

Public Version of the Algoma District Pandemic Influenza Plan

ALGOMA

PANDEMIC INFLUENZA RESPONSE PLAN

August 2006

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AIM OF THE PLAN

To reduce the morbidity and mortality associated with an outbreak of pandemic influenza.

Background

There have been major outbreaks of influenza pandemic throughout recorded history. Three influenza pandemics occurred in this century alone – the Spanish (1918), Asian (1957) and Hong Kong (1968). The 1918 pandemic killed an estimated 20 million people worldwide.

It is estimated that another pandemic will occur some time within a 5 -10 year time span. Some have argued that better social conditions, nutrition and health and medical care will make it unlikely that we will experience a death toll similar to the one that occurred during the 1918 pandemic. However, that optimism notwithstanding, the pattern of pandemics is unpredictable and the disruptions pandemics are expected to cause in a highly technological society make it imperative that measures be taken to minimize social disruption. Canada is also faced with an aging population, the age group most at risk, and which will constitute major challenges for health care and community infrastructures during a pandemic episode.

It has been estimated that in Ontario alone, up to 8 million people will be infected, of which up to 4 million will be clinically ill and 12, 000 will die. Economic costs are estimated at \$1.4B to \$2.5B in direct health care and an additional \$10B to \$24B in societal costs.¹

Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon. Accordingly, the resources of all regions will be simultaneously strained, and Memoranda of Understanding between neighbouring communities will often become unworkable. Therefore, each community should be able to demonstrate a large degree of self-sufficiency in addressing the various components of the template.

Legislated Authority To Implement Control Measures

Emergency management in Ontario is governed by the Emergency Management Act. Administration of the Act is assigned to the Minister of Public Safety and Corrections under whom the Director of Emergency Management Ontario is responsible to co-ordinate, monitor, and assist in the formulation and implementation of emergency plans.

Provincial Ministers are mandated to have emergency plans and be prepared to respond to emergency events in Ontario. These Ministers are designated with special responsibilities by Order in Council under the Act. The Minister of Health and Long-Term Care is designated with lead responsibility for the provision of emergency health services, control of epidemics, and response to large-scale adverse human health events. The local Medical Officer of Health under the authority of Section 22 of the Health Protection and Promotion Act *by written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease.*

It is the intent of this plan to work within the legislated authority given to Provincial and Municipal leaders to respond to emergencies.

¹ Spika J, LCDC, January 27, 2000 in Cooper J. Preparing for Influenza Pandemics. LCDC Contingency Planning Meeting, Toronto, January 27 – 28, 2000.

Declaration and Termination

Under the Act, the Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof. The Premier or a designated Minister may take such action as necessary to implement emergency plans and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The Premier of Ontario may require any municipality to provide such assistance as is considered necessary to an emergency area or part thereof that is not within the jurisdiction of the municipality and may direct and control the provision of such assistance. The Premier may at any time declare that an emergency has terminated.

The head of council of a municipality/township/First Nation may declare that an emergency exists in the municipality or any part thereof. As a result of this declaration the head of council or designate may take such action and make such orders as are deemed necessary to implement the emergency plan of the municipality and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The head of council may at any time declare that an emergency has terminated.

Plan Activation and Implementation Procedures

It is likely that the onset of illness and duration of an outbreak will vary from community to community. The Medical Officer of Health for Algoma will provide ongoing advice to the heads of councils. Where indicated, the Medical Officer of Health will advise the head of council to declare an emergency in order to implement control measures.

The Pandemic Influenza Plan is intended to complement local emergency plans. Some of the activities may occur prior to a request of head of council to declare an emergency. The Health Unit will utilize personal contact, telephone, fax, email, website and news media to keep heads of council advised of the status of the outbreak.

Relationship between Algoma Public Health Pandemic Influenza Response Plan and local (municipal/regional) emergency measures and pandemic flu preparedness

The Algoma Public Health Pandemic Influenza Response Plan is a part of a community's overall emergency response plan. The Medical Officer of Health in consultation with the Ontario Ministry of Health and Long-Term Care and Health Canada, will provide the lead in the management, control, and prevention activities, such as conducting surveillance, communicating with the public, and gathering and processing the necessary information to activate and terminate a pandemic influenza response plan. However, the overall management of a pandemic episode must include the non-health activities associated with any disaster or emergency event and calls for the coordinated effort of all agencies and/or individuals who have responsibility for emergency management within the community.

