



DURHAM
REGION
HEALTH
DEPARTMENT



Durham
Region
Health
Department

Pandemic Influenza Plan

2025

Influenza Plan FOREWORD

The Durham Region Health Department Pandemic Influenza Plan (DRHDPIP) which will be referred to as “the plan” for the remainder of this document, outlines the actions to be carried out by the Durham Region Health Department (DRHD) as the lead in managing the response to a influenza pandemic, in coordination with Durham Emergency Management (DEM) and other Regional Departments. The plan is to be implemented in conjunction with the Ministry of Health’s (MOH) Ontario Health Plan for an Influenza Pandemic (OHPIP), as certain chapters from the OHPIP may not be included in this plan.

Holders of the plan are responsible for keeping it current by incorporating any provincial or federal amendments that may be issued in the future.

This plan was written and revised by the Durham Region Health Department Outbreak Planning Subcommittee, under the authority of the Durham Region Medical Officer of Health. Comments or suggestions relating to this plan should be directed to:

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CHAPTER 1: INTRODUCTION TO THE PANDEMIC INFLUENZA PLAN

1) General

Background

The plan was created in 2006 and revised in 2018 and 2025 under direction from the Ministry of Health (MOH) to address the potential for an influenza pandemic. The plan is reviewed and updated annually by the Durham Region Outbreak Planning Subcommittee. An influenza pandemic may affect all of Durham Region and Ontario. For planning purposes, the worst-case scenario must be used.

Goal

The aim of this plan is to ensure that DRHD is prepared to effectively respond to an influenza pandemic in Durham Region.

Objectives

The objectives of the plan are to:

- Minimize serious illness and death from influenza.
- Minimize the social and economic impact of an influenza pandemic in Durham Region.
- Implement an effective surveillance program at all phases of the pandemic.
- Implement public health measures as required by MOH.
- Implement vaccine dissemination and administration as soon as possible in compliance with MOH.
- Assist with the coordination of antiviral distribution to designated priority groups as per MOH.
- Ensure security of vaccine and antivirals when in possession of DRHD.
- Provide timely, credible information to health care professionals, the public and the media.
- Ensure maintenance of essential DRHD programs and services.
- Effectively manage anticipated reductions in and deployment of DRHD staff.

Scope

This plan outlines the coordinated public health actions to be taken for the protection of the life and health of the residents of Durham Region in the event of an influenza pandemic.

Local area municipalities, school boards, health care institutions, and other organizations and agencies are encouraged to utilize this document in the preparation and coordination of their contingency plans. It is recommended that these plans be reviewed and revised regularly.

Legal Powers

The Medical Officer of Health and/or Associate Medical Officers of Health, under the *Health Protection and Promotion Act, R.S.O. 1990*, (HPPA) have the authority to control communicable diseases, including influenza and respiratory outbreaks in institutions, and the power to identify, reduce or eliminate health hazards. Under the HPPA, public health inspectors also have the authority to identify, reduce or eliminate health hazards.

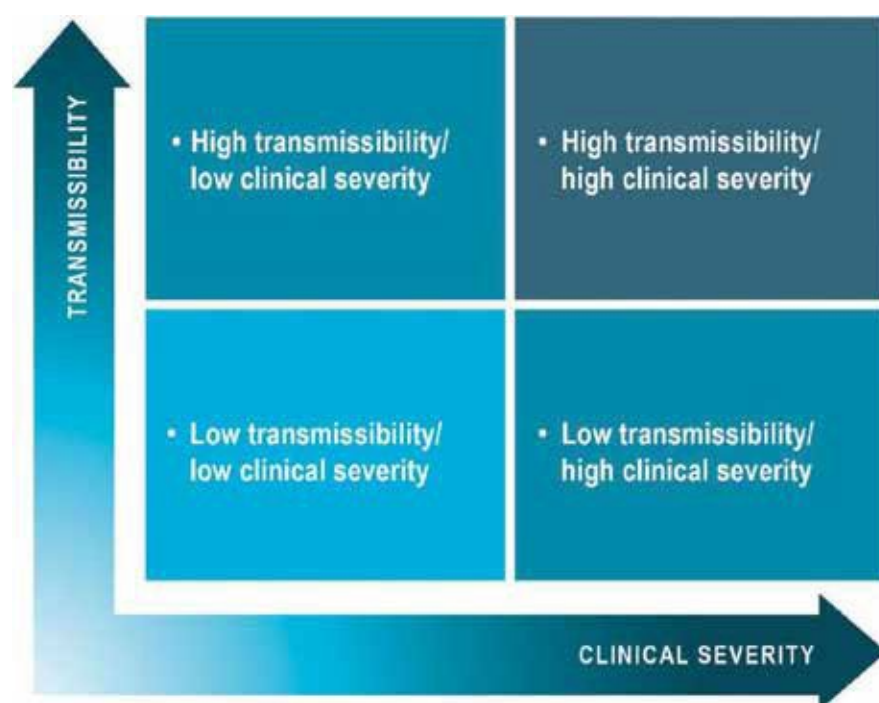
The Regional Chair, as Head of Council under the *Emergency Management and Civil Protection Act, R.S.O. 1990*, may declare that an emergency exists in Durham Region, and may take action and make orders as necessary to protect the property and the health, safety, and welfare of the citizens.

