

PANDEMIC INFLUENZA RESPONSE PLAN

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MESSAGE FROM THE REGIONAL MEDICAL OFFICER OF HEALTH

Experts agree that a moderate/severe influenza pandemic is inevitable. A pandemic is defined as a global epidemic of a communicable disease throughout a country or around the world. Influenza will spread globally when a new strain of the influenza virus arises to which humans have no immunity and which develops the ability to spread efficiently person to person.

Influenza pandemics have occurred regularly throughout history, dating as far back as the 1600s. There have been three influenza pandemics in the 20th century alone: the 1918 Spanish Flu, the 1957 Asian Flu and the 1968 Hong Kong Flu. Although every pandemic causes worldwide illness, some are more widespread and deadly than others.

The ability to detect, control and prevent the spread of an influenza virus with pandemic potential has improved since the pandemic flus of the 20th century. As well, our health and the capabilities of our health care system are much better than they were near the beginning of the last century, so we have good reasons to be optimistic about our ability to withstand the next pandemic.

Nevertheless, planning ahead is the best way to minimize the illness, death, and disruption to society that are anticipated in the event of an influenza pandemic. The Regional Health Authority's (RHA's) goal is that every individual living, working, playing in the RHA - including those individuals at greatest risk - will know what they need to do to care for themselves and others, and therefore help to reduce the spread of illness and keep our city and towns functioning well during a pandemic.

The RHA must be prepared to provide programs and services to a population whose health needs will be increased during an influenza pandemic. However it also must be prepared to provide its programs and services with a reduced workforce who may either be too ill to come to work or who may need to stay home to care for ill family members. Therefore, RHA contingency planning is required to prepare for providing sustainable programs and services within the context of limited availability of external resources and support.

Because specific details of the pandemic remain unknown, this plan is considered a living document that will be reviewed, updated and revised regularly as future knowledge and needs evolve. Planning continues at the federal, provincial and regional levels. The Plan borrows from and is consistent with several other plans, particularly those developed by the governments of Canada and other provincial and regional authorities. The Plan also incorporates information that is specific to Manitoba and to the RHA.

The RHA wishes to acknowledge the hard and valuable work of a wide range of organizations and individuals from different walks of life working together towards a common purpose.

Elise Weiss, MD, FCPC, MSc
Regional Medical Officer of Health
Brandon and Assiniboine Regional Health Authorities

GOALS AND OBJECTIVES

Goals

- To minimize serious illness and overall deaths.
- To minimize societal disruption as a result of an influenza pandemic.

Objectives

- To develop a plan that ensures the Assiniboine Regional Health Authority's (ARHA's) readiness to respond appropriately to an influenza pandemic.
- To achieve the confidence of the public in the ARHA's readiness to respond to an influenza pandemic.
- To ensure optimal coordination between the ARHA, the provincial and the federal jurisdictions.
- To develop a plan that can be implemented as an adjunct to the ARHA's Disaster and Emergency Response Plan.
- To develop a plan that is a living document, changing to meet future needs.

Exercising and Revisions Policy

The ARHA Pandemic Preparedness Plan will remain a living document that is stored electronically and will only be printed and distributed as needed in the event of an actual pandemic. It is accessible via the ARHA website at www.assiniboine-rha.ca.

The pandemic plan will be reviewed every 3 years and amended as required under the direction of the Disaster Management Officer (DMO) or designate. The review will be completed by the Emergency Preparedness Committee (EPC) member responsible for their corresponding section (Section Chief), unless otherwise designated. This review includes updating the plan to correlate with updates within the Canadian Pandemic Plan, as well as the World Health Organization (WHO). Where reference is made in the plan to existing policies and/or procedures, each section chief or designate shall ensure that all references within their section are reviewed and updated as required.

The review will begin on September 1st of the revision year. EPC administrative support will send an email to all members of EPC and local levels of government, advising them of any revisions.

The ARHA will facilitate a tabletop exercise of the pandemic plan every three (3) years. All staff will be encouraged to learn what will be expected of them in a pandemic, as well as to complete the Disaster Self Learning Package (SLP). The SLP will be completed annually in May. Administration support will be responsible for sending and receiving packages annually. Any staff member wanting clarification on items within the plan or having ideas to improve the plan may contact the EPC via email at epc@arha.ca.

