

Simcoe Muskoka Health Sector Emergency Planning Committee

Pandemic Influenza Plan

FOR

The County of Simcoe

&

The District of Muskoka

September 2010

Version 2.0



MESSAGE FROM SMHSEPC CHAIRS

A Message from the Simcoe Muskoka Health Sector Emergency Planning Committee Chairs

H1N1 FLU VIRUS VIGILANCE CONTINUES IN SIMCOE MUSKOKA

The Simcoe Muskoka District Health Unit, along with local health care providers, continues their vigilance of the H1N1 flu virus following today's announcement by the World Health Organization (WHO) that it has raised the pandemic alert level to six from five.

"The change by WHO in the pandemic level is based on the geographic spread of the illness to multiple countries in more than one WHO Region, and not on the severity of the virus. As well the WHO change reflects the global picture; it does not reflect our local situation and does not indicate an increased risk in our community," said Dr. Charles Gardner, the health unit's medical officer of health.

"However, we continue to monitor the situation closely and watch for any changes. Surveillance is important. Should there be any change in the situation we want to be aware early and respond accordingly."

From a Simcoe Muskoka District Health Unit media release, June 11, 2009

In our message in the original version of the SMHSEPC Pandemic Influenza Plan, we reflected not knowing when the next influenza pandemic would occur. At the time we considered that avian influenza would be the likely source. We have now experienced two waves of a novel pandemic H1N1 (swine) influenza virus which in most cases caused a very mild illness.

To provide public health protection, the health units of the province have been directed by the Chief Medical Officer of Health to work with health care agencies to develop local pandemic influenza plans. We have seen with H1N1 that even a mild illness will cause large numbers of people to seek health care and will greatly strain the capacity of our health care system. This actual experience can now help us in reviewing and revising our individual agency and collective plans.

The Emergency Management and Civil Protection Act establishes the legal requirements for municipal governments to develop and maintain emergency management programs and emergency plans in the Province of Ontario. As such, the County of Simcoe and District of Muskoka have each developed an emergency response plan for their respective areas. Human Health Emergencies are included in our response planning efforts and given the reality of a pandemic influenza; efforts have been focused on a specific plan for this type of emergency.

For these reasons the Simcoe Muskoka District Health Unit has worked in partnership with the County of Simcoe and the District of Muskoka through the Health Sector Emergency Planning Committee (SMHSEPC) to foster the development of an overall pandemic influenza plan for our area. We have also sought to encourage and support the development of pandemic plans for the health care and municipal organizations in keeping with our overall plan. All told, over 45 organizations continue to participate in this planning process.

In parallel with the release of this revised version of the SMHSEPC plan, the Simcoe Muskoka District Health Unit will also be posting its updated pandemic influenza plan. This is to provide operational direction to ensure that as a public health agency we fulfill our roles within the overall response to pandemic influenza in our area. This work has been facilitated through the work of the Pandemic Influenza Plan Review Group (PIPRG), an internal health unit multi-disciplinary committee. The members of PIPRG have done commendable work to update our public health pandemic plan while also providing educational support to the work of the SMHSEPC.

We are pleased to provide a framework for pandemic planning that has brought together many partner organizations to strengthen coordination at the municipal level and increase our joint capacity to respond to an influenza pandemic. With the advent of this framework, and our H1N1 experience, we go forward with the knowledge that this planning will help to reduce illness, death and social disruption in Simcoe Muskoka during the next influenza pandemic or similar human health emergency.

Dr. Charles Gardner,
Medical Officer of Health,
Simcoe Muskoka District Health Unit

Jane Sinclair,
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Health & Cultural Services, Simcoe County

ACKNOWLEDGEMENTS

From the Simcoe Muskoka Health Sector Emergency Planning Committee Chairs,
Jane Sinclair, General Manager, Health & Cultural Services, County of Simcoe
Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit

The success of this initiative is attributed to the hard work and dedication of many individuals in Simcoe County and the District of Muskoka. We would like to extend our special thanks to the following:

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North Simcoe Muskoka Community Care Access
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The Pines Long Term Care Residence
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Georgian College
Chippewas of Rama First Nations
Moose Deer Point
Wahta First Nations
Canadian Forces Base Borden
Correctional Service of Canada –
Fenbrook & Beaver Creek Correctional
Facilities
Ontario Pharmacists' Association
Simcoe Muskoka Family Health Teams
Barrie Community Health Centre

EXECUTIVE SUMMARY

Pandemic Planning

Influenza pandemics have recurred throughout history. At this time the current H1N1 influenza pandemic, while infecting many, has continued to be a very mild illness in Canada with few hospitalizations and fatalities. We know that past influenza pandemics have killed millions of people around the world. Pandemic influenza causes large numbers of people to seek health care that strains the capacity of our health care system. It may also impede the ability of society to provide for our basic needs.

To prepare for the second wave, the Simcoe Muskoka District Health Unit, the County of Simcoe and the District of Muskoka have worked in partnership with local health care organizations through the Simcoe Muskoka Health Sector Emergency Planning Committee (SMHSEPC) to update the 2006 overall pandemic influenza plan for the Simcoe Muskoka area. In total, more than 45 organizations participated in this planning process, many of whom have been concurrently developing their own agency pandemic plans.

This document provides a comprehensive framework for coordinated pandemic planning in Simcoe Muskoka. It is a process that has brought together many partner organizations to strengthen coordination at the municipal level and increase joint capacity to respond to an influenza pandemic. Although complete to date, this plan will change and evolve as global circumstances change.

Part I – Planning Overview

Part I of the SMHSEPC plan includes an overview of pandemic phases, planning assumptions, and the ethical framework and legislative authority underpinning the plan. The overall goals of the SMHSEPC Pandemic Influenza Plan are: 1) to minimize serious illness and overall deaths; and 2) to minimize societal disruption as a result of an influenza pandemic.

Part II – Planning Structure and Processes

Part II outlines the plan's structures and processes, and is divided into four sections. The first section introduces the SMHSEPC and outlines its objectives and terms of reference. The second section provides a detailed overview of Simcoe Muskoka emergency response planning, describing the structures, processes and communications required at the local level to respond to a pandemic situation. The third section focuses on the coordination of communications and information cycles during a pandemic. The final section describes the procedures for approval, updates and revisions of the plan.

Part III – Planning Framework and Activities

Part III presents the framework of the plan, which is divided into six specific pandemic planning components: (1) surveillance (2) vaccine and antivirals (3) public health measures (4) emergency response (5) communications, and (6) health services. Each component includes an introduction, objectives, and activities. The activities are divided by pandemic phase and are categorized into the following eight sectors: SMHSEPC; Simcoe Muskoka District Health Unit; hospitals; long-term care facilities; community care access centres and community mental health; primary care and family physicians; emergency response agencies (police, fire and ambulance); and other agencies (First Nations, Base Borden, Georgian College, etc.).

1) Surveillance

Surveillance is the collection and analysis of data. In the event of pandemic influenza, surveillance will be used to determine when, where and which influenza viruses are circulating, and which segments of the population are at risk. Surveillance information will be used by decision-makers to monitor trends and to plan an appropriate health emergency response. This section outlines surveillance activities presently underway in Simcoe Muskoka and those that are being coordinated and developed.

2) Vaccine and Antivirals

Influenza vaccination is an important tool in preventing influenza. However, in the event of a pandemic the development of a vaccine will take 4 to 6 months from the time the influenza strain has been identified. Until then, antivirals have been recommended for use as a preventative measure for identified groups such as healthcare workers and other essential service workers, and those who are ill. This section describes the activities of the health and emergency sector in the storage, handling and distribution of antivirals, as well as activities related to vaccine distribution and immunization clinics.

3) Public Health Measures

In a pandemic situation, it may be necessary to use non-medical interventions (or public health measures) to reduce the spread and impact of the virus. Public health measures can include, but are not limited to: providing public education; issuing travel restrictions and screening travelers; conducting case and contact management; closing schools; and restricting public gatherings. This section outlines the activities of each sector in the preparation for and response to the implementation of public health measures.

4) Emergency Response

Although public health authorities will lead the response in a pandemic influenza situation, all health sector organizations and emergency responders will play a key role in an overall coordinated emergency response. A coordinated emergency response requires that emergency management structures and communications systems are in place, and that health agencies and emergency responders are prepared. This section outlines the activities required to ensure that regional emergency response plans and structures are in place.

5) Communication

Efficient, accurate and coordinated communications will be a key component in a pandemic influenza response. The SMHSEPC Communications Sub-Committee was created to look at all aspects of communications – from the development and dissemination of key messages to the planning of joint press conferences. Communication considerations include: assessing public and provider communications needs; ensuring communications structures and protocols are in place; and educating the public about pandemic influenza. This section describes individual agency communications activities, as well as activities designed for a coordinated approach.

6) Health Services

The provision of health services during an influenza pandemic could be the most challenging aspect of a pandemic response. A pandemic will place significant additional demand for services on a health care system that is already working to maximum capacity. A pandemic response will most likely need to reduce or stop some areas of health services and program delivery. It will also have an impact on health care professionals in terms of duties, hours of work and working conditions. This section identifies activities related to the continuation of health care services and redeployment of staff during a pandemic.

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PART I

INTRODUCTION

Planning is a key component of emergency response. Regardless of whether the emergency is man-made, health-related or environmental in nature, at the end of the day good planning is what separates a successful response from an unsuccessful one.

As the threat of a pandemic influenza outbreak becomes a reality, governments, agencies and businesses around the world are working with their prepared plans for this potential health emergency. In Simcoe Muskoka, coordinated pandemic influenza planning efforts by health and emergency sector partners has been underway since the fall of 2005.

The result of this planning is this document - a comprehensive pandemic influenza plan that provides an integrated response framework for health and emergency services in the County of Simcoe and the District of Muskoka. This plan is the result of a collaborative effort undertaken by the Simcoe Muskoka Health Sector Emergency Planning (SMHSEP) Committee, which consists of the health unit, hospitals, long-term care facilities, emergency services, municipalities, CCAC's, mental health, primary care physicians and other agencies within the two areas.

The goals of the SMHSEP Pandemic Influenza Plan are in keeping with the provincial goals, which are laid out in the Ontario Health Pandemic Influenza Plan as:

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

Similarly, the ethical and legal frameworks by which the SMHSEP Pandemic Influenza Plan was developed are based upon those articulated in the Ontario Health Pandemic Influenza Plan.

The process of preparing this plan was not only an exercise in preparing a coordinated emergency response, but was also used as an opportunity to educate, support and work with agencies in Simcoe and Muskoka who were developing their own pandemic influenza plans. It was also meant to identify gaps in the response process and to highlight points of potential collaboration.

It must be stated at the outset that this document is a work in progress. There are outstanding gaps that need to be filled, processes and procedures that need to be developed, and a variety of unknowns that cannot yet be dealt with. Pandemic planning does not just end; rather, it evolves. As circumstances change, internal and external, local and international factors will influence its content and future direction.

As of the publication date, the SMHSEP Committee is confident that it has created the basis of a plan that will allow for a timely, coordinated, efficient response to a pandemic influenza outbreak in Simcoe Muskoka. Further, the Committee acknowledges that this plan can be used as a response to a variety of health-related emergencies or events other than pandemic influenza.

OVERVIEW

The content of this plan consists of three parts. **Part I** includes a comprehensive background and explanation of the World Health Organization's (WHO) Pandemic Phases, as well as the assumptions, ethical framework and legal/legislative authority underpinning this plan.

Part II introduces the Health Sector Emergency Planning Committee, and defines the processes and framework by which the Committee arrived at its planning activities.

Part III presents the basic framework of the plan which is divided into six specific components that include: surveillance, vaccine and antivirals, public health measures, emergency response, communications and health services. Each component includes specific objectives and an outline of the planning activities required for each health and emergency sector partner.

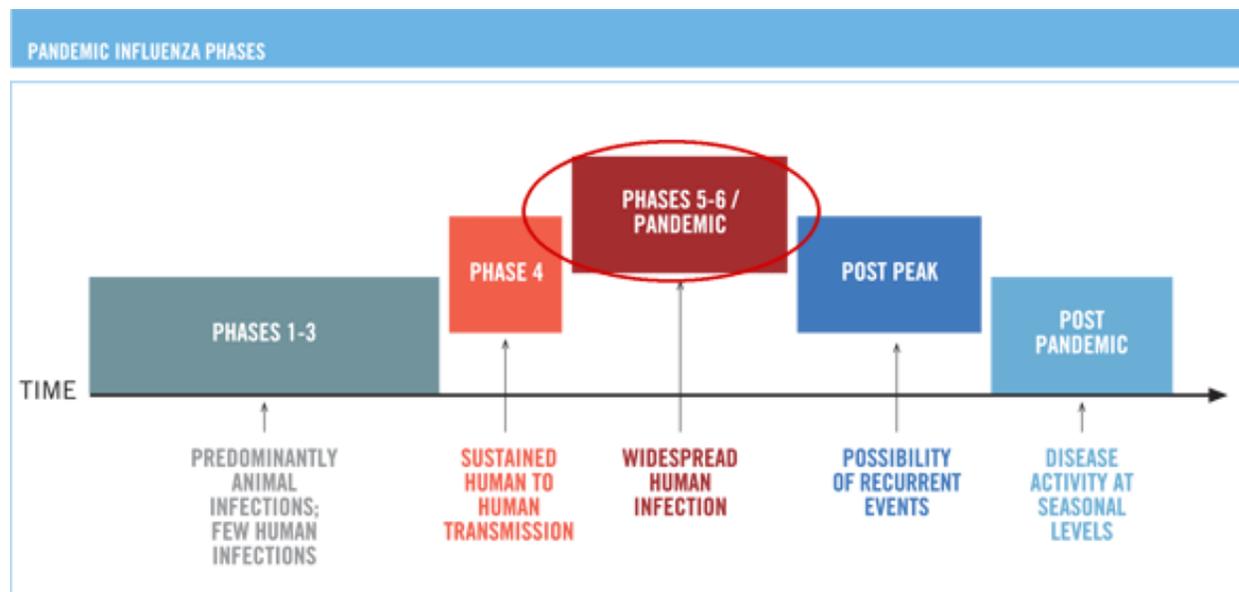
WORLD HEALTH ORGANIZATION PANDEMIC PHASES

WHO Pandemic Periods and Phases

In 1999, to help guide response planning for an influenza pandemic, the World Health Organization (WHO) identified the phases of a pandemic. In April 2009, the WHO revised the pandemic phases (see Table 1) to reflect recent developments, including the risk to human health posed by infection in animals. The new phases focus more attention on the early phases of planning when rapid intervention may contain or delay the spread of a new influenza virus. Canada and Ontario are using the 2005 WHO pandemic periods and phases.

Delineation between pandemic phases is based on the detection of new influenza strains, the potential risk of human infection, and the spread/transmission rate of the disease.

Table 1: World Health Organization Phases of Pandemic Influenza



* The distinction between phase 1 and phase 2 is based on the risk of human infection or disease from circulating strains in animals.

** The distinction between phase 3, phase 4 and phase 5 is based on the risk of a pandemic.

Source: World Health Organization, 2009

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 indicates no activity in Canada
- 1 indicates low activity and low risk in Canada
- 2 indicates higher activity and risk in Canada.

The Canadian activity level number will be used with the WHO phase number to confirm the level of pandemic activity in Canada (see Table 2.2).

The Ministry of Health and Long-Term Care and the local public health units will use the same indicators (no activity, low activity and higher activity) but without a numbering system to confirm pandemic activity in the province and at the local level.

Table 2.2: Example of WHO and Canadian Pandemic Activity Levels

WHO Phase	CAN Phase	WHO/CAN Phase	Definition
6	0	6.0	Outside Canada increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.
6	1	6.1	Single human case(s) with the pandemic virus detected in Canada. No cluster(s) identified in Canada.
6	2	6.2	Localized or widespread pandemic activity observed in the Canadian population.

Source: MOHLTC- 2008

ONTARIO HEALTH PANDEMIC INFLUENZA PLAN - SUMMARY

In June 2005, the Ontario Ministry of Health and Long-Term Care released the first Ontario Health Pandemic Influenza Plan (OHPIP). The most current document that this update plan is based on is the August 2008 version. This document lays out the Province's response to an influenza pandemic. It incorporates a "comprehensive province-wide approach to health preparedness and response planning, and provides information to guide local pandemic planning groups" (OHPIP, 2008, p. iii).

The goals of the OHPIP are two-fold:

- To minimize serious illness and overall deaths through appropriate management of Ontario's health care system.
- To minimize societal disruption in Ontario as a result of influenza pandemic (OHPIP, 2008, p. 3-1).

The plan adopts a strategic approach that highlights four key action areas: be ready; be watchful; be decisive; and be transparent. Operationally, the plan is divided into three phases: preparedness, response, and recovery, which are described in more detail below. Further, each phase consists of seven components under which all activities are divided. These components are: surveillance; vaccines; antivirals; health services; emergency response; public health measures; and communications.

Preparedness

It is essential in pandemic planning that early warning systems are ready and that procedures to contain the spread of pandemic influenza are in place. Ontario's influenza pandemic preparation focuses on:

- Preparing surveillance systems;
- Stockpiling antivirals, medical supplies and other necessary equipment and supplies;
- Planning for the acquisition and distribution of antivirals and vaccine;
- Developing public health measures policies and procedures;
- Developing communication plans and channels;
- Planning for health services during a pandemic, and;
- Integrating emergency response planning with pandemic influenza planning.

Response

Ontario's response to an influenza pandemic will depend on several factors, including the epidemiology of the virus and the efficiency of its spread. The current plan is based on certain assumptions and estimates; therefore, the actual response may be revised and/or changed if circumstances vary from these original assumptions. Key components of Ontario's response include:

- Stringent surveillance;
- Using antivirals to slow down the spread of the disease;
- Storing, distributing and administering vaccine, when available;
- Ensuring adequate care and services are available;
- Implementing emergency response procedures;
- Implementing public health measures, if necessary, and;
- Implementing communications plans and strategies.

Recovery

Although not yet complete, this component of OHPIP will outline post-pandemic activities that address a broad range of issues and circumstances. Recovery activities will be coordinated with the activities currently being developed in the Canadian Pandemic Influenza Plan.

As with other pandemic plans, the Province recognizes that the OHPIP is not a static document, and will continue to be revised and modified as world events change and circumstances dictate.

OHPIP PLANNING ASSUMPTIONS

In order that our planning efforts remain as realistic and practical as possible certain planning assumptions must be used as a basis for planning. The Simcoe Muskoka District Health Unit (SMDHU) Pandemic Plan has adopted the planning assumptions contained in the Ontario Health Plan for an Influenza Pandemic, 2008 which are as follows:

The Course of an Influenza Pandemic

- A pandemic will be due to a new subtype of influenza A.
- A new strain is most likely to occur in Southeast Asia.
- Ontario will have little lead time between when a pandemic is first declared by the WHO and when it spreads to the province.
- An influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons (i.e., October to April). A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first.
- In any locality, the length of each wave of illness is approximately eight weeks.

The Extent and Severity of Illness

- Because the population will have had limited prior exposure to the virus, most people will be susceptible. Children and otherwise healthy adults may be at greater risk because elderly people may have some residual immunity from exposure to a similar virus earlier in their lives if the pandemic is caused by a recycled influenza strain.
- There will be an attack rate may reach 35% during the first wave.
- About 45% of people who acquire influenza will not require medical care, but they will need health information and advice; about 53% will require outpatient or primary care (e.g., treatment by a family physician); and approximately 1.5 to 2% will require hospitalization.
- More severe illness and mortality than the usual seasonal influenza is likely in all population groups.
- At least one third of deaths are likely to be in people under age 65 compared to less than 5% of deaths in interpandemic years.
- Sub-clinical infections will occur. Based on previous pandemics, some people will only experience mild illness or have no symptoms, but still be able to transmit the virus to others. This will make case identification and contact tracing more difficult.
- Individuals who recover from illness with the pandemic strain will likely be immune to infection from that strain.

Access to Vaccines/Antivirals

- A vaccine will not be available for at least four to five months after the seed strain is identified, which means it will not be available in time for the first wave of illness but may be available in time to mitigate the impact of the second wave.
- Once available, the vaccine will be in short supply and high demand. Vaccines manufactured in other countries are likely to be embargoed during a pandemic.
- In a pandemic caused by a novel virus subtype, the population will not be able to benefit from cross-protection from previous exposure to related strains, and everyone may require as many as two doses of vaccine to induce immunity.
- When vaccine becomes available, approximately 2 to 4 million doses will have to be administered per month until Ontario's population is fully immunized.
- Even with a well-matched vaccine, the effectiveness of influenza vaccine in preventing illness is approximately 70-90% in healthy adults.
- The only specific treatment option for influenza during a pandemic will be antiviral drugs, which must be started within 48 hours of the onset of symptoms. The efficacy of antivirals against the pandemic strain is unknown but, when antivirals are used to treat seasonal influenza, they have been shown to shorten the length of time people are ill, ameliorate symptoms and reduce hospitalizations.
- Prophylactic antivirals can be effective in preventing influenza and reducing the impact of outbreaks within institutions.
- Because Ontario will not have a large enough initial supply of either antivirals or vaccine for the entire population, the province will have to set priorities for who receives limited vaccine and antiviral drugs.

- Ontario will follow the recommendations of the Federal/Provincial/Territorial Pandemic Influenza Committee (PIC) for priority groups for immunization and antiviral treatment and prophylaxis. During the course of the pandemic, priority groups may change based on the epidemiology of the pandemic strain, that is, the nature of the virus and the people most affected.

The Impact on the Health Care System

- During a pandemic, the availability of public health and health care workers could be reduced by up to one-third due to illness, concern about disease transmission in the workplace, and care giving responsibilities.
- During a pandemic, laboratory testing capacity will be reduced due to illness and supply shortages.
- Hospital capacity is already limited and could be further reduced because of staff illness. Inter-hospital assistance will be limited because of a rapid spread of influenza. Home care and long-term care homes will provide surge capacity by providing influenza care that will help avoid hospital admissions and allow early hospital discharges.
- Depending on the severity of the pandemic and the number of health care workers who are infected, redeployment of health care workers across sectors may not be practical. The health care system will have to use a variety of mechanisms to augment/ supplement existing health human resources.
- Non-life-threatening health services and public health programs will be significantly curtailed, consolidated or suspended completely.
- Care protocols may change and standards of practice for “normal” operating conditions may have to be adapted to meet pandemic/emergency needs.
- The MOHLTC will provide centralized purchase and distribution of certain personal protective equipment, vaccines/antiviral drugs and other clinical supplies.

Managing a Pandemic

- A provincial emergency will likely be declared early in the onset of a pandemic, and could be declared before the strain of influenza appears in Ontario.
- The overall provincial response during a declared provincial emergency will be managed from the Provincial Emergency Operations Centre, with the Emergency Management Unit, MOHLTC providing command and control services for the health care sector and the MOHLTC itself.
- The Provincial Infectious Diseases Advisory Committee (PIDAC) will be responsible for providing ongoing clinical, infection control and epidemiological advice to the MOHLTC throughout the pandemic and recovery period.

