The Pandemic Planner

A Monthly Newsletter for Health Professionals

~ 2nd Anniversary Issue ~

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

On August 11, 2008, Ontario released the fifth iteration of the Ontario Health Plan for an Influenza Pandemic (OHPIP). Over the last five years we have made significant strides in pandemic planning and preparedness; and our progress is a testament to the dedication, commitment and hard work of all the health professionals, academics, labour groups, government and non-government representatives, and public health workers who participate on the OHPIP steering committee and its many, many working groups.

As in past years, the plan is available online at: www.health.gov.on.ca/pandemic , and it can be accessed and downloaded in full or by individual chapter. The 2008 plan includes updates and revisions to existing guidelines, as well as ground breaking new chapters to provide planning guidance in the areas of chronic kidney disease, blood services and psychosocial response.

August 2008 also marks the 2nd anniversary of the *Pandemic Planner*. This anniversary issue of our newsletter and fifth iteration of the OHPIP are both dedicated to Dr. Sheela Basrur, Ontario's former Chief Medical Officer of Health, in recognition of her passion for public health and commitment to keeping every Ontarian safe.

~ Allison J. Stuart, A/Assistant Deputy Minister, Public Health Division

What's New?

OHPIP 2008- the fifth iteration of Ontario's plan

After a year of hard work and commitment, the latest iteration of the OHPIP was released earlier this month. This year's version is the most comprehensive to date and is designed to guide and support planning at the provincial and local levels.

The OHPIP steering committee set the agenda for the plan so it strikes a balance between providing enough direction to achieve a consistent provincial health response where necessary, while providing local jurisdictions appropriate guidance for flexibility to respond to different scenarios that may arise. To accomplish this goal, the 2008 iteration provides more detail and guidance on the following:

- surveillance and reporting systems;
- occupational health and safety and infection prevention and control measures;
- timing, use, and availability of antiviral treatment;
- organization and delivery of influenza-related primary care services, and early assessment, treatment, and referral strategies; and
- enhancements to the laboratories, paediatric services, and long-term care homes chapters.

In addition, the 2008 OHPIP includes new planning guidelines for health specific and life sustaining services including chronic kidney disease/acute kidney injury, as well as planning for potential blood shortages.

The 2008 OHPIP is designed to support all levels of preparedness and help move influenza pandemic response plans to the next level. Through the latest in science, planning practices, expert advice and input, the 2008 OHPIP will help ensure Ontario's health sector plans effectively, acts quickly and responds consistently in treating and protecting the public.

As in previous years, the OHPIP aligns with the Canadian Pandemic Influenza Plan. It also incorporates and reinforces the "precautionary principle," to ensure that in the absence or uncertainty of science, we take all reasonable steps to reduce risk.

We encourage all health planners to review the latest iteration of the OHPIP by accessing the plan online at www.health.gov.on.ca/pandemic . We encourage you to provide feedback on the plan by emailing your comments to us at: emergencymanagement.moh@ontario.ca .

Ontario

Assessment, treatment, and referral - new strategies for local planners

The OHPIP continues to evolve based on new information on the science and epidemiology of influenza, as well as on local, provincial, national and international best practices.

Chapters 11&11A have been enhanced to provide local planners with a greater range of options for developing early assessment, treatment, and referral systems at the community level – utilizing a tiered approach based on severity and epidemiology. The update is based on a fundamental planning imperative to ensure that Ontarians have access to antivirals within the ideal timeframe of 12 to 24 hours after developing symptoms.

During a mild to moderate influenza pandemic, communities may consider using existing primary care services for delivering assessment, treatment, and referral services. Chapters 11&11A provide information to support primary care providers deliver these services at their regular practice location. Support for planning includes a list of actions to consider by pandemic period. The actions are aimed at helping to maintain critical primary care services, while guiding the delay or deferral of some services.

