Ontario Health** and **Home and Community Care Support Services**
    3. **CSS Network partners**
    4. **Municipal emergency management offices**
    5. **Federal, provincial, and local public health agencies partnership.**
    6. Working with local ADP organizations
2. Participate in **regional coordination calls** and data reporting.

9.1 Community partners

1. Memoranda of understanding (MOUs) with food suppliers, transportation partners, congregate settings, and municipal emergency management
2. Procurement of outside food vendors for food supplies when staff numbers are low.

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10. Recovery and Post-Pandemic Review

1. Gradual service restoration plan.
2. Evaluate performance of response:
    1. Lessons learned, gaps, and strengths.
    2. Staff/client debriefing and feedback surveys.

3. Update and revise the Pandemic Plan accordingly.
4. Conduct formal **after-action report** and share with board and funders.
5. Stabilization: restore essential services safely
6. Normalization: phased restoration of supportive and non-essential services
7. Transition to routine operations with updated policies

Appendices: Templates and Tools for Pandemic Response Team (PRT)

Purpose: This appendix resource list provides Canada-first and Ontario-focused links to templates, tools, guidance, and public health resources that support PRT planning, outbreak response, continuity planning, communications, reporting, and audit readiness.

Verification note: Where a PHU does not appear to publish a stand-alone checklist, the most relevant public PHU outbreak resource page is provided with a note.

Appendix A: PRT Membership and Contact List

Ontario Health

Provincial health system coordination and Ontario Health regional structure.

Ontario Public Health Unit Locator

Tool to identify the appropriate local public health unit by address or municipality.

Emergency Management Ontario

Provincial emergency management information and preparedness resources.

Appendix B: Service Prioritization Matrix (Detailed)

Public Safety Canada - Business Continuity Planning

National business continuity planning guidance that can support service prioritization during surge or emergency events.

Treasury Board of Canada Secretariat - Business Continuity Management Procedures

Structured continuity management procedures useful for adapting essential-service prioritization tools.

Appendix C: Staff Illness Reporting Form

Ontario Ministry of Health - Outbreak Prevention and Control in Institutions and Congregate Living Settings

Provincial operational guidance for outbreak reporting, staff illness monitoring, exclusion, and control measures.

Appendix D: PPE Inventory and Procurement Log

Public Health Ontario - Infection Prevention and Control

Central PHO IPAC hub for PPE, routine practices, additional precautions, and related IPAC resources.

Ontario COVID-19 Health Sector Guidance

Provincial health sector guidance, including related operational and outbreak resources.

Appendix E: Communication Templates (Staff, Clients, Media)

Public Health Ontario - Infection Prevention and Control

Reference hub for IPAC messaging and evidence-informed communication content.

WHO - Risk Communications

International risk communication and community engagement resources for emergency messaging.

Appendix F: Outbreak Response Checklist - CSS, ADP, Congregate Living, LTCHs, RHs

Ontario Ministry of Health - Outbreak Prevention and Control in Institutions and Congregate Living Settings

Primary Ontario guidance for outbreak prevention and control across institutions and congregate living settings.

Public Health Ontario - Congregate Living Settings

PHO congregate living resources relevant to CSS, ADP, and group/community settings.

Appendix G: Training Log and Exercise Schedule

Public Health Ontario - Online Learning

Online courses and training resources for IPAC, outbreak readiness, and public health practice.

Public Health Ontario - IPAC Lead Orientation for Long-Term Care

Orientation resource that can support training schedules and role-based IPAC education.

Appendix H: Ministry of Health IPAC Audit Checklists

PHO - IPAC Self-Assessment Checklist for Congregate Living Settings

Self-assessment tool for congregate living settings, including IPAC program and practice review.

PHO - IPAC Self-Assessment Audit Tool for Long-Term Care and Retirement Homes

Audit tool for LTCH and RH settings.

Appendix I: IMS Org Chart (Sample)

Emergency Management Ontario

Provincial emergency management resources to support incident management structures.

Public Safety Canada - Emergency Management

National emergency management framework and preparedness resources.

Appendix J: Contact Lists and Stakeholder Map (Templates)

Ontario Public Health Unit Locator

Use to identify PHU contacts by location.

Ontario Health Regions

Regional Ontario Health structure for stakeholder mapping.

Appendix K: Program Continuity Plans (Templates per Program)

Public Safety Canada - Business Continuity Planning

Continuity planning framework that can be adapted to Meals on Wheels, transportation, ADP, personal support, and other CSS programs.

Treasury Board of Canada Secretariat - Business Continuity Management Procedures

Detailed procedures for continuity planning, recovery priorities, and operational resilience.

Appendix L: Cleaning and Disinfection SOPs (Surface Lists, Products, Contact Times)

PHO - Environmental Cleaning

Ontario environmental cleaning and disinfection resources.

PHO - Environmental Cleaning Performance Audit

Audit tool for evaluating environmental cleaning practice and performance.

Appendix M: Change Logs

Public Safety Canada - Business Continuity Planning

Reference for keeping continuity plans current through scheduled review and revision tracking.

Appendix N: Outbreak Management Checklist (PHU-Aligned)

Local Public Health Unit (PHU) guidance should always be followed where it differs from provincial guidance, as PHUs have jurisdictional authority for outbreak declaration, direction, reporting expectations, and outbreak management within their catchment area.

