

Leeds, Grenville and Lanark

***Tri-County Pandemic
Influenza Plan***

July 2012



Acknowledgements

The completion of this plan reflects the contribution of the original Tri-County Pandemic Influenza Planning Committee members who participated in the reviewing and revising process.

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http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_docs/phu_impact_07/leeds_grenville_lanark_20070724.pdf

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Introduction and Background

Annual influenza epidemics occur because the influenza virus is able to change enough to cause infections within the general population, despite varying levels of immunity from previous infections. The influenza virus is also capable of major genetic changes known as “antigenic shift”. Influenza pandemic will result when the genetic shift causes the sudden and unpredictable emergence of a new influenza virus to which the population has no immunity.

Influenza pandemic is essentially an outbreak occurring over a large geographical area, often worldwide, affecting an exceptionally high proportion of the population with elevated mortality rates. Three pandemics have occurred in the past 100 years – the Spanish (1918), Asian (1957) and Hong Kong (1968) pandemics. Most notably, the Spanish Flu pandemic of 1918 resulted in approximately 20 million deaths worldwide. Mortality rates were reduced in both the Asian and Hong Kong pandemics in part because of available antibiotics for treating secondary bacterial infections. However, both were still associated with very high rates of morbidity. Experts are certain that another pandemic will occur although the timing and pattern is unpredictable. Therefore, contingency planning is essential for an effective response and mitigation.

The following conditions make influenza pandemic more likely:

- A new influenza virus showing antigenic shift. This is caused by major changes to the hemagglutinin surface protein and sometimes changes to the neuraminidase surface protein.
- A susceptible population.
- Evidence that the virus is transmitted from person to person.
- Evidence of the new virus’ virulence.

At the national level, the Canadian Plan for Pandemic Influenza was prepared in the 1980’s and was most recently updated in 2006. In March 2004, the Ontario Ministry of Health and Long-Term Care (MOHLTC) published the Ontario Health Plan for an Influenza Pandemic (updated August 2008). Pandemic preparedness is a responsibility that is shared between the public health unit and local emergency response agencies. Local Medical Officers of Health have been given the responsibility of ensuring that pandemic plans are developed, tested and reviewed regularly in the interpandemic period.

In May 2001, The Leeds, Grenville and Lanark District Health Unit initiated the coordination of the Tri-County Pandemic Influenza Planning Committee. This committee was assembled to begin local planning activities to prepare for the next influenza pandemic. The individuals chosen for this committee included a variety of stakeholders with expertise and initiative in order to impact on the successes of local planning. It was anticipated that committee members would not only assist with the development of local pandemic plans but would also advocate for pandemic planning within their own institutions and places of employment.

Prior to assembling the committee, an internal Health Unit committee was established to review the current literature on pandemic influenza, outline roles and responsibilities and prepare a draft framework upon which planning activities could build.

Ongoing changes have been made that reflect the new versions of the World Health Organization, Federal and Provincial (Ontario) pandemic influenza plans. Although, in October 2003 the planning committee had given direction to make “the plan” a generic template for all large scale outbreaks, a general plan was not feasible because of the nature of pandemic influenza. The specific time frames and phases are not congruent with other outbreaks.

See Appendix G for the Tri-County Pandemic Planning Committee, Terms of Reference & Membership List.

Common abbreviations used in this document include:

- **ARI** Acute Respiratory Illness
- **CDC** Center for Disease Control
- **CME** Continuing Medical Education
- **EMS** Emergency Medical Services
- **HPPA** Health Protection and Promotion Act
- **ILI** Influenza Like Illness
- **IMS** Incident Management System
- **LTCH** Long-Term Care Home
- **MOHLTC** Ministry of Health and Long-Term Care
- **NPIC** National Pandemic Influenza Committee
- **PHAC** Public Health Agency of Canada
- **PIDAC** Provincial Infectious Diseases Advisory Committee
- **WHO** World Health Organization

Leeds, Grenville and Lanark Counties Community Profile (Geographical/Demographic Description)

**(From Leeds, Grenville & Lanark District Health Profile,
updated September 2008)**

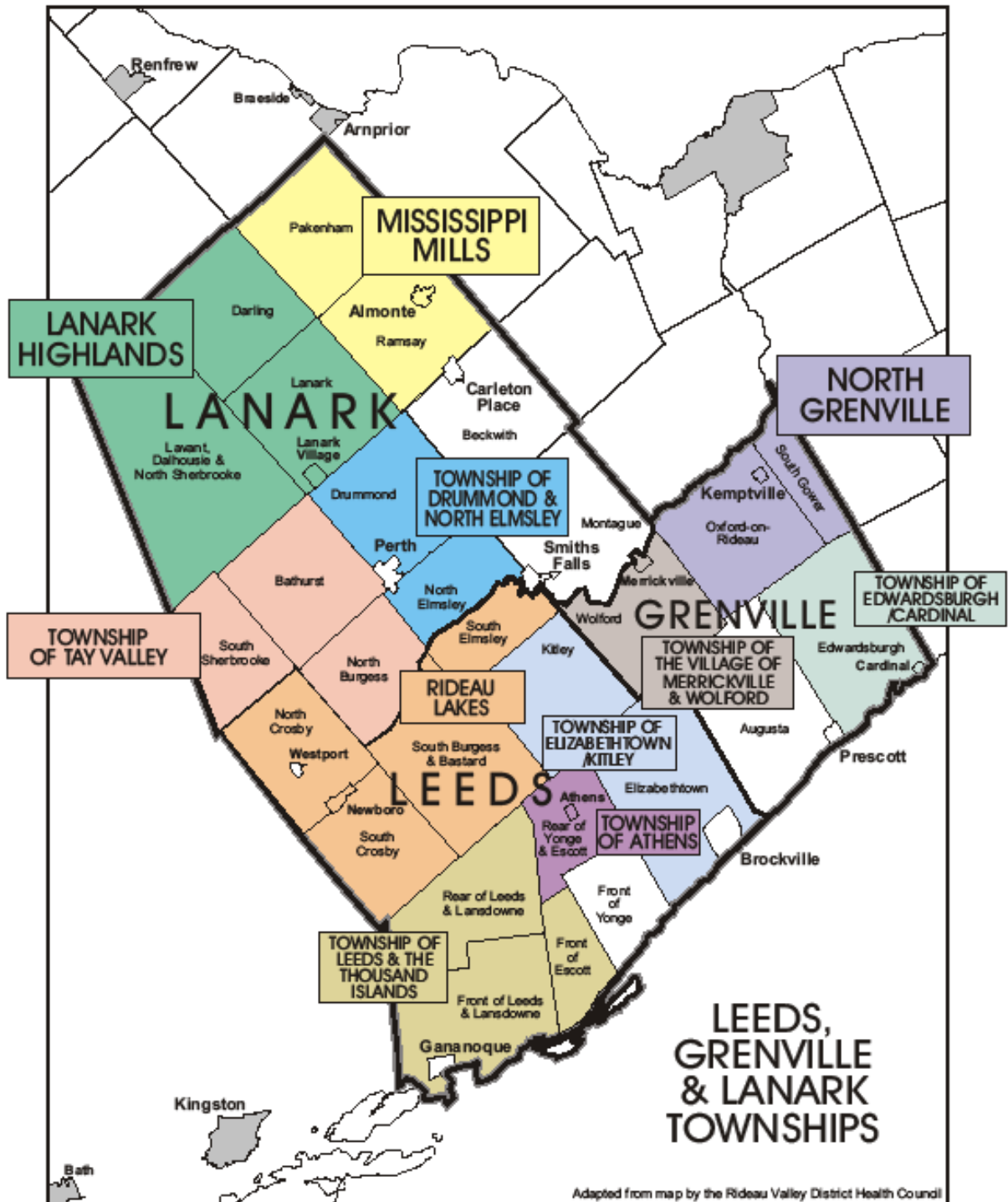
Leeds, Grenville & Lanark District Health Unit (LGLDHU) which serves Leeds, Grenville and Lanark Counties is located in eastern and south-eastern Ontario. The LGLDHU is bordered by The Kingston, Frontenac, Lennox and Addington Health Unit to the west, the Eastern Ontario Health Unit to the east and Ottawa Public Health and the Renfrew County and District Health Unit to the north and north-west. The LGLDHU is bordered by the St. Lawrence River (Thousand Islands Region) and northern New York State to the south.

The LGLDHU consists of a combination of 22 villages, towns, cities and townships. The main built-up areas (population \geq 4000 persons in 2001) consists of Brockville, Gananoque and Prescott along the St. Lawrence River in the United Counties of Leeds and Grenville, Smiths Falls and Perth in southern Lanark County and Carleton Place and Mississippi Mills in eastern and north-eastern Lanark County.

The LGLDHU encompasses a geographic area of 6330 square kilometres with a population density of 25.7 persons per square kilometre. This compares with a density of 12.6 persons per square kilometre for the province overall and 4,000 per square kilometre for the Greater Toronto Area.

The majority of the population of Leeds, Grenville & Lanark counties live in a rural environment (58%) compared with 16% for Ontario overall. The dichotomy between urban and rural lifestyles and the large geographic area that encompasses the LGLDHU creates unique needs for the population of Leeds, Grenville & Lanark Counties and challenges for the logistics and service provision of the LGLDHU.

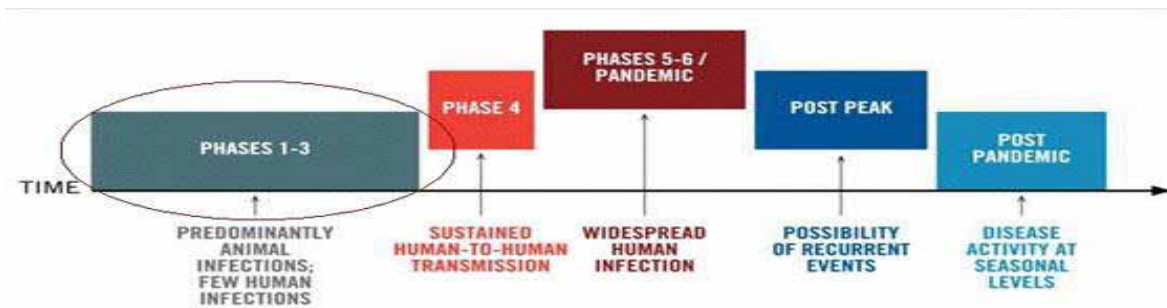
The main health unit offices are located in Brockville with satellite offices located in Gananoque, Kemptville, and Smiths Falls. The population for the geographical catchment of the LGLDHU according to the 2006 Census of Canada was 162,990 people (99,205 Leeds and Grenville, 63,785 Lanark).



Plan Overview

This plan provides guidelines for the management of influenza pandemic in Leeds, Grenville and Lanark. It is intended to complement both the existing Health Unit Emergency Response Plan (Revised 2011) and Health Unit Pandemic Plan as well as the existing Municipal Emergency Response Plans. It is recognized that this plan will require updating on a regular basis as new information becomes available and because of changes in the development of medications and in demographics. The World Health Organization, in 2009, updated the Pandemic Responses in response to the H1N1 Pandemic. **See Appendix A for a list of Resources – contact numbers and websites.**

A summary of WHO Phases are as follows:



- Phase 1:** No animal influenza virus circulating among animals have been reported to cause infection to new humans.
- Phase 2:** An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific pandemic alert.
- Phase 3:** An animal or human – animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human to human transmission sufficient to sustain community level outbreaks.
- Phase 4:** Human to human transmission of an animal or human – animal influenza reassortant virus able to sustain community – level outbreaks has been verified.
- Phase 5:** The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
- Phase 6:** In addition to criteria set out in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in a different WHO region.
- Post Peak Period:** Levels of Pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
- Post Pandemic Period:** Levels of influenza have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

Canadian Activity Levels

The WHO phase number reflects the international risk or activity level with respect to the new influenza virus subtype, but it may not reflect virus activity in Canada especially during the pandemic alert period. To help guide pandemic planning and response in Canada, the Public Health Agency of Canada has developed a numbering system to reflect pandemic influenza activity in Canada:

- 0 – No activity observed in Canada
- 1 – Single case(s) observed in Canada, (low activity and low risk)
- 2 – Localized or widespread activity observed in Canada, (higher activity and risk)

The Canadian activity level number will be used with the WHO phase number to confirm the level of pandemic activity in Canada.

For example: WHO Phase 6 plus Canadian Activity 1 (6.1) means there is a single human case(s) with the pandemic virus detected in Canada. No cluster(s) identified in Canada.

Tri-County Pandemic Plan Organization

The Leeds, Grenville & Lanark Pandemic Influenza Plan is organized into sections, which resemble the WHO phases and the Canadian activity level.

Sections:

- WHO Phases 1 – 3
- WHO Phase 4
- WHO Phases 5 – 6
 - WHO Phase 6.0 Pandemic Period: Pandemic Influenza Virus Detected outside of Canada
 - WHO Phase 6.1 & 6.2 Pandemic Period: Pandemic Influenza Virus Detected within Canada
- Post Peak Period
- Post-Pandemic Period

Within each of the periods/phases, six tasks are addressed:

- *Surveillance* – Detecting and Monitoring the Spread of Influenza
- *Communications*—Dissemination of timely and accurate information
- *Vaccine Management*—Facilitation of immunization programs
- *Antiviral Management*—Managing supply, distribution and education of antiviral therapy
- *Infection Prevention and Control & Public Health Measures* – Managing the Spread of Pandemic Influenza
- *Health Services Emergency Planning and Response*—Ensuring community preparedness and coordinated response

Key strategies are outlined within each of the aforementioned phases as action items for the following agencies:

- Leeds, Grenville and Lanark District Health Unit
- Health Services (Hospitals, Primary Care Providers, Community Health Centres, Community Care Access Centres and Pharmacists)
- Emergency Response Agencies (Police, Fire and Ambulance)
- Other Agencies (Municipal Control Groups, Social Services, Schools, Daycares, Businesses)

The Tri-County Pandemic Influenza Plan is organized sequentially requiring strategies to be implemented starting with those outlined in Phases 1-3. It has been assumed that an influenza pandemic will originate overseas since new strains of viruses historically emerge in Asia. However, if the new virus originates in North America, the strategies outlined in the earlier phases of the plan will still need to be implemented but will require a more rapid response.