In the event of a moderate to severe pandemic that overwhelms existing primary care services, communities need to plan for alternate ways of providing assessment, treatment, and referral services, including establishing dedicated flu centres or directing people to designated primary care sites to access a face-to-face assessment. The trigger for switching to an alternate approach will be when the primary care system is no longer able to assess, diagnose, and treat patients with antivirals within 12 to 24 hours of developing symptoms.

Chapters 11&11A also outline other pathways for providing influenza services during a pandemic, such as the promotion of self-assessment tools that individuals can utilize on their own and screening that can be done by health providers over the phone (e.g., Telehealth Ontario). Public information at the time of an influenza pandemic will help support and encourage the public to self-assess before seeking a face-to-face assessment.

It is important to note that regardless of whether the influenza pandemic is found to be mild or severe, face-to-face influenza assessment, treatment, and referral services will be provided in the community by primary care practitioners and away from acute care hospitals. This will allow hospitals to focus on treating people who are critically ill with influenza or have other life-threatening illnesses or injuries.

The updates to chapters 11&11A are very important to health planners and support moving the level of preparedness forward to the next level. Be certain to access these chapters to help inform your planning and preparedness objectives.

The importance of planning in long-term care homes

The 2006 iteration of the OHPIP was the first year that included planning guidance for long-term care homes (LTCH). We know that influenza pandemic planning is very important in this health service sector – not only because viruses can be introduced into LTCHs by staff and visitors – but also because viruses can spread easily in these closed community settings where many residents, because of their age and pre-existing health conditions, are at increased risk.

During this past year, the OHPIP LTCH working group reviewed the existing guidelines and updated chapters 19&19A with a focus on planning for, and responding to, specific health issues (medical complications) that may arise during an influenza pandemic for residents of LTCHs.

A new feature is guidance on how to support LTCHs in planning for reduced, enhanced or deferred services for residents during an influenza pandemic. While Table 19.1 *Services that could be Maintained, Reduced or Enhanced during an Influenza Pandemic* (adapted from Peel Long-Term Care Pandemic Influenza Plan) is draft and for discussion purposes, it provides the context and examples for this type of important planning. The table will also support LTCHs as they consult with residents, families and staff before making decisions about service changes during an influenza pandemic.

Chapters 19&19A include occupational health and safety tips for LTCHs (see page 19-6). This tip box was drafted by occupational health and safety experts and the information is designed to provide specific examples of infection prevention and control measures to protect workers, residents, and their families.

Information on supplies and supply chains is detailed. As in previous iterations, this year's plan reminds all health service providers - including LTCHs - to purchase and maintain a four (4) – week stockpile of supplies and equipment (including personal protective equipment for health workers) in the event that usual supply chains are disrupted.

If you are a planner within the LTCH sector or if your planning efforts intersect with LTCHs, be sure to visit Chapters 19&19A of the 2008 OHPIP at www.health.gov.on.ca/pandemic . The new information, updates, resources and tools will inform your planning efforts and support an effective and well-coordinated response.

Surveillance, detecting & monitoring- enhancing activities during an influenza pandemic

The surveillance, detection, and monitoring of infectious disease outbreaks is one of the most critical and important activities undertaken by Ontario's public health system and is legislated under the province's *Health Protection and Promotion Act.*

Recognizing the importance of these activities, both legislatively and for the health, safety and well-being of all Ontarians, the 2008 OHPIP

includes updates to chapters 5&5A (Surveillance – Detecting and Monitoring the Spread of Influenza) that will further guide surveillance activities and responsibilities.

During an influenza pandemic, the most important objectives of surveillance are to detect the emergence of the influenza virus strain; track the occurrence, severity, and progression of the virus and infection rates; and monitor influenza-like-illness activity (for unusual events, vaccine development, attack and fatality rates and identification of high risk groups) – all of which will inform decision making and response activities at the provincial, local, and individual health service provider levels.

While a comprehensive surveillance system for public health reporting is in place in Ontario – known as the integrated Public Health Information System (iPHIS) – we know that during an influenza pandemic, hospital emergency departments, flu centres and Telehealth Ontario will also be key data sources on the influenza virus, its severity and attack rate. Data on vaccination rates and antiviral uptake will also be important.