2) Regional Planning Basis

Severity

As outlined in OHPIP, since the severity of a pandemic cannot be known in advance, the anticipated response activities outlined in this plan are based on the severity model adapted from the Centers for Disease Control and Prevention. The four severity scenarios used in OHPIP are shown in Figure 1. See OHPIP for further details.

Figure 1: Four Severity Scenarios Used in OHPIP



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Regional Planning Assumptions

The following are the planning assumptions that will apply to all pandemic influenza planning in Durham Region:

- Ontario will have a lead time of at most three months, possibly less, from the time a pandemic is first declared by the World Health Organization (WHO) to when it spreads to the province.
- Pandemic influenza usually spreads in two or more waves.
- The severity of the pandemic cannot be predicted.
- A vaccine will not be available for at least four months after the virus is identified and will likely not be available for the first wave.
- Once available, the vaccine will be in short supply and high demand.
- The federal and provincial governments will stockpile antivirals.
- The influenza pandemic will impact the provision of priority services by the Regional Municipality of Durham.

Roles and Responsibilities

According to OHPIP, public health units' roles and responsibilities include:

- Follow MOH recommendations, directives, orders, and requests.
- Develop and issue orders.
- Lead local implementation of the surveillance strategy.
- Lead local implementation of immunization.
- Participate in the coordination of local care & treatment.
- Lead local implementation of public health measures.
- Continue to provide other public health services.

In Durham Region, the Medical Officer of Health has the overall responsibility for directing the public health response to an influenza pandemic. The Medical Officer of Health will direct health operations from the Health Operations Centre (HOC).

Based on the projected effect on Durham Region, the Regional Chair, on the advice of the Medical Officer of Health or as directed by the Province and may declare a regional emergency under the *Emergency Management and Civil Protection Act*. The Medical Officer of Health will implement public health measures and manage the health response to the influenza pandemic. The role of the other Regional departments will be to support the Health Department efforts and to maintain essential services in the Region. Coordination for support to the Health Department and the maintenance of essential services will be coordinated and supported by DEM and other regional departments.

A provincial emergency will likely be declared before the strain of influenza appears in Ontario. In Ontario, the overall response will be managed from the Provincial Emergency Operations Centre (PEOC) with MOH providing command and control services for the health care sector.

Priority Programs and Services

During a pandemic, DRHD may have to scale back some other programs and services in order to meet influenza-related needs. The DRHD Continuity of Operations Plan (COOP) outlines resource reallocation and redeployment of staff. The adjustment of services provided will take into consideration the severity of the pandemic. The DRHD COOP has been used by DRHD to define the scaling up and down of Health Department programs and services and will be used for pandemic planning purposes.

Region of Durham Paramedic Services (RDPS) is an essential service.

CHAPTER 2: HEALTH SYSTEM COMMUNICATIONS

1) Communication with MOH

Introduction

Public health units must communicate with MOH throughout an influenza pandemic to ensure they have timely access to recommendations, directives, and information on provincial response strategies.

MOH requires information from public health units to understand the response to the influenza pandemic at the local level. MOH also establishes unique methods to ensure two-way communication with public health units given the role that they play in communicating risk and coordinating local response activities during an influenza pandemic.

