Emergency Preparedness Planner

A Newsletter for the Health Sector

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

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Thanks for Your Input!

Following from September's newsletter and the overwhelming feedback we have received, I am pleased to introduce to you the first edition of our *Emergency Preparedness Planner* – A Newsletter for the Health Sector. Our readers chose this title to reflect the broadened scope of our newsletter - many thanks to those of you who took the time to give us your feedback!

We are encouraged to know that you look forward to hearing more about a range of subjects related to health emergencies, and of course, we will continue to keep you alert to pandemic related issues. We will strive to bring you news and stories which are both timely and informative. We hope to bring our readership up to speed on the activities of the health sector related to all types of emergencies, and to bolster opportunities for planning and response collaboration in Ontario's health system by sharing best practices.

Please continue to let us know what topics you would like to hear more about, and keep us informed about your successes and challenges in health emergency management.

The *Emergency Preparedness Planner* – A Newsletter for the Health Sector will be interesting and useful to a whole host of new readers. We have already been expanding our subscribers list, but we would like to ask you to spread the word! Please forward the *Planner* along to any of your colleagues or contacts, and encourage them to add their email to our ever-growing list. New subscribers can easily be added by sending their email address to: emergencymanagement.moh@ontario.ca

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

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"I believe this newsletter encompasses the whole picture. It's so important that all health care providers and decision makers understand the work that is currently being done for pandemic planning in Ontario, and the importance of promotion of health emergency planning and preparedness.

It is a newsletter that can be easily shared as a resource for those smaller remote organizations or individuals that may not have the partnerships and expertise or resources to plan for all types of health emergencies."

~ Beth McCracken, Deputy Executive Director of the Registered Practical Nurses Association of Ontario

Ontario

Introducing the new Ontario Public Health Standards

As part of the overall strategy to build public health capacity within the province, the Ministry of Health and Long-Term Care, with key partners and stakeholders in the public health community and other ministries, has undertaken a review of the existing Mandatory Health Programs and Services Guidelines (MHPSG) published in 1997. The review was intended to: transform the guidelines into program standards and link them with specific performance measures; renew program standards based upon current science, evidence, and best practices; and, establish an on-going review and enhancement process to ensure the standards are continually evolving.

The review process has culminated in the creation of the Ontario Public Health Standards (OPHS) due to be rolled out this fall and implemented in January 2009.

One standard in particular that we are excited to highlight is the Public Health Emergency Preparedness (PHEP) Standard. The PHEP standard is a new addition to the required suite of programs and services for public health unit delivery. It will serve to provide *consistency* in emergency preparedness and response, not only across Ontario's public health system but also with provincial and municipal emergency preparedness programs. It will set the stage for *integration* of public health emergency planning and response activities with provincial and municipal emergency plans, procedures and structures. In addition, it will establish *clarity* on emergency response and communication protocols among public health units, key community partners and government bodies.

A launch day has been scheduled for November 13th, 2008 to provide an overview of the standard to Medical Officers of Health, Board of Health members and key agencies. This will be followed by a workshop to provide further detail to public health unit program staff regarding the specific requirements of the standard. Stay tuned for more details on the PHEP standard in future issues of the *Planner.*

Important Dates

Friday November 7th, 2008
Peel Region Emergency Program Exercise

In collaboration with regional departments, area municipalities, first response organizations, and members of the healthcare sector, Peel Region is holding a one-day influenza pandemic table-top exercise. The purpose is to test participants' plans, clarify roles and responsibilities in mitigation, and identify areas for further planning enhancement, in order to ensure that Peel Region is a disaster resilient municipality.

Friday November 21st, 2008
Exercise Trillium Response 2008

This full-scale and real-time exercise, led by Emergency Management Ontario and the Department of National Defense will be located in the Thunder Bay area, running from Nov. 17th-28th, 2008. The main objective of the exercise is to test provincial and federal deployment of resources in Northwestern Ontario. The health component, involving the Emergency Medical Assistance Team (EMAT), will take place on Nov. 21st and 22nd. Stay tuned for details in an upcoming issue!

Agency Update

The new Ontario Agency for Health Protection and Promotion (Agency) will be one of the Ministry of Health and Long-Term Care's key partners in building and supporting a health system which is prepared to deal with emergencies. On September 26, 2008, the Minister of Health and Long-Term Care announced that the Agency would establish, manage and deploy infection control resource teams (ICRTs) to work with the ministry, local public health units and hospitals to provide on-the-ground expertise to help front-line health care workers deal effectively with C. difficile and other infectious diseases.

An ICRT may consist of a physician, infection prevention and control practitioner, epidemiologist, environmental services/housekeeping lead, and a public health expert, all of whom have the appropriate experience and expertise to respond to a particular outbreak. Teams will be deployed by the Agency at the request by the Chief Medical Officer of Health to support the hospital, local public health unit, and regional infection control network throughout the process of outbreak management to improve infection control capacity.

The announcement of this new emergency response initiative demonstrates the shared commitment between the ministry and Agency to continuously improve and protect patient safety in hospitals.

For more information on the Agency, such as their ongoing key appointments, please visit: www.oahpp.ca

A Celebration of Sheela

On Friday October 17th friends and colleagues of former Chief Medical Officer of Health and Assistant Deputy Minister Dr. Sheela Basrur gathered with her family at University of Toronto's Convocation Hall for a public memorial event. For those who attended, it was a special afternoon that reminded each of us of the legacy left by Dr. Basrur for public health excellence in Ontario as well as her qualities as an individual, mother, family member, friend, physician, and leader.

Tributes to Dr. Basrur were made by a number of public officials representing each level of government where she had an impact: Tony Clement, Minister of Health and Minister for FedNor; Dalton McGuinty, Premier of Ontario; David Miller, Mayor of Toronto; and, Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit.

Dr. Vivek Goel, President of the Ontario Agency for Health Protection and Promotion outlined the important mandate which has been left by Dr. Basrur as a result of *Operation Health Protection*. This mandate will be carried out at the Dr. Sheela Basrur Centre of the Agency, described by Dr. Goel: "It will be much more than just a physical space; the Centre will be the outreach arm of the Agency. Through the Centre we will work in partnership with public health organizations, universities, research institutions, governments and the private sector to build on Sheela's legacy of renewal and revitalization of the public health system."

A live webcast of the memorial is available at the Agency website: www.oahpp.ca

Another important memorial for Dr. Basrur took place on October 17th. Members of the Public Health Division of the Ministry of Health and Long-Term Care assembled to honour Dr. Basrur in a tree-planting ceremony. The tree and memorial plaque, situated in a parkette west of Hepburn Block, on Grosvenor St. in Toronto, were unveiled and will stand as a reminder of Dr. Basrur's public service to Ontarians. Dr. Basrur was a particularly staunch supporter of the Emergency Management Unit and health emergency preparedness across the province. We will miss her.

Did You Know...?

Toronto Public Health hosted a Health Care System Coordination Meeting on Friday, October 17, 2008.

The meeting was a follow-up to address specific gaps and issues related to pandemic planning, as identified by health system stakeholders. Participants included community pharmacies, laboratories, Community Care Access Centres, shelters, long-term and acute care facilities, correctional facilities, Emergency Medical Services, rehabilitation and complex care facilities, and faith-based representatives to name a few. It included a discussion intended to target "understanding roles and communicating effectively" in an influenza pandemic. Participants also received an update on Toronto Public Health's natural death surge strategy.

To find out more contact: Sonia Singh at ssinghd@toronto.ca

The sugar maple tree and plaque unveiled by the Public Health Division to honour Dr. Sheela Basrur.

You Asked...?

What is PHEPAC?

To further augment emergency preparedness across public health units, the Public Health Emergency Preparedness Advisory Committee (PHEPAC) was established in 2007 – in fact, this month is PHEPAC's one year anniversary!

PHEPAC's membership includes Medical Officers of Health and emergency planners from six public health units, representing different areas of the province. The committee provides guidance and advice on public health emergency preparedness initiatives which assist in further strengthening the health sector for a seamless response.

For more information, email: emergencymanagement.moh@ontario.ca

Local Profile: Critical Care Triage at Hamilton Health Sciences

Those of us involved in influenza pandemic planning know that there is likely to be an unprecedented surge in the need for hospital services during an influenza pandemic. The ministry has used Centre for Disease Control's *Flu Surge 2.0* modeling software (www.cdc.gov/flu/flusurge.htm) to estimate this impact at the peak of a pandemic in Ontario, and determined that the acute care sector will be substantially overwhelmed. What does this mean for individual hospitals and health care facilities? Hamilton Health Sciences (HHS) has offered us insight into their surge capacity planning initiatives.

Since 2005, HHS has been hard at work developing a comprehensive influenza pandemic response plan. As part of the planning process, the HHS Pandemic Steering Committee has developed several strategies to build critical care surge capacity during an influenza pandemic. These strategies include scaling back on elective services, re-deploying health human resources, and implementing changes to the physical capacity of the hospital.

Another key consideration in planning to accommodate the number of people who will seek care during an influenza pandemic is the requirement to prioritize health resources through critical care triage.

Critical care triage is a process to support health care providers in making difficult decisions about how best to use resources and maximize benefit for the community as a whole. This process has a strong ethical basis: every human life is valued and every human being deserves respect, caring, and compassion. It may not be possible for all patients to receive critical care during an influenza pandemic - but no one will be abandoned - they will continue to receive alternate levels of care. This type of triage is foreign to Canadian facilities, where it is the sickest patients who generally get access to critical care.

To guide and support prioritization of health resources, the Pandemic Steering Committee is developing a critical care triage protocol for its facilities, which include seven hospitals at five sites across Hamilton. The delivery of critical care services is spread out across the hospital corporation at three adult units, one paediatric unit, and one neo-natal unit. HHS has used the draft critical care triage guidelines in chapter 17 of the Ontario Health Plan for an Influenza Pandemic (OHPIP) to inform the development of their triage protocol. These guidelines outline three main components of critical care triage: inclusion criteria to identify patients who may benefit from admission to critical care; exclusion criteria; and minimum qualifications for survival based on the sequential organ failure assessment (SOFA) score.

HHS understands that critical care triage must be built on a strong ethical foundation to ensure that fairness and justice prevail at a time when circumstances could leave people vulnerable to inequitable treatment. To support this ethical foundation, the Pandemic Steering Committee enlisted the support of Dr. Andrea Frolic, the clinical and organizational ethicist at HHS, to lead the development of its critical care triage protocol.

"In my conversations with health care providers, they have repeatedly expressed their concerns with implementing critical care triage," states Frolic. "Although they understand the importance of conducting critical care triage during an influenza pandemic, they want tools and supports to help them make tough decisions during a time of heightened demand for scarce resources." Frolic and her team have worked with HHS' human rights officer to review the criteria from a human rights perspective. The protocol outlines criteria that *cannot* be used to make decisions about access to critical care criteria that are protected under the Ontario Human Rights Code, such as age, ethnicity, citizenship, sex and religion. HHS also plans to identify and train individuals to act as triage officers, to implement and safeguard the triage protocol and create a triage team to ensure appropriate adjustments are made over the course of an influenza pandemic.

HHS`s draft critical care triage protocol is currently being reviewed by internal stakeholders. After this is completed, it will be reviewed and approved by the Pandemic Steering Committee and the HHS board of directors. HHS is also working on a strategy to share the protocol more broadly, in order to ensure the critical care triage process reflects the values and ethics of the community it serves. This external consultation process will commence in the New Year, with the aim of having the protocol finalized by April 1, 2009.

"By preparing our health care workers in advance of a pandemic, we want to decrease the anxiety they have over making tough decisions during a pandemic," shares Frolic. "The aim of our critical care triage protocol is develop systems and strategies to support our staff, and ultimately, support the community that HHS serves".

For more information contact Dr. Frolic at: frolic@hhsc.ca

Useful Online Resources

For a broad collection of health emergency websites and resources, go to EMU's Resources page at: www.health.gov.on.ca/emergency and click on "Resource Links".

To find out more about the Peel Region Emergency Program, check out their website: www.region.peel.on.ca/prep/