Communications

- A pandemic alert or the start of pandemic activity anywhere in Canada will become a national issue. The Public Health Agency of Canada and the federal government will coordinate inter-provincial communications. Provincial health communications strategies must be aligned with the federal communications plan.
- A pandemic will create intense public and media (local, national, international) interest. Ontario will require sophisticated streamlined communications (e.g., live news conferences using latest satellite and fibre-optic technologies). Spill over media from other provinces and the United States will affect Ontarian’s perspective, reinforcing the need for a consistent communications approach among jurisdictions.
- A pandemic will also create intense pressure on health care workers. Ontario will make use of various communications channels, including websites, electronic mail and fax, to provide health care workers with information that can be useful for their own protection and for their patients/clients and to help manage broader public anxiety.

PANDEMIC INFLUENZA IMPACTS ESTIMATES

Table 2:

**Estimated Impact of Influenza Pandemic in
Simcoe Muskoka District Based on 2004 Population Estimates**

Gross Attack Rate*	15%			35%		
Outcome	Min	Most Likely	Max	Min	Most Likely	Max
Clinically ill** (not requiring medical care)	15,474	32,304	41,349	36,105	75,374	96,429
Require Outpatient Care	29,806	38,205	54,675	69,547	89,146	127,575
Hospitalized	301	863	1,094	752	2,015	2,552
Deaths	118	202	331	277	470	773
Total	71,574			167,005		

Source: Outpatient, hospitalization and deaths were calculated using FluAid 2.0 Software provided by the Centres for Disease Control, National Vaccine Program Office (http://www2a.cdc.gov/od/fluaid/fluaid_page1.asp) based on Simcoe Muskoka District 2004 population estimate of 477,157 by age group, from the Provincial Health Planning Data Base, Extract November 2005. (Estimated age groups: 0-18 = 117,535; 19-64 = 293,981; 65+ = 65,641).

*Gross attack rate is the number of clinical cases of illness (not infections) caused by influenza that will have an economic impact.

**Clinically ill cases were defined as a case of influenza that causes some measurable economic impact, such as one-half day of work lost but do not seek medical care. This definition of clinically ill excludes those that will develop mild symptoms (e.g., nausea, headache, low-grade fever), but essentially still continue their daily activities. Clinically ill cases were calculated using the following formula:¹ Number ill = (Population x gross attack rate) – (deaths + hospitalizations + outpatients)

ETHICAL FRAMEWORK

Ethical Framework for Pandemic Influenza Planning, Response and Recovery

During a pandemic, it is expected that governments will have to make some difficult decisions. The process by which these decisions are arrived at can be made easier when working within an ethical framework. Ethical considerations include honesty and transparency with clear reasons provided for decisions related to the allocation or prioritization of scarce resources (e.g. access to vaccine and antiviral medications).

There should be stakeholder involvement in the decision-making process, with clear, accurate communication. The following table, adopted from the Toronto Public Health Pandemic Influenza Plan, 2005, outlines how the Simcoe Muskoka Pandemic Influenza Plan has observed the Ethical Framework for Decision Making as outlined in the Ontario Health Pandemic Influenza Plan.

Table 3 – Ethical Framework for Decision Making:

Decision-Making Principle	Simcoe Muskoka's Approach
<p>Open and transparent - The process by which decisions are made must be open to scrutiny and the basis should be explained.</p>	<p>The Pandemic Influenza Plan for Simcoe County and the District of Muskoka was developed by the Simcoe Muskoka Health Sector Emergency Planning Committee. Community stakeholder participation with representation of over 40 healthcare agencies was an important component throughout the entire planning process. Further outreach/consultation with stakeholders, in particular with community physicians, needs to be considered.</p>
<p>Reasonable - Decisions should be based on reasons (i.e. evidence, principles and values) and be made by people who are credible and accountable.</p>	<p>The Simcoe Muskoka Pandemic Influenza Plan (SMPIP) is closely aligned with direction provided in the federal and provincial pandemic influenza plans. Decisions made were based on input from:</p> <ul style="list-style-type: none"> • SMHSEP Committee members • SMHSEP Communication Sub-Committee • Current literature and best practice • Infectious disease/infection control experts, • Medical Officer of Health/Associate Medical Officers of Health • SMDHU Pandemic Influenza Planning Advisory Committee
<p>Inclusive - Decisions should be made explicitly with stakeholder views in mind and stakeholders should have opportunities to be engaged in the decision-making process.</p>	<p>SMHSEPC has adopted a model for the development of a comprehensive approach to planning, response and recovery from pandemic influenza. Input from health sector representatives was received primarily through committee participation.</p>
<p>Responsive - Decisions should be revisited and revised as new information emerges, and stakeholders should have opportunities to voice any concerns they have about the decisions (i.e. dispute and complaint mechanism).</p>	<p>SMHSEPC PIP will continue to be developed, enhanced and revised as new information emerges from the federal and provincial plans with on-going stakeholder input. An agency policy will be developed and observed to ensure regular review and revision of both the Emergency Response Plan and the PIP.</p>
<p>Accountable- There should be mechanisms to ensure that ethical decision-making is sustained throughout the pandemic.</p>	<p>Mechanisms will be developed to ensure accountability throughout the pandemic.</p>

Simcoe-Muskoka District Health Unit's response to an influenza pandemic will be based on the following core ethical values as outlined in the Ontario Health Pandemic Influenza Plan.

Table 4 – Core Ethical Values:

Core Ethical Values	Simcoe Muskoka's Approach
<p>Individual Liberty – may be restricted in order to protect the public from serious harm.</p>	<p>Restrictions to individual liberty will:</p> <ul style="list-style-type: none"> • Be proportional to the risk of public harm • Be necessary and relevant to protecting the public good • Employ the least restrictive means necessary to achieve public health goals • Be applied without discrimination
<p>Protection of the Public from Harm – Public measures may be implemented to protect the public from harm.</p>	<p>Protective measures will:</p> <ul style="list-style-type: none"> • Weigh the benefits of protecting the public from harm against the loss of liberty of some individuals (e.g. isolation) • Ensure all stakeholders are aware of the medical and moral reasons for the measures, the benefits of complying, and the consequences of not complying • Establish mechanisms to review decisions as the situation changes and to address stakeholder concerns and complaints
<p>Proportionality – restrictions on individual liberty and measures taken should not exceed the minimum required to address the level of risk or community needs</p>	<p>Simcoe-Muskoka will:</p> <ul style="list-style-type: none"> • Use the least restrictive or coercive measure possible when limiting or restricting liberties or entitlements • Use more coercive measures only in circumstances where less restrictive means have failed to achieve appropriate public health ends.
<p>Privacy – individuals have a right to privacy, including the privacy of their health information.</p>	<p>Simcoe-Muskoka will:</p> <ul style="list-style-type: none"> • Determine whether the good intended is significant enough to justify the potential harm of suspending privacy rights (e.g. potential stigmatization of individuals and communities) • Require private information only if there are no less intrusive means to protect health • Limit any disclosure to only that information required to achieve legitimate public health goals • Take steps to prevent stigmatization (e.g. public education to correct misperceptions about disease transmission).
<p>Equity – All patients have an equal claim to receive the health care they need, and health care institutions are obligated to ensure sufficient supply of health services and materials. During a pandemic, tough decisions may have to be made about who will receive antiviral medication and vaccinations, and which health services will be temporarily suspended.</p>	<p>Simcoe-Muskoka will:</p> <ul style="list-style-type: none"> • Strive to preserve as much equity as possible between the needs of influenza patients and patients who need urgent treatment for other diseases • Establish fair decision-making processes/criteria • Identify diversity and respect wherever possible ethno-cultural-faith practice
<p>Duty to Provide Care – Health care workers have an ethical duty to provide care and respond to suffering. During a pandemic, demands for care may overwhelm health care</p>	<p>To support providers in their efforts to discharge their duty to provide care, Ontario and/or Simcoe-Muskoka will:</p> <ul style="list-style-type: none"> • Work collaboratively with stakeholders, regulatory

workers and their institutions, and create challenges related to resources, practice, liability and workplace safety. Health care workers may have to weigh their duty to provide care against competing obligations (i.e. to their own health, family and friends). When providers cannot provide appropriate care because of constraints caused by the pandemic, they may be faced with moral dilemmas.	colleges and labour associations to establish practice guidelines <ul style="list-style-type: none"> • Work collaboratively with stakeholders, including labour associations, to establish fair dispute resolution processes • Strive to ensure the appropriate supports are in place (e.g. resources, supplies, equipment) • Develop a mechanism for provider complaints and claims for work exemptions
Reciprocity – Society has an ethical responsibility to support those who face a disproportionate burden in protecting the public good. During a pandemic, the greatest burden will fall on public health practitioners, other health care workers, patients, and their families. Health care workers will be asked to take on expanded duties. They may be exposed to greater risk in the workplace, suffer physical and emotional stress, and be isolated from peers and family. Individuals who are isolated may experience significant social, economic, and emotional burdens.	Decision-makers will: <ul style="list-style-type: none"> • Take steps to ease the burdens of health care workers, patients, and patients’ families
Trust – trust is an essential part of the relationship between government and citizens, between health care workers and patients, between organizations and their staff, between the public and health care workers, and among organizations within a health system. During a pandemic, some people may perceive measures to protect the public from harm (e.g. limiting access to certain health services) as a betrayal of trust.	In order to maintain trust during a pandemic, decision makers will: <ul style="list-style-type: none"> • Take steps to build trust with stakeholders before the pandemic occurs (i.e. engage stakeholders early) • Ensure decisions-making processes are ethical and transparent
Solidarity – an influenza pandemic will require solidarity among community, health care institutions, public health units, and government.	Solidarity requires good communication and open collaboration within and between these stakeholders to share information and coordinate health care delivery.
Stewardship – in our society, both institutions and individuals will be entrusted with governance over scarce resources, such as vaccines, ventilators, hospital beds and even health workers. Those entrusted with governance should be guided by the notion of stewardship, which includes protecting and developing one’s resources, and being accountable for public well-being.	To ensure good stewardship of scarce resources, decision makers will: <ul style="list-style-type: none"> • Consider both the benefit to the public good and equity (i.e. fair distribution of both benefits and burdens).
Family-Centered Care A Family’s right to make decisions on behalf of a child, consistent with the capacity of the child will be respected.	In order to respect a family’s decision, decision makers will: <ul style="list-style-type: none"> • Respect families unique beliefs and values and acknowledge their choices
Respect for Emerging Autonomy When providing care for young people, their emerging autonomy will be respected.	In order to respect young peoples emerging autonomy decision makers will <ul style="list-style-type: none"> • disclose age appropriate information

I - 7 LEGISLATIVE AUTHORITY

Actions taken during an emergency response must be guided by the legal/legislative framework that gives authority to the municipality, public health unit and others for their actions.

It is anticipated that the following statutes will play a role and provide legal authority to respond to pandemic influenza at the provincial and the local level:

- Health Promotion and Protection Act R.S.O. 1990 c. H. 7 (HPPA)
- Emergency Management Act R.S. O. 1990, c. E. 9
- Personal Health Information Protection Act, 2004 S.O. 2004, c. 3 Sched. A (PHIPA)
- Quarantine Act R.S.C. 1985, c. Q-1
- Coroners Act R.S.O. 1990 c. C.37
- Occupational Health and Safety Act R.S.O. 1990 c.O.1
- Public Hospitals Act R.S.O. 1990, c. C. P.40

Health Promotion and Protection Act (HPPA)

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h07_e.htm

In Ontario, the Health Protection and Promotion Act requires Boards of Health to provide or ensure provision of a minimum level of public health programs and services in specified areas such as the control of infectious and reportable diseases, health promotion, health protection and disease prevention. Ontario Public Health Standards and Protocols published by the Minister of Health and Long-Term Care, set out standards that must be met by Boards of Health delivering these public health programs and services.

Regulations published under the authority to the HPPA assist to control the spread of communicable and reportable diseases. Regulation 569, Reports, establishes the parameters within which those who are required to report communicable and reportable diseases to the Medical Officer of Health must operate. The Report regulation specifies the information that must be reported for diseases listed in the regulation and under certain conditions, such additional information that the Medical Officer of Health may require.

http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900569_e.htm

A Medical Officer of Health is authorized under Section 22 of the HPPA to issue an order under prescribed conditions to control communicable diseases. The content of these orders could include an order requiring an individual to isolate himself or herself, to place himself or herself under the care and treatment of a physician (if the disease is a virulent disease, as defined in the HPPA) or to submit to an examination by a physician.

A Medical Officer of Health may also, under certain conditions, seek a court order under Section 35 of the HPPA to isolate an individual in a hospital or other facility for a period of up to four months.

The Act also provides for the Chief Medical Officer of Health (CMOH) to take actions to mitigate an incident such as an outbreak of infectious diseases from escalating to the level of a provincial emergency. The CMOH can invoke these powers without the declaration of a provincial emergency.

Personal Health Information Protection Act, 2004 (PHIPA)

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm

PHIPA regulates the collection, use and disclosure of personal health information by health information custodians (a defined term in the Act) and includes physicians, hospitals, long-term care facilities, medical officers of health and the Ministry of Health and Long-Term Care. The Act also establishes rules for individuals and organizations receiving personal information from health information custodians.

Consent is generally required to collect, use and disclose personal health information however, the Act specifies certain circumstances when it is not required. For example, the Act permits disclosure of personal health information to the Chief Medical Officer of Health or Medical Officer of Health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the Health Protection and Promotion Act. Disclosure of personal health information without consent is also

permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Quarantine Act

<http://laws.justice.gc.ca/en/Q-1/index.html>

The purpose of the federal Quarantine Act is to prevent the introduction and spread of communicable diseases in Canada. It is applicable to persons and conveyances arriving in or in the process of departing from Canada. It includes a number of measures to prevent the spread of dangerous, infectious and contagious diseases including the authority to screen, examine and detain arriving and departing individuals, conveyances and their goods and cargo, which may be a public health risk to Canadians and those beyond Canadian borders.

Bill C-12, the new Quarantine Act, received Royal Assent on May 12, 2005. The new Act will not come into force until quarantine regulations have been drafted, likely by the fall of 2006. The new legislation updates and expands the existing legislation to include contemporary public health measures including referral to public health authorities, detention, treatment and disinfection. It also includes measures for collecting and disclosing personal information if it is necessary to prevent the spread of a communicable disease.

Coroners Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37_e.htm

Where a person dies while a resident in specified facilities, including a resident in a home for the aged or a nursing home, a psychiatric facility or an institution under the Mental Hospitals Act, the Coroners Act requires the person in charge of the hospital, facility or institution to immediately give notice of the death to the Coroner. Further, if any person believes that a person has died under circumstances that may require investigation that person must immediately notify a coroner or police officer of the facts and circumstances relating to the death. The Coroner must investigate the circumstances of the death and determine whether to hold an inquest.

Occupational Health and Safety Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm

The Occupational Health and Safety Act (OSHA) and its associated regulations are enforced by the Ministry of Labour. The Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The duties of workers are, generally, to work safely in accordance with the Act and regulations. The Health Care and Residential Facilities Regulation under the Act imposes specific duties for employers in health care facilities. The OSHA cannot be overridden by any emergency order made under either the EMPCA or the HPPA.

Public Hospitals Act:

<http://www.e-laws.gov.on.ca:81/ISYSquery/IRL725B.tmp/83/doc>

Hospitals are required to obtain ministry approval before using additional sites for hospital services. Cabinet is authorized to appoint a hospital supervisor on the recommendation of the Minister of Health and Long-Term Care. The Minister is then authorized to make regulations, subject to Cabinet approval, to address the safety of any hospital site and to deal with patient admissions, care and discharge.

The administrator, medical staff, chief nursing executive, staff nurses and nurses who are managers are required to develop plans to deal with: (i) emergency situations that could place a greater than normal demand on the services provided by the hospital or disrupt the normal hospital routine, and (ii) the failure to provide services by persons who ordinarily provide services in the hospital.

Emergency Management and Civil Protection Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09_e.htm

The Emergency Management and Civil Protection Act establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. The Act specifies what must be included in emergency management programs and emergency plans. Municipal councils are required to adopt emergency plans by by-law.

SIMCOE MUSKOKA HEALTH SECTOR EMERGENCY PLANNING COMMITTEE

INTRODUCTION

Since 2003 however, changes have occurred in the area that have broadened the geographic boundaries of this committee. These changes include the merging of the Simcoe County District Health Unit and the Muskoka-Parry Sound District Health Unit as well as the establishment of the North Simcoe Muskoka Local Health Integration Network (LHIN's # 12), which includes most of Simcoe County and the District of Muskoka. Introduction of Family Health Teams and additional Community Health Centres have offered additional resources for the residents of Simcoe Muskoka. With these changes in mind, the leadership continues to be a collaborative effort involving Simcoe County, the District of Muskoka and the Simcoe Muskoka District Health Unit. Membership of this committee, as outlined in the Terms of Reference, includes over 45 members representing approximately 35 healthcare agencies.

As its first order of business, the re-named Simcoe Muskoka Health Sector Emergency Planning Committee (SMHSEPC) unanimously agreed that there was a need for a coordinated, inter-agency approach to pandemic planning and ongoing support for the planning in progress among its healthcare partners. It was determined then that the focus of the SMHSEPC over 2005-2006 would be on pandemic planning.

The objectives established for pandemic planning by the SMHSEPC included:

- The development of an Inter-Agency Pandemic Plan for Simcoe County and the District of Muskoka by July 2006.
- The provision of education and support for members of the SMHSEPC that were beginning to develop pandemic plans as well as those agencies that were well into the process of planning.
- To provide an opportunity for networking, identification of planning needs and sharing of pandemic planning strategies and resources.
- Development of additional resources as identified by the group i.e. the alternate Influenza Assessment Centre Plan

In December 2005, the SMHSEPC approved the use of a planning template for the Inter-Agency plan. This template is closely aligned with the WHO pandemic phases and the local public health requirements outlined in the Ontario Health Pandemic Influenza Plan. The template consists of six pandemic planning components: surveillance, vaccine and antivirals, public health measures, emergency response, communications and health services. Further, each component is divided into eight columns that list the roles and responsibilities for: SMHSEPC, Public Health Unit, Hospitals, LTC, Primary Care - Family/Community Physicians, Community Care and Mental Health Agencies, Federal Agencies and other supporting health sector representatives.

This plan was developed by the committee members between January 2006 and June 2006, and approved by the SMHSEPC on September 19, 2006. An updated version modified by the members of the SMDHU was presented for review on July 9, 2009. A further modified version is being presented for review on April 29, 2010, in light of the pH1N1 experience.

TERMS OF REFERENCE

Purpose: This committee is established to prepare for planned and coordinated response to health related emergencies.

This committee will advise on and to assist in the development of health sector plans and procedures.

Scope: For planning purposes, this project will be inclusive of the geographic boundaries of the County of Simcoe and the District of Muskoka.

Objectives:

- 1) To improve the capability and capacity of the health sector to respond to emergencies.
- 2) To coordinate emergency management programs within the health sector.
- 3) To facilitate the coordination of existing health sector plans and procedures.
- 4) To facilitate the coordination, cooperation and communication between health care organizations and agencies within the identified communities and with the Province and other organizations as required.
- 5) To provide a forum for health sector information sharing.
- 6) To address local planning issues that may include:
 - ✓ Clarification of responsibilities and capabilities of health sector organizations which may have a response and recovery role
 - ✓ Identification of gaps within existing emergency management program plans
 - ✓ Mass immunizations and/or pharmacological administration
 - ✓ Mass casualty events
 - ✓ Hospital evacuation and sheltering plans
 - ✓ Other health and long term care facility evacuation and sheltering plans
 - ✓ Staffing, medical supplies and essential medications for emergency facilities such as reception and evacuee centers
 - ✓ Decontamination requirements
 - ✓ Recommendation for joint training
 - ✓ Best practice recommendations for Infection Prevention & Control

Co-Chairs:

Review the position of Co-Chair on an annual basis.

(Recommend that Co-Chairs be one member of the Simcoe Muskoka District Health Unit and one planner member of the County of Simcoe.)

Membership:

- representative(s)
 - Collingwood General and Marine Hospital
 - North Simcoe Hospital Alliance
 - Orillia Soldiers' Memorial Hospital
 - Royal Victoria Hospital
 - Stevenson Memorial Hospital
 - Penetanguishene Mental Health Centre
 - Muskoka Hospital
- representative(s) of Simcoe Muskoka District Health Unit
- representative(s) of County of Simcoe & District of Muskoka CCAC's
- representative(s) of County of Simcoe & District of Muskoka Long Term Care sectors
- representative(s) of County of Simcoe & District of Muskoka EMS / Paramedic Services
- representative(s) of North Simcoe Muskoka LHIN #12 and Central LHIN #8
- representative of Georgian Sector Community Emergency Management Coordinating(CEMC) Committee (Simcoe/Muskoka)
- County of Simcoe Emergency Planning Manager
- representative of Regional Infection Control Network
- representative(s) of First Nations Reserves in area

Other Resources:

- representative of Emergency Management Ontario
- representative of MOHLTC Regional office & Provincial office
- adhoc representation of any organization considered by the Committee to be able to provide input as needed

Reporting Relationships:

Individuals have the responsibility to report to their respective organizations and their respective mandates.

Each organization/agency is responsible for the development and maintenance of its emergency management program plan and preparedness to implement those plans.

County of Simcoe has offered to provide administrative support to the Steering Committee.

SIMCOE MUSKOKA EMERGENCY RESPONSE PLANNING

INTRODUCTION

Emergency management in Ontario is governed by the *Emergency Management and Civil Protection Act*, RSO, 1990, Chapter E.9. (EMCPA). Administration of the Act is assigned to the Solicitor General of Ontario under whom the Commissioner of Emergency Management Ontario (EMO) is responsible to coordinate, monitor, and assist in the formulation and implementation of emergency plans.ⁱⁱ The *Emergency Management and Civil Protection Act* provides the framework for emergency planning and preparedness in Ontario. It establishes the mandate for local municipalities to develop emergency plans, and organize the deployment of all services or resources that may be required to manage the emergency. Under the EMCPA, all municipalities are required to have emergency plans in place to help manage emergencies within their area of jurisdiction.

The Simcoe Muskoka District Health Unit (SMDHU) has developed an *Emergency Response Plan* to assist the agency in effectively coordinating a local response to an emergency with external emergency management officials and community partners. The SMDHU emergency response plan identifies general roles and responsibilities for each service area. It also identifies how the emergency notification system will be activated to inform and mobilizing health unit staff. This plan is intended to assist the agency in response to general public health emergencies, such as long-term power outages, floods, food or drinking water quality emergencies, as well as other municipally declared emergencies in which the local municipality has requested support or assistance from the health unit. Depending on the type and severity of the emergency, the level of response may vary.

The Simcoe Muskoka District Health Unit's Pandemic Influenza Plan (SMDHU PIP) is a sub-plan of the agency's Emergency Response Plan. It identifies specific roles and responsibilities for health unit personnel and other key community stakeholders to ensure effective management of an influenza pandemic. It also identifies local communication and emergency management structures and linkages.

The Health Sector Emergency Planning Committee (HSEPC) unanimously agreed that there was a need for a coordinated, inter-agency approach to pandemic planning and ongoing support for the planning in progress among its healthcare partners. It was determined then that the focus of the HSEPC over 2005-2006 would be on pandemic planning.