Documents Requiring Annual Updates

The following is a list of specific documents located throughout the plan that will change annually and will require updating.

- 1) Preparing For Pandemic Influenza Table..... Page 2-14
- 2) Surge Impact Spreadsheet Page 3-8
- 3) Staffing Complement Page 10-2
- 4) Facility Staffing Summary Page 10-3 through 10-35
- 5) Employee Retirement Report..... Request from QHR Coordinator
- 6) Physician Retirement Report Request from Executive Director,
Primary Care/Medical Services
- 7) EMS Staffing Levels..... Page 10-56
- 8) Regional Bed Capacity by Facility..... 12-15
- 9) Facility Specific Bed Capacity Information 12-39

ROLES AND RESPONSIBILITIES

Overview

In order to optimize society's readiness for a potential pandemic influenza, the coordinated participation and co-operation of all levels of government, businesses, organizations and citizens in general is paramount. A collective response requires coordination of activities and resources to enable planners to anticipate problems, monitor for adverse outcomes and respond to minimize the impact of pandemic influenza within their jurisdictions.

Federal Government

The federal government holds responsibility for the nationwide coordination of pandemic influenza response, including surveillance, international liaison with other countries and the WHO and coordination of the vaccine and anti-viral response. The federal government agency primarily responsible for pandemic planning, preparedness and response is the Public Health Agency of Canada (PHAC); however, there will be significant involvement with many other departments. The national plan can be located at www.phac-aspc.gc.ca/cpip-pclcpi/index.html

Provincial Government

The provincial government is responsible for mobilizing their contingency plans which may include business continuity plans as well as response strategies and resources to support local levels of government in their response. The lead agency from a provincial response will be Manitoba Health. The Manitoba Emergency Measures Organization (EMO), Office of the Fire Commissioner, and Manitoba Conservation may also play key roles. The Provincial Pandemic Influenza Plan may be located at <http://www.gov.mb.ca/health/publichealth/cmoh/pandemic.html>

Local Governments

Provincial legislation requires that all municipalities have an up-to-date emergency plan. Similarly, First Nation Community Governments have the same requirement through federal regulations. Given that a pandemic influenza would be deemed a community hazard, municipal governments and First Nation authorities are responsible for taking the lead in preparing the community to respond to, and recover from this type of emergency. As part of the preparedness activities, municipal and First Nations emergency plans will be reviewed in consultation with the appropriate provincial or federal jurisdiction to ensure they include information specific to a pandemic response.

ROLES AND RESPONSIBILITIES CONT'D

Health

Agencies that provide health services such as the RHA and First Nations and Inuit Health (FNIH) of Health Canada (http://www.hc-sc.gc.ca/ahc-asc/branch-dirigen/fnihb-dgspni/index_e.html) are responsible for delivering health services in a pandemic. Direction and support will be received from both provincial and federal levels as appropriate.

Emergency Preparedness Committee (EPC)

In the ARHA the task of coordinating planning for a pandemic influenza was given to the Emergency Preparedness Committee (EPC). The EPC is a permanent committee within the ARHA organization whose purpose is to develop the necessary structure and processes to ensure a coordinated and timely regional response to any perceived threat or actual emergency or disaster. Membership on the committee includes representation from all programs and services within the region as well as the Medical Officer of Health and an Executive sponsor. Specific members of the EPC committee were designated to take a lead role in the development of each of the major section of the plan.

The EPC committee works closely with and provides direction and authority to the Disaster and Emergency Response Planning Committee (DERPC).

Disaster and Emergency Response Planning Committee (DERPC)

The DERPC Committee is a permanent sub-committee for the EPC. The DERPC is responsible for the development, implementation and ongoing evaluation and revision of the ARHA Disaster and Emergency Response Plan (DERP). The Disaster and Emergency Response Plan contains information, procedures and protocols designed to ensure effective and coordinated response to any emergency or disaster.

