The Planner

A Monthly Newsletter for Health Professionals

September 2008

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

Two years of success in supporting health professionals with pandemic planning through a monthly newsletter has inspired us to broaden our subject area – we are now looking forward to bringing you the latest news in health emergency planning and preparedness!

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Welcome to the new Planner!

Last month marked the two year anniversary of the *Pandemic Planner* – Ontario's monthly newsletter for health professionals. Over the last two years, we have seen our readership grow from a few hundred to about 3,000 individuals and organizations across Canada! We have featured many pandemic planning accomplishments, new and innovative planning initiatives, and best practices at the local level. We have highlighted the activities that will help support our coordinated response efforts, including: infection, prevention and control strategies, core competencies education and training, health human resource planning, and exercises designed to test our plans and our interoperability.

Our newsletter will continue to feature and highlight pandemic planning in Ontario, and it will also include and promote health emergency planning and preparedness across the board. From hazard identification to chemical, biological, radiological and nuclear (CBRN) planning, and from business continuity to coordinating health services in response to evacuations, the aim of the newsletter is to communicate, engage, support and inform your health emergency planning efforts.

We'd like to hear from you on the new look, feel and content of the newsletter. We also want to put you to the vote on a new name! Here are the top names for you to submit your vote:

1. The Planner – A Monthly Newsletter for Health Professionals
2. The Health Emergency Planner – Ontario's Monthly Newsletter for Health Professionals
3. Code Ready – A Monthly Newsletter for Health Professionals
4. Emergency Preparedness Planner – A Newsletter for the Health Sector

Our readership is important to us and this newsletter is about you and our collective planning efforts, accomplishments and innovative work in health emergency management. Be sure to send us your feedback and vote on the newsletter's name by emailing: emergencymanagement.moh@ontario.ca
Results from this vote will be revealed in next month's issue!

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

Ontario

Emergency Management Unit: beyond pandemic

Ontario's emergency readiness in the health sector has increased greatly since the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003. As a result of the SARS outbreak, the Emergency Management Unit (EMU) of the Ministry of Health and Long-Term Care was created to support implementation of the valuable lessons learned during the SARS emergency, and to work closely with health system partners to expand emergency management capacity and infrastructure.

The vision statement of the EMU is: "To build and enhance a high performance system of integrated health emergency preparedness and response to keep Ontarians safe." That vision is carried out through four main pursuits, which comprise the EMU's mandate: identification and development of emergency readiness infrastructure; coordination of the ministry's business continuity planning; development of ministry emergency readiness plans and protocols consistent with Emergency Management Ontario's expectations and the health care system's needs; and adherence to consistency and transparency with clear accountabilities for health emergency planning in Ontario.

Collaboration with stakeholders is key to the success of EMU's activities. The growth and development of five iterations of our Ontario Health Plan for an Influenza Pandemic, which our readership knows well, is a shining example of these efforts. It represents, however, only one of the risks which requires the attention and cooperation of health professionals across the province.

If you are new to health emergency management, upcoming issues of this newsletter will also bring you up to speed on the initiatives carried out by the EMU, and the ministry more broadly, to support the health sector's activities during emergencies. You can look forward to articles covering some of the following topics: all-hazards emergency planning at the local, regional, provincial and national level; emergency exercises, from table-top to fully operational; the role of the ministry and the role of the new Ontario Agency for Health Protection and Promotion in emergency management; and key resources for expanding your organization's emergency management activities.

The EMU is looking forward to exchanging news and stories of challenges and successes experienced by the health sector through a newsletter with an expanded subject area. We know that emergencies start at the local level, key preparedness activities begin with individuals, and the health sector includes a broad range of needs for emergency support. Therefore, this newsletter will continue to feature you and your health emergency planning, preparedness and response experiences!

For more information and resources visit our website:
www.health.gov.on.ca/emergency

Important Dates

A Celebration

A public celebration of Dr. Sheela Basrur's life and contributions to the city, the province and the country is being planned for October 17, 2008.

The celebration will be held at Convocation Hall, University of Toronto.

For more information, please visit:

http://www.sheelabasrurcentre.com/

Did You Know...?

New OHPIP updates now available

Chapter 18A, Table 1: Diagnosing and Managing Paediatric Influenza fact sheet (pg. 18A-14) and;

Antiviral Therapy Table on the Paediatric Pandemic Influenza Office Assessment Form (page 18A-18) provide greater clarity on the recommended antiviral doses for children.

Be sure to access these updates at:

www.health.gov.on.ca/pandemic

Ontario

Key appointments

Many of our subscribers know of the appointment of Dr. Vivek Goel as the first President and CEO of the Ontario Agency for Health Protection and Promotion (OAHPP) on March 4, 2008. Since that time, the Agency has been busy building a top-notch team to support the mandate of providing expert scientific leadership and technical advice for, and within, Ontario's health sector.

On September 19, 2008, the OAHPP announced three experienced medical leaders from across Canada and around the world are joining the Agency team:

> Dr. Michael Gardam of Toronto's University Health Network is appointed Director of Infectious Disease Prevention and Control;
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> Dr. Natasha Crowcroft, a public health physician with substantial experience as a UK national expert in vaccine preventable diseases, and a former consultant to the World Health Organization, has joined the Agency as Director of Surveillance and Epidemiology; and
>
> Dr. Heather Manson, who was Vice President of Population Continuum at Vancouver Coastal Health, has been appointed Senior Medical Advisor to the President and CEO, Dr. Vivek Goel.

Through these three appointments the Agency is closer to its goal of bringing together the best academic, clinical and government experts to create a centre for specialized research and knowledge in public health. Congratulations to Dr. Gardam, Dr. Crowcroft and Dr. Manson on your new roles.
For more information on the Agency, please visit: http://www.oahpp.ca

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James Bay flooding – spring 2008

The Ontario health system has responded to a variety of emergencies, such as weather-related evacuations, on a predictable or even annual basis. Between April 24th and May 21st, 2008, three First Nations communities (Kashechewan, Fort Albany, and Attawapiskat) along the James Bay coastline were evacuated due to severe spring flooding.

Evacuation, especially from remote or fly-in communities, causes significant disruption to the routines of affected individuals and families. It necessitates a close partnership between community leadership, emergency responders and the local health care system, in order to ensure continuation of health care without overwhelming facilities in communities receiving evacuees.

Given the risk and high impact of flooding in the spring ice break-up, the Emergency Management Unit (EMU) mobilized resources at the provincial level to support the health response, acting as liaison between local support teams and the other provincial ministries involved, as well as our federal partners.

The James Bay Hospital, affected by major flooding in spring 2008.

What does the health response to evacuations involve? It involves a collaborative local response in communities hosting evacuees for general health and social service supports. Responders in the health system include health professionals, emergency medical services and Ornge (formerly Ontario Air Ambulance Services Co.), hospitals and long-term care homes, community care access centres, local health integration networks and public health units. It also involves a very timely and coordinated response of local, provincial and federal agencies for the transport of individuals requiring hospital, long-term and home care. Assessment of care needs is done within the community with the individual, their family and health professionals to support continued care that best meets that individual's needs while out of their community.

This spring's evacuation was supported by the North East Community Care Access Centre (CCAC). Lloy Schindeler, Senior Director, Performance Management and Accountability at the recently formed North East CCAC shared some of her impressions of supporting emergency activities. Schindeler identified the capacity of the North East CCAC to coordinate response across north eastern Ontario, and quickly source home care in host communities, as a key to their success in providing for the medical needs of evacuees. She also highlighted the efforts of all health sector partners to stay in close communication and up to date: "Working with EMU, we were able to hold regular teleconferences to do team-based problem solving which allowed us to immediately assess where capacity was available in the health care system, as well as plan proactively for the next phase of the response." Schindeler and the response team at the North East CCAC used a number of tools and processes which they would recommend to other CCACs involved in emergency response activities, such as maintaining accurate after-hours contact lists for key individuals or organizations which would be called on for support, and using an internal portal to post current information and to aid the transition between staff shifts. Through their process of de-briefing and after-action planning, the North East CCAC hopes to incorporate some of their lessons-learned into their emergency response plan to refine their response in future.

Also new to the James Bay flooding emergency response in 2008 was the North East Local Health Integration Network (LHIN), who supported the overall coordination of health service providers. Martha Auchinleck, Senior Director Performance, Contract & Allocation, echoes the CCAC's emphasis on effective communications: "Regular updates from EMU and Emergency Management Ontario, and the provision of timely and concise information put everyone at ease." The LHIN also assisted in contacting Aboriginal Friendship Centres to arrange appropriate translation services for Cree-speaking individuals. In future, the LHIN hopes to participate in the development of a standard medical assessment template for use by health care professionals in an emergency to capture critical information prior to patient transfers. The support of the North East LHIN during this evacuation contributed to a successful and coordinated effort.

Emergencies like the flooding of the James Bay area are often clouded in uncertainty for both the individuals being evacuated and local responders. The efforts and commitment of the above-mentioned organizations, as well as the hospitals, long-term care homes, local health care professionals and other partners involved during the evacuation and recovery phases, ensured that high quality health care and appropriate supports were in place throughout the emergency.

Exercise AntiVirus

On September 25, 2008 Exercise AntiVirus 2008 took place – the largest functional pandemic exercise ever to occur in any jurisdiction in Canada. The exercise involved over 500 participants, and involved more than 25 Ontario government ministries and public sector organizations (such as the Ontario Provincial Police).

The scenario was the identification of a new influenza strain in East Asia, with rapid human-to-human transmission followed by its emergence in Canada – the arrival of influenza pandemic. The exercise focused on a day-in-the-life of an influenza pandemic at its peak in Ontario.

The EMU was a key partner in the design of the exercise, with the Ministry of Government Services, Emergency Management Ontario, the Cabinet Office and the Office of the Chief Corporate Information Officer.

Wesley Walsh, John Babos and Jennifer Veenboer at the Ministry Emergency Operations Centre for Exercise AntiVirus

The objectives of this exercise included:

- providing the opportunity for ministries to evaluate various roles, and testing activation of their emergency operations centres (EOCs);
- evaluating the horizontal integration of business continuity and emergency plans in the areas of facilities, human resources and communications; and
- evaluating the integration between Information & Information Technology and business continuity plans.

In addition to informing the exercise design, these objectives were used to develop the exercise evaluation criteria. The exercise Committee is reviewing the outcomes and activities of the day, including the information gathered through evaluations and debriefs to further inform government planning activities to support a pandemic response.

The importance of continuity of operations planning!

Consider the following scenario:

You are at an off-site meeting and you get a call on your cell phone. You learn that there has been a fire at the corporate office of the health agency you work for and everyone has been evacuated. Although the fire has been extinguished, there is substantial damage and the fire department is not permitting any access to the building. Fire officials advise that it may be months before the building can be used again. The fire has disrupted your organization's business services and you no longer have access to records and files. How would your organization survive this scenario? How would you get back to business after a disruption and ensure that important services are available to your colleagues and clients in a timely manner? These are important questions that organizations can find answers to through continuity of operations planning.

Building a continuity of operations plan (COOP) – or business continuity plan - is an important process in an organization's emergency preparedness and response planning. It focuses on the first steps of an emergency – what to do immediately, and for an interim period, until normal operations are resumed. Experience has showed that clients will expect that important services continue to function even during emergencies and business disruptions. Continuity of operations planning enables us to be prepared for these eventualities: to continue to provide quality services in a timely manner regardless of circumstances.

COOPs can be used for various types of disruptions ranging from a localized fire or flooding, to labour disruptions, to an influenza pandemic. The scope and size of COOPs will differ depending on the hazards or disruptions which are identified as relevant to your organization. By designing a plan that is meant to react to the worst-case scenario, you can ensure that measures are incorporated which can be applied to a lesser incident.

You Asked...?

On September 5th 2008, the Public Health Agency of Canada (PHAC) released the following revised annexes of the Canadian Plan for an Influenza Pandemic:

Annex C: Pandemic Influenza Laboratory Guidelines

Annex D: Preparing for the Pandemic Vaccine Response

Annex G: Clinical Care Guidelines and Tools

In addition, PHAC also released the new

Annex O: The Role of Emergency Social Services in Planning for Pandemic Influenza in Canada

For more information, please visit:

www.phac-aspc.gc.ca/index-eng.php

In Ontario, continuity of operations planning is occurring at all levels of government. Within the Ministry of Health and Long-Term Care, the Emergency Management Unit (EMU) is leading the ministry's efforts in preparing for an influenza pandemic through continuity of operations planning. This includes implementing the recommendations outlined in the Pandemic Planning Guide for the Ontario Public Service as to the roles and responsibilities of ministries in preparing for and responding to an influenza pandemic.

EMU works to support all business areas and divisions in the ministry to develop comprehensive COOPs to ensure that critical infrastructure is maintained and time-critical services are provided to our stakeholders and the people of Ontario in the context of a pandemic or other emergency.

Local public health units (PHUs) will soon be embarking on developing their own continuity of operations plans, as part of the requirements in the new Public Health Emergency Preparedness Standard. This planning, in conjunction with other health sector planning, provides another example of how Ontario is continually strengthening their health emergency preparedness capabilities.

It is important for us to recognize that building and updating a COOP is a team effort! COOP planning can not be done by one person or even one area of the organization. It needs involvement and commitment from staff from all levels and program areas of the organization. With this approach, continuity of operations planning will help to ensure that individual organizations and the province's health system ensure the availability of important health services for all Ontarians – anytime, anywhere.

Local profile: pandemic planning and nephrology

As outlined in the June and August issues of the *Pandemic Planner,* the 2008 iteration of the Ontario Health Plan for an Influenza Pandemic (OHPIP) includes new guidance for caring for patients with chronic kidney disease (CKD)/acute kidney injury in chapter 17C – *Clinical Care for Patients with Chronic Kidney/Acute Kidney Injury during an Influenza Pandemic.* This guidance resulted from the expertise and work carried out by the Chronic Kidney Disease Work Group in the winter of 2008.

Participating on the OHPIP CKD Work Group was Gil Grenier, Technical Manager, Nephrology Program at The Ottawa Hospital. Drawing on his experience working on the pandemic planning for The Ottawa Hospital, as well as his role on the Work Group, Grenier has agreed to share valuable insight into the activities and challenges involved in local pandemic planning for nephrology programs in Ontario.

Useful Online Resources

Ontario Agency for Health Protection and Promotion has a newsletter to keep you updated on their activities. Visit: www.oahpp.ca

Emergency Management Ontario has redesigned its website to be more user-friendly. Check it out at: www.emergencymanagementontario.ca

Be sure to stay up to date on the Ontario Hospital Association's education, conferences and training. Visit: www.oha.com

The Ottawa Hospital has issued nine iterations of its pandemic plan to date, and since 2006 the plan has included a program-specific sub-plan for nephrology. The nephrology program at The Ottawa Hospital is unique in scope, encompassing the eastern region of Ontario and four satellite units, providing hundreds of treatments per day, and servicing 175 home dialysis patients.

As Grenier explains, dialysis and other associated treatments and services for CKD/acute kidney injury patients are critical and life-sustaining. Therefore, continuity of care during a pandemic is paramount in the planning process. It is essential to continue supporting home dialysis patients, to diminish exposure of vulnerable patients to influenza and to reduce the impact on hospitals and other facilities which will likely be overwhelmed.

Gil Grenier feels that his role on the OHPIP CKD Work Group helped to inform planning activities at The Ottawa Hospital, and he feels the provincial planning efforts have also benefited from input from the local perspective.

Grenier identifies potential disruptions in supply chains and limited access to supplies and equipment, as well as the anticipated influenza attack rate on health human resources as the two main challenges for pandemic planning. In addition to personal protective equipment, health professionals providing nephrology services require specialized equipment and supplies such as blood tubing sets and dialysis solutions, which must be stockpiled. As is the case for other health care providers, cost calculations, space allocation and distribution strategies for stockpiled supplies and equipment are ongoing concerns.

In terms of the allocation of health human resources, The Ottawa Hospital's planning activities has involved identifying resources which could be drawn from other areas of health care to support nephrology. They have also broken down the tasks of nephrology professionals to determine which aspects of their work load should be prioritized, and if there are any tasks or treatments which could be postponed or delayed.

The work at The Ottawa Hospital continues, as with the commitment to ensure a cohesive, well coordinated pandemic plan for the nephrology program. For more information on the hospital's plan, or on the work accomplished so far to ensure life-saving nephrology programs are maintained during a pandemic, please contact: Gil Grenier (613) 738-8400 x. 82752 (ph) or gigrenier@ottawahospital.on.ca .