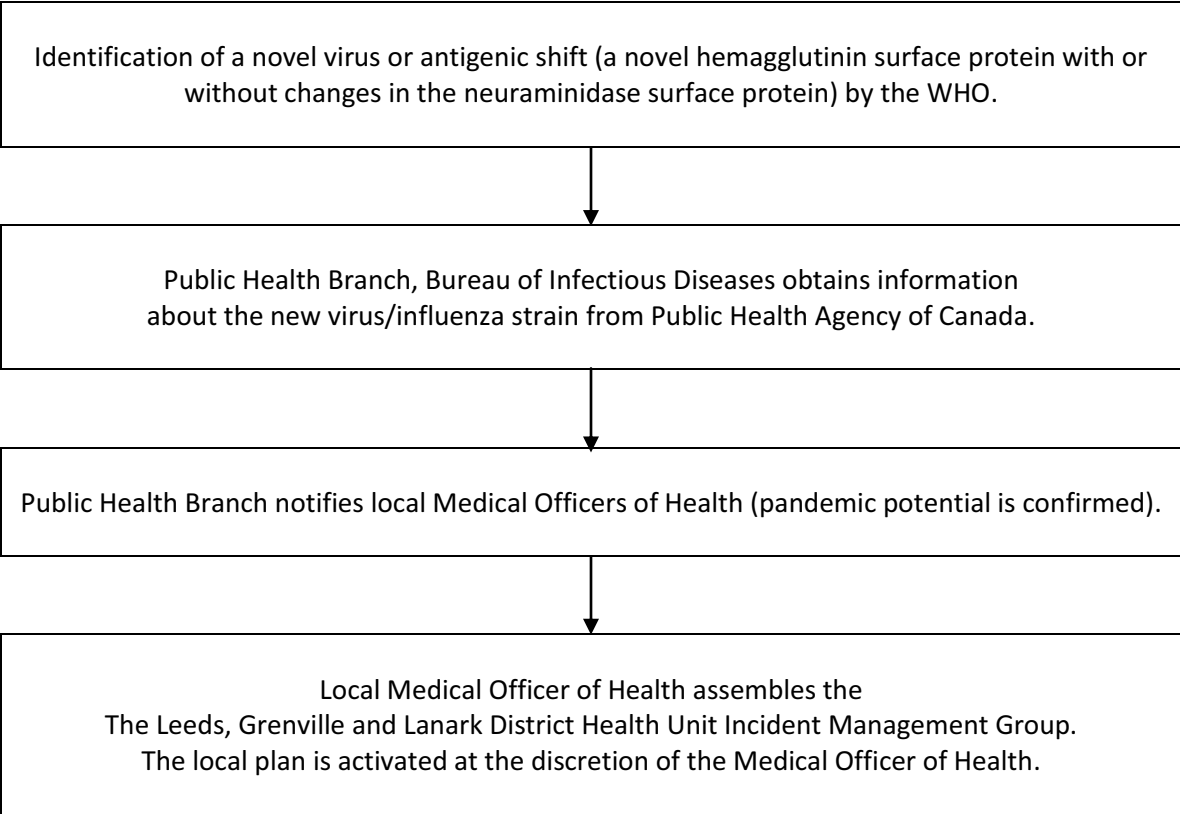
See Appendix B for the projected pandemic statistics for Leeds, Grenville and Lanark Counties.

Pandemic Influenza Planning Goals

The goals of the Tri-County Pandemic Plan are as follows:

- To minimize morbidity and mortality from a pandemic and,
- To minimize societal disruptions and ensure essential services are maintained.

Pandemic Influenza Activation Plan for Leeds, Grenville and Lanark



Once pandemic influenza is imminent, it is expected that the Medical Officer of Health (MOH) will activate the Leeds, Grenville & Lanark District Health Unit’s Pandemic Influenza Response Plan and the Leeds, Grenville & Lanark District Health Unit Emergency Response Plan (Revised 2011). As well, it is expected that all health care facilities and municipal control groups will activate their own internal emergency response plan with direction from the MOH.

When the situation is declared an emergency, the responsibility for coordinating the local response is that of municipal government and public health authorities. The Medical Officer of Health or a designate will act as a liaison between the Health Unit’s Incident Management Group and the local Municipal Control Groups using an Incident Management System (IMS) structure.

See Appendix I for the LGL Health Unit IMS organizational chart.

Incident Management System (IMS)

As outlined in the Ontario Health Plan for an Influenza Pandemic (Chapter #2, pg. 7) the Incident Management System is an international emergency management structure that has been adopted by Emergency Management Ontario (EMO) as the operational framework for emergency management for the Government of Ontario. It provides the basic command structure and functions required to manage an emergency situation effectively.

The IMS has five components: **Command, Operations, Planning, Logistics and Finance, and Administration.** Using an IMS structure in a health emergency enables staff to communicate directly with their peers in other health care settings and jurisdictions.

Relevant Provincial Legislation

The Medical Officer of Health determines the actions that need to be taken to protect the population from a communicable disease as outlined in the Health Protection and Promotion Act (HPPA), revised statutes of Ontario, 1990 Chapter H.7. As of June 4, 2007, a number of amendments to the Health Protection and Promotion Act provide new powers to the Minister and Chief Medical Officer of Health which may be invoked without the declaration of a provincial emergency. These powers are intended to mitigate an incident such as an outbreak of infectious disease from escalating to the level of a provincial emergency.

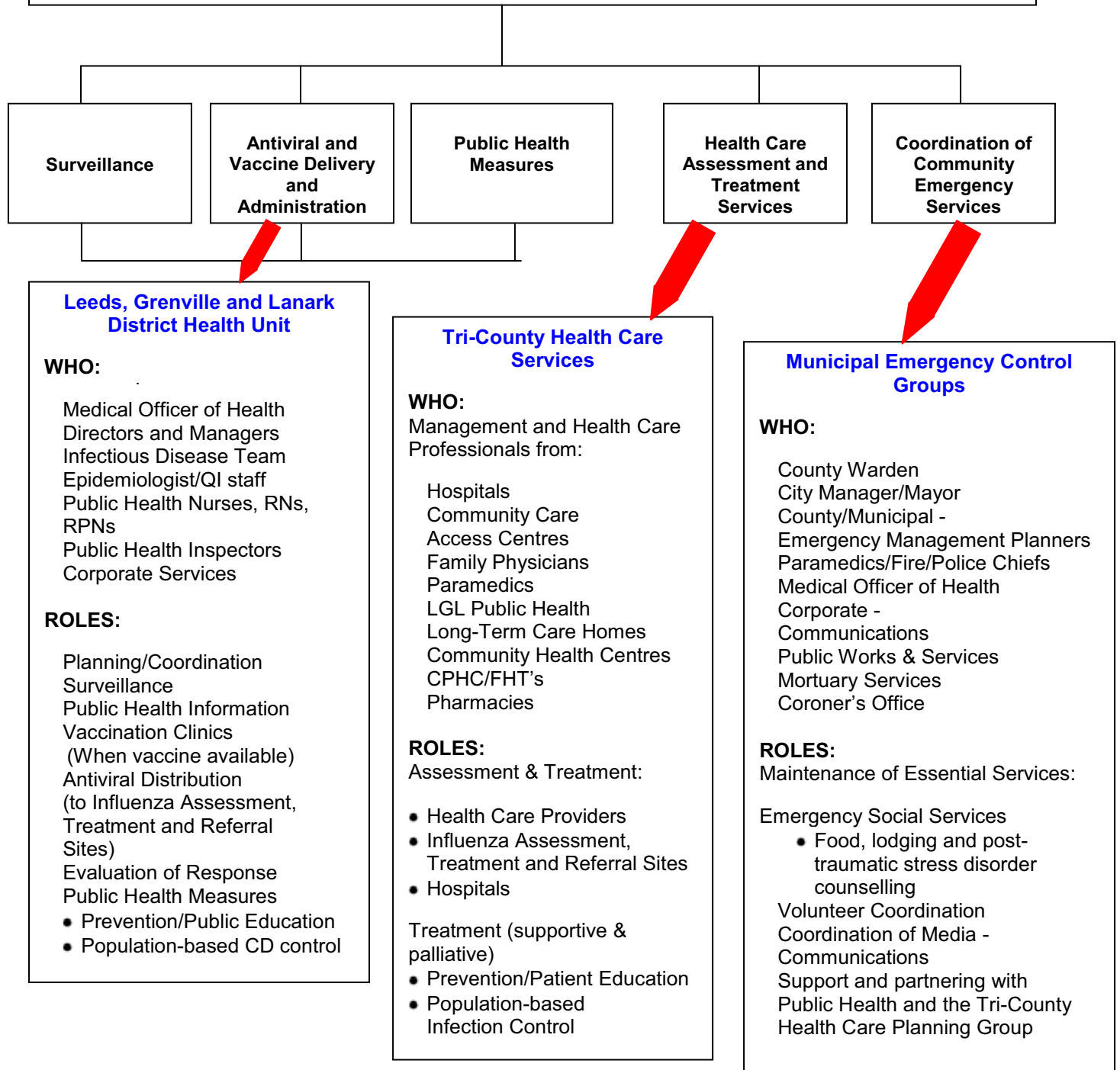
The Medical Officer of Health has the authority to issue an order under Section 22 of the HPPA with respect to a communicable disease if he or she is of the opinion, upon reasonable and probable grounds, that a communicable disease exists or may exist or that there is an immediate risk of an outbreak of a communicable disease in the area served by the Medical Officer of Health.

Health professionals must report all reportable, communicable, and virulent diseases to the Medical Officer of Health as defined in HPPA (1990). Therefore, health professionals must report diagnoses of influenza meeting the case definition outlined under Surveillance, Interpandemic Period.

As emerging respiratory illnesses are identified, the Health Unit will ensure that all health professionals are advised of changing case definitions.

Leeds, Grenville and Lanark Counties Community Response to Influenza Pandemic Major Tasks and Roles

Leeds, Grenville and Lanark Emergency Operations Centre --Communication via teleconference--



1.0 Pandemic Phases 1-3

Phase 1: No animal influenza virus circulating among animals have been reported to cause infection to new humans.

Phase 2: An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific pandemic alert.

Phase 3: An animal or human – animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human to human transmission sufficient to sustain community level outbreaks.

Surveillance

During Phases 1- 3, the aim is to detect novel strains of viruses as soon as possible. Current surveillance systems are in place around the world and provide a comprehensive representation of the viral activity throughout the year. Communication of surveillance information will be one of the most important aspects of the pandemic response.

Definition of Illness and Reporting Requirements

The Federal and Provincial Health Ministries, in cooperation with the WHO will develop case definitions for any new viral illness that has the potential of causing an influenza pandemic.

Hospitals will implement Emergency Room Surveillance for Acute Respiratory Illness (ARI) for those patients who fit the case definitions and have a history of travel to an affected area.

Laboratories report confirmed cases of influenza to local Health Units and to the Ministry of Health and Long Term Care.

The Health Unit reports local outbreaks or clusters of influenza-like-illness (ILI) in long-term care homes (LTCHs), hospitals or other institutions according to the Outbreak Response Protocol to hospitals, LTCHs and other health care facilities in the region on a weekly basis.

Health care providers report cases of illness meeting case definitions to the Medical Officer of Health under the HPPA, Ontario Regulation 559/91.

Using Ontario's Integrated Public Health Information System (iPHIS), all suspect and confirmed cases are reported and tracked in order to identify unique characteristics of new and emerging infectious diseases.

Leeds, Grenville & Lanark District Health Unit reports all clusters or confirmed cases to the Ministry of Health and Long Term Care to identify the weekly level of activity for each Health Unit region in the province.

Local schools provide information on school absenteeism greater than 10% that is related to influenza-like-illness (ILI).

A reportable influenza case is defined by the presence of all of the following:

- Fever $\geq 38^{\circ}\text{C}$
- Acute onset of cough or sore throat, and
- Malaise, myalgia and/or fatigue: with either
 - a) Laboratory confirmation by detection or isolation of influenza virus in nasopharyngeal secretions; or
 - b) Demonstration of a four-fold or greater increase in hemagglutination antibody titres to influenza between acute and convalescent sera.

Testing

Nasopharyngeal secretions obtained by swab or aspirate are the samples preferred for the detection of influenza and other respiratory viruses.

Other laboratory testing may include specimens for culture and sensitivity and radiological changes may be required to meet the case definition.

Sentinel Physicians

Sentinel physicians are recruited by the College of Family Physicians of Canada (CFPC) by census divisions throughout the country. The goal is to have one sentinel physician per population of 250,000. Sentinel physicians collect nasopharyngeal specimens from symptomatic patients on designated days of the week and submit the specimens for testing and sub-typing. There are five sentinel physicians for Leeds, Grenville and Lanark.

Investigation of Outbreaks

A potential outbreak is suspected in LTCHs or hospitals if one of the following is present:

- a) One laboratory confirmed case of influenza (the rationale is that sporadic cases of laboratory confirmed influenza in LTCHs often indicate the beginning of an outbreak).
OR
- b) Two cases of acute respiratory illness occurring within 48 hours on a single unit.
OR
- c) More than one unit having a case of acute respiratory illness within 48 hours.
OR
- d) At least two cases of atypical pneumonia.

A potential outbreak is a trigger for the facility to conduct enhanced surveillance, notify the Health Unit, enhance infection prevention and control measures, obtain laboratory specimens from individuals with respiratory symptoms and isolate those who are ill. Outbreaks are managed in accordance with the Leeds, Grenville and Lanark District Health Unit's Outbreak Response Protocol (Revised 2008).

Any further progression of the 'potential outbreak' is considered an outbreak. A preliminary report should be completed as soon as the outbreak is confirmed.

Global Influenza Surveillance

During Phases 1-3, the Health Unit receives communiqués from the MOHLTC, which provide information about global influenza and novel virus activity. FluWatch surveillance (Public Health Agency of Canada) and Ontario Influenza Bulletins are examined weekly.

Local Media Surveillance

Health Unit staff monitor local media and news services for information related to pandemic influenza activity and forward the information to the Director of Community Health Protection.

STRATEGIES FOR SURVEILLANCE

The surveillance activities outlined above will remain in place and be intensified in the following ways as the situation moves through the identified WHO phases:

- Review surveillance plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Educate the medical community about the importance of influenza and novel virus surveillance. Encourage primary care providers to look for unusual clinical presentations and order viral testing when healthy individuals are presenting with unusually severe acute respiratory illness.
Person(s) Responsible: Medical Officer of Health or designate.
- Identify sources of expanded laboratory resources in the event of a pandemic.
Person(s) Responsible: MOHLTC.
- The Health Unit will disseminate the ARI screening tool to acute care facilities (emergency rooms).
Person(s) Responsible: Medical Officer of Health or designate.
- Acute care hospitals will complete the ARI screening tool and report to the Health Unit.
Person(s) Responsible: Acute care facilities.

Communications

Advance Preparations

Dissemination of timely and accurate information will be one of the most important facets of the pandemic response. A multi-component communications plan is essential to ensure that all groups including health care providers, community officials, the media and the general public obtain the information they require. A broad-based communication system will need to be established in Phases 1-3 taking into account that different target audiences will need different types of information and different levels of detail.

See Appendix C for communication strategies and schematic overview.