The ARHA Pandemic Influenza Plan is integrated with the ARHA Disaster and Emergency Response Plan with cross-references made to that plan as appropriate. The Disaster and Emergency Response Plan may be located at www.assiniboine-rha.ca.

ROLES AND RESPONSIBILITIES CONT'D

ARHA Incident Command Systems

The disaster management model that is currently in use in the ARHA and will be utilized in the event of a pandemic is the Incident Command System (ICS). There are 2 levels of ICS in the region; the Corporate ICS and Facility ICS. They are designed as such that they may be operated independently or in conjunction as the event(s) dictate.

- **Corporate ICS**

Corporate ICS is the corporate incident command system, the plan used when a general regional response is required. The Chief Executive Officer (CEO) or designate in charge assumes the role of the Incident Commander (IC) and activates personnel as required by the nature of the event to a Regional Operations Center (ROC). If it is anticipated that the event(s) will have an impact at a facility level, whether localized or across the region, the IC can activate the Facility ICS as required.

Corporate ICS consists of 6 main sections; Command Section, Logistics Section, Planning Section, Finance Section, Community Operations Section and Facility Operations Section.

- **Facility ICS**

Facility ICS is the facility incident command system, the plan used when responding to either a local event or in conjunction with other facilities under the direction of the Corporate ICS. Facility ICS may be activated by the Nurse in Charge or designate, Facility Coordinator / Client Care Coordinator or by the direction of the Area Manager as requested or directed by the Corporate Incident Commander. The Area Manager is the link between Facility ICS and the Corporate ICS.

Facility ICS consists of 5 main sections; Command Section, Logistics Section, Planning Section, Community Operations Section and Facility Operations Section.

Refer to the ARHA Disaster and Emergency Response Plan for further information.

PANDEMIC RESPONSE PLAN EXECUTIVE SUMMARY

At any level of execution, the first priority of a pandemic influenza response plan is to save lives and care for the ill, while minimizing, as much as possible, social disruption in the community. Overall this plan targets a wide range of individuals involved in the delivery of health services in the region, as well as individuals in other sectors of society who may be involved in a response to a pandemic influenza crisis. The plan consists of a Preface and 17 sections. With the exception of the Introduction, Background and Response Level sections, all others begin by identifying the target audience, as well as outlining the objectives for that particular section. As a regional plan, the primary focus remains to provide guidance and support to decision makers, planners, managers and front line staff.

Section 1 - Introduction

This section provides a general overview and introduction to pandemic influenza. A message from our Medical Officer of Health (MOH) explains the threat that pandemic influenza poses and the need for planning, on a continual basis. The goals and objectives assist in identifying the purpose of this document and the basis upon which it was created. There is a brief description of the roles and responsibilities of the Federal, Provincial and local agencies that will be tied to this plan in one form or another. Finally, there is a description of the disaster planning hierarchy and how it is managed, through an incident command system (ICS) within the ARHA.

Section 2 – Background

The background section summarizes the current state of knowledge about pandemic influenza virus strains and briefly describes the development of the planning process by the World Health Organization, on the international level. Located within this section is: principles and assumptions; approved abbreviations / definitions and acronyms utilized throughout the plan; the organization of the plan; a brief epidemiology of pandemic influenza; a table created by the provincial flu modeling tool that assisted in setting a benchmark for the plan; the estimated impact statement and ethical and legal considerations surrounding pandemic influenza.

Section 3 – Response Levels

This section describes the World Health Organization (WHO) system of pandemic phase classification, which forms the basis of pandemic influenza planning on any level. Also identified in this section are the Public Health Canada pandemic phases and the ARHA response levels and how the ARHA regional pandemic response planning is defined.

A projected impact assessment for the AHRA, Manitoba and Canada is included. The Surge Impact spreadsheet identifies the projected impact of pandemic for the ARHA, on a day by day basis over an eight week period. This encompasses the number of ill, hospitalized and deaths for a projected pandemic.

