The Pandemic Planner

A Monthly Newsletter for Health Professionals

Emergency Management Unit, Ministry of Health and Long-Term Care May 2008

For those of us in the field of emergency management, we know the goal of our work is community resilience. Whether we are working on emergency plans for fires, floods, and other natural disasters, or on plans in response to intentional acts, industrial accidents, or infectious disease outbreaks including an influenza pandemic – our efforts are to prepare and protect the community.

In the context of pandemic planning, the term community is both broad-based and focused. Our work – collectively and individually – involves planning for the health system which is made up of several communities such as:

- the community of organizations in which we work;
- the community of facilities that provide care (hospitals, long-term care homes);
- the community of health specific sectors such as public health, acute care (e.g., paediatrics) and community-based care (e.g., family physicians and home care);
- the community of our front line staff and health workers; and
- the communities in which we and our families live.

This month's issue of the *Pandemic Planner* features some of the work that is being done to support, strengthen and build resiliency in health communities such as paediatrics, public health, and front line workers. We hope you find this issue of the *Pandemic Planner* informative and that it helps support the work you are leading in your communities. ~ Allison J. Stuart, A/Assistant Deputy Minister, Public Health Division

What's New?

Caring for mothers and kids during an influenza pandemic – CHN members participate in a day of learning

Influenza infection in the obstetrical population is associated with higher maternal and perinatal morbidity and mortality. In addition to this, children are also likely to pose the greatest risk for transmission. For pandemic planning, the maternal/newborn and paediatric populations are important - not only for determining how this community's needs (and potential needs) will be met and addressed during a pandemic, but also for resource planning such as human and medical resources, supplies and equipment as well as staff safety and support, communication and education.

The Child Health Network (CHN) for the Greater Toronto Area (GTA) has taken an active role in pandemic planning. Established in 1999, the CHN is a unique collaboration of hospital and community providers committed to establishing a more coordinated system of health care delivery for mothers, newborns, children and youth. Current membership of the network includes nineteen acute care hospitals (operating on 26 hospital sites), one children's tertiary level rehabilitation and complex continuing care centre, and five Community Care Access Centres (CCACs). The CHN operates in Canada's largest and most diverse metropolitan area. More than 69,000 babies are born each year across the region, representing more than half of the province's birthing volumes.

The involvement of the CHN in pandemic planning is closely linked to the leadership role being played by SickKids as the lead organization charged with coordinating the efforts of the Provincial Paediatric Pandemic Planning (P4). The work of P4 committee led to creation of a Paediatric Chapter in the 2006 Ontario Health Plan for an Influenza Pandemic (OHPIP) Chapter 18. A number of subcommittees have also been established and work currently underway includes planning for obstetrical, paediatric, and neonatal capacity; paediatric and obstetric medical management, and the development of triage guidelines and a framework for ethical decision-making.

For eighteen months, members of the CHN have been engaged in discussions to coordinate planning efforts across individual hospitals and CCACs. The overarching goal is to confirm structure and processes that will lead to a systematic and coordinated network-wide response to an influenza outbreak, while providing the best possible care for mothers, babies and children.

In the spring of 2007 an initial learning session was held where CHN members shared their respective organization's pandemic plans. This session provided the opportunity to identify strengths in planning, as well as any inconsistencies and gaps. The session also provided the opportunity to identify key areas for consideration in moving forward with a systemic, coordinated approach including:

- How will the Network deal with a possible shortfall of tertiary beds and other specialized resources? How will priorities be set to ensure appropriate access to beds and other specialized resources?
- What kind of triage and cohort procedures should be implemented to care appropriately for mothers, newborns and children with confirmed, probable or suspected influenza? For example, should alternative birthing sites be

established to alleviate pressures on hospital resources during a pandemic?

- How will communication be facilitated across the region? Who will be responsible for communicating internally and with external partners including the public?
- What are the opportunities to expand scope of practice for health professionals? For example, how can Family Health Teams be positioned to move into more acute care models of care delivery to support surge needs during a pandemic? Are there tool kits and other resources that can be provided to support these professionals?

Through this learning session, there was strong support from member organizations to participate in a collaborative planning process to test elements of a system plan, including underlying planning assumptions. On May 15, 2008, CHN members organized the Pandemic Planning Workshop: A Learning Day.

The day provided the opportunity for members to share their planning progress to date, and included participation from all CHN member organizations as well as representatives from the Ministry of Health and Long-Term Care. The objectives of the learning day were:

1. To provide a forum for members to test pandemic planning in a safe learning environment through participation in a Local Health Integrated Network (LHIN)-based table top exercise;
2. To identify remaining gaps with respect to maternal, neonatal and paediatric pandemic planning;
3. To create an awareness of provincial, network, and other pandemic-related resources available to organizations; and .
4. To clarify the objectives for subsequent CHN pandemic planning workshops.