The Health Sector Emergency Planning Committee has jointly developed an inter-agency pandemic influenza plan to assist in the coordination of local services and resources. *The Pandemic Influenza Plan for the County of Simcoe and the District of Muskoka* identifies emergency management structures and communications systems to ensure effective coordination and collaboration between the health sector, emergency service personnel and public health and to facilitate the flow of information between these response organizations. This plan also identifies expected roles of health and non-health sector response agencies during pandemic influenza preparation and response. It is imperative that each agency is familiar with their assigned roles identified within this plan.

ACTIVATION OF PLANS AND EOC'S

Activation of the SMDHU's Pandemic Influenza Plan

The Medical Officer of Health (MOH) or designate may be notified by the Public Health Branch of the Ministry of Health and Long-Term Care (MOHLTC) that pandemic influenza has entered the Province of Ontario. Notification that pandemic influenza is in Simcoe County or the District of Muskoka will be made by the MOH. The SMDHU PIP will be activated in whole or in part upon direction of the Medical Officer of Health when the following conditions apply:

- Pandemic-relevant information is obtained from local, provincial or national sources
- Local case(s) or an outbreak of the pandemic strain of influenza is confirmed locally
- An influenza pandemic is declared by the Premier of Ontario **OR**
- The occurrence and expected impact of illness in the population will require coordinated efforts by all or most of the health unit's staff and resources.

If the MOH determines an emergency situation exceeds the ability of public health to respond effectively, the MOH may contact the Public Health Branch of the Ministry of Health and Long-Term Care to request assistance.

Activation of Local Plans/Emergency Operation Centres

Depending on the provincial situation the Province may notify municipal Community Emergency Management Coordinators (CEMC's) and recommend activation of their plans. In the event of a local pandemic situation, the MOH will likely alert or activate) the County of Simcoe and/or the District of Muskoka Emergency Operation Centre's (EOC's) to discuss the status of the emergency, share pandemic-relevant information and coordinate an effective response.

The MOH may also request that health sector agencies and key community stakeholders activate their own emergency response plans. Each agency will be impacted differently; therefore individual agencies may implement their plans independently or in conjunction with the Health Unit and the County and/or the District.

Individual municipalities may activate their EOC's independently depending on localized activity or upon recommendation by the Province, the County or the District to allocate resources and coordinate response locally.

The decision to activate the Pandemic Influenza Plan for Simcoe County and the District of Muskoka will be made by the County and/or the District emergency control group in consultation with the Medical Officer of Health, as Incident Commander. It is anticipated that municipal and regional emergency plans will be activated as local conditions escalate and the need for response measures increases.

Notification Process

Pandemic Influenza is a reportable disease; therefore, any suspected case must be immediately reported to the Medical Officer of Health. If after-hours, the MOH (on-call) can be reached through the health unit's Call Message Centre at 1-888-225-7851. Day-time reports can be directed through the health unit at (705) 721-7520.

- Upon receipt of a warning of a real or potential pandemic emergency, the Medical Officer of Health or other responding department will immediately contact the County of Simcoe/District of Muskoka Community Emergency Management Coordinator (CEMC) to request that the notification system be activated.
- Upon notification of a real emergency, the CEMC will notify all members of the County of Simcoe/District of Muskoka Emergency Community Control Group (ECG)
- Where a threat of an impending emergency exists, the CEMC will contact the Warden/District Chair and the CAO for advice. The Warden/District Chair or CAO will decide whether to convene the ECG or place the group on standby.
- Upon being notified, it is the responsibility of all ECG officials to notify their staff and volunteer organizations of the situation.

Emergency Operation Centres

The upper-tier EOC's will be set up and function according to their Comprehensive Emergency Management Plan. Emergency Control Group members will congregate and work together at the Emergency Operation Centres to make decisions, share information and provide support as required to mitigate the effects of the pandemic emergency. Primary and Alternate EOC sites have been pre-identified within each municipal emergency response plan. The decision regarding the location will be made in consultation with Medical Officer of Health as the Incident Commander, lead agency representative involved in the emergency.

For a Pandemic emergency, the Emergency Operation Centre, Emergency Control Group Membership will likely consist of:

County of Simcoe

- *County Warden*
- *Chief Administrative Officer (CAO) (EOC Chair)*
- *Medical Officer of Health (Incident Commander, Unified Command) or designate*
- *Community Emergency Management Coordinator (Liaison Officer)*
- *General Manager of Social Services*
- *General Manager of Health and Cultural Services*
- *Police Representative or designate*
- *Director of Paramedic Services or designate*
- *Public Information Officer*
- *Hospital Representative or designate (Network One)*

District of Muskoka

- *District Chair*
- *Chief Administrative Officer (CAO) (EOC Chair)*
- *Medical Officer of Health (Incident Commander, Unified Command) or designate*
- *Community Emergency Management Coordinator (Liaison Officer)*
- *Commissioner of Engineering & Public Works*
- *Commissioner of Community Services*
- *Ontario Provincial Police Representative*
- *Director of Paramedic Services or designate*
- *Public Information Officer*
- *Hospital Representative or designate (Network One)*

Additional personnel called or added to the ECG may include:

- Representative of Emergency Management Ontario
- Liaison staff from provincial ministries (i.e. Ministry of Environment, Canadian Food Inspection Agency)
- Mayors/Acting Mayors or Designated Senior Officials of affected area municipalities
- General Manager of Finance & Administration
- Fire Coordinator or designate
- Officials, experts or representatives from the health sector, public or private sector as deemed necessary by the Emergency Control Group (i.e. Director of Long Term Care Services, CCAC, School Boards, Medical Director from CFB Borden, First Nations)

Emergency Declaration

Under the *Emergency Management and Civil Protection Act* only the Head of Council or the Premier of Ontario have the authority to declare an emergency. Under the Act, the Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof. The Premier or a designated Minister may take such action as necessary to implement emergency plans and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The Premier of Ontario may require any municipality to provide such assistance, as is considered necessary, to an emergency area or part thereof that is not within the jurisdiction of the municipality and may direct and control the provision of such assistance.ⁱⁱⁱ

In an influenza pandemic situation recommendations to declare a provincial emergency will likely involve the Secretary of Cabinet, the Ministry of Health and Long-term Care, the Ministry of Community Safety & Correctional Services & Commissioner of Emergency Management (EMO).^{iv} The Premier may terminate the emergency status at any time.

Locally, the Head of Council of a municipality may declare that an emergency exists in that municipality and may implement the municipality's emergency response plan. The Act also authorizes the Head of Council to do what he/she considers necessary to protect the health, safety and welfare of the residents. This allows the municipality to draw from any resource or service within the community.

A decision to declare an emergency locally at the Upper-Tier level will be made by the Head of Council in consultation with other municipal emergency control group members, including the Medical Officer of Health. The Community Emergency Management Coordinator (CEMC) will notify the Provincial Emergency Operation Centre of a potential/actual influenza pandemic situation and request assistance.

ROLES AND RELATIONSHIPS IN EMERGENCY MANAGEMENT

Local public health authorities are responsible for planning the local response to an influenza pandemic with direction from both the provincial and federal governments. This involves liaising with local partners (e.g. emergency responders, hospitals, mortuary services) in advance of a pandemic. It is likely that the local public health authorities, through existing or enhanced surveillance, may be the first ones to detect influenza within their community. It is essential that the lines of communication within the community and up to the Province are clear and established in advance of a pandemic.^v

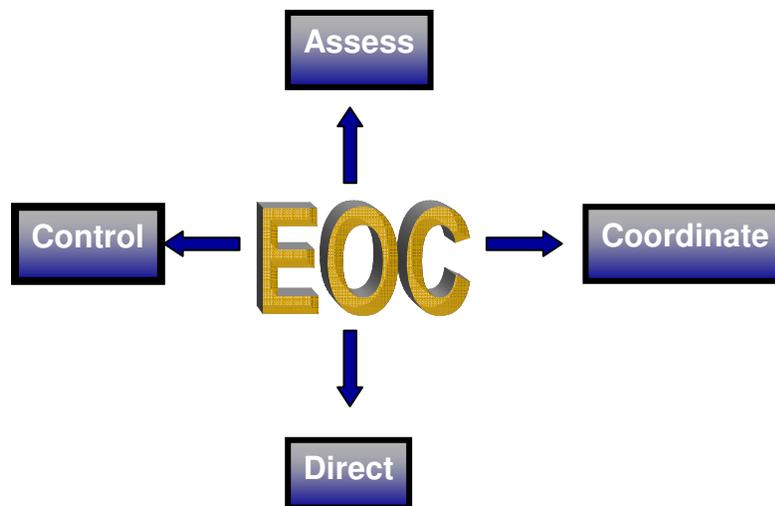
In preparation for a response to a pandemic influenza, the health unit has established an organizational response structure which identifies relationships between all response teams (refer to Figure 3: *Inter-Agency Emergency Management Structure for Pandemic Response*). This response structure was designed to assist in the coordination of inter-agency response to a pandemic. It identifies the local Emergency Operation Centres which may be activated in a Pandemic emergency situation.

The County/District Emergency Operation Centres constitute locations where emergency control groups will assemble to gather and share information and make critical emergency management decisions.

The main functions of the Emergency Control Group are:

- To assess the situation
- Coordinate resources and services
- Establish priority action items and direct staff to carry out assigned tasks and
- Control the emergency by mitigating effects/impacts

Functions of the Emergency Operations Centre

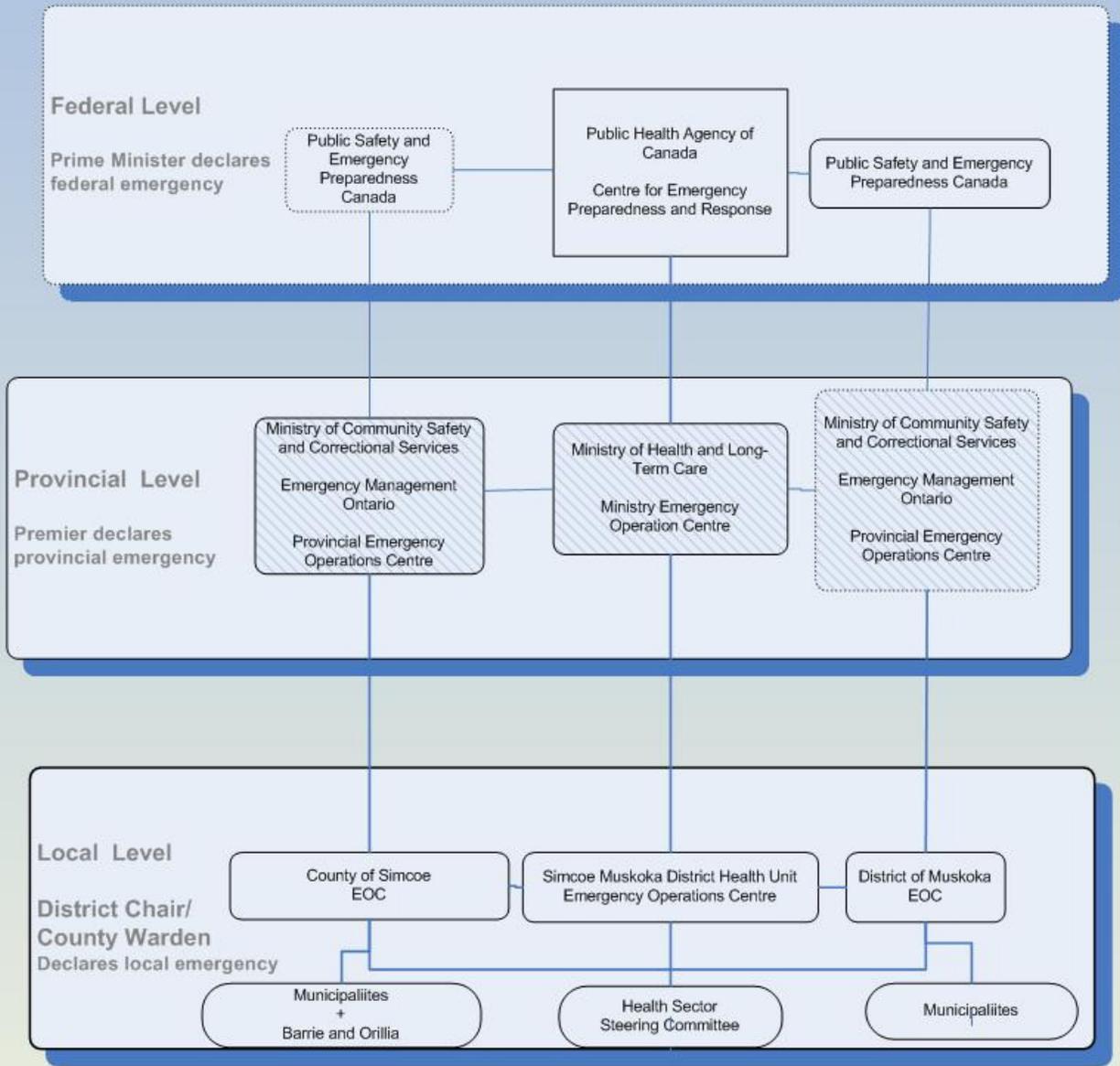


The MOH of the Simcoe Muskoka District Health Unit will lead pandemic influenza emergency response within Simcoe-Muskoka. The Health Unit will work closely with the Ministry of Health and Long-Term Care who will provide provincial leadership to the health sector through the Ministry Emergency Operations Centre. The MOHLTC may issue directives to health units, hospitals, long term care facilities and physicians.^{vi} The Health Unit will ensure that the response in Simcoe Muskoka is coordinated with the provincial response and is consistent with the directives issued by the Ministry.

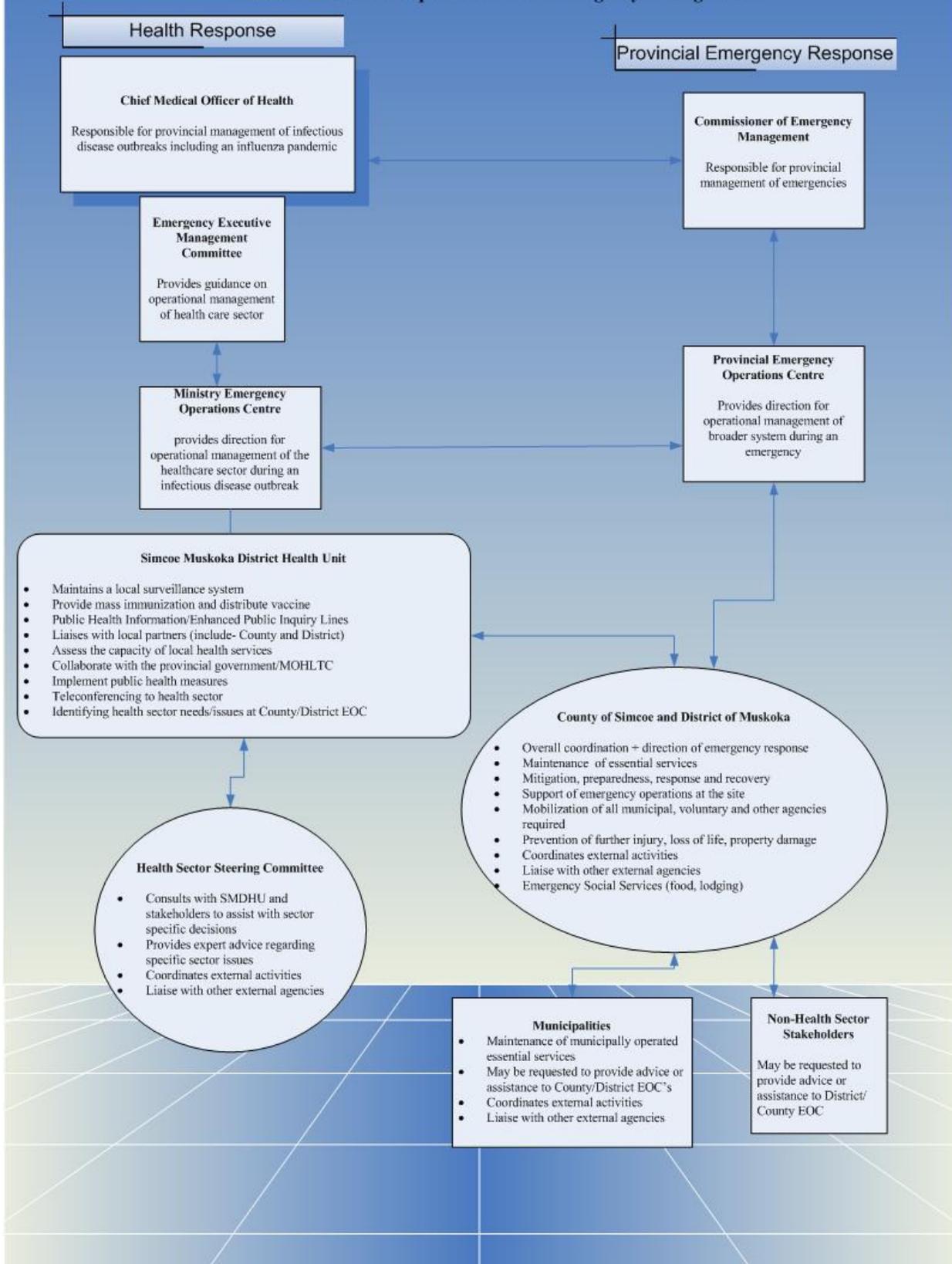
Figure 4: *Roles and Relationships in Pandemic Emergency Management* identifies roles of other levels of government, local pandemic emergency response groups and external partners, and provides a description of the relationships that exist between involved agencies and authorities.

The MOH or designate would be present at the County/District EOC. Locally, the MOH would be responsible for communicating out to the health sector; while the County/District would be responsible for communicating out to the municipalities.

Figure 3: Interagency Emergency Management Structure for Pandemic Response



**Figure 4:
Roles and Relationships in Pandemic Emergency Management**



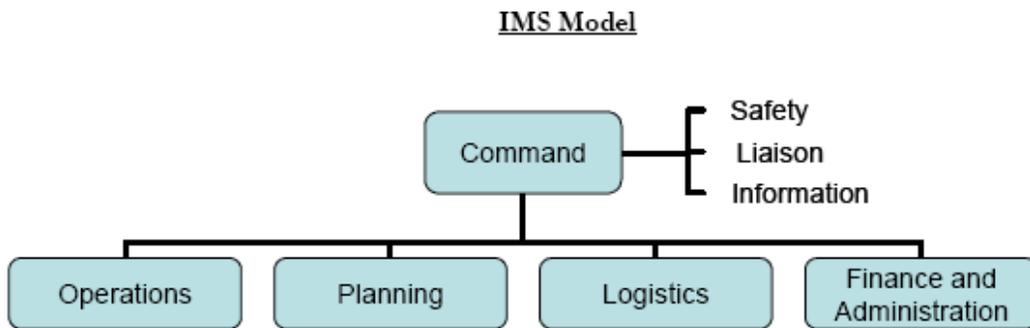
Emergency Management Systems

Most emergency response organizations use the **Incident Management System (IMS)** to permit Emergency Response organizations to work together effectively to manage multi-jurisdictional incidents. The Incident Management System improves communication, coordinates resources and facilitates cooperation and coordination between agencies.

The IMS structure (see *Figure 5*) has been adopted by Emergency Management Ontario (EMO) as an operational framework for emergency management for the Government of Ontario. The Ministry of Health and Long-Term Care will use this model for its Emergency Operations Centre (MEOC) at the Emergency Management Unit.^{vii} This structure is built around five functions: command, operation, planning, logistics and finance/administration.

Other organizations provincially and locally (such as healthcare facilities) are beginning to follow suit, which will help to increase the effectiveness and interoperability of emergency management in the province overall.^{viii} The health unit will adopt the IMS structure in the event of a pandemic.

Figure IMS Structure



Source: Ministry of Health and Long Term Care

Authority is based on a top-down approach, originating from the Emergency Control Group. The four functional departments of the organizational structure (Planning, Operations, Logistics and Finance & Administration) can be activated.

The Command function determines the flow of decision making and communications in the emergency setting through formal orders and directives. Command also has the overall authority to control and direct emergency resources.

Incident Commander

In a situation where there are multiple 1st responder organizations participating at the same time, a **Unified Command system** should be implemented (Resulting in one single Incident Commander). In a Pandemic emergency, the **Medical Officer of Health** has been identified as the **Unified Command - Incident Commander**.

For complex incidents, and Emergency Operations Centre (EOC) should be organized to support the incident commander, coordinate multiple incidents and interface with other agencies organizations or levels of governments. Lead for each of the functions will be identified as representatives within the emergency control group.

Each operational response agency will identify their own Incident Commander who will be responsible for managing staff and resources on-site. Incident Commanders from external response agencies may be requested to attend the County/District EOC's to provide advice or assistances with response.

Potential roles of the Incident Commander may include:

- Leads the incident and deals with teams
- Coordinate response and support to other level of government or agency
- Contingency arrangements and alternates;
- Defines the functions of various teams engaged in the emergency and specifies the roles and responsibilities for all teams members as defined within their pandemic/emergency response plan
- Determines immediate emergency response objectives and sets priorities to meet these objectives (Coordinates activities and communicates with Program/Senior Management)

At the EOC level the Incident Commander would be responsible for:

- Coordinating with the Provincial Emergency Operation Centre (PEOC) and/or liaison through the Provincial Emergency Response Teams, especially if the response is province-wide or area specific where provincial direction/orders are given;
- Activating the pandemic plan and implementing concept of operations arrangements;
- Declares an Emergency/advises Head of Council whether declaration of an emergency is recommended
- Canceling public events or closing facilities;
- Receiving direction from health unit or Province and directing local implementation of orders/advice received
- Delivering emergency information through the media for the public

Three functions that support command are:

- **Health & Safety**
- **Liaison and**
- **Emergency Officer**

Health and Safety

Staff in this capacity are responsible for the monitoring, tracking and safety of all personnel working at a site or the Emergency Operations Centre (EOC). Critical information can also be passed from command that will directly or indirectly impact emergency efforts.

Health & Safety staff:

- Monitor and track safety of personnel at site
- Relay educational information to and from command
- Ensure that personnel within your department are trained and certified in safety and health practices, including the use of Personal Protective Equipment (PPE) for designated personnel.
- Coordinate with the safety officer to identify hazards or unsafe conditions associated with the incident and immediately alert and inform appropriate management and leadership personnel.

Liaison

Community Emergency Management Coordinators (CEMC's) will play the role of the **Liaison Officer** in a local pandemic emergency. Liaison staff can be deployed to other EOC's or remain in their own and have external liaison representatives join them.

The Liaison Officer:

- Acts as a link between the Emergency Operation Centre and other organizations involved in the emergency
- Coordinates with outside agencies and other organizations involved with pandemic response
- Identifies key external contacts such as police or ambulance
- Keeps Incident Manager up to date with actions of other agencies and their responses.

Emergency Information/Public Information Officer

The Public Information Officer is responsible for the development and timely dissemination of approved emergency information messages and bulletins to the media and the public. This function is responsible

for coordinating all media requests for interviews and conducting regular news briefings. Please note that the Incident Commander may be identified as the community spokesperson.

Each response agency is responsible for identifying a Public Information Officer for their organization. Public Information Officer. Individual agencies may already have an emergency information officer established within their organization functioning as a public information officer, Media Relations or Communications Officer.

IMS Main Functions that can be activated:

- **Planning**
- **Operations**
- **Logistics**
- **Finance & Administration**

Operations

This function coordinates the operational requirements of the site and/or EOC. Resources and equipment are directed as required to fulfill assigned duties in the emergency. Operations also action decisions made by Command by calling out and mobilizing staff and equipment.

A concept of operations describes the mechanism by which each organization will conduct its own operations and interact with other responding agencies. It is a key element of all emergency plans, and each agency will have its own procedures for the services that it provides to ensure that critical services are maintained. Examples of operational teams established during a pandemic may include: mass vaccination and immunization clinics and Public inquiry lines.

Potential functions of Operations may include:

- Calling out and mobilizing staff and equipment
- Notifying the Head of Council of an imminent and/or actual emergency;
- Activating emergency response plan/pandemic influenza plan
- Assembling the CCG at the EOC
- Coordinating operations and briefing cycles of the EOC with media briefings, especially in a multi-jurisdictional response;
- Carrying out assigned duties between briefing cycles, especially for coordinating with other response organizations;
- Directing resources and equipment, determines what type of resources are needed to deal with the incident
- Notifies team leaders that an emergency has been declared
- Communicates directives to response team and provide feedback to Command
- Providing support to the health care sector with those of all of the other governments and agencies involved in pandemic response

Planning

This function is responsible for the development, dissemination and evaluation of emergency response plans up to 72 hours ahead of time. This group gathers information regarding the incident specific impact and identifies alternate/modified plans of action to deal with the emergency.

Potential roles of Planning Teams may include:

- Assessing the ongoing impacts (mortality and morbidity; staffing/resource needs emerging demands and requests for support/unmet needs Pandemic phase and attack rate; impacts on of municipality's services, impacts on vulnerable populations etc.)
- Need Assessments (implementation of antiviral administration arrangements; stresses on health care sector; need for reception and/or evacuation centres etc.)
- Development, dissemination and evaluation of emergency of emergency response plans up to 72 hours ahead
- Gathers information regarding incident specific impact
- Share information between all programs/teams
- Identifying alternate action to deal with emergency

- Develops the Emergency Management Team action plan
- Tracks individual/departmental services continuity plan and status
- Summarizes departmental plans for submission to senior management
- Advises Emergency Management Team of departmental service continuity plan conflicts, incongruities, overlap, etc.

Logistics

Arrange for and coordinate all materials, services, equipments and resources to manage and resolve the emergency. Logistics tracks inventory and the current location of resources. Identifying the availability of supplies and support;

Potential roles of Logistics staff include:

- Arrange and co-ordinate materials, services, equipment and resources required to manage and resolve the emergency
- Logistics tracks usages (inventory tracking) and tracks the current location of resources
- Provides/facilitates services and staffing to deal with emergency
- Immobilizing staff
- Arranges for transportation/accommodation
- Acquires equipment and support services, office and medical supplies
- Arranges for food
- Maintains operation of the Emergency Operations Centre (EOC)
- Acquires outside services, arranging for services and/or equipment from other agencies, community
- Notifying, requesting assistance from and/or liaising with other levels of government

Finance and Administration

Authorizes expenditures, claims, purchases and contracts initiated during the emergency.

Finance & Administration responsibilities may include:

- Authorizes expenditures
- Monitors the cost associated with emergency response (expenditure tracking) for staff services, municipal/agency resources (equipment/supplies)
- Identifies cost depleted
- Emergency procurement authorization
- Claims and compensation
- Administers financial and staffing duties- incident related costs, maintenance and scheduling

EOC Operating Cycles:

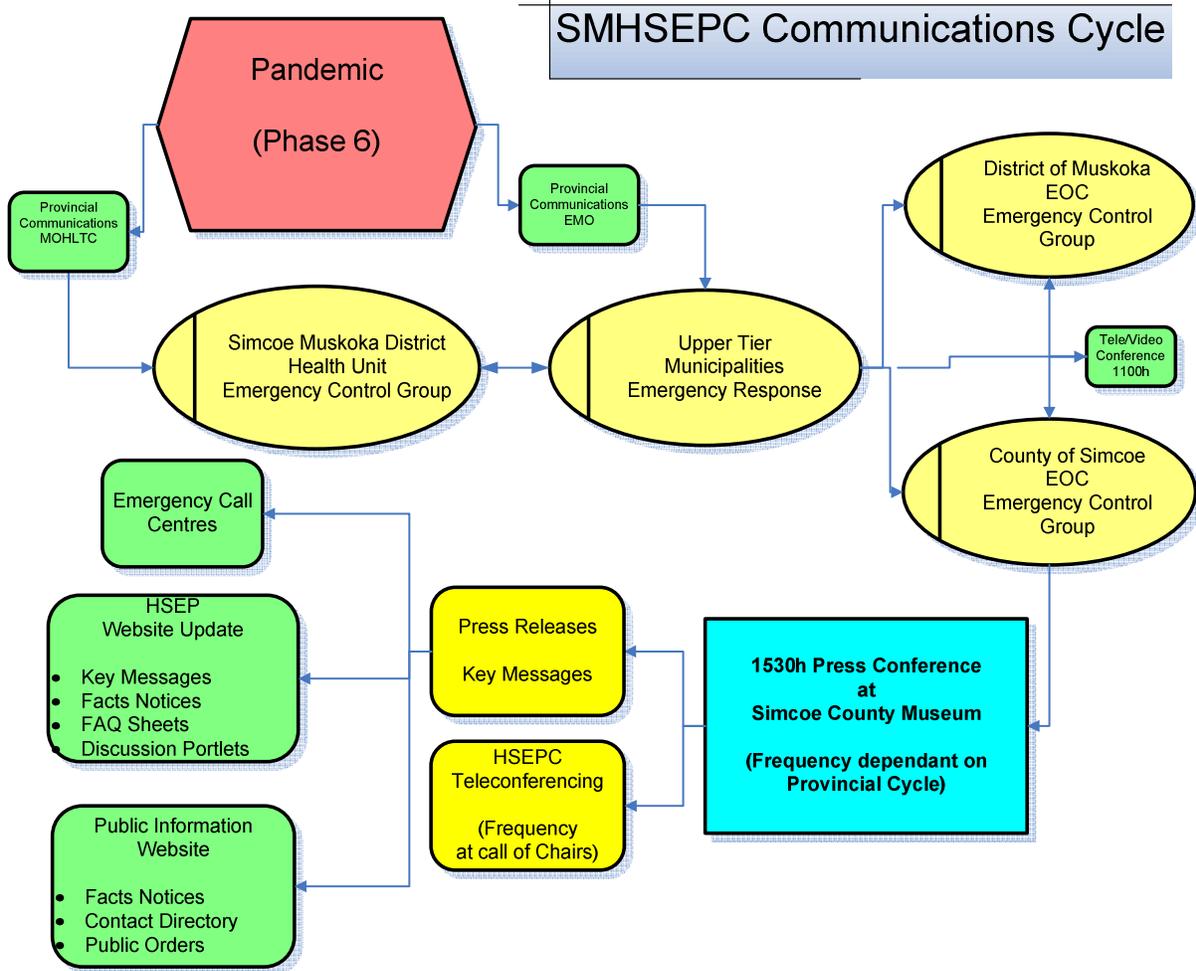
Members of the ECG will gather at regular intervals to inform each other of actions taken and problems encountered. The Chief Administrative Officer (CAO) will establish the frequency of meetings and agenda items. Meetings will be kept as brief as possible thus allowing members to carry out their individual responsibilities. The Medical Officer of Health will act as Incident Commander of the pandemic emergency.

COMMUNICATION CYCLES

The efficiency of an emergency management structure depends to a large degree on effective communication among the decision centres. The roles and responsibilities of each pandemic response team must be understood, and the activities carried out by these teams must be coordinated with external partners. Coordination among the health unit's emergency operation centre and the County/District EOC's is best done by a predetermined management cycle.

Figure 6 depicts how information will be relayed in a pandemic emergency.

Figure 6 – SMHSEPC Communications Cycle:

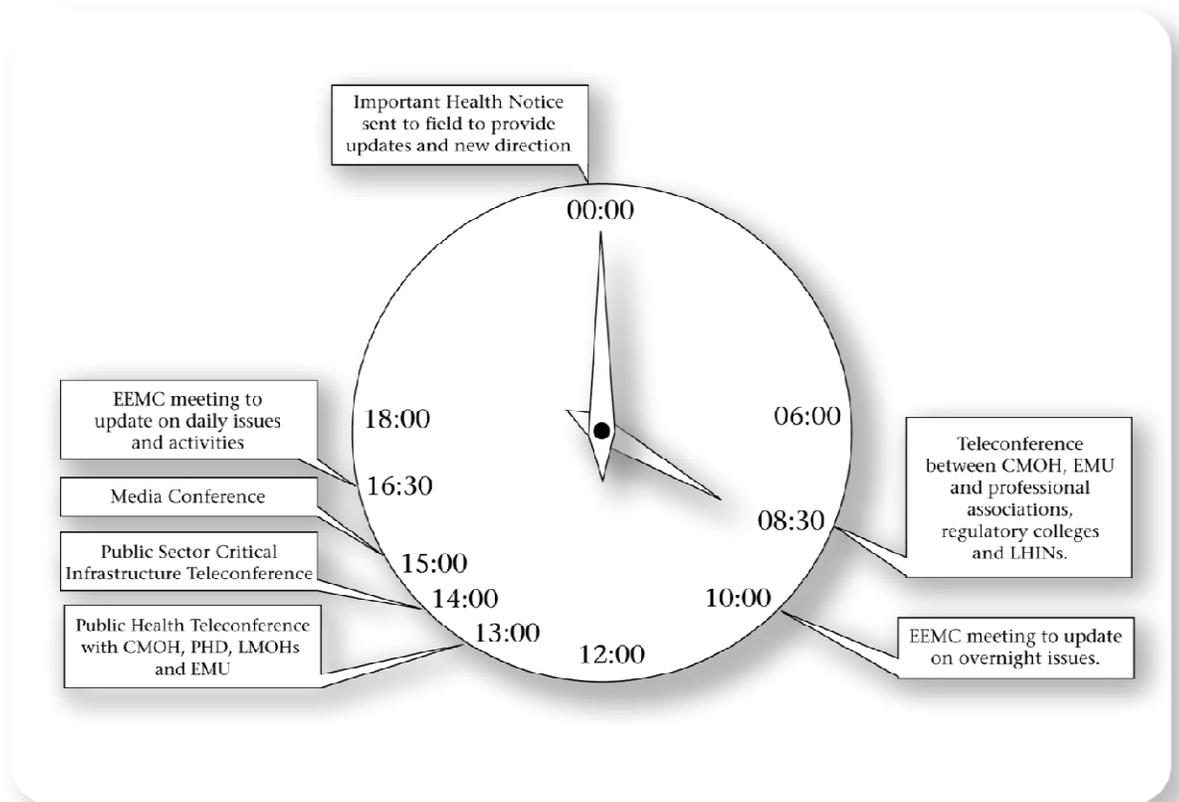


MOHLTC has developed an information cycle which will be used during a public health pandemic emergency. This information management cycle will ensure regular timely reports for provider groups and the public/media. Information will be issued and briefings held at the same time each day.

To optimize the exchange of information among local emergency response agencies, a similar information management cycle will be established. Communications will likely be in the form of teleconferencing. The time and frequency of teleconferences will be dependent on the status of the emergency and communications coming down from the MOHTLC. Weekly teleconferencing is expected, however, daily communication may be necessary as the emergency escalates.

The cycle will be negotiated at the time of the emergency among the three Emergency Operation Centres.

Figure 7: Ontario Ministry of Health and Long-Term Care Information Cycle



Web Portal and Phone Lines

People outside the three Emergency Operation Centres will be kept informed directly through one of the members of the decision centres or indirectly through the SMHSEPC extranet. Additional queries will be addressed through Public Inquiry Lines. Health sector, emergency service providers, businesses and the general public can be kept informed by connecting into web or by calling into public inquiry lines.

Public Health will conduct surveillance for early detection and tracking of the pandemic. It is responsible for public communications by providing a reliable source of health information to the public, and it will expand its existing public phone-inquiry information line (Health Connection). Public Health will institute public health measures to prevent the spread of the disease in the community by promoting personal protective measures such as respiratory etiquette and hand hygiene; and community infection control measures, such as social distancing and, if indicated, quarantine.

PROCEDURE FOR UPDATES AND REVISIONS

Procedures for Updates and Revisions

Updates

The goal of updates to Inter-Agency Influenza Pandemic Plan is to remove outdated information and replace it with current information. Thus, the plan can reflect any changes in the upper-tier Emergency Response Plans or among the partner organizations and other stakeholders. The Simcoe Muskoka District Health Unit is responsible for keeping the plan up to date. Within a given version, the date and the number of the update will be noted in the footer. Notice of any update will be posted on the web portal. The first version is Version 1.0; the first update will be Version 1.1.

Revisions

The Pandemic Influenza Plan for the County of Simcoe and the District of Muskoka will be revised when substantive relevant changes arise as a result of exercises, emergency situations, changes in legislation or additional guidance from provincial or national pandemic plans. The Simcoe Muskoka District Health Unit will undertake any revision to the plan in consultation with all affected parties. The first version is Version 1.0; the first revision will be Version 2.0.

The Inter-Agency Plan will be assessed on an annual basis by upper-tier emergency control group members and revised as needed.

SURVEILLANCE

INTRODUCTION

Surveillance is the systematic ongoing collection, collation and analysis of data and the timely dissemination of information to those who need to know so that action can be taken. (World Health Organization. April 27, 2004)

Pandemic influenza surveillance determines when, where and which influenza viruses are circulating as well as those segments of the population that are at risk of mild or severe illness, hospitalization and death. Ultimately, the surveillance information that is disseminated is utilized by decision makers to guide a public health response. For example, surveillance data can be used to:

- determine early when a pandemic begins or enters a health jurisdiction, or
- identify and monitor new strains of influenza quickly and track virus activity
- assist in the identification of high risk groups requiring antivirals or vaccinations, or
- evaluate interventions.

Early detection of human cases provides the greatest opportunity for preventing or delaying further spread of the pandemic influenza virus. Currently, local seasonal influenza surveillance activities consist of the following:

- laboratory-confirmed influenza cases are reported to the MOHLTC through the provincial reportable disease database called the integrated public health information system (iPHIS).
- respiratory outbreaks in hospitals, long term care facilities and other institutions such as daycares are reported to the MOHLTC through iPHIS
- unusual clusters or travel-linked cases of febrile respiratory illness (FRI) in all health care settings are reported to the public health unit
- PHAC national influenza reports are received weekly through the FluWatch notices. (Fluwatch collects influenza-like illness (ILI) data from a network of sentinel physicians, laboratory data and provincial/territorial activity)
- provincial influenza reports are received weekly via the Influenza Bulletin.
- School surveillance systems have been developed in 2009 to detect illness in school aged children which may reflect illness in the community.
- During the summer months, reports are received from Recreational Camps where surveillance systems for reporting ILI have been in place since 2009.

The local activities outlined in each WHO phase are dependent on MOHLTC directives and correspond with the local objectives identified in the OHPIP. Changes in WHO phase would affect the surveillance activities that the health unit would undertake; although, it is important to note that the health unit's response will be based on the local level of pandemic activity and following the lead from the MOHLTC for the Province of Ontario to respond appropriately. Jurisdiction response may not always correspond to the global situation when Ontario or Canada may not be experiencing the same level of pandemic activity as global pandemic activity and/or at the same time.

Objectives

The surveillance objectives are:

- Systematically monitor trends in health, disease and the determinants of health.
- Rapidly detect unusual events, epidemics or other changes in the health or the determinants of health of a population and communicate to decision makers.
- Analyze surveillance data to provide information that will be used to guide or trigger pandemic plans
- Evaluate new or ongoing prevention and control measures.
- Plan and set priorities for health policies and programs.
- Suggest hypotheses concerning the determinants of health in populations.

SURVEILLANCE ACTIVITIES

	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
<p>Surveillance</p> <p>Interpandemic Period Phase 1</p> <p><i>No new Influenza subtypes have been detected in humans</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Establish methods for rapid communication as needed with HSEP planning committee; must be viable during power outage. 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Maintain vigilance with FRI screening and case follow up <input type="checkbox"/> Design, maintain and test data collection systems to complement iPHIS <input type="checkbox"/> Report FRI and ILI with travel link as required to MOHLTC by iPHIS <input type="checkbox"/> Liaise with hospitals and LTC on FRI Surveillance <input type="checkbox"/> Report respiratory infection outbreaks to MOHLTC by iPHIS <input type="checkbox"/> Educate the medical community about the importance of surveillance <input type="checkbox"/> Educate the medical community about viral testing where indicated <input type="checkbox"/> Conduct daily global disease surveillance via the internet <input type="checkbox"/> Analyze surveillance data <input type="checkbox"/> Maintain and test surveillance information dissemination strategies <input type="checkbox"/> Receive and disseminate information related to FRI surveillance <input type="checkbox"/> Immunize staff for influenza <input type="checkbox"/> Promote staff immunization for influenza in all health care settings 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Maintain vigilance with FRI screening <input type="checkbox"/> Liaise with public health on FRI Surveillance; update as needed <input type="checkbox"/> Look for unusual clinical presentations and order viral testing where indicated <input type="checkbox"/> Report outbreaks of FRI or ILI <input type="checkbox"/> Immunize staff and chronic care patients for influenza 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Maintain vigilance with FRI screening <input type="checkbox"/> Report outbreaks of FRI or ILI <input type="checkbox"/> Immunize staff and residents for influenza
	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc, Corrections</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Maintain vigilance with FRI screening <input type="checkbox"/> Immunize staff for influenza 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Report cases of FRI with travel link <input type="checkbox"/> Conduct viral testing where indicated <input type="checkbox"/> Promote influenza immunization to high risk groups 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Maintain vigilance with FRI screening <input type="checkbox"/> Immunize staff for influenza 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain all inter-pandemic surveillance activities <input type="checkbox"/> Maintain vigilance with FRI screening at all health service areas <p><u>Federal Agencies:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine Federal and Provincial Reporting responsibilities

Surveillance Interpandemic Period Phase 2 <i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Disseminate alerts <input type="checkbox"/> Test and maintain communication methods	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Disseminate alerts <input type="checkbox"/> Liaise with animal health agencies as routine	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Receive alerts and disseminate as per agency plan <input type="checkbox"/> Report outbreaks of FRI or ILI	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Receive alerts and disseminate as per agency plan <input type="checkbox"/> Report outbreaks of FRI or ILI
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc Corrections
	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Receive alerts and disseminate as per agency plan	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Receive alerts	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Receive alerts and disseminate as per agency plan <input type="checkbox"/> Liaise with animal health agencies as necessary	<input type="checkbox"/> Continue with all Phase 1 activities <input type="checkbox"/> Receive alerts and disseminate as per agency plan
Surveillance Pandemic Alert Period Phase 3 <i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue with all phase 2 activities	<input type="checkbox"/> Continue with all phase 2 activities <input type="checkbox"/> Continue to monitor national surveillance bulletins from CDC, WHO and LCDCPHAC on a daily basis <input type="checkbox"/> Share surveillance information with stakeholders <input type="checkbox"/> Maintain vigilance in FRI screening <input type="checkbox"/> Confirm that surveillance tools and protocols required for later phases are available, posted to website and up-to-date <input type="checkbox"/> Comply with standards and protocols for collecting, storing and transporting specimens <input type="checkbox"/> Monitor staff absentee rate	<input type="checkbox"/> Continue with all phase 2 activities <input type="checkbox"/> Share surveillance information with stakeholders <input type="checkbox"/> Maintain vigilance in FRI screening <input type="checkbox"/> Monitor staff absentee rate <input type="checkbox"/> Educate staff on importance of pandemic surveillance <input type="checkbox"/> Report outbreaks of FRI or ILI	<input type="checkbox"/> Educate staff on importance of pandemic surveillance <input type="checkbox"/> Work with private healthcare agencies to collect staff absenteeism rates <input type="checkbox"/> Report outbreaks of FRI or ILI

<p>Surveillance</p> <p>Pandemic Alert Period Phase 3</p> <p><i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i></p>	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all phase 2 activities <input type="checkbox"/> Educate staff on importance of pandemic surveillance <input type="checkbox"/> Work with private healthcare agencies to collect staff absenteeism rates 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all phase 2 activities 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all phase 2 activities <input type="checkbox"/> Maintain vigilance in FRI screening <input type="checkbox"/> Monitor staff absentee rate <input type="checkbox"/> Educate staff on importance of pandemic surveillance 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all phase 2 activities <input type="checkbox"/> Implement FRI screening <input type="checkbox"/> Reporting staff absentee rate >10% <input type="checkbox"/> Schools: reporting increased absentee rate >10% <input type="checkbox"/> Investigate feasibility of pharmaceutical surveillance system <input type="checkbox"/> Educate staff on importance of pandemic surveillance
<p>Surveillance</p> <p>Phase 4</p> <p><i>Small cluster(s) with limited human to human transmission but spread is highly localized.</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 activities <input type="checkbox"/> Identify surveillance information needs should pandemic progress to the next phase <input type="checkbox"/> Disseminate alerts about the progress of the pandemic to increase awareness and inform public health and clinical decision making 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with phase 3 activities <input type="checkbox"/> Identify surveillance information needs should pandemic progress to the next phase <input type="checkbox"/> Receive and disseminate alerts about the progress of the pandemic to increase awareness and inform clinical decision making 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all phase 3 activities <input type="checkbox"/> Sentinel Physician surveillance system in place 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 activities
	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 activities <input type="checkbox"/> Surveillance systems in place 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with phase 3 activities 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with phase 3 activities 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider broadening surveillance activities
<p>Surveillance</p> <p>Pandemic Alert Period Phase 5</p> <p><i>Large clusters but human-human spread is still localized.</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 activities 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Increase surveillance activities such as health sector teleconferences; FluQandA@smdhu.org <input type="checkbox"/> Implement/disseminate new and updated FRI surveillance tools and Important Health Notices <input type="checkbox"/> Review and revise information required for surveillance purposes for a potential progression to 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Receive and Implement new and updated FRI surveillance tools <input type="checkbox"/> Receive Important Health Notices 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Receive and Implement new and updated FRI surveillance tools <input type="checkbox"/> Receive Important Health Notices

Surveillance Pandemic Alert Period Phase 5		Phase 6 <input type="checkbox"/> Adhere to pandemic surveillance reporting timeclock; local numbers posted to website after 1500		
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Receive and Implement new and updated FRI surveillance tools <input type="checkbox"/> Receive Important Health Notices	<input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Receive Important Health Notices	<input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Receive and Implement new and updated FRI surveillance tools <input type="checkbox"/> Receive Important Health Notices	<input type="checkbox"/> Continue with all Phase 4 activities <input type="checkbox"/> Receive and Implement new and updated FRI surveillance tools <input type="checkbox"/> Receive Important Health Notices
Surveillance Pandemic Alert Period Phase 6 <i>Increased and sustained transmission in general population through to the pandemic subsiding</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Review and evaluate course of pandemic and effectiveness of response	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Continue to monitor and report spread and impact of virus; continue with enhanced surveillance until no longer sustainable. <input type="checkbox"/> Implement investigation protocols for clusters i.e. school settings <input type="checkbox"/> Utilize active surveillance protocols for detection of entry into Canada <input type="checkbox"/> Evaluate current epidemiology of pandemic to direct priorities of high risk groups <input type="checkbox"/> Adopt and implement revised case definitions as necessary <input type="checkbox"/> Receive Important Health Notices <input type="checkbox"/> Monitor Quesst syndromic surveillance system, report trends to partners <input type="checkbox"/> Adhere to pandemic surveillance reporting time clock; local numbers posted to website after 1500	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Compliance with MOHLTC direction on viral testing on unusual severe acute respiratory illness <input type="checkbox"/> Use of FRI screening tool as directed by MOHLTC <input type="checkbox"/> Receive Important Health Notices <input type="checkbox"/> Integration of the Kingston Electronic Syndromic Surveillance System Reporting in real time <input type="checkbox"/> Regional input to SMDHU syndromic surveillance <input type="checkbox"/> Occupational health reporting for staff surveillance	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Receive Important Health Notices
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Use of FRI screening tool as directed by MOHLTC <input type="checkbox"/> Receive Important Health Notices	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Use of FRI screening tool as directed by MOHLTC <input type="checkbox"/> Receive Important Health Notices	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Use of FRI screening tool as directed by MOHLTC <input type="checkbox"/> Receive Important Health Notices	<input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Use of FRI screening tool as directed by MOHLTC

Surveillance Post Pandemic Period Return to Phase 1	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
		<input type="checkbox"/> Collect information required to evaluate surveillance activities <input type="checkbox"/> Plan improvements as required <input type="checkbox"/> Resume routine surveillance activities i.e. interpandemic <input type="checkbox"/> Participate in special surveillance studies, locally and/or provincially.	<input type="checkbox"/> Collect information required to evaluate surveillance activities <input type="checkbox"/> Plan improvements as required <input type="checkbox"/> Resume routine surveillance activities i.e. Interpandemic	<input type="checkbox"/> Collect information required to evaluate surveillance activities <input type="checkbox"/> Plan improvements as required <input type="checkbox"/> Resume routine surveillance activities i.e. Interpandemic
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Collect information required to evaluate surveillance activities <input type="checkbox"/> Plan improvements as required <input type="checkbox"/> Resume routine surveillance activities i.e. Interpandemic	<input type="checkbox"/> Resume routine surveillance and screening activities i.e. interpandemic	<input type="checkbox"/> Resume routine surveillance and screening activities i.e. interpandemic	<input type="checkbox"/> Resume routine surveillance and screening activities i.e. interpandemic

VACCINE AND ANTIVIRALS

INTRODUCTION

Influenza vaccination is a primary means of preventing disease and death from influenza (National Advisory Committee on Immunization, 2009). In a pandemic influenza situation however, vaccine will not be available until four to six months after the pandemic strain has been identified.

