Annex O

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

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Note:

- This is a new Annex to the Canadian Pandemic Influenza Plan for the Health Sector.
- This annex will be referenced in the Preparedness Section, 1.3 Emergency Management and Coordination, once the Main Body of the CPIP has been updated in 2009.

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1.0 Preamble: Council of Emergency Social Services Directors

The members of the Council of Emergency Social Services Directors (CESSD) are the senior managers/directors, designated by each province and territory, who have the authority and responsibility to take the leading role in Emergency Social Services (ESS) planning and management. The Public Health Agency of Canada is represented in an ex-officio (non-voting) capacity by the Director General of the Centre for Emergency Preparedness and Response or his or her designate. Other participants, such as a representative of the Council of Health Emergency Management Directors and the Council of Voluntary Sector Directors, may participate in council activities by invitation.

CESSD is a body that is knowledgeable about ESS planning and management in relation to issues of pan-Canadian concern. Its role includes providing leadership, advice, guidance and recommendations on strategies to prepare for and manage the broad range of hazards and threats that constitute potential emergencies in Canada.

The Council provides leadership, advice, support and guidance for forums concerned with emergency preparedness and response development and for policies related to ESS. The categories of ESS* are as follows: registration (for ESS services) and inquiry, lodging, food, clothing, personal services and reception centre/shelter services. More information on the mandate of CESSD is noted towards the end of this document.

2.0 ESS

ESS planning for pandemic influenza needs to be an integral part of a coordinated response and placed in the context of government-wide priorities. The unique characteristics of pandemic influenza will create some extraordinary considerations for all stakeholders in emergency management. For example, ESS planning is contingent on the following assumptions, which reflect the unique features of pandemic influenza:

- The influenza pandemic will likely originate outside North America, and we may have advance warning of its arrival.
- Outbreaks will occur simultaneously across the country, preventing reallocation of human and other resources from one jurisdiction to another.
- The influenza pandemic could last for several weeks or even months at a time.
- Health care workers and other first responders will face a higher risk of exposure (but not necessarily infection) than the general population, potentially reducing response capacity because of absenteeism.

^{*} ESS services may vary within province/territory.

 Widespread illness will increase the likelihood of personnel shortages for ESS responders and for other key areas such as police, fire, utility and transportation services and human resources across all spectrums of response.

Many of the traditional ESS responses will not be applied during an influenza pandemic. For example, in a pandemic, emergency clothing will not likely be an issue. Also, as explained later in this document, there may not be a need for traditional ESS shelters or reception centres. Planning for pandemic influenza may, however, need to take into consideration the real societal consequences and economic impacts that will occur as a result of the pandemic and the capacity, duration and availability of ESS resources to respond. Major risk management and due diligence issues need to be addressed by all partners in ESS.

This annex is intended to outline the mandate of ESS and the activities performed by ESS. As well, the specific activities described in the table at the end of the annex represent overriding issues that will affect the delivery of ESS during an influenza pandemic.

3.0 Personal Preparedness

To mitigate the effect of an influenza pandemic, ESS personnel will support the work of local authorities, non-governmental organizations (NGOs), emergency measures/management organizations and health organizations to encourage Canadians to have personal preparedness plans. Federal government departments and agencies have prepared detailed preparedness planning material available for distribution (http://www.influenza.gc.ca/index_e.html). Personal preparedness will also include general information on universal precaution protocols for mitigating the effects of influenza. Jurisdictions have an interest in actively promoting this preparedness planning and should do so by demonstrating the value of planning from the individual's perspective. The value from an ESS perspective would be a reduction in the need to respond, as individuals and communities become more self-sufficient and resilient.

4.0 Communication

It is evident that pandemic influenza will require clear communication, which balances the need to reduce the anxiety of the public and provides them with important information to better understand what pandemic influenza is and how to cope. The responsibility could lie with local authorities, emergency measures/management organizations and health organizations within the context of a national strategy. For ESS, this will mean informing the public of the ESS services available and how to access them, and ensuring that the approach to ESS services delivered by government and/or community agencies is coordinated. Consideration may be given to establishing public information lines that could be modeled after a "one-stop" service concept and could direct callers to appropriate services already existing in their respective jurisdictions.



Pandemic influenza may require NGOs to step beyond their traditional responses in order to address public needs in communities. Providing agencies with a clear understanding of ESS requirements during an influenza pandemic will allow them to develop adequate response plans. NGOs depend on volunteers and staff. It is anticipated that both will be in short supply during an influenza pandemic. Therefore, NGOs will need to be judicious in identifying what critical core services they can provide to the community. This information will assist ESS in determining what services are available and what gaps exist.