The first half of the day was dedicated to the table-top exercise to test the participants' respective plans in a simulated scenario that dealt specifically with high risk pregnancy and birth and paediatric capacity, two weeks into an influenza outbreak. To help facilitate this, participants were organized into four groups/tables – based on LHIN boundaries (Central East, Central West & Mississauga/Halton (together), Toronto Central, and Central). Overall impressions and findings of the day include (but are not limited to):

1. A recognition that obstetrical and paediatric care will continue to be essential services during a pandemic;
2. The importance of a systems-wide approach to care;
3. Organizational, region-wide and province wide capacity inventories (staffing, equipment, etc) will also be essential to supporting informed decision-making; and
4. Development and implementation of consistent guiding principles and processes to ensure a continuum of coordinated care within organizations, the region and the province for patients during surges in demand for specialized/critical care services.

In addition, specific issues requiring further discussion were also brought forward including (but not limited to):

1. Ensure CHN planning efforts align with provincial planning requirements (and ensure there is no duplication of efforts;
2. Need to increase awareness of policies and protocols; roles and responsibilities; linkages with other communities (local first responders, schools, etc.,) among health workers;
3. Decision-making processes; and
4. Consistency in communications.

The day was a great success with CHN members agreeing to convene LHIN-based pandemic planning groups to further develop planning priorities. Members also committed to participating in a second learning day which is expected to take place in early 2009.

For more information on the CHN and the Pandemic Planning Workshop: A Learning Day, please visit the CHN web site at: www.childhealthnetwork.com Stay tuned for future updates on paediatric and obstetrical pandemic planning.

The above was submitted and written by CHN in collaboration with the Chair of the Provincial Paediatric Pandemic Planning (P4) Steering Committee.

Planning, planning, planning… It starts with you!

As a health worker, practitioner, administrator, or emergency planner, have you thought about what you would do if you became ill during an influenza pandemic? What would you do if you had to care for ill family members? Does your employer have contingency plans for working from home and are you familiar with them? What are your workplace leave policies? And have you ever really wanted to know what your colleagues, friends and family members really feel about responding to emergencies? These are just a few questions that we should all ask ourselves in order to prepare for any emergency, not just an influenza pandemic.

A study conducted by researchers at Yale University surveyed over 2,000 health workers, in nine hospitals and in five states about their ability and willingness to come to work during or immediately after a disaster. Of the 1,711 respondents, 87% said they would be willing to work after mass casualty incidents. *

Not surprisingly, more workers were willing to work after "natural" disasters such as floods, ice storms or influenza pandemic (about 75%), than after man-made disasters such as biological or chemical events (about 60%). Of interest, long-distance phone service (41%), e-mail access (34%), pet care (33%), child care (30%) were identified as the most important support needs, while 21% of respondents reported a conflicting emergency response obligation.

This tells us that there are things we can do to optimize our likelihood of serving in an influenza pandemic or other emergency - whether we are in health care, government or other essential service. First and foremost, we need to feel safe ourselves, and be sure that our families are not threatened. We need to feel secure that we can communicate with our families and others, and that our dependents (including pets) are looked after. We need to plan for our "home" community.

Here are some of the things we can do to support ourselves and make sure our family is safe:

- Set a date to make a plan – for you and your family. Be sure your planning involves everyone who lives in your home, including pets!
- Prepare a portable emergency kit so that you and your family are self-sufficient for at least 72 hours.
- In case an emergency happens when you are not home, choose a meeting place that everyone in your household knows.
- Designate a person to pick up your children should you be unavailable to pick them up from child care, school, or a sporting event.
- Keep an emergency contact list in a common area of your home. Be sure to keep it up-to-date and carry a copy on you at all times.
- Keep personal documents and health information in a safe and accessible place, including information on prescription medications.

For health professionals, there is also the new e-learning program on personal preparedness. Launched in May, the Personal and Family Care e-learning module is specifically designed to help you plan (see below for more information). There are also personal emergency preparedness plan and personal emergency kit checklists available at: www.health.gov.on.ca/emergency .

Being prepared and planning ahead is critical to protecting your health and safety, as well as ensuring we are all able to respond to the health needs of our family and the public during any emergency – including an influenza pandemic. As health professionals, we have a key role to play in preparedness and it's important to be ready when an emergency strikes. Remember, planning, planning, planning – it starts with you.

*Cone DA, Cummings BA. Hospital Disaster Staffing: if you call, will they come? Am. J. Disaster Med. 2006 Nov-Dec; 1 (1): 28-36.