Until a vaccine is available, antivirals may have been recommended for use. The MOHLTC will determine whether antiviral will be used for treatment and or prevention in certain identified groups preventively for specifically identified groups such as healthcare workers and other essential service workers. Distribution of antivirals will also be determined by the MOHLTC Antivirals will be distributed to facilities that have been identified by the MOHLTC as those needing to provide a priority group with antivirals for either treatment or prophylaxis.

During a pandemic, the MOHLTC will determine the distribution of vaccine to vaccine delivery agents. During the early stages of pH1N1, the MOHLTC directed that only HUs would have access to vaccine. The limited capacity of local HUs to be the main keepers of vaccine as well as a 10 year history of successful Universal Influenza Immunization Program (UIIP) resulted in the MOHLTC broadening access to pH1N1 vaccine to all those HCPs who met pre-qualification criteria to store and handle vaccine. Ontario will use primarily a "Pull" strategy to ensure best use of available resources: influenza vaccine will be sent only to public health units, which will organize mass immunization clinics in various locations in their communities (Ontario Health Plan for an Influenza Pandemic, August 2008, p. 9 – 4).

In the early stages of a pandemic, while supply of vaccine is still limited, the Public Health Agency of Canada (PHAC), the MOHLTC, as well as the local MOH determine and interpret sequencing groups for vaccine eligibility. While the general public await access to a vaccine, specific strategies or public health measures will be implemented to help minimize social disruption and care for those who are ill. These activities are outlined in the early phases of this plan and include such strategies as the continuation of the UIIP and promotion of pneumococcal immunization for high-risk groups.

Objectives

The vaccine and antiviral objectives are:

- To assist in the storage, allocation, distribution and dispensing of our jurisdictions' supply of antiviral medications according to criteria set by PHAC and MOHLTC and MOH determination and interpretation of local needs.
- To ensure that safe, effective vaccine programs are available as quickly as possible.
- To ensure that vaccines are allocated, distributed and administered efficiently and appropriately.
- To monitor the safety and effectiveness of vaccination programs.

VACCINE AND ANTIVIRALS ACTIVITIES

	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
<u>Vaccine & Antiviral</u> Interpandemic Period Phase 1 <i>No new Influenza subtypes have been detected in humans</i>		<input type="checkbox"/> Ensure human resources material <input type="checkbox"/> Logistics are in place <input type="checkbox"/> Continue to increase the use of the seasonal influenza vaccine <input type="checkbox"/> Encourage physicians to maintain lists of high-risk patients and their pneumococcal immunization status <input type="checkbox"/> Aware of cold chain procedure <input type="checkbox"/> Back-up generators for power outages/alarm system	<input type="checkbox"/> Continue to increase the use of the seasonal influenza vaccine (staff and patients) <input type="checkbox"/> Maintain lists of high-risk patients and their pneumococcal immunization status <input type="checkbox"/> Aware of cold chain procedure <input type="checkbox"/> Hospital sharing of policies and procedures related to staff influenza immunization	<input type="checkbox"/> Continue to increase the use of the seasonal influenza vaccine (staff and patients) <input type="checkbox"/> Maintain lists of high-risk patients and their pneumococcal immunization status <input type="checkbox"/> Aware of cold chain procedure
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue to increase the use of the seasonal influenza vaccine (staff and patients) <input type="checkbox"/> Maintain lists of high-risk patients and their pneumococcal immunization status <input type="checkbox"/> Aware of cold chain procedure	<input type="checkbox"/> Continue to participate in the UIIP and offer seasonal flu vaccine. <input type="checkbox"/> Continue to offer pneumococcal vaccine to high risk patients <input type="checkbox"/> Aware of cold chain procedure and have appropriate vaccine storage	<input type="checkbox"/> Staff vaccination <input type="checkbox"/> Encourage personnel to receive annual influenza vaccine <input type="checkbox"/> Continue to increase the use of the seasonal influenza vaccine (staff) <input type="checkbox"/> Aware of cold chain procedure and plan for appropriate vaccine storage <input type="checkbox"/> Establish procedure and explore need to provide immunizations to emergency response personnel	<input type="checkbox"/> Continue to increase the use of the seasonal influenza vaccine (staff, clients and students) <input type="checkbox"/> Aware of cold chain procedure and plan for appropriate vaccine storage <input type="checkbox"/> Establish procedure
<u>Vaccine & Antiviral</u> Interpandemic Period Phase 2 <i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Review major elements of the antiviral management plan	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Communicate antiviral distribution plan to stakeholders <input type="checkbox"/> Regular communication with MOHLTC re: availability of antivirals, vaccines <input type="checkbox"/> Inform providers re: plan for distribution <input type="checkbox"/> Fact sheets will be developed and available on-line	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Procedures in place for antiviral management <input type="checkbox"/> Have procedure for completion of enumeration process and submit data to health unit for collection and report to MOHLTC <input type="checkbox"/> Inform and educate staff re: Antiviral use and management <input type="checkbox"/> Development system to share hospital policy & procedures and communicate to address dually employed staff	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Procedures in place for antiviral management (staff and residents) <input type="checkbox"/> Have procedure for completion of enumeration process and submit data to health unit for collection and report to MOHLTC <input type="checkbox"/> Inform and educate staff re: Antiviral use and management <input type="checkbox"/> Development system to share LTC policy & procedures and communicate to address

Vaccine & Antiviral Interpandemic Period Phase 2				dually employed staff
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Procedures in place for antiviral management (staff and residents) <input type="checkbox"/> Have procedure for completion of enumeration process and submit data to health unit for collection and report to MOHLTC <input type="checkbox"/> Inform and educate staff re: Antiviral use and management <input type="checkbox"/> Development system to share LTC policy & procedures and communicate to address dually employed staff	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Prescribe anti viral as per PHAC and MOHLTC and local MOH recommendations	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Have procedure for completion of enumeration process and submit data to health unit for collection and report to MOHLTC <input type="checkbox"/> Inform and educate staff re: Antiviral use and management <input type="checkbox"/> Development system to share EMS policy & procedures and communicate to address dually employed staff	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> If applicable, have procedure for completion of numeration process and submit data to health unit for collection and report to MOHLTC <input type="checkbox"/> Inform and educate staff re: Antiviral use and management
Vaccine & Antiviral Pandemic Alert Period Phase 3 Human Infection with a new subtype, but no human to human spread or spread to a close contact only	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Meet daily at the discretion of the MOH?	<input type="checkbox"/> Continue Phase 1 and 2 activities <input type="checkbox"/> Confirm that security issues with storing and distribution of antivirals are addressed <input type="checkbox"/> Negotiate with other agencies space availability for immunization clinics <input type="checkbox"/> Develop MOU (memorandum of understanding) as appropriate with community centers, schools, malls	<input type="checkbox"/> Continue Phase 1 and 2 activities <input type="checkbox"/> Confirm that security issues with storing and distribution of antivirals are addressed <input type="checkbox"/> Develop tracking system for antivirals use (management procedure)	<input type="checkbox"/> Continue Phase 1 and 2 activities <input type="checkbox"/> Confirm that security issues with storing and distribution of antivirals are addressed <input type="checkbox"/> Develop tracking system for antivirals use (management procedure)
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue Phase 1 and 2 activities <input type="checkbox"/> Confirm that security issues with storing and distribution of antivirals are addressed <input type="checkbox"/> Develop tracking system for antivirals use (management procedure)	<input type="checkbox"/> Continue to prescribe anti viral as per PHAC and MOHLTC and local MOH recommendations	<input type="checkbox"/> Continue Phase 1 and 2 activities <input type="checkbox"/> Confirm that security issues with storing and distribution of antivirals are addressed <input type="checkbox"/> Develop tracking system for antivirals use (management procedure)	<input type="checkbox"/> Continue Phase 1 and 2 activities <input type="checkbox"/> Consider alternative sites/space availability for immunization clinics

<p>Antiviral</p> <p>Pandemic Alert Period Phase 4</p> <p><i>Small cluster(s) with limited human to human transmission but spread is highly localized.</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Continue to monitor and meet at the discretion of the MOH <input type="checkbox"/> Review major elements of the Antiviral/Vaccine Plan <input type="checkbox"/> Assist with confirming location of municipal/city or county facilities 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Confirm vaccination clinic locations <input type="checkbox"/> Ensure list of vaccinators is up to date <input type="checkbox"/> Review mass vaccination program <input type="checkbox"/> Address issues that may impede and/or assist the roll-out of immunization program <input type="checkbox"/> Provide definitions/forms for reporting <input type="checkbox"/> Review and update policies and procedures for administration of influenza vaccines <input type="checkbox"/> Confirm plans for the distribution of antivirals with community partners 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Assess current supply of antivirals including expiration dates <input type="checkbox"/> Confirm plans for the receipt of antivirals with public health unit <input type="checkbox"/> Prepare for adverse event reporting for antivirals and vaccine <input type="checkbox"/> Review and update policies and procedures for administration of influenza vaccines 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Confirm plans for the receipt of antivirals with public health unit <input type="checkbox"/> Prepare for adverse event reporting for antivirals and vaccine <input type="checkbox"/> Review and update policies and procedures for administration of influenza vaccines
	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Confirm plans for the receipt of antivirals with public health unit <input type="checkbox"/> Prepare for adverse event reporting for antivirals and vaccine <input type="checkbox"/> Review and update policies and procedures for administration of influenza vaccines 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Continue to prescribe anti viral as per PHAC and MOHLTC and local MOH recommendations <input type="checkbox"/> Participate in mass immunizations as per provincial and local directives 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Confirm plans for the receipt of antivirals with public health unit <input type="checkbox"/> Prepare for adverse event reporting for antivirals and vaccine <input type="checkbox"/> Review and update policies and procedures for administration of influenza vaccines 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 3 Activities <input type="checkbox"/> Confirm plans for the receipt of antivirals with public health unit <input type="checkbox"/> Prepare for adverse event reporting for antivirals and vaccine <input type="checkbox"/> Consider alternative distribution points i.e. pharmacies <input type="checkbox"/> Review and update policies and procedures for administration of influenza vaccines
	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Distribution <input type="checkbox"/> Security <input type="checkbox"/> Review priority groups and provide data to MOHLTC as indicated 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Review priority groups and provide data to MOHLTC as indicated
	<p>Vaccine & Antiviral</p> <p>Pandemic Alert Period Phase 5</p> <p><i>Large clusters but human-human spread is still localized.</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Distribution <input type="checkbox"/> Security <input type="checkbox"/> Review priority groups and provide data to MOHLTC as indicated 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: <input type="checkbox"/> Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested

<p><u>Vaccine & Antiviral</u></p> <p>Pandemic Alert Period Phase 5</p> <p><i>Large clusters but human-human spread is still localized.</i></p>	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Continue to prescribe anti viral as per PHAC and MOHLTC and local MOH recommendations 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 4 Activities <input type="checkbox"/> Review plans for Antiviral/Vaccine: Storage <input type="checkbox"/> Documentation <input type="checkbox"/> Allocation <input type="checkbox"/> Receipt and Distribution <input type="checkbox"/> Security <input type="checkbox"/> Update enumeration data as requested <input type="checkbox"/> Planning for alternate sites and personnel
<p><u>Vaccine & Antiviral</u></p> <p>Pandemic Alert Period Phase 6</p> <p><i>Increased and sustained transmission in general population through to the pandemic subsiding</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Review antiviral/vaccine coverage and Adverse Event data 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Apply target groups and guidelines as directed by MOHLTC <input type="checkbox"/> Activate Mass Immunization Plan <input type="checkbox"/> Implement Adverse Events Surveillance System <input type="checkbox"/> Communicate with bordering jurisdictions and co-ordinate efforts as much as possible <input type="checkbox"/> Submit reports of total numbers immunized (one and two doses) <input type="checkbox"/> Expand vaccination program as able <input type="checkbox"/> Summarize and report coverage data <input type="checkbox"/> Begin to restock supplies and resume routine programs <input type="checkbox"/> Continue to assess local stockpiles/inventory of antivirals 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Vaccination following provincial guidelines <input type="checkbox"/> Report Adverse events to health unit <input type="checkbox"/> Based on OHPIP, distribute and/or administer our jurisdictions supply of antiviral medications to those requiring treatment, as staff resources permit <input type="checkbox"/> Begin to restock supplies and resume routine programs <input type="checkbox"/> Education re antiviral treatment for prescribing practitioners in keeping with provincial guidelines 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Report Adverse events to health unit <input type="checkbox"/> Based on OHPIP, distribute and/or administer our jurisdictions supply of antiviral medications to those requiring treatment <input type="checkbox"/> Begin to restock supplies and resume routine programs
	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Report Adverse events to health unit <input type="checkbox"/> Submit reports of total numbers immunized (one and two doses) <input type="checkbox"/> Begin to restock supplies and resume routine programs 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Continue to prescribe anti viral as per PHAC and MOHLTC and local MOH recommendations <input type="checkbox"/> Participate in mass immunization as directed from the MOHLTC and local MOH 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Report Adverse events to health unit <input type="checkbox"/> Based on OHPIP, distribute and/or administer our jurisdictions supply of antiviral medications to those requiring treatment, as staff resources permit <input type="checkbox"/> Begin to restock supplies and resume routine 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue with all Phase 5 Activities <input type="checkbox"/> Report Adverse events to health unit <input type="checkbox"/> Based on OHPIP, distribute and/or administer our jurisdictions supply of antiviral medications to those requiring treatment <input type="checkbox"/> Begin to restock supplies and resume routine programs

			<p>programs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Support implementation vaccination campaign as staff resources permit 	
<p><u>Vaccine & Antiviral</u></p> <p>Post Pandemic Period</p> <p>Return to Phase 1</p>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
		<ul style="list-style-type: none"> <input type="checkbox"/> Implement provincial recommendations to guide future routine influenza prevention and control activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement provincial recommendations to guide future routine influenza prevention and control activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement provincial recommendations to guide future routine influenza prevention and control activities
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<ul style="list-style-type: none"> <input type="checkbox"/> Implement provincial recommendations to guide future routine influenza prevention and control activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to prescribe anti viral as per PHAC and MOHLTC and local MOH recommendations <input type="checkbox"/> Participate in mass immunization as directed from the MOHLTC and local MOH 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement provincial recommendations to guide future routine influenza prevention and control activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement provincial recommendations to guide future routine Influenza prevention and control activities

PUBLIC HEALTH MEASURES

INTRODUCTION

Public health measures are non-medical interventions used to reduce the spread of disease. They include, but are not limited to:

- providing public education;
- issuing travel restrictions and screening travelers;
- conducting case and contact management;
- social distancing measures such as restricting public gatherings and closing schools.

The types of public health measures used during an influenza pandemic and their timing will depend on:

- The epidemiology of the virus (e.g. pathogenicity, mode/s of transmission, incubation period, attack rate in different age groups, period of communicability, susceptibility to antivirals).
- The pandemic phase and the amount of virus activity in the region. For example, during Phases 4 and 5, the focus of public health measures will be on individual measures to contain the virus (i.e. case and contact management). During Phase 6, the focus will be on community measures designed to reduce risk of influenza, such as public education and restricting public gatherings.
- The characteristics of the community (i.e. some measures, such as school closures, may be more effective in rural than urban areas).
- Public acceptance of the measures.
- The resources required to implement the measure. Some measures, such as tracing contacts and active surveillance, are labour intensive and may not be effective once the virus is widespread in the community.
- The amount of social disruption the measure will cause. For example, if the decision to cancel public transit services would be so disruptive; it is unlikely to be used. The decision to cancel sporting events or conferences could cause public panic. Social isolation measures that kept people home from work would be costly to businesses and could disrupt essential services.

Objectives

The public health measures objectives are:

- To decrease the number of individuals exposed to the novel virus and potentially slow the progress of the pandemic.
- To slow the spread of the disease and gain time for implementing medical measures (e.g. vaccine)
- To reduce the morbidity and mortality caused by the pandemic.

Under the *Health Protection and Promotion Act*, the local medical officer of health has the authority to implement public health measures within his or her health unit area, such as issuing communicable disease orders and restricting gatherings. Under the *Immunization of School Pupils Act*, the local medical officer of health also has the authority to issue orders respecting students in a school.

In the event of an influenza pandemic, the threat will not be limited to a single health unit so the decision to use particular public health measures will be made by the Chief Medical Officer of Health in consultation with local medical officers of health and others. Close collaboration among health units on the type, timing and duration of public health measures will help ensure a consistent approach across the province and enhance both public confidence and the public's adherence to public health measures. (OHPIP August 2008 p. 6-1)

PUBLIC HEALTH MEASURES ACTIVITIES

<p>Public Health Measures</p> <p>Interpandemic Period Phase 1</p> <p><i>No new Influenza subtypes have been detected in humans</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote annual influenza vaccine <input type="checkbox"/> Promote infection prevention and control (IPC) strategies <input type="checkbox"/> Identify ongoing information needs for the promotion of personal protective measures 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promotion of universal influenza vaccine <input type="checkbox"/> Work with health care facilities in development of ICP policies, including outbreak management for influenza and use of PPE <input type="checkbox"/> Monitor respiratory outbreak trends <input type="checkbox"/> Receive reports of community acquired influenza, monitor trends <input type="checkbox"/> Provide information to health care providers related to respiratory outbreaks and community acquired influenza rates <input type="checkbox"/> Develop, update and distribute information related to hand and respiratory hygiene 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote and provide influenza vaccine to staff and volunteers <input type="checkbox"/> Report vaccine coverage rates annually <input type="checkbox"/> Promote infection prevention and control strategies within the facility <input type="checkbox"/> Develop policies to support vaccine uptake, staff exclusion when ill, use of Personal Protective Equipment <input type="checkbox"/> Receive and distribution health promoting materials and trend information 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote and provide influenza vaccine to residents, staff and volunteers <input type="checkbox"/> Report vaccine coverage rates annually <input type="checkbox"/> Promote infection prevention and control strategies within the facility <input type="checkbox"/> Develop policies to support vaccine uptake, staff exclusion when ill, use of Personal Protective Equipment <input type="checkbox"/> Receive and distribute health promoting materials and trend information
	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote and provide influenza vaccine to high risk clients and staff <input type="checkbox"/> Promote infection prevention and control strategies within the organization <input type="checkbox"/> Develop policies to support vaccine uptake, staff exclusion when ill, use of Personal Protective Equipment <input type="checkbox"/> Receive and distribute health promoting materials and trend information 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote and provide influenza vaccine to staff and volunteers <input type="checkbox"/> Report vaccine coverage rates annually <input type="checkbox"/> Promote infection prevention and control strategies <input type="checkbox"/> Develop policies to support vaccine uptake, staff exclusion when ill, use of Personal Protective Equipment <input type="checkbox"/> Receive and distribution health promoting materials and trend information 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote and provide influenza vaccine to staff and volunteers <input type="checkbox"/> Track vaccine coverage rates annually <input type="checkbox"/> Promote infection prevention and control strategies within the organization <input type="checkbox"/> Develop policies to support vaccine uptake, staff exclusion when ill, use of Personal Protective Equipment <input type="checkbox"/> Receive and distribute health promoting materials and trend information 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promote and provide influenza vaccine to identified staff and community members <input type="checkbox"/> Track vaccine coverage rates annually <input type="checkbox"/> Promote infection prevention and control strategies <input type="checkbox"/> Develop policies to support vaccine uptake, staff exclusion when ill, use of Personal Protective Equipment <input type="checkbox"/> Receive and distribute health promoting materials and trend information
<p>Public Health Measures</p> <p>Interpandemic Period Phase 2</p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase 1 activities 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase 1 activities 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase 1 activities 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase 1 activities