STRATEGIES FOR COMMUNICATION

- Review communication plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Designate an official spokesperson for influenza pandemic for the Leeds, Grenville and Lanark District.
Person(s) Responsible: Medical Officer of Health.
- Disseminate the Tri-County Pandemic Influenza Plan to all stakeholders.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Direct mailing, email, and website.
- Educate health care providers on pandemics and expected clinical disease, surveillance, vaccination recommendations, reporting adverse vaccine events and the use of antiviral agents.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Nexus (health professionals' newsletter), website, Continuing Medical Education (CME) sessions, direct mailing of resources and guidelines as they become available, presentations.
- Educate local pharmacists on pandemics, expected clinical disease, vaccine recommendations and plans for antiviral use.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Direct mailing and website.
- Maintain contact list including rapid fax distribution system (all LTCHs (including nursing homes, homes for the aged), home care agencies, hospitals, EMS, fire and police).
Person(s) Responsible: Medical Officer of Health or designate.
- Respond to misinformation identified through local media monitoring.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Media campaign, posters and website.
- Enhance public education on benefits of immunization.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Media campaign, posters and website.
- Enhance public education on personal hygiene and infection prevention and control.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Media campaign, posters and website, presentations.
- Develop reporting tools and processes.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Use or develop tools and processes to align with the Ontario plan.
- Primary care providers and emergency departments will report unusual ARI to Health Unit.
Person(s) Responsible: Primary care providers and emergency room providers.

Vaccine Management

In order to reduce the morbidity and mortality associated with influenza pandemic, immunization programs are focused on the following groups during Phases 1-3.

- Individuals at high-risk for complications.
- Individuals capable of transmitting viruses to individuals at high-risk for complications.
- Individuals who provide essential community services.

Individuals who wish to protect themselves from novel viruses are encouraged to receive the influenza vaccine even if they are not in one of the previously listed groups. Since it is likely that vaccination will act as the main control strategy during the next influenza pandemic, the following actions will be taken during Phases 1-3.

STRATEGIES FOR VACCINE MANAGEMENT

- Review vaccine management plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Develop plan for the distribution and administration of vaccine during a pandemic.
Person(s) Responsible: Medical Officer of Health or designate.
- Increase the utilization of the influenza vaccine during Phases 1-3 within the community. Encourage health care workers and emergency service workers to receive annual influenza vaccine.
Person(s) Responsible: Public health nurses, physicians and registered nurses.
- Ensure high-risk patients (as defined by the National Advisory Committee on Immunization) receive the pneumococcal vaccine.
Person(s) Responsible: Primary care providers and physicians working in nursing homes, LTCHs and hospitals.

Antiviral Management

Indications and Limitations

A National policy released in 2008 states that the widespread prophylactic use of antiviral medication during a pandemic is not recommended for a number of reasons: possible side effects, emergence of resistance, compliance, effectiveness and limited supply. Antiviral medication could be used however in the phases just prior to phase 6 (pandemic period) and for residents in a closed high risk facility during the pandemic period.

Ontario has yet to comment on these recommendations and/or to provide a provincial policy on the use of antiviral medication.

Despite the limitations however, it is expected that antivirals will play a significant role in the prevention and treatment of pandemic influenza, especially during the time when sufficient vaccine supplies are not available. Ideally they should be provided to a patient within 12 to 24 hours of developing symptoms, and definitely before 48 hours in order to be effective.

STRATEGIES FOR ANTIVIRAL MANAGEMENT

- Review antiviral management plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Develop distribution system with direction from the Ministry Emergency Operations Centre. The MEOC is responsible for coordinating the distribution to hospitals, LTCHs and other facilities.
Person(s) Responsible: Medical Officer of Health or designate.
- Hospital and administration must identify agency designate to order antiviral medication.
Person(s) Responsible: All health care providers and facilities.
- Information with instructions on the use of antiviral medications and possible side effects will be distributed to health care providers and pharmacists once available from the MOHLTC.
Person(s) Responsible: Medical Officer of Health or designate.

Infection Prevention and Control & Public Health Measures

Infection prevention and control includes practices and precautions used to prevent disease transmission and includes the knowledge and skills required to choose and maintain appropriate precautions.

Infection prevention and control practices are intended to protect patients, health care providers and the public from exposure to infectious diseases. In health care settings where care is provided for people with infectious diseases, there is no such thing as “total protection” or “zero risk” for patients, visitors or health care workers, but there are steps that agencies, practices and service providers can take to significantly reduce the risk.

The goals of infection prevention and control practices are to:

- Ensure a consistent, high standard of infection prevention and control in all settings in the Tri-County area where care is delivered.
- Ensure health care settings are implementing evidence-based infection prevention and control practices.
- Ensure that there are appropriate procedures in place to respond to an ILI outbreak.
- Encourage health care settings and providers to continually work to reduce the risk to health care workers and patients, including appropriate immunizations.

Public health measures are non-medical interventions used during a pandemic to reduce the spread of disease that include but are not limited to:

- Providing public education
- Issuing travel restrictions and screening travellers
- Conducting case and contact management
- Social distancing measures, such as restricting public gatherings and closing schools

STRATEGIES FOR INFECTION PREVENTION AND CONTROL & PUBLIC HEALTH MEASURES

- Review infection prevention and control plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Agencies, practices and service providers in the community should use Provincial Infectious Diseases Advisory Committee's (PIDAC) documents including *Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection in all Health Care Settings*, when an individual presents with a respiratory infection as the basis for establishing infection prevention and control standards.¹²
Person(s) Responsible: All health care providers.
- Agencies, practices and providers should ensure that all infection prevention and control processes and procedures implemented to prevent the spread of ARI comply with existing occupational health and safety legislation. These are set out in the Occupational Health and Safety Act and guidelines.
Person(s) Responsible: All health care providers.
- Agencies, practices and service providers should ensure that the protective equipment required to care for people with respiratory illness is available when needed. Staff need to be educated about using and accessing equipment.
Person(s) Responsible: All health care providers.
- Provide infection prevention and control in-service to staff.
Person(s) Responsible: All health care agencies, practices and facilities.
- Maintain educational material on influenza and personal protective practices.
Person(s) Responsible: Medical Officer of Health or designate.

Health Services Emergency Planning and Response

A pandemic differs from other emergencies in the following ways:

- Pandemics are widespread with many geographic areas affected simultaneously.
- The scale of the disruption will be greater than a natural disaster and the impact is expected to be prolonged.
- There will be no capacity for federal assistance on such a wide scale.
- Health care workers and emergency service providers will be just as likely to be infected as the community at large.

¹ Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection in all Health Care Settings; May, 2010.

² Provincial Infectious Diseases Advisory Committee, Best Practices for Infection Prevention and Control Programs in Ontario in all Health Care Settings, January, 2011.

- It is expected that all localities will be affected within 1-3 months of the introduction of the influenza pandemic strain to Canada.
- As well, the emergency response will need to be sustained for a prolonged period, likely 2-3 months.
- Attack rates may be as high as 50%, with 1-2% mortality.

See Appendix D for Pandemic Influenza Assessment Treatment and Referral Services OVERVIEW for Leeds, Grenville and Lanark Counties.

STRATEGIES FOR HEALTH SERVICES EMERGENCY PLANNING AND RESPONSE

- Review emergency measures plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Hospitals and other health care agencies should develop internal plans for pandemic influenza which anticipate an increase in demand for health care services compounded by staff shortages. Strategies for increasing bed capacity, managing shortages of supplies and resources and implementation of infection prevention and control measures will also be crucial.
Person(s) Responsible: Healthcare agencies.
- Develop and conduct training exercises (table top) to test Tri-County Pandemic Influenza Plan.
Person(s) Responsible: Tri-County Pandemic Planning Committee.
- Develop and conduct training exercises (table top) to test internal pandemic influenza plans.
Person(s) Responsible: All health care agencies, municipalities and emergency responders and other agencies.
- Develop a listing of essential community services and corresponding personnel whose absence would pose a serious threat to public safety or would interfere with the ongoing response to the influenza pandemic. Plans for emergency back-up of such services and/or provision of replacement personnel should be completed.
Person(s) Responsible: Emergency Response Agencies (police, fire and paramedics).
- Review linkages with other community services and municipal emergency response networks. Plan for establishing emergency services to families in quarantine: child care/health care/food and shelter. Establish mutual agreements or contracts when needed or identified.
Person(s) Responsible: Social Services, Children’s Aid Societies, Community Care Access Centres, Community Awareness Emergency Response, all local agencies in each region.
- Identify sites for influenza assessment, treatment and referral services and establish community support for providing service at these sites.
Person(s) Responsible: Community Health Centres, Family Health Teams, hospitals, municipalities and other local agencies around the site.

- Establish linkages and supports between identified Influenza Assessment, Treatment and Referral Sites and health care providers in that region.
Person(s) Responsible: Medical Officer of Health or designate, health care providers.
- Ensure accurate “inventory” of essential staff for all facilities.
Person(s) Responsible: Individual agencies/institutions.
- Develop a plan to manage mass fatalities locally.
Persons Responsible: Medical Officer of Health and Municipal Control Groups.

2.0 Pandemic Phases 4

WHO: Phase 4: Human to human transmission of an animal or human – animal influenza reassortant virus able to sustain community – level outbreaks has been verified.

Each institution will activate their local pandemic preparedness plan as per emergency measures.

Surveillance

The Laboratory Centre for Disease Control (LCDC) and the Public Health Branch will obtain information about any new viral strain that shows antigenic shift, including its ability to cause human disease, and about the responses of the countries involved. When a novel virus has been identified outside of North America, Phases 1- 3 surveillance strategies will remain in place (refer to 1. Surveillance) and be intensified in the following ways.

STRATEGIES FOR SURVEILLANCE

- Monitor influenza activity and share information with local health care providers.
Person(s) Responsible: Medical Officer of Health or designate.
- Clarify case definition.
Person(s) Responsible: Medical Officer of Health or designate.
- Monitor all surveillance activities.
Person(s) Responsible: Medical Officer of Health or designate.
- Ensure all partners have the appropriate data collecting tools with direction and/or tools provided by the Ministry of Health and Long Term Care (MOHLTC).
Person(s) Responsible: Medical Officer of Health or designate.
- Bulletins from MOHLTC, national surveillance from Public Health Agency of Canada, information from Centre for Disease Control, and WHO regarding the epidemiology and clinical findings of the new virus will be monitored on a daily basis.
Person(s) Responsible: Medical Officer of Health and or designate.
- All acute and non-acute facilities and all community care providers will assess all patients/residents/clients for symptoms of ARI and report cases with a travel history to a country with a health alert, as well as reporting clusters of ARI to the local Health Unit.
Person(s) Responsible: All health care providers.
- LTCHs, retirement homes and hospitals will closely monitor all individuals with respiratory tract infections and carry out specimen collections on persons meeting the case definition (outlined in 1. Definition of Illness and Reporting Requirements).
Person(s) Responsible: Health care agencies and institutions.

- Physicians and nurse practitioners will obtain laboratory specimens from all persons traveling from geographic areas in which the novel strain has been isolated and who are presenting with clinically compatible signs and symptoms.
Person(s) Responsible: Family physicians, nurse practitioners, emergency department physicians and walk-in clinic physicians.
- Physicians and nurse practitioners will obtain laboratory specimens from family members and close contacts of those persons traveling from geographic areas in which the novel strain has been isolated and who are presenting with clinically compatible signs and symptoms.
Person(s) Responsible: Family physicians, nurse practitioners, emergency department physicians.
- Individual schools will provide information to Health Unit on student absenteeism greater than 10%, particularly students absent with respiratory illness.
Person(s) Responsible: School Principals.
- All agencies will report staff absenteeism greater than 10% to Health Unit.
Person(s) Responsible: All agencies.

Communications

STRATEGIES FOR COMMUNICATION

- Review internal communication plan.
Person(s) Responsible: All agencies.
- Coordinate communication with partners.
Person(s) Responsible: Medical Officer of Health or designate.
- Collect and disseminate information, to all stakeholders, about the novel virus activity including severity, epidemiological and laboratory findings, and about disease control efforts.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Teleconferences, fax, email, website, press releases and Health Unit Health Action line (1-800-660-5853).
- Communicate the importance of having back-up child care arrangements in the event that schools and daycares are closed. The importance of essential service providers continuing to report to work should be stressed. This is an internal planning issue for healthcare agencies.
Person(s) Responsible: CEO or CAO of all agencies.
Communication Channel: Press releases, website and Health Action Line.
- Update public resources as new information emerges.
Person(s) Responsible: Medical Officer of Health or designate.

Vaccine Management

While the goal of the Emergency Mass Vaccination/Prophylaxis Plan is to protect Ontarians, it will take 3 to 5 months to develop a vaccine and initially it will only be available in limited amounts. Priority groups will have to be identified to guarantee that the health of the province is protected and critical infrastructure maintained while ensuring efficient use of existing supplies.

Responsibility for making recommendations regarding priority groups in Ontario lies with the Public Health Division, supported by the Provincial Infectious Disease Advisory Committee (PIDAC).

In the event of a pandemic, the Pandemic Influenza Committee will make recommendations on priority groups for immunization based on the epidemiology of the pandemic strain. Ontario's goal is to obtain enough vaccine for the entire population, but during the early stages of a pandemic, vaccine will be in short supply. In this situation, the province will follow the national recommendations for priority groups for influenza immunization, adapting them as required to meet provincial needs.

STRATEGIES FOR VACCINE MANAGEMENT

Note: There is a possibility that there will be no vaccine available for the duration of the first wave of the influenza pandemic.

- Review major elements of the vaccine management plan.
Person(s) Responsible: Medical Officer of Health or designate.
- Continue the use of annual influenza vaccination campaign for staff and patient/clients.
Person(s) Responsible: All health care providers.
- Communicate regularly with MOHLTC regarding availability of vaccine.
Person(s) Responsible: Medical Officer of Health or designate.
- Continue to encourage pneumococcal vaccine for high-risk clients and maintain lists of high-risk patients and their pneumococcal status.
Person(s) Responsible: Primary care practitioners
- Maintain up-to-date priority list for immunization within the agency.
Person(s) Responsible: Infection prevention and control personnel or occupational health providers of each agency.

Antiviral Management

STRATEGIES FOR ANTIVIRAL MANAGEMENT

- Review major elements of provincial antiviral plan.
Person(s) Responsible: Medical office of health or designate.
- Communicate to physicians, pharmacists, health care providers, partner agencies and the general public the antiviral management plan with direction from the MOHLTC. During this phase quick and effective treatment and prophylaxis may mitigate the spread of the virus.
Person(s) Responsible: Medical Officer of Health or designate.

- Monitor adverse effects from the use of antivirals and report to Health Canada through MedEffects.
Person(s) Responsible: Physicians, pharmacists and consumers
- Communicate regularly with MOHLTC regarding availability of antivirals.
Person(s) Responsible: Medical Officer of Health or designate.

Infection Prevention and Control & Public Health Measures

STRATEGIES FOR INFECTION PREVENTION AND CONTROL & PUBLIC HEALTH MEASURES

- Maintain communication with MOHLTC with regards to infection prevention and control practices/directives and communicate to all agencies.
Person(s) Responsible: Medical Officer of Health or designate.
- Ensure that respiratory precautions, social distancing and signage are in place in all health care settings
Person(s) Responsible: All health care providers and agencies.
- Prepare/revise and distribute educational materials for partners and general public in regards to infection prevention and control measures in homes, schools and places of work.
Person(s) Responsible: Medical Officer of Health or designate.
- Stress the importance of hand hygiene, surgical masks or N95 masks, gloves and eye protection etc. (routine practices, droplet and contact, airborne precautions) to ensure an appropriate barrier³ and ensure access to necessary personal protective equipment (PPE).
Person(s) Responsible: All health care providers and health care agencies.
- All health care providers prepare to increase levels of infection prevention and control according to MOHLTC directives.
Person(s) Responsible: All health care providers.

