

# TOWN OF ESSEX

## Community Emergency Preparedness and Response Annex to Pandemic Influenza

(Note: To be used in conjunction with the Town of Essex Emergency Response Plan and Business Continuity Plan)



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## **Introduction**

This annex has been prepared to serve as a guide and source of information to be used in conjunction with the Town of Essex Emergency Response Plan as well as other supporting documents. This document, developed to address the specific issues of a pandemic influenza outbreak, is intended to provide guidelines for a coordinated, unified and controlled response to minimize the impact of an influenza pandemic in the Town of Essex.

## **Aim/Purpose of the Plan**

To ensure that the Town of Essex is prepared to effectively respond to an influenza pandemic so as to protect the life, health and safety of the citizens of the Town of Essex and surrounding areas.

To ensure that the plan meets the requirements of the Canadian Pandemic Influenza Plan, the Ontario Pandemic Influenza Plan, and the Emergency Management Ontario Pandemic Influenza Guidelines for Municipal Emergency Management Programs.

## **Goals and Objectives**

**Goal 1:** To coordinate a Town of Essex response to an influenza pandemic.

### **Objectives:**

1.a) To develop a plan that is flexible to account for the unknown epidemiology of a pandemic and the needs of different stakeholders (impact).

1.b) To provide education to stakeholders and the community about the impact of an influenza pandemic and regarding roles and responsibilities.

1.c) To provide a plan that is reviewed on an as-needed basis to ensure incorporation of new developments and best practices.

1.d) To provide an evaluated plan that is sufficiently clear and comprehensive to ensure operational viability and sustainability.

**Goal 2:** To minimize serious illness and deaths from a pandemic influenza in the Town of Essex.

### **Objectives:**

2.a) To enhance surveillance systems for influenza in the Town of Essex.

2.b) To develop operational procedures for vaccine and antiviral delivery and administration.

2.c) To coordinate operational procedures for healthcare.

**Goal 3:** To minimize societal disruption in the Town of Essex as a result of an influenza pandemic.

**Objectives:**

3.a) To ensure efficient interface and coordinate operational procedures for emergency measures within the community.

3.b) To develop operational procedures for communications (internal/external) regarding pandemic information.

**Background**

**An Influenza Pandemic**

An Influenza Pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, and simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the globalization of transportation and communication, as well as urbanization and overcrowded conditions, epidemics due to the new influenza virus are likely to quickly spread around the world.

**A New Influenza Virus: How it could cause a pandemic**

Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations. When a major change in either one or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this virus holds the capacity to spread from person-to-person, a pandemic will occur.

Outbreaks in animals, especially when happening simultaneously with the annual outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potentials, making the occurrence of the next pandemic event just a matter of time.

**Influenza Classifications**

- **Seasonal (or common) flu** is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

- **Avian (or bird) flu** is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.
- **Pandemic flu** is a virulent human flu that causes a global outbreak, or pandemic, or serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

### **Avian Influenza A (H5N1)**

Influenza A (H5N1) virus – also called “H5N1 virus” – is an influenza A virus subtype that occurs mainly in birds, is highly contagious among birds, and can be deadly to them. H5N1 virus does not usually infect people, but infections with these viruses have occurred in humans. Most of these cases have resulted from people having direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces.

### **Human health risks during the H5N1 outbreak**

Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of detected cases of severe disease and death in humans. However, it is possible that those cases in the most severely ill people are more likely to be diagnosed and reported, while milder cases go unreported. For the most current information about avian influenza and cumulative case numbers, see the [World Health Organization \(WHO\) avian influenza website](#)

### **Treatment and vaccination for H5N1 virus in humans**

The H5N1 virus that has caused human illness and death in Asia is resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. Two other antiviral medications, oseltamavir and zanamavir, would probably work to treat influenza caused by H5N1 virus, but additional studies still need to be done to demonstrate their effectiveness. There currently is no commercially available vaccine to protect humans against H5N1 virus that is being seen in Asia and Europe. However, vaccine development efforts are taking place. Research studies to test a vaccine to protect humans against H5N1 virus began in April 2005, and a series of clinical trials is under way. For more information about H5N1 vaccine development process, visit the [National Institutes of Health website](#).

## Legislation

Emergency Management Ontario is governed by the **Emergency Management and Civil Protection Act, RSO, 1990, Chapter E.9**. Administration of the Act is assigned to the Solicitor General under whom the Chief of Emergency Management Ontario is responsible to coordinate, monitor and assist in the development and implementation of emergency management programs. He/She ensures those programs are coordinated with the emergency management programs and plan of the Government of Canada and its agencies. **By Order in Council under the Act, the Ministry of Health and Long-Term Care (MOHLTC) is designated with lead responsibility for the provision of emergency health services, control of epidemics and response to large-scale adverse human health events.**

Other stipulations under the **Emergency Management and Civil Protection Act:**

Section 2.1 (1) 2002 c. 14, s 4. **Municipalities “shall develop and implement an emergency management program** and the council of the municipality shall by by-law adopt the emergency management program”.

The emergency management programs **shall consist of,**

- (a) **an emergency plan** as required by section 3;
- (b) **training programs and exercises** for employees of the municipalities and other persons with respect to the provision of necessary services and the procedures to be followed in emergency response and recovery activities;
- (c) **public education** on risks to the public safety and on public preparedness for emergencies; and
- (d) any other element required by the standards for emergency management programs set under section 14. 2002, c.14, s. 4.

**Municipal Emergency Plan-** Every municipality shall formulate an emergency plan governing the provision of necessary services during an emergency and the procedures under and the manner in which employees of the municipality and other persons will respond to the emergency and the council of the municipality shall by by-law adopt the emergency plan. 2002, c. 14, s. 5 (1)

## Legal Powers Declaration and Termination of an Emergency

Under the Emergency Management and Civil Protection Act:

- The **Premier of Ontario may declare** that an **emergency exists** throughout the province or in any part, may take action, and may issue orders to protect the health, safety and welfare of the inhabitants of the affected area
- The **Premier of Ontario** may at any time **declare** that an **emergency has terminated**
- The **Head of Council** of a municipality may **declare that an emergency exists in the Region**, or any part thereof, and may take action and make orders as he considers necessary to protect the property and the health , safety and welfare of the citizens
- The **Head of Council** of a municipality may at any time **declare** that an **emergency has terminated.**

The **Medical Officer of Health (MOH) or designate** has the authority to control communicable diseases and **determines the actions needed to protect the community from a communicable disease** as outlined in the Health Protection and Promotion Act (HPPA), revised Statutes of Ontario, 1990, Chapter H.7. The MOH has the power to identify, reduce or eliminate health hazards.

In addition, the **Medical Officer of Health** has the authority to issue an order under Section 22 of the HPPA with respect to communicable disease if “he or she is of the opinion (upon reasonable and probable grounds) that a communicable disease exists or may exist, or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health”.

Influenza is a reportable and communicable disease as defined by the HPPA. Therefore, **health professionals must report diagnoses of influenza** meeting the case definition as outlined in 0.2.1 **to the local Medical Officer of Health or designate.**

## Estimated Impact of an Influenza Pandemic

Source: WECPIP

Assumptions: 35% attack rate, six (6) week wave

Ontario (Source: Dr. J. Spika, LCDC, January 27, 2000):

- Up to 8 million people will be infected
- Of which up to 4 million will be clinically ill
- 12000 will die
- economic costs are estimated at \$1.4 to \$2.5 billion in direct healthcare, and an additional \$10 to \$24 billion in societal costs

Windsor-Essex County ( figures based on model FluAid 2.0 developed by Centers for Disease Control, Atlanta Georgia) based on Windsor-Essex County's Population of 402,629 ( MOHLTC 2004 population estimates):

Assumptions: 35% attack rate, six (6) week wave

	<b>Estimated Totals</b>	<b>Range</b>
<b># People Infected</b>	<b>140,920</b>	
<b># Requiring Outpatient Care</b>	<b>75,196</b>	<b>588,436-107,641</b>
<b># Requiring Hospitalization</b>	<b>1,671</b>	<b>601-2,113</b>
<b># of Deaths</b>	<b>381</b>	<b>215-363</b>

These figures have been used to provide estimate of the low to high impact of an influenza pandemic on Windsor-Essex County for planning purposes e.g. number of hospital beds needed. The impact is dependent upon such factors as the virulence of the virus, availability of a vaccine and antiviral drugs. Special guidelines will need to be in place to address critical issues that will occur as service access is maximized and resources are depleted. Locating the resources that will be required, collecting the information that will be needed to educate stakeholders and citizens and identifying the service gaps that exist presently or will occur need to be addressed. It can be expected that:

- Given the high level of global traffic, the pandemic virus may spread rapidly, leaving little or no time to prepare,
- It is likely the pandemic will be widespread with simultaneous outbreaks, therefore, the Town of Essex and surrounding areas cannot rely on neighbouring resources to assist with the response,
- Border crossing problems will be significant due to the relative location of the Town of Essex,
- In addition to Provincial coordination, cooperation with the US State and Federal health authorities will be required,

- There will be shortages of healthcare, emergency and essential services personnel due to illness,
- Essential services will be severely disrupted,
- Vaccine and anti-virals may be limited and not readily available during the early stage of the pandemic,
- Will need to cope with large numbers of ill people, from all age groups, that will require treatments, and
- Media and public scrutiny will be intense and unrelenting and fear will be abundant.

### **Scope of the Town of Essex Pandemic Influenza Plan**

This plan provides guidelines on how to implement and maintain the plan and actions to be taken for the effective management of an influenza pandemic for the protection of the life, health and safety of the citizens of the Town of Essex. It complements both the existing Health Unit, Municipal and County Emergency Response Plans. It is recognized that this plan will require updating on a regular basis because of the changes in development of medications, changes in demographics and as other new information becomes available.

### **Role and Responsibilities of the Medical Officer of Health**

In this plan, the Medical Officer of Health, or an alternate, or a Health Unit designate, will complete tasks identified to be the responsibility of the Medical Officer of Health.

Specific Responsibilities:

- Implements and activates the Health Unit Emergency Response Plan and all **municipal Pandemic Influenza Plans**
- Ensures that an assessment of the emergency situation is made from an epidemiological and public health perspective
- Coordinates emergency activities of the Health Unit as part of the Municipal and County Emergency Response Plans (municipal emergency response groups)
- Integrates response with municipal, regional and provincial authorities
- Ensures public briefing on the situation and advises the community on matters pertaining to public health
- Advises other rescue/response services in disasters and emergencies, while not directly involving the health department, but having potential public health implications
- Monitors long term effects from a public health perspective
- Ensures that the emergency plans (Health Unit Emergency Response Plan and ECPIP) are evaluated and revised as necessary.

## World Health Organization (WHO) Pandemic Alert Phases

The World Health Organization (WHO) identifies 6 phases of Alert for Pandemic Influenza. For more details regarding the Pandemic Phases and other Pandemic Influenza related information provided by WHO, visit [World Health Organization \(WHO\) avian influenza website](#).

Inter-Pandemic Period	Pandemic Alert Period	Pandemic Period	Post-Pandemic Period
<p><b>Phase 1:</b> No New Influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk* of human infection is considered to be low.</p> <p><b>Phase 2:</b> No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<p><b>Phase 3:</b> Human infection(s) with a new subtype, but no human-to-human spread, or at least more rare instances of spread to a close contact.</p> <p><b>Phase 4:</b> Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans</p> <p><b>Phase 5:</b> Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p><b>Phase 6:</b> Increased and sustained transmission in general population.</p>	<p>Return to inter-pandemic period.</p>

\* 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.

The Town of Essex Pandemic Influenza Plan has been developed in coordination with the Emergency Management Ontario Influenza Pandemic Guidelines for Municipal Emergency Management Programs. Although six pandemic phases have been defined by the World Health Organization to coordinate health sector activities, for most municipal purposes, three pandemic phases will exist.

### **Town of Essex Pandemic Alert Phases**

- **Pre-Pandemic Phase-** ( may also be referred to as *Inter-pandemic phase*) where no threat is identified or imminent;
- **Pandemic Alert Phase-** Influenza pandemic is deemed to be likely;
- **Pandemic Phase-** Influenza is present.

Each of these phases will compel different levels of engagement and activity for municipalities and other public authorities.

In preparation for a response to pandemic influenza, the Health Unit has established an organizational structure that includes a Windsor-Essex County Pandemic Planning Committee that oversees six Sub-Committees. The roles and responsibilities for each of the Sub-Committees are listed as part of the Committee organizational structure.

### **Role and Mandate of the Health Unit and Windsor-Essex County Pandemic Planning Committee**

As outlined by the Ontario Ministry of Health, pandemic preparedness planning is a responsibility that is shared between the public health unit and local emergency

response agencies. Local Medical Officers of health have been given the responsibility of ensuring the pandemic plans are developed, tested and reviewed regularly in the inter-pandemic period.

The Health Unit becomes the lead agency in dealing with an outbreak. The principal roles of the Health Unit are surveillance, administering vaccines and antivirals, providing health advice to the community and to support local efforts to respond and manage the event.

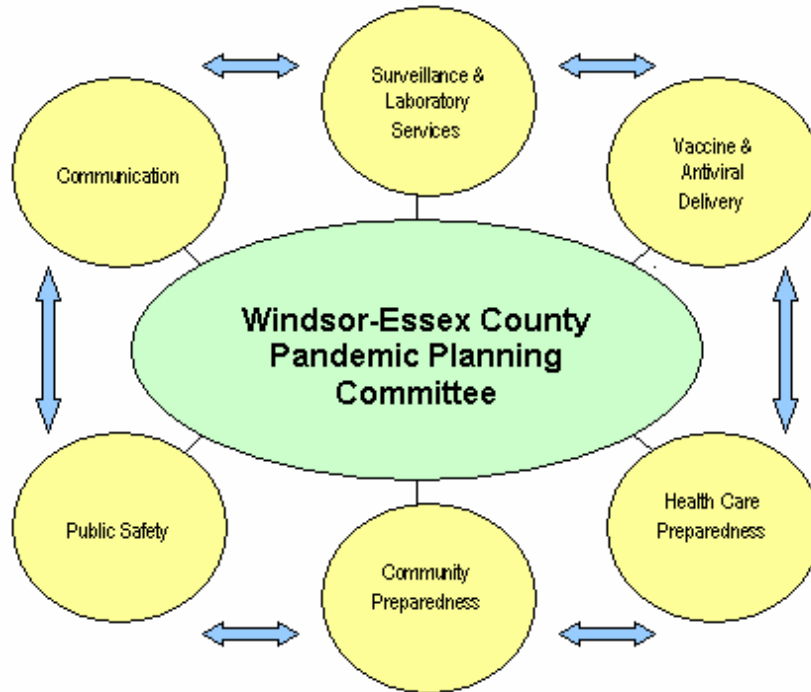
The Windsor-Essex County Pandemic Planning Committee was established in May 2005. It is anticipated that committee members will assist with the development of local pandemic plans, advocate for pandemic planning within their own places of employment and be responsible for managing the response for an influenza pandemic.

It is intended that the Windsor-Essex County Pandemic Planning Committee will be a standing committee that will meet regularly in the inter-pandemic period to test, review, and revise the WECPIP.

***Mandate:***

- 1. To provide advice, expertise and recommendations, liason and other activities associated with the pandemic and post-pandemic periods to support and promote the public safety, security, and health mandates of all orders of government.*
- 2. To liaise with the Ministry of Health and Long-Term Care (and, if necessary, federal government Pandemic Flu Committee) in order to track pandemic influenza.*
- 3. Monitor local conditions (number of cases), make recommendations to the board of health and local councils on activating the local pandemic influenza contingency plan.*
- 4. Serve as the primary coordinating body for the provision of public safety, security, and health services.*
- 5. To oversee communication and approve communication messages.*
- 6. Allocate public health resources as required.*
- 7. To liaise with E.M.O. and other provincial agencies on the status of the event, response activities, and requirements for the provincial (or federal) support, advice, and assistance.*

**Subcommittee Structure:**



## **Committee and Sub-Committee Roles**

### **Windsor-Essex County Pandemic Planning Committee Role**

During the pre-pandemic planning phase, the role of the Windsor-Essex County Pandemic Planning Committee (WEPPC) is to consult with various key stakeholders to coordinate a regional response to pandemic contingency planning and integrate pandemic planning with existing emergency planning procedures. The WEPPC coordinates the six Sub-Committee/Response Teams and the Windsor-Essex County's pre-planning and response to pandemic influenza, including surveillance, communication, vaccine/antiviral delivery and administration and continuance of healthcare, emergency and essential community services.

#### **1) Surveillance and Laboratory Services:**

**Role:** The role of the Surveillance & Laboratory Services Subcommittee is to enhance surveillance systems for influenza, including sentinel physicians sampling, outbreak monitoring at Long-Term Care and child care facilities and absenteeism monitoring at schools and the Region.

## **2) Vaccines and Antivirals:**

**Role:** The role of the Vaccine/Antiviral Subcommittee is to develop operational procedures for vaccine/antiviral delivery and administration, i.e., receive, store, transport and administer vaccine/antiviral at mass public immunization clinics.

## **3) Health Care Preparedness:**

**Role:** The role of the Health Care Preparedness Subcommittee is to coordinate operational procedures for health care response and resources in order to cope with large numbers of ill people that will require prevention, care and treatment during the pandemic.

## **4) Community Health Care:**

**Role:** The role of the Community health Care Subcommittee is to ensure that essential community support services are maintained to assist members of the community to maintain their health and well-being in the face of reduced health services.

## **5) Public Safety:**

**Role:** The role of the Public Safety Subcommittee, with the context of the Community Emergency Preparedness and Response Team, is to ensure that emergency services have developed operational procedures for emergency management specific to a pandemic emergency. The Public Safety Subcommittee must address the provision of essential emergency services in the face of high rates of absenteeism due to illness among emergency services first responders and staffs (such as dispatchers and clerical support).

## **6) Communications:**

**Role:** The role of the Communications Team is to develop operational plans for communicating pandemic information to various key stakeholders (internal and external) before, during and after a pandemic; to provide timely information to professionals, the public and the media; and to monitor and address misinformation.

## **Emergency Alerting Guidelines**

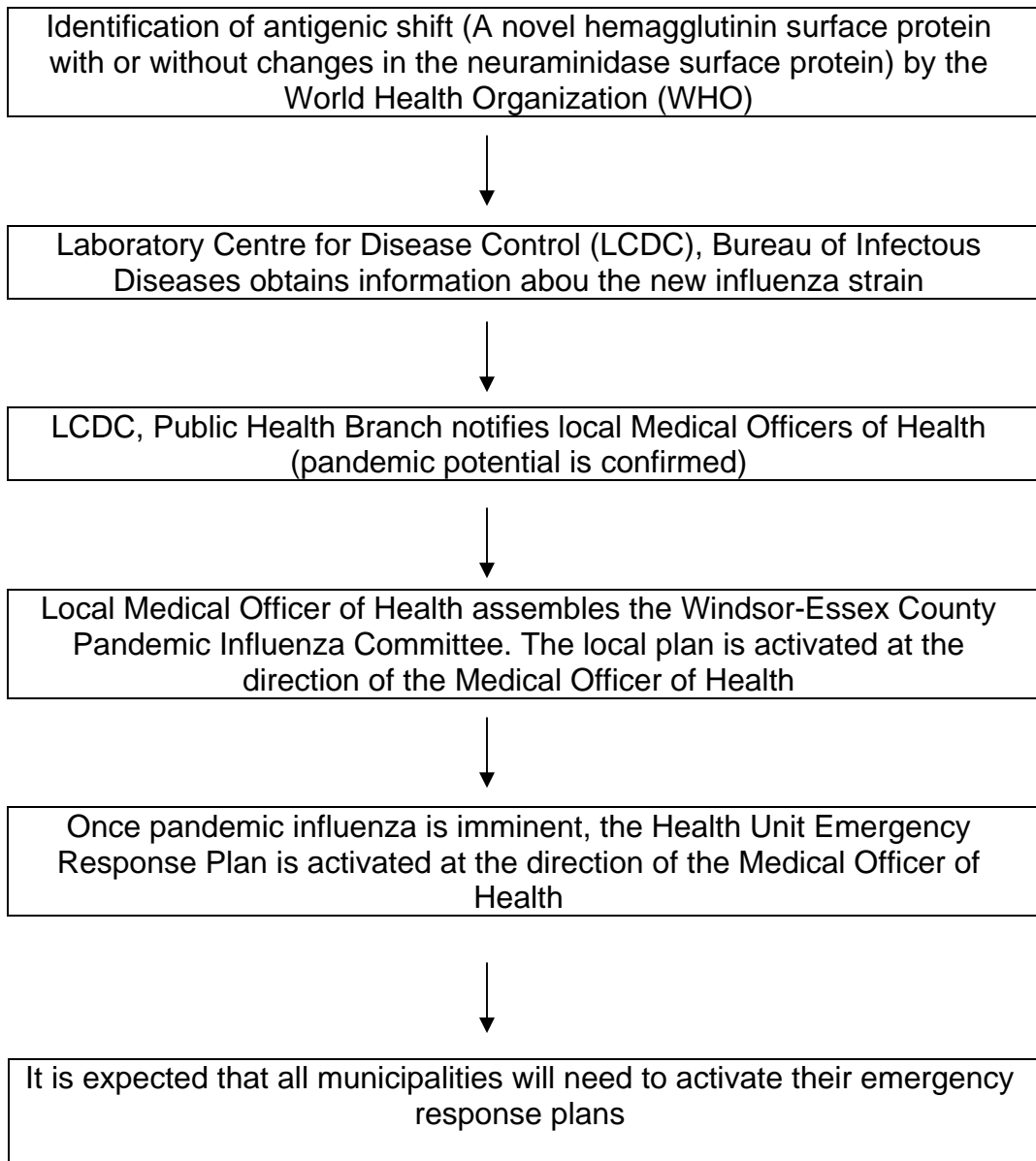
In pandemic influenza, the World Health Organization (WHO) will first identify an antigenic shift. The Population and Public Health Branch (PPNB) will obtain information about the new influenza strain and will begin to develop a vaccine for the influenza strain. This process can take up to six months or more to complete. The Ministry of Health will inform Medical Officers of Health of the impending pandemic.

Historically, pandemic influenza originated in Asia, thus providing The Town of Essex with some advanced warning about the pandemic. As the pandemic escalates in scale, the Medical Officer of Health and the Windsor-Essex County Pandemic Planning Committee will determine when to implement various stages of the Pandemic Influenza Plan and the Health Unit Emergency Response Plan, and whether to contact or convene emergency response groups and have the Town of Essex Pandemic Influenza Plan implemented. Area municipalities will also be prepared to implement their Emergency Response Plans if required. The following call-out procedure will be used to implement or place on stand-by the Town of Essex Pandemic Influenza Plan:

1. The Medical Officer of Health or alternate or designate may be notified of influenza by the Ministry of Health and Long-Term Care (MOHLTC) indicating that there is a confirmation of a pandemic.
2. The Medical Officer of Health or alternate or designate will request that the Windsor-Essex County Pandemic Planning Committee (WEPPC) be contacted, and to either remain on standby or report to the Health Unit. The Medical Officer of Health or alternate or designate will act as a liaison between the MOHLTC and the WEPPC.
3. The Medical Officer of Health or alternate or designate will activate the municipal Pandemic Influenza Plan and the Health Unit Emergency Response Plan.
4. The Medical Officer of Health's designate (or Director of Health Protection or Director who receives the advisory) will immediately notify the Manager, Social and Health Services and other members of the Health Unit Emergency Response Team, notifying them of the emergency and expected response required. They may be advised to assemble at the Health Unit to determine the scope of the emergency.
5. The Chairs, or their alternates, of the six WECPIP Sub-Committees (Communications, Surveillance, Vaccine/Antiviral, Health Care Preparedness and the Community, Emergency Preparedness and Response) will contact the members of the Teams or their alternates.
6. At each level of notification, staff will be informed to remain on stand-by or take specific action steps to respond to the emergency. Brief but pertinent details of the emergency will be provided ( i.e. type of emergency, location, magnitude, response required, assigned tasks).

7. Close the loop and report to the Medical Officer of Health or designate on the status of the alert fan-out.

### **Town of Essex Pandemic Influenza Plan Activation**



## **Maintaining and Evaluating the Town of Essex Pandemic Influenza Plan**

The Town of Essex Pandemic Influenza Plan will have to be reviewed and updated on a regular basis because of factors such as, directives from governments, changes in the development and delivery of medications, community issues impacting the plan, and changes in regional emergency response plans.

The Medical Officer of Health or designate is responsible for appointing a custodian of the Plan. The custodian is responsible for co-ordinating, updating, maintaining and testing the Plan, including:

- a) Test, review and revise the Plan once per year. The test may be co-ordinated with an exercise for the Town of Essex Emergency Response Plan(s).
- b) Review and update the internal staff contact list two times per year.
- c) Review and update the internal resource list one time per year.
- d) Submit revisions to the Plan to the Medical Officer of Health (or designate) (or to the Windsor-Essex County Pandemic Influenza Planning Committee) for approval. Also ensure the plan is consistent with the Municipal Emergency Response Plans, Sub-Plans and other legislation. On approval of revisions, distribute the revisions to the persons listed on the Distribution List of the WEPPC and the place of the Health Unit web site.
- e) Provide staff training as required. New staff will be informed of their roles and responsibilities in pandemic influenza.

The Medical Officer of Health or designate will appoint a staff person to sit on the Windsor-Essex County Emergency Response Planning Committee as the representative of the Health Unit.

# **Public Health Measures**

## **Background**

Public Health Measures are non-medical interventions used to reduce the spread of disease, such as contact tracing, closing schools, limiting public gatherings, issuing travel restrictions and screening people entering the country. The type of public health measures used and their timing depend on the epidemiology of the virus (e.g., pathogenicity, modes of transmission, incubation period, attack rate in different age groups, period of communicability, susceptibility to antivirals).

## **Objectives**

- a) To reduce further human cases caused by a virus that has not yet established efficient human-to-human transmission
- b) To slow pandemic spread and gain time for implementing medical measures (e.g., vaccine)
- c) To reduce the impact of the pandemic

## **A Comprehensive Approach**

Any single public health measure is unlikely to be effective on its own; rather a variety of public health measures should be implemented together. A comprehensive approach to public health measures would include:

- Individual public health measures to protect those who have contact with people with influenza, such as: the use of personal protective equipment and practices (i.e., annual influenza immunization, respiratory etiquette, hand hygiene, stay home if ill, self care if ill, case management and contact tracing, self isolation, and individual activity restrictions)
- Community public health measures, such as canceling public gatherings and closing schools
- A consistent province-wide approach, which will build confidence in the public health measures and increase public support and compliance

## **Public Health Measures in the Pre-Pandemic Period**

The effectiveness of public health measures during the pre-pandemic period primarily depends on:

- The epidemiology of the pandemic strain—because influenza is highly contagious, the opportunity to avert or contain a pandemic will end once efficient, sustained human-to-human contact is established

- Ontario's ability to implement public health measures- which will be affected by the phase of the pandemic, the human and financial resources available, the associated costs, and the public's acceptance of the measures

During the Pre-Pandemic Period, Ontario will:

- Establish protocols for case management and contact tracing at different phases and stages of the pandemic
- Establish guidelines for the use of measures to increase social distance (e.g., school and daycare closings, discouraging public gatherings)
- Establish, in conjunction with PHAC, guidelines for travel restrictions
- Develop educational materials on influenza and personal protective practices
- Develop guidelines for public health staff and how to implement public health measures
- Review, revise and disseminate infection and control guidelines.

At this stage of the pandemic, public health may issue directives for such activities as screening, case management, contact tracing and travel restrictions.

### **Public Health Measures in the Pandemic Alert Period**

For public health measures to be effective, they must be used aggressively at the beginning of the pandemic. In the pandemic alert period, the focus will be on identifying ill individuals early - as well as those who had contact with them – in order to contain the spread of the virus (i.e., case management and contact tracing). Ontario will encourage aggressive follow-up of confirmed and suspected cases.

### **Public Health Measures in the Pandemic Period**

During the pandemic period, when a significant number of people are infected, the focus of public health measures will be on community containment strategies, such as measures to increase social distance (e.g., closing schools, discouraging public gatherings) and providing general messages about how to avoid getting or spreading influenza including:

- If sick, stay home from day-care, school, work and public events
- Reduce non-essential travel
- Avoid crowds
- Wash hands frequently and meticulously
- Practice respiratory hygiene, including covering one's mouth when coughing or sneezing and proper tissue disposal
- Increase fresh air in buildings (i.e., open windows)
- How to clean and disinfect environmental surfaces

- When and how to seek medical attention in a way that minimizes exposure to influenza.

At this phase of a pandemic, public health officials may issue directives for such activities as school closures, and limiting or canceling public gatherings.

### **Support to People at High Risk**

Some people will be more vulnerable to an influenza pandemic and more affected by infection control measures than others. People at high risk include: the elderly, those with chronic health conditions, and the homeless. Other groups who may have special needs during the pandemic include:

- The working poor, who would likely find it difficult to stay home from work when ill
- Single parents of young children, who may find it hard to look after children and household responsibilities when they are ill
- Members of ethno cultural groups, who need infection control information and messages delivered in culturally appropriate ways (e.g., in different languages, in video format)

Public health officials will assess the needs of all vulnerable and high risk groups, and work with emergency social service providers and volunteer organizations to find ways to offer support and assistance.

For further or additional information on Public Health Measures during an Influenza Pandemic, visit [OHPIP- Public Health Measures- Ch 6](#)

## **Communications**

Effective internal and external communications provide the backbone for a coordinated response to an influenza pandemic. A wide range of groups at all levels will need to share accurate, timely and consistent information about what is known about the pandemic strain and the risks to public health as well as advice on how to manage those risks at each stage of a pandemic. During a pandemic, media attention will be intense, and information demands will continue over several months. Sustaining public and workplace confidence over that time will be a challenge. Credible spokespeople will be required nationally, provincially, locally and within workplaces.

### **Objectives**

- To ensure that Ontario is prepared to respond to public and health care worker communication needs
- To educate Ontarians about the pandemic plan
- To provide consistent, coordinated and effective public and provider communications
- To identify the communication activities that should occur during each phase of the pandemic
- To ensure health care workers have access to transparent, accessible, accurate, real time information that will help them respond to challenges during each phase of the pandemic
- To ensure that health care workers can share lessons learned during each phase of the pandemic with planners who will use that information to continuously improve Ontario's pandemic response.

### **A Comprehensive Approach to Pandemic Communications**

Ontario is committed to providing focused, timely, accurate, accessible and concise communications to/from/among four key audiences:

- the public
- health care workers
- health care stakeholders (including health care employers, associations, regulatory colleges and unions)
- internal audiences (i.e. MOHLTC staff, Ontario Public Service).

A comprehensive approach to communications reflects and supports the ethical framework for decision making during a pandemic (see 2.4) and its purpose is threefold:

***To educate by:***

- encouraging Ontarians to take the threat of pandemic seriously
- explaining how to prevent and treat influenza
- providing information about influenza symptoms
- describing the measures required to protect those at greater risk
- conducting regular technical briefings for members of media
- providing transparent, accessible, useful, accurate, technical, real time information for health care professionals that they can use to protect themselves and the public during each phase of the pandemic

***To reassure by:***

- demonstrating that government is prepared and has plans in place before a pandemic occurs
- demonstrating that government has initiated its emergency response plan when required, is working with all other levels of governments and is taking all necessary steps to address the situation
- issuing regular timely updates that provide accurate and relevant information
- being responsive to information from the field/front lines and using that information to shape/adapt communication messages
- recognizing the hard work and dedication of all health care workers
- modeling a calm approach designed to reduce fear, avoid panic and encourage vigilance

***To be accountable by:***

- providing appropriate timely information
- reporting regularly on the health care system's ability to respond to the emergency.

For further or additional information on Communications during an influenza pandemic, visit: [OHPIP- Communications- Ch 9](#)

## **Sources for Additional Information**

- **Department of Health and Human Service**-Center for Disease Control and Prevention – [www.cdc.gov](http://www.cdc.gov)
- **World Health Organization** – [www.who.int](http://www.who.int) for homepage, or [Click Here](#) for Pandemic Influenza information.
- **Ministry of Health and Long Term Care** – [www.health.gov.on.ca](http://www.health.gov.on.ca) for homepage or [Click Here](#) for direct link to Ontario Health Plan for an Influenza Pandemic (OHPIP). [Click Here](#) for Pandemic Influenza facts sheets.
- For more information about **H5N1** vaccine development process, visit [National Institutes of Health website](#)
- U.S. Government Pandemic Influenza Information – [www.pandemicflu.gov](http://www.pandemicflu.gov)
- **Windsor-Essex County Health Unit** – [www.wechealthunit.org](http://www.wechealthunit.org)
- **Ontario Health Plan for an Influenza Pandemic (OHPIP)** – [www.health.gov.on.ca](http://www.health.gov.on.ca) or [Click Here](#) for direct link to OHPIP
- **Canadian Pandemic Influenza Plan (CPIP)** – [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca) or [Click Here](#) for direct link to CPIP

**Town of Essex Pandemic Influenza Guideline: Annex 1**  
**Business Pandemic Planning Checklist**

In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at <http://www.pandemicflu.gov/> and <http://www.cdc.gov/business>.

Completed	In Progress	Not Started	<b>1.1 Plan for the impact of a pandemic on your business:</b>
			Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.
			Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.
			Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.
			Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).
			Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of restriction on mass gatherings, need for hygiene supplies).
			Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.
			Determine potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).
			Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.
			Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
			Implement an exercise/drill to test your plan, and revise periodically.

Completed	In Progress	Not Started	<b>1.2 Plan for the impact of a pandemic on your employees and customers:</b>
			Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
			Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).
			Encourage and track annual influenza vaccination for employees.
			Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed.
			Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.
			Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.

Completed	In Progress	Not Started	<b>1.3 Establish policies to be implemented during a pandemic:</b>
			Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
			Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
			Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).
			Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
			Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
			Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

Completed	In Progress	Not Started	<b>1.4 Allocate resources to protect your employees and customers during a pandemic:</b>
			Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
			Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
			Ensure availability of medical consultation and advice for emergency response.

Completed	In Progress	Not Started	<b>1.5 Communicate to and educate your employees:</b>
			Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
			Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
			Ensure that communications are culturally and linguistically appropriate.
			Disseminate information to employees about your pandemic preparedness and response plan.
			Provide information for the at-home care of ill employees and family members.
			Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.
			Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

Completed	In Progress	Not Started	<b>1.6 Coordinate with external organizations and help your community:</b>
			Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
			Collaborate with federal, provincial, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
			Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
			Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.

Source: <http://www.pandemicflu.gov/plan/pdf/businesschecklist.pdf>, retrieved: 31 July 2006.