PANDEMIC RESPONSE PLAN EXECUTIVE SUMMARY CONT'D

Section 4 – Public Health Measures

Public Health Measures (PHM) are at the forefront in pandemic response and mitigation during a pandemic influenza response. Because of this, great emphasis was placed on this section. Within the contents of this section, you will locate a PHM tool describing the projected flow of strategies implemented during a pandemic by phase. The PHM by the WHO's pandemic period and phase describes tasks to be performed within each pandemic phase. Public education for pandemic is described as well as some resources for completing these tasks. The section goes on to describe steps for providing support to people at high risk, case management, contact management and community based disease control strategies. Included in this section are multiple forms, tools and task sheets to assist practitioners in carrying out their duties in a timely fashion.

Section 5 - Infection Control

This section provides an overview of infection prevention and environmental control guidelines that will be critical to minimizing the transmission of pandemic influenza. This section is broken down into information specific to health care settings and to other settings so that all sites can better use it and adapt it for their areas. Adherence to infection prevention and control policies and procedures is imperative to minimize the transmission of influenza whether or not vaccine and antiviral medications are available.

Routine practices and additional precautions to prevent the transmission of infection during the delivery of health care in all health care settings during a pandemic are important. Certain precautions may be feasible only in the pandemic alert and early pandemic periods as they may not be achievable or practical as the pandemic spreads and resources (equipment, supplies, and human resources) become scarce. Strict adherence to hand washing or hand hygiene is the cornerstone of infection prevention and may at time be the only significant preventative measure available during a pandemic. Routine Practices, Additional Precautions and Respiratory Disease Outbreak policies are located in the ARHA Infection Control Manual and shall be referred to by staff during a pandemic.

Section 6 – Surveillance

The surveillance section is established to assist facilities and public health staff in early identification of influenza. Early detection will be key in slowing the spread of influenza within facilities. Although it is understood that exposure to pandemic influenza is unavoidable, active surveillance will be essential to our ability to respond to it. The elements of a comprehensive surveillance program, regional surveillance activities by pandemic phase, and the surveillance tools are all included in this section.

Section 7 – Communications

All disasters, regardless of their nature, have shown that in order to achieve effective management and mitigation, clear lines of communication between response agencies, government and the general public must be established. As such, the communication section of this plan provides these clear lines through items such as the key spokesperson(s), key messages to be used during a pandemic, and the vehicles of communications that will be employed during a pandemic influenza

Section 8 – Antiviral

Antiviral medications are potentially effective as both treatment and prevention of influenza infections. Although antiviral medications will be available during the first wave of the pandemic, they are expected to be in very short supply. Antiviral medications will be distributed according to nationally established priorities. This section provides information for Health Care Workers (HCW) and the public about the three antiviral medications approved in Canada. Key components of this section include the principles of planning, the clinical guidelines for antiviral use as well as specific information regarding the antiviral medications for influenza. Information regarding distribution, safety, storage, dosage and priority groups is provided here.

Section 9 – Vaccines

During a pandemic, as during yearly outbreaks of influenza, vaccination will be the primary means to prevent influenza infection and its complications. However, vaccine is not expected to be available during the first wave of the pandemic. When vaccine first becomes available, it may be in short supply. Therefore, vaccine will initially be distributed according to priority groups, which will be established nationally. These priority groups may be re-examined as the pandemic evolves, to ensure that they continue to meet the goals of the plan to reduce mortality, morbidity and societal disruption due to the pandemic. Once vaccine does become widely available, demand for the vaccine is expected to be very high. Mass vaccination clinics will be required. The ARHA has a comprehensive mass vaccination plan in place, but due to security requirements, access to this section will be restricted based on the content involved. Users of this section will locate key items such as the vaccine security and distribution plan, and the process for storing, monitoring, handling and meeting cold chain requirements. A security plan can be located here as well as a process for maintaining inventory and tracking methods. Objectives of informed consent, immunization administration procedure and the adverse event reporting procedure are included in this section. Tools to be used by public health and immunization staff are also located within this section.

PANDEMIC RESPONSE PLAN EXECUTIVE SUMMARY CONT'D

Section 10 – Human Resources

It is well known that maintaining Human Resources (HR) may prove to be the biggest challenge for any organization during a pandemic influenza. Because of this, the ARHA has attempted to implement a holistic approach regarding HR, which is aimed at minimizing service interruption while maximizing resource effectiveness. This includes matters relating to employee relations, labour relations and workplace safety and health. This section includes: the current ARHA staffing compliment as well as staffing by facilities; the ARHA Maximum Tolerable Outage (MTO) chart; the process for accessing the retired physicians and employees listing; information for obtaining extra staffing; the Emergency Medical Services (EMS) business continuity plan; and information specific to diagnostic imaging staff. The information contained within this resource is not static. It will be modified and updates distributed to reflect any current realities.

Section 11 – Safety and Security / Materials Management

Currently, most materials used within our facilities are purchased provincially, and many materials used in health care are manufactured outside of Canada. Due to a concern regarding the availability of critical items that could potentially impact our ability to manage during a pandemic influenza, a critical supplies list was formed. A proposal will be submitted, to establish stockpiles of these supplies in order to have them accessible during a pandemic outbreak. The transportation of materials is identified within this section, as well as the safety and security plan for the region during known pandemic activity. Finally, there is a dietary services contingency plan, including alternate menus that could be used during a pandemic.

Section 12 – Clinical Management

The clinical management section is the section that is aimed at frontline providers in facilities and provides case specific information for triaging, diagnosis and managing influenza within our region. There is a clinical presentation section, as well as a client management document. Information is provided on clinical services and managing outpatients during a pandemic. Patient assessment and care guidelines are developed including telephone triage guidelines for influenza. Care of residents in their homes and long term care facilities is specifically addressed. A chart containing facility specific bed capacity information was developed for this section.

Section 13 – Community Services

A pandemic influenza affects much more than just the healthcare system. It is a crisis that affects all aspects of society. It must be managed by the coordinated participation and cooperation of government, businesses, organizations, emergency response agencies and citizens. The purpose of this section is to briefly outline the planning activities that have been recommended to various public sectors by their respective regulatory bodies to prepare for pandemic influenza. This section may assist in clarifying roles and responsibilities of all sectors including the general public. Infection Control information for the Target Audience may be found in the next section as it applies to your organization, facility, workplace or group.

PANDEMIC RESPONSE PLAN EXECUTIVE SUMMARY CONT'D

Section 14 – Mass Fatalities

In this section, handling and care of the deceased in a pandemic situation is outlined. Infection control guidelines for funeral homes and persons handling the deceased are highlighted. Technical procedures surrounding mass fatalities, morgue capacity, and care of the deceased are also identified

Section 15 – Psychosocial Support

Psychosocial consequences are anticipated to impact widely in response to pandemic. The disaster consequences of a pandemic rate the impact as “extreme” across all known markers of: mortality, morbidity, economic losses, social disruption, impact on public health, impact on health care, and resultant surge on the health care system. Fear, distress, bereavement, helplessness, and hopelessness in response to loss are anticipated as prominent reactions to severe levels of change invoked by the impact a pandemic. The impairment of coping in the face of such impact may effect at the level of the individual, family and community systems. Additionally, the service agencies engaged in efforts to serve the needs of all who approach for support services will also be compromised. Resiliency and positive adaptation will be supported by the efforts of the Trauma Team who will direct efforts of psychosocial first aid towards vulnerable populations and target groups identified within the contents of this section.

Section 16 - Financial Resource Planning

In any disaster where an incident management system is in place, a section dedicated to finance is required for appropriate mitigation and accountability for an organization’s actions. All services that are associated with a cost must be tracked, paid accordingly and in due process, regardless of the nature of the disaster. Pandemic influenza is no different in that regard and it is expected that the financial cost associated with a pandemic will be extremely high. The financial resource section identifies what defines a cost, the process to be used for tracking costs, and the reporting mechanisms that will be utilized for pandemic influenza.

Section 17 – Evaluation

All plans must have in place a method for collecting feedback from service recipients and a method for disseminating that information. The plan must include how to implement changes based on the feedback received from the stakeholders. This shall be a continually revolving process to allow for improvement to the plan. The evaluation section lays out what that process will be for the ARHA Pandemic Preparedness plan.