Health Services Emergency Planning and Response

STRATEGIES FOR HEALTH SERVICES EMERGENCY PLANNING AND RESPONSE

- Alert municipalities, health care providers and other partners of substantial pandemic risk.
Person(s) Responsible: Medical Officer of Health or designate.
- Ensure infection prevention and control practices are in place and revise as necessary.
Person(s) Responsible: Health care providers and agencies.

³ Ontario Health Plan for an Influenza Pandemic, Chapter 7, August 2008

- Prepare for increased demand on the health care system. Ensure that human resource plans are in place.
Person(s) Responsible: Health Unit, hospitals and other health care providers.
- Prepare for Influenza, Treatment and Referral Services sites to become operational for those clients without a Health Care Provider.
Person(s) Responsible: Community Health Centres, Family Health Teams and supporting community agencies.
- Prepare to implement public health measures including isolation and quarantine. Prepare to enforce public health measures.
Person(s) Responsible: Medical Officer of Health or designate. Police (enforcement of public health protocols).
- Review and implement mechanisms for coordination of patient transport and tracking/bed management.
Person(s) Responsible: Health care agencies / MOHLTC.

3.0 Pandemic Phase 5 & 6 (Pandemic Influenza Virus Detected Outside Canada)

WHO: **Phase 5:** Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

WHO: **Phase 6:** In addition to criteria set out in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in a different WHO region.

WHO/CANADA Phase 6.0: Outside Canada increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.

Surveillance

Once the pandemic strain of the novel virus is increased in the general population outside Canada, it will be essential to track the spread of the disease. The surveillance tasks outlined in previous periods will continue and be intensified in the following ways:

STRATEGIES FOR SURVEILLANCE

- The Incident Management Group will meet as directed by the Medical Officer of Health to review the viral activity in Leeds, Grenville and Lanark. Activity will be classified as one of the following categories 0 through 3.
 0. No activity.
 1. Sporadic activity: Sporadically occurring viral-like illness or laboratory confirmed cases with no outbreaks detected.
 2. Localized outbreaks: Outbreaks affecting a single geographical area within the Health Unit jurisdiction (for example: an outbreak in a single nursing home).
 3. Widespread outbreaks: Outbreaks affecting multiple and non-adjacent areas within the Health Unit jurisdiction.

Person(s) Responsible: Medical Officer of Health or designate.

- Surveillance for viral-like illness enhanced by family physicians, nurse practitioners and emergency departments. Local physicians and nurse practitioners will order viral specimens on patients presenting with viral-like illness. This includes those who have traveled to endemic countries and/or those with a positive ARI screen in emergency departments. The Medical Officer of Health will designate local sentinel physicians.

Person(s) Responsible: Local physicians, nurse practitioners and emergency department physicians. Medical Officer of Health for designating sentinel physicians.

- All specimens from patients presenting with viral-like illness will be processed as a priority.

Person(s) Responsible: Public Health Laboratory.

- Surveillance for outbreaks in institutions will be enhanced. All LTCHs, retirement homes and hospitals will be advised to obtain appropriate specimens for viral culture and report any cases of ILI or ARI to the Medical Officer of Health immediately.
Person(s) Responsible: Physician, Infection prevention and control Practitioners or designate within institutions.
- Collect/compile/report local surveillance activities and distribute as needed. Review reports and epidemiologic information on pandemic. Investigate suspicious cases and ensure case definition is up-to-date. Ensure that all emergency rooms have surveillance tools.
Person(s) Responsible: Medical Officer of Health or designate and epidemiologist.
- Determine if testing will continue once pandemic strain has been identified in the community.
Person(s) Responsible: Medical Officer of Health or designate in consultation with the Public Health Laboratory (PHL) and MOHLTC.
- Notices will be sent to all schools, daycares and large businesses encouraging reports of absenteeism rates greater than 10% in students and staff to the Medical Officer of Health.
Person(s) Responsible: Medical Officer of Health or designate.
- Schools, daycares and large businesses will report greater than 10% absenteeism.
Person(s) Responsible: Schools, daycares, large businesses.
- Monitor antiviral uptake to evaluate and if necessary reallocate supplies and modify guidelines for their use and monitor adverse events.
Person(s) Responsible: Medical Officer of Health or designate, pharmacists, assessment, treatment and referral sites and health care providers.
- Use web-based surveillance system for the province to collect data on ILI activity (when developed)
Person(s) Responsible: All health care providers

Communications

STRATEGIES FOR COMMUNICATION

- Teleconferences with the MOHLTC and other Health Units.
Person(s) Responsible: Medical Officer of Health or designate.
- Notify EMS, emergency departments, hospitals and other health care facilities to activate their internal pandemic/emergency response plans.
Person(s) Responsible: Medical Officer of Health or designate.
Communication Channel: Group fax, email, teleconferences as required.
- Teleconference with hospitals, EMS, CCAC, LTCHs and municipalities etc. at the call of the Medical Officer of Health. The frequency of this communication will be determined by events.
Person(s) Responsible: Medical Officer of Health or designate.

- A separate (unpublished) phone line will be dedicated to physicians, nurse practitioners, pharmacists and partner agencies.
Person(s) Responsible: Medical Officer of Health or designate.
- The Health Unit's Health Action Line may become a dedicated information line for individuals wanting information. Trained staff, from any discipline, will answer the majority of calls. Calls requiring more clinical expertise and case reports will be referred to public health nurses in the Community Health Protection Department.
Person(s) Responsible: Medical Officer of Health or designate.
- A separate 1-800 line, with a recorded message, may be established for the general public and updated daily or as needed. Information will include: availability of vaccine and antiviral medication, arrangement for immunization, rationale for priority groups, disease control efforts and correction of misinformation and rumours.
Person(s) Responsible: Medical Officer of Health or designate.
- Prepare timely press releases including clarification of misinformation in the media.
Person(s) Responsible: Medical Officer of Health or designate.
- Press releases will be provided to local media. Information will include: important contact numbers, web sites, clinic information, how and where to access antiviral medication and recommended public health measures.
Person(s) Responsible: Medical Officer of Health or designate.
- The Health Unit web site will be updated daily to include copies of all fact sheets, important phone numbers, copies of all media releases, immunization clinic schedules and links to other relevant pandemic influenza web sites such as Ministry of Health, Public Health Agency of Canada, WHO and CDC.
Person(s) Responsible: Medical Officer of Health or designate.
- All agencies to ensure staff are familiar with internal communication strategies.
Person(s) Responsible: All health care agencies and other agencies.
- All health care agencies need to ensure clear communication with patients and families regarding infection prevention and control procedures and visiting protocol (as applicable).
Person(s) Responsible: All health care agencies.
- Agencies producing external messaging will ensure information is consistent with Health Unit information.
Person(s) Responsible: All agencies.

Vaccine Management

It is expected that there will be an initial shortage of vaccine. It is also possible that no vaccine will be available for the duration of the first wave of the pandemic.

Note: Detailed plans for mass immunization are outlined in the Leeds, Grenville & Lanark District Health Unit's Mass Immunization Binder.

STRATEGIES FOR VACCINE MANAGEMENT

- Review the mass immunization plan. Ensure that human resources and logistics are in place to begin vaccinating.
Person(s) Responsible: Medical Officer of Health or designate.
- Health care providers will submit vaccine records to Health Unit. Records will be kept on individuals receiving vaccine. Data collected on each person will include: name, gender, date of birth, address, allergies, date issued, amount issued, lot number and expiry date. Person(s) Responsible: Health care providers and Health Unit.
- The Leeds, Grenville and Lanark District Health Unit will be responsible for vaccine storage.
Person(s) Responsible: Medical Officer of Health or designate.

The following scenarios are hypothetical. Priority groups may be established if vaccine supplies are limited but the groups being immunized below may change depending on the epidemiology of the virus.

Severe Vaccine Shortage: Vaccine Administration Strategies

Scenario A:

There is a limited supply of vaccine (severe shortage). The Health Unit is only able to vaccinate selected groups, considered most important for health care and overall infrastructure (priority groups). Perhaps 5-10% of the population would be targeted for vaccination (approximately 8,000 to 16,000 people). In this scenario, the impact of the virus on most of the population would be severe resulting in a major strain on health services. Public fear and protest are likely. Disruption of civil order should also be expected.

Vaccine strategies outlined above will be initiated as well as the following:

- Health care workers will be immunized at work site clinics. Vaccine will be administered by occupational health nurses within the health care setting and public health nurses under the authority of the Medical Officer of Health. Eligibility criteria will be strictly enforced and employment identification will be required.
Person(s) Responsible: Medical Officer of Health or designate.

- Community health care workers and emergency service providers will be vaccinated at designated Health Unit clinics. Public health nurses will administer the vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be enforced and employment identification will be required.

Person(s) Responsible: Medical Officer of Health or designate.

Moderate Vaccine Shortage: Vaccine Administration Strategies

Scenario B:

Although vaccine supply is still limited, there is more vaccine available than in scenario A (moderate shortage). In this scenario, the Health Unit would also attempt to ensure vaccination of groups considered at risk because of medical conditions. Perhaps 25% of the population (approximately 40,000 people) would be targeted for vaccination in this scenario.

This vaccination program would most closely resemble the normal high-risk influenza vaccination campaigns. The general population, including school aged children and working adults would still be affected.

Vaccine strategies outlined above will be initiated as well as the following:

- Employees and residents of LTCHs will be immunized on site. Occupational health nurses within the facility and/or public health nurses will administer vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be maintained.

Person(s) Responsible: Medical Officer of Health or designate.

- Individuals with high-risk medical conditions meeting the eligibility criteria may be immunized by their primary care provider or health unit clinics. Prescriptions will be required for the Health Unit to dispense or administer vaccine to this population.

Person(s) Responsible: Physicians, nurse practitioners, public health nurses.

No Vaccine Shortage: Vaccine Administration Strategies

Scenario C:

There is no shortage of vaccine and the Health Unit is able to provide vaccine to the entire population. Perhaps greater than 90% of the population would be vaccinated (approximately 145,000 plus people).

Vaccine strategies outlined above will be initiated as well as the following:

- Vaccine will be distributed to all hospitals, nursing homes, community health centres and LTCHs. Nursing staff of the listed institutions will be responsible for administering the vaccine to their own staff and patients.

Person(s) Responsible: Medical Officer of Health or designate.

- Vaccine will be distributed to family physicians and nurse practitioners so they may vaccinate their own patients.

Person(s) Responsible: Medical Officer of Health or designate.

Person(s) Responsible: Physicians and nurse practitioners.

- The Health Unit will provide vaccination clinics throughout Leeds, Grenville and Lanark. Public Health Nurses and ‘borrowed’ nurses from other agencies (i.e. Home Care Agencies) will administer vaccine. Lay volunteers will also be utilized to assist with clinic functioning.
Person(s) Responsible: Medical Officer of Health or designate.

Antiviral Management

The Ministry Emergency Operations Centre will be responsible for coordinating the distribution of antivirals to hospitals, LTCHs and other facilities across the province. Pharmacies will dispense with a prescription, and antiviral medication will also be available at Influenza Assessment Treatment and Referral sites. The province is currently working with the Public Health Agency of Canada to develop a policy on access to antivirals, maintaining its stockpile, and establishing a storage and distribution system that will ensure access within 12 to 24 hours in all parts of the province.

STRATEGIES FOR ANTIVIRAL MANAGEMENT

- Antivirals may be stored at Leeds, Grenville & Lanark District Health Unit (Brockville and Smiths Falls sites) at pharmacies and at Influenza Assessment, Treatment and Referral sites. Police services or security guards will provide security for antiviral medications. Quantities received and issued will be monitored through BIOS.
Person(s) Responsible: Medical Officer of Health or designate.
- The Health Unit will maintain a supply of antiviral medications for the purpose of controlling viral outbreaks in closed institutions. The Health Unit will screen and approve all orders for antiviral medication from institutions experiencing outbreaks.
Person(s) Responsible: Medical Officer of Health or designate.
- Records will be kept on all individuals receiving antiviral medications. Data collected on each person will include: name, gender, date of birth, address, allergies, date issued, amount issued, lot number and expiry date. The data collection forms for antiviral medication will be kept in a binder according to each distribution site. This will facilitate follow-up of adverse reactions and for statistical purposes.
Person(s) Responsible: Medical Officer of Health or designate.
- Communicate to physicians, nurse practitioners, and pharmacists that antiviral medication only be prescribed to treat ill patients within 48 hours of symptom onset according to MOHLTC protocols.
Person(s) Responsible: Medical Officer of Health.
- Influenza Assessment, Treatment and Referral sites to dispense antiviral medications according to MOHLTC protocols.
Person(s) Responsible: Healthcare agencies

Infection Prevention and Control & Public Health Measures

The Ontario Plan for an Influenza Pandemic, August 2008, chapter 7 outlines Occupational Health and Safety and Infection Prevention and Control measures. As well, the measures from Preventing Febrile Respiratory Illness: Protecting patients and staff is a good resource.

http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_fri.html

STRATEGIES FOR INFECTION PREVENTION AND CONTROL & PUBLIC HEALTH MEASURES

- Increase infection prevention and control practices by all health care providers and other agencies (as appropriate).
Person(s) Responsible: All health care providers and other agencies.
- Outbreaks of any new ILI and new MOHLTC directives will be faxed to all health care agencies on a regular basis as a follow-up to teleconferences.
Person(s) Responsible: Medical Officer of Health or designate.
- Prepare to issue quarantine / isolation order.
Person(s) Responsible: Medical Officer of Health or designate.
- Ensure policy and procedures are in place for social response to quarantine (food, etc).
Person(s) Responsible: Social services and other agencies.

Health Services Emergency Planning and Response

It is expected that in a pandemic imminent situation that all municipalities will activate their emergency response protocol. When a situation requires an extraordinary response, the responsibility for coordinating that response as a matter of course is that of the Municipal Control Group. It is expected that all geographic areas will be affected simultaneously. In this situation, the Medical Officer of Health will act as a liaison between the Health Unit Incident Management Group and the Municipal Control Groups.

Existing Emergency Response Plans should be used as a starting point in the event of influenza pandemic for certain aspects of the response such as command and control functions, descriptions and operation of emergency communications systems and hospital and medical care resources. However, the Tri-County Pandemic Influenza Plan takes into account the specifics of a pandemic influenza emergency and should be used as an annex to existing emergency response plans.

STRATEGIES FOR HEALTH SERVICES EMERGENCY PLANNING AND RESPONSE

- Activate the Health Unit's Emergency Response Plan and the Pandemic Response Plan and provide information to local municipal control groups regarding recommendations for activating municipal emergency response plans.
Person(s) Responsible: Medical Officer of Health or designate.
- Municipalities and all other agencies will activate internal emergency/pandemic response plan in consultation with the Health Unit.
Person(s) Responsible: Municipalities and agencies.
- Convene one centralized emergency control group for the Tri-County area. A Memorandum of Understanding (MOU) has been signed with Lanark County to serve as a telecommunication hub in a pandemic.
Person(s) Responsible: Medical Officer of Health and senior elected municipal officials.
- Prepare to open Influenza Assessment, Treatment and Referral Sites as established in the Pandemic Alert Period.
Person(s) Responsible: CHC's, FHTs, hospitals, HCPs
- Monitor capacity of mortuary/burial services.
Person(s) Responsible: Chief Coroner for Leeds Grenville and Lanark.
- Provision of social and psychological services to families.
Person(s) Responsible: Social Services; Brockville Mental Health Centre, Crisis Response Team.

4.0 Pandemic Phase 6 (Pandemic Influenza Virus Detected in Canada)

WHO: **Phase 6:** In addition to criteria set out in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in a different WHO region.

WHO/CANADIAN Phase 6.1 and 6.2: Single, localized or widespread pandemic activity observed in the Canadian population.

Surveillance

Once the pandemic virus has reached Leeds, Grenville and Lanark, the surveillance actions outlined previously will continue and be intensified in the following ways.

STRATEGIES FOR SURVEILLANCE

- The Incident Management Group will continue to meet daily or as directed by the Medical Officer of Health.
Person(s) Responsible: Medical Officer of Health and IMS Group.
- Local epidemiological data will be accumulated and reported daily to the Incident Management Group who will disseminate to other stakeholders and partners.
Person(s) Responsible: Medical Officer of Health and the Health Unit Epidemiologist.
- Contact tracing of possible cases as per Outbreak Response Protocol. This will be important early in the pandemic and when there are still only a few cases locally.
Person(s) Responsible: Medical Officer of Health or designate.
- Health care providers in a variety of settings will need to have increased vigilance in their practices and notify the Medical Officer of Health of respiratory illness.
Person(s) Responsible: Health care providers.

Communications

The communication strategies outlined previously will continue and be intensified in the following ways:

STRATEGIES FOR COMMUNICATION

- Daily communication with the MOHLTC, Municipal Control Group and health care partners.
Person(s) Responsible: Medical Officer of Health or designate.

- There will be a need for an integrated communication strategy that would include daily joint briefings with the media. May include daily press conference, media releases and website kept up to date.
Person(s) Responsible: Medical Officer of Health or designate, municipal and county representatives.
- Consider the use of the Community Alert Network (CAN) to promptly communicate emergencies that arise secondary to the pandemic. For example, CAN could be used to communicate water safety concerns caused by staff shortages at water treatment facilities.
Person(s) Responsible: Medical Officer of Health or designate.

Vaccine Management

Once vaccine becomes available, build on strategies identified in the Pandemic Period (Section 3.0).

STRATEGIES FOR VACCINE MANAGEMENT

- Vaccine and antiviral transport, storage sites and administration sites will be safeguarded by police and/or security guards if necessary.
Person(s) Responsible: Policing services.

During influenza pandemic, National Pandemic Influenza Committee (NPIC) in consultation with WHO and the vaccine manufacturers, will define and use the same priority list to target those eligible for vaccine.

- Up-dated lists of essential staff should be sent to the Health Unit in preparation of vaccine availability. All agencies providing essential services to the community need to delegate one person to keep this list and up-date as required.
Person(s) Responsible: All agencies.
- Vaccinate target populations, if vaccine available, as determined by the NPIC.
Person(s) Responsible: Medical Officer of Health or designate.
- Records will be kept on all individuals receiving vaccination. Data collected on each person will include: name, gender, date of birth, address, allergies, date issued, dose, route, lot number and expiry date. The data collection forms will be kept in a binder according to each distribution site.
Person(s) Responsible: Medical Officer of Health or designate.
- All persons receiving vaccine will be given an immunization record with a date to return for a second dose (if second dose is required or available).
Person(s) Responsible: Medical Officer of Health or designate.

Antiviral Management

STRATEGIES FOR ANTIVIRAL MANAGEMENT

- Distribute antiviral medications to pharmacies, Influenza Assessment, Treatment and Referral Sites and/or as directed by the MOHLTC in consultation with the Public Health Agency of Canada.
Person(s) Responsible: Medical Officer of Health or designate.

Infection Prevention and Control & Public Health Measures

As the influenza pandemic gains momentum, the MOHLTC with the NPIC would ensure that all provinces and territories respond in a similar fashion. At a local level, the minimum expectations would be to continue the previous measures and add:

STRATEGIES FOR INFECTION PREVENTION AND CONTROL & PUBLIC HEALTH MEASURES

- Health Unit will communicate with MOHLTC regarding directives on infection prevention and control.
Person(s) Responsible: Medical Officer of Health or designate.
- Communicate with partners the latest infection prevention and control directives.
Person(s) Responsible: Medical Officer of Health or designate.
- Virus Containment and Management of Cases and Contacts
 - Exposure Assessment
 - Contact tracing
 - Quarantine/Isolation
 - Persons Under Investigation
 - Probable Cases
 - Suspect Cases
Person(s) Responsible: Medical Officer of Health or designate.
- Each health care provider is responsible for following infection prevention and control guidelines in their practice. All health care providers should have “Infection Prevention and Control in the Family Physician Office” guidelines by the MOHLTC, which should be incorporated into their practices.
Person(s) Responsible: All health care providers.
- Public health measures implemented at the discretion of the MOHLTC and the Medical Officer of Health may include; restricting travel, curfews and closing schools and day nurseries. Restrictions may need to be enforced by local police. Alternate childcare arrangements such as ‘buddy systems’ and smaller, home-based daycares will be encouraged.
Person(s) Responsible: Medical Officer of Health or designate and police services.

Health Services Emergency Planning and Response

Once the influenza pandemic is identified locally, other agencies and services will need to assist individuals who are directly/indirectly affected.

STRATEGIES FOR HEALTH SERVICES EMERGENCY PLANNING AND RESPONSE

- Daily meetings of the Municipal Control Group for the Tri-County area.
Person(s) Responsible: Medical Officer of Health and/or municipal leaders.

Social Strategies

- Food, medical and other life support needs for persons confined to their homes either by choice or by direction from health officials will be provided by CCAC's and Social Services.
Person(s) Responsible: CCAC's, Home Care Agencies and Social Services.
- Local psychosocial response plans will be implemented as per local municipal emergency response plan.
Person(s) Responsible: Social Services.
- Foster care of orphaned children will be established as the need arises.
Person(s) Responsible: Children's Aid Societies.

Mass Casualty

Coordinate management of mass casualties.

- Specially modified freezer trucks will be temporarily utilized to store corpses once mortuaries reach maximum capacity.
Person(s) Responsible: Coroner, Medical Officer of Health, Funeral Home Directors and Police Services.

Guidelines for mass fatalities are located at:

http://www.phac-aspc.gc.ca/cpip-pclcpi/ann-i_e.html

5.0 Post Peak Period (end of pandemic or between waves)

Post Peak Period: Levels of Pandemic influenza in most countries with adequate surveillance have dropped below peak levels.

Surveillance

Surveillance will assist in identifying the end of the first wave but to be continued vigilantly to identify second and/or subsequent waves. Based on past experiences, at least a second severe wave of outbreaks caused by the novel virus would be expected to occur within 3-9 months of the initial epidemic. Recurrence of outbreaks caused by the pandemic virus may affect a different segment of the population. When two or more waves occur, either in the same year or in successive influenza seasons, the second may be more virulent. Lessons learned from the first wave will be incorporated into second and subsequent waves.

STRATEGIES FOR SURVEILLANCE AND ANALYSIS

- Reconvene the Tri-County Pandemic Influenza Planning Committee to review the course of the pandemic and the effectiveness of the response, prepare for a possible second wave, prepare a report and make recommendations for the future.
Person(s) Responsible: Medical Officer of Health or designate.
- To review the Leeds, Grenville & Lanark District Health Unit's internal response to the pandemic and evaluate effectiveness of the Pandemic Response Plan.
Persons Responsible: IM Group.
- Continue to monitor and report spread and impact of the virus internationally.
Person(s) Responsible: Medical Officer of Health, Epidemiologist.
- Local health care providers need to continue to monitor for a recurrence/resurgence of ILI in their practices.
Person(s) Responsible: All health care providers.
- Identify which public health activities and programs may be resumed.
Person(s) Responsible: MOH or designate.

Communications

STRATEGIES FOR COMMUNICATION

- Evaluate communication strategy used during first wave.
Person(s) Responsible: MOH or designate.
- Develop and circulate message regarding the potential of a second wave and the process that will be used to handle second wave.
Person(s) Responsible: MOH or designate.

Vaccine Management

STRATEGIES FOR VACCINE MANAGEMENT

- Continue to vaccinate in anticipation of a second wave if vaccine supplies permit, expanding to cover population not yet immunized. Replenish clinic supplies as needed.
Person(s) Responsible: Medical Officer of Health or designate and other health care providers. Other health care providers may be required for immunization of staff in their institution.
- Review and revise guidelines and/or protocols used for mass immunization.
Person(s) Responsible: Director of Community Health Protection, Leeds, Grenville and Lanark District Health Unit.

Antiviral Management

STRATEGIES FOR ANTIVIRAL MANAGEMENT

- Perform inventory assessment and ongoing monitoring of antiviral availability.
Person(s) Responsible: Medical Officer of Health or designate.
- Report antiviral resistance data and adverse drug reaction data to MOHLTC.
Person(s) Responsible: Medical Officer of Health or designate.

Infection Prevention and Control & Public Health Measures

Directives from the MOHLTC will clarify the time lines for the reduction in the severity of infection prevention and control strategies.

STRATEGIES FOR INFECTION PREVENTION AND CONTROL & PUBLIC HEALTH MEASURES

- Evaluate infection prevention and control measures and implement revised public health measure guidelines.
Person(s) Responsible: Medical Officer of Health or designate.
- Communicate with MOHLTC about new infection prevention and control directives and share information with partners.
Person(s) Responsible: Medical Officer of Health or designate.
- Implement new directives from MOHLTC.
Person(s) Responsible: All health care providers.
- Update educational materials relating to influenza, antiviral and other pertinent infection prevention and control information based on MOHLTC directives.
Person(s) Responsible: Medical Officer of Health or designate.

Health Services Emergency Planning and Response

STRATEGIES FOR HEALTH SERVICES EMERGENCY PLANNING AND RESPONSE

- Review local emergency responses to provide an opportunity to identify lessons learned and make revisions as necessary.
Person(s) Responsible: Tri-County Pandemic Influenza Planning Committee in consultation with all partners and municipal representatives.
- Each partner to evaluate their own internal responses.
Person(s) Responsible: Agency and municipal pandemic planners.
- Evaluate the internal Emergency Response Plan and the Pandemic Response Plan.
Person(s) Responsible: MOH or designate.
- Local psychosocial response plans will continue as per Municipal Control Group plan.
Person(s) Responsible: Social Services.

- Review strategy for handling mass casualties locally.
Person(s) Responsible: Medical Officer of Health, coroner, and funeral home directors.

- Evaluate impact of the first wave on human and material resources.
Person(s) Responsible: All agencies.

6.0 Post-Pandemic Period

Post Pandemic Period: Levels of influenza have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

Surveillance

WHO will report when the pandemic has ended; this will likely be 2-3 years after initial onset. The end of the pandemic will be indicated by return of influenza activity to essentially normal interpandemic levels and widespread immunity to the new virus sub-type.

STRATEGIES FOR SURVEILLANCE AND ANALYSIS

- Reconvene the Tri-County Pandemic Influenza Planning Committee to review and evaluate the course of the pandemic and the effectiveness of the response. Each member of the committee will bring together lessons learned that can be evaluated. Revisions to the pandemic plan may be made as needed. These revisions will be incorporated and disseminated among the committee members
Person(s) Responsible: Tri-County Pandemic Influenza Planning Committee
- Continue to monitor and report spread and impact of the virus
Person(s) Responsible: Medical Officer of Health and Epidemiologist.
- Educate the medical community to continue surveillance for influenza. Encourage viral testing when healthy individuals present with ILI.
Person(s) Responsible: Medical Officer of Health or designate.
- Return to utilize ARI screening tool for respiratory illness as directed by MOHLTC.
Person(s) Responsible: Acute Care Facilities and Emergency Departments.

Communications

STRATEGIES FOR COMMUNICATION

- Review communication plan used during pandemic for effectiveness.
Person(s) Responsible: Tri-County Pandemic Influenza Planning Committee
- Share the evaluation of the local response to the pandemic with the community.
Person(s) Responsible: Medical Officer of Health or designate.

Vaccine Management

STRATEGIES FOR VACCINE MANAGEMENT

- Review and evaluate management and distribution of vaccine.
Person(s) Responsible: Medical Officer of Health or designate.
- Continue to promote influenza vaccination within the community.
Person(s) Responsible: All health care providers.

Antiviral Management

STRATEGIES FOR ANTIVIRAL MANAGEMENT

- Review and evaluate management and distribution of antiviral medication.
Person(s) Responsible: Medical Officer of Health or designate.

Infection Prevention and Control & Public Health Measures

STRATEGIES FOR INFECTION PREVENTION AND CONTROL & PUBLIC HEALTH MEASURES

- Review and evaluate infection prevention and control measures.
Person(s) Responsible: All health care providers.
- Implement infection prevention and control directives from MOHLTC in all health care settings.
Person(s) Responsible: All health care providers.

Health Services Emergency Planning and Response

STRATEGIES FOR HEALTH SERVICES EMERGENCY PLANNING AND RESPONSE

- Activate recovery phase of emergency plans and allow for debriefing.
Person(s) Responsible: All state holders.