6.0 Volunteers

The widespread use of volunteers in a pandemic influenza response will require a review of a number of issues. Governments need to determine the extent of their liability when using volunteers in a potentially risky pandemic response effort. ESS volunteers and staff should be expected to receive considerations of safety and protection, such as access to gloves, masks, vaccines, universal protection training and other safety protocols as appropriate to the functions they will be asked to perform during an influenza pandemic. Each jurisdiction will determine where ESS volunteers can be utilized most effectively and safely. A description of the volunteer roles will be required, and appropriate processes for screening and reference checks need to be put in place. The responsibility for volunteer management in a pandemic varies, depending on the jurisdiction and the extent to which volunteers will be used in a pandemic influenza response (for additional details see Annex J: *Guidelines for Non-Traditional Sites and Workers*, of the Canadian Pandemic Influenza Plan for the Health Sector).

7.0 Training

Basic training for ESS volunteers and staff in response to pandemic influenza will be focused on keeping them all healthy and safe. Once the roles for ESS volunteers and staff have been identified, additional training can be delivered on the specific assigned responsibilities. Volunteers and staff are encouraged to participate in ESS training modules and exercises.

8.0 First Nations and Inuit Communities

Provincial and territorial ESS groups across the country support assisting First Nations and Inuit communities during an influenza pandemic, using the general agreements and/or arrangements of mutual aid that currently exist in all provinces and territories. They also support forging closer relationships in the future between provincial/territorial ESS groups and First Nations and Inuit communities for all hazards. This would be for the "four emergency pillars" of mitigation, preparedness, response and recovery.

9.0 Supply Chain Issues

One of the features of an influenza pandemic will be the potential impact on the supply chain, and this has implications for the public's access to essential goods such as food, fuel and medications. Supplies could be affected at some point during the pandemic by lack of delivery modes or shortages in the goods themselves. It is anticipated that many areas of the marketplace can reasonably expect mild to severe supply chain shortages. Consideration will have to be given to supply and transportation issues as well as the protection of critical infrastructure. Although most of these issues are outside the scope of ESS, failure to have plans in place will adversely affect the ability of ESS personnel to provide critical services as mandated.

10.0 Non-Traditional Care Sites

The establishment and use of non-traditional care sites will vary by jurisdiction, as will the role to be played by ESS in these sites. In some jurisdictions, ESS may coordinate a range of volunteer services, may be involved in the provision of non-medical services or may handle the registration and inquiry needs of these facilities. In other jurisdictions, no services will be provided by ESS to facilities that offer medical services.

The role ESS plays in non-traditional care sites will be determined by a number of factors, including the extent of ESS services required within the provincial/territorial pandemic plan and the availability of human and other resources (for additional details see Annex J: *Guidelines for Non-Traditional Sites and Workers*, of the Canadian Pandemic Influenza Plan for the Health Sector).

The specific activities described in the following table represent overriding issues that will have an impact on the delivery of ESS during an influenza pandemic.

Emergency Social Service Mandate	Traditional/Normal ESS Response (functions may vary within province/territory)	Additional Implications for Pandemic Influenza (functions may vary within province/territory)
Reception Centre Management		
 Reception of persons affected by emergency/disaster Coordinated provision of any or all of the five mandated ESS services: Registration and inquiry Registration and inquiry Lodging Food Clothing Personal services 	 May also provide or arrange for the following: Meet and greet Public information Security and safety First aid Care for transient populations Recruitment of human resources Triage of service needs Communication Logistics planning, including transportation Site identification is usually determined by the municipality in consultation with the emergency measures/ management organizations (EMOs). 	• Because of the widespread nature of pandemic influenza, one-stop reception centres are needed more than ever. However, ESS personnel should be advised on personal protective measures as appropriate to the functions they are expected to perform.

Emergency Social Service Mandate	Traditional/Normal ESS Response (functions may vary within province/territory)	Additional Implications for Pandemic Influenza (functions may vary within province/territory)
 Registration and Inquiry Collection of accurate and reliable information Response to inquiries about the conditions/whereabouts of people affected by emergencies/disasters Assistance in reunification of separated family members Provision of information to other emergency response agencies offering essential services to people affected by emergencies/ disasters Provision of information on numbers serviced – "People Management" 	 Registration for ESS services Collection of information by municipal and/or provincial authorities in order to establish a centralized register of people affected by emergencies/ disasters and thereby facilitate the reunification of individuals Registration of people affected by emergencies/disasters at a collecting point identified by local authorities or in emergency shelters (could use Health Canada forms, as well as local or provincial forms) Assistance from certain non- governmental organizations (NGOs) in registering evacuees, foreign citizens or visitors who find themselves in a disaster zone In some jurisdictions, the Red Cross has an agreement to assist in family reunification. 	 Heavier emphasis will be placed on the use of telephone and other communication modalities for delivery of services. Consideration will be given to sharing of personal information without signed consent. The implications of receiving a request for services from agencies rather than from individuals will be considered.
Emergency Lodging		
 This is defined as safe, temporary lodging that could be provided as follows: Private accommodation Commercial hotels/motels Congregate group facilities, such as schools, churches, community halls, arenas and auditoriums. Consideration may be given to a number of factors: Availability of family/friends Monetary cost Safety/security Accessibility Liability Transportation Volunteer staff to manage these sites. 	 Organize emergency shelters or support municipal authorities in their efforts to organize such shelters. Coordinate stays in facilities such as Hotels Motels Congregate lodging facilities, e.g. university dorms, summer camps. 	 In conjunction with EMOs and local municipalities, assist in the identification and use of traditional sites, such as schools, stadiums, church basements and hotels, for possible use as non- traditional health sites.

Emergency Social Service Mandate	Traditional/Normal ESS Response (functions may vary within province/territory)	Additional Implications for Pandemic Influenza (functions may vary within province/territory)
Emergency Food		
 Provide food to people affected by emergencies/disasters and in some situations to responders 	 Organize provision of emergency foods using community resources: Restaurants Meals-on-wheels Canteens School cafeterias Caterers Grocery stores Non-governmental organizations. Possibly become involved in food processing, preparation, delivery and waste disposal. Work closely with provincial/ territorial health authorities in planning and preparation of meals. Consider the following: Refrigeration Safe food handling Method of food delivery, i.e. feeding units/home delivery/ restaurant vouchers Cultural and dietary specific issues. 	 May need to consider home delivery of groceries and/or delivery of prepared meals.
Emergency Clothing		
 Meet basic clothing needs until normal sources of supply are available to people affected by emergency/disaster. 	 Provide required clothing (may include blankets, bedding and essential personal items). Comfort kits may be provided by community agencies or non- governmental organizations. * Comfort kits include such items as toothbrushes, toothpaste, deodorant, razors, soap and other personal items 	 There are no special clothing requirements in an influenza pandemic. Possible need for ESS to deliver comfort kits and other essential supplies to individuals and families in isolation or unable to get out.

Emergency Social Service Mandate	Traditional/Normal ESS Response (functions may vary within province/territory)	Additional Implications for Pandemic Influenza (functions may vary within province/territory)
Personal Services and Psychoso	cial Intervention	
 Physical needs Social needs Emotional needs Financial needs 	 Delivery of services could include the following: Care for vulnerable populations, such as unattended children, seniors and persons with disabilities Provision of mental health services 	 Consideration of different modes or methods of service delivery
	 Psychosocial crisis intervention Religious/spiritual support Ethno-cultural services Job loss counseling Bereavement Alternative financial income Care of pets Recreation Interpretation services Worker care and support. 	

Broader ESS Issues/Activities	Traditional/Normal ESS Response (functions may vary within province/territory)	Additional Implications for Pandemic Influenza* (functions may vary within province/territory)
• Personal preparedness	• Encourage individuals to have a short-term personal plan to mitigate the need for ESS response.	 Partner with lead agencies/ organizations for long-term personal preparedness plans required for specific pandemic response, to mitigate the need for ESS response.
• Communication	 Work with partners to ensure that there is clear communication related to ESS – its mandate, roles, responsibilities and services provided. 	 Work with partners to ensure that there is clear communication related to ESS – its mandate, roles, responsibilities and services related to pandemic influenza.
• Partnership with NGOs	 Liaise with NGOs that traditionally work with governments to deliver/ support emergency social services (e.g. Red Cross, Salvation Army, St. John Ambulance). 	 Work with NGOs to increase their staff/volunteer capacity to respond. Partner with other lead agencies/ organizations to access non- traditional NGOs and request support (e.g. service clubs, faith communities).
• Volunteers	 Partner with NGOs and community volunteers to ensure that the traditional ESS mandate, roles, responsibilities and services are understood and carried out. 	 Partner with other lead agencies to establish volunteer ESS coordination, volunteer training and volunteer risk management associated with a pandemic response.

Broader ESS Issues/Activities	Traditional/Normal ESS Response (functions may vary within province/territory)	Additional Implications for Pandemic Influenza* (functions may vary within province/territory)
• Training	 Train staff and volunteers in the six ESS core functions. 	 Work with partners to establish specialized training specific to pandemic influenza (e.g. public health information, personal protection).
• Supply chain issues	 Supply chain issues other than emergency feeding are outside ESS scope. 	 Partner with NGOs, organizations, agencies and other government departments to ensure that emergency feeding mandate can be met.
• Non-traditional care sites	 Traditionally there is no ESS involvement in non-traditional care sites. 	 Some jurisdictions may require ESS assistance to coordinate a range of non-medical services within these sites. This will be dependent upon agreements between health and ESS agencies. "Non-medical services" refers to such things as reception services, food services, cleaning services, emotional support and/or communication services.
*See Preamble for further information.		