	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue Phase 1 activities	<input type="checkbox"/> Continue Phase 1 activities	<input type="checkbox"/> Continue Phase 1 activities <input type="checkbox"/> Establish links with neighbouring jurisdictions re: Infection Control Measures	<input type="checkbox"/> Continue Phase 1 activities
Public Health Measures Pandemic Alert Period Phase 3 <i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Recommend information development needs on behalf of stakeholders <input type="checkbox"/> Receive information developed	<input type="checkbox"/> Development or refinement of information for public and health sector including fact sheets, FAQ's, unique population-based resources, ICP materials <input type="checkbox"/> Monitor key websites for new information <input type="checkbox"/> Monitor trends in influenza reports locally, provincially, federally and internationally <input type="checkbox"/> Use of Healthfax, Website or Health Alerts to communicate trends	<input type="checkbox"/> Receive and distribute information <input type="checkbox"/> Receive and act upon recommendations within Healthfax, Website, Health Alerts, Directives <input type="checkbox"/> Identification of the information needs of unique populations serviced, based on language, accessibility to services, cultural characteristics	<input type="checkbox"/> Receive and distribute information <input type="checkbox"/> Receive and act upon recommendations within Healthfax, Website, Health Alerts, Directives <input type="checkbox"/> Identification of the information needs of unique populations serviced, based on language, accessibility to services, cultural characteristics
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Receive and distribute information <input type="checkbox"/> Receive and act upon recommendations within Healthfax, Website, Health Alerts, Directives <input type="checkbox"/> Identification of the information needs of unique populations serviced, based on language, accessibility to services, cultural characteristics	<input type="checkbox"/> Receive and distribute information <input type="checkbox"/> Receive and act upon recommendations within Healthfax, Website, Health Alerts, Directives <input type="checkbox"/> Identification of the information needs of unique populations serviced, based on language, accessibility to services, cultural characteristics	<input type="checkbox"/> Receive and distribute information <input type="checkbox"/> Receive and act upon recommendations within Healthfax, Website, Health Alerts, Directives <input type="checkbox"/> Identification of the information needs of unique populations serviced, based on language, accessibility to services, cultural characteristics	<input type="checkbox"/> Receive and distribute information <input type="checkbox"/> Receive and act upon recommendations within Healthfax, Website, Health Alerts, Directives <input type="checkbox"/> Identification of the information needs of unique populations serviced, based on language, accessibility to services, cultural characteristics
Public Health Measures Pandemic Alert Period Phase 4 <i>Small cluster(s) with limited human to human transmission but spread is highly localized.</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Receive reports on disease trends – post to website <input type="checkbox"/> Post to website any additional control measures recommend by MOH, MOHLTC, ICP	<input type="checkbox"/> Monitor influenza trends <input type="checkbox"/> Isolate imported influenza cases <input type="checkbox"/> Aggressive follow-up of contacts of imported cases, monitor daily for development of symptoms <input type="checkbox"/> Communicate to health care providers current status of investigations as required	<input type="checkbox"/> Report all cases of confirmed influenza <input type="checkbox"/> Report all failed FRI screens to ICP for assessment <input type="checkbox"/> Receive reports on disease trends <input type="checkbox"/> Take action on any additional control measures recommend by MOH, MOHLTC, ICP	<input type="checkbox"/> Report all cases of confirmed influenza <input type="checkbox"/> Receive reports on disease trend <input type="checkbox"/> Take action on any additional control measures recommend by MOH, MOHLTC, ICP

Public Health Measures Pandemic Alert Period Phase 4	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Report all cases of confirmed influenza <input type="checkbox"/> Receive reports on disease trends <input type="checkbox"/> Take action on any additional control measures recommend by MOH, MOHLTC, ICP	<input type="checkbox"/> Report all cases of confirmed influenza <input type="checkbox"/> Receive reports on disease trends <input type="checkbox"/> Take action on any additional control measures recommend by MOH, MOHLTC, ICP	<input type="checkbox"/> Reinforce Universal Precautions for all calls <input type="checkbox"/> Receive reports on disease trends <input type="checkbox"/> Confirm list Designated Officers to Public Health to assist in contact management <input type="checkbox"/> Take action on any additional control measures recommend by MOH, MOHLTC, ICP	<input type="checkbox"/> Report all cases of confirmed influenza <input type="checkbox"/> Report all failed FRI screens to appropriate personnel <input type="checkbox"/> Receive reports on disease trends <input type="checkbox"/> Take action on any additional control measures recommend by MOH, MOHLTC, ICP
Public Health Measures Pandemic Alert Period Phase 5 <i>Large clusters but human-human spread is still localized.</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Receive reports and post to website <input type="checkbox"/> Implement, recommend containment strategies to stakeholders <input type="checkbox"/> Review and develop recommendations based on Directives	<input type="checkbox"/> Outbreak management recommendations – consider closing affected wards, facilities to visitors <input type="checkbox"/> Aggressive case and contact management if determined necessary by epidemiological evidence of severe disease <input type="checkbox"/> Consider use of Section 22 orders for those not complying with requests for self isolation or quarantine <input type="checkbox"/> Use of antivirals – communicate recommendations and means of access to health care providers <input type="checkbox"/> Review communication tools <input type="checkbox"/> Prepare for more aggressive social distancing measures	<input type="checkbox"/> Aggressive monitoring of patients, visitors and staff for signs of ILI <input type="checkbox"/> Report all suspect respiratory cases <input type="checkbox"/> Report of all suspect respiratory outbreaks <input type="checkbox"/> Continued education regarding use of PPE <input type="checkbox"/> Consider staffing implications as family members become ill	<input type="checkbox"/> Aggressive monitoring of residents, visitors and staff for signs of ILI <input type="checkbox"/> Report all suspect respiratory cases <input type="checkbox"/> Report of all suspect respiratory outbreaks <input type="checkbox"/> Continued education regarding use of PPE <input type="checkbox"/> Consider staffing implications as family members become ill
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
<input type="checkbox"/> Aggressive monitoring of clients and staff for signs of ILI <input type="checkbox"/> Report all suspect respiratory cases <input type="checkbox"/> Report of all suspect respiratory outbreaks <input type="checkbox"/> Continued education regarding use of PPE <input type="checkbox"/> Consider staffing implications as family members become ill	<input type="checkbox"/> Aggressive monitoring of patients, visitors and staff for signs of ILI <input type="checkbox"/> Report all suspect respiratory cases <input type="checkbox"/> Report of all suspect respiratory clusters of cases <input type="checkbox"/> Continued education regarding use of PPE <input type="checkbox"/> Consider staffing implications as family members become ill	<input type="checkbox"/> Aggressive monitoring of patients, visitors and staff for signs of ILI <input type="checkbox"/> Report all suspect respiratory cases <input type="checkbox"/> Report of all suspect respiratory outbreaks <input type="checkbox"/> Continued education regarding use of PPE <input type="checkbox"/> Consider staffing implications as family members become ill	<input type="checkbox"/> Aggressive monitoring of patients, visitors and staff for signs of ILI <input type="checkbox"/> Report all suspect respiratory cases <input type="checkbox"/> Report of all suspect respiratory outbreaks <input type="checkbox"/> Continued education regarding use of PPE <input type="checkbox"/> Consider staffing implications as family members become ill	

<p>Public Health Measures</p> <p>Pandemic Alert Period Phase 6</p> <p><i>Increased and sustained transmission in general population through to the pandemic subsiding</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Post containment strategies as recommended by the Medical Officer of Health <input type="checkbox"/> Post recommended prevention strategies for essential service workers returning to work early (limited resources) 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC including: closing of public facilities – schools, daycares, other places of public assembly; closing of non-essential businesses <input type="checkbox"/> Recommend voluntary isolation for individuals with ILI <input type="checkbox"/> Adopt alternate case reporting <input type="checkbox"/> Adopt alternate contact management strategies <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders and voluntary isolation practices 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders <input type="checkbox"/> Basic IPAC, handwashing, self reporting 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders
	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with order 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with order
	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with orders 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate Pandemic Plan <input type="checkbox"/> Activate containment strategies as recommended by MOHLTC, PHAC <input type="checkbox"/> Continue with standard precautions <input type="checkbox"/> Recommend prevention strategies for essential service workers returning to work early (limited resources) <input type="checkbox"/> Adopt alternate case reporting structure to Public Health <input type="checkbox"/> Track recovered individuals <input type="checkbox"/> Monitor compliance with order

Public Health Measures Post Pandemic Period	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Post recovery messages	<input type="checkbox"/> Review and prioritize sites, closed/limited – recommend opening ASAP as pandemic phase 6 ends	<input type="checkbox"/> Reopen closed areas and services upon consultation with MOH	<input type="checkbox"/> Reopen closed areas and services upon consultation with MOH
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Reopen closed areas and services upon consultation with MOH		<input type="checkbox"/> Reopen closed areas and services upon consultation with MOH	<input type="checkbox"/> Reopen closed areas and services upon consultation with MOH

EMERGENCY RESPONSE

INTRODUCTION

Public health authorities will lead the response to an influenza pandemic. Health sector organizations and emergency responders will play vital roles in the provision of services and the coordination of overall emergency response.

Effective emergency response requires cooperation between many agencies to coordinate resources and services during all stages of an emergency. This chapter will describe the health and social infrastructures that will assist in pandemic influenza planning and response.

During the preparedness stages of an emergency, activities will include the development of plans and the conduction of simulation exercises to test these plans. It also includes the identification of communication systems and emergency management structures which will assist in local “readiness” to respond.

Contact information for key decision makers and essential service providers such as the health sector, emergency responders (such as police and firefighters), community services (such as utility and telecommunications workers), and social service providers will be identified to mount an effective response to an emergency.

To ensure that the consequences of a pandemic remain manageable, effective mitigation activities and resource allocation is required by those agencies responsible for providing services to the community. The Simcoe Muskoka District Health Unit has identified the approximate number and type of emergency responders and other essential service providers. It is imperative that these agencies develop business continuity plans to ensure the continued delivery of their services in the event of a pandemic.

Ongoing efforts are also required to ensure that health care organizations, essential service organizations, and other employers within Simcoe-Muskoka receive information about pandemic influenza, prevention and infection control strategies and business continuity planning. This information can be delivered via printed material, material posted on web sites, in person meetings, and group presentations/forums and workshops. The health unit will be working with municipalities and other community partners to ensure that these agencies have access to information on business continuity to assist them with their business continuity planning.

Objectives:

The objectives of emergency response are:

- To ensure that effective emergency management structures are in place to allow for the collaboration between the health sector, emergency service personnel and public health to ensure that the planned pandemic response is coordinated
- To ensure a continuous state of readiness through education, testing and revision of plans
- To minimize societal and economic impacts by ensuring that emergency and essential services are maintained and
- Ensuring that effective communication systems are in place to facilitate information flow between the health unit, health sector and community emergency response partners.

EMERGENCY RESPONSE ACTIVITIES

	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
<p><u>Emergency Response</u></p> <p>Interpandemic Period Phase 1</p> <p><i>No new Influenza subtypes have been detected in humans</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develop an inter-agency Pandemic influenza plan <input type="checkbox"/> Facilitate the development and maintenance of pandemic support plans (Assessment Centre Plan, Death Surge Plan, Vulnerable Population Plan, Crisis Communication Plan) <input type="checkbox"/> Facilitate the conduction of simulation exercises to test pandemic plans/subplans <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures 	<ul style="list-style-type: none"> <input type="checkbox"/> Local Level Objectives from OHPIP <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Develop/maintain emergency response/business continuity plans <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic <input type="checkbox"/> Promote annual influenza immunization to all emergency and other essential workers <p>Maintain up-to-date estimates of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The impact of an influenza pandemic on emergency responders and workers who provide essential services <input type="checkbox"/> The number of emergency responders and other workers required during a pandemic who should receive priority access to vaccine and antivirals <input type="checkbox"/> The emergency resources required during a pandemic to assist with transporting medical supplies and equipment, securing vaccine and antiviral supplies <input type="checkbox"/> Identify vulnerable populations (e.g. elderly living on own, homeless) and develop strategies for support in the event of a pandemic 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop/maintain a pandemic influenza response plan <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Develop/maintain a business continuity plans <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic <input type="checkbox"/> Promote annual influenza immunization to all emergency and other essential workers <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures <input type="checkbox"/> Promote infection prevention and control strategies within the facility <input type="checkbox"/> Determine emergency resources required during a pandemic to assist with transporting medical supplies and equipment 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop/maintain a pandemic influenza response plan <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Develop/maintain a business continuity plans <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic <input type="checkbox"/> Promote annual influenza immunization to all emergency and other essential workers <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures <input type="checkbox"/> Promote infection prevention and control strategies within the facility
		CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)
	<ul style="list-style-type: none"> <input type="checkbox"/> Develop/maintain a pandemic influenza response plan <input type="checkbox"/> Develop/maintain a business continuity plan <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop/maintain a pandemic influenza response plan <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Develop/maintain a business continuity plan <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop/maintain a pandemic influenza response plan <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Develop/maintain a business continuity plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop/maintain a pandemic influenza response plan <input type="checkbox"/> Participate in the development of pandemic support plans <input type="checkbox"/> Develop/maintain a business continuity plan

<p>Emergency Response</p> <p>Interpandemic Period Phase 1</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Promote annual influenza immunization to all health care providers <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures <input type="checkbox"/> Promote infection prevention and control strategies <input type="checkbox"/> Identify vulnerable populations (e.g. elderly living on own, homeless) and develop strategies for support in the event of a pandemic 	<ul style="list-style-type: none"> <input type="checkbox"/> Promote annual influenza immunization <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures <input type="checkbox"/> Promote infection prevention and control strategies 	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in simulation exercises to test emergency response plans during a pandemic <input type="checkbox"/> Promote annual influenza immunization to all emergency and other essential workers <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures <input type="checkbox"/> Promote infection prevention and control strategies <input type="checkbox"/> Identify vulnerable populations (e.g. elderly living on own, homeless) and develop strategies for support in the event of a pandemic 	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in simulation exercises to test emergency response <input type="checkbox"/> Promote annual influenza immunization to all emergency and other essential workers <input type="checkbox"/> Receive and distribute information regarding influenza and personal protective measures <input type="checkbox"/> Promote infection prevention and control strategies <input type="checkbox"/> Identify vulnerable populations (e.g. elderly living on own, homeless) and develop strategies for support in the event of a pandemic
<p>Emergency Response</p> <p>Interpandemic Period Phase 2</p> <p><i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p>	<p>Simcoe Muskoka District Health Unit</p>	<p>Hospitals</p>	<p>LTC</p>
<ul style="list-style-type: none"> <input type="checkbox"/> As in Phase 1 	<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. fuel, food, accommodation, drugs, oxygen, biomedical engineering services, repairs and other life sustaining services) <input type="checkbox"/> Distribute priority group enumeration tools to organizations responsible for essential community services 	<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. fuel, food, accommodation, drugs, oxygen, biomedical engineering services, repairs) <input type="checkbox"/> Complete enumeration tools and submit information to health unit 	<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. fuel, food, accommodation, drugs, oxygen, biomedical engineering services, repairs) <input type="checkbox"/> Complete enumeration tools and submit information to health unit 	
<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>	
<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. 	<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. access to vaccine, fuel, 	<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. fuel, food, accommodation, 	<p>Review plans to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide emergency back-up for essential community services (i.e. if regular workers become ill) <input type="checkbox"/> Negotiate with providers for the continuous supply of essential service delivery items (e.g. 	

<p>Emergency Response</p> <p>Interpandemic Period Phase 2</p>	<p>fuel, food, accommodation, drugs, oxygen, biomedical engineering services, repairs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide food, medical and other emergency social services for people confined to their homes <input type="checkbox"/> Complete enumeration tools and submit information to health unit 	<p>food, accommodation, drugs, oxygen, biomedical engineering services, repairs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete enumeration tools and submit information to health unit 	<p>drugs, oxygen, biomedical engineering services, repairs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete enumeration tools and submit information to health unit 	<p>fuel, food, accommodation, drugs, oxygen, biomedical engineering services, repairs) (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide food, medical and other emergency social services for people confined to their homes (if applicable) <input type="checkbox"/> Complete enumeration tools and submit information to health unit
<p>Emergency Response</p> <p>Pandemic Alert Period Phase 3</p> <p><i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicate relevant infection prevention and control strategies to health sector providers 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify local emergency service manager of virus report and current monitoring activity <input type="checkbox"/> Ensure essential community services have up-to-date information on infection control precautions 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receive influenza surveillance reports and apply prevention and infection control strategies within the facility <input type="checkbox"/> Provide essential services contact information to health unit 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receive influenza surveillance reports and apply prevention and infection control strategies within the facility <input type="checkbox"/> Provide essential services contact information to health unit
<p>Emergency Response</p> <p>Pandemic Alert Period Phase 4</p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receive surveillance and epidemiological information and modify plans accordingly <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Review results simulation exercises, confirm that corrective actions were taken, and identify any significant 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review results simulation exercises, confirm that corrective actions were taken, and identify any significant changes since the exercise that might affect emergency response <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Collect and collate current data from enumeration tools 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implement education program for staff about pandemic, to ensure that knowledge/expertise is not lost due to staff turnover <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Modify plans in accordance with simulation exercise recommendations <input type="checkbox"/> Review and update all business continuity plans 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implement education program for staff about pandemic, to ensure that knowledge/expertise is not lost due to staff turnover <input type="checkbox"/> Complete and submit enumeration tools <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Review and update all business continuity

Emergency Response Pandemic Alert Period Phase 4 <i>Small cluster(s) with limited human to human transmission but spread is highly localized.</i>	changes since the exercise that might affect emergency response <input type="checkbox"/> Review and update all business continuity plans <input type="checkbox"/> Review and update all business continuity plans	<input type="checkbox"/> Review and update all business continuity plans		plans
	CCAC, Community Mental Health <input type="checkbox"/> Implement education program for staff about pandemic, to ensure that knowledge/expertise is current <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Review and update all business continuity plans	Primary Care Family Physicians <input type="checkbox"/> Implement education program for staff about pandemic, to ensure that knowledge/expertise is current <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Review and update all business continuity plans	Emergency Response Agencies (police, fire and ambulance) <input type="checkbox"/> Implement education program for staff about pandemic, to ensure that knowledge/expertise is current <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Review and update all business continuity plans	Other Agencies First Nations, Base Borden, Georgian College etc <input type="checkbox"/> Implement education program for staff about pandemic, to ensure that knowledge/expertise is current <input type="checkbox"/> Update all staff about an influenza pandemic <input type="checkbox"/> Review and update all business continuity plans
Emergency Response Pandemic Alert Period Phase 5 <i>Large clusters but human-human spread is still localized.</i>	Simcoe Muskoka Health Sector Emergency Planning Committee <input type="checkbox"/> Continue as in Phase 4	Simcoe Muskoka District Health Unit <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Ensure list of essential community services is up to date and available for distribution <input type="checkbox"/> Confirm/update estimates of numbers of emergency services workers including health care workers, funeral services, and leaders (political leaders < managers of response teams) essential to pandemic response are current	Hospitals <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Confirm/update estimated numbers of essential service workers to health unit	LTC <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Confirm/update estimated numbers of essential service workers to health unit
	CCAC, Community Mental Health <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Confirm/update estimated numbers of essential service workers to health unit	Primary Care Family Physicians <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Confirm/update estimated numbers of essential service workers to health unit	Emergency Response Agencies (police, fire and ambulance) <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Confirm/update estimated numbers of essential service workers to health unit	Other Agencies First Nations, Base Borden, Georgian College etc <input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Confirm/update estimated numbers of essential service workers to health unit

<p>Emergency Response</p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p>	<p>Simcoe Muskoka District Health Unit</p>	<p>Hospitals</p>	<p>LTC</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Activate emergency planning committee to further co-ordinate community response 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> Confirm plans to provide food, medical and emergency social services for persons confined to their homes as directed by public health <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Promote inter-agency cooperation at the local level to maintain essential services 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Coordinate response with community emergency response and health sector agencies <input type="checkbox"/> Coordinate operation of alternate care sites, and other "over-flow" facilities 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> May assist with preparation and operation of alternate care sites, and other "over-flow" facilities <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Coordinate response with community emergency response and health sector agencies
<p>Pandemic Alert Period Phase 6</p>	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>
<p>Increased and sustained transmission in general population through to the pandemic subsiding</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> Confirm plans to provide food, medical and emergency social services for persons confined to their homes as directed by public health <input type="checkbox"/> May assist with preparation and operation of alternate care sites, and other "over-flow" facilities <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Coordinate response with community emergency response and health sector agencies 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> May assist with preparation and operation of alternate care sites, and other "over-flow" facilities <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Coordinate response with community emergency response and health sector agencies 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Coordinate response with community emergency response and health sector agencies <input type="checkbox"/> Activate BCP's as required 	<ul style="list-style-type: none"> <input type="checkbox"/> Activate local emergency response plans <input type="checkbox"/> Reduce services that can be curtailed during a pandemic and implement pandemic staffing plans (i.e., redeploy workers to provide essential community and health services) <input type="checkbox"/> Coordinate response with community emergency response and health sector agencies

Emergency Response Pandemic Period Phase 6 <i>Regional and multi-regional epidemics</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services <input type="checkbox"/> Work with the province to determine whether conditions warrant declaring a local state of emergency <input type="checkbox"/> Evaluate need to request additional security assistance with provincial stockpile system and distribute supplies as needed	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services <input type="checkbox"/> Work with the province to determine whether conditions warrant declaring a local state of emergency <input type="checkbox"/> Evaluate need to request additional security assistance with provincial stockpile system and distribute supplies as needed <input type="checkbox"/> Activate BCP's as required	<input type="checkbox"/> Continue to implement local emergency response plan to provide essential services
Emergency Response Pandemic Period Phase 6 <i>End of first wave; pandemic subsiding</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Review/revise local plan for an influenza pandemic as required	<input type="checkbox"/> Assess need for ongoing local state of emergency (if applicable) and criteria for ending the local emergency <input type="checkbox"/> Evaluate local stockpile system and restock supplies as available <input type="checkbox"/> Evaluate need for ongoing security assistance with operation of alternative care sites <input type="checkbox"/> Review/revise local plan for an influenza pandemic as required	<input type="checkbox"/> Evaluate need for ongoing security assistance with operation of alternative care sites <input type="checkbox"/> Review/revise local plan for an influenza pandemic as required	<input type="checkbox"/> Evaluate need for ongoing security assistance with operation of alternative care sites <input type="checkbox"/> Review/revise local plan for an influenza pandemic as required

	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Review/revise local plan for an influenza pandemic as required	<input type="checkbox"/> Review/revise local plan for an influenza pandemic as required	<input type="checkbox"/> Assess need for ongoing local state of emergency (if applicable) and criteria for ending the local emergency	<input type="checkbox"/> Review/revise local plan for an influenza pandemic as required
Emergency Response Post Pandemic Period Return to Phase 1	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level	<input type="checkbox"/> Review/activate local aftercare/recovery plans/guidelines <input type="checkbox"/> Return to pre-emergency activity level

COMMUNICATIONS

INTRODUCTION

Effective, accurate and timely communications provide the backbone for a coordinated response to an influenza pandemic (MOHLTC, OHPIP, August 2008). Communication is critical before, during and after an influenza pandemic.

The information needs of internal, external and stakeholder audiences have been assessed to determine the appropriate information structures, processes, protocols, messages and strategies that need to be in place in each pandemic phase. It also describes specific actions required of each partner group during the pandemic phases.

It was recognized at the outset that there was the need for a high degree of coordination between SMHSEPC partners in the coordination of pandemic influenza communications – from the development and dissemination of consistent key messages to the organization and planning of joint press conferences and media centres. Therefore, one of the key activities of SMHSEPC communications planning was the creation of the SMHSEP Communications Sub-Committee. This group and its activities are described in detail in Part II of this document. This group undertook the development of a complimentary crisis communications plan to articulate the risk communication goals, objectives, approaches, audiences, key messages, activities and evaluation plan.

This communication plan has been developed to ensure improved readiness to protect the health of the population.

Objectives

The communication objectives are:

- To be sure that we are prepared to respond to public and provider communication needs
- To educate people about pandemic influenza and our plans to minimize the impacts
- To provide consistent, coordinated and effective public and provider communications
- To ensure that all health and emergency sector partners and the public have access to transparent, accessible, accurate, real-time information that will help them respond to challenges during each phase of the pandemic.

PANDEMIC COMMUNICATION ACTIVITIES

	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
<p>Communications</p> <p>Interpandemic Period Phase 1</p> <p><i>No new Influenza subtypes have been detected in humans</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Establish communication link with partners 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide education/awareness re: universal flu, pandemic and prevention <input type="checkbox"/> Provide education/awareness re: reporting requirements <input type="checkbox"/> Review, revise and maintain existing databases of health sector contacts <input type="checkbox"/> Maintain links with SMHSEPC, ICN, etc. <input type="checkbox"/> Review & revise communication methods with partners <input type="checkbox"/> Review policies & procedures related to information release related to infectious diseases <input type="checkbox"/> Designate spokesperson(s) 	<ul style="list-style-type: none"> <input type="checkbox"/> Designate spokesperson(s) <input type="checkbox"/> Review and revise internal communication to include off-site access i.e. website and phone messages <input type="checkbox"/> Review and revise communication methods with Health Unit and other key stakeholders 	<ul style="list-style-type: none"> <input type="checkbox"/> Designate spokesperson(s) <input type="checkbox"/> Review and revise internal communication methods <input type="checkbox"/> Review and revise communication methods with health unit and other key stakeholders
	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>
<p>Communications</p> <p>Interpandemic Period Phase 2</p> <p><i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Designate spokesperson(s) <input type="checkbox"/> Review and revise internal communication methods <input type="checkbox"/> Review and revise communication methods with health unit and other key stakeholders 	<ul style="list-style-type: none"> <input type="checkbox"/> Review and revise internal communication methods <input type="checkbox"/> Review and revise communication methods with health unit and other key stakeholders 	<ul style="list-style-type: none"> <input type="checkbox"/> Designate spokesperson(s) <input type="checkbox"/> Review and revise internal communication methods <input type="checkbox"/> Review and revise communication methods with health unit and other key stakeholders 	<ul style="list-style-type: none"> <input type="checkbox"/> Designate spokesperson(s) <input type="checkbox"/> Review and revise internal communication methods <input type="checkbox"/> Review and revise communication methods with health unit and other key stakeholders
	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p>	<p>Simcoe Muskoka District Health Unit</p>	<p>Hospitals</p>	<p>LTC</p>
<p>Communications</p> <p>Interpandemic Period Phase 2</p> <p><i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develop web-based meeting/communication tool <input type="checkbox"/> Determine SMHSEPC spokesperson(s) <input type="checkbox"/> Undertake a simulation exercise <input type="checkbox"/> Communicate SMHSEPC activities to public via media <input type="checkbox"/> Ensure human and material logistics are in place to manage communications 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide education & training to partners re: surveillance, reporting, communication channels, etc. <input type="checkbox"/> Continue education re: Influenza facts and prevention for staff <input type="checkbox"/> Disseminate information about pandemic to partners and general public <input type="checkbox"/> Clarify misinformation in the media <input type="checkbox"/> Update public resources 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Communicate to staff the importance of alternative childcare arrangements <input type="checkbox"/> Educate staff/ clients/ patients/ families about universal flu, pandemic & prevention 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Communicate to staff the importance of alternative childcare arrangements <input type="checkbox"/> Educate staff/ clients/ patients/ families about universal flu, pandemic & prevention

<p>Communications</p> <p>Interpandemic Period Phase 2</p> <p><i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i></p>		<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Communicate to staff the importance of alternative childcare arrangements 		
	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Communicate to staff the importance of alternative childcare arrangements <input type="checkbox"/> Educate staff/ clients/ patients/ families about universal flu, pandemic & prevention 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Educate staff/ clients/ patients/ families about universal flu, pandemic & prevention 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Communicate to staff the importance of alternative childcare arrangements <input type="checkbox"/> Educate staff about universal flu, pandemic & prevention 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure human and material logistics are in place to manage communications <input type="checkbox"/> Communicate to staff the importance of alternative childcare arrangements <input type="checkbox"/> Educate staff/ residents/ clients/ students about universal flu, pandemic & prevention
<p>Communications</p> <p>Pandemic Alert Period Phase 3</p> <p><i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p>	<p>Simcoe Muskoka District Health Unit</p>	<p>Hospitals</p>	<p>LTC</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Establish joint SMHSEPC communications work group <input type="checkbox"/> Establish joint media centres <input type="checkbox"/> Establish P & P for joint media centres <input type="checkbox"/> Organize joint crisis communications training for partners <input type="checkbox"/> Establish a Vulnerable Populations Plan in conjunction with SMHSEPC partners <input type="checkbox"/> Maintain email/fax contact databases for vulnerable population sectors as per Vulnerable Populations plan <input type="checkbox"/> Establish links and communication channels with other key stakeholders <input type="checkbox"/> Post SMHSEPC Pandemic Influenza Plan to the SMHSEPC extranet 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Distribute PI resources to partners & public (print and web-based materials) <input type="checkbox"/> Develop key messages <input type="checkbox"/> Communicate essential PI information (i.e. world status, priority groups, mass vaccination programs, supplies, case definitions, , etc.) to partners <input type="checkbox"/> Develop plans to communicate with vulnerable and linguistic groups via the Vulnerable Populations Planning Sub Committee and liaise with partners about support services available <input type="checkbox"/> Maintain email/fax contact databases for vulnerable population sectors as per Vulnerable Populations plan <input type="checkbox"/> Disseminate summary of HU plan to all stakeholders 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure spokesperson(s) trained in crisis communication response <input type="checkbox"/> Receive communication from SMHSEPC communications working group <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Use Public Health materials to assist in an appropriate response <input type="checkbox"/> Post agency plan to SMHSEPC Extranet 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure spokesperson(s) trained in crisis communication response <input type="checkbox"/> Receive communication from SMHSEPC communications working group <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Use Public Health materials to assist in an appropriate response <input type="checkbox"/> Post agency plan to SMHSEPC Extranet

<p>Communications</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Participate in joint SMHSEPC communications group <input type="checkbox"/> Post and keep current SMDHU Pandemic Influenza Plan on the health unit website with links to it from the SMHSEPC Extranet 		
<p>Pandemic Alert Period Phase 3</p> <p><i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i></p>	<p>CCAC, Community Mental Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure spokesperson(s) trained in crisis communication response <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Receive communication from SMHSEPC communications working group <input type="checkbox"/> Use Public Health materials to assist in an appropriate response <input type="checkbox"/> Develop plans to communicate with vulnerable groups via the Vulnerable Populations Planning Sub Committee and liaise with partners about support services available <input type="checkbox"/> Maintain email/fax contact databases for vulnerable population sectors as per Vulnerable Populations plan <input type="checkbox"/> Post agency plan to SMHSEPC Extranet 	<p>Primary Care Family Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Use Public Health materials to assist in an appropriate response <input type="checkbox"/> Post FHT/CHC plans to SMHSEPC Extranet 	<p>Emergency Response Agencies (police, fire and ambulance)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure spokesperson(s) trained in crisis communication response <input type="checkbox"/> Receive communication from SMHSEPC communications working group <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Use Public Health materials to assist in an appropriate response <input type="checkbox"/> Post agency plan to SMHSEPC Extranet 	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure spokesperson(s) trained in crisis communication response <input type="checkbox"/> Continue education re: universal flu, pandemic & prevention <input type="checkbox"/> Receive communication from SMHSEPC communications working group
<p>Communications</p> <p>Pandemic Alert Period Phase 4</p> <p><i>Small cluster(s) with limited human to human transmission but spread is highly localized.</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confirm spokesperson(s) <input type="checkbox"/> Issue press releases to media re: SMHSEPC activities <input type="checkbox"/> Gather information from key stakeholders re: plans for community support services <input type="checkbox"/> Provide SMHSEPC updates to key stakeholders <input type="checkbox"/> Maintain web-based communication tool 	<p>Simcoe Muskoka District Health Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Distribute education materials re: public health measures (print and web-based materials) <input type="checkbox"/> Communicate essential information to partners and stakeholders <input type="checkbox"/> Ensure reporting systems in place <input type="checkbox"/> Participate in joint SMHSEPC communications group with County of Simcoe and District of Muskoka 	<p>Hospitals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure staff are familiar with agencies communication strategies <input type="checkbox"/> Provide clear communications with patients and families re: visiting protocols and other infection control procedures <input type="checkbox"/> Share external messaging with SMHSEPC partners <input type="checkbox"/> Participate in joint SMHSEPC communications group with County of Simcoe and District of Muskoka 	<p>LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure staff are familiar with internal communication strategies <input type="checkbox"/> Provide clear communications with residents and families re: visiting protocols and other infection control procedures <input type="checkbox"/> Share external messaging with SMHSEPC partners

	CCAC, Community Mental Health <ul style="list-style-type: none"> <input type="checkbox"/> Ensure staff are familiar with internet communication strategies <input type="checkbox"/> Provide clear communications with clients and families re: visiting protocols and other infection control procedures <input type="checkbox"/> Share messaging with SMHSEPC partners 	Primary Care Family Physicians <ul style="list-style-type: none"> <input type="checkbox"/> Provide clear communications with patients and families re: office visit protocols and other infection control procedures <input type="checkbox"/> Share messaging with SMHSEPC partners 	Emergency Response Agencies (police, fire and ambulance) <ul style="list-style-type: none"> <input type="checkbox"/> Ensure staff are familiar with internal communication strategies <input type="checkbox"/> Share external messaging with SMHSEPC partners 	Other Agencies First Nations, Base Borden, Georgian College etc <ul style="list-style-type: none"> <input type="checkbox"/> Ensure staff are familiar with internal communication strategies <input type="checkbox"/> Share messaging with SMHSEPC partners
Communications Pandemic Alert Period Phase 5 <i>Large clusters but human-human spread is still localized.</i>	Simcoe Muskoka Health Sector Emergency Planning Committee <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan as determined by SMHSEPC Communication Group <input type="checkbox"/> Activate emergency response media contacts 	Simcoe Muskoka District Health Unit <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan and notify partners to activate theirs <input type="checkbox"/> Participate in joint SMHSEPC communications group <input type="checkbox"/> Inform partners/public of health alerts, public health measures/directives and travel advisories <input type="checkbox"/> Hold regular teleconferences with partners as situation dictates <input type="checkbox"/> Communicate essential information to partners 	Hospitals <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan <input type="checkbox"/> Reinforce health alerts, public health measures directives and travel advisories with staff/ patients/ families 	LTC <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan if available <input type="checkbox"/> Reinforce health alerts, public health measures/directives and travel advisories with staff/ residents/ families
	CCAC, Community Mental Health <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan if available <input type="checkbox"/> Reinforce health alerts, public health directives and travel advisories with staff/ clients/ families 	Primary Care Family Physicians <ul style="list-style-type: none"> <input type="checkbox"/> Reinforce health alerts, public health measures/directives and travel advisories with staff/ patients/ families 	Emergency Response Agencies (police, fire and ambulance) <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan if available <input type="checkbox"/> Reinforce health alerts, public health measures/directives and travel advisories with staff/ public 	Other Agencies First Nations, Base Borden, Georgian College etc <ul style="list-style-type: none"> <input type="checkbox"/> Activate communication plan if available <input type="checkbox"/> Reinforce health alerts, public health measures/directives and travel advisories with staff/ patients/ families/ students/ clients
	Simcoe Muskoka Health Sector Emergency Planning Committee <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement crisis communications plan as determined by SMHSEPC Communication Group 	Simcoe Muskoka District Health Unit <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Participate in daily teleconferences with MOHLTC 	Hospitals <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Reinforce health alerts, public health measures/directives, mass vaccination clinics and travel advisories, and 	LTC <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Reinforce health alerts, public health directives, mass vaccination clinics
Communications Pandemic Alert Period Phase 6	Simcoe Muskoka Health Sector Emergency Planning Committee <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement crisis communications plan as determined by SMHSEPC Communication Group 	Simcoe Muskoka District Health Unit <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Participate in daily teleconferences with MOHLTC 	Hospitals <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Reinforce health alerts, public health measures/directives, mass vaccination clinics and travel advisories, and 	LTC <ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Reinforce health alerts, public health directives, mass vaccination clinics

<p>Communications</p> <p>Pandemic Alert Period Phase 6</p> <p><i>Increased and sustained transmission in general population through to the pandemic subsiding</i></p>		<ul style="list-style-type: none"> <input type="checkbox"/> Hold regular teleconferences with partners <input type="checkbox"/> Advise public of support services available in the community <input type="checkbox"/> Inform partners/public of health alerts, public health measures/directives, travel advisories, mass vaccination clinics, alternate assessment and treatment centres and emergency response status <input type="checkbox"/> Deliver message to public regarding potential of second wave and how to prepare 	<p>alternate assessment and treatment centres with staff/ patients/ families</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reinforce information about support services to staff, patients and families <input type="checkbox"/> Agency plans to adhere to communication clock <input type="checkbox"/> Teleconference with partners <input type="checkbox"/> Hyperlink to Health Unit/MOHLTC <input type="checkbox"/> Common messaging across region <input type="checkbox"/> SMDHU lead teleconference 	<p>and travel advisories and alternate assessment and treatment centres with staff/ residents/ families</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reinforce information about support services to staff, patients and families
	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Reinforce health alerts, public health measures/directives, mass vaccination clinics and travel advisories and alternate assessment and treatment centres with staff/ clients/ families <input type="checkbox"/> Reinforce information about support services to staff, patients and families 	<ul style="list-style-type: none"> <input type="checkbox"/> Reinforce health alerts, public health measures/directives, mass vaccination clinics and travel advisories and alternate assessment and treatment centres with staff/ patients/ families <input type="checkbox"/> Reinforce information about support services to staff, patients and families 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to implement communication plan <input type="checkbox"/> Reinforce health alerts, public health measures/directives, mass vaccination clinics and travel advisories and alternate assessment and treatment centres with staff/ patients/ families <input type="checkbox"/> Reinforce information about support services to staff patients and families 	
<p>Communications</p> <p>Post Pandemic Period</p> <p><i>Return to Phase 1</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p>	<p>Simcoe Muskoka District Health Unit</p>	<p>Hospitals</p>	<p>LTC</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Review communication plan <input type="checkbox"/> Share evaluation of local response with community 	<ul style="list-style-type: none"> <input type="checkbox"/> Review communication plan <input type="checkbox"/> Share lessons learned with partners <input type="checkbox"/> Share evaluation of local response with community 	<ul style="list-style-type: none"> <input type="checkbox"/> Review communication plan <input type="checkbox"/> Share lessons learned with partners <input type="checkbox"/> Share evaluation of local response with community 	<ul style="list-style-type: none"> <input type="checkbox"/> Review communication plan <input type="checkbox"/> Share lessons learned with partners

	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Review communication plan <input type="checkbox"/> Share lessons learned with partners	<input type="checkbox"/> Review communication plan <input type="checkbox"/> Share lessons learned with partners	<input type="checkbox"/> Review communication plan <input type="checkbox"/> Share evaluation of local response with community <input type="checkbox"/> Share lessons learned with partners	<input type="checkbox"/> Review communication plan <input type="checkbox"/> Share lessons learned with partners

HEALTH SERVICES

INTRODUCTION

The provision of health services during an influenza pandemic could be the most challenging aspect of a pandemic response. At a time when our health system is currently functioning at maximum capacity most of the time, a pandemic will place significant extra demand for influenza-related services. Pandemic influenza (35% attack rate) alone will use 86% of all acute care beds, 187% of ICU beds and 74% of ventilators in Ontario (OHPIP, 2005).

In the event of a pandemic, health care settings and providers will most likely need to reduce or stop some areas of services and program delivery in order to focus on and keep up with the demand for influenza-related care. This will have a significant impact on health-care professionals in terms of job-related duties, hours of work, working conditions and worker health.

Planning for alternate assessment/care centres to meet local health care needs should be part of planning. Acute care facilities and other providers of primary care have plans in place to deal with surge capacity in the short term. As pandemic waves may occur over extended periods of time, it is essential that all primary health care providers consult with acute care sites and local municipalities to begin consultations for delivery of service. Two documents are available to assist in this process: **Annex 2** - Report and Recommendations - Establishment of Alternate Assessment, Treatment and Referral Centres - Pandemic Influenza and **Annex 4** - Infectious Disease Emergencies and the Simcoe County Flu Assessment Centre, November 16-29, 2009.

Included in this section of the HSEP are recommendations regarding occupational health and safety along with recommendations for infection prevention and control. Occupational health and safety measures and infection prevention and control measures can help protect health workers and patients from exposure to the influenza virus in health settings (OHPIP, 2008).

Those services considered to be health-related for the purposes of influenza pandemic planning include: public health, community-based agencies (i.e. physician, home care, long-term care, pharmacies), laboratory, hospital or acute care, and emergency services (OHPIP, 2005).

Objectives

The health services objectives are:

- To ensure that all health services develop occupational health and infection prevention and control programs to protect workers.
- To identify the essential services to be provided during pandemic.
- To identify human resources required and how they will be deployed.
- To develop a system for purchasing, storing and distributing equipment and supplies.
- To develop a method to manage natural death surges.

HEALTH SERVICES

	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
<p>Health Services</p> <p>Interpandemic Period Phase 1</p> <p><i>No new Influenza subtypes have been detected in humans</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assess settings to identify and make modifications to reduce or eliminate exposure to influenza <input type="checkbox"/> Modify Emergency plans for surge response to include a sustained incident 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assist in the develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Assist in the development of screening policies and procedures and Implement Passive/Active FRI Screening <input type="checkbox"/> Natural Death Surge Planning <input type="checkbox"/> Modify Emergency plans for surge response to include a sustained incident <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified <input type="checkbox"/> Consider HR issues in redeployment outside of current workplace <input type="checkbox"/> Consider community partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assess settings to identify and make modifications to reduce or eliminate exposure to influenza <input type="checkbox"/> Develop IPAC/OHS policies for patients and staff identifying workers needing protection, type of PPE <input type="checkbox"/> Develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Develop screening policies and procedures and Implement Active/Passive FRI Screening <input type="checkbox"/> Develop plans to support staff and engage JHSC <input type="checkbox"/> Measures/procedures, safe disposal monitoring <input type="checkbox"/> Develop PPE distribution/storage system and set priorities for use in case of a shortage <input type="checkbox"/> Lab to provide routine influenza testing <input type="checkbox"/> Fit test employees for N95 respirators <input type="checkbox"/> Provide regular ongoing training on infection prevention and control practices and procedures <input type="checkbox"/> Develop/maintain emergency response plans that include: <input type="checkbox"/> Business continuity plans <input type="checkbox"/> Natural Death Surge Planning <input type="checkbox"/> Develop list of potential physicians to expedite the signing of Medical Certificates of Death. <input type="checkbox"/> Modify Emergency plans for surge response to include a sustained incident <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified <input type="checkbox"/> Consider HR issues in redeployment outside of 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Develop IPAC/OHS policies for patients and staff identifying workers needing protection, type of PPE <input type="checkbox"/> Develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Develop screening policies and procedures and Implement Active/Passive FRI Screening <input type="checkbox"/> Develop plans to support staff and engage JHSC <input type="checkbox"/> Measures/procedures, safe disposal monitoring <input type="checkbox"/> Develop PPE distribution/storage system and set priorities for use in case of a shortage <input type="checkbox"/> Continue Lab Services as routine <input type="checkbox"/> Fit test employees for N95 respirators <input type="checkbox"/> Provide regular ongoing training on infection prevention and control practices and procedures <input type="checkbox"/> Develop/maintain emergency response plans that include <input type="checkbox"/> Business continuity plans <input type="checkbox"/> Natural Death Surge Planning <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified <input type="checkbox"/> Consider HR issues in redeployment outside of current workplace <input type="checkbox"/> Consider community

<p>Interpandemic Period Phase 1</p> <p><i>No new Influenza subtypes have been detected in humans</i></p>			<p>current workplace</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider community partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time 	<p>partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time</p>
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assess settings to identify and make modifications to reduce or eliminate exposure to influenza <input type="checkbox"/> Develop IPAC/OHS policies for patients and staff identifying workers needing protection, type of PPE <input type="checkbox"/> Develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Develop screening policies and procedures and Implement Active/Passive FRI Screening <input type="checkbox"/> Develop plans to support staff and engage JHSC <input type="checkbox"/> Measures/procedures, safe disposal monitoring <input type="checkbox"/> Develop PPE distribution/storage system and set priorities for use in case of a shortage <input type="checkbox"/> Lab to provide routine influenza testing <input type="checkbox"/> Fit test employees for N95 respirators <input type="checkbox"/> Provide regular ongoing training on infection prevention and control practices and procedures <input type="checkbox"/> Continue Lab Services as routine <input type="checkbox"/> Develop/maintain emergency response plans that include <input type="checkbox"/> Business continuity plans <input type="checkbox"/> Natural death surge planning <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assess settings to identify and make modifications to reduce or eliminate exposure to influenza <input type="checkbox"/> Develop IPAC/OHS policies for patients and staff identifying workers needing protection, type of PPE <input type="checkbox"/> Develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Develop screening policies and procedures and Implement Active/Passive FRI Screening <input type="checkbox"/> Develop plans to support staff and engage JHSC <input type="checkbox"/> Measures/procedures, safe disposal monitoring <input type="checkbox"/> Develop PPE distribution/storage system and set priorities for use in case of a shortage <input type="checkbox"/> Lab to provide routine influenza testing <input type="checkbox"/> Fit test employees for N95 respirators <input type="checkbox"/> Provide regular ongoing training on infection prevention and control practices and procedures <input type="checkbox"/> Continue Lab Services as routine <input type="checkbox"/> Develop/maintain emergency response plans that include <input type="checkbox"/> Business continuity plans <input type="checkbox"/> Natural death surge planning <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assess settings to identify and make modifications to reduce or eliminate exposure to influenza <input type="checkbox"/> Develop IPAC/OHS policies for patients and staff identifying workers needing protection, type of PPE <input type="checkbox"/> Develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Develop screening policies and procedures and Implement Active/Passive FRI Screening <input type="checkbox"/> Develop plans to support staff and engage JHSC <input type="checkbox"/> Measures/procedures, safe disposal monitoring <input type="checkbox"/> Develop PPE distribution/storage system and set priorities for use in case of a shortage <input type="checkbox"/> Lab to provide routine influenza testing <input type="checkbox"/> Fit test employees for N95 respirators <input type="checkbox"/> Provide regular ongoing training on infection prevention and control practices and procedures <input type="checkbox"/> Continue Lab Services as routine <input type="checkbox"/> Develop/maintain emergency response plans that include <input type="checkbox"/> Business continuity plans <input type="checkbox"/> Natural Death Surge Planning <input type="checkbox"/> Identify Pronouncement Protocols (who can pronounce death) <input type="checkbox"/> Develop list of staff who may 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish Pandemic Planning Committee/Working Group <input type="checkbox"/> Work with local, regional planning groups and provincial guidelines to: <input type="checkbox"/> Assess settings to identify and make modifications to reduce or eliminate exposure to influenza <input type="checkbox"/> Develop IPAC/OHS policies for patients and staff identifying workers needing protection, type of PPE <input type="checkbox"/> Develop immunization policies and promote Influenza Awareness and Prevention <input type="checkbox"/> Develop screening policies and procedures and Implement Passive FRI Screening <input type="checkbox"/> Develop plans to support staff and engage JHSC <input type="checkbox"/> Measures/procedures, safe disposal monitoring <input type="checkbox"/> Develop PPE distribution/storage system and set priorities for use in case of a shortage <input type="checkbox"/> Lab to provide routine influenza testing <input type="checkbox"/> Fit test employees for N95 respirators <input type="checkbox"/> Provide regular ongoing training on infection prevention and control practices and procedures <input type="checkbox"/> Continue Lab Services as routine <input type="checkbox"/> Develop/maintain emergency response plans that include <input type="checkbox"/> Business continuity