Municipal, provincial and federal support for the response activities is essential for the success of the plan.

Assistance Options - How to Request Provincial or Federal Aid

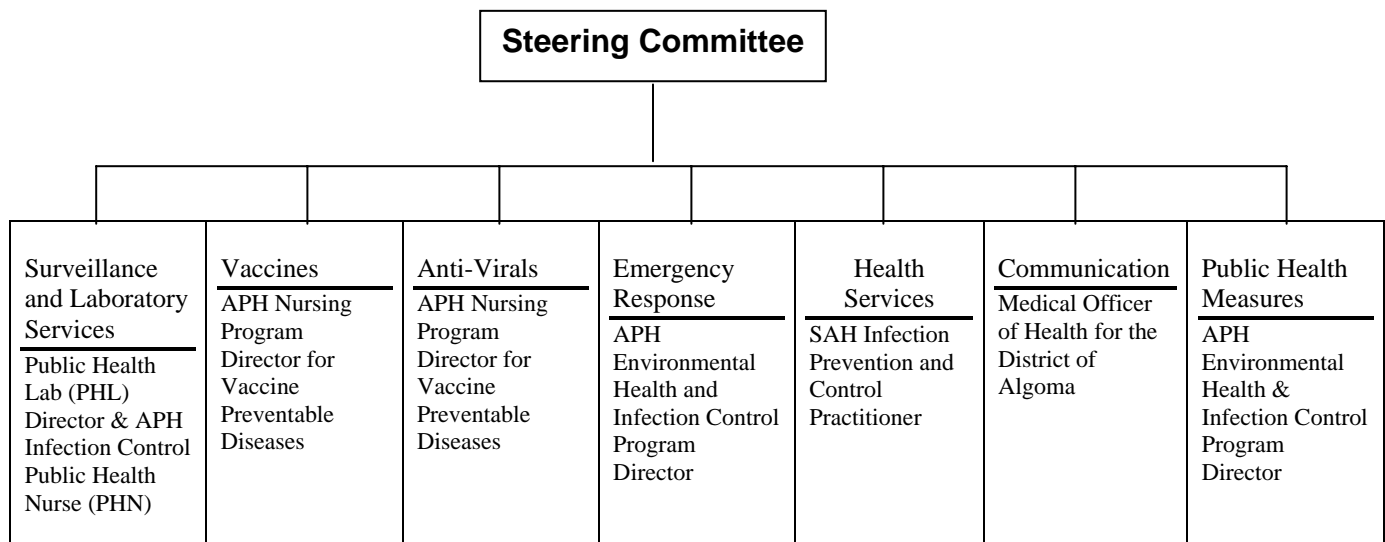
The Lieutenant Governor in Council Cabinet may authorize the payment of the cost thereof. The Solicitor General with approval of the Lieutenant Governor in Council may make agreements with the Crown in right of Canada in respect of payment by Canada to Ontario of any part of the cost to Ontario and to municipalities.

During an emergency, the Solicitor General with the approval of the Lieutenant Governor in Council may make agreements with the Crown in right of Canada and with the Crown in right of any other province for the provision of personnel, service, equipment or material. The head of council of a municipality may make an agreement with the council of any other municipality or with any person for the provision of any personnel, service, equipment or material during an emergency.

Role of Algoma Public Health (APH) during an episode of Pandemic Influenza

As the lead agency in the control of a communicable disease, the principal roles of public health are **surveillance, administering vaccines and anti-virals, and providing health advice** to the Algoma community. Public health also has a responsibility **to support local efforts** to respond to and manage the event. An outbreak control committee will be implemented during the Pre – Pandemic Phase to develop and maintain the plan; and the committee will be activated throughout an outbreak to provide counsel to the Medical Officer of Health to meet the community challenges.

Pandemic Influenza Response Steering Committee Structure



PANDEMIC INFLUENZA RESPONSE STEERING COMMITTEE

Chair: Medical Officer of Health. In the absence of the Medical Officer of Health, the designate is Environmental Health Program Manager

Reporting To: Board of Health, Municipal Councils and Ministry of Health & Long-term Care

Members:

- Environmental Health and Infection Control Program Director at Algoma Public Health
- Nursing Program Director responsible for Vaccine Preventable program at Algoma Public Health
- District Program Director for Algoma Public Health
- Public Health Laboratory Director
- Two Public Health Nurses representing VPD Program and Control of Infectious Diseases from Algoma Public Health
- Public Health Inspectors at Algoma Public Health
- Community Emergency Management Co-ordinator (CEMC) for the City of Sault Ste. Marie
- local officials with responsibility for emergency preparedness planning (ad hoc)
- First response agencies ie. police, fire, ambulance services (ad hoc)
- Selected representatives of acute and chronic health care agencies (hospitals, long term care facilities, home care, Algoma Community Care Access Centre (CCAC), health centres, district health councils, group health centre, neighbouring public health agencies).
- Social and family services agencies.

Mandate:

1. To provide advice, expertise and recommendations, liaison and other activities associated with the pandemic and post-pandemic periods to support and promote the public safety, security, and health mandates of all orders of government.
2. To liaise with the Ministry of Health and Long-Term Care (MOHLTC) and, if necessary, federal government Pandemic Flu Committee in order to track pandemic influenza.
3. Monitor local conditions (number of cases) make recommendations to the board of health, local councils on activating the local Pandemic Flu Plan.
4. Serve as the primary coordinating body for the provision of public safety, security, and health services.
5. To oversee communication and approve communication messages.
6. Allocate public health resources as required.
7. To liaise with Emergency Management Ontario (EMO) and other provincial agencies on the status of the event, response activities, and requirements for provincial (or federal) support, advice, and assistance.
8. To liaise with neighbouring public health agencies including Chippewa County Health Department in Sault Michigan.

Subcommittees

The seven Subcommittees are as follows:

- I. Surveillance and Laboratory Services
- II. Vaccines
- III. Anti-virals
- IV. Health Services
- V. Emergency Services
- VI. Public Health Measures
- VII. Communications

The sub-committees activities will vary with each phase of the pandemic. i.e.

Phase 0, Level 1: Appearance of a New Influenza Strain in a Human Case

Phase 0, Level 2: Human Infection Confirmed (in 2 or more cases)

Phase 0, Level 3: Human Transmission Confirmed

Phase 1: Confirmation of Onset of Pandemic (i.e. several outbreaks in at least one country and spread to other countries)

Phase 2: Regional and Multi-regional epidemics

Phase 3: End of First Pandemic Wave

Phase 4: Second or Later Waves of the Pandemic

Phase 5: End of Pandemic (Back to Phase 0)

I. Surveillance and Laboratory Services

Chairs: Public Health Laboratory Director.

Reporting To: Pandemic Influenza Steering Committee

Members:

Boards of education, physicians, child services (daycare), laboratories, industry, long-term care facilities, acute care facilities, ambulatory care facilities, epidemiologist, Algoma Public Health (APH), infection control nurse, pharmacies other members as may be required.

Mandate:

To maintain and enhance influenza surveillance systems and report number of cases and other data that is relevant to managing a pandemic episode to the Steering Committee.

Goal:

To track and monitor the progress of pandemic influenza at the international, national, provincial, and local levels.

Objectives:

- To enhance current reporting for sentinel physicians, emergency rooms, walk-in clinics, Institutions (schools, daycare), mortality data from hospitals and funeral homes
- To enhance workplace reporting of dramatic respiratory related event impact (e.g., closures and services)
- To enhance the existing influenza surveillance system
- To set up a communication system to disseminate surveillance information to all stakeholders

II. Vaccines

Chair: APH Nursing Program Director, Vaccine Preventable Diseases

Reporting to: Pandemic Influenza Steering Committee

Members: Representatives from public health programs with registered nurses, long-term care facilities, retirement homes, Emergency Management Services, Sault College, Algoma Community Care Access Centre, Central Ambulance Communication Centre, Ambulatory Care facilities, hospitals, policing services, other members as may be required.

Mandate: To plan and make recommendations to the Steering Committee on all aspects and activities pertaining to the administration of influenza vaccines.

Goal: To reduce influenza morbidity and mortality by providing access to influenza vaccine for populations as identified by the Steering Committee and the Ministry of Health and Long Term Care.

OBJECTIVES:

Objective 1) To arrange the necessary logistics for the ordering, transporting, storage and administering of influenza vaccines.

PROPOSED PROTOCOLS

Ordering of vaccine:

- The MOHLTC will allocate the amount of vaccine to be distributed.
- Ordering of vaccine will be done as per MOHLTC protocol.

III. Anti-Virals

Chair: APH Nursing Program Director and Vaccine Preventable Diseases

Reporting to: Pandemic Influenza Steering Committee

Members: Infection Control Practitioner, Pharmacy, Physicians, representatives from public health programs with registered nurses (Family and Community Health, Control of Infectious Diseases), financial and legal services, policing services, other members as may be required.

Mandate: To develop procedures for the control of outbreaks in closed populations, the treatment of seriously ill patients, and the prophylaxis of health and essential service providers and those with high-risk medical conditions until vaccine has been administered.

Goal: To ensure the availability of anti-virals to populations as designated by the Steering Committee.

Objectives:

- 1) To ensure the availability and administration of anti-virals to persons/groups designated as essential services.**

IV. Health Services

Chair: Acute Care Infection Prevention and Control Practitioners/Nursing Manager

Reporting To: Pandemic Influenza Steering Committee

Members:

Hospitals (acute and long term care), health care centres, Algoma Community Care Access Centre, long-term care facilities, physicians (emergency room, respirologists, family practitioners, Intensive Care Units), Emergency Health Services, nursing staff (acute and long term care), public health staff, volunteer groups, laboratories (hospital and public health, microbiology and non-microbiology lab services), public transport workers, security staff

Mandate:

To ensure the provision of adequate health care in home, acute care and long term care settings during an influenza pandemic.

Goal:

To identify and address deficiencies in surge capacity in health services in Algoma and to plan health care needs during an influenza pandemic.

Objectives:

- Identify existing surge capacity at the local level, including number of beds, equipment, supplies, laboratory and other support services.
- Identify possible alternative health care facilities, their role, the equipment, supplies and staffing needed.
- Identify possible alternate health care workers (from volunteer organizations, etc.), skills, training needs and possible roles in health care provision.
- Discuss possible stockpiling of drugs and supplies.
- Do a human resources inventory - physicians - hospital and community, nursing staff, ancillary staff, other related professionals who may be able to assist - pharmacists, dentist, dental technicians, veterinarians, retirees.
- Disseminate clinical care guidelines and triage guidelines (available on Health Canada website as part of National Pandemic Plan, June 2001)
- Decide on suspension of elective procedures.
- Disseminate infection control guidelines - for acute, long term care and community (also available as part of National Plan).
- Plan support services for health care workers - transportation, day-care, meals, psychological support, grief counseling.
- Plan patient transport - between hospitals, long term care, alternate sites, home. Coordinate with local ambulance services, public transport, and security personnel
- Set up plan for home care of patients not requiring hospitalization.
- Plan for recovery phase - depleted supplies, surgical backlogs, etc.

V. Emergency Services

Chair: APH Program Director Environmental Health and Infection Control

Reporting To: Pandemic Influenza Steering Committee

Members:

Municipal/Township Community Emergency Management Co-ordinators, Emergency Management Ontario (EMO), utility companies, water treatment companies, municipalities, works departments, emergency preparedness coordinators including Sault Ste. Marie emergency team, police, army, red cross, and others as needed.

Mandate:

To utilize existing policies and procedures for the control and coordination of essential infrastructure, emergency response services, and public order and safety during a Pandemic Influenza Emergency occurring in the region.

Goal:

To ensure efficient interface between the roles and co-ordination of activities of public health units, health care, and non-health agencies in the delivery of ongoing and emergency services during a pandemic influenza event.

Objectives:

Develop policies and procedures to ensure provision of the following in a Pandemic Influenza Emergency:

- Essential emergency services
- Essential public works/utilities
- Security for vaccine and anti-virals during transport or while in storage
- Security, safety and public order at strategic facilities, clinics, hospitals
- Traffic control at strategic facilities, clinics, hospitals
- Facilities are available as “alternate care centres”
- Security of the local Emergency Operations Centre
- Provide and manage emergency housing, emergency child care, emergency home care, emergency feeding programs
- Accommodation and disposal of bodies
- Other issues specific to emergency preparedness and response.

VI. Public Health Measures

Chair: APH Program Director Environmental Health and Infection Control

Reporting to: Pandemic Influenza Steering Committee

Members: Public Health Laboratory Director, Algoma Health Unit Media Coordinator, Canada Customs & Immigration, Airports Authorities, Port Authorities, Police Authorities, Directors of Education, APH Infection Control Nurses, APH Public Health Inspectors, and others as needed.

Mandate: To develop measures for the Steering Committee to use to manage the pandemic.

Goal: To slow the spread of the infection in the community, to gain time to develop a vaccine.

Objectives:

- To make recommendations for case and contact management measures (only in the early stages of the pandemic), isolation and home quarantine, individual activity restriction and the use of personal protective equipment
- Include community disease containment strategies and guidelines for measures such as canceling public gatherings and closing hospitals/schools.
- Develop education and communication strategies for the components of public health measures
- To provide public health measures approach consistent with the province and neighbouring jurisdictions

Activities:

1. Identify organizations (stakeholders) to be involved in planning different aspects of public health measures
2. Develop plans for case and contact management, including:
 - Establishing protocols for managing cases and contacts at the different phases and levels of the pandemic; in the initial stages of the pandemic aggressive follow-up of the confirmed and suspected cases could occur.
 - Developing/establishing educational programs/guidelines
 - Establishing procedures for communication links, including the chain of command.
 - Establishing guidelines for travel restrictions, if any
3. Develop community disease strategies including:
 - Providing public education messages. For example:
 - If sick, stay home from daycare, school, work
 - Reduce non-essential travel
 - Avoid crowds
 - Frequent handwashing including handwashing campaign
 - Cover the cough/tissue disposal
 - Increase ventilation
 - Clean and sanitize environmental surfaces
 - Establishing guidelines for implementing measures to reduce social distance (e.g. closing schools or daycare, stopping public gatherings)
4. Develop information about public health measures for the providers and the public.

VII. Communications

Chair: Medical Officer of Health for Algoma Public Health

Reporting To: Pandemic Influenza Steering Committee

Members:

Algoma Public Health Program Director Environmental Health and Infection Control, all hospitals communication staff, separate and public boards of education, legal, designated municipal communications experts, Algoma Community Care Access Centre, media/communications specialists, Chippewa County Health Unit, other members as may be required.

Mandate:

To liaise with municipal, provincial, federal levels and international (USA) in the development of channels of communication to the public, media, healthcare providers, healthcare stakeholders and internal audiences (i.e. partner response agencies). Planning integrated multi-channel communication strategies that will provide access to timely, frequent, reassuring and consistent messages.

Goal:

To maintain public confidence in the response to a pandemic event and to provide the advice and information needed to guide personal protection and health care efforts.

Communications objectives during a pandemic are to:

Educate

- Provide regular information on relevant symptoms targeted to the general public
- To promote influenza immunization to prevent morbidity and mortality in the general population.
- Explain steps the general public can take to prevent and treat influenza
- Describe the measures required for those at greater risk
- Conduct daily, in-depth technical briefings for members of the media (if necessary)
- To develop physician information packages.

Reassure

- Demonstrate that the Canadian government has initiated its emergency response plan, and is working with all levels of government and taking all necessary steps to resolve the situation
- Issue timely updates that provide accurate information
- Acknowledge the hard work and dedication of all healthcare workers
- Model a calm demeanor designed to reduce fear, avoid panic and encourage vigilance

Be Accountable

- Acknowledge and fulfill the public's right to know
- Report on the healthcare systems ability to respond to the emergency, giving specific examples

VIII. Post-Pandemic Recovery

Chair: Program Director Environmental Health and Infection Control

Reporting To: Medical Officer of Health

Members:

Pandemic Influenza Response Steering Committee, Program Managers within Algoma Public Health, local E.M.O. representative and district Community Emergency Management Co-coordinators, Community Mental Health associations, and other groups as needed.

Mandate:

To plan for the aftercare and recovery efforts which will be necessary to address the aftermath of the pandemic. Some elements of this work will likely continue for several years following the initial outbreak.

Goal:

To quickly evaluate/improve upon pandemic planning in preparation for the next wave, to return services and infrastructure to pre-pandemic levels as quickly as possible, and to address the resulting long-term health and psycho-social needs of the community.

Objectives:

- To help coordinate expanded psycho-social services, including grief counseling and foster care for orphans
- To assess staffing shortages resulting from employee losses
- Replenish medical supplies
- Return service/infrastructure conditions to normal levels, with a particular focus on essential services
- Quickly and thoroughly summarize the impacts and lessons learned , and adjust planning measures accordingly
- Prepare for 2nd/3rd Wave of an Outbreak
- Communicate the message that the public and other stakeholders may once again rely upon and expect the full range of services
- Participate in the assessment of what steps need to be taken for full economic restoration

IX. Evaluation and Testing of Plan

Chair: Program Director Environmental Health and Infection Control

Reporting To: Pandemic Influenza Response Steering Committee

Members:

Pandemic Influenza Response Steering Committee

Mandate:

To develop and/or access appropriate tools for evaluating and testing the effectiveness of the pandemic influenza preparedness plan.

Goal:

To ensure that the pandemic influenza preparedness plan is comprehensive and relevant to local conditions.

Objectives:

- Develop a framework for evaluating the pandemic influenza contingency plan process and the outcome.
- To identify instruments and process for testing the pandemic flu plan and the degree of readiness.
- To implement and oversee exercises designed to test specific components of the plan
- To evaluate the efficacy of the plan
- To assess the coordination of health and non-health efforts
- To assess community preparedness for managing a pandemic event
- To identify strengths, gaps and weaknesses in the plan
- To assess the coordination of local responses with those of provincial and federal levels
- To provide feedback to agencies and their staff on the results of the exercise

Distribution of the Plan

Final copies of the plan will be available on the Algoma Public Health website www.ahu.on.ca :

Revised:

July 27, 2001

June 25, 2002

Nov 29, 2004

June 15, 2006

August 2006

Appendix

Preparedness Checklist for Algoma Public Health

Activation/Termination of Pandemic Flu Response Plan

- Who has responsibility for activating the Pandemic Flu Response Plan and who is that person's back-up?
- Identify the process within your organization through which the decision will be made to terminate the Pandemic Flu Response Plan?
- How will the end of a pandemic flu episode be communicated to boards of health, local governments, community stakeholders and the public?

Planning Committee

- Who internally and externally needs to be on the planning committee?
- Elected officials?
- Police and other first responders?
- Hospital/LTC/Home Care Sectors?
- ER physicians/Family practitioners/Infectious Disease practitioners/Respirologists?
- Laboratories/Pathologists?
- EMO?
- Communications?
- Mortuary services?
- Legal?
- Community services (water, sewage, utilities etc)?
- Labour Unions or bargaining agents?
- Who is identified as being in charge in the event of a pandemic episode and are the roles of the various stakeholders clearly defined? Who makes what decisions? Who notifies the various stakeholders?
- Is the Pandemic Flu Plan integrated with the community's master emergency preparedness plan(s)
- Who has responsibility for procurement matters, e.g., ordering resources and/or equipment during an emergency episode?
- Who needs to approve the Pandemic Response Plan?

Testing of Plan

- How will you test and/or evaluate your Pandemic Flu Response Plan?
- How will you test your communication systems, e.g., fan-out?

Decision-making and Reporting

- Who will be in charge of health unit/agency services and make decisions (including when to declare a pandemic) concerning services during a pandemic episode?
- What will be the mechanism for regular reporting to boards of health and local councils during a pandemic episode?
- Is there a contact list of all employees (including those recently retired) and does your agency maintain a fan-out list?
- Is there a contact list of all internal and external client and partner agencies and stakeholders?
- Is there a contact list of all senior staff within your agency?

- If public transportation became a problem, can employees arrange alternate forms of transportation to work?
- If necessary, could staff live at the work location or alternative work location for some period of time?
- Have you prepared site-specific notification for office closures and contacts for the public?

Surveillance

- Who in your organization has responsibility for collecting/managing surveillance data? Who is that person's back-up?
- What are the linkages with federal/provincial surveillance?
- The name(s) of the federal/provincial surveillance contacts and contact telephone #s during and after normal business hours
- What are the linkages for local pandemic influenza surveillance, e.g., hospitals, large workplaces, schools, community (sentinel) physicians, labs (PHL/hospital/private) and contact names (during and after normal business hours) and telephone numbers
- Who needs to receive surveillance data locally and how will the information be disseminated in a timely manner? What networks are already in place?

Vaccines and Anti Virals

- Has your agency developed a priority list for vaccinating and making available anti virals to people (and their immediate families) involved with the provision of essential services e.g., health care workers, police, fire department, transportation sector, utilities sectors?
- Are there recent numbers available for these target populations?
- Have special arrangements been made to vaccinate those deemed essential services and their immediate families?
- Who has been designated to order vaccines and anti virals and that person's back-up?
- Location of vaccines and anti virals storage and who has access to vaccines and anti virals?
- What are the security arrangements for the vaccines and anti virals? Who has access to locked space(s) and back-up systems in case of illness?
- What is the mechanism for reordering vaccines and anti virals?
- How will vaccines and anti virals be transported to and stored at vaccination sites?
- Security of vaccines and anti virals during transportation and at vaccination sites?
- What accommodations can be made to enable other health professionals, e.g., pharmacists, private sector workplaces health programs to administer flu vaccines?
- Has your agency developed a list of possible venues for the administration of vaccines? e.g., pharmacies, large work places, malls etc.

Infrastructure

- What is the role of your agency with respect to the availability, provision and security of safe drinking water and food?
- What is the role of your agency with respect to mass feeding programs?
- What role does your agency play with respect to mass housing or housing those with special needs, e.g., the ill, elderly, children etc.?
- What role can your agency take on with respect to home care and child care?
- What accommodations have been made for the dead? Storage? Burial?
- What is the role of your agency with respect to maintaining uninterrupted sanitation services, e.g., sewage system, garbage, landfill etc.?

Logistics

- Who has signing authority for expenditures during a pandemic episode and who is that person's back-up?
- Are there clearly stated policies and procedures that cover signing authority and acquisitions?
- What is the staff capacity of the health unit/agency and are there provisions to bring in additional staff and/or volunteers?
- Surge capacity of hospitals and other health care facilities – is there a role for the health unit/agency?
- Have alternative health care facilities been identified, as well as the level of care they will provide, staffing and supplies needed, disinfection capabilities, storage facilities, etc.?
- Have alternative health care providers been identified to assist with primary care, vaccine delivery, etc? What duties will they have and what additional training will they require? Have insurance coverage and union issues been addressed?
- What is the surge capacity of laboratory services – is there a role for the health unit/agency?
- Has an inventory been prepared for specialized equipment/facilities that may be needed during a pandemic episode?
- Is there a mechanism that will ensure that additional equipment, e.g., pagers, cell phones, refrigerators etc. can be obtained with minimum delay?
- Who has authority for ordering repair/replacement for equipment and that person's back-up?

Materials and Supplies

- Are you currently stocked with all necessary supplies for regular day-to-day function?
- Does your agency have contact lists for all your suppliers and alternate suppliers?
- Does your agency have access to inventory (including serial numbers) of all computer equipment, printers, fax machines, photocopiers in case repairs are needed?
- Does your agency have contact lists for all equipment repair persons?
- Who authorizes repairs and supply/equipment orders? Are there other employees who can take over this responsibility in the event of a pandemic outbreak?

Training/Orientation

- What are the training needs pertaining to pandemic flu and the Pandemic Flu Response plan for internal (HU staff) and external stakeholder staff? What additional training will alternate HCWs require?
- Does the health unit/agency have access to standardized protocols for specimen collection, handling and transport? Guidelines for mildly ill patients to care for themselves? Protocols for reporting of surveillance information?
- Have education materials been pre-prepared? Consent forms?
- What orientation can/should be arranged for local elected officials and others, e.g., school boards, large employers etc. to raise awareness about the health unit/agency role during a pandemic flu episode?
- Have public education efforts been planned?

Delivery of Services

- Have services in your agency been prioritized – across programs and within programs to take into account minor to major lack of availability of staff due to illness?
- Who will make decisions about reducing levels of service and/or terminating services temporarily?

- Is there a pre-approval process in place for purchasing additional supplies? If not, how long does it take for approval to be granted?
- How will reduction/temporary termination of regular services be communicated to local stakeholders and the public?
- Could any of the agency's services be provided from another work location?
- Have sites with vulnerable populations nursing homes, homes for the aged, homes for special care etc. (public and private facilities) been identified and has the inventory of such facilities been shared with appropriate service providers?