Strategy Overview and Checklists

Table A:	WHO Phases 1- 3
Table B:	WHO Phase 4
Table C:	WHO Phase 5 & 6.0: Pandemic Influenza Virus Detected outside Canada
Table D:	WHO Phase 6.1 & 6.2: Pandemic Influenza Virus Detected in Canada
Table E:	Post Peak Period (end of Pandemic or between waves)
Table F:	Post-Pandemic Period

Strategy Overview and Checklist:

Table A: WHO Phases 1 – 3

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Surveillance		<ul style="list-style-type: none"> <input type="checkbox"/> Review surveillance plan <input type="checkbox"/> Educate the medical community about the importance of surveillance <input type="checkbox"/> Encourage health care professionals to look for unusual clinical presentations and order viral testing <input type="checkbox"/> Identify sources of expanded laboratory resources (MOHLTC) <input type="checkbox"/> Dissemination of Acute Respiratory Illness (ARI) Screening Tool 	<ul style="list-style-type: none"> <input type="checkbox"/> Look for unusual clinical presentations and order viral testing <input type="checkbox"/> Utilization of Acute Respiratory Illness (ARI) Screening Tool as directed by MOHLTC 	<ul style="list-style-type: none"> <input type="checkbox"/> Utilization of Acute Respiratory Illness (ARI) Screening Tool as directed by MOHLTC 	
Communications		<ul style="list-style-type: none"> <input type="checkbox"/> Review communication plan <input type="checkbox"/> Designate an official spokesperson <input type="checkbox"/> Disseminate Pandemic Influenza Plan to stakeholders <input type="checkbox"/> Educate health care providers on pandemics and important strategies <input type="checkbox"/> Educate pharmacist regarding pandemics and plans for antiviral use <input type="checkbox"/> Program group fax number for all key agencies <input type="checkbox"/> Clarify any misinformation in the local media <input type="checkbox"/> Educate public about immunization and infection prevention and control <input type="checkbox"/> Develop reporting tools and processes 	<ul style="list-style-type: none"> <input type="checkbox"/> Report unusual ILI to MOH 		

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Vaccine Management		<input type="checkbox"/> Review vaccine management plan <input type="checkbox"/> Develop distribution plan for vaccine <input type="checkbox"/> Continue to increase the use of the influenza vaccine	<input type="checkbox"/> Continue to increase the use of the influenza vaccine (staff and patients) <input type="checkbox"/> Offer pneumococcal vaccine to high-risk patients	<input type="checkbox"/> Encourage personnel to receive annual influenza vaccine	<input type="checkbox"/> Encourage personnel to receive annual influenza vaccine
Antiviral Management		<input type="checkbox"/> Review antiviral management plan <input type="checkbox"/> Develop distribution plan <input type="checkbox"/> Maintain fact sheets on web site	<input type="checkbox"/> Designate individual to order antiviral medication	<input type="checkbox"/> Designate individual to order antiviral medication	
Infection Prevention and Control & Public Health Measures		<input type="checkbox"/> Review infection prevention and control & public health measures plan <input type="checkbox"/> Create/review policy and procedure for infection prevention and control <input type="checkbox"/> Apply infection prevention and control procedures in the workplace <input type="checkbox"/> Provide infection prevention and control in-service to health care providers <input type="checkbox"/> Maintain infection prevention and control fact sheets	<input type="checkbox"/> Create/review policy and procedure for infection prevention and control <input type="checkbox"/> Apply infection prevention and control procedures in the workplace <input type="checkbox"/> Ensure protective equipment available to staff <input type="checkbox"/> Provide infection prevention and control in-service to health care providers	<input type="checkbox"/> Create/review policy and procedure for infection prevention and control <input type="checkbox"/> Apply infection prevention and control procedures in the workplace <input type="checkbox"/> Ensure protective equipment available to staff <input type="checkbox"/> Provide infection prevention and control in-service to health care providers	

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Health Services Emergency Planning and Response	<ul style="list-style-type: none"> <input type="checkbox"/> Develop and conduct tabletop exercises 	<ul style="list-style-type: none"> <input type="checkbox"/> Review emergency measures plan <input type="checkbox"/> Develop and test internal pandemic plan <input type="checkbox"/> Ensure accurate inventory of essential staff <input type="checkbox"/> Develop mass fatality plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop and test internal pandemic plans <input type="checkbox"/> Identify sites for assessment, treatment and referral services <input type="checkbox"/> Establish linkages between health care providers and 'flu' service sites <input type="checkbox"/> Ensure accurate inventory of essential staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop and test internal pandemic plans <input type="checkbox"/> Develop list of essential services and personnel <input type="checkbox"/> Provide support to assessment, treatment and referral sites <input type="checkbox"/> Ensure accurate inventory of essential staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop and test internal pandemic plans <input type="checkbox"/> Establish emergency family supports <input type="checkbox"/> Provide support to Assessment, treatment and referral sites <input type="checkbox"/> Ensure accurate inventory of essential staff <input type="checkbox"/> Develop mass fatality plan (municipal control groups)

Strategy Overview & Checklist:

Table B: WHO Phases 4

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Surveillance		<ul style="list-style-type: none"> <input type="checkbox"/> Clarify case definition <input type="checkbox"/> Monitor surveillance activity <input type="checkbox"/> Ensure partners have tools for reporting "cases" <input type="checkbox"/> Monitor provincial and national surveillance bulletins from MOHLTC, PHAC, CDC, WHO on a daily basis <input type="checkbox"/> Report staff absentee rate >10% 	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor those with respiratory tract infections and collect specimens on those meeting the case definition (nursing homes, LTCH, hospitals) <input type="checkbox"/> Obtain specimens from travelers returning from endemic areas with clinically compatible signs and symptoms <input type="checkbox"/> Obtain specimens from family/close contacts of travelers returning from endemic areas with clinically compatible signs and symptoms <input type="checkbox"/> Report staff absentee rate >10% <input type="checkbox"/> Assess symptoms of ARI and report those with travel history or clusters of ARI to Health Unit 	<ul style="list-style-type: none"> <input type="checkbox"/> Report staff absentee rate >10% <input type="checkbox"/> Assess symptoms of ARI and report those with travel history or clusters of ARI to Health Unit 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools: Report increased absentee rate >10% <input type="checkbox"/> Report staff absentee rate >10%
Communications		<ul style="list-style-type: none"> <input type="checkbox"/> Review internal communication plan <input type="checkbox"/> Co-ordinate communications with/from other partners <input type="checkbox"/> Collect and disseminate information about the pandemic to partners and the general public <input type="checkbox"/> Communicate the importance of alternative childcare arrangements <input type="checkbox"/> Update public resources 	<ul style="list-style-type: none"> <input type="checkbox"/> Review internal communication plan <input type="checkbox"/> Communicate the importance of alternative childcare arrangements 	<ul style="list-style-type: none"> <input type="checkbox"/> Review internal communication plan <input type="checkbox"/> Communicate the importance of alternative childcare arrangements 	<ul style="list-style-type: none"> <input type="checkbox"/> Review internal communication plan <input type="checkbox"/> Communicate the importance of alternative childcare arrangements

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Vaccine Management		<input type="checkbox"/> Review vaccine management plan <input type="checkbox"/> Continue to increase the use of the influenza vaccine <input type="checkbox"/> Regular communication with MOHLTC re: availability <input type="checkbox"/> Update lists of priority groups	<input type="checkbox"/> Continue to increase the use of the influenza vaccine (staff and patients) <input type="checkbox"/> Encourage pneumococcal vaccine for high risk clients and maintain lists of client vaccination status <input type="checkbox"/> Update lists of priority groups	<input type="checkbox"/> Continue to increase the use of the influenza vaccine (staff) <input type="checkbox"/> Update lists of priority groups	<input type="checkbox"/> Continue to increase the use of the influenza vaccine (staff) <input type="checkbox"/> Update lists of priority groups
Antiviral Management		<input type="checkbox"/> Review antiviral management plan <input type="checkbox"/> Communicate antiviral distribution plan to stakeholders <input type="checkbox"/> Monitor adverse effects and report to Health Canada <input type="checkbox"/> Regular communication with MOHLTC re: availability	<input type="checkbox"/> Monitor adverse effects and report to Health Canada		
Infection prevention and control & Public Health Measures		<input type="checkbox"/> Communicate with MOHLTC and disseminate MOHLTC Directives <input type="checkbox"/> Prepare/revise and distribute educational materials for partners/general public in regards to infection prevention and control and prevention measures in homes, schools, places of work <input type="checkbox"/> Ensure personal protective equipment is available <input type="checkbox"/> Prepare to increase levels of infection prevention and control according to MOHLTC directives	<input type="checkbox"/> Ensure appropriate respiratory precautions are in place <input type="checkbox"/> Ensure personal protective equipment is available <input type="checkbox"/> Prepare to increase levels of infection prevention and control according to MOHLTC directives	<input type="checkbox"/> Ensure appropriate respiratory precautions are in place <input type="checkbox"/> Ensure personal protective equipment is available <input type="checkbox"/> Prepare to increase levels of infection prevention and control according to MOHLTC directives	

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Health Services Emergency Planning and Response		<ul style="list-style-type: none"> <input type="checkbox"/> Alert municipalities and other partners to potential pandemic <input type="checkbox"/> Ensure that human resources and logistics are in place to manage an increased need for public health services <input type="checkbox"/> Prepare to implement public health measures including isolation and quarantine 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure Infection prevention and control practices are in place <input type="checkbox"/> Ensure that human resources/logistics are in place to provide medical care and essential services <input type="checkbox"/> Prepare for Influenza Assessment, Treatment and Referral sites to become operational <input type="checkbox"/> Ensure plans are in place to manage overflow <input type="checkbox"/> Review mechanisms for patient transport 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that human resources and logistics are in place to manage an increased need for services <input type="checkbox"/> Prepare to support Influenza Assessment, Treatment and Referral sites <input type="checkbox"/> Prepare for enforcement of quarantine orders 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that human resources and logistics are in place to manage an increased need for health care services <input type="checkbox"/> Prepare to support assessment, treatment and referral sites

Strategy Overview & Checklist:

Table C: Pandemic Phase 5 & 6: Detected outside Canada

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Surveillance		<ul style="list-style-type: none"> <input type="checkbox"/> Incident Management Group to meet as needed to review novel viral activity <input type="checkbox"/> Designate local sentinel physicians <input type="checkbox"/> Review reports and epidemiological information <input type="checkbox"/> Investigate suspicious cases <input type="checkbox"/> Ensure that "case definition" is up-to-date <input type="checkbox"/> Ensure that surveillance tools are in all emergency rooms <input type="checkbox"/> Determine if testing will continue once pandemic strain identified in area (with PHL and MOHLTC) <input type="checkbox"/> Send reminders to community partners regarding absenteeism <input type="checkbox"/> Monitor antiviral uptake 	<ul style="list-style-type: none"> <input type="checkbox"/> Enhance surveillance in family practices and emergency departments <input type="checkbox"/> Obtain viral specimens from patients with clinically compatible signs and symptoms; these specimens will be processed immediately from Public Health Laboratory <input type="checkbox"/> Enhance surveillance for outbreaks in institutions <input type="checkbox"/> Monitor antiviral uptake <input type="checkbox"/> Use web-based surveillance system to report ILI (when developed) 	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor antiviral uptake 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools, day nurseries and large businesses to report >10% absenteeism

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Communications		<ul style="list-style-type: none"> <input type="checkbox"/> Communication with the MOHLTC and other health units <input type="checkbox"/> Notify EMS, emergency departments, hospitals, and other facilities to activate internal pandemic plans <input type="checkbox"/> Teleconference with partners <input type="checkbox"/> Dedicate a phone line for physicians and partner agencies <input type="checkbox"/> Establish another 1-800 # with recorded message <input type="checkbox"/> Prepare and distribute press releases <input type="checkbox"/> Update Health Unit web site daily 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that staff are familiar with agency's communication strategies <input type="checkbox"/> Clear communications with patients and families re: visiting protocols and other infection prevention and control procedures <input type="checkbox"/> Ensure that external messaging is in accordance with the Health Unit's information 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that staff are familiar with agency's communication strategies <input type="checkbox"/> Clear communications with patients and families re: infection prevention and control procedures 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that staff are familiar with agency's communication strategies <input type="checkbox"/> Ensure that external messaging is in accordance with the Health Unit's information
Vaccine Management		<ul style="list-style-type: none"> <input type="checkbox"/> Review vaccine management plan <input type="checkbox"/> Maintain data collection records on each person receiving the vaccine <input type="checkbox"/> Store and distribute vaccines <input type="checkbox"/> Administer vaccine once available based on priority groups <input type="checkbox"/> Provide community clinics when vaccine is available and priority groups completed 	<ul style="list-style-type: none"> <input type="checkbox"/> Assess staff availability to assist with vaccine administration (options could be regular or casual staff, retired nurses that are still licensed etc.) <input type="checkbox"/> Assist with administering vaccine once available based on priority groups <input type="checkbox"/> Submit vaccination records to Health Unit 		

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Antiviral Management		<input type="checkbox"/> Review antiviral management plan <input type="checkbox"/> Store and monitor quantity of antiviral medication <input type="checkbox"/> Maintain supply of antiviral medication for outbreak management (institutions) <input type="checkbox"/> Maintain data collection records on each person receiving antiviral medications <input type="checkbox"/> Communicate to physicians, pharmacists, partner agencies and the public the antiviral treatment protocols <input type="checkbox"/> Communicate to physicians and pharmacists criteria for treatment and access to antiviral	<input type="checkbox"/> Hospitals and LTCHs to dispense antiviral medications to ill patients according to MOHLTC protocols <input type="checkbox"/> Pharmacists and Influenza Assessment, Treatment and Referral sites may store and dispense antiviral medications according to MOHLTC protocols <input type="checkbox"/> Maintain data collection records on each person receiving antiviral medications	<input type="checkbox"/> Assist with security of antiviral storage (police or security guards)	
Infection prevention and control & Public Health Measures		<input type="checkbox"/> Intensify infection prevention and control procedure as required <input type="checkbox"/> Notify health care agencies of outbreaks of ILI and of new MOHLTC directives <input type="checkbox"/> Prepare to issue quarantine/isolation orders	<input type="checkbox"/> Intensify infection prevention and control procedures as required	<input type="checkbox"/> Intensify infection prevention and control procedures as required	<input type="checkbox"/> Intensify infection prevention and control procedures as required <input type="checkbox"/> Ensure policies & procedures are in place for social response to quarantine (food, etc.)

