**Virus/Influenza Pandemic Policy**

This policy has been created to ensure the continuous health and safety of our staff and/or patients which is paramount. The following policy stipulates **CLINIC XYZ’s** procedures and action plan when a virus/influenza pandemic occurs.

Please note this policy is applicable to all staff members including, employees and independent contractors, that work in the **CLINIC XYZ** clinic.

When **CLINIC XYZ** becomes aware of an actual or potential virus/influenza pandemic, the Clinic will assess the risk of exposure and take immediate action. Each staff member is required to inform the Clinic immediately if they become aware of their exposure and/or potential exposure to the virus/influenza.

If **CLINIC XYZ** suspects that a staff member has been exposed, either directly or indirectly, to the virus/influenza, the Clinic reserves the right to request the staff member to self-quarantine for a period of time based on applicable local Public Health recommendations in order to ensure the Health and Safety of staff and/or patients. **The length and parameters surrounding the quarantine period will be assessed on a case by case basis. *Please note that this quarantine period will be considered unpaid time off. Alternatively, staff may have the option to use their personal time off, sick or vacation time (if applicable).***Please note, in special circumstances as determined by the Clinic, there may be an option for select staff members to work from home and be paid during this specified quarantine period. However, this must be approved in writing by the Clinic Manager.

Please note, as health and safety is a number one priority in our business, should the Clinic become aware of a staff member failing to disclose their exposure or potential exposure, the Clinic will treat this as a serious health and safety violation and will exercise appropriate disciplinary measures for employees, and the discontinuance of the contractual relationship for independent contractors, for such violations.

*Although* ***CLINIC XYZ*** *has adopted this as a general policy to handle any virus/influenza pandemic cases, the health and safety of our employees and independent contractors is a top priority. Therefore, in the event of a conflict between this policy and local Public Health guidelines and/or Provincial directives, the guideline and/or directives will prevail.*

Exposure to virus/influenza:

If a staff member becomes aware of their exposure to the virus/influenza, either directly or indirectly, they are required to remotely inform **INSERT CONTACT** as soon as possible. The individual will be instructed not to return to work until cleared by a medical professional and will be asked to self-quarantine as strongly recommended by the applicablelocal Public Health unit. Depending on the circumstances of the individual’s exposure, they may be required to obtain additional medical documentation prior to their return to work. For example, if the individual’s family member has contracted the virus/influenza and lives in the same household, the Clinic may require the individual to provide medical clearance for that family member as well as their own.

Confirmed cases:

For those staff members who are confirmed to have contracted the virus/influenza, they will be required to remain in quarantine as instructed by medical professionals. Written medical clearance will be required prior to their return to work.

If a staff member has been working in the clinic contracts the virus/virus/influenza or is a presumptive case (has symptoms), INSERT CLINIC NAME will take the following steps immediatelyto ensure the continuous health and safety of others:

1. The staff member will be asked to leave the clinic and they will not be permitted to return until they are test negative for the virus/influenza and are medically cleared to return to work.
2. All staff members who worked closely with the infected individual will be removed from INSERT CLINIC NAME for quarantine period of at least 14-days to ensure the virus/influenza does not further spread in the clinic. What constitutes “closely” will depend on the nature of interactions between other staff members and the individual.
3. The Clinic will connect with our local and/or Provincial Public Health authority to determine if the business should temporarily shut down due to the potential health and safety risks.
4. Staff members who are placed on a quarantine may, in select cases, have the option to work from home and be paid during this time. Alternatively, they will be allowed to use up any outstanding sick days and vacation days before this time off will be considered to be unpaid. Staff will also have the option of applying for applicable government benefits during this time.
5. The Clinic will communicate the following with remaining staff members in a timely manner:
	1. Acknowledgement of the incident
	2. Advise them of the specific measures INSERT CLINIC NAME is taking to ensure their safety (options are to send everyone home for the day, deep clean and enforce new PPE requirements, if necessary)
	3. Remind staff members who to contact if they have any concerns about their health and safety

Recent Travel to Affected Regions:

If a staff member recently travelled to an affected region or is returning from an affected region during a virus/influenza pandemic, they will be directed to stay at home for a quarantine period as recommended by Local and/or Provincial Public Health to protect the health and safety of **CLINIC XYZ’s** staff. **CLINIC XYZ** will request medical clearance prior to theindividuals return to work.

Patient Visits and Interaction:

All INSERT CLINIC NAME patients will be contacted by the Clinic prior to their visit and asked to inform the Clinic of exposure or potential exposure to the virus/influenza through travel or other means. **CLINIC XYZ** will take all appropriate Health and Safety measures to ensure staff members have access to necessary Personal Protective Equipment (“PPE”) to limit exposure to the virus/influenza. **CLINIC XYZ** will continually review Health and Safety policy, procedures and measures to ensure all Public Health and **INSERT REGULATOR NAME** guidlines are met.

Managing Unforeseen Circumstances:

The Clinic understands that unforeseen circumstances may occur that can inhibit staff members ability to attend work (e.g., school and/or public transit closures, etc.) Should such circumstances occur and prevent you from attending work regularly, inform **INSERT CONTACT** as soon as possible.

Preventative Measures:

In an effort to keep **CLINIC XYZ**’s clinic safe and healthy, we ask that all employees and independent contractors adhere to the following precautionary measures:

1. **Travel** - Inform **INSERT CONTACT** immediately if you or anyone living in your household has recently travelled to, or have plans to travel to an affected country.
2. **Hand Washing** – We ask that you regularly wash your hands with soap and warm water for at least 20 seconds or use an alcohol-based hand-sanitizer. Be sure to clean your hands after sneezing or coughing and before/after conducting any work with a client.
3. **Coughing and Sneezing** – Please cough or sneeze into a tissue or your upper sleeve, not your hands. Dispose of used tissues immediately and wash your hands.
4. **Keep Shared Surface Areas Clean** – Surfaces such as doorknobs, light switches, telephones can become infected with all kinds of bacteria and viruses. Please regularly clean and disinfect these surfaces as much as possible.
5. **Stay Home When Sick –** If you are exhibiting flu or flu-like symptoms without knowledge of exposure to the virus/influenza, please stay home until you are healthy to return to work. **CLINIC XYZ** may request medical clearance prior to your return to work.
6. **Physical Contact** – Staff members are encouraged to limit physical contact where possible, including handshakes. Where staff members are interacting with patients, it is expected that all Health & Safety measures put in place will be followed.
7. **Social Distancing** – It is encouraged to maintain a distance of at least six feet between one another, in alignment with Public Health recommendations. Where interaction is necessary with one another, or patients, it is expected that all Health and Safety measures will be followed.
8. **Personal Protective Equipment** – It is expected that any required personal protective equipment (e.g. face masks or gloves as necessary) will be worn as directed.

Questions or Concerns:

If you have any questions or concerns, please contact **CONTACT FULL NAME** at **CONTACT INFORMATION** for more information on our virus/influenza pandemic Pandemic Policy.

**Acknowledgement**

I acknowledge receipt of **CLINIC XYZ**’s Virus/Influenza Pandemic Policy and confirm that I have had the opportunity to review and understand its’ contents. As an employee, I agree to abide by this policy and understand that violations of this policy may be subject to disciplinary action in accordance with the *Progressive Discipline Policy* and as an Independent Contractor, I understand that violations of this policy may result in the discontinuance of my contractual relationship with INSERT CLINIC

I also acknowledge that **CLINIC XYZ** reserves the right to modify, revoke, suspend, or change this policy at any time, providing applicable legal notice.

Full Name (please print) Date

Signature