Health Care and Health Care Services/Institutions

- What is the role of public health staff/your agency with respect to assisting with service demands in health care facilities? Long-term care facilities? Homes for the aged? Homes for special care?
- Patient transportation?
- Intake/triage?
- Patient care (both pandemic and non-pandemic patients)?
- Food service/sanitation?
- Has your agency developed a list of skills and professional competencies of your staff that are transferable to health care institutions?
- Have relevant staff been made aware of the infection control guidelines, clinical care guidelines and triage guidelines which are available through Health Canada?
- Have support services been planned for health care workers, such as transportation, day-care, meals, psychological support, and grief counseling?
- Has a recovery phase been planned for (ie. depleted supplies, backlogs)?
- Have services been prioritized?

Human Resources

- Has your agency prepared an inventory of skills in the event that people from your agency are required to perform duties/functions in other departments/agencies to maintain essential services?
- Have liability issues been addressed for volunteers and re-assigned staff members?
- Is there a current list of staff complete with telephone number and who is responsible to ensure that it remains current?
- Is there a current list of recently retired staff complete with telephone numbers who may be contacted in the event of extreme staff shortages?
- Do employees have access to a list of all employees and relevant stakeholders?
- Is there a copy of the Health and Safety manual on site in your agency?
- Who will be in charge of communicating to the employees in your agency? Do you have a backup person(s) to take on this responsibility?
- Who will represent your agency on community emergency response team(s) and are there back-ups to those persons?
- Who will be responsible for payment issues related to overtime and/or additional salary issues? Is there backup person(s) to take on this responsibility?
- Do you currently have adequate staffing for regular day-to-day function?
- In the event of a staff shortage, what roles/responsibilities would be taken on by external contract workers and volunteers and what roles/responsibilities would be taken on by co-workers?

- Who has the authority to hire contract/temporary workers and to take on volunteers? Is there a backup person for this job?
- Do you have a buddy system for reporting illness during pandemic?

Records and Record Keeping

- Has your agency developed appropriate records keeping procedures for such items as:
- Vaccines and anti virals ordered and administered?
- Adverse reactions to vaccines and anti virals?
- Complaints and issues raised during a pandemic episode?
- Significant decisions that were made during the pandemic flu episode?
- Regular Reporting to provincial/federal Pandemic Flu Committee as required?

Communication

- In your organization, who has primary responsibility for communicating with the public?
- Who is that person's back-up in the event that this person is sick with the flu?
- Are there people in your organisation who have sole access to incoming information, e.g., communicable disease data, incidence reports, complaints etc., if so, have you arranged for back-ups?
- Does your organisation maintain a central inventory of passwords to office equipment and electronic files and is there a back-up for the person who has responsibility for the inventory?
- If your information technology person is ill, to whom can you turn if you were experiencing computer problems?
- How does your staff communicate with each other during office hours and after office hours? Is there an alternate form of communication they can rely on, e.g., cell phones, pagers etc?
- Who do your employees communicate with externally on a daily or weekly basis? If your employees are sick, is there someone else who could contact these external people?
- Who are your security contacts should there be a problem with physical access to your work location and is there a back-up to your security contacts?
- If mail service is interrupted, are there critical items for which you need to make alternative arrangements for items to be delivered or received?
- Does your organization have occasion to send out time-sensitive letters or documents and is there a back-up system for these?
- How are courier packages generally sent out and received?
- What medium will be used for public service announcements and news releases? Do you have public service announcements prepared in advance for television, radio and print outlets? Have trusted media contacts been identified?
- Who has authority to issue public service announcements/news releases and has that authority been delegated to a back-up? How fast can these announcements be produced and approved?
- Will there be a website/telephone call-in line to update health unit, local employees, and the public with the latest pandemic news?

Post Pandemic

- Prepare for 2nd/3rd Wave of an Outbreak
- What are the immediate lessons learned from the previous wave?
- In the event of reduction and/or termination of services during a pandemic episode, who will decide to reinstate full service?
- Who will have the authority to notify the various employees, clients, and stakeholders regarding the health unit's/agency's return to full service?

- Who will be responsible for evaluating your local response to the pandemic?
- What factors should be examined as part of the evaluation?
- Have psycho-social services been provided for?

Distribution of the Plan

Copies of the plan will be available on the Algoma Public Health website: www.ahu.on.ca

July 27, 2001
June 25, 2002
Nov 29, 2004
June 15, 2006
August 2006