Roles and Responsibilities

Roles and responsibilities of public health units with respect to communications are outlined in *OHPIP Chapter 2: Health System Communications* as follows:

- Communicate with local health system partners to coordinate the local response.
- Analyze, report, and communicate local surveillance information to local health system partners.
- Follow MOH recommendations, directives, orders, and requests.
- Communicate and reinforce MOH recommendations and response strategies with local health system partners; may provide additional interpretation targeted information and knowledge translation tools.
- Communicate with the public on risk and appropriate public health measures.
- Contribute to MOH's risk communication based on local surveillance information.
- Develop and issue orders.

Methods

A range of communication tools will be used during an influenza pandemic to facilitate communication between MOH and public health units:

1. Situation Report

- Issued by MOH to update health system partners on the status of the response.
- Public health units will share information from these reports with local partners.

2. Important Health Notice (IHN)

- A short bulletin issued by MOH intended to communicate recommendations and directives including clinical, occupational health and safety (OHS), and infection prevention and control (IPAC) guidance.
- Distribution may be tailored by geography, health sub-sector or health care provider category.
- IHNs may include the following:
 - Description of the risk posed by the pandemic
 - Instructions on how to access the MOH's stockpile of supplies and equipment
 - Links to knowledge translation tools
 - MOH's Health Care Provider Hotline contact information for further support
- Public health units will share IHNs with local partners.

3. Healthcare Provider Hotline

- A MOH telephone hotline will be available to health sector partners including public health units for questions or concerns during a pandemic or for providing information to MOH on the evolving local situation.

4. Meetings

- MOH hosts regular meetings with the Medical Officers of Health to share information and identify problems at the local level.
- MOH also meets with public health units' communication specialists to inform local and provincial risk communications.
- MOH may hold meetings with other health system partners including public health units' immunization managers to share information, identify problems and develop solutions as part of planning and implementation of response strategies.

5. Knowledge Translation Tools

- MOH may develop and issue knowledge translation tools (e.g., guidance documents) to disseminate recommendations, directives, and response strategies.
- These tools may accompany an IHN or be communicated through a separate process.
- Public health units may develop supporting materials and education opportunities for health system partners to supplement MOH recommendations.

6. Public Health Ontario (PHO) Reports

- PHO will continue to disseminate regular communications about surveillance and laboratories during an influenza pandemic including:
 - Labstract
 - Ontario Respiratory Virus Bulletin
 - Monthly Infectious Diseases Surveillance Report

7. MOH Website

- MOH develops a webpage to share information and resources to support the health system’s response to the pandemic.

2) Health Department Pandemic Influenza Communication Plan

The aim of this plan is to provide a coordinated structure to ensure an integrated and comprehensive health communications system is established in the event of an influenza pandemic. Refer to Table 1 for an overview of communication channels to be used with various target audiences during an influenza pandemic. Health Analytics & Research Team (HART) to be consulted when relevant.

Table 1: Health Department Pandemic Influenza Communication Channels

Responsibility	Target Audience	Channel of Communication
Health Protection	Health Care Sector (Hospitals/Long-Term Care Homes/Retirement Homes) IPAC Hub	Website Meetings Durham Health Connection Line Email FAX About IHNS
Health Protection / Population Health / Community and Resource Development HART	Public	Media Website Community Updates Social media Durham Health Connection Line (DHCL) Printable resources
Medical Officer of Health/ Human Resources	Durham Region Health Department / Region / Municipalities	Daily Debrief Meetings Email Insider Printable and online resources HealthLink Staff updates

Health Protection / Population Health	School Boards	Email Community Updates DHCL Printable resources
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Responsibility	Target Audience	Channel of Communication
Health Protection	Child Care Centres	Printable resources Email grouping
Population Health / Health Protection	Health Care Providers (including Community Health Centres)	Website FAX About IHNS EHL DHCL Community Partner meetings
Population Health / Health Protection	Emergency Service Workers (i.e. Fire, Police, RDPS)	Printable resources Community Updates Email Website
Population Health / Health Protection / Community and Resource Development	Media (lead spokesperson Medical Officer of Health)	News releases Social media Interviews Website
Medical Officer of Health/ HOC	MOH/PHO Lab/PHAC Other Government Agencies and Non-governmental Agencies	MOH Meetings IHNS Email Hotline
Population Health / Health Protection	Other Public Health Units	Email Meetings iPHIS/Provincial System
Health Protection	Residential settings (Migrant Farm, Recreational Camps, Shