

October 6, 2025



Dear Directors of Care and/or Administrators,

As you are aware, the influenza virus can place a substantial burden on the health of our elderly population and those who care for them. Grey Bruce Public Health is sharing the following resource, "Influenza Readiness Plan", to help staff and residents prepare for the upcoming influenza/respiratory season.

The Ministry of Health and The Ministry of Long-Term Care continue to uphold the annual influenza vaccination as the best line of defense against the flu. It is crucial that all health care workers (HCW) recognize the importance of getting the flu shot to protect themselves, their families, co-workers, and those they care for, some of whom are at the highest risk of serious complications from the flu.

The following resources can assist in your preparations for the 2025-2026 influenza season. ****Please note – use of these resources and materials is voluntary****

Influenza Outbreak Readiness Tools / Resources

Influenza Outbreak Readiness Plan – The plan outlines key information about your residents and staff to allow the home rapid access to staff when dealing with an outbreak.

Influenza Outbreak Readiness Checklist – Outbreaks can happen at any time throughout the year, however a vast majority of them occur in the winter months from November – April. The checklist is designed to ensure your home has taken all means to prepare your staff, residents, and volunteers for the outbreak season.

Letter to Staff – This letter is intended to send a clear and consistent message to all health care workers throughout Grey Bruce on the importance of vaccination in providing protection.

Influenza Exclusion Declaration Form – Using the declaration form will allow homes the opportunity to have a clear picture of staffing prior to an outbreak. Outlining those who intend to receive the vaccine vs those who have refused the vaccine vs those who have refused the vaccine but will obtain an antiviral prescription.

Antiviral request – For staff who refuse to receive the flu vaccination and have chosen to obtain an antiviral script are encouraged to do so ahead of the influenza season. This will ensure that the staff member will be able to start prophylaxis therapy promptly.

Addressing Vaccine Hesitancy – Vaccine hesitancy has been named one of the top ten global threats by the World Health Organization. Vaccine hesitancy is the reluctance or refusal to vaccinate despite the availability of vaccine. This

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stems, in large part from misinformation about vaccines shared through social media platforms and the internet. The Vaccine Preventable Disease Program is available for consult if you would like to discuss vaccine hesitancy within your home. They can be reached at 519-376-9420 ext. 2.

Grey Bruce Public Health encourages homes to complete the following and return to your public health liaison for their files **(this is not mandatory)**.

The Infectious Diseases Program fax number is 519-376-4152.

1. Complete and submit your *Influenza Outbreak Readiness Plan* to GBPH
2. Review internal outbreak policies
 - ✓ Staff Influenza Immunization Program
 - ✓ Outbreak Management
 - ✓ Staff Exclusion Criteria
 - ✓ Antiviral Therapy
 - ✓ Working in other facilities (during an outbreak)
 - ✓ Specimen Collection and Transport
3. Submit your homes annual vaccination rates (*at this time we are waiting for information from the Ministry regarding reporting process for the 2025-2026 season – homes will be updated once this information is received*). All homes are encouraged to report to the GBHU for internal awareness and to support outbreak management.
4. Compile a list of staff influenza vaccination status and ensure this list is readily available.

Outbreak prevention and preparation, early detection and implementation of control measures are vital in preventing and/or managing an outbreak effectively. If you have any questions, concerns or feedback, please contact your assigned public health staff or the Infectious Disease Helpline at 519-376-9420 ext. 6.

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2025-2026 Influenza Outbreak Season Readiness Plan

As the influenza season approaches, Grey Bruce Public Health is sharing the annual ***"Influenza Outbreak Season Readiness Plan"*** to help support your home with its preparation for the upcoming season.

Influenza has a significant impact on the healthcare system, especially for our elderly population, which can be particularly difficult when dealing with COVID-19 and other cold and flu-like viruses.

Please complete this outbreak planning tool. This tool is designed to allow homes the opportunity to address continued provisions of care and prepare staff with resources to ensure a full implementation of infection control measures during outbreaks.

Planning and preparation in advance of the season will ensure staff are adequately trained and have access to outbreak resources.

Facility Name:					
County Home:	Private Home:		Corporate Home:		
Director of Care:			Infection Control Staff:		
Address:					
Phone Number:			Fax Number:		
Influenza Rates 2025-2026	Staff:		Residents:		

# of Beds:		# of Ward Rooms:		# of Single Rooms:		# of Floors:	
						# of Units:	

Public Health Contact:	
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Residents

Resident Rates	Total Numbers	Responsible Staff member	Completion Date
Total Number of Residents			
Total Number of Immunized Residents:			
Staff to Resident Ratio			
Antiviral Therapy (orders received)			
Antiviral Scripts to Pharmacy			

Staffing

Staff Rates	Total #s	Total # Vaccinated	Total # Refused	Total # Declined for medical reasons)	Signed Declaration Form Received (Total #)		Antiviral Therapy Script Obtained (Total #)	Total # Staff that work in other facilities
					Will work	Will Not work		
Registered Staff								
Housekeeping Staff								
Dietary Staff								
Administrative Staff								
Volunteers								
Other, specify:								
Can staff be cohorted if/when needed?								

Outbreak Readiness

Consider the following approach with your staff:

- ☐ Promote and provide influenza immunization for all health care providers and residents in the facility, strive for 100% immunization rate of health care workers
 - ☐ Dates: _____
 - ☐ Do you offer immunization for resident families ☐ Yes ☐ No
- ☐ Review and familiarize staff with the ***Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025)***
 - ☐ Where is it located: _____
 - ☐ Have registered staff reviewed this document?
- ☐ Train staff in outbreak identification, surveillance, and management
- ☐ Ensure there is an adequate supply of reporting documentation forms (including line listings)
- ☐ Take inventory:
 - ☐ Diagnostic supplies such as nasopharyngeal swab kits and stool sample kits. Check that all kits are intact, replace kits that have expired
 - ☐ Personal Protective Equipment supplies
 - ☐ Cleaning and disinfecting products
 - ☐ Hand Hygiene products (Alcohol Based Hand Rub, Soap, etc.)
- ☐ Provide in-service for staff:
 - ☐ Ensure medical directives are in place for specimen collection
 - ☐ Review of the nasopharyngeal swab policy and procedure
 - ☐ Review of lab requisitions
 - ☐ Review of the reporting process
 - ☐ Line list completion
 - ☐ Contact of Public Health
 - ☐ Specimen collection
- ☐ Review infection control measures that would be taken in a potential and actual outbreak situation with the facility:
 - ☐ Resident orders for antivirals (arrange with physician and pharmacy)
 - ☐ Antivirals on hand (small amount to get started should an outbreak occur, discuss with your pharmacy)
 - ☐ Isolation process
 - ☐ Outbreak signage ready and available (including isolation room precaution signage, and visitor signage)
 - ☐ Staff / resident cohorting
 - ☐ Cleaning and disinfection
 - ☐ Appropriate use of PPE
- ☐ Have telephone contact numbers posted to report to facility advisor and Grey Bruce Public Health *after hours* on call: 519-376-5420
- ☐ Staff Immunizations:
 - ☐ Document staff and resident immunizations

- ☐ Staff who choose not to receive the influenza vaccine need to decide if they will work during an influenza outbreak.
 - ☐ Unimmunized staff who choose to work during an influenza outbreak **MUST** obtain an antiviral script from their physician prior to the start of the influenza season. **The home has a copy of such script on hand** (to allow for rapid implementation should it be needed). (Request letter attached)
 - ☐ Unimmunized staff who choose **NOT** to work during an influenza outbreak **MUST** complete the **Influenza Exclusion Declaration Form** (attached), to state their intention.
- ☐ Review policy with staff:
 - ☐ Internal exclusion criteria for staff that refuse immunization and antiviral therapy
 - ☐ Internal policy and procedure for anti-viral prophylaxis of staff
 - ☐ Illness notification and exclusions from work
 - ☐ Working in other facilities

Print Name / Designation: _____

Signature: _____

Date: _____

(Insert Date)

Dear Staff Members and Volunteers,

At *(name of the home)*, we want to protect ourselves, our residents, our families, and each other by being immunized against influenza.

Why be immunized?

To stop the spread of influenza, the Ministry of Health and Long-Term Care recommends immunization for health care workers, including non-clinical staff and volunteers who have contact with residents. Influenza can be profoundly serious for older adults, small children, as well as anyone in poor health. Influenza and pneumonia are ranked among the top 10 leading causes of death in Canada and affects millions of Canadians every year. It is estimated that more than 12,000 people are hospitalized from influenza complications and about 3,500 people die from influenza a year.

In the initial stages of influenza, many people do not realize they are infected. They may not feel sick. Without knowing it, they can expose our residents, our staff, and their families to illness. Studies have shown that most healthy adults can infect others up to 1 day before they start having symptoms, and they can continue to infect others for up to 5 days after becoming sick.

How can you protect your co-workers, residents, family, and yourself?

Get immunized against influenza this year and every year! Due to the influenza virus changing every year, the vaccine changes too. To be protected, you always need the current season's vaccine.

How can I be immunized?

We suggest getting vaccinated during *(name of home)* workplace vaccination programs. Contact (_____) about where and when to get vaccinated *(insert schedule)*

Alternatively, you can receive your influenza vaccine from your family physician, nurse practitioner, your local participating pharmacist or at Grey Bruce Public Health.

Please take this recommendation seriously and consider being vaccinated. If not for yourself, think of those around you who have an increased risk of serious complications if they become infected. Getting vaccinated is the most effective way to protect yourself against the flu and flu related complications. Contrary to popular myth, influenza vaccine will not give you the flu.

For more information about influenza and immunization, visit the Ministry of Health and Long-Term Care www.ontario.ca/page/flu-facts or call Grey Bruce Public Health at 519-376-9420.

Sincerely,

(ED/DOC/Home leadership),
in partnership with Grey Bruce Public Health - Infectious Disease Program

(LTCH / retirement home name)
(LTCH / retirement home address)
INFLUENZA EXCLUSION DECLARATION FORM
DEADLINE (insert date as per home)

In accordance with (LTCH / retirement home name) exclusion policy the following declaration outlines the employee's intentions to work during an influenza outbreak; thus providing (LTCH / retirement home name) with opportunity to make timely plans to ensure the safety of the residents for the influenza season.

Employee Surname:	Employee Given Name:
Employee Occupation:	Employee Department:
Declaration Issued by: (Facility Management)	

I DECLARE that I _____ (staff member's name) an employee of (LTCH / retirement home name) have chosen **NOT** to be immunized against influenza this year. My employer has provided me with education and evidence that supports the importance of immunization in providing a cocooning and protecting effect not only for the residents I care for, but myself and my family; opportunity to ask questions; and a letter to present to my family practitioner if I so choose to.

I, _____ (staff member's name) have read and understand the home's exclusion policy.

☐ I, _____ (staff member's name) an employee of (LTCH / retirement home name) have chosen not to be immunized against influenza this year. In the event of an influenza outbreak in the LTCH / Retirement home and in accordance with the home's exclusion policy, I **will** obtain and provide (LTCH / retirement home name) with an antiviral prescription from my family practitioner prior to the start of the influenza outbreak season.

I, _____ (staff member's name) will provide (LTCH / retirement home name) an antiviral prescription for the purpose of influenza prophylaxis during active influenza outbreaks; by (insert date).

OR

☐ I, _____ (staff member's name) have chosen not to be immunized against influenza this year (2025-2026). In the event of an influenza outbreak at (LTCH / retirement home name) and in accordance with the home's exclusion policy, I have chosen **NOT** to obtain an antiviral prescription and will **NOT** be allowed to return to work until the outbreak is declared over by the Medical Officer of Health or designate.

Date at _____ this _____ day of _____
(Town or municipality) (Month) (Year)

Employee Signature: _____

Note: Original form must be forwarded to the Human Resources Department and will be kept in your personnel file. The Declaration will be valid for up to a one-year period.

(Date)

(LTCH / Retirement Home Logo)

(LTCH Address and Contact information)

Dear Health Care Providers,

_____ (staff member's name) is an employee at _____ (LTCH / retirement home name) who has chosen not to be immunized against influenza this year. In the event of an influenza outbreak in the LTCH / Retirement home this employee, in accordance with the home's exclusion policy will not be allowed to return to work until the outbreak is declared over by the Medical Officer of Health or designate or unless he/she is taking antiviral prophylaxis for influenza.

Please provide a prescription for the recommended medication for influenza prophylaxis.

Oseltamivir (Tamiflu) OR Zanamivir (Relenza)

If you have any questions, please contact Grey Bruce Public Health at 519-376-9420 ext. 6.

We thank you for your assistance,

(DOC signature)

_____ (DOC Name)

(DOC Title)