



# Ottawa's Interagency Influenza Pandemic Plan

Version 3.0 November 2008

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# Partner organizations from Ottawa's Interagency Influenza Pandemic Committee

Carleton Lodge

Champlain Community Care Access Centre

Champlain Local Health Integration Network

Hospital Emergency Preparedness Committee of Ottawa

Office of Emergency Management, City of Ottawa

Ottawa Fire Services

Ottawa Paramedic Service

Ottawa Police Service

Ottawa Public Health

Ottawa Public Health Laboratory

Somerset West Community Health Centre

The Ottawa Hospital

*Ottawa's Interagency Influenza Pandemic Plan* was developed by Ottawa's Interagency Influenza Pandemic Committee and published by Ottawa Public Health in May 2009. The French version is entitled *Plan d'intervention interorganismes d'Ottawa en cas de pandémie*.

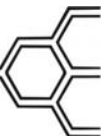
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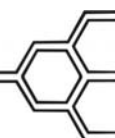
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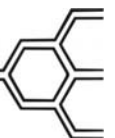


# Table of Contents

A Word from the Medical Officer of Health .....	i
Acknowledgements.....	ii
Executive Summary .....	iii
Lexicon .....	v
Revision Log.....	xi
<b>Chapter 1 WHY IS THIS PLAN NECESSARY? .....</b>	<b>1</b>
Strengthening Ottawa’s Influenza Pandemic Plan.....	2
Risk of an Influenza Pandemic .....	2
Authority.....	4
Influenza Pandemic Planning in Ottawa.....	7
Assumptions.....	8
Legislative Analysis.....	9
Management Principles.....	9
<b>Chapter 2 INTERAGENCY EMERGENCY MANAGEMENT STRUCTURE .....</b>	<b>13</b>
Decision Centres .....	14
Decision-Making Process .....	14
Ottawa Public Health Service Command Centre.....	15
City of Ottawa Emergency Operations Centre .....	16
Clinical Care Command Centre .....	16
<b>Chapter 3 PREPARATIONS – INTERPANDEMIC AND PANDEMIC ALERT PERIODS.....</b>	<b>19</b>
Planning for an Influenza Pandemic .....	20
Organization-Specific Pandemic Plans.....	22
Occupational Health and Safety .....	23
Creating Surge Capacity for Health Care .....	24
Increasing Community Support Through Volunteers.....	25
Increasing Community Resiliency.....	25
Increasing Infection Control Practices in the Community.....	26
Public Preparedness: Ottawa’s Health is in Your Hands.....	26
Maximizing Influenza and Pneumococcal Vaccine Coverage .....	26
Febrile Respiratory Illness Screening .....	26
Outbreak Management.....	27
Routine Surveillance.....	28
Testing the Plan .....	28
<b>Chapter 4 PANDEMIC PERIOD .....</b>	<b>29</b>
Surveillance Mechanisms .....	30
Notification Procedures .....	30
Coordination Procedures.....	31
Information Management Cycles.....	31
Communications Links .....	33



Specific Response Functions .....	35
Coordination .....	36
Surveillance.....	36
Communications .....	37
Public Health Measures .....	39
Pandemic Clinical Care Services .....	45
Care of the Deceased .....	48
Community Support.....	49
Coordination of Volunteers.....	50
Psychosocial Support.....	50
Administration and Logistics.....	51
<b>Chapter 5 POSTPANDEMIC PERIOD.....</b>	<b>53</b>
The Postpandemic Period .....	54
<b>APPENDICES .....</b>	<b>55</b>
Appendix 1: Committee Framework .....	56
1A. Ottawa’s Interagency Influenza Pandemic Committee (OIIPC).....	56
1B. Hospital Emergency Preparedness Committee of Ottawa (HEPCO).....	59
1C. Scientific Advisory Committee .....	61
Appendix 2: Roles and Legal Responsibilities of the Medical Officer of Health .....	62
Appendix 3: Legislative Requirements.....	64
Appendix 4: Associated Plans .....	66
References.....	67



## A Word from the Medical Officer of Health

As chair of Ottawa's Interagency Influenza Pandemic Committee, I am pleased to release the latest edition of *Ottawa's Interagency Influenza Pandemic Plan*. Through collaborative planning and extensive consultation with key stakeholders, the committee sought the latest knowledge and planning practices to ensure coordinated community response in Ottawa during an influenza pandemic.

The revised plan reflects the most current information available from local, provincial and national sources, as well as thoughtful planning on the part of local health care providers and community agencies about how Ottawa will respond to an influenza pandemic. Ottawa's plan also integrates new information from the Ontario Health Plan for an Influenza Pandemic (2008).

Among key changes, the revised plan provides increased clarity in the decision-making process. Clarified assumptions and management principles will allow for more efficient management and coordination of an influenza pandemic. Roles and responsibilities have been adjusted and expanded to include community agencies and groups, as these will have invaluable roles in helping the community to cope with an influenza pandemic. The plan has also been enriched with more information on infection control, protection of health care providers, as well as building health care and community capacity and resiliency.

The committee recognizes that member agencies will fulfill their assigned responsibilities to the best of their ability, given that an influenza pandemic will place increased demands upon all services within an environment where human resource capacity is challenged.

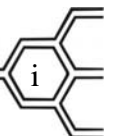
I encourage all community partners, from health professionals and organizations to community groups and schools/workplaces, to use the plan to inform their own emergency planning. Together, we can be better prepared to meet the enormous challenge that an influenza pandemic would bring upon Ottawa.

Dr. Isra Levy

Chair of Ottawa's Interagency Influenza Pandemic Committee

Medical Officer of Health, Ottawa Public Health

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# Acknowledgements

Ottawa Public Health gratefully acknowledges the community agency partners with whom we work, and the individual members of all of the pandemic committees for their contribution to this revised edition. Committees and their membership are listed in Appendix 1. I also thank the many local, provincial, federal and international officials who have informed either this or previous editions of this plan and who are equally committed to a coordinated and successful pandemic response, as well as the dedicated staff of Ottawa Public Health who serve as secretariat to Ottawa's Interagency Influenza Pandemic Committee.

Dr. Isra Levy  
Chair of Ottawa's Interagency Influenza Pandemic Committee  
Medical Officer of Health, Ottawa Public Health

# Executive Summary

## An evolving plan

- *Ottawa's Interagency Influenza Pandemic Plan* is a living document and continues to evolve to reflect important developments in the political, legislative and scientific landscape. It was first released in 2005 and revised in 2008 to ensure a coordinated community response in Ottawa during an influenza pandemic. The goal of this joint effort is to curtail serious illness and death, and minimize societal disruption in the event of a pandemic.
- The plan was revised under the guidance of Ottawa's Interagency Influenza Pandemic Committee, which is chaired by the Medical Officer of Health and includes representatives from Ottawa Public Health, hospitals and community-based care providers, the City of Ottawa, first responders, laboratories, the Champlain Community Care Access Centre, the Champlain Local Health Integrated Network and long-term care facilities.
- Revising the plan entailed:
  - A collective review of the document for relevance to Ottawa's community, through a May 2008 planning day with local decision makers
  - Extensive consultation with various local health care providers and community agencies that would play an important coordination role in the event of an influenza pandemic
  - Realignment with the latest guidance from local, provincial and national sources, in particular the Ontario Health Plan for an Influenza Pandemic (2008)
- Key changes from the 2005 edition include increased clarity in the decision-making process, assumptions and management principles, which will allow for more efficient management and coordination of an influenza pandemic. Roles and responsibilities have been expanded to include community agencies and groups, as these will have invaluable roles to play in helping the community cope with an influenza pandemic. The plan has also been enriched with more information on infection control, protection of health care providers, as well as building health care and community capacity and resiliency.
- Gaps in the plan are being addressed. The resources and capacity of all players are limited. An influenza pandemic will not only place increased demands upon all services, but also challenge human resource capacity in all sectors. Within this context, partner agencies will fulfill their assigned responsibilities to the best of their ability.

## Content of the plan

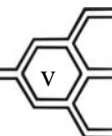
- Experts estimate that an influenza pandemic could affect between 15 and 35 per cent of the population. In Ottawa, a 35 per cent infection rate would have a serious impact on the city's functioning: almost 300,000 residents would be sick, 157,000 would seek medical assessment, 3,500 would be hospitalized and 780 could die.

- Coordination is essential to share this burden and make the plan work. In the event of an influenza pandemic, three main decision centres would manage Ottawa's response:
  - The Ottawa Public Health Service Command Centre
  - The City of Ottawa Emergency Operations Centre
  - The Clinical Care Command Centre, with advice from a scientific advisory committee
- Pandemic planning requires anticipating needed actions from health and community partners before, during and after the pandemic.
- **Before a pandemic**, each stakeholder must take key steps.
  - *Health organizations*: Develop their own pandemic plan, taking into account Ottawa's overarching plan. Plan to meet the increased demand for health professionals and services. Establish a one-month supply of personal protective equipment. Routinely screen for respiratory infections and report cases to Ottawa Public Health.
  - *Community groups*: Plan how they will maintain their services during an influenza pandemic and determine the role volunteers can play in the emergency response. Workplaces, schools and child care facilities can also establish procedures to reduce the spread of influenza.
  - *Residents*: Develop personal and family plans for self-sustainability in case of infrastructure failures. Learn and apply respiratory hygiene and cough etiquette. Get in the habit of having an annual flu shot.
- **During a pandemic**, health and community partners will both coordinate assistance to their own clients and report respiratory infections to Ottawa Public Health. Partners will share responsibility for the following response functions during a pandemic:
  - Coordination
  - Surveillance
  - Communications
  - Public health measures
  - Pandemic patient clinical care services
  - Care of the deceased
  - Community support
  - Coordination of volunteers
  - Psychosocial support
  - Administration and logistics
- **After a pandemic**, key activities need to be carried out, such as debriefing, post-event reporting and documentation auditing, evaluation and preparing for the next wave of the pandemic. Indeed, an influenza pandemic could occur in one or more waves, each lasting about eight weeks. A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first.



# Lexicon

<b>Alert and notification</b>	The City of Ottawa’s emergency alert and notification protocol will be used to alert and notify members of the three decision centres.
<b>Alert levels</b>	The City of Ottawa Emergency Management Plan has a classification system that includes low, medium and high alerts. That system is not used in this <i>hazard-specific</i> pandemic plan to avoid potential confusion with the World Health Organization pandemic alert classification system.
<b>AMOH</b>	An Associate Medical Officer of Health has all the powers of a Medical Officer of Health for the purposes of assisting this official in his/her duties.
<b>ALPHA</b>	Association of Local Public Health Agencies. In an influenza pandemic, this association will be the liaison organization for public health.
<b>ASSET</b>	The Advanced Syndromic Surveillance and Emergency Triage System applies data mining technology to electronic health records to gather and classify information about the chief complaints of patients presenting to local hospital emergency departments.
<b>CDC</b>	US Centers for Disease Control and Prevention
<b>City of Ottawa (“the City”)</b>	The municipal government, including the Mayor, Council and all municipal services.
<b>Clinical Care Command Centre</b>	The joint decision centre for health care. It includes representatives from hospitals, community physicians, the Champlain Community Care Access Centre, the Ottawa Paramedic Service, long-term care, Ottawa Public Health and community health centres. The Clinical Care Command Centre’s mandate is to coordinate and manage clinical care.



**Clinical care providers**

For the purpose of this plan, clinical care providers include:

*Institution-based health care professionals:* Acute care hospital staff (infectious disease specialists, emergentologists, nurses, respiratory technologists, etc.), hospital-affiliated family physicians; chronic care hospital staff and long-term care institution staff.

*Community-based health care professionals:* Community-based primary care physicians, Appletree Clinic staff, Champlain Community Care Access Centre staff and contracted services, paramedics, community health centre staff, radiologists, pharmacists, social workers, palliative care providers, community mental health workers, etc.

*Health care professionals in training (students):* Medicine, nursing, respiratory therapy technologists, radiology technicians, physiotherapists, etc.

**CMO Volunteer Services**

The City Manager's Office's Volunteer Services Division acts as a centre of expertise on the management, governance and effective use of volunteer resources to support the delivery of municipal programs and services, and maintains a contact database of more than 2,800 community organizations.

**EOC**

The City of Ottawa Emergency Operations Centre: location where City officials gather during an emergency to direct and coordinate emergency operations, to communicate with other jurisdictions and with field emergency forces, and to formulate protective action decisions during an emergency. During an emergency, the City of Ottawa EOC operates according to the City of Ottawa Emergency Management Plan.

**EOC CG**

The Emergency Operations Centre Control Group, comprised of executive management of the City of Ottawa and other stakeholders, coordinates the municipal emergency response as defined in the City of Ottawa Emergency Management Plan. The EOC CG provides a strategic perspective.

<b>ESS</b>	Emergency Social Services: comprised of members representing the Employment and Financial Services, Ottawa Public Health, Parks and Recreation (community programming) and Housing, this team ensures that the basic needs of residents are met during an emergency.
<b>Flu centres</b>	Community-based Influenza Assessment, Treatment and Referral Centres – as defined in the Ontario Health Plan for an Influenza Pandemic (2008, Chapter 11).
<b>FRI</b>	Febrile Respiratory Illness: FRI is a term used to describe a wide range of droplet-spread respiratory infections, such as colds, influenza, influenza-like illness and pneumonia, which usually present with symptoms of a fever of greater than 38°C and new or worsening cough or shortness of breath. Note: elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection (Provincial Infectious Diseases Advisory Committee, 2008).
<b>Hand hygiene</b>	A process for the removal of soil and transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or the use of alcohol-based hand rubs that contain between 60 and 90 per cent alcohol.
<b>HEPCO</b>	The Hospital Emergency Preparedness Committee of Ottawa is composed of emergency planners representing the broad health sector, first responders and the Airport Authority.
<b>HPPA</b>	Health Protection and Promotion Act
<b>ILI</b>	Influenza-like illness: Acute onset of respiratory illness with fever and cough, and with one or more of the following – sore throat, arthralgia, myalgia or prostration – which could be due to an influenza virus. In children under five, gastrointestinal symptoms may also be present. In patients under five or 65 and older, fever may not be prominent (Flu Watch, 2005-2006).
<b>IMS</b>	Incident Management System, a widely recognized system that allows incidents to be managed cohesively with and among emergency response organizations.

<b>MOH</b>	The Medical Officer of Health is a physician with provincially legislated powers to promote and protect the public’s health and report to the Ministry of Health and Long-Term Care on reportable diseases. The MOH is the director of Ottawa Public Health.
<b>MOHLTC</b>	The provincial Ministry of Health and Long-Term Care is sometimes referred to simply as the MOH (or Ministry of Health). To avoid confusion with the Medical Officer of Health (also abbreviated as MOH) we encourage the use of the term in full or MOHLTC.
<b>OEM</b>	City of Ottawa Office of Emergency Management
<b>OHPIP</b>	Ontario Health Plan for an Influenza Pandemic, Ministry of Health and Long-Term Care, July 2008.
<b>OIIPP</b>	Ottawa’s Interagency Influenza Pandemic Plan
<b>OIIPC</b>	Ottawa’s Interagency Influenza Pandemic Committee
<b>OPH</b>	Ottawa Public Health, a department of the City of Ottawa.
<b>Ottawa (“the city”)</b>	The geographical area of Ottawa and its entire city population of approximately 812,000 people.
<b>Ottawa Public Health Service Command Centre</b>	The public health decision centre. The Medical Officer of Health (or the Associate Medical Officer of Health as alternate) has the lead role and the response team includes Associate Medical Officers of Health, managers, epidemiologists, public health nurses and inspectors, project and liaison officers and others.
<b>Pandemic Human Resources Working Group</b>	A planning sub-committee of the Hospital Emergency Preparedness Committee of Ottawa, which addresses surge capacity for health professionals.
<b>Personal Services Disaster Psychosocial Community Outreach Program</b>	A project of the City of Ottawa Emergency Management Program to address community psychosocial needs in disasters.
<b>PHAC</b>	Public Health Agency of Canada
<b>PIDAC</b>	Provincial Infectious Diseases Advisory Committee

<b>Precautionary Principle</b>	The precautionary approach/principle is a distinctive approach to managing threats of serious or irreversible harm where there is scientific uncertainty. It is not new. What <i>is</i> new is the increasing complexity of the science and the public debate about the ability of governments to respond to such situations. The precautionary approach recognizes that the absence of full scientific certainty shall not be used as a reason to postpone decisions where there is a risk of serious or irreversible harm. Even though scientific information may be inconclusive, decisions have to be made to meet society's expectations that risks be addressed and living standards maintained (Environment Canada, 2008).
<b>Primary care</b>	Primary care consists of the provision of a broad range of personal medical care (preventive, diagnostic, palliative, therapeutic, curative, counselling and rehabilitative) in a manner that is accessible, comprehensive and coordinated by a licensed physician over time (American Medical Association, 2008).
<b>Regional Infection Control Committee</b>	A committee comprising infectious disease experts within the Champlain Local Health Integration Network, including infectious disease physicians, infection control nurses, public health and laboratory physicians. This committee becomes the Scientific Advisory Committee in the event of an influenza pandemic.
<b>Respiratory hygiene/ cough etiquette</b>	The following measures to contain respiratory secretions are recommended: Cover the nose/mouth when coughing or sneezing; use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use; perform hand hygiene (e.g., hand washing with soap and water or alcohol-based hand gel) after having contact with respiratory secretions and contaminated objects/materials (US Centers for Disease Control and Prevention, 2008).
<b>Scientific Advisory Committee</b>	During a pandemic, the Scientific Advisory Committee, which is primarily composed of the members of the Regional Infection Control Committee, will advise the Clinical Care Command Centre on local application of scientific issues.

**Social distancing**

Since the influenza virus is spread mainly as a result of close contact with an infected person, and it will not always be possible to identify infected people (especially early in the illness), “social distancing” may need to come into effect. This means people would be encouraged to reduce the number of people with whom they come into close contact during the time that the pandemic virus is known to be causing illness in the area (adapted from the Public Health Agency of Canada, 2008).

**Surveillance**

The systematic, ongoing collection, collation and analysis of data, and the timely dissemination of information to those who need to know so that action can be taken.

**WHO**

World Health Organization



## Revision Log

Version number	Version date	Pages Affected	Description of change
1.0	September 2005		First publicly released version
1.1	October 2005	i, v 3  iv, 9, 17, 36, 39	Insert revision log Correct number of people seeking medical assessment Reflect change in name of Emergency Measures Unit to Office of Emergency Management
1.2	June 2007	iii 30 31 34	Replace coordinates for Dr. Patricia Huston with those of Dr. Isra Levy Update to reflect changes within the City of Ottawa corporate structure
2.0	January 2008		Update references to provincial and federal plans, and legislation to reflect newest versions Update to reflect: a) Changes within the City of Ottawa corporate structure b) Changes to planning committees structure c) Changes to functions to reflect new or more detailed information in the Ontario Health Plan for Influenza Pandemic 2007
3.0	November 2008	Entire document	Substantive revision*
<p><b>*Updates and revisions</b></p> <p><b>Updates</b> will reflect any changes in the City of Ottawa or other stakeholders. Ottawa Public Health is responsible for keeping the plan up to date. The date and the number of the update will be noted in the footer.</p> <p><b>Revisions</b> will occur when substantive relevant changes arise as a result of exercises, emergency situations, changes in legislation or additional guidance from provincial or national pandemic plans. Ottawa Public Health will undertake any revision to the plan in consultation with all affected parties.</p>			





# **CHAPTER 1**

## **WHY IS THIS PLAN NECESSARY?**

# Strengthening Ottawa's Influenza Pandemic Plan

Ottawa's Interagency Influenza Pandemic Plan (OIIPP) is a living document and continues to evolve to reflect important developments in the political, legislative and scientific landscape. It was first released in 2005 and revised in November 2008 to ensure a coordinated community response in Ottawa during an influenza pandemic. By working together, health and community partners can help curtail serious illness and death and minimize societal disruption in the event of a pandemic.

The plan was revised under the guidance of Ottawa's Interagency Influenza Pandemic Committee, which is chaired by the Medical Officer of Health (MOH) and includes representatives from Ottawa Public Health (OPH), hospitals and community-based care providers, the City of Ottawa, first responders, laboratories, the Champlain Community Care Access Centre, the Champlain Local Health Integrated Network and long-term care facilities.

Revising the plan entailed realignment with the latest guidance from local, provincial and national sources, in particular the Ontario Health Plan for an Influenza Pandemic (2008). Various local health care providers and community agencies were also consulted, as they would play an important coordination role in the event of an influenza pandemic. Finally, a collective review of the document for comprehensiveness and relevance to Ottawa's community was carried out, namely through a May 2008 planning day with local decision makers and subsequent discussions of Ottawa's Interagency Influenza Pandemic Committee.

Coordination is essential to make the plan work. Preparing for an influenza pandemic requires anticipating needed action before, during and after the pandemic. Ottawa's Interagency Influenza Pandemic Committee encourages all community partners, from health professionals and organizations to community groups and schools/workplaces, to use the plan to inform their own emergency planning.

## Risk of an Influenza Pandemic

The greatest risk of an influenza pandemic arises from avian influenza viruses. These viruses have two unique characteristics. Firstly, avian influenza viruses can *jump the species barrier*, going from wild fowl to chickens, other domestic animals and humans. Secondly, these viruses constantly change their genetic structure. As a result, any human immunity gained from one influenza virus may not be protective when a new virus emerges.

A relatively new avian influenza virus, commonly referred to as "H5N1," has been identified as having the potential to go from animal populations into humans and cause an influenza pandemic. A widespread infection with H5N1 is possible, as humans have no immunity to this virus. A pandemic would be widespread, often worldwide. Fortunately, at the time this plan was written, H5N1 was not highly contagious among humans (i.e., no "efficient" human-to-human transmission). Were this virus to alter its genetic makeup in such a way that it gained the ability to spread easily among humans, an influenza pandemic could occur. It is estimated that more than a billion people worldwide could become ill. An influenza pandemic would constitute a global public health emergency, with serious ramifications at the local level.

## World Health Organization Classification of the Phases of a Pandemic

In April 2005, the World Health Organization (WHO) released its revised classification system for pandemics. The new system identifies an Interpandemic Period, a Pandemic Alert Period, a Pandemic Period and a Postpandemic Period. This plan assumes that Ottawa will be consistent with the WHO classification.

### WHO Pandemic Periods and Phases

Period	Phase	Description
<b>Interpandemic Period</b>	<b>Phase 1</b>	An influenza subtype that has caused human infection may be present in animals; risk of human infection is low.
	<b>Phase 2</b>	No new influenza virus subtypes have been detected in humans; however, a circulating animal influenza subtype poses a substantial risk of human disease.
<b>Pandemic Alert Period</b>	<b>Phase 3</b>	Human infection(s) with a new subtype, but no or rare instances of spread to a close contact.
	<b>Phase 4</b>	Small cluster(s) with limited human-to-human spread, but spread is highly localized, suggesting that the virus is not well adapted to humans.
	<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, while not yet fully transmissible (substantial pandemic risk).
<b>Pandemic Period</b>	<b>Phase 6</b>	Increased and sustained transmission in general population.
<b>Postpandemic Period</b>		Return to Interpandemic Period

### Current Situation

At the time this document was being revised, the world was in the first phase of a pandemic alert period with multiple sporadic cases in Africa and Asia. From January 1, 2003, to September 10, 2008, there were 387 cases of avian influenza A/(H5N1) in humans, with a 63 per cent case fatality rate. Human cases have been confirmed in 15 countries, with a few human-to-human cases documented but with no sustained transmission (WHO, 2008).

### Estimated Impact of an Influenza Pandemic in Ottawa

Based on a model developed by the US Centers for Disease Control and Prevention and adopted by Canada's and Ontario's influenza pandemic plans, it is estimated that an

influenza pandemic could affect between 15 and 35 per cent of the population. This would likely cause a range of illnesses, from a serious “flu” with complete recovery to illness complicated by pneumonia, hospitalization and even death. Applying the US Centers for Disease Control and Prevention model to the Ottawa population, the anticipated numbers of pandemic influenza cases over the projected pandemic period in Ottawa are calculated for a 25 and a 35 per cent attack rate as follows:

	<b>With a 25% Attack Rate</b>	<b>With a 35% Attack Rate</b>
Number of cases*	210,000	294,310
People seeking medical assessment	112,000	156,900
Hospitalization	2,500	3,500
Deaths	560	780

\* Calculations were based on population estimates from 2006.

These numbers are only rough estimates. The number of cases could be higher or lower depending on the unique characteristics of the pandemic influenza virus. It is important to realize that people who are not hospitalized could still be very ill for one to three weeks. When ill, people will be unable to work, shop for groceries, prepare meals or look after their own children. Such an outbreak will clearly place huge demands on families, community services and the entire health care system.

## **Authority**

According to OHPIP (2008), “municipal governments and local public health authorities are responsible for coordinating the local response to an influenza pandemic.”

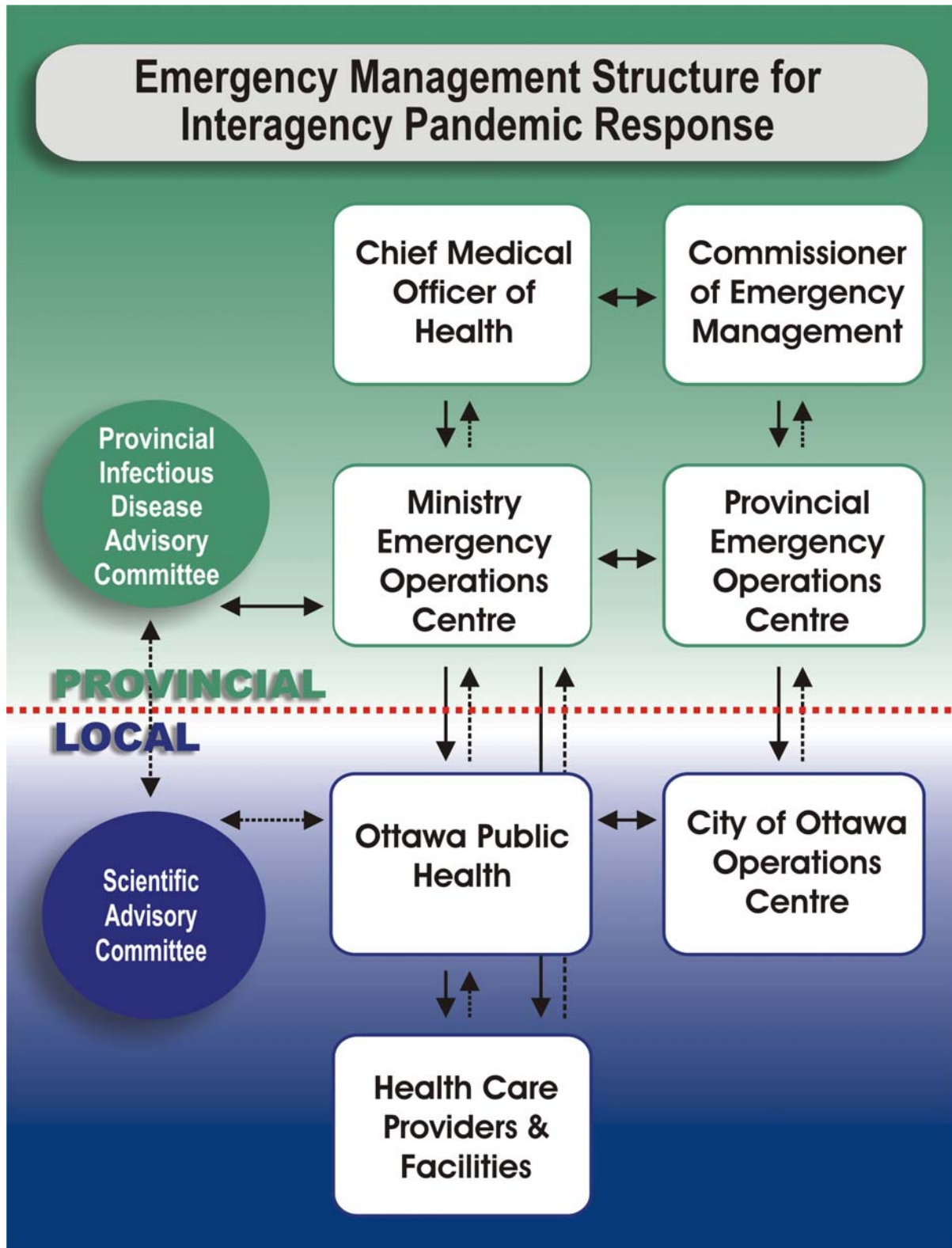
Local response will follow local plans. In Ottawa, this includes high-level plans such as this one, the City of Ottawa Emergency Management Plan (April 2008), and the Hospitals’ Emergency Preparedness Plan of Ottawa (May 2007), as well as organization-specific plans derived from them. As the secretariat for this plan, OPH will take measures to revise and update OIIPP as necessary to conform with any changes in the provincial and federal plans.

At the provincial level, the Chief Medical Officer of Health and the Commissioner for Emergency Management will be jointly responsible to lead the provincial response. This dual authority reflects each official’s independent legislative authorities to act during an emergency, based on the Health Protection and Promotion Act (HPPA) and the Emergency Management and Civil Protection Act (2006).

Figure 1 (Emergency Management Structure for Interagency Pandemic Response) identifies how the local management structure will map on to the provincial management structure. The Chief Medical Officer of Health will give directives to local public health units and health care providers through the Ministry of Health Emergency Operations Centre. The

Commissioner for Emergency Management will give directives to the City of Ottawa Emergency Operations Centre through the provincial Emergency Operations Centre. The local MOH also has legislative authority to take local measures to control an infectious disease outbreak. Just as the Provincial Infectious Disease Advisory Committee will advise the Ministry Emergency Operations Centre, the Scientific Advisory Committee will advise OPH. Lateral communications will occur between the emergency and public health response at all levels. Further information about local decision centres can be found on pages 14 to 17 and Figure 2 (Decision Centres for Coordinating the Ottawa Response to an Influenza Pandemic.)

Figure 1 - Emergency Management Structure for Interagency Pandemic Response



# Influenza Pandemic Planning in Ottawa

## Goals

The goals of pandemic planning and response in Ottawa are identical to the goals of the provincial and national plans:

- To minimize serious illness and death
- To minimize societal disruption

## Strategic Approach

This plan is based on a four-pronged strategic approach as recommended in OHPIP (2008):

- Be ready: Plan at the provincial and local levels.
- Be watchful: Practise active screening and surveillance.
- Be decisive: Manage the spread quickly and effectively.
- Be transparent: Communicate with Ontarians.

## Planning Process

Planning efforts in Ottawa have been inclusive, engaging groups and organizations that have a stake in pandemic preparedness and response. The Interagency Influenza Pandemic Committee was struck in September 2004 to develop this interagency plan through a series of workshops and three interagency case studies. As a result of these activities, two sub-committees were struck: the Pandemic Community Preparedness Committee (PC<sup>2</sup>) and the Pandemic Clinical Care Committee (PC<sup>3</sup>).

The purpose of the PC<sup>2</sup>, chaired by OPH, was to provide advice to the Pandemic Steering Committee and to engage the community in working together to prepare for the possibility of an influenza pandemic. Work groups of the PC<sup>2</sup> included Public Education and Awareness; Volunteer Mobilization; Communication Strategy; and Business Outreach.

The Pandemic Clinical Care Committee (PC<sup>3</sup>), led by the Ottawa Hospital, had a mandate to draft a series of specific plans for clinical areas. Work groups included Human Resources, Hospitals, Community Family Physicians, Community Clinical Care, Communications, and Ethics.

By December 2007, both the PC<sup>2</sup> and PC<sup>3</sup> had fulfilled their initial planning mandates and disbanded. Remaining clinical issues and maintenance have been taken on by the Hospital Emergency Preparedness Committee of Ottawa (HEPCO). Most community planning at present is organization-based.

Ottawa's Interagency Influenza Pandemic Committee continues to coordinate local pandemic preparedness. The revised OIIPP Version 3.0 was approved in November 2008 after consultation with committee members and key stakeholders at a forum in May 2008 and throughout the summer of 2008.

For further information regarding Ottawa's Interagency Influenza Pandemic Committee membership and its terms of reference refer to Appendix 1. Also listed in Appendix 1 is the membership for HEPCO and its working groups, as well as the mandate for the Scientific Advisory Committee.

## Assumptions

This plan is based on the following assumptions:

- a) Ottawa will have little lead time between when a pandemic is first declared by WHO and when it spreads to Canada, to the province and the city.
- b) It is likely that a municipal state of emergency will be declared:
  - Shortly after a national and/or provincial emergency are announced, which may occur even before the pandemic strain of influenza appears in Canada/Ontario; or
  - In the event that laboratory surveillance detects a new strain of influenza in Ottawa.
- c) An influenza pandemic could occur in one or more waves. A second wave may occur within three to nine months of the initial outbreak and may cause more serious illnesses and deaths than the first. The length of each wave of illness is approximately eight weeks.
- d) The pandemic strain will primarily be spread in the community rather than in health care settings.
- e) A vaccine will not be available for at least four to six months after the virus is identified, so it will likely not be available for the first wave.
- f) All local efforts and communications will be consistent with provincial guidelines and directives. However, it is expected that there will be issues for which the province will not offer directives and that the local decision centres will need to provide leadership for their respective areas of responsibility.
- g) Local plans will be consistent with all existing health and emergency management legislation, the Canadian Pandemic Influenza Plan (October 2006) and OHPIP (2008).
- h) Community members will help their friends and neighbours with meals, child care, taking care of the family pet or other services that will help people recover from pandemic influenza.

For a comprehensive review of the MOHLTC's planning goals, approach and assumptions, refer to OHPIP (2008), p. 3-2 to 3-7.



## Legislative Analysis

This plan was developed within the context of the following legislative requirements (for more detail on these legislative requirements, refer to Appendix 3 or to OHPIP (2008), p. 2-11):

- The *Emergency Management and Civil Protection Act* (2006) is the authority under which the Premier of Ontario will declare a provincial emergency during an influenza pandemic.
- The HPPA imposes duties, responsibilities and legal powers on the local MOH to control health hazards and communicable diseases.
- Relevant hospital legislation includes the *Public Hospitals Act* and the *Private Hospitals Act*.
- The *Occupational Health and Safety Act* is enforced by the Ministry of Labour. Under this Act, an employer has the duty to take all reasonable precautions in the circumstances for the protection of a worker. Under the *Health Care and Residential Facilities* regulation, there is a duty for employers in health care facilities to establish measures and procedures, including the control of infections, immunization, the use of disinfectants and the handling, cleaning and disposal of soiled linen, sharp objects and waste.
- *The Health Systems Improvements Act* (2007) amended the HPPA to provide new powers to the Minister and Chief Medical Officer of Health, which may be invoked without the declaration of a provincial emergency. These powers are intended to mitigate an incident such as an outbreak of infectious disease from escalating to the level of a provincial emergency.

## Management Principles

To mount an effective and efficient response, Ottawa will need the following:

### A coordinated interagency plan

Although the groups and organizations involved in pandemic preparedness all have different responsibilities and accountabilities, there is widespread acknowledgement of our interdependence. To reach our common goals of minimizing illness, death and societal disruption, we will need to work closely together. We believe this will be best achieved through a coordinated interagency plan that clearly identifies *who does what*.

### A severity-based approach

The types, extent and timing of public health measures and health care services used during an influenza pandemic will depend on the attack rate of the influenza pandemic, which will include both morbidity and mortality parameters.

OPH will use measures that are proportional to the risk of public harm and necessary to protect public health and safety. Coercive measures will be used only when less restrictive measures fail to protect the public good.

Assessment and treatment of influenza pandemic patients will be provided using a tiered approach based on needs and resources available. In the event where a moderate to severe pandemic overwhelms existing primary care services, alternate ways of providing assessment, treatment and referral services – including establishing dedicated flu centres or directing people to designated primary care sites to access a face-to-face assessment – will be implemented. As recommended in OHPIP (2008), the trigger for switching to an alternate approach will be when the primary care system is no longer able to assess, diagnose and treat patients with antivirals within 12 to 24 hours of developing symptoms.

### **A resources-driven approach**

An influenza pandemic will place a severe strain on human and financial resources within the health care system and the community as a whole. Although it is expected that the Province will be responsible for funding local health care services (OHPIP, 2008), human resources, supplies and treatments will be limited. It will be important to plan for continuity of operations and for pandemic response:

- *Continuity of operations planning:* All businesses, non-governmental organizations, government departments and agencies will be best equipped to deal with an influenza pandemic if they have plans in place to promote infection control in the workplace. Contingency plans are also needed to deal with the potential employee or volunteer absentee rate of 15 to 35 per cent over a six- to eight-week period due to direct illness, family illness or fear of disease transmission.
- *Influenza pandemic response planning:* Staffing health care services, including flu centres, will be a challenge. Strategies such as curtailing of some services to free up staff and tailoring of health care delivery to meet the demands will need to be developed. It will be essential to rationalize the use of health care providers, ventilators and intensive care beds using a pre-established ethical framework. Long-term care homes will need to enhance care to minimize hospital transfers.

### **Separation of patients with pandemic influenza from non-influenza patients**

Hospital and family physician waiting rooms are potential sources for the spread of respiratory infections. To minimize this possibility, people with pandemic influenza symptoms need to be separated as much as possible from patients without influenza symptoms (separate streams). These patients should go to identified flu centres or designated primary care sites and, if needed, isolation sites.

### **Public education and awareness**

A comprehensive and coordinated multilingual and culturally sensitive communications strategy will be essential before, during and after a pandemic. Coordination with provincial and federal communications will be needed, as will local interagency coordination.

Communication strategies will differ depending on the period and phase of the pandemic. During the Pandemic Alert Period, people need to know about the response and mitigation plans and what they can do now. During the Pandemic Period, they will need to know:

- What to look for, how to protect themselves
- How to get help
- How to help a family member
- How to assist in the response efforts

Public education and awareness should include information about how to minimize spread of the influenza virus, as the pandemic strain is likely to be spread primarily in the community, rather than in health care settings.

### **Community mobilization**

A well-organized, well-protected volunteer-based community response will likely have the greatest impact in minimizing societal disruption, illness and death during a pandemic. Based on US Centers for Disease Control and Prevention estimates, more than 95 per cent of influenza pandemic patients will recuperate in their homes. They will need the help of family, friends and volunteers.



**CHAPTER 2**  
**INTERAGENCY EMERGENCY**  
**MANAGEMENT STRUCTURE**

This section presents the structures to coordinate the complex interagency response to a pandemic. Three decision centres will function interdependently, drawing on the Incident Management System currently used by the City of Ottawa Emergency Operations Centre.

## Decision Centres

This plan identifies three separate decision centres that will each provide leadership on the areas of responsibility identified in Figure 2 (Decision Centres for Coordinating the Ottawa Response to an Influenza Pandemic). They include:

- OPH Service Command Centre
- City of Ottawa Emergency Operations Centre
- Clinical Care Command Centre

The efficiency of an emergency management structure depends to a large degree on effective communication among the decision centres. Each centre must have a clear understanding of respective roles and responsibilities and be fully aware of the particular plans, actions and constraints of the other two centres.

Decision centres:

- Provide a common space for decision-making by facilitating the gathering and sharing of information among responders
- Are organized with a planned structure and assigned responsibilities and accountabilities
- Can work with provincial and national levels to provide a coordinated response

## Decision-Making Process

The Incident Management System, which is being promoted provincially and nationally as the best system for coordinated decision-making, recognizes that every incident must have one person with overall responsibility and the authority for the emergency response (adapted from the Justice Institute of British Columbia, 2006). As indicated in OHPIP (2008), “local public health units are responsible for local management of an influenza pandemic.” As such, OPH has overall responsibility and authority for the local pandemic strategy and response.

This plan is designed to function effectively based on cohesive and dynamic relationships between the three decision centres. Local pandemic strategy and response will be determined collectively by the three decision centres:

- Objectives for managing the health strategies will be jointly developed with the MOH and the Clinical Care Command Centre.
- Objectives for managing community-wide strategies will be jointly developed with the MOH and the City of Ottawa Emergency Operations Centre.

# Ottawa Public Health Service Command Centre

## Structure

During a pandemic, the OPH Service Command Centre will be established as the public health decision centre. OPH will apply its Ottawa Public Health Emergency Plan, which is based on the provincially mandated Incident Management System. The MOH (or the AMOH as alternate) has the lead role and the response team includes Associate Medical Officers of Health (AMOH), managers, epidemiologists, public health nurses and inspectors, project and liaison officers and others.

## Responsibilities

According to OHPIP (2008), municipal government and local public health authorities are responsible for coordinating the local response to an influenza pandemic.<sup>1</sup> OPH is jointly responsible for planning and coordinating the local pandemic response in partnership with the City of Ottawa Emergency Operations Centre and has independent legislated authority to control infectious disease outbreaks. OPH has mandated responsibilities for Interpandemic and Pandemic Period surveillance and for implementation of public health measures, which are non-medical interventions used to reduce the spread of disease. They include but are not limited to:

- Public education on individual infection prevention and control measures, social distancing and influenza care
- Vaccine programs (once vaccine is available)
- Support for travel restrictions
- Case management
- Contact management
- Institutional and community-based infection prevention and control

OPH will also:

- Establish a tele-triage system (consistent with TeleHealth Ontario) to lessen the burden on clinical care services and offer primary screening, referral and follow-up
- Evaluate the overall pandemic response

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<sup>1</sup> Refer to OHPIP (2008): Roles and Responsibilities in Collaborative Interjurisdictional Pandemic Planning, p. 2-3.

## **Accountabilities**

The MOH has dual accountability. He/she is accountable to City Council (in its role as Board of Health) for managing public health programs and services. The MOH also has a legislative accountability to the HPPA, and independent statutory duties to address health hazards and infectious disease risks (refer to Appendix 2).

## **City of Ottawa Emergency Operations Centre**

### **Structure**

During an emergency, the City of Ottawa Emergency Operations Centre operates according to the City of Ottawa Emergency Management Plan. The Emergency Operations Centre Control Group is led by the City Manager, and includes the following or their alternates:

- Deputy City Managers of City departments
- MOH
- Chiefs of Paramedics, Fire and Police
- Chief Corporate Communications Officer
- Manager of the Office of Emergency Management

### **Responsibilities**

The City of Ottawa Emergency Operations Centre is jointly responsible for the local response to a pandemic in partnership with OPH. The centre is responsible for implementing the functions defined in the City's Emergency Management Plan. Emergency functions include: coordinating media communications, maintaining essential City services, providing emergency social services and coordinating volunteers.

### **Accountabilities**

Managers of City services are accountable to the City Manager, the Mayor and City Council. During an emergency, they report to the Provincial Emergency Operations Centre.

## **Clinical Care Command Centre**

### **Structure**

The Clinical Care Command Centre is a joint decision centre for health care. Its mandate is to coordinate and manage clinical care. It includes representatives from hospitals, community physicians, the Champlain Community Care Access Centre, Ottawa Paramedic Service, long-term care facilities, OPH and community health centres. It may have affiliated members from the faculty of medicine, school of nursing and other health care professions, such as respiratory therapists and pharmacists. The Scientific Advisory Committee will advise this decision centre on scientific matters.



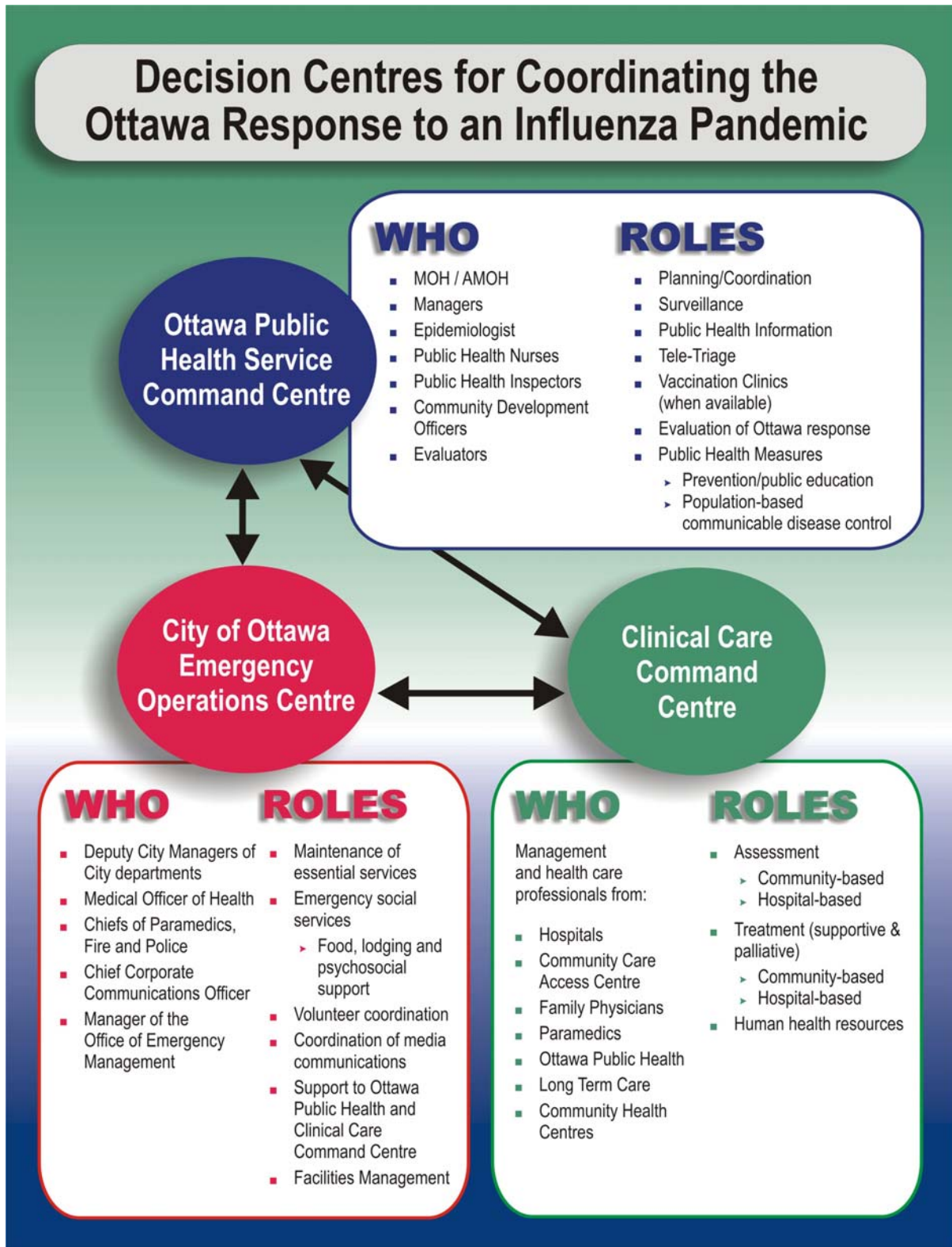
## **Responsibilities**

The clinical care decision centre is responsible for coordinating the community and hospital-based assessment, investigation and clinical management of pandemic influenza patients. Clinical management will include acute care (when feasible), supportive care and palliative care. The centre will promote and enable effective infection control measures in all health care settings.

## **Accountabilities**

Hospitals, community health centres and the Champlain Community Care Access Centre are all accountable to the MOHLTC. The Ottawa Paramedic Service is part of the City of Ottawa and has shared accountability to the Emergency Services Branch of the MOHLTC. Physicians, nurses, paramedics and respiratory therapists are accountable to their own professional bodies.

Figure 2 – Decision Centres for Coordinating the Ottawa Response to an Influenza Pandemic



**CHAPTER 3**  
**PREPARATIONS –**  
**INTERPANDEMIC AND**  
**PANDEMIC ALERT PERIODS**

This chapter identifies the preparations needed for an influenza pandemic as identified in OHPIP (2008).

## Planning for an Influenza Pandemic

There are a number of functions/tasks associated with planning for a pandemic. For each function/task, there are three types of roles assigned to stakeholders, as identified below:

- R = Responsible      Responsible for the coordination needed to implement the overall emergency function
- P = Partner            Partners are critical stakeholders in implementing the task
- S = Support            Supporters are stakeholders that can provide support when required

<b>Planning</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Overall planning and coordination</b>	<i>OPH</i>	<b>R</b>	In accordance with OHPIP (2008), local public health units are responsible for local management of an influenza pandemic. As Ottawa's local health unit, OPH assumes this role and chairs Ottawa's Interagency Influenza Pandemic Committee.
	<i>OEM</i>	<b>P</b>	The Office of Emergency Management, through the Emergency Management Program, will ensure that the City of Ottawa Emergency Management Plan incorporates the municipal functional requirements identified in OIIPP.
	<i>OIIPC</i>	<b>P</b>	Ottawa's Interagency Influenza Pandemic Committee is responsible for informing the development of the interagency plan (refer to Appendix 1A).
	<i>HEPCO</i>	<b>P</b>	HEPCO is responsible for the ongoing coordination of pandemic clinical care planning as part of its mandate for all hazards emergency planning (refer to Appendix 1B).
	<i>Hospitals Working Group</i>	<b>P</b>	The Hospitals Working Group, consisting of representatives from hospitals in Ottawa, is responsible for drafting a hospitals pandemic plan in accordance with OHPIP (2008) and for ongoing planning initiatives to meet these responsibilities.

<b>Planning</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>Human Resources Working Group</i>	<b>P</b>	The Human Resources Working Group, consisting of representatives of clinical care providers, is responsible for drafting a human resources pandemic plan in accordance with OHPIP (2008) and OIIPP, and for ongoing planning initiatives to meet these responsibilities.
	<i>Pandemic Community Clinical Care Working Group</i>	<b>P</b>	This working group consists of representatives of community agencies with responsibilities for providing clinical services to clients in the community, either as residential agencies or in their homes. It is responsible for drafting a community clinical care plan and for ongoing planning initiatives to meet these responsibilities.
	<i>Regional Infection Control Committee</i>	<b>S</b>	The Regional Infection Control Committee brings together infectious disease experts and public health officials to advise the MOH regarding interim infection control strategies, to interpret provincial guidelines locally and to promote consistency in response for all health care providers (refer to Scientific Advisory Committee in Appendix 1C).
	<i>Office of the Chief Coroner, Regional Supervising Coroner, funeral homes, crematoria and cemeteries</i>	<b>P</b>	Will assist with planning for mass fatalities.
<b>Community Preparedness Planning</b>	<i>Community planning lead to be determined</i>	<b>R</b>	This is a gap to be addressed.
	<i>OPH</i>	<b>P</b>	OPH has taken a lead role in public education through its <i>Are You Ready?</i> (pandemic edition) campaign, as well as outreach to workplaces, faith groups, universities and colleges. It also provides a forum for ongoing communication and collaboration through periodic events and a web site for community agencies on <a href="http://ottawa.ca/pandemicinfo">ottawa.ca/pandemicinfo</a> .

<b>Planning</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>Disaster response volunteer organizations</i>	<b>P</b>	Agencies such as the City Manager’s Office’s Volunteer Services, Canadian Red Cross and Salvation Army have emergency-specific plans for rapid deployment of volunteers.
	<i>Volunteer organizations</i>	<b>S</b>	All organizations that have volunteers who provide health and social services are strongly advised to plan for emergencies such as an influenza pandemic, including how they would continue to provide services, and in the event they would not provide services, how they might release their volunteers for re-deployment to other community organizations to help meet surge capacity.

## Organization-Specific Pandemic Plans

This interagency plan is a summary *umbrella* plan that identifies who does what. It is the responsibility of each partner to operationalize its part of the plan. Every organization, agency or group needs to create a pandemic plan that considers the impact of an influenza pandemic on its organization. Each organization needs to include the following plan elements:

- A continuity-of-operations plan to identify essential services that will need to continue and how to protect them
- An up-to-date “fan-out” strategy to notify management and staff
- Identification of staff who could be redeployed
- Identification of temporary workers who could be mobilized to help
- Guidelines and a training strategy for staff and temporary workers
- Financial cost-tracking processes
- A human resources plan to ensure that a process is in place to log, track and compensate staff for time worked supporting the pandemic response
- Record-keeping processes, including an event log – an essential legal document that will be used to assess the response following the influenza pandemic

- A communications plan, including:
  - Links with appropriate decision centres
  - Crisis communications guidelines, tools and templates for organization-specific stakeholders. OHPIP (2008) provides sample communications tools; for example, a Health Care Sector Crisis Communications Toolkit and Communications Activities by Pandemic Period and Phase.
- Information technology infrastructure

## Occupational Health and Safety

Once an influenza pandemic emerges, it is anticipated that outbreaks will spread rapidly across the globe. At the same time, scientific evidence on the characteristics and epidemiology of the novel virus will be limited in the early stages. As a result, decision-making processes will apply the Precautionary Principle<sup>2</sup> as set out by Justice Campbell in the final report of the SARS Commission. This report stated that “we cannot wait for scientific certainty before we take reasonable steps to reduce risk” and recommended that the Precautionary Principle be adopted as a guiding principle throughout Ontario’s health, public health and worker safety systems (The SARS Commission, 2006).

OHPIP (2008) recommends that protection of workers from infectious diseases may be best achieved using a hierarchy of controls (i.e., at the source, along the path and with the worker). This requires a comprehensive strategy that includes engineering controls that make the work environment safer (for example, physical barriers), administrative and work practices that reduce the risk of infection (for example, screening policies and procedures) and personal protective equipment used by health care workers (for example, N95 respirators when in direct contact with a patient with influenza-like illness).

Based on OHPIP (2008), all health care providers must establish at least a one-month supply of personal protective equipment including the following:

- Alcohol-based hand gel
- N95 respirators
- Eye protection (face shields or goggles)
- Gloves
- Gowns (if exposed to bodily fluids)

OHPIP (2008) recommends that the personal protective equipment stockpile be planned using a role-based risk assessment of staff and volunteer functions during an influenza pandemic. By assessing the risk level (low, medium or high) of the function and estimating numbers of staff performing these functions, each organization can stockpile

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<sup>2</sup> Refer to lexicon for definition of Precautionary Principle.

appropriate personal protective equipment in adequate quantities to ensure staff protection.

Infection prevention and control is crucial in all health/residential care settings. Employers should implement programs such as education and training for workers on infection control measures, surveillance for febrile respiratory illness and engineering controls.

The Champlain Infection Control Network has a role in educating and training health care workers and communicating the provincial guidelines and directives to health care providers and OPH during the pandemic.

## **Creating Surge Capacity for Health Care**

One of the biggest challenges in a local pandemic response will be meeting the demand for health care human resources. In the workplace, continuity-of-operations plans are needed to deal with possible high absenteeism rates. Numerous human resource issues – such as alternate workforce, overtime, benefits, Workers’ Compensation and work refusals – are part of the Human Resources Working Group draft pandemic plan.

To optimize the availability of health care human resources and to ensure patient-centred care during a pandemic, OHPIP (2008) recommends a competency-based approach to health human resources planning. Competencies are defined as the skills, knowledge and judgment required to deliver a particular health service. A competency-based approach identifies the competencies required and the competencies available to deliver the services that people need during an influenza pandemic. OHPIP includes planning resources such as a listing of influenza care competencies with a self-assessment tool for health care providers.

Health care providers will also need to critically evaluate their activities and placement of providers to ensure that staff with critical competencies and skills are appropriately placed where they are needed most, and to ensure that staff are reassigned when appropriate to meet changing needs and priorities.

A number of other provincial-level activities are underway, such as developing a registration system for retired and non-practising nurses. Locally, the Human Resources Working Group, as a working group of HEPCO, has developed a human resources plan. It focuses on hospitals, long-term care and community care needs in Ottawa.

The MOHLTC has developed an interactive training program for all health professionals and others who work in health settings entitled the Personal and Family Care Module. It is designed to provide health workers with information and tools to help them look after themselves and others during an influenza pandemic.

When planners identify a gap between the influenza care competencies required and those available from existing health care providers, they will have to look beyond their traditional workforce for assistance. OHPIP (2008) outlines key points to consider in



identifying roles for volunteers, recruiting, screening, orienting, training and retaining volunteers, and provides tools and criteria to assist with this process.

## **Increasing Community Support Through Volunteers**

Experience during other major disasters and infectious disease events has taught us that volunteers play invaluable community support roles in helping family, friends and neighbours. They can also assist with administration, grocery and medication delivery, telephone contact and pet care. Given that potentially more than 95 per cent of influenza patients will recuperate at home, these volunteer services will be crucial.

During emergencies, volunteers can be divided into two categories: those belonging to formalized agencies, and those who volunteer spontaneously because of the emergency. It is important to develop a process to utilize this spontaneous group of volunteers.

Volunteer agencies that have an emergency response mandate (e.g., the Canadian Red Cross) have deployment plans for their volunteers. It will be important to recruit, properly screen, train and support these volunteers prior to an influenza pandemic to ensure safe deployment during an influenza pandemic and to prevent legal or liability issues.

Agencies that rely on volunteers to provide non-pandemic related essential services to their clients may have difficulty maintaining their services in a pandemic, given the potential paucity of volunteers and the potential risks to the volunteers. They will need to develop continuity-of-operations plans in order to maintain their services.

Several volunteer leaders, known as the Ottawa Volunteer Brain Trust, surveyed volunteer organizations to assess local volunteer capacity in a pandemic. Community coordination, including recruitment, identification of competencies and management of the volunteer database, are still to be determined.

## **Increasing Community Resiliency**

Studies have demonstrated that the traumatic effects of disasters or emergency situations are lessened when people know what to do. The more prepared the public is for an influenza pandemic and the more they know about how to care for someone with influenza, the less likely they are to panic and the more likely they will assist with caring for others in the community. Preparation for emergencies includes developing personal and family plans for self-sustainability in case of infrastructure failures and back-up plans for the support of dependents.

To increase community preparedness for all emergencies, the City of Ottawa developed the public education campaign, *Are You Ready?* OPH then developed the *Are You Ready?* (pandemic edition) to address the specific preparations required for an influenza

pandemic, including preparing a family emergency kit, and to increase community resiliency during this public health emergency.

## **Increasing Infection Control Practices in the Community**

### **Public Preparedness: Ottawa’s Health is in Your Hands**

Public education campaigns, such as *Ottawa’s Health is in Your Hands*, offer information and promote good infection control practices, including education around respiratory hygiene/cough etiquette. Targeted campaigns and resources reach specific populations, such as school-age children, university and college students and adults in the workplace.

### **Maximizing Influenza and Pneumococcal Vaccine Coverage**

Annual “flu” vaccination is an essential preventive measure for pandemic influenza. Maximizing uptake of annual vaccination will:

- Reduce the risk of new strains of influenza. The less human influenza virus circulating in the population, the fewer opportunities there will be for viral mixing or mutation.
- Establish getting your “flu shot” as an annual prevention habit
- Exercise mass vaccination dissemination as an opportunity to build organizational and community capacity to respond to major infectious diseases

Encouraging pneumococcal vaccine coverage in identified vulnerable groups, such as the elderly and children, will help to prevent secondary infections.

### **Febrile Respiratory Illness Screening**

Febrile respiratory illness screening should be part of the routine practices for all health care settings according to the provincial best practice document, *Preventing Febrile Respiratory Illnesses, Protecting Patients and Staff* (Provincial Infectious Diseases Advisory Committee, 2008).

Febrile respiratory illness is a term used to describe a wide range of droplet-spread respiratory infections, such as colds, influenza, influenza-like illness and pneumonia – usually accompanied with a fever above 38° C and new or worsening cough or shortness of breath.

At first contact with the health care setting, all patients must be asked if they have a fever, a new/worse cough or shortness of breath. Those who answer yes to both questions are asked to perform hand hygiene, wear a surgical mask and wait in a separate area if possible or stay a minimum of two metres away from other patients/staff. Patients

with influenza-like illness should be seen by a health professional whose scope of practice includes assessment/diagnosis.

### **Assessment**

If the client presents symptoms of febrile respiratory illness, the health care provider will initiate droplet precautions (perform hand hygiene, wear an N95 respirator and eye protection) and continue with the risk assessment. The patient is questioned about where they have travelled in the last 14 days and about any contact with a sick person who has travelled in the last 14 days.<sup>3</sup>

### **Reporting to OPH**

Cases of febrile respiratory illness combined with a relevant travel history are reportable to OPH as a Category 1 disease, requiring immediate reporting and public health follow-up. Health care setting administrators, laboratories and community/attending physicians should report to the local MOH when a patient has the following:

- A new/worse cough or shortness of breath

AND

- Fever (history of fever in past 24 hours or temperature greater than 38° C)

AND

- A relevant travel history (the patient has travelled to a country within the previous 14 days with a travel health advisory OR has had contact with someone with symptoms who has travelled to a country with a travel health advisory)

### **Outbreak Management**

Outbreaks of influenza-like illness in child care facilities, schools and other institutions (such as long-term and residential care homes, and health care facilities) occur throughout the year. OPH responds to and manages outbreaks in these settings to prevent the spread of infectious agents to other institutions and the community. Infection and outbreak control measures, including environmental cleaning and disinfection, are implemented upon identification of an outbreak. The timely reporting of an outbreak<sup>4</sup>

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<sup>3</sup> A travel health advisory issued by the Public Health Agency of Canada recommends that Canadians defer all elective or non essential travel to an identified country due to risk of contracting an infectious respiratory illness. Refer to the Public Health Agency of Canada's web site ([www.phac-aspc.gc.ca/tmp-pmv/pub/pub\\_e.html](http://www.phac-aspc.gc.ca/tmp-pmv/pub/pub_e.html)) for the list of countries with a travel health advisory.

<sup>4</sup> For reporting of outbreaks, refer to the Respiratory Outbreaks page on the OPH web site at [www.ottawa.ca/residents/health/support/professionals/outbreak/respiratory/index\\_en.html](http://www.ottawa.ca/residents/health/support/professionals/outbreak/respiratory/index_en.html).

could help to identify the pandemic influenza virus and to reduce its impact on the facility (OPH, 2006b).

## Routine Surveillance

OPH conducts routine influenza and influenza-like illness surveillance using a variety of data sources:

- All laboratory-confirmed cases are reported to OPH for ongoing epidemiological analysis. A small portion of these samples is sent to the National Microbiology Laboratory in Winnipeg for strain characterization and anti-viral resistance identification.
- Reports to OPH on influenza and non-influenza respiratory outbreaks in long-term care facilities, retirement homes, hospitals and other institutions, which are used for daily assessment and consultation. Detailed case information is collected to assess morbidity and mortality associated with the outbreak.
- Data from the Public Health Agency of Canada FluWatch sentinel physician program, in which approximately 78 physicians in Ontario participate. This information is posted as part of the weekly influenza bulletins at [www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu\\_07/flubul\\_mn.html](http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_07/flubul_mn.html).
- Reports of febrile respiratory illness by clinical care providers, who are responsible for screening and reporting cases to OPH;
- Reports of suspect respiratory outbreaks by child care facilities and schools, which are used by OPH for consultation and investigation.

In addition to this routine surveillance, new initiatives will soon assist with influenza and influenza-like illness surveillance. OPH is participating in an Advanced Syndromic Surveillance and Emergency Triage System (ASSET) pilot project where all Ottawa area hospitals will be electronically reporting all emergency room visits by chief complaint.

Telehealth data are currently collected by the MOHLTC and analyzed to identify clusters of influenza-like illness. These data are currently available.

## Testing the Plan

All plans need to be tested. This could be done either by testing specific components of the plan or through scenario-based exercises and tests. Test results will inform periodic revisions to this plan.

# **CHAPTER 4**

## **PANDEMIC PERIOD**

This chapter outlines the mechanisms and processes that will be implemented to identify and respond to an influenza pandemic.

## Surveillance Mechanisms

The goals of local surveillance during the Pandemic Period are:

- To detect the pandemic strain early in Ottawa
- To track the occurrence, severity and progression of pandemic influenza in Ottawa
- To monitor influenza-like illness to detect unusual events and clusters
- To estimate the burden of illness of the pandemic strain in terms of cases, hospitalizations and deaths
- To characterize the affected population to identify risk groups, modes of transmission and protective factors
- To inform local public health measures
- To determine when the pandemic is over in Ottawa

Routine surveillance practices for influenza and influenza-like illness may need changes or additions during an influenza pandemic. For instance:

- Outbreak reporting from institutions will continue but not at the level of detail currently required by OPH and the MOHLTC.
- The MOHLTC has created a web site that will be used by long-term care, some retirement homes and hospitals to report daily aggregate numbers of cases and deaths.
- The MOHLTC plans that the number of deaths will be reported in aggregate numbers from hospitals.
- Special studies will be conducted by the Public Health Agency of Canada to determine who is being affected, whether or not there is antiviral resistance, whether control measures are working, etc.

## Notification Procedures

***Pandemic influenza is a reportable disease. Therefore, any suspected case should be reported to the MOH on call. The MOH on call can be reached through the City of Ottawa 3-1-1 Contact Centre.***

Notification that pandemic influenza has entered Canada will come through the Public Health Agency of Canada. Notification that pandemic influenza has entered the province will come through the Public Health Branch of MOHLTC. Notification that pandemic influenza is in Ottawa will be made by the MOH.

## **Notification of Decision Centres**

When the MOH receives notification that pandemic influenza is in Ottawa, he or she will notify the Office of Emergency Management. The City Manager decides whether to convene the City of Ottawa Emergency Operations Centre Control Group, thus activating the City of Ottawa Emergency Operations Centre.

The MOH will activate OPH's Service Command Centre and notify the Chair of HEPCO. Each decision centre will then do a notification fan-out to respective members. The Clinical Care Command Centre will include the Scientific Advisory Committee in its notification. The committee will reassemble to offer advice until provincial guidelines are developed and to assess and interpret provincial guidelines for the local situation.

## **Notification of Clinical Care Providers**

Specific information for clinical care providers will be posted on the Champlain District's *Pandemic Clinical Care – Information for Health Care Workers* web site at [www.champlainhealthworkers.ca](http://www.champlainhealthworkers.ca).

## **Notification of the Public**

A media advisory will be developed with specific advice for the public. Community groups who have registered through the City of Ottawa's Pandemic Information web site at [https://ottawa.ca/esubscription/forms/pandemic/form\\_en.html](https://ottawa.ca/esubscription/forms/pandemic/form_en.html) will receive e-mail notification of the local situation.

# **Coordination Procedures**

The efficiency of an emergency management structure depends to a large degree on effective communication among the decision centres. The roles and responsibilities of each decision centre must be understood, and the activities of each centre must be coordinated. The Incident Management System identifies the importance of information flow between all agencies and a shared understanding of each other's priorities and restrictions. Each agency must be fully aware of the respective plans, actions and constraints of all other agencies. In an influenza pandemic, the MOH will ensure that the decision centres are coordinated.

## **Information Management Cycles**

Coordination among decision centres is best done if all centres use a predetermined information management cycle. Predetermined meeting times, using a 24-hour management cycle, optimize the exchange of information among decision centres. It may be necessary to make this more or less frequent, depending on the situation. This cycle would be negotiated at the time of the emergency among the three decision centres. Standing agendas could be developed to further streamline this process.

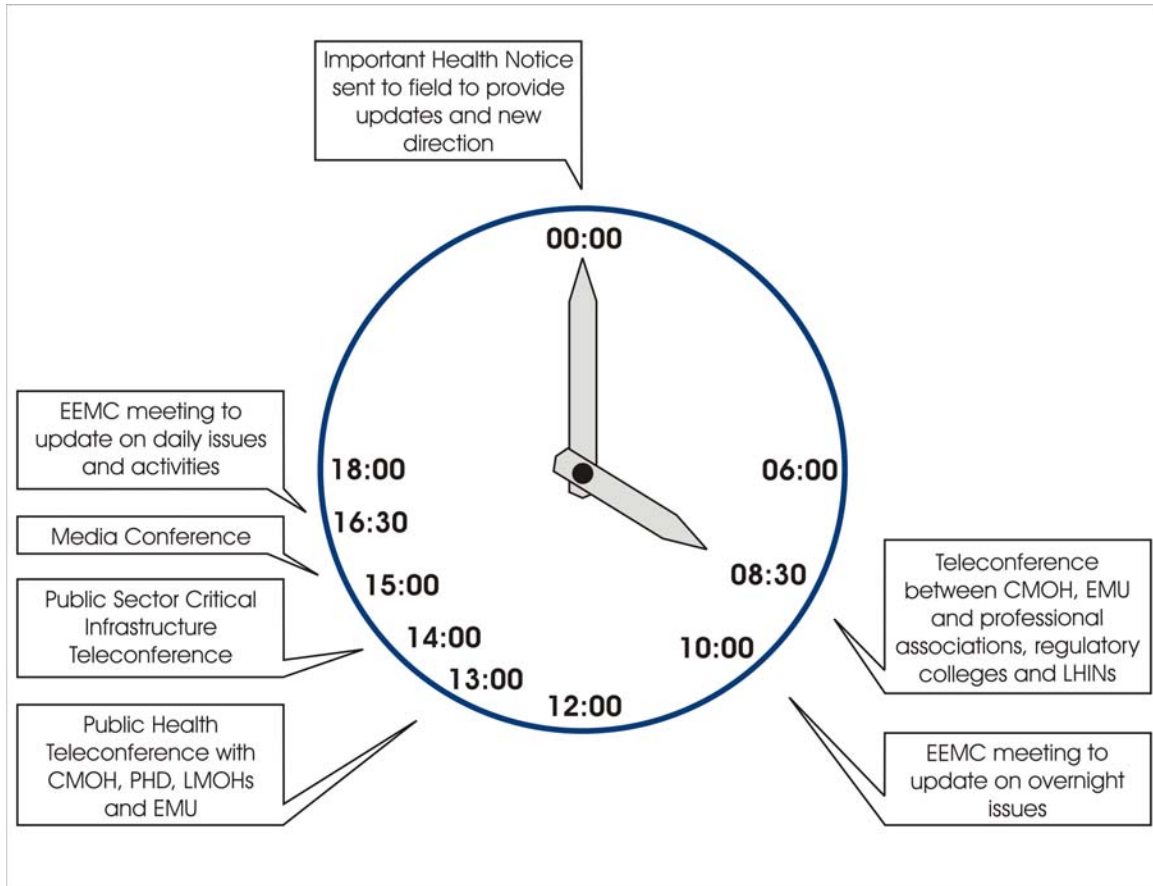
## Proposed Information Management Cycle for Ottawa

<b>24:00</b>	<b>Important Health Notice from MOHLTC – status update</b>
<b>07:30 – 09:00</b>	<b>Preparation (information gathering and assessment)</b> 07:30 – 08:00 OPH Service Command Centre and intra-organizational debriefs 08:00 – 09:00 Clinical Care Command Centre debrief
<b>09:00 – 10:30</b>	<b>Briefing/planning</b> 09:00 – 10:00 Three-way conference call: City of Ottawa Emergency Operations Centre, OPH Service Command Centre and Clinical Care Command Centre 10:00 – 10:30 Decision-centre analysis, planning and coordination, day’s objectives and accountabilities
<b>10:30 – 14:30</b>	<b>Operational period</b> 10:30 – 11:00 Media briefing 12:00 Situation report posted on web site 13:00 MOH (or delegate) attends the Public Health teleconference with MOHLTC
<b>14:30 – 16:30</b>	<b>Progress report</b> 14:30 – 15:00 OPH Service Command Centre and intra-organizational progress report 15:00 Provincial Media Conference 15:30 – 16:00 Conference call debriefing of three decision centres 16:00 – 16:30 Media briefing (with surveillance data)
<b>16:30 – 19:30</b>	<b>Operational period</b> A modified overnight schedule (19:30 to 07:30) could be developed for use when response activities require a 24/7 schedule.



## MOHLTC Information Cycle

For the purposes of coordinating Ottawa's Information Management Cycle with the MOHLTC Information Cycle, the following chart is reproduced from OHPIP (2008).



\*EEMC = Executive Emergency Management Committee; CMOH = Chief Medical Officer of Health; PHD = Public Health Division; LMOH = Local Medical Officer of Health; EMU = Emergency Management Unit; LHIN = Local Health Integration Network.

## Communications Links

### From the Ministry of Health and Long-Term Care

The MOHLTC will use multiple mechanisms to communicate with local pandemic responders including:

- Daily *Important Health Notices* sent at midnight providing status updates
- Targeted teleconferences including a daily Public Health teleconference at 13:00, which Ottawa's MOH or delegate will attend
- Health Care Providers Hotline: 1-866-212-2272
- A web site

The health sector will report and receive information from the MOHLTC during a pandemic through their designated sector liaison organization. It is anticipated that the liaison organization for hospitals will be the Ontario Hospital Association, and the Association of Local Public Health Agencies (aLPHA) will take on this role for public health agencies.

## **Local channels**

### **Health care workers**

The Champlain District communications group has developed the Pandemic Clinical Care Information for Healthcare Workers site at [www.champlainhealthworkers.ca](http://www.champlainhealthworkers.ca) to keep health care workers up to date. Information will also be available through professional associations and employers.

### **Community agencies**

OPH has established an *Ottawa Public Health Pandemic E-News* bulletin for community groups such as agencies, volunteer groups, faith groups, schools and child care facilities. This bulletin (at [ottawa.ca/pandemicinfo](http://ottawa.ca/pandemicinfo), click on Community Groups) will provide e-mail updates to subscribers on the current local situation and directives from the MOH. As well, existing infrastructure including fax and e-mail distribution lists will be used to ensure relevant information reaches the appropriate stakeholders.

### **Public**

Multiple mediums will be used to communicate with the public. Media advisories and briefings, phone lines, and the agency web sites of Ottawa's Interagency Influenza Pandemic Committee members will be used. Community partners may also distribute information to targeted groups. For example, many people identify their physician as a source of health-related information.

The Public Health Agency of Canada and MOHLTC will also operate a phone line and web sites for public information.

## Specific Response Functions

OIIPP uses a functional approach, based on identified needs and stakeholders' response plans. During the 2008 consultations, representatives of the involved groups and organizations decided together on the most efficient division of responsibility for these functions.

This plan identifies *who does what*. As this is a living document, refinements, additions and corrections are being made through a regular review process and the plan is intended to respond to the circumstances of an influenza pandemic.

This chapter presents, in table format, specific emergency response functions during the Pandemic Period. As was explained in the Planning section, for each function, there are a number of functions/tasks. For each function/task, there are three types of roles assigned to stakeholders, as identified below:

R = Responsible	Responsible for the coordination needed to implement the overall emergency function
P = Partner	Partners are critical stakeholders in implementing the task
S = Support	Supporters are stakeholders that can provide support when required

For each function/task, the responsible stakeholder(s) will work with its partners and supporters to implement the assigned function/task.

One of the unique aspects of this plan is that it coordinates all care by clinical care providers<sup>5</sup> in both institution and community-based settings, and it also coordinates with the City of Ottawa Emergency Management Plan, as well as other community groups' emergency plans.

The pandemic response functions during the Pandemic Period include:

- Coordination
- Surveillance
- Communications
- Public health measures
- Pandemic patient clinical care services
- Care of the deceased
- Community support
- Coordination of volunteers
- Psychosocial support
- Administration and logistics

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<sup>5</sup> Refer to Lexicon for definition of clinical care providers

<b>Coordination</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
In accordance with OHPIP (2008), “Municipal governments and local public health authorities are responsible for coordinating the local response to an influenza pandemic.”			
<b>Coordination</b>	<i>OPH Service Command Centre</i>	<b>R</b>	OPH will coordinate the local response to the pandemic.
	<i>City of Ottawa Emergency Operations Centre</i>	<b>P</b>	The City Emergency Operations Centre will coordinate the maintenance of essential City services and critical infrastructure as well as the implementation of emergency functions as required.
	<i>Clinical Care Command Centre</i>	<b>P</b>	The Clinical Care Command Centre is responsible for overall management of clinical response and human health care resources for clinical care.

<b>Surveillance</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Population health surveillance</b>	<i>OPH</i>	<b>R</b>	Epidemiological data will drive the pandemic response. Data collected will include syndromic surveillance, laboratory-confirmed cases, hospitalizations and deaths. This information will be reported locally and provincially and used to communicate risk and to inform risk-remediation strategies.
	<i>Ottawa Public Health Laboratory</i>	<b>P</b>	The Ottawa Public Health Laboratory will identify and type the aetiological agent in samples from patients with influenza-like symptoms, and will send samples to provincial or national labs for strain identification.
	<i>Eastern Ontario Regional Virology Laboratory, The Children’s Hospital of Eastern Ontario</i>	<b>P</b>	The Eastern Ontario Regional Virology Laboratory will identify and type the aetiological agent in samples from patients with influenza-like symptoms, and will send samples to provincial or national labs for strain identification.

<b>Surveillance</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>The Ottawa Hospital Microbiology Laboratory</i>	<b>S</b>	With training provided by the Eastern Ontario Regional Virology Laboratory, the Ottawa Hospital Microbiology Laboratory will provide influenza testing for managing hospitalized patients as required.
	<i>Clinical care providers</i>	<b>S</b>	Clinical care providers will conduct febrile respiratory illness screening and report any cases and deaths that meet the criteria for reporting to local public health authorities.
	<i>Long-term care facilities and retirement homes</i>	<b>P</b>	Institutions including long-term care facilities and retirement homes will continue to report aggregate outbreak activity to OPH either with MOHLTC reporting forms or through the web site.
	<i>Hospitals</i>	<b>S</b>	Chief complaint emergency room data will be analyzed by OPH staff by syndrome. Hospitals will continue to report aggregate outbreak activity to OPH either with MOHLTC reporting forms or through the web site.

<b>Communications</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Media relations</b>	<i>City of Ottawa Communications and Customer Services</i>	<b>R</b>	<p>Communications and Customer Services will coordinate messaging from the various partner agencies involved and coordinate local media briefings. Whenever possible, key messages will be consistent with provincial and national messages and will be aligned with the information from OPH. Key messages will also be aligned with the pandemic phase, as determined by WHO.</p> <p>The branch will also record the number and type of City-related inquiries about the emergency and will feed this information (concerns of citizens, trends developing, etc.) back to the City.</p>
	<i>OPH</i>	<b>P</b>	OPH will provide content, risk communication expertise and spokespersons.

<b>Communications</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>City of Ottawa Emergency Operations Centre Control Group</i>	<b>P</b>	The Emergency Operations Centre Control Group will determine the key messages for the community regarding the City's pandemic response.
<b>Stakeholder communica- tions</b>	<i>All</i>	<b>R</b>	Each sector and organization will provide accurate, timely communication to partners.
	<i>All</i>	<b>R</b>	Each agency will identify and maintain its key contact lists, including back-up coordinates.
	<i>City of Ottawa Information Technology Services</i>	<b>S</b>	The Information Technology Services Branch provides technical support as it relates to both internal (e-mail and intranet) and external (such as the City's web site) communication channels.
	<i>City of Ottawa 3-1-1 Contact Centre</i>	<b>S</b>	The City of Ottawa 3-1-1 Contact Centre will convey Communications and Customer Services' key messages when responding to calls.
<b>Internal communica- tions</b>	<i>All</i>	<b>R</b>	Each organization will coordinate its internal communications according to its influenza pandemic/emergency response plans and must have regular, accurate and timely communication with decision makers and all levels of staff.
	<i>All</i>	<b>P</b>	Every agency will support its own crisis communications process.
<b>Interagency communica- tion</b>	<i>OPH</i>	<b>R</b>	OPH will create and manage an interagency contact list related to an influenza pandemic.
	<i>All</i>	<b>P</b>	All agencies will help maintain their information on the interagency contact list.

## Public Health Measures

Function/Task	Service	Role	Definition of Activity
<p>The type of measures used and their timing will depend on the attack rate of the influenza pandemic. Local health officials will give directions that are consistent with provincial or national advice to promote public confidence and support.</p>			
<b>Public education</b>	<i>OPH</i>	<b>R</b>	<p>Consistent with the HPPA, OPH will advise the public regarding the status of the influenza pandemic and identify measures needed to protect the public's health. Key messages for the public may be developed by the Public Health Agency of Canada and the MOHLTC and disseminated by OPH.</p> <p>Dependent on the local phase of the pandemic and the feasibility and appropriateness of the level of intervention, OPH will provide information on:</p> <ul style="list-style-type: none"> <li>• Individual infection prevention and control measures</li> <li>• Criteria for seeking medical attention</li> <li>• Social distancing</li> <li>• Influenza care</li> </ul> <p>OPH will expand its Public Health Information Line to respond to telephone inquiries regarding the influenza pandemic before, during and after its arrival in Ottawa.</p> <p>OPH, in concert with provincial and national health officials, will promote best practices for infection prevention and control to prevent the spread of the pandemic influenza virus: cough etiquette, hand hygiene and sanitizing contaminated surfaces.</p> <p>OPH will offer support and guidance to the community, including businesses and organizations (such as schools) with special attention to vulnerable populations, to assist them in adopting these best practices.</p>
	<i>Schools</i>	<b>P</b>	<p>With information from OPH, schools will assist with dissemination of public education materials to children and their families.</p>
	<i>Clinical care providers</i>	<b>P</b>	<p>With information from OPH, clinical care providers will assist with dissemination of public education materials to clients.</p>

<b>Public Health Measures</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>City of Ottawa Communications and Customer Services</i>	<b>P</b>	Communications and Customer Services will support the work of OPH in the preparation of information materials and will be responsible for coordinating and disseminating messaging and information materials on behalf of the City and its partner agencies.
	<i>City of Ottawa 3-1-1 Contact Centre</i>	<b>P</b>	The City of Ottawa 3-1-1 Contact Centre will support the dissemination of information on influenza pandemic information resources.
	<i>Child care facilities</i>	<b>S</b>	With information from OPH, school-based and non-school-based child care facilities may assist with dissemination of public education materials.
	<i>Colleges and universities</i>	<b>S</b>	With information from OPH, colleges and universities may assist with dissemination of public education materials.
	<i>All</i>	<b>S</b>	All agencies will assist with dissemination of public health educational materials to priority populations, including clients with language/cultural barriers, low health literacy and disabilities.
<b>Case management</b>	<i>OPH</i>	<b>R</b>	<p>Dependent on the local phase of the pandemic and the feasibility and appropriateness of the level of intervention, OPH:</p> <ul style="list-style-type: none"> <li>• Will ask people with influenza-like illness (cases) to isolate themselves and avoid contact with others through voluntary isolation</li> <li>• Will give clear, concise information to people with influenza-like illness and their families about how to care for someone with influenza at home and when and where to seek medical attention</li> <li>• Will provide follow-up, including: <ul style="list-style-type: none"> <li>– Monitoring of people with influenza-like illness to ensure compliance, gather information on contacts and notifying contacts</li> <li>– Group education by providing ongoing public information and messages for people in voluntary isolation</li> </ul> </li> </ul>
	<i>Social service agencies</i>	<b>S</b>	Agency personnel can provide support to people with influenza-like illness confined in their homes.



<b>Public Health Measures</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>Champlain Community Care Access Centre</i>	<b>S</b>	Personal support workers can provide support as able to people with influenza-like illness confined in their homes.
	<i>Community-based volunteers</i>	<b>S</b>	Volunteers can provide support to those with influenza-like illness confined in their homes.
<b>Contact management</b>  (Once community spread is established, contact management will be discontinued and the focus will be on other infection control measures.)	<i>OPH</i>	<b>R</b>	Dependent on the local phase of the pandemic and the feasibility and appropriateness of the level of intervention, OPH will: <ul style="list-style-type: none"> <li>• Contact people who had close contact (i.e., within one metre) with someone with influenza during the time the person was infectious</li> <li>• Provide education to contacts about symptoms to watch for and what to do if they become ill</li> <li>• Ask close contacts of cases to quarantine themselves at home or ask contacts to maintain a modified quarantine (i.e., they can leave the home to obtain essential supplies, but not go to work or engage in social activities)</li> <li>• Monitor contacts to ensure compliance, direct them to care if they develop symptoms and notify their contacts</li> <li>• Provide group education by providing ongoing public information and messages to people in voluntary modified quarantine</li> </ul> Note that the MOH is responsible for issuing quarantine/confinement orders if necessary (under the HPPA). Quarantine may be instituted when the pandemic influenza virus first enters Ottawa.
	<i>Ottawa Police Service</i>	<b>S</b>	If the MOH orders quarantine, the Ottawa Police Service would support the enforcement of quarantine, according to the HPPA, within the city of Ottawa.
	<i>City of Ottawa Emergency Social Services</i>	<b>S</b>	The City of Ottawa Emergency Social Services team may need to offer support to the members of the public who are quarantined by making arrangements for food and water delivery.
	<i>All</i>	<b>S</b>	All agencies and community members should assist with contact tracing as able, and comply with self-quarantine when the pandemic is established in Ottawa.

<b>Public Health Measures</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>School and child care facility-based infection prevention and control and social distancing measures</b>	<i>OPH</i>	<b>R</b>	The MOH will issue orders to temporarily close elementary and high schools and child care facilities if it is deemed necessary. Any decision to close schools or child care facilities would be discussed with the affected school boards and child care facility directors.
	<i>Schools</i>	<b>P</b>	Schools will implement the following public health measures: <ul style="list-style-type: none"> <li>• Infection prevention and control measures, including handwashing, respiratory hygiene/cough etiquette, cleaning and disinfecting environmental surfaces, increasing fresh air in buildings where feasible and asking parents to keep children who are sick at home</li> <li>• Social distancing, which are practices that reduce contacts between children by limiting the number of children in a given area and keeping them further apart (e.g., avoid assemblies and work in libraries)</li> </ul>
	<i>Child care facilities</i>	<b>P</b>	Child care facilities will implement public health measures in their facilities.
<b>Social distancing in the community</b>	<i>OPH</i>	<b>R</b>	The MOH will issue orders restricting or discouraging social and other large gatherings if it is deemed necessary.
	<i>Workplaces, post-secondary institutions and community gathering places</i>	<b>P</b>	Workplaces, post-secondary institutions and community gathering places will implement social distancing measures as recommended by OPH.
	<i>Funeral homes</i>	<b>S</b>	Funeral homes will eliminate public wakes and funerals as directed by the MOH.
	<i>Faith sector</i>	<b>S</b>	Faith groups will modify their practices to be consistent with infection control guidelines and, if directed by the MOH, they will cancel public gatherings.
	<i>All</i>	<b>S</b>	All community groups will modify their practices to be consistent with infection control guidelines and, if directed by the MOH, they will cancel public gatherings.

<b>Public Health Measures</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Clinical guidelines and tools</b>	<i>MOHLTC</i>	<b>R</b>	<p>The MOHLTC will disseminate information and updates on the pandemic through designated sector liaison organizations, in the form of <i>Important Health Notices</i>. These organizations in turn will be responsible for interpreting and disseminating the notices to their sector. Examples of sector liaison organizations would be the Ontario Hospital Association for the hospital sector and aLPHA for public health.</p> <p>The MOHLTC is currently developing telephone triage assessment tools that will be used by all health care settings to screen people by phone and determine whether they should be counselled about self-care, referred to a flu centre or referred to a hospital.</p>
	<i>OPH</i>	<b>P</b>	OPH will assist in the development and dissemination of guidelines and resources as appropriate.
	<i>Clinical care providers</i>	<b>S</b>	All clinical care providers will adopt best practices in respiratory infection control with the support of OPH and their own professional organizations. Febrile respiratory illness screening using the Adult Influenza Self Assessment Tool will occur when patients arrive for health care visits.
	<i>All</i>	<b>S</b>	To the extent possible, everyone should utilize available clinical guidelines and tools and adopt best practices in respiratory infection control, including staying at home when ill.
<b>Vaccination clinics</b>	<i>OPH</i>	<b>R</b>	<p>OPH will receive vaccine from the MOHLTC when available and will organize and manage mass vaccination clinics when the influenza vaccine becomes available. This activity includes the ability to have public health staff quickly deployed to clinic sites to efficiently manage, vaccinate and collect data on large numbers of clients and provide necessary follow-up when indicated.</p> <p>OPH will distribute vaccine to health care institutions, community health centres and the Champlain Clinical Care Access Centre.</p>
	<i>City of Ottawa Emergency Operations Centre</i>	<b>P</b>	The City of Ottawa Emergency Operations Centre will assist OPH by identifying and making the necessary arrangements for opening City facilities for this purpose.

<b>Public Health Measures</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>Schools</i>	<b>P</b>	Schools will provide sites for vaccination clinics.
	<i>Hospitals/ health care institutions</i>	<b>P</b>	Hospitals and health care institutions will hold immunization clinics for their staff and any priority populations established by the Province.
	<i>Community health centres</i>	<b>P</b>	Community health centres may hold mass immunization clinics for front line health care workers and any priority populations established by the Province.
	<i>Champlain Clinical Care Access Centre</i>	<b>P</b>	The Champlain Clinical Care Access Centre will assist with immunizing front-line community health care workers and home-bound clients.
	<i>City of Ottawa</i>	<b>S</b>	Occupational health nurses could assist with immunization.  The Information Technology Services Branch will provide technical support to OPH to ensure the security of the immunization database.
<b>Travel restrictions</b>	<i>Public Health Agency of Canada</i>	<b>R</b>	Public health measures to restrict people from travelling between countries in order to slow the spread of influenza may include foreign travel advisories, voluntary foreign travel restrictions, closing borders and reducing transit use as per the Public Health Agency of Canada's recommendations.
	<i>OPH</i>	<b>S</b>	OPH will respond to requests to assess the level of risk of travellers and will approve plans for the clinical management of suspect cases.  The MOH has the power to restrict travel under the HPPA.
	<i>Airport</i>	<b>S</b>	The Ottawa International Airport will follow federal guidelines when there is a threat of, or during, a pandemic. Febrile respiratory illness screening may occur at the Ottawa International Airport to help contain the pandemic influenza virus in Ottawa.

<b>Pandemic Clinical Care Services</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Telephone triage</b>	<i>OPH</i>	<b>R</b>	OPH will set up a phone service to address inquiries.
	<i>Telehealth Ontario (MOHLTC)</i>	<b>P</b>	Telehealth Ontario will provide screening of patients by telephone using the Adult Influenza Self Assessment Tool (OHPIP, 2008).
	<i>Clinical care providers</i>	<b>P</b>	Health care professionals will provide screening of patients/clients either by telephone or face to face using the Adult Influenza Self Assessment Tool (OHPIP, 2008).
<b>Distribution of antivirals</b>	<i>Ministry Emergency Operations Centre</i>	<b>R</b>	Ontario has committed to maintaining a stockpile large enough to treat up to 25 per cent of the population. During a pandemic, the Ministry Emergency Operations Centre will be responsible for coordinating the distribution of antivirals to hospitals, long-term care homes and other facilities across the province.
	<i>Pharmacies</i>	<b>P</b>	Pharmacies will receive antivirals to fill prescriptions from primary care practitioners and will track who receives them and how much is dispensed.
	<i>Flu centres</i>	<b>P</b>	Flu centres will receive antivirals and will track who receives them and how much is dispensed.
<b>Primary care services</b>	<i>Community-based clinical care providers</i>	<b>R</b>	All community physicians, nurses and nurse practitioners, and other primary care providers working in primary care agencies (i.e., Champlain Clinical Care Access Centre, private, urgent care, community health centres) will provide clinical assessment and treatment services to patients with influenza-like illness within established populations as well as to the general population as able.
	<i>Hospital emergency rooms</i>	<b>R</b>	Emergency departments will provide separate locations for emergency patients who also have symptoms of influenza-like illness. Patients with only symptoms of influenza-like illness will be encouraged to attend community-based flu centres.
	<i>Community health centres</i>	<b>R</b>	Community health centres will provide clinical assessment and treatment services to patients with influenza-like illness within their clientele.

## Pandemic Clinical Care Services

Function/Task	Service	Role	Definition of Activity
<b>Dedicated flu centres or designated primary care sites</b>  (under development)	<i>Lead agency (to be determined)</i>	<b>R</b>	Ottawa's Interagency Influenza Pandemic Committee will determine a lead agency responsible for operation of flu centres.
	<i>Appletree Medical Centres</i>	<b>P</b>	Under a memorandum of understanding, those Appletree Medical Centres designated as flu centres will be activated to provide services when the existing primary care system is no longer able to ensure that patients are assessed, diagnosed and treated with antivirals within 12 to 24 hours of developing symptoms.
	<i>Champlain Local Health Integration Network</i>	<b>P</b>	The Champlain Local Health Integration Network will work with community health centres and hospital-affiliated family medicine units to identify their roles in the provision of additional designated primary care sites as required.
	<i>City of Ottawa</i>	<b>P</b>	The City of Ottawa will work with Ottawa's Interagency Influenza Pandemic Committee to identify and manage City-owned facilities for primary care if required.
	<i>Ottawa Paramedic Service</i>	<b>P</b>	The Paramedic Service will transport patients who meet the Ambulance Act criteria to designated hospital flu centres (where designated as per the Hospitals Act). The transportation is direct from a non-hospital facility to the flu centre.  The Paramedic Service will also transport patients who meet the Ambulance Act criteria from a designated flu centre to a hospital.
	<i>OPH</i>	<b>P</b>	The MOH, with the assistance of the Paramedic Service, will develop plans for alternate means of transport to and from flu centres for patients who do not meet the criteria for an ambulance.
<b>Institutional care</b>	<i>Hospitals</i>	<b>R</b>	Hospitals will provide isolation care for those patients meeting the criteria for medical and intensive care, according to available resources. In the event that the number of infectious patients requiring medical treatments surpasses, or is likely to surpass, the number of available hospital isolation beds, hospitals may have to open alternate hospital sites to provide surge capacity.
	<i>OPH</i>	<b>S</b>	OPH will support infection prevention and control measures in institutions.

## Pandemic Clinical Care Services

Function/Task	Service	Role	Definition of Activity
<b>Residential care</b>	<i>Long-term care homes</i>	<b>R</b>	Long-term care homes will provide acute and palliative care as able for those residents who become infected with the influenza virus.
	<i>Retirement homes</i>	<b>R</b>	Retirement homes will provide acute and palliative care as able for residents who become infected with the influenza virus.
	<i>Salvation Army Booth Centre</i>	<b>R</b>	The Booth Centre will be a designated flu centre for the homeless. Screening and referral to the Booth Centre will be performed by workers in shelters and day programs throughout the city (Homeless Pandemic Plan, 2007).
	<i>Ottawa-Carleton Detention Centre (includes young offenders)</i>	<b>R</b>	The Ottawa-Carleton Detention Centre will provide isolation care for inmates who become infected with the influenza virus.
	<i>Group homes</i>	<b>R</b>	Group homes will seek medical care as needed in the community/hospital system for ill residents and use infection control practices as able.
	<i>OPH</i>	<b>S</b>	OPH will assist in identifying and implementing infection control measures in residential outbreaks.
<b>Home-based care</b>	<i>Champlain Clinical Care Access Centre</i>	<b>R</b>	The Champlain Clinical Care Access Centre will accept referrals from health care providers and the community for persons requiring health care in their homes, assess the level of care required and, as resources permit, supply care in the community.
	<i>OPH</i>	<b>P</b>	OPH will provide information on containment, care at home and community resources to residents receiving care at home.

<b>Care of the Deceased</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Overall coordination of care of the deceased</b>	<i>To be determined</i>	<b>R</b>	This is a gap to be addressed.
<b>Temporary morgue</b> (under development)	<i>Ottawa Police Service</i>	<b>S</b>	The Ottawa Police Service will provide assistance and guidance in establishing temporary morgues.
	<i>City of Ottawa</i>	<b>P</b>	The City of Ottawa is responsible for ensuring that the designated facility is open and operational.
	<i>City of Ottawa Emergency Social Services/ Employment and Financial Assistance</i>	<b>S</b>	At a temporary morgue, Emergency Social Services (Personal Services) can offer psychosocial support to the families of the deceased.
	<i>Hospitals</i>	<b>S</b>	Hospitals may enlarge their morgue capacity or adapt alternate space to accommodate a higher than normal death rate among hospital patients.
<b>Funeral services</b>	<i>Funeral homes</i>	<b>R</b>	Funeral homes will work with OPH and the Clinical Care Command Centre to ensure appropriate infection control procedures are followed during funeral services.
<b>Mass burial</b>	<i>OPH</i>	<b>R</b>	In the event of a disaster, the MOH (in consultation with the Chief Coroner) may need to issue an order for mass burial or cremation and will assist in coordinating the response to burial or cremation of the dead. OPH inspectors will consult the Planning, Transit and Environment Department regarding the selection of a burial location to ensure that it will not result in contamination of waterways or ground water supplies. OPH staff will assist in monitoring the burial process to ensure safe and sanitary procedures are employed to prevent the transmission of communicable diseases.
	<i>Planning, Transit and the Environment</i>	<b>S</b>	Planning, Transit and the Environment will assist in locating properties for mass burials.
	<i>Ottawa Police Service</i>	<b>S</b>	In the event that a mass burial or cremation is ordered through the MOH, the Ottawa Police Service will act in the capacity of keeping the peace.



<b>Care of the Deceased</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>City of Ottawa By-Law and Regulatory Services</i>	<b>S</b>	By-Law and Regulatory Services will provide personnel to support police officers under the direction of the Ottawa Police Service.
	<i>City of Ottawa Infrastructure Services and Community Sustainability</i>	<b>S</b>	Infrastructure Services and Community Sustainability will provide heavy equipment where needed for digging, or otherwise as appropriate.
	<i>City of Ottawa Emergency Social Services/ Employment and Financial Assistance</i>	<b>S</b>	Emergency Social Services (Personal Services) can provide psychosocial support for families of victims. Personal Services can assist in organizing a memorial mass and in coordinating the clergy for this purpose.

<b>Community Support</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Community support</b> (under development)	<i>Community support agencies</i>	<b>R</b>	Community support agencies will continue to provide support services to their clients who become sick with influenza.
	<i>Community groups</i>	<b>R</b>	Community groups such as faith groups, service clubs and day programs, which continue to function during a pandemic, will provide support to community members who become ill, such as providing meals, groceries, delivering supplies and pet care.
	<i>Community organizations</i>	<b>R</b>	Community organizations will provide support to their own employees/students.
	<i>Employers</i>	<b>S</b>	In addition to the services provided by employee assistance programs, OHPIP (2008) suggests that employers may consider providing counselling and assistance with child care, pet care, meals and other home responsibilities.

<b>Coordination of Volunteers</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Coordination of volunteers</b>	<i>City of Ottawa – City Manager’s Office, Volunteer Services</i>	<b>R</b>	The City Manager’s Office, Volunteer Services, will: <ul style="list-style-type: none"> <li>• Communicate with existing formalized volunteer agencies on community support needs</li> <li>• Coordinate with the Emergency Operations Centre to mobilize, register and deploy City volunteers for the maintenance of City services</li> <li>• Consider a volunteer reception centre for unaffiliated volunteers</li> </ul>
	<i>Ottawa Police Service</i>	<b>S</b>	The Ottawa Police Service will provide police record checks/criminal reference checks for community volunteers.
	<i>Community/volunteer groups</i>	<b>S</b>	Community/volunteer groups will coordinate the deployment of their available volunteers in the community.

<b>Psychosocial Support</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Psychosocial support for the general public</b>	<i>City of Ottawa Emergency Social Services</i>	<b>R</b>	Emergency Social Services will activate the Personal Services Disaster Psychosocial Community Outreach Program to mobilize trained City staff and community partners to provide surge capacity for telephone counselling to individuals and families dealing with pandemic influenza, or make referrals to community practitioners.  Emergency Social Services staff may offer psychosocial support to the families of the deceased by referral to such organizations as Bereavement Ottawa. The Personal Services Team may also provide assistance with death notification.
	<i>Faith groups</i>	<b>S</b>	Faith groups will work with Emergency Social Services to assist in the provision of psychosocial support to persons experiencing stress and loss.

<b>Psychosocial Support</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
	<i>Funeral homes</i>	<b>S</b>	Funeral homes will work with Emergency Social Services to assist in the provision of psychosocial support to families.
<b>Psychosocial support for service providers</b>	<i>City of Ottawa Emergency Social Services</i>	<b>R</b>	The Personal Services-trained staff will assist City staff who require debriefing and other forms of psychosocial support.
	<i>First responders</i>	<b>S</b>	All emergency services will make Critical Incident Stress Debriefing sessions available to their staff and monitor continuing needs.
	<i>Clinical care services</i>	<b>P</b>	All clinical care service providers (hospitals, Champlain Clinical Care Access Centre, community providers) will provide psychosocial support and Critical Incident Stress Debriefings to their staff as required.
	<i>All</i>	<b>S</b>	Employment assistance programs may be required for employees experiencing stress.
	<i>Community organizations</i>	<b>S</b>	Community organizations will provide psychosocial support to their own employees/students.

<b>Administration and Logistics</b>			
<b>Function/Task</b>	<b>Service</b>	<b>Role</b>	<b>Definition of Activity</b>
<b>Employee services</b>	<i>All</i>	<b>R</b>	Employee services will provide assistance to log, track and compensate for staff time worked supporting the pandemic response.
	<i>HEPCO</i>	<b>P</b>	The Human Resources Working Group will implement best practices regarding human resource policies using their Human Resource Pandemic Plan.
	<i>All</i>	<b>P</b>	To the best of their ability, all groups and organizations will support human resource best practices to support their employees and meet operational needs.

## Administration and Logistics

Function/Task	Service	Role	Definition of Activity
<b>Emergency supplies</b>	<i>All</i>	<b>R</b>	All health-related groups and organizations involved in pandemic planning will have a stockpile of a minimum of one month's supply of personal protective equipment, especially alcohol-based hand gel. The quantity and type will be determined by performing a role-based risk assessment of workers' functions to assign low, medium or high risk, as defined in OHPIP (2008).
<b>Record keeping</b>	<i>All</i>	<b>R</b>	All departments/agencies/partners will maintain a log documenting all actions relating to an influenza pandemic.
<b>Legal advice</b>	<i>All</i>	<b>R</b>	All departments/agencies/partners will follow appropriate policies and procedures during an emergency and seek legal advice when pertinent.
<b>Financial tracking</b>	<i>City of Ottawa Financial Services</i>	<b>R</b>	The Financial Services Branch of the City of Ottawa will identify a special emergency account for related claims made in a declared emergency. Financial Services will identify appropriate accounting processes.
	<i>All</i>	<b>P</b>	Every group/organization should track costs that relate to the emergency situation.
<b>Peace and order</b>	<i>Ottawa Police Service</i>	<b>R</b>	The Ottawa Police Service will keep the peace and order within the City of Ottawa.
	<i>City of Ottawa By-Law and Regulatory Services</i>	<b>S</b>	By-Law and Regulatory Services will provide personnel to support police officers under the direction of the Ottawa Police Services.
<b>Security</b>	<i>City of Ottawa</i>	<b>R</b>	The City of Ottawa will make provision for the security of persons and assets located at City facilities and sites in the event of an emergency.
	<i>City of Ottawa By-Law and Regulatory Services</i>	<b>S</b>	By-Law and Regulatory Services can assist by providing personnel for security purposes.

# **CHAPTER 5**

## **POSTPANDEMIC PERIOD**

# The Postpandemic Period

The Postpandemic Period is a time of recovery. As influenza pandemics are projected to occur in one or more waves, response efforts will need to be escalated and de-escalated as required. Postpandemic activities should include debriefing (psychosocial and organizational), post-event reporting and documentation auditing, evaluation and preparing for the next wave of the pandemic. New services may also be required to address the impacts of the pandemic. Postpandemic activities will continue until the declaration of the end of the pandemic in Canada and the Interpandemic status is restored.

# APPENDICES

# Appendix 1: Committee Framework

This appendix lists the members of three important committees involved in the development and implementation of Ottawa's Interagency Influenza Pandemic Plan: Ottawa's Interagency Influenza Pandemic Committee, which has spearheaded the plan since its first edition in 2005, the Hospital Emergency Preparedness Committee of Ottawa and the Scientific Advisory Committee.

## 1A. Ottawa's Interagency Influenza Pandemic Committee (OIIPC)

### Mandate

The overall goal of Ottawa's Interagency Influenza Pandemic Committee aligns with the Ontario and Canadian goals for influenza pandemic preparedness: to minimize societal disruption and curtail serious illness and death, with a specific focus on local preparedness.

### Members as of September 2008

Levy, Isra (chair)	Medical Officer of Health, OPH, City of Ottawa
Ash, John	Manager, Office of Emergency Management, City of Ottawa
Cooper, Kim	Ottawa Police Service
Emes, Brigitte	Manager, Client Services, Champlain Community Care Access Centre
Fortier, Wendy	Clinical Director, Emergency and Intensive Care, The Ottawa Hospital
Garber, Gary	Head, Infectious Diseases, The Ottawa Hospital
Hayes, Thomas	Chair of HEPCO, Manager, Occupational Health and Safety and Emergency Preparedness, The Ottawa Hospital
Kokoskin, Evelyne	Regional Manager, Ottawa Public Health Laboratory
McCarthy, Jack	Executive Director, Somerset West Community Health Centre
McConnell, Perry	District Chief, Ottawa Fire Services
Maloney, Justin	Medical Director, Base Hospital Program, The Ottawa Hospital
Medline, Elaine	Special Projects and Communications Coordinator, Champlain Local Health Integration Network
Nigro, Sherry	Manager, Integration, Quality and Standards Branch, OPH, City of Ottawa
Poirier, Pierre	Deputy Chief, Logistics, Ottawa Paramedic Service
Séguin, Rebecca	Best Practice Coordinator, Carleton Lodge
Worthington, R. Jim	Vice-President, Medical Affairs, Quality, and Patient Safety, The Ottawa Hospital



## **Terms of Reference (Fall 2008)**

### ***Purpose***

To facilitate an integrated approach to influenza pandemic preparedness, response and recovery in Ottawa.

- To periodically refresh Ottawa's Interagency Influenza Pandemic Plan to align with operational updates, personnel changes and parallel planning at the national, provincial and local level
- To provide updates and information exchange among agencies and work groups
- To facilitate coordination of interagency and sector-specific planning for an influenza pandemic
- To exercise Ottawa's Interagency Influenza Pandemic Plan

### ***Reporting***

This committee will report to the OPH management team via the Chair of the Committee.

### ***Membership***

A) Representatives from:

- OPH (Chair)
  - OPH emergency preparedness team
- The City of Ottawa
  - Office of Emergency Management
  - Ottawa Paramedic Service
  - Ottawa Fire Services
  - Ottawa Police Service
  - Communications and Customer Services
- Clinical care partners
  - Champlain Local Health Integrated Network
  - Champlain Community Care Access Centre
  - Community health centres
  - Eastern Ontario Regional Virology Laboratory
  - Hospital Emergency Preparedness Committee
  - Long-term care facilities
  - Regional Paramedic Program for Eastern Ontario
- Community resource centres

B) Affiliate status (as required)

- Representation from the Province of Quebec
- Community/voluntary sector
- Funeral homes

C) Others as needed

***Process***

*Chair:* The Chair, OPH, will prepare the meeting agendas, chair the meetings, liaise with the secretariat, verify the record of decisions taken at meetings and act as a spokesperson for the committee.

*Secretariat:* OPH will serve as the secretariat for the coalition to manage the day-to-day activities, organize meetings, prepare agendas, update and provide a central point of contact for members.

*Meetings:* The committee will meet face-to-face quarterly and as called by the Chair.

*Quorum:* Six agencies

*Term:* To sunset at three years; renewable pending identified need.

## **1B. Hospital Emergency Preparedness Committee of Ottawa (HEPCO)**

HEPCO assumed ongoing planning and maintenance of clinical care plans in January 2008.

### **Members**

Hayes, Thomas (Chair)	Manager, Occupational Health and Safety and Emergency Preparedness, The Ottawa Hospital
Ash, John	Manager, The Office of Emergency Management, City of Ottawa
Cameron, Ty	Inspector, Ottawa Police Service
Carrière, Christine	Manager, Emergency Preparedness, Elizabeth Bruyère Health Centre
Charbonneau, Jean-Luc	Manager, Operation Response and Emergency Planning, The Ottawa International Airport Authority
Courtemanche, Jill	Emergency Preparedness Health Specialist, OPH
D'Angelo, Mario	Emergency Management Program Working Project Officer, Ottawa Paramedic Service
Dean Niles, Sadeeka	Manager, Occupational Health and Safety, The University of Ottawa Heart Institute
Desjardins, Benoit	Manager, Emergency Preparedness, The Montfort Hospital
Emes, Brigitte	Manager, Client Services, Champlain Clinical Care Access Centre
Forsyth, Blake	Senior Field Manager (Acting), Emergency Health Services, MOHLTC
Fortier, Wendy	Corporate Clinical Director Critical Care, Emergency and Trauma Services, The Ottawa Hospital
Gamble, Peter	Team Leader, Ottawa Emergency Measures Radio Group
Garnett, Heather	Patient Safety and Risk Manager, The Royal Ottawa Mental Health Centre
Hensler, Alistair	Manager, Disaster Management, Canadian Red Cross, Eastern and Central Ontario
Lecompte, Dennis	Senior Emergency Preparedness Officer, The Ottawa Hospital Civic Campus
Maloney, Justin	Medical Director, Base Hospital
McBride, Jeff	Communications Supervisor, Central Ambulance Communications Centre
McConnell, Perry	Division Chief, Ottawa Fire Services
Milan, Dave	Safety Manager, The Queensway Carleton Hospital
Obonsawin, Julie	Emergency Preparedness Coordinator, The Children's Hospital of Eastern Ontario

## **HEPCO Working Groups**

HEPCO has taken over planning coordination for the disbanded Pandemic Clinical Care Committee. The following working groups of this former committee are either still active or available for consultation: Hospitals, Pandemic Community Clinical Care, Human Resources, Ethics and Family Physicians. The mandate of the first three working groups is as follows:

- The Hospitals Working Group consists of representatives from hospitals in Ottawa with responsibility for drafting a hospitals pandemic plan in accordance with OHPIP (2008) and for ongoing planning initiatives to meet these commitments.
- The Human Resources Working Group consists of representatives of clinical care providers with responsibility for drafting a human resources pandemic plan in accordance with OHPIP (2008) and OIIPP, and for ongoing planning initiatives to meet these commitments.
- The Pandemic Community Clinical Care Working Group consists of representatives of community agencies with responsibility for providing clinical services to clients in the community, either as residential agencies or in their homes. It is responsible for drafting a community clinical care plan and for ongoing planning initiatives to meet these commitments.

HEPCO is also creating a Medical Student Work Group with a mandate to explore ways in which students will contribute during an influenza pandemic.

## 1C. Scientific Advisory Committee

During a pandemic, the Scientific Advisory Committee, which is primarily comprised of the members of the Regional Infection Control Committee, will advise the Clinical Care Command Centre on local application of scientific issues. Their mandate is to provide expert advice based on available scientific information related to pandemic influenza in the Champlain Local Health Integration Network. Their deliverables are to develop general principles and provide general planning guidance on pandemic influenza and to address and develop recommendations on issue-specific items as requested.

### Membership

Roth, Virginia (Chair)	The Ottawa Hospital – Infectious Disease
Cameron, Christine	Cornwall – Infection Control
Carter, Anne	MOH, Lanark-Grenville Public Health
Corriveau, Mike	MOH, Renfrew County Public Health
Garber, Gary	The Ottawa Hospital – Infectious Disease
Karnauchow, Tim	The Children’s Hospital of Eastern Ontario/The Ottawa Hospital – Virology
Landry, Inez	The Queensway-Carleton Hospital – Infection Control
Larivee, Dany	Montfort – Infection Control
Levy, Isra	MOH, Ottawa Public Health
McCarthy, Anne	The Ottawa Hospital – Infectious Disease
Ouellet, Colette	Champlain Infection Control Network (observer)
Samson, Lindy	The Children’s Hospital of Eastern Ontario – Pediatric Infectious Disease
Toye, Baldwin	The Ottawa Hospital – Microbiology

## Appendix 2: Roles and Legal Responsibilities of the Medical Officer of Health

The MOH is appointed by the municipal Board of Health with the approval of the MOHLTC. The HPPA defines two separate roles for the MOH:

### Manager of Public Health Programs and Services

The Board of Health (in Ottawa, City Council) is legally responsible to ensure that the public health programs and services required by the HPPA are provided in the Board's community. Specifically, pursuant to the HPPA, the Minister of Health has published *Mandatory Health Programs and Services Guidelines* (1997) and will be releasing revised standards in 2009.

According to Section 67 of the HPPA, the MOH is the manager of these programs and services and is directly accountable to the Board of Health. Public health services include health protection and health promotion activities as well as disease surveillance, including the collection and analysis of epidemiologic data. The MOH must also have the means to deploy the resources available to address emerging issues. Section 5, paragraphs 2 and 3, of the HPPA notes that the Board of Health has the mandate and, in certain circumstances, the obligation to undertake public education, which includes communications. The Board of Health's mandate to provide public communications is independent of any City communication strategy or policy.

### Independent Statutory Officer

The second role relates to those duties and responsibilities specifically assigned to the MOH by the HPPA. These primarily concern the management of health protection and communicable diseases. With respect to these duties and responsibilities, the MOH is a statutory officer and *not* the agent of the municipality. These duties and responsibilities include:

- Inspecting all health-related sites within the jurisdiction of the MOH for the purpose of preventing, eliminating and decreasing the effects of health hazards (section 10 of the HPPA)
- Investigating complaints related to occupational or environmental health hazards and notifying the appropriate provincial ministry (Section 11)
- Seizing, examining and, if necessary, destroying possible health hazards (Section 19)
- Issuing orders to persons with respect to communicable diseases (Section 22)
- Applying for court orders to detain or isolate persons with communicable diseases (Section 35)
- Giving direction to an agent of the Board of Health to take actions to eliminate or decrease the risk of a communicable disease (Section 24)

- Receiving reports from a physician, chiropractor, dentist, pharmacist, nurse, optometrists or naturopath on cases of reportable disease (sections 25, 26, 34)\*
- Receiving reports from an administrator of a hospital, superintendent of an institution, school principal and laboratory officer regarding cases of reportable diseases and cases where persons may be infected (sections 27, 28, 29)\*
- Receiving reports from any physician who signs a death certificate (for a deceased person in the health unit) where a reportable disease was the cause of death or was a contributing cause of death (Section 30)\*
- Reporting to MOHLTC regarding reportable diseases (Section 31)\*
- Entering premises for any purpose specified in the HPPA (sections 41, 42). In cases where the occupant of the premises denies the MOH (or designate) entry or access, the MOH may apply for a warrant by a Justice of the Peace (Section 43).\*\*
- Providing direction for the removal of corpses to a place of burial, cremation or incineration, restriction of attendance at funerals and construction requirements for coffins, when the corpse has died of, or was in isolation for, one of the prescribed diseases in this regulation (sections 8, 9, 10 of Regulation 557)

It is an offence for any person to hinder or obstruct an MOH from lawfully carrying out a power, duty or direction under the HPPA (Section 42). The Board of Health cannot interfere with the MOH in carrying out his/her statutory-assigned duties.

NOTE:

\*The provisions of the 2004 *Personal Health Information Protection Act* do not affect the duty to report as required in the HPPA.

\*\*It is not hindering or obstructing to not allow the MOH into a room actually used as a dwelling (sections 41, 42).

## Appendix 3: Legislative Requirements

### **The Emergency Management and Civil Protection Act (2006)**

This Act is the authority under which the Premier will declare a provincial emergency during an influenza pandemic. The Act requires:

- The development of municipal emergency management programs consisting of a plan, training, exercises and educational programs
- Authority for the Premier to direct and control a municipality's administration and resources in declared emergencies
- The MOHLTC be responsible for plans for health emergencies

### **The Health Protection and Promotion Act (1990)**

This Act imposes duties, responsibilities and legal powers on the local MOH to control health hazards and communicable diseases. Among others, under the Act:

- Physicians, laboratories, school principals and others must report certain diseases to the MOH.
- Persons who pose a risk to the public health may be ordered to do, or to stop doing, something to reduce the risk of disease transmission.
- Information about patients who are infected with communicable diseases must be disclosed to the MOH.
- Premises may be required to be used as temporary isolation facilities.

For more information about the role of the MOH under the HPPA, see Appendix 2.

### **The Health Systems and Improvements Act (2007)**

This Act amended the HPPA to provide new powers to the Minister and Chief Medical Officer of Health, which may be invoked without the declaration of a provincial emergency. These powers are intended to mitigate an incident such as an outbreak of infectious disease from escalating to the level of a provincial emergency. These additional powers include:

- Acquiring or seizing medications and supplies as required
- Requesting health information
- Collecting, retaining and using pre-existing laboratory specimens to investigate, eliminate or reduce the risk to health
- Issuing directives concerning precautions and procedures to health care providers
- Increased powers for local MOHs to investigate and respond to outbreaks in hospitals



- Increased timeliness and efficiency of laboratory reporting of reportable diseases
- Improved enforcement of public health orders

### **The Public Hospitals Act**

One requirement of this Act is that hospitals are required to obtain Ministry approval before using additional sites for hospital services.

### **The Private Hospitals Act**

This Act outlines requirements for modifications of private hospitals.

### **The Occupational Health and Safety Act**

The Ministry of Labour enforces this Act. It is an employer's duty to take all reasonable precautions under the circumstances for the protection of a worker.

### **Health Care and Residential Facilities Regulation**

Employers in health care facilities have the duty to establish measures and procedures including the control of infections, immunization, the use of disinfectants and the handling, cleaning and disposal of soiled linen, sharp objects and waste.

## Appendix 4: Associated Plans

As a way to increase awareness and facilitate communication among the members of Ottawa's Interagency Influenza Pandemic Committee (OIIPC), the following OIIPC member agencies' pandemic plans, as well as a published article, are listed below:

City of Ottawa. City of Ottawa Long-term Care Homes Pandemic Plan. Unpublished Manuscript (for a copy, contact Rebecca Séguin, Best Practice Coordinator, at [rebecca.seguin@ottawa.ca](mailto:rebecca.seguin@ottawa.ca)).

City of Ottawa, Office of Emergency Management (April 2008). Emergency Management Plan. Unpublished Manuscript (for a copy, contact John Ash, Manager, Office of Emergency Management, at [john.ash@ottawa.ca](mailto:john.ash@ottawa.ca)).

Drews, Steven J.; Majury, Anna; Jamieson, Frances; Mazzulli, Tony; Low, Donald E. A Decentralized Molecular Diagnostic Testing Plan for Pandemic Influenza in the Ontario Public Health Laboratory System (September–October 2008). *Canadian Journal of Public Health*. 99(5):387-390.

Pandemic Clinical Care Committee Working Group on Ethics (April 2007). Ethical Framework for Decision-Making during a Pandemic Influenza Outbreak. Unpublished Manuscript (for a copy, contact Michelle A. Mullen, Departments of Paediatrics & Women's Studies, University of Ottawa; Bioethicist, Children's Hospital of Eastern Ontario).

Ottawa Inner City Health (November 2006). Draft Ottawa Adult Homeless Sector Pandemic Plan. Unpublished Manuscript (for a copy, contact Wendy Muckle, Executive Director, at [wmuckle@uottawa.ca](mailto:wmuckle@uottawa.ca)).

Ottawa Public Health (2006). Influenza Pandemic Preparation and Response Plan. Unpublished Manuscript (for a copy, contact Kathy Beauregard, Program Development Officer, at [kathy.beauregard@ottawa.ca](mailto:kathy.beauregard@ottawa.ca)).

Ottawa Public Health (2006). Influenza Pandemic Service Continuity Plan. Unpublished Manuscript (for a copy, contact Kathy Beauregard, Program Development Officer, at [kathy.beauregard@ottawa.ca](mailto:kathy.beauregard@ottawa.ca)).

Pandemic Clinical Care Committee Human Resources Working Group (November 22, 2006). Ottawa's Interagency Health Care Human Resources Pandemic Plan, Version 1.6. Unpublished Manuscript (for a copy, contact Thomas Hayes, Director, Occupational Health, Safety and Emergency Preparedness at the Ottawa Hospital, at 613-798-5555, ext. 17707).

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