	<ul style="list-style-type: none"> <input type="checkbox"/> Natural Death Surge Planning <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified <input type="checkbox"/> Consider HR issues in redeployment outside of current workplace <input type="checkbox"/> Consider community partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time 	<ul style="list-style-type: none"> <input type="checkbox"/> Consider HR issues in redeployment outside of current workplace <input type="checkbox"/> Consider community partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time 	<p>be redeployed to alternate assessment/care site when surge in community need is identified</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider HR issues in redeployment outside of current workplace <input type="checkbox"/> Consider community partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time 	<p>plans</p> <ul style="list-style-type: none"> <input type="checkbox"/> Natural Death Surge Planning <input type="checkbox"/> Develop list of staff who may be redeployed to alternate assessment/care site when surge in community need is identified <input type="checkbox"/> Consider HR issues in redeployment outside of current workplace <input type="checkbox"/> Consider community partners and working agreements for sharing staff when there is a sustained incident expected to last for long periods of time
<p>Health Services</p> <p>Interpandemic Period Phase 2</p> <p><i>Circulating animal influenza virus subtype poses a substantial risk of human disease</i></p>	<p>Simcoe Muskoka Health Sector Emergency Planning Committee</p>	<p>Simcoe Muskoka District Health Unit</p>	<p>Hospitals</p>	<p>LTC</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Provide education and training to partners re: surveillance, reporting, communications channels etc. <input type="checkbox"/> Disseminate Pandemic Planning resources related to Health Services planning <input type="checkbox"/> Continue all Phase 1 activities <input type="checkbox"/> Continue with Pandemic Plan including Off-site Assessment Centres 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Continue with Pandemic Plan including: <ul style="list-style-type: none"> <input type="checkbox"/> Triage/Patient Placement Centres <input type="checkbox"/> Off-Site Assessment Centres <input type="checkbox"/> Admission, Transfer & Discharge Criteria <input type="checkbox"/> Criteria for Ventilator Use <input type="checkbox"/> Use of Vaccine/Antivirals 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Continue with Pandemic Plan including: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment criteria to identify need for hospital admission <input type="checkbox"/> Admission, Transfer & Discharge Criteria <input type="checkbox"/> Use of Vaccine/Antivirals
	<p>CCAC, Community Mental Health</p>	<p>Primary Care Family Physicians</p>	<p>Emergency Response Agencies (police, fire and ambulance)</p>	<p>Other Agencies First Nations, Base Borden, Georgian College etc</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Continue with Pandemic Plan including: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment criteria to identify need for hospital admission <input type="checkbox"/> Admission, Transfer & Discharge Criteria <input type="checkbox"/> Use of Vaccine/Antivirals 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Continue with Pandemic Plan including: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment criteria to identify need for hospital admission <input type="checkbox"/> Admission, Transfer & Discharge Criteria <input type="checkbox"/> Use of Vaccine/Antivirals 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Continue with Pandemic Plan including: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment criteria to identify need for hospital admission <input type="checkbox"/> Admission, Transfer & Discharge Criteria <input type="checkbox"/> Use of Vaccine/Antivirals 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Phase #1 activities <input type="checkbox"/> Continue with Pandemic Plan including: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment criteria to identify need for hospital admission <input type="checkbox"/> Admission, Transfer & Discharge Criteria <input type="checkbox"/> Use of Vaccine/Antivirals 	

Health Services Pandemic Alert Period Phase 3 <i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue as in Phase 2	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry. <input type="checkbox"/> Maintain an inventory of critical supplies (as per OHPIP)	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry. <input type="checkbox"/> Determine/Enhance Body Storage Capacity <input type="checkbox"/> Maintain an inventory of critical supplies (as per OHPIP) <input type="checkbox"/> As per Service Continuity Plan consider services that can be reduced/cancelled <input type="checkbox"/> Communicate Pandemic Plan to all staff	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry <input type="checkbox"/> Determine/Enhance Body Storage/Transfer Capacity <input type="checkbox"/> Maintain an inventory of critical supplies (as per OHPIP) <input type="checkbox"/> As per Service Continuity Plan consider services that can be reduced/cancelled <input type="checkbox"/> Communicate Pandemic Plan to all staff
<i>Human Infection with a new subtype, but no human to human spread or spread to a close contact only</i>	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc.
	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry. <input type="checkbox"/> Determine/Enhance Body Storage/Transfer Capacity <input type="checkbox"/> Maintain an inventory of critical supplies (as per OHPIP) <input type="checkbox"/> As per Service Continuity Plan consider services that can be reduced/cancelled <input type="checkbox"/> Communicate Pandemic Plan to all staff	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry. <input type="checkbox"/> Maintain an inventory of critical supplies (as per OHPIP) <input type="checkbox"/> As per Service Continuity Plan consider services that can be reduced/cancelled <input type="checkbox"/> Communicate Pandemic Plan to all staff	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry <input type="checkbox"/> Maintain an inventory of critical supplies (as per OHPIP) <input type="checkbox"/> As per Service Continuity Plan consider services that can be reduced/cancelled <input type="checkbox"/> Communicate Pandemic Plan to all staff	<input type="checkbox"/> Continue as in Phase 2 with heightened alert to facilitate early detection of a new virus entry <input type="checkbox"/> Determine/Enhance Body Storage Capacity (funeral homes) <input type="checkbox"/> Determine location where death certificates are to be signed (municipalities)
Health Services Pandemic Alert Period Phase 4 <i>Small cluster(s) with limited human to human transmission but spread is highly localized.</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
<input type="checkbox"/> Continue as in Phase 3	<input type="checkbox"/> Continue as in Phase 3	<input type="checkbox"/> Continue as in Phase 3 <input type="checkbox"/> Review and Update Pandemic Plan <input type="checkbox"/> Review and Update FRI Screening Protocols <input type="checkbox"/> Hospital Labs to initiate recommended testing methods and bio-safety guidelines	<input type="checkbox"/> Continue as in Phase 3 <input type="checkbox"/> Review and Update Pandemic Plan <input type="checkbox"/> Review and Update FRI Screening Protocols	

	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue as in Phase 3 <input type="checkbox"/> Review and Update Pandemic Plan <input type="checkbox"/> Review and Update FRI Screening Protocols	<input type="checkbox"/> Continue as in Phase #3 <input type="checkbox"/> Review and Update Pandemic Plan <input type="checkbox"/> Review and Update FRI Screening Protocols	<input type="checkbox"/> Continue as in Phase #3 <input type="checkbox"/> Review and Update Pandemic Plan <input type="checkbox"/> Review and Update FRI Screening Protocols	<input type="checkbox"/> Continue as in Phase #3 <input type="checkbox"/> Review and Update Pandemic Plan <input type="checkbox"/> Review and Update FRI Screening Protocols
Health Services Pandemic Alert Period Phase 5 <i>Large clusters but human-human spread is still localized.</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue as in Phase 4	<input type="checkbox"/> Continue as in Phase 4	<input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Encourage staff to develop personal pandemic preparedness plans	<input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Encourage staff to develop personal pandemic preparedness plans
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Encourage staff to develop personal pandemic preparedness plans	<input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Encourage staff to develop personal pandemic preparedness plans	<input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Encourage staff to develop personal pandemic preparedness plans	<input type="checkbox"/> Continue as in Phase 4 <input type="checkbox"/> Encourage staff to develop personal pandemic preparedness plans
Health Services Pandemic Alert Period Phase 6 <i>Increased and sustained transmission in general population through to the pandemic subsiding</i>	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
	<input type="checkbox"/> Continue Phase 5 activities	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary to reduce risk <input type="checkbox"/> Provide recommendations and ensure HCP's are aware of latest MOHLTC Important health Notices (IHN) <input type="checkbox"/> Change deployment practices as required to ensure safety of patients and staff	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary to reduce risk as per SMDHU guidelines and MOHLTC Important Health Notices (IHN) <input type="checkbox"/> Change deployment practices as required to ensure safety of patients and staff	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary to reduce risk as per SMDHU guidelines and MOHLTC Important Health Notices (IHN) <input type="checkbox"/> Change deployment practices as required to ensure safety of patients and staff
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary risk as per	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary to reduce risk as per SMDHU guidelines and	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary to reduce risk as per SMDHU guidelines and	<input type="checkbox"/> Continue Phase 5 activities Continue to review and adapt measures/procedures and/equipment as necessary to reduce

	SMDHU guidelines and MOHLTC Important Health Notices (IHN) Change deployment practices as required to ensure safety of patients and staff	MOHLTC Important Health Notices (IHN) <input type="checkbox"/> Change deployment practices as required to ensure safety of patients and staff	MOHLTC Important Health Notices (IHN) <input type="checkbox"/> Change deployment practices as required to ensure safety of patients and staff <input type="checkbox"/> Paramedic/police services support to assessment centres as requested and pursuant to staff resource availability	risk <input type="checkbox"/> Change deployment practices as required to ensure safety of patients and staff
Health Services Post Pandemic Period Return to Phase 1	Simcoe Muskoka Health Sector Emergency Planning Committee	Simcoe Muskoka District Health Unit	Hospitals	LTC
		<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners	<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners	<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners
	CCAC, Community Mental Health	Primary Care Family Physicians	Emergency Response Agencies (police, fire and ambulance)	Other Agencies First Nations, Base Borden, Georgian College etc
	<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners	<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners	<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners	<input type="checkbox"/> Systematically return operations to normal. <input type="checkbox"/> Share lessons learned with community partners

GLOSSARY

GLOSSARY OF TERMS

The following glossary of terms refers to terms used throughout the Plan, including the annexes.

A

Acute - Short term, intense symptomatology or pathology, as distinct from chronic. Many diseases have an acute phase and a chronic phase. This distinction is sometimes used in treatments.

Acute Care -Acute care refers to services provided by physicians and other health professionals and staff in the community and in hospitals. These include emergency, general medical and surgical, psychiatric, obstetric and diagnostic services.

Alternate Level of Care See also *Acute Care, InterQual Criteria*

This term refers to alternative care that, had it been available, would have been more appropriate for a person in an acute care hospital who does not meet the criteria for acute care.

Amantadine An antiviral agent indicated in adults and children >1 year for the treatment of illness due to influenza and for prophylaxis following exposure to influenza type A viruses. It has no effect against the influenza type B virus.

Antigen Any molecule that is recognized by the immune system and that triggers an immune response, such as release of antibodies.

Antigenic drift - A gradual change of the hemagglutinin or neuraminidase proteins on the surface of a particular strain of influenza virus occurring in response to host antibodies in humans who have been exposed to it. It occurs on an ongoing basis in both type A and type B influenza strains and necessitates ongoing changes in influenza vaccines.

Antigenic shift The movement of a type A influenza virus strain from other species into humans. The novel strain emerges by reassortment with circulating human influenza strains or by infecting humans directly. Because they flourish in the face of global susceptibility, viruses that have undergone antigenic shift usually create pandemics.

Antibody Protein molecules that are produced and secreted by certain types of white cells in response to stimulation by an antigen.

Antigen Any substance that provokes an immune response when introduced into the body.

B

Bed (*Institutional Bed*) In any institution a “bed” includes infrastructure support, including staffing, which is required to care for the patient in that “bed”. Therefore the requirements for a “bed” in an intensive care unit, for example, include all the support required for a patient to be cared for at that level.

C

CDC Centers for Disease Control and Prevention – an American federal agency of the HHS

CEPR Centre for Emergency Preparedness and Response

CIDPC Centre for Infectious Disease Prevention and Control

CMOH Chief Medical Officer of Health

CPIP Canadian Pandemic Influenza Plan

Cross-resistance The development of strains of a pathogen that not only withstands the effects of a given antimicrobial agent, but other chemically related agents as well.

D

E

Epidemic - An outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time.

Epidemiology The study of epidemics and epidemic diseases

EOC Emergency Operations Centre

ERP Emergency Response Plan

F

Flu Another name for influenza infection, although it is often mistakenly used in reference to gastrointestinal and other types of clinical illness.

F/P/T Federal/Provincial/Territorial

G

Goblet cell A mucous gland in the epithelial lining of specific mucus-secreting passages of the respiratory tract. Mucigen droplets swell the upper portion of the cell, giving it a goblet-like shape.

H

H5N1 A strain of influenza type A virus that moved in 1997 from poultry to humans. While the outbreak of this virus was rapidly contained, it produced significant morbidity and mortality in persons who became infected, probably from direct contact with infected poultry.

Health Care Workers (*Pandemic*)

Health Care Workers are professionals, including trainees and retirees, non-professionals and volunteers, involved in direct patient care; and/or those working/volunteering in designated health care facilities or services. For the purposes of this definition, Health Care Workers are those whose functions are essential to the provision of patient care, and who may have the potential for acquiring or transmitting infectious agents during the course of their work. This group would also include public health professionals during the pandemic.

Health Status - The state of health of an individual or a population, as in community health status.

High-Risk Groups Those groups in which epidemiologic evidence indicates there is an increased risk of contracting a disease.

I

Inactivated vaccine A vaccine prepared from killed viruses, which no longer retain their infective properties.

Infection - Condition in which virulent organisms are able to multiply within the body and cause a response from the host's immune defenses. Infection may or may not lead to clinical disease.

Infectious - Capable of being transmitted by infection, with or without actual contact.

Influenza A highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the influenza virus. It is responsible for severe and potentially fatal clinical illness of epidemic and pandemic proportions.

Influenza type A - category of influenza virus characterized by specific internal proteins and further sub grouped according to variations in their two surface proteins (hemagglutinin and neuraminidase). It infects animals as well as humans and has caused the pandemic influenza infections occurring in this century.

Influenza type B A category of influenza virus characterized by specific internal proteins.

It infects only humans, causes less severe clinical illness than type A, and spreads in regional rather than pandemic outbreaks.

Influenza type C A category of influenza virus characterized by specific internal proteins. It does not cause significant clinical illness.

Inpatient An individual who receives health care services while admitted in a health care facility overnight or longer.

Isolate A pure specimen obtained by culture.

J

K

L

M

MD (*Doctor of Medicine*) An individual holding a doctoral degree in medicine.

Mean (*statistical*) commonly referred to as the "average", the mean of a set of quantities is the sum of the quantities, divided by the number of quantities summed.

Median (*statistical*) The value such that for a series of ranked quantities, one half are above the median, and one half are below.

MOH Medical Officers of Health

Morbidity Departure from a state of well-being, either physiologic or psychological illness.

Morbidity Rate The number of cases of an illness (morbidity) in a population divided by the total population considered at risk for that illness.

Mortality Death, as in expected mortality (the predicted occurrence of death in a defined population during a specific time interval).

Mortality Rate The number of people who die during a specific time period divided by the total population.

MOU Memorandum of Understanding

Mutation A permanent, transmissible change in the genetic material of a cell.

N

NACI National Advisory Committee on Immunization

NESS National Emergency Stockpile System

Neuraminidase A hydrolytic protein antigen spiking from the surface of the influenza virus. It dissolves the protective viscosity of cellular mucous lining, allowing release of new viruses into the respiratory tract.

Neuraminidase inhibitors, A new class of antiviral agents that selectively inhibit neuraminidase activity in both influenza type A and type B viruses, while having no effect on human neuraminidase.

NML National Microbial Laboratory

Non-traditional Site The following is a definition of a Non-traditional Site for the purposes of Pandemic Influenza planning: A Non-traditional Site is a site offering care for influenza patients. These sites are currently not an established health care site, or are established sites which usually offer a different type or level of care. The Functions of a Non-Traditional Site will vary depending on the needs of the community but will focus on monitoring, care and support of influenza patients.

O

OCIPEP Office of Critical Infrastructure and Protection and Emergency Preparedness

Opportunistic Infections

An infection in an immune compromised person caused by an organism that does not usually cause disease in healthy people. Many of these organisms are carried in a latent state by virtually everyone, and only cause disease when given the opportunity of a damaged immune system.

Outpatient An individual who receives health care services without being admitted to a health care facility.

P

PAHO Pan American Health Organization

Palliative A treatment which provides symptomatic relief, but not a cure.

Pandemic Referring to an epidemic disease of widespread prevalence around the globe.

Pathogen Any disease-producing microorganism or material.

PCR (*Polymerase Chain Reaction*)

A highly sensitive test that can detect and/or DNA fragments of viruses or other organisms in blood or tissue. PCR works by repeatedly copying genetic material using heat cycling, and enzymes similar to those used by cells.

Preventive Care A comprehensive type of care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examinations, immunization, and well-person care.

Preventive Medicine Taking measures for anticipation, prevention, detection, and early treatment of disease.

Primary Care Primary care is the first level of care, and usually the first point of contact, that people have with the health care system. Primary care involves the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. It

includes advice on health promotion and disease prevention, assessments of one's health, diagnosis and treatment of episodic and chronic conditions, and supportive and rehabilitative care.

P/T Provincial/Territorial

Public Health The art and science of protecting and improving community health by means of preventive medicine, health education, communicable disease control, and the application of social and sanitary sciences.

Q

QTMH Quarantine, Travel and Migration Health

Qualitative Of, relating to, or expressed in relative or subjective terms; impossible to precisely quantify.

Quantitative Of, relating to, or expressed in terms of quantity.

R

Record A paper or electronic document that contains or is designed to contain a set of facts related to some occurrence, transaction, or the like.

Registered Nurse (RN) One who has graduated from a college or university program of nursing education and has been licensed by the state.

Resistance The development of strains of a pathogen that is able to withstand the effects of an antimicrobial agent.

Respiratory tract Structures contained in the respiratory system, including the nasopharynx, oropharynx, laryngopharynx, larynx, trachea, bronchi, bronchioles, and lungs.

Rimantadine - An antiviral agent indicated in adults for the treatment of illness due to influenza and for prophylaxis following exposure to influenza type A viruses. It has no effect against the influenza type B virus.

S

SARS Severe Acute Respiratory Syndrome

Secondary Care - Services given by a specialist, normally after a referral from a primary care physician, and often in an acute care hospital. It does not include the services of specialists whose services are only available in major urban centres; this level of service would normally be considered Tertiary Care.

Sentinel Physicians - Sentinel Physicians are recruited by the College of Family Physicians of Canada (CFPC) by census divisions throughout the country. A unique team of dedicated physicians, nurse practitioners and nurses across Canada with expertise in influenza surveillance, serves not only to monitor weekly ILI but contributes to the collection of clinical samples for virological monitoring of the influenza virus as well.

Significance (statistical)- Infers that an observation was unlikely to have occurred by chance alone. Statistical significance is often based on a p value < 0.05 . Below this level, the smaller the p value, the greater the statistical significance.

Strain A group of organisms within a species or type that share a common quality. For example, currently circulating strains of influenza include type A (H1N1), type A (H3N2), and type B (H3N2).

Subacute Care Comprehensive, cost-effective inpatient level of care for patients who: a) have had an acute event resulting from injury, illness or exacerbation of a disease process, b) have a determined course of treatment and, c) though stable, require diagnostics or invasive procedures but not intensive procedures requiring an acute level of care. Typically short term, sub acute care is designed to return patients to the community or transition them to a lower level of care. Subacute care is offered in a variety of physical settings. The philosophy of subacute care is to ensure that patients are receiving the most appropriate services at the most appropriate phase of their illness while ensuring quality, cost-effective outcomes.

Subtype A classification of the influenza type A viruses based on the surface antigens hemagglutinin (H) and neuraminidase (N).

Symptoms Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient.

T

Toxicity The extent, quality, or degree of being poisonous or harmful to the body.

Toxin A harmful or poisonous agent.

Triage A system whereby a group of casualties or patients is sorted according to the seriousness of their illness or injuries, so that treatment priorities can be allocated between them. In emergency situations it is designed to maximize the number of survivors.

Type A classification of influenza viruses based on characteristic internal proteins.

V

Vaccination - The act of administering a vaccine.

Vaccine A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

VAER Vaccine Adverse Events Reporting

Virology The study of viruses and viral disease.

Virus A group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells' normal functions, causing the cell to behave in a manner determined by the virus.

Volunteers (Pandemic) A volunteer is a person registered with a government agency or Government designated agency, which carries out unpaid activities, occasionally or regularly, to help support Canada prepare for and respond to a Pandemic Influenza outbreak. A volunteer is one who offers their service of their own free will, without promise of financial gain, and without economic or political pressure or coercion.

W

WHMIS The Workplace Hazardous Materials Information System (WHMIS) is Canadian legislation covering the use of hazardous materials in the workplace. This includes assessment, signage, labelling, material safety data sheets and worker training. WHMIS closely parallels the U.S. OSHA Hazcom Standard. Most of the content of WHMIS is incorporated into Canada's Hazardous Products Act and the Hazardous Materials Information Review Act which are administered by Health Canada. Certain provincial laws may also apply. Enforcement of

WHMIS is performed by the Labour Branch of Human Resources Development Canada or the provincial/territorial OHS agencies.

Wild type A naturally occurring strain of virus that exists in the population.

World Health Organization (WHO)

A specialized agency of the United Nations generally concerned with health and health care.

ANNEXES

[ANNEX 1 – COMMUNICATIONS PLAN FOR PANDEMIC INFLUENZA](#)

ANNEX 2 – ASSESSMENT TREATMENT AND REFERRAL CENTRES LINK **UNDER REVIEW**

ANNEX 3 – NATURAL DEATH SURGE PLAN LINK **UNDER REVIEW**

ANNEX 4 – REVIEW OF THE ESTABLISHMENT OF THE SIMCOE COUNTY FLU
ASSESSMENT CENTRE **UNDER REVIEW**

ANNEX 5 - MOU

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