The reporting system must be flexible to ensure a range of data from a variety of key sources is captured. Therefore, in addition to iPHIS, Ontario has committed to the development and implementation/activation of a web-based surveillance system. Such a system will allow aggregate data to be submitted electronically to the ministry in order to inform appropriate action and response at the provincial and local level. Information on reporting flexibility, web-based surveillance and next steps are outlined in chapters 5&5A.

Just as effective surveillance is based on collaboration and communication among health authorities and service providers, so too is effective response capabilities and activities. This year's OHPIP recognizes this important relationship and includes the Surveillance Data Reporting Cycle – otherwise known as the "surveillance clock" (see pages 5-3 and 5-4).

The updates to chapters 5&5A are only briefly highlighted above. As a health service provider, it is important for your organization to learn more about the updates and new guidelines on surveillance, reporting, and communications. It is also important for your organization to be informed of the next steps that are planned in this area to support preparedness and planning to the next level.

Planning for the continuity of care and services for patients with chronic kidney disease/acute kidney injury

The June issue of the *Pandemic Planner* introduced our readership to one of the new priority areas for pandemic planning in Ontario: care for patients with chronic kidney disease (CKD)/acute kidney injury. As such, the planning efforts of the OHPIP steering committee's chronic kidney disease working group has now become chapter 17C – *Clinical Care for Patients with Chronic Kidney / Acute Kidney Injury during an Influenza Pandemic*.

As outlined in the June issue of the *Pandemic Planner*, this guideline is based on the existing "hub-and-spoke" service delivery model – a system that provides a full continuum of care for CKD/acute kidney injury patients across the province (acute kidney injury program, chronic kidney disease program, in-centre dialysis program, home dialysis program, body access creation and maintenance, transplant program). The objectives of the chapter are to ensure the maintenance of essential kidney treatment and services, to make the most effective use of limited human and other resources, and to be transparent and accountable to those accessing the services and the public at large.

The guideline highlights four overarching strategies for CKD regional programs and practitioners in the context of preparing for an influenza pandemic. The first recommendation is to prioritize patients and defer non-essential services based on the OHPIP's ethical framework for decision making, and using the principles of critical care triage. Secondly, local planners should consider how to organize and deliver programs and services in different ways during an influenza pandemic. Recommended strategies to accomplish this are laid out in Table 17C5, including actions for both the influenza pandemic alert and pandemic periods.

The guideline also provides recommendations on the management of in-facility patients with influenza, including guidance on assessment, triage/cohorting, and treatment strategies, as well as managing home dialysis patients.

Regional programs are encouraged to develop human resource contingency plans for each skill set required including nursing, infection prevention and control, management and program administration, social work, dietician, clerical/support staff, housekeeping, nephrologists and nephrology technical services.

Lastly, to support these contingency plans, regional programs are encouraged to develop a decision-making process or enter into mutual aid agreements between centres and sites.

Next steps for the chronic kidney disease working group may include developing additional tools such as: a surveillance system to track daily dialysis capacity across the province, a guidance document for transplant programs, a plan to maintain paediatric nephrology services, and self-care information for patients.

This new section of the OHPIP 2008 was developed with input from the clinical, home support and social work fields, as well as experts and specialists in nephrology, diagnostics, administration and infection control. Chapter 17C represents another example of the hard work and dedication of our health providers to pandemic planning in Ontario.

Did You Know….?

- The National Policy Recommendations on the use of antivirals for prevention during an influenza pandemic were released on August 20, 2008. The Government of Ontario will use the policy recommendations on the use of antivirals for prophylaxis as a guide for approaching pandemic preparedness and response in the event of a pandemic outbreak.

  The Ministry of Health and Long-Term Care will continue to review the guidelines and hold further consultations with stakeholders to develop a provincial policy on the use of antiviral

medications for prophylaxis while working with other jurisdictions to support the further investigation that the recommendations encourage. For more information, please visit: www.health.gov.on.ca/pandemic and access the fact sheet on the national policy recommendations listed under in the "What's New" box.