The links below were selected to avoid inactive or generic pages. Direct PDF checklists are used where available. Where a PHU does not publicly post a stand-alone checklist, the most relevant PHU outbreak resource page is provided and clearly noted.

Provincial Anchor Guidance

Ontario Ministry of Health - Outbreak Prevention and Control in Institutions and Congregate Living Settings

Current Ontario operational guidance for PHUs investigating outbreaks in institutions and congregate living settings.

Ontario Ministry of Health - Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals

Provincial appendix for gastroenteritis outbreak case definitions and disease-specific considerations.

Respiratory Outbreak Checklists and Tools

Toronto Public Health - Respiratory Outbreak Management Team Meeting Checklist

Direct TPH checklist for respiratory outbreak management team meetings.

Toronto Public Health - Respiratory Forms for LTCH/RH Settings

TPH respiratory outbreak reporting, management, specimen collection, and signage resources.

York Region Public Health - Control Measures Assessment Form for Outbreaks in LTCHs, RHs and CLSs

Direct York Region control measures assessment form for respiratory, enteric, or other outbreaks.

York Region Public Health - Respiratory Outbreak Management Team Checklist

Direct York Region respiratory outbreak OMT checklist.

Halton Region Public Health - Respiratory Outbreak Control Measures Assessment Form

Direct Halton control measures assessment form for respiratory outbreaks in LTCHs, RHs, and other CLSs.

Halton Region Public Health - Quick Reference for Testing During a Respiratory Outbreak

Direct Halton respiratory outbreak testing reference.

Simcoe Muskoka District Health Unit - Respiratory/COVID-19 Management Checklist

Direct SMDHU respiratory/COVID-19 outbreak management checklist.

Peel Public Health - COVID-19 and Highest-Risk Setting Outbreak Reporting

Peel respiratory/COVID-19 outbreak reporting information for high-risk settings. No public Peel-specific respiratory checklist was located during verification.

Enteric / Gastrointestinal Outbreak Checklists and Tools

Toronto Public Health - Enteric Outbreak Management Team Meeting Checklist

Direct TPH enteric outbreak management checklist.

Toronto Public Health - Enteric Forms for LTCH/RH Settings

TPH enteric outbreak reporting, management, specimen collection, and signage resources.

York Region Public Health - Enteric Outbreak Control Measures Package for Institutions

Direct York Region enteric outbreak control measures package.

York Region Public Health - Gastroenteritis and Respiratory Outbreak Quick Reference

York Region quick reference for gastroenteritis and respiratory outbreak reporting and initial measures.

York Region Public Health - Control Measures Assessment Form for Outbreaks in LTCHs, RHs and CLSs

Direct York Region control measures assessment form for respiratory, enteric, or other outbreaks.

Halton Region Public Health - Enteric Outbreak Line Listing

Direct Halton enteric outbreak line listing for LTCH and RH settings.

Halton Region Public Health - Quick Reference for Testing During an Enteric Outbreak

Direct Halton quick reference for testing during an enteric outbreak.

Simcoe Muskoka District Health Unit - Outbreak Management Orientation

SMDHU outbreak management orientation includes enteric outbreak definitions, line listing, reporting, and implementation of outbreak checklist recommendations.

Peel Public Health - Communicable Diseases for Health Professionals

Peel communicable disease and health care institution outbreak reporting page. No public Peel-specific enteric checklist was located during verification.

Appendix O: Audit Tools (Environmental Cleaning, Hand Hygiene, Screening)

PHO - Hand Hygiene

Ontario hand hygiene resources and audit supports.

PHO - Just Clean Your Hands

Hand hygiene program tools and education resources.

PHO - Environmental Cleaning Performance Audit

Environmental cleaning audit tool.

Appendix P: Risk Assessment Matrix (Likelihood x Impact)

Public Safety Canada - Business Continuity Planning

Reference for risk assessment and continuity planning.

PHO - Routine Practices and Additional Precautions

Supports point-of-care risk assessment and transmission-based precautions.

Appendix Q: HR Forms (Fit-for-Duty, Return-to-Work, Refusal to Work Template)

Ontario Occupational Health and Safety Act

Legislative reference for worker health and safety rights and employer duties.

Ontario Guide to the OHSA - Right to Refuse or Stop Work

Practical guidance for refusal-to-work processes.

Ontario Workplace Safety and Insurance Act

Legislative reference for return-to-work and workplace injury/illness obligations.

Appendix R: Communications Templates (Staff, Clients, Partners, Media Holding)

WHO - Risk Communications

Risk communication principles and emergency communication resources.

PHO - Infection Prevention and Control

Ontario IPAC content to support accurate staff/client messaging.

Appendix S: Data and Reporting Templates (Line Lists, Absenteeism Tracker)

Ontario Ministry of Health - Outbreak Prevention and Control in Institutions and Congregate Living Settings

Provincial outbreak reporting and surveillance guidance.

PHO - Respiratory Diseases

Respiratory disease surveillance and reporting resources.

Appendix T: Change Log and After-Action Templates

Public Safety Canada - Business Continuity Planning

Reference for ongoing review, improvement, and business continuity updates.

CDC - Public Health Emergency Preparedness and Response

Supplemental after-action and public health emergency preparedness resources.