The above was submitted by Dr. Brian Schwartz. Dr. Schwartz is an emergency physician at Sunnybrook Health Sciences Centre, and the Director for Prehospital Care at the Sunnybrook Osler Centre. He is also the Scientific Advisor to the EMU, a member of Provincial Infectious Diseases Advisory Committee (PIDAC), chairs the OHPIP Training Working Group, and co-chairs the OHPIP Primary Care Working Group.

Personal and Family Care – E-learning!

Some of our subscribers may recall from the January 2008 issue of the *Pandemic Planner* that the OHPIP Steering Committee's Training Working Group developed an interactive e-learning module on influenza pandemic for health professionals. Since that time, the Personal and Family Care e-learning module was piloted through a number of organizations represented on the OHPIP Steering Committee as well as other health facilities. Comments, feedback and training ideas were collected, reviewed and incorporated in time for Emergency Preparedness Week.

The Personal and Family Care training program focuses on providing health workers with information and tools needed to help them make a plan for themselves and the people they care about during an influenza pandemic. This e-learning program was launched on May 8th and got off to a great start with many health professionals using this interactive educational tool. Here is just some of the feedback received to date:

"Excellent module…. Logical and sequential format also helpful."
"…Well done! This is a great resource for informing both community members and other…staff."
"I am giving out the website for staff at my workplace to take the quiz at home."

If you haven't had the opportunity to use this e-learning module, you can access it at: www.health.gov.on.ca/pandemic .

You Asked….?

- The draft 2008 OHPIP has been circulated to steering committee members for review and comment. There are some very important chapter updates, as well as new sections and planning tools.

Local Profile

Chatham-Kent initiates community engagement

As many local Chatham-Kent health and community organizations continue to develop their respective pandemic and emergency response plans, Chatham-Kent Public Health recognizes the need to develop guidelines for an integrated, coordinated and controlled response across the municipality and community sectors. That is why the municipality and local public health unit organized a planning day on May 21, 2008.

In preparation for the work ahead with developing an interagency plan, invitations were sent out to representation from across health, first responder, critical infrastructure, justice and correctional services, government and voluntary communities.

On May 21, forty-four community leaders in Chatham-Kent came together to initiate inter-agency planning. The purpose of this meeting was to:

- Identify and engage key partners and stakeholders in pandemic planning;
- Review the status of local pandemic and emergency plans as it relates to implications of pandemic influenza and to agency roles and responsibilities;
- Determine local health care, emergency response and social support capacity;
- Identify needs, gaps and concerns as it relates to a community pandemic response plan; and
- Identify next steps and opportunities for follow up collaborative pandemic planning.

The day started with a brief update on the status of the municipal response plan from the local community emergency management coordinator. This was followed by a review of influenza pandemic planning by the local Acting Medical Officer of Health, Dr. David Colby. Betty Schepens, the Emergency Preparedness Coordinator with Chatham-Kent Public Health presented an overview of community influenza pandemic planning to date.

As the Community of Chatham-Kent Pandemic Influenza Plan will become a significant component of the larger Community of Chatham-Kent Emergency Response Plan, participants were assigned to small working groups and asked to provide feedback on preferred models of community coordination as well as on local community capacity and community infrastructure. A draft planning model was also presented, and participants worked through an exercise to identify the planning priorities within their sectors, noting community strengths, barriers and challenges along with possible solutions.

There were a number of important outcomes from the day, including the participants identifying the need for training and education on influenza pandemic and development of proposed community working groups. An environmental scan on mapping existing resources and services was also identified as a need for effective interagency pandemic planning.

The next step is to summarize the information that was gathered from the day's work, outline the potential roles and responsibilities, and draft a mandate for each of the proposed community working groups which are expected to start in the next few months. Community representatives will be asked to identify which working group(s) they will participate on, and a local nursing student will coordinate the process of community mapping and the environmental scan.

For more information on the day's activities, e-mail Betty Schepens at: bettysc@chatham-kent.ca . Stay tuned to future issues of the Pandemic Planner on the important work the Municipality of Chatham-Kent and its public health unit is undertaking to coordinate interagency influenza pandemic planning.

Important Dates: June 2008

June 15-18: The 18th World Conference on Disaster Management is being held in Toronto. Visit: http://www.wcdm.org/ .
June 18: Renfrew County is holding "Flu the Coop", an all-day exercise with over 200 participants expected.

Useful Online Resource

www.pandemic.net.au/files/Resources_March08/Home_Care_Guide.pdf
This Home Care Guide by the Santa Clara County Public Health Department is intended to help people prepare and to take care of their sick family.