

**INTERIM DRAFT**

**WINDSOR-ESSEX COUNTY**

**PANDEMIC INFLUENZA**

**PLAN**

**(WECPIP)**

**(Note: To be read in conjunction with the Ontario Health Plan  
for an Influenza Pandemic, OHPIP, June 2005)**

[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_mn.html](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_mn.html)

**WEC Pandemic Planning Committee  
2006 Feb**

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**NOTE:** “*TBI*” = “*To Be Inserted (later)*”

## **EXECUTIVE SUMMARY**

Influenza A viruses periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time, with the potential to cause serious illness, death and immense social and economic disruption throughout the world. Experts believe that a future influenza pandemic is inevitable but the timing is unpredictable (Canadian Pandemic Influenza Plan, May 2004). Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon and resources of all regions will be simultaneously strained. Windsor-Essex County must demonstrate a large degree of self-sufficiency over a prolonged period. Hence, contingency planning is essential for an effective response and mitigation and to minimize devastating effects.

As a border community, an influenza pandemic will cause problems with the border crossings. Restrictions on the movement of persons crossing the border into the United States and Canada can be expected. The crossings may also be subject to closure. Close liaison with US Health authorities will be required.

The Windsor-Essex County Pandemic Influenza Plan (WECPIP) dovetails with Canada's and Ontario's Pandemic Influenza Plans. It has been created to provide guidelines for a coordinated, unified and controlled response to an influenza pandemic within Windsor-Essex County. All community members identified within the plan must be aware of the implications of pandemic influenza and their roles and responsibilities throughout an influenza pandemic. The WECPIP is a part of the Emergency Plans of the City of Windsor and the County of Essex. The responses and procedures follow the existing plans as much as possible. It must be noted, however, that the authority for coordinating and responding to the community response to disease related emergencies lies with the Medical Officer of Health (MOH) (Health Protection and Promotion Act, 1983).

The WECPIP is subject to modification based on directives from the federal and provincial governments, epidemiological factors associated with the influenza strain and to address community issues that may have impact on the plan.

## **ACKNOWLEDGEMENTS**

The completion of this plan reflects the contributions of the Windsor-Essex County Pandemic Planning Committee (WEPPC) members who participated in the developing, reviewing and revising process. The members of this committee are outlined in Appendix 3 and are to be commended for their important contribution. As well, Dr. Heimann, Medical Officer of Health for Windsor-Essex wishes to express his appreciation for the contribution made by Dr. Chris Greensmith who provided information on the Lambton plan. This information was essential to the completion of this document.

# **BACKGROUND**

## **Epidemiology of Pandemic Influenza** (adapted from WHO website, 2004) *(for more detail see Pandemic Influenza Fact Sheet – OHP/IP Appendix 4 p. 2.)*

### **An Influenza Pandemic**

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

### **A new influenza virus: how it could cause a pandemic**

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

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

A new strain of the influenza A virus to which the population has little or no immunity can cause sudden, pervasive illness and death in all age groups on a global scale. A worldwide epidemic (outbreak) of Influenza A is called an influenza pandemic. There have been three pandemics in the last century (1918-1919, 1957-1958 and 1968-1969) with the worst being the 1918-19 “Spanish Flu” that caused 20-40 million deaths worldwide.

### **Consequences of an influenza pandemic**

In the past, new strains have generated pandemics causing high death rates and great social disruption. In the 20th century, the greatest influenza pandemic occurred in 1918 - 1919 and caused an estimated 40–50 million deaths world wide. Although health care has improved in the last decades, epidemiological models from the Centers for Disease Control and Prevention, Atlanta, USA project that today a pandemic is likely to result in 2 to 7.4 million deaths globally. In high income countries alone, accounting for 15% of

the world's population, models project a demand for 134–233 million outpatient visits and 1.5–5.2 million hospital admissions. However, the impact of the next pandemic is likely to be the greatest in low-income countries because of different population characteristics and the already strained health care resources.

It is estimated that the next pandemic virus will arrive in Canada within three months after it emerges in another part of the world, but could be much sooner due to increases in the volume and speed of global air travel. An influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illness and deaths than the first. In any locality, the length of each wave of illness is likely to be six to eight weeks (Canadian Pandemic Influenza Plan, December 2003, Background, p. 3-4).