- The *Pandemic Planner* will have a new look and feel. We will put the new style to the test and ask for your feedback on style, format, and content. Stay tuned to the September issue for more details!

You Asked….?

- Emergency Infection Control kits are available for nurse practitioners across Ontario. You are eligible to receive a kit if:

  a) you are a registered nurse practitioner in Ontario; and are in good standing with the College of Nurses of Ontario;
  b) part or all of your practice occurs in a setting that would not have everyday access to infection control supplies and equipment (gloves, gowns and masks)

  Note: the kits are not intended for nurse practitioners whose sole practice occurs in an institutional setting such as a hospital, long-term care home or correctional facility that would have ready access to infection control supplies.

  To receive a kit, fill out the online order form by logging on to www.health.gov.on.ca/login and entering the following password: regeick08 (English) or regeickf08 (French).

- Work will continue on the psychosocial support outline (chapter 21 of the 2008 OHPIP). A working group will be established in the near future and will include expert representation from the mental health sector. This working group will focus efforts on developing a psychosocial planning guideline and tools for the next iteration of the OHPIP.

Pandemic planning and the pursuit of excellence - not perfection

By: Dr. Brian Schwartz

In my work as an emergency physician, I am on the front lines of health care. I see the patients and the challenges in our system first hand. It is a privilege to be part of some of the most sentinel events in many people's lives - as well as occasionally making a difference. To be honest, I also savour the excitement of being in that role, and the opportunity of making an appropriate and rapid decision to intervene in an emergent medical or traumatic situation.

Perhaps the opposite of this rapid-fire approach is the meticulous preparations we must undertake to make us ready to step up when necessary in a health emergency. An example of this is our influenza pandemic preparations. The result of countless hours of diligent work by hundreds of individuals from numerous of organizations, it is still a work-in-progress; and under the leadership of the OHPIP steering committee co-chairs, it continues to evolve.

Dr. Atul Gawande, an American surgeon who has worked all over the world, writes in his book titled, *Better: A Surgeon's Notes on Performance (p. 29-30)*:

> "People underestimate the importance of diligence as a virtue. No doubt this has something to do with how supremely mundane it seems. It is defined as 'the constant and earnest effort to accomplish what is undertaken'. There is a flavor of simplistic relentlessness to it. And if it were an individual's primary goal in life, that life would indeed seem narrow and unambitious.
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> "Understood, however, as the prerequisite of great accomplishment, diligence stands as one of the most difficult challenges facing any group of people who take on tasks of risks and consequence. It sets a high, seemingly impossible, expectation for performance and human behavior. Yet some in medicine have delivered on that expectation on an almost unimaginable scale."

I have had the opportunity to witness the response to many health and other emergencies in Ontario - from the ice storm in 1998, to the Severe Acute Respiratory Syndrome outbreak in 2003, to the propane gas explosion in Toronto just this month. The degree of success achieved by the response to these events was directly attributable not to creativity, genius or talent, but to painstaking diligence.

It would be presumptuous to suggest that the work that has informed the 2008 OHPIP delivers on the expectation prescribed by Dr. Gawande. Rather, but it is a standard to which we can aspire. As we evolve the plan by being open to evidence and expert guidance, we must remain diligent in our work and continue to improve our preparedness, practice and response.

I look forward to another year of working diligently with the many contributors of the OHPIP and to supporting the planning goals and objectives of the sixth iteration of this very important plan.

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

Useful Online Resources

The Ontario Ministry of Government Services' *Pandemic Planning Guide for the Ontario Public Service* and planning resources are now available online. Visit: www.health.gov.on.ca/pandemic (listed under the "What's New" box).

The Center for Disease Control and Prevention released an online storybook containing narratives from survivors, families, and friends about the 1918 influenza pandemic (this year marks 90th anniversary of the 1918 influenza pandemic). Visit: http://www.pandemicflu.gov/storybook/index.html .