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Health Services Emergency Planning and Response		<input type="checkbox"/> Activate Pandemic/ Emergency Response Plan <input type="checkbox"/> Convene Tri-County emergency control group	<input type="checkbox"/> Activate internal pandemic/emergency response plan <input type="checkbox"/> Prepare to open Influenza Assessment, Treatment and Referral sites	<input type="checkbox"/> Activate internal pandemic/emergency response plan <input type="checkbox"/> Prepare to support Influenza Assessment, Treatment and Referral sites	<input type="checkbox"/> Activate internal pandemic emergency response plans <input type="checkbox"/> Prepare to support 'flu' sites <input type="checkbox"/> Monitor capacity of mortuary / burial services (chief coroner) <input type="checkbox"/> Convene Tri-County emergency control group <input type="checkbox"/> Provision of social and psychological services to families

Strategy Overview and Checklist:

Table D: Pandemic Phase 6: Detected in Canada

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Surveillance		<input type="checkbox"/> Meet daily at the discretion of the MOH <input type="checkbox"/> Accumulate and report epidemiological data daily (epidemiologist) <input type="checkbox"/> Contact tracing	<input type="checkbox"/> Increase vigilance in reporting ILI	<input type="checkbox"/> Increase vigilance in reporting ILI	
Communications		<input type="checkbox"/> Daily communication with MOHLTC, Municipal Control Group and healthcare partners <input type="checkbox"/> Daily communication with media through press conference media release and updates on website <input type="checkbox"/> Utilize CAN to communicate emergencies	<input type="checkbox"/> Daily communication with health unit		<input type="checkbox"/> Daily communication with media through press conference media release and updates on website (municipal and county representatives)
Vaccine Management		<input type="checkbox"/> Update list of essential staff <input type="checkbox"/> Vaccinate target populations once vaccine is available <input type="checkbox"/> Maintain data on each person immunized <input type="checkbox"/> Provide immunization record to those vaccinated	<input type="checkbox"/> Update list of essential staff	<input type="checkbox"/> Update list of essential staff <input type="checkbox"/> Security for vaccine and antiviral (police and security guards)	<input type="checkbox"/> Update list of essential staff
Antiviral Management		<input type="checkbox"/> Distribute antiviral medications	<input type="checkbox"/> Provide antiviral medications to ill patients within 48 hours	<input type="checkbox"/> Security for vaccine and antiviral (police and security guards)	

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Infection prevention and control & Public Health Measures		<input type="checkbox"/> Communication with MOHLTC to ensure that latest directives are available <input type="checkbox"/> Communication with partners to ensure that latest directives are available <input type="checkbox"/> Ensure that the most up-to-date directives are in place <input type="checkbox"/> Case and contact management <input type="checkbox"/> Implement public health measures as deemed necessary	<input type="checkbox"/> Ensure that the most up-to-date directives are in place	<input type="checkbox"/> Ensure that the most up-to-date directives are in place <input type="checkbox"/> Enforcing public health restrictions (police)	<input type="checkbox"/> Ensure that the most up-to-date directives are in place
Health Services Emergency Planning and Response		<input type="checkbox"/> Meet daily with municipal control group <input type="checkbox"/> Oversee management of mass casualties		<input type="checkbox"/> Assist with the management of mass casualties	<input type="checkbox"/> Meet daily with MOH (municipal leaders) <input type="checkbox"/> Provide care to those confined to their homes (CCAC, home care agencies, social services) <input type="checkbox"/> Implement psychosocial support plan (social services) <input type="checkbox"/> Establish foster care as the need arises (CAS) <input type="checkbox"/> Manage mass casualties (coroner and funeral homes, in consultation with the MOH)

Strategy Overview and Checklist:

Table E: Post Peak Period (end of pandemic or between waves)

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Surveillance		<input type="checkbox"/> Reconvene Tri-County Pandemic Influenza Planning Committee <input type="checkbox"/> Review course of pandemic and effectiveness of response <input type="checkbox"/> Continue to monitor and report epidemiological data <input type="checkbox"/> Identify public health activities and programs to be resumed	<input type="checkbox"/> Continue to monitor for ILI	<input type="checkbox"/> Continue to monitor for ILI	<input type="checkbox"/> Continue to monitor for ILI
Communications		<input type="checkbox"/> Review communication plan <input type="checkbox"/> Develop and circulate message regarding potential of second wave and how to prepare			
Vaccine Management		<input type="checkbox"/> If vaccine available continue to vaccinate in anticipation of second wave <input type="checkbox"/> Review guidelines and protocols for mass immunization <input type="checkbox"/> Replenish clinic supplies as needed	<input type="checkbox"/> Participate in immunization strategy targeting healthcare providers within the institution <input type="checkbox"/> Replenish clinic supplies as needed		
Antiviral Management		<input type="checkbox"/> Perform inventory assessment and ongoing monitoring of antiviral availability <input type="checkbox"/> Report antiviral resistance and adverse drug reactions to MOHLTC	<input type="checkbox"/> Perform inventory assessment and ongoing monitoring of antiviral availability <input type="checkbox"/> Report antiviral resistance and adverse drug reactions to MOHLTC		

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Infection prevention and control & Public Health Measures		<input type="checkbox"/> Evaluate infection prevention and control measures <input type="checkbox"/> Communicate with MOHLTC and partners about directives <input type="checkbox"/> Follow MOHLTC directives <input type="checkbox"/> Update educational material based on MOHLTC directives	<input type="checkbox"/> Follow MOHLTC directives	<input type="checkbox"/> Follow MOHLTC directives	<input type="checkbox"/> Follow MOHLTC directives
Health Services Emergency Planning and Response	<input type="checkbox"/> Evaluate emergency plan	<input type="checkbox"/> Review emergency measures plan <input type="checkbox"/> Evaluate emergency response plan and pandemic plan <input type="checkbox"/> Oversee /review mass causality management <input type="checkbox"/> Assess status and evaluate the impact of the first wave on human and material resources	<input type="checkbox"/> Evaluate emergency plan by Tri-County Planning Pandemic Influenza Committee <input type="checkbox"/> Evaluate internal plan <input type="checkbox"/> Assess status and evaluate the impact of the first wave share on human and material resources	<input type="checkbox"/> Evaluate emergency plan by Tri-County Planning Pandemic Influenza Committee <input type="checkbox"/> Evaluate internal plan <input type="checkbox"/> Assess status and evaluate the impact of the first wave share on human and material resources	<input type="checkbox"/> Evaluate emergency plan by Tri-County Planning Pandemic Influenza Committee <input type="checkbox"/> Evaluate internal plan <input type="checkbox"/> Continue to provide psychosocial support (social services) <input type="checkbox"/> Review procedure for management of casualties (coroner, funeral home directors in consultation with the MOH) <input type="checkbox"/> Assess status and evaluate the impact of the first wave share on human and material resources

Strategy Overview and Checklist:

Table F: Post-Pandemic Period

	Tri-County Pandemic Planning Committee	Leeds, Grenville & Lanark District Health Unit	Hospitals, Health Care Providers, CHC's, CCAC's and Pharmacists	Emergency Response Agencies (police, fire and ambulance)	Social Services, Schools, Daycares, Businesses, and Municipal Control Groups
Surveillance	<input type="checkbox"/> Review and evaluate course of pandemic and effectiveness of response	<input type="checkbox"/> Continue to monitor and report spread and impact of virus <input type="checkbox"/> Educate importance of continued surveillance	<input type="checkbox"/> Use of ARI screening tool as directed by MOHLTC	<input type="checkbox"/> Use of ARI screening tool as directed by MOHLTC	
Communications	<input type="checkbox"/> Review communication plan	<input type="checkbox"/> Share evaluation of local response with community			
Vaccine Management		<input type="checkbox"/> Review and evaluate management and distribution of vaccines. <input type="checkbox"/> Promote influenza vaccination within community	<input type="checkbox"/> Promote influenza vaccination within community	<input type="checkbox"/> Promote influenza vaccination within community	
Antiviral Management		<input type="checkbox"/> Review and evaluate management and distribution of antiviral medication	<input type="checkbox"/> Review and evaluate management and distribution of antiviral medication		
Infection prevention and control & Public Health Measures		<input type="checkbox"/> Review and evaluate infection prevention and control plan & public health measures <input type="checkbox"/> Follow directives from MOHLTC	<input type="checkbox"/> Review and evaluate infection prevention and control measures <input type="checkbox"/> Follow directives from MOHLTC	<input type="checkbox"/> Review and evaluate infection prevention and control measures <input type="checkbox"/> Follow directives from MOHLTC	
Health Services Emergency Planning and Response	<input type="checkbox"/> Activate recovery phase of emergency plan and allow for debriefing	<input type="checkbox"/> Activate recovery phase of emergency plan and allow for debriefing	<input type="checkbox"/> Activate recovery phase of emergency plan and allow for debriefing	<input type="checkbox"/> Activate recovery phase of emergency plan and allow for debriefing	<input type="checkbox"/> Activate recovery phase of emergency plan and allow for debriefing

**Hospitals, Health Care Providers, Community Health Centres,
Community Care Access Centres and Pharmacists**
Roles and Responsibilities during an Influenza Pandemic
(as outlined in the Leeds, Grenville and Lanark Tri-County Pandemic Influenza Plan, April 2009)
www.healthunit.org

Preparedness

Surveillance

- Look for unusual clinical presentations and order viral testing
- Utilize ARI Screening Tool as directed by MOHLTC –monitor those with respiratory tract infections and collect specimens on those meeting the case definition
- Obtain specimens from travelers and family/close contacts of travelers returning from endemic areas with clinically compatible signs and symptoms
- Report those with positive travel history or clusters of ARI to Health Unit
- Report staff absentee rate >10%

Communications

- Review internal communication plan
- Communicate the importance of planning for alternative childcare arrangements

Vaccine Management

- Continue to increase the use of the influenza vaccine (staff and patients)
- Offer pneumococcal vaccine to high-risk patients
- Maintain lists of high-risk patients and their pneumococcal immunization status
- Update lists of priority groups

Antiviral Management

- Designate individual to order antiviral medication
- Monitor adverse effects and report to Health Canada

Infection Prevention and Control & Public Health Measures

- Create/review policy and procedure for infection prevention and control and public health measures
- Apply infection prevention and control procedures in the workplace
- Ensure personal protective equipment is available to staff
- Provide infection prevention and control inservice to health care providers
- Prepare to increase levels of infection prevention and control according to MOHLTC directives

Health Services Emergency Planning and Response

- Develop and test internal pandemic plans
- Identify sites for assessment, treatment and referral services, establish linkages between health care providers and prepare for them to become operational
- Ensure accurate inventory of essential staff
- Ensure plans and logistics are in place to manage overflow

Response

Surveillance

- Enhance surveillance in family practices and emergency departments
- Obtain viral specimens from patients with clinically compatible signs and symptoms
- Enhance surveillance for outbreaks in institutions
- Use web-based surveillance system to report ILI (when developed)
- Monitor antiviral uptake

Communications

- Ensure that staff are familiar with agency's communication strategies
- Provide clear communications to patients and families re: visiting protocols and other infection prevention and control procedures
- Ensure that external messaging is in accordance with the Health Unit's information
- Daily communication with LGL Health Unit

Vaccine Management

- Update list of essential staff
- Determine staff availability to assist with administering vaccine once available based on priority groups (options could be regular or casual staff, retired nurses that are still licensed etc.)
- Submit vaccination records to Health Unit

Antiviral Management

- Distribute/dispense antiviral medications according to MOHLTC protocols
- Pharmacists and Influenza Assessment, Treatment and Referral sites may store and dispense antiviral meds according to MOHLTC protocols

Infection Prevention and Control & Public Health Measures

- Intensify infection prevention and control procedures as required
- Ensure that the most up-to-date directives are in place

Health Services Emergency Planning and Response

- Activate internal pandemic/emergency response plan

Prepare to open Pandemic Flu Assessment Services in your community.

Social Services, Schools, Daycares, Businesses, and Municipal Control Groups

Roles and Responsibilities during an Influenza Pandemic

(as outlined in the Leeds, Grenville and Lanark Tri-County Pandemic Influenza Plan, April 2009)

www.healthunit.org

Preparedness

Surveillance

- Schools to report increased absentee rate >10%
- Report staff absentee rate > 10%

Communications

- Review internal communication plan
- Communicate the importance of alternative childcare arrangements

Vaccine Management

- Encourage personnel to receive annual influenza vaccine
- Continue to increase the use of the influenza vaccine (staff)
- Update lists of priority groups

Antiviral Management

- Become aware of antiviral distribution plan

Infection Prevention and Control & Public Health Measures

- Create/review policy and procedure for infection prevention and control
- Prepare to support public health measures as communicated by the MOH

Health Services Emergency Planning and Response

- Develop and test internal pandemic plans
- Develop plan for emergency family supports
- Provide support to Assessment, Treatment and Referral 'flu' sites
- Ensure accurate inventory of essential staff
- Develop mass fatality plan (municipal control groups)

Ensure that human resources and logistics are in place to manage an increased need for health care services.

Response

Surveillance

- Schools, day nurseries and large businesses to report > 10% absenteeism

Communications

- Ensure that staff are familiar with agency's communication strategies
- Ensure that external messaging is in accordance with the Health Unit's information
- Daily communication with media through press conference, media release and updates on website (municipal and county representatives)
- Daily teleconferences between the Health Unit and Municipal Emergency Control Group

Vaccine Management

- Update list of essential staff
- Provide support to mass vaccination clinics if needed

Antiviral Management

- Know when/where to receive antivirals and communicate this to staff

Infection Prevention and Control & Public Health Measures

- Intensify infection prevention and control procedures as required
- Ensure policies & procedures are in place for social response to quarantine (food etc.)
- Ensure that the most up-to-date directives are in place

Health Services Emergency Planning and Response

- Activate internal pandemic /emergency response plans
- Prepare to support Assessment, Treatment and Referral 'flu' sites
- Convene Tri-County emergency control group
- Meet daily with MOH (municipal leaders)
- Provide care to those confined to their homes (CCAC, home care agencies, social services)
- Implement psychosocial support plan (social services)
- Establish foster care as the need arises (CAS)

Monitor capacity of mortuary/burial services and manage mass casualties (coroner and funeral homes, in consultation with the MOH).

Emergency Response Agencies (police, fire and ambulance)
Roles and Responsibilities during an Influenza Pandemic
(as outlined in the Leeds, Grenville and Lanark Tri-County Pandemic Influenza Plan, April 2009)
www.healthunit.org

Preparedness

Surveillance

- Utilize ARI Screening Tool as directed by MOHLTC
- Report staff absentee rate > 10%
- Assess symptoms of ARI and report those with travel history or clusters of ARI to Health Unit

Communications

- Review internal communication plan
- Communicate the importance of alternative childcare arrangements

Vaccine Management

- Encourage personnel to receive annual influenza vaccine
- Continue to increase the use of the influenza vaccine (staff)
- Update lists of priority groups

Antiviral Management

- Designate individual to order antiviral medication

Infection Prevention and Control & Public Health Measures

- Create/review policy and procedure for infection prevention and control
- Apply infection prevention and control procedures in the workplace
- Ensure protective equipment is available to staff
- Provide infection prevention and control in service to health care providers
- Ensure appropriate respiratory precautions are in place

Health Services Emergency Planning and Response

- Develop and test internal pandemic plans
- Develop list of essential services and personnel
- Provide support to Assessment, Treatment and Referral sites
- Ensure accurate inventory of essential staff
- Ensure that human resources and logistics are in place to manage an increased need for services

Prepare for enforcement of quarantine orders.