## Estimated Impact of an Influenza Pandemic

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

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

- up to 8 million people will be infected
- of which up to 4 million will be clinically ill
- 12,000 will die
- economic costs are estimated at \$1.4 to \$2.5 billion in direct healthcare, and an additional \$10 to \$24 billion in societal costs

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

	Estimated Totals	Range
# People Infected	140,920	
# Requiring Outpatient Care	75,196	58,436- 107,641
# Requiring Hospitalization	1,671	601 – 2,113
# of Deaths	381	215 - 636

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

(For detailed calculations, see Appendix 7 – OHPIP Appx. 1)

These figures have been used to provide estimates of the low to high impact of an influenza pandemic on Windsor-Essex County for planning purposes e.g. for number of beds needed. The impact is dependent on such factors as the virulence of the virus,

availability of a vaccine and anti-viral drugs. Special guidelines will need to be in place to address critical issues that will occur as service access is maximized and resources are depleted. Locating the resources that will be required, collecting the information that will be needed to educate stakeholders and citizens and identifying the service gaps that exist presently or will occur need to be addressed. It can be expected that:

- given the high level of global traffic, the pandemic virus may spread rapidly, leaving little or no time to prepare,
- because the pandemic will be widespread with simultaneous outbreaks, Windsor-Essex County cannot rely on neighbouring resources to assist with its response,
- because of the location of Windsor-Essex, border crossing problems will be significant,
- in addition to Provincial coordination, cooperation with US State and Federal health authorities will be required,
- there will be shortages of healthcare, emergency and essential services personnel due to illness,
- essential services will be severely disrupted,
- there will be shortages of equipment and supplies,
- vaccine and anti-virals may be limited and not be readily available during the early stage of the pandemic,
- will need to cope with large numbers of ill people, from all age groups, that will require treatment, and
- media and public scrutiny will be intense and unrelenting and fear will be abundant.

## Legislation

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

Other stipulations **under the Emergency Management Act:**

- Section 2.1 (1) 2002 c. 14, s.4. **Municipalities** “shall develop and implement an **emergency management program** and the council of the municipality shall by by-law adopt the emergency management program”.
- The emergency management program **shall consist of**,  
(a) **an emergency plan** as required by section 3;

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

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

## Legal Powers

### Declaration of Emergency and Termination

Under the **Emergency Management Act**:

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

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

In addition, the **Medical Officer of Health** has the authority to issue an order under Section 22 of the HPPA with respect to communicable disease if “he or she is of the opinion (upon reasonable and probable grounds) that a communicable disease exists or

may exist, or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health”.

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

## **OVERVIEW OF PLAN**

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

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

To ensure that the plan meets the requirements of the Canadian Pandemic Influenza Plan and the Ontario Pandemic Influenza Plan.

### **Goals and Objectives**

**Goal 1:** To coordinate a Windsor-Essex County response to an influenza pandemic.

#### **Objectives:**

1. a) To develop a plan that is flexible to account for the unknown epidemiology of a pandemic and the needs of different stakeholders (impact).
1. b) To provide education to stakeholders and the community about the impact of an influenza pandemic and regarding roles and responsibilities.
1. c) To provide a plan that is reviewed on a as needed basis to ensure incorporation of new developments and best practices.
1. d) To provide an evaluated plan that is sufficiently clear and comprehensive to ensure operational viability and sustainability.

**Goal 2:** To minimize serious illness and deaths from a pandemic influenza in Windsor-Essex County.

#### **Objectives:**

2. a) To enhance surveillance systems for influenza in Windsor-Essex County.

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

2. c) To coordinate operational procedures for healthcare.

**Goal 3:** To minimize societal disruption in Windsor-Essex County as a result of an influenza pandemic.

**Objectives:**

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

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

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

As outlined by the Ontario Ministry of Health, pandemic preparedness planning is a responsibility that is shared between the public health unit and local emergency response agencies. Local Medical Officers of Health have been given the responsibility of ensuring that pandemic plans are developed, tested and reviewed regularly in the inter-pandemic period.

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

The Windsor-Essex County Pandemic Planning Committee was established in May 2005. It is anticipated that committee members will assist with the development of local pandemic plans, advocate for pandemic planning within their own places of employment and be responsible for managing the response for an influenza pandemic. The Windsor-Essex County Pandemic Planning Committee's Goals and Objectives are listed on Page 14.

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

#### **MANDATE:**

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

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

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

#### **Specific Responsibilities:**

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

### **Scope of Windsor-Essex County Pandemic Influenza Plan**

This Plan provides guidelines on how to implement and maintain the Plan and actions to be taken for the effective management of an influenza pandemic for the protection of the

life, health and safety of the citizens of Windsor-Essex County. It complements both the existing Health Unit and the Municipal and County Emergency Response Plans. Local area municipalities, school boards and other organizations are encouraged to use this document in the preparation of their contingency plans. It is recognized that this plan will require updating on a regular basis because of changes in the development of medications, changes in demographics and as other new information becomes available.

The Plan has been designed to define roles and responsibilities during each of the six phases of pandemic influenza, namely, the World Health Organization (WHO) Alert Phases which is categorized into four pandemic stages below:

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

Source: World Health Organization, 2005.

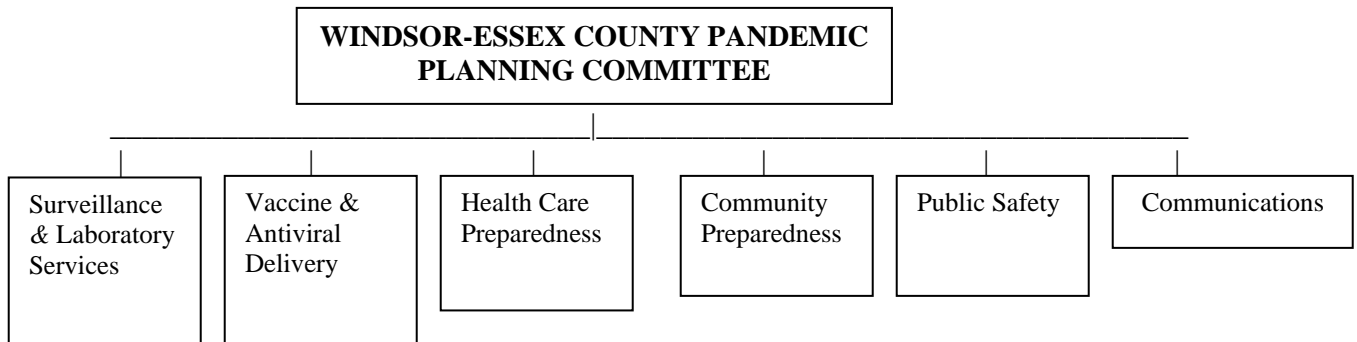
\* The distinction between phase 1 and phase 2 is based on the risk of human infection or disease from circulating strains in animals.

\*\* The distinction between Phase 3, Phase 4 and Phase 5 is based on the risk of a pandemic.

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

# Organizational Structure for Windsor-Essex County Pandemic Influenza Plan

## SUBCOMMITTEE STRUCTURE:



## COMMITTEE AND SUB-COMMITTEE ROLES AND RESPONSIBILITIES:

### Windsor-Essex County Pandemic Planning Committee Role

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

#### **1. Surveillance & Laboratory Services:**

##### **ROLE:**

The role of the Surveillance & Laboratory Services Subcommittee is to enhance surveillance systems for influenza, including sentinel physicians sampling, outbreak monitoring at Long-Term Care and child care facilities and absenteeism monitoring at schools and the Region. (See OHPIP CH 4.)

**GOAL:**        *To enhance surveillance systems for influenza in Windsor-Essex.*

**OBJECTIVES:**

- a) To enhance current reporting from all sectors, including sentinel physicians, ER's, Walk-ins, Institutions, mortality data, etc.
- b) To enhance workplace reporting of respiratory related event impact (closures, service reductions.)
- c) To increase lab surge capacity, recruitment of additional labs for rapid testing, guidelines for influenza testing
- d) Enhance existing influenza surveillance system
- e) To set up a communication system to disseminate surveillance information to all stakeholders

**2. Vaccines and Antivirals:**

**ROLE:**

The role of the Vaccine/Antiviral Subcommittee is to develop operational procedures for vaccine/antiviral delivery and administration, i.e., receive, store, transport and administer vaccine/antiviral at mass public immunization clinics. (See OHPIP CH 5.)

**GOAL:**        *To develop operational procedures for vaccine and antiviral delivery and administration.*

**OBJECTIVES:**

- a) To develop procedures for acquisition, transport, storage, security and delivery for vaccines and antivirals.
- b) To develop strategies for mass immunization clinics (facilities, staffing, education, marketing, security, etc.)
- c) To develop strategies for anti-viral management, (prioritizing distribution according to Provincial/Federal guidelines)
- d) To develop procedures for volunteer management
- e) To develop protocols for data maintenance, logistics, etc.
- f) To develop a protocol for monitoring and reporting any/all adverse events.
- g) To provide for vaccine and anti-viral security during transport and storage
- h) To work with the Communications sub-committee to establish a communications strategy to disseminate information and educate the public.

**3. Health Care Preparedness:**

**ROLE:**

The role of the Health Care Preparedness Subcommittee is to coordinate operational procedures for health care response and resources in order to cope with large numbers of

ill people that will require prevention, care and treatment during the pandemic. (See OHPIP CH 7.)

**GOAL:** *To coordinate operational procedures for health care response to a pandemic emergency.*

**OBJECTIVES:**

- a) To liaise with emergency responders regarding maintaining essential emergency/community services
- b) To coordinate health care resources in the community to deal with pandemic-related pressures, including:
  - Opening flex beds as necessary
  - Enabling early discharge to home care or long term care facility
- c) To identify existing surge capacity at local level, and possible alternative health care facilities.
- d) To identify possible alternative health care workers and possible roles.
- e) To discuss possible stockpiling of drugs and supplies.
- f) To plan support services for health care workers and for patients.

**4. Community Health Care:**

**ROLE:**

The role of the Community Health Care Subcommittee is to ensure that essential community support services are maintained to assist members of the community to maintain their health and well-being in the face of reduced health services.. (See OHPIP CHs 6.)

**GOAL:** *To ensure efficient interface and coordinate operational procedures for agencies and organizations within the community.*

**OBJECTIVES:**

- a) To coordinate the work of community agencies.
- b) To enhance roles and responsibilities of agencies specific to a pandemic emergency including:
  - Use of facilities and staff for pandemic purposes.
  - Develop plans for support of families and vulnerable members of the community.
  - Procedures for use of extra-ordinary actions in response to a pandemic emergency.
- c) To co-ordinate with the communications subcommittee to ensure accurate and timely information is provided to the community.

## **5. Public Safety :**

### **ROLE:**

The role of the Public Safety Subcommittee, within the context of the Community Emergency Preparedness and Response Team, is to ensure that emergency services have developed operational procedures for emergency management specific to a pandemic emergency. To that end, the Public Safety Subcommittee must address the provision of essential emergency services in the face of high rates of absenteeism due to illness among emergency services first responders and staffs (such as dispatchers and clerical support). (See OHPIP CHs 8.)

**GOAL:**        *To ensure efficient interface and coordinate operational procedures for emergency management within the community.*

### **OBJECTIVES:**

- d) To enhance current emergency management procedures specific to a pandemic public health emergency.
- e) To enhance roles and responsibilities of emergency response agencies specific to a pandemic emergency including:
  - Use of external facilities for pandemic purposes
  - Activation of a Regional Emergency Management Coordination structure in support of a pandemic emergency.
  - Procedures for use of extra-ordinary actions in response to a pandemic emergency.
- f) To develop a pandemic specific emergency control structure, (pandemic control group, declaration of emergency, etc.)
- g) To develop a specific pandemic emergency operations structure (pandemic operations center, site management, etc.)
- h) To educate current emergency management stakeholders regarding “risk specific” pandemic emergency measures
- i) To liaise with emergency first responders regarding maintaining essential emergency/community services
- j) To co-ordinate with municipal emergency management coordinators (CEMCs) regarding pandemic emergency resources and municipal-regional emergency management strategies

## **6. Communications:**

### **ROLE:**

The role of the Communications Team is to develop operational plans for communicating pandemic information to various key stakeholders (internal and external) before, during and after a pandemic; to provide timely information to professionals, the public and the media; and to monitor and address misinformation. (See OHPIP CH 9.)

**GOAL:**        *To develop operational procedures for communications (internal/external) regarding pandemic information.*

**OBJECTIVES:**

- a) To develop procedures for educating the public
- b) To develop education material regarding “self-care” and reducing the spread of influenza
- c) To develop communications strategies regarding mass immunization clinics
- d) To develop a strategy for maintaining public confidence in Windsor-Essex County health services
- e) To develop a plan for misinformation and rumour management.
- f) To assist other subcommittees in framing their message and getting it out.

## **Emergency Alerting Guidelines**

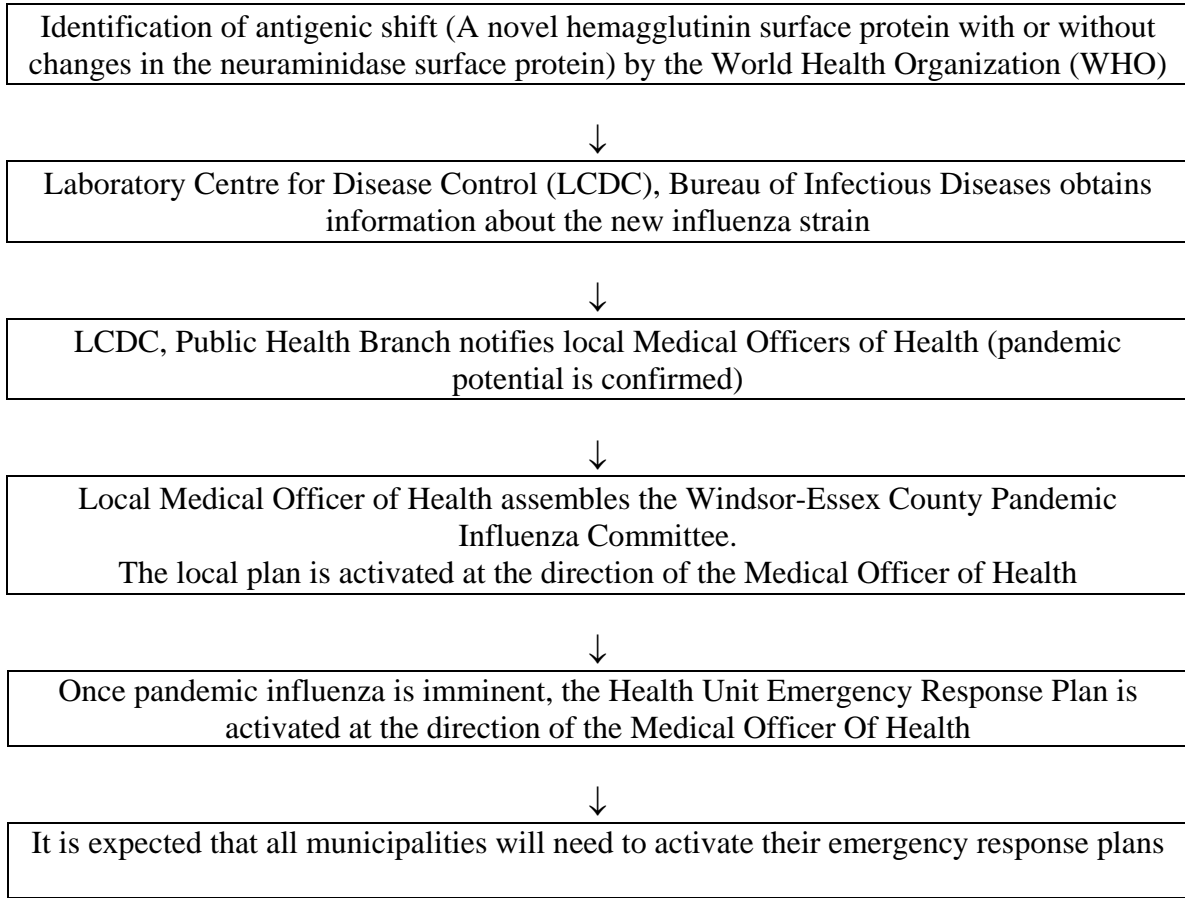
In pandemic influenza, the World Health Organization (WHO) will first identify an antigenic shift. The Population and Public Health Branch (PPNB) will obtain information about the new influenza strain and will begin to develop a vaccine for the influenza strain. This process can take up to six months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

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

1. The Medical Officer of Health or alternate or designate may be notified of influenza by the Ministry of Health and Long-Term Care (MOHLTC) indicating that there is a confirmation of a pandemic.
2. The Medical Officer of Health or alternate or designate will request that the Windsor-Essex County Pandemic Planning Committee (WEPPC) be contacted, and to either remain on standby or report to the Health Unit. The Medical Officer of Health or alternate or designate will act as a liaison between the MOHLTC and the WEPPC.

3. The Medical Officer of Health or alternate or designate will activate the Windsor-Essex County Pandemic Influenza Plan and the Health Unit Emergency Response Plan.
4. The Medical Officer of Health's designate (or Director of Health Protection or Director who receives the advisory) will immediately notify the Manager, Social and Health Services and other members of the Health Unit Emergency Response Plan Team, notifying them of the emergency and expected response required. They may be advised to assemble at the Health Unit to determine the scope of the emergency.
5. The Chairs, or their alternates, of the six WECPIP Sub-Committees (Communications, Surveillance, Vaccine/Antiviral, Health Care Preparedness and Community, Emergency Preparedness and Response) will contact the members of the Teams or their alternates.
6. At each level of notification, staff will be informed to remain on stand-by or take specific action steps to respond to the emergency. Brief but pertinent details of the emergency will be provided (i.e., type of emergency, location, magnitude, response required, assigned tasks).
7. Close the loop and report to the Medical Officer of Health or designate on the status of the alert fan-out.

**Graph 1. Windsor-Essex County Pandemic Influenza Plan Activation**



**Maintaining and Evaluating the Windsor-Essex County Pandemic Influenza Plan**

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

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

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

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

## References

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