Response

Surveillance

- Report ILI
- Monitor antiviral uptake

Communications

- Ensure that staff are familiar with agency's communication strategies
- Ensure clear communications with patients and families re: infection prevention and control procedures

Vaccine Management

- Update list of essential staff
- Provide security for vaccine (police and security guards)

Antiviral Management

- Assist with security of antiviral storage (police or security guards)

Infection Prevention and Control & Public Health Measures

- Intensify infection prevention and control procedures as required
- Ensure that the most up-to-date directives are in place
- Enforcing public health restrictions (police)

Health Services Emergency Planning and Response

- Activate internal pandemic/emergency response plan
- Prepare to support Influenza Assessment, Treatment and Referral sites
- Assist with the management of mass casualties

APPENDIX A

Resources – Contact Numbers and Websites

Key Websites

- **Leeds, Grenville & Lanark District Health Unit:** www.healthunit.org
- **(Infectious Diseases/Prevention/Control → Pandemic Influenza)**
 - Tri-County Pandemic Plan
- **Ministry of Health and Long-Term Care 2008 OHPIP:**
www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Pandemic influenza: www.health.gov.on.ca/pandemic
Avian influenza: www.health.gov.on.ca/avian
Emergency planning and preparedness: www.health.gov.on.ca/emergency
- **Public Health Agency of Canada**
Canadian Pandemic Influenza Plan: www.phac-aspc.gc.ca/influenza/pandemicplan_e.html
- **Government of Canada**
Pandemic influenza: www.pandemicinfluenza.gc.ca
- **World Health Organization**
Influenza: www.who.int/csr/disease/influenza/en/

Contacts

- **Leeds, Grenville & Lanark District Health Unit**
Phone: 1-800-660-5853 Community Health Protection Department
- **Ministry of Health and Long-Term Care - Emergency Management Unit**
Email: emergencymanagement.moh@ontario.ca
Healthcare provider hotline: 1-866-212-2272 (toll free)
Employers' hotline: 1-866-331-0339 (toll free)
- **Ministry of Health and Long-Term Care - Media Line**
Email: media.moh@ontario.ca
Phone: 416-314-6197 (in Toronto) or 1-888-414-4774 (toll free)
- **Ministry of Health and Long-Term Care - General information requests**
Email: infoline.moh@ontario.ca
Phone: 1-866-532-3161 (toll free)
TTY: 1-800-387-5559 (toll free)
- **Government of Canada-Pandemic Influenza Information Hotline**
Phone: 1-800-454-8302

Leeds, Grenville and Lanark District Health Unit

#	Outcome (based on a 1968-like virus)	Source	Attack Rate 15%			Attack Rate 25%			Attack Rate 35%			% of Clin. Ill (2)	% of Total Pop (1)
			Min	Most Likely	Max	Min	Most Likely	Max	Min	Most Likely	Max		
1	2006 Estimated Population	2001 Census		170,497		170,497		170,497		170,497			
2	# of persons ill enough to remain home	% of Total Population (1)		25,575		42,624		59,674					
3	# of persons that can be managed through self-care	# 2 minus 4, 5 and 6	14,771	11,572	5,428	24,616	19,287	9,045	34,462	27,000	12,662	45.2%	15.8%
4	# of persons that will require an outpatient visit	FluAid 2.0	10,630	13,599	19,614	17,716	22,666	32,690	24,804	31,733	45,767	53.2%	18.6%
5	# of persons hospitalized that will recover	FluAid 2.0	126	325	408	211	541	680	295	759	952	1.3%	0.4%
6	# of fatal cases (70% in-hospital)	FluAid 2.0	48	79	125	81	130	209	113	182	293	0.3%	0.1%
7	# of hospitalizations (recoveries + fatal cases)	# 5 plus 70% of # 6	160	380	496	268	632	826	374	886	1,157	1.5%	0.5%

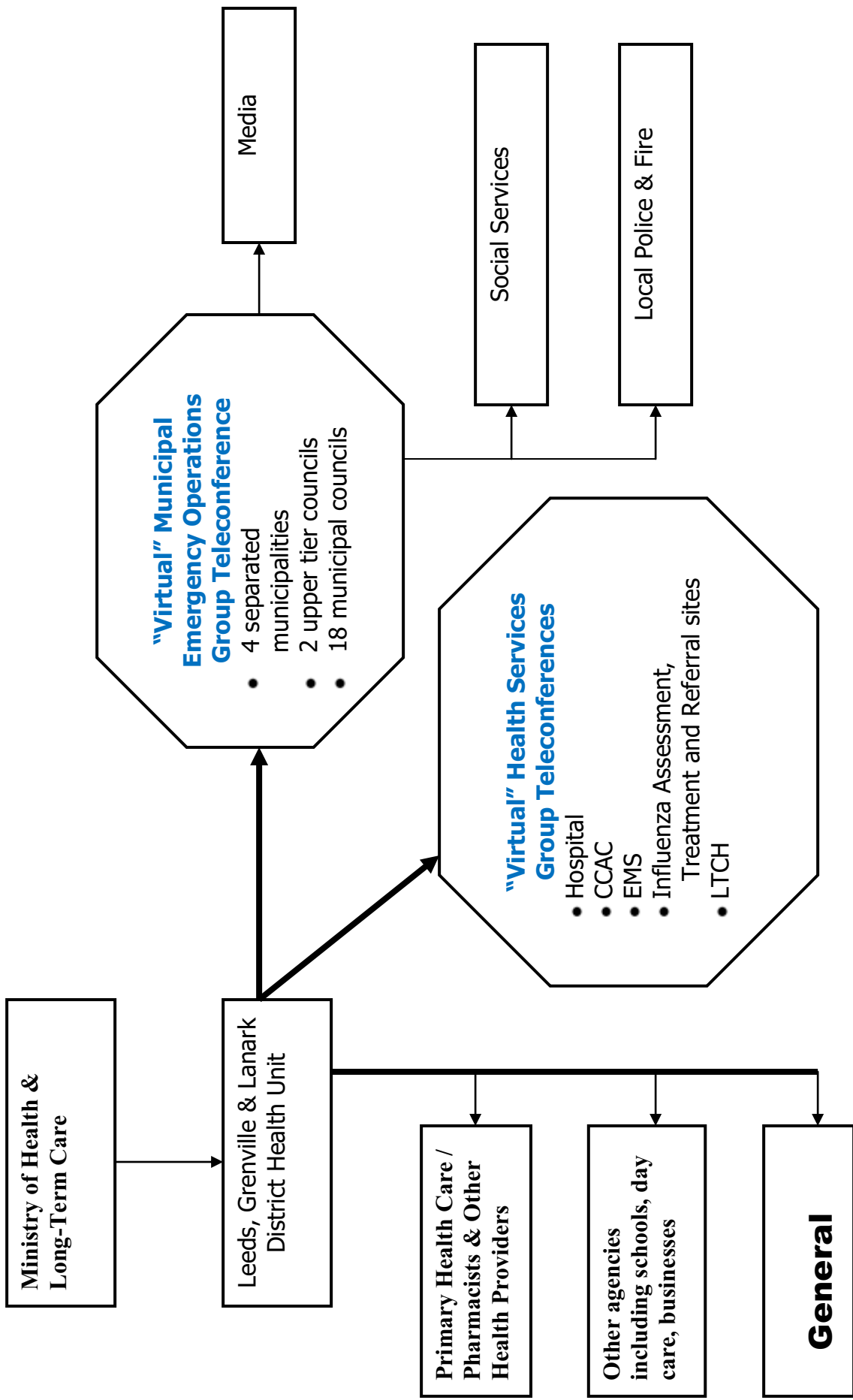
APPENDIX C a) Communications Strategies

Spokesperson: Medical Officer of Health or designate

All communication strategies will be running in parallel to provide an intensive information campaign.

Target Audience	Communication Channel	Key Messages	Information Resources	Responsibility
Partner Agencies -School Boards/Schools -Daycares -EMS/First Responders -Allied health professionals -Municipalities	- Fax -Teleconferences with municipalities - Direct mail - Email - Direct discussion (meetings) - Website (Health Unit) - Direct Health Unit telephone line	- Relevant information on the pandemic response & current status of the pandemic (surveillance information) - Notice of all public communications	- Leeds, Grenville & Lanark Tri-County Pandemic Influenza Plan - Communiqués as determined by the IMG and the MOHLTC	Health Promotion Team in consultation with Infectious Disease PHNs
Health Care Providers -Hospitals -Primary Care - Influenza Assessment, Treatment and Referral Centres -CCAC -Pharmacists -LTCHs and Retirement Homes	- Fax -Communiqués -Teleconferences with Primary Care and LTCHs - Direct mail - Email - Direct discussions (meetings) - Presentations, rounds - Website (Health Unit) - - Direct Health Unit telephone line	- Relevant information on the status of the pandemic (surveillance information and Important Health Notices) - Notice of all public communications - Vaccination & antiviral priorities & rationale - Recommended control measures - Recommended monitoring of adverse vaccine events & mechanisms for reporting	- Communiqués as determined by the IMG and the MOHLTC -Information packages for Primary Care Practitioners (PCP) and for Assessment Services (Flu Centres) -Resources for PCP where appropriate - Fact sheets for patients on influenza, vaccine, antiviral, schedules for community clinics, protective measures & contact numbers, caring for ill patients at home	Infectious Disease PHNs, Tri-County Manager, Director of Community Health Protection
General Public -workplaces -migrant farm workers	- Media release, alerts - Press conferences - 1-800 # hot line, extended hours - 1-800 # recorded message - Website (Health Unit, other) - Public presentations, community forums	- Relevant information on the status of the pandemic (surveillance information) - General information on influenza, protective measures, vaccine & antiviral - Announcements regarding public health measures (school closures, travel restrictions, etc) - Rationale for priority groups for vaccine & antiviral - Schedules for public clinics - Announcements regarding changes in provision of health care/emergency services - Actions people can take to cope with the effects of influenza	- Fact sheets relevant to subgroups of the general population including: high risk groups (based on epidemiology data), children, health care workers and emergency service providers - General fact sheets on influenza, vaccine, antiviral, protective measures and contact numbers	Health Promotion Team

APPENDIX C b) Communication Schematic
Communication or Pandemic in Leeds, Grenville and Lanark



APPENDIX D

Leeds, Grenville and Lanark Counties Pandemic Influenza Assessment, Treatment and Referral Services Overview

(From: Ontario Health Plan for an Influenza Pandemic, August 2008)

Rationale:

- Residents in LGL who develop influenza symptoms must know where to go for assessment, treatment and , if necessary, referral services (i.e. hospital, home care)
- Hospitals need to be able to focus on treating people who are critically ill

Objectives:

- To provide timely access to health care service
- To treat people diagnosed with influenza and prescribe antiviral medication within the recommended time frame (ideally within 12 to 24 hours)
- To identify and refer people who need hospital, home care or other community-based services
- To maintain essential primary services during a pandemic
- To contribute to the prevention and control of pandemic influenza
- To instill public confidence in the in influenza services available to them

Assessment Service Pathways:

- a self-assessment that individuals can do themselves
- a screening that health care providers can do with individuals by phone
- a face-to-face assessment done by a primary care provider

Where will service be provided:

- Primary Care Practitioners (physicians, nurse practitioners, nurses and other primary care providers working in family health teams, community health centres, physician practices, nurse practitioner practices and other primary care agencies)
 - Tools to help primary care practitioners maintain their family practice during an influenza pandemic are available at <http://www.healthunit.org/professionals/pandemic/pandemic.html>
- Designated Influenza Assessment, Treatment and Referral Service Sites throughout Leeds, Grenville and Lanark Counties for residents who do not have a family doctor or who are unable to access care in a timely manner
 - Country Roads Community Health Centre
 - North Lanark Community Health Centre
 - Merrickville District Community Health Centre
 - Smiths Falls Community Health Centre
 - Brockville Family Health Teams
 - Other sites to be determined

Key Tasks:

- Staffing
- Creating job action sheets and matching skills to available human resources
- Supplies and equipment
- Infection prevention and control
- Security and traffic control
- Communication -- linkages with area practitioners and the Health Unit

Other Agency and Community Supports:

- Food, lodging, transportation, psychosocial support, child care, pet care

APPENDIX E

Fact Sheets

The following are fact sheets provided by the Ministry of Health and Long-Term Care about Influenza Pandemic.

Preparing for a Flu Pandemic: How Will Ontario Be Affected?

http://www.health.gov.on.ca/english/public/program/emu/pub/pan_flu/fact_sheet/panflu_ontario_fs_02_20070205.pdf

In Case of a Flu Pandemic: Additions to Your Emergency Supply Kit for Home

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_home_kit_fs_02_20070205.pdf

Staying Healthy During a Flu Pandemic

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_stay_healthy_fs_02_20070205.pdf

Limiting the Spread: Travel, Social Contact and Pandemic Flu

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_travel_fs_02_20070205.pdf

Pandemic Flu and Personal Protection: Hand Hygiene

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_hand_fs_02_20070205.pdf

Taking Care of Yourself and Your Family: What to Do If You Get Pandemic Flu

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_self_fs_02_20070205.pdf

Treating Pandemic Flu: What Your Health Care Provider Will Need to Know and May Ask You to Do

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_provider_fs_02_20070205.pdf

Treating Pandemic Flu: Vaccines and Antiviral Drugs

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_antiviral_fs_02_20070205.pdf

Protecting the Circle of Life: What You Should Know About Pandemic Flu

http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/fact_sheet/panflu_first_nations_fs_02_20070205.pdf

APPENDIX F

<http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf>

APPENDIX G

Terms of Reference

Tri-County Pandemic Influenza Planning Committee

Purpose:

To revise, test and maintain a contingency plan for pandemic influenza to ensure a coordinated, effective response and mitigation.

Major Responsibilities/Required Tasks:

1. To maintain a contingency plan for pandemic influenza for Leeds, Grenville and Lanark District in order to minimize mortality, morbidity and social disruption from pandemic influenza. This plan must include the following key elements; communications, surveillance, vaccine management, antiviral management, infection control and emergency measures.
2. To meet during the inter-pandemic period to test, review and revise the existing contingency plan for pandemic influenza.
3. To encourage and support external agencies to develop and co-ordinate plans for pandemic influenza.
4. To receive updates on the national, provincial and local spread and impact of the disease.
5. To contribute to the evaluation of an exercise of the Tri-County Plan. Lessons learned will be generated and recommendations for changes/ additions to the plan will be included.

Structure:

1. Meetings will be held as needed at the call of the chair.
2. The chairperson in collaboration with the pandemic facilitator will develop the agenda for each meeting.
3. The Pandemic Influenza Planning Committee may create sub-committees as the need arises. Sub-committees report back to the planning committee.

Appendix H

Pandemic Contingency Planning Template

The Leeds, Grenville and Lanark District Health Unit developed the following planning template to encourage and guide local planning efforts. This document identifies areas in need of planning. The issues identified are important but should not be considered all inclusive. It is important for the agencies planning committee to personalize the template so that it may most accurately reflect their state of preparedness.

Planning Framework:

Section 1: Background

This document is intended to be a plan of action to guide efforts in coordinating a response to a pandemic event. This plan should be used to complement the agencies emergency response plans, the Contingency Plan for Pandemic Influenza and the Health Unit's Emergency Response Plan.

Unlike other emergency scenarios, infectious disease outbreaks will not likely be a localized phenomenon. Accordingly, each community and agency needs to be able to respond at the local level.

1.1 Legislation and Command Systems

The Emergency Plans Act, RSO, 1990, Chapter E.9 governs emergency management in Ontario. The Minister of Health and Long Term Care is designated with the lead responsibility for the provision of emergency health services, control of epidemics and response to large-scale adverse human health events. Under the Emergency Plans Act, the Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof. The Premier may require any municipality to provide assistance necessary to implement emergency plans and protect the local residents.

The elected head of council of a municipality may also declare that an emergency exists in the municipality or any part thereof. As a result, the head of council may take such actions as are deemed necessary to implement the emergency plan of the municipality.

The Medical Officer of Health is granted specific authorities to protect the health and safety of the public during a public health emergency. Authorities under the Health Protection and Promotion Act, revised statutes of Ontario, 1990, Chapter H.7 allow the Medical Officer of Health to determine the actions needing to be taken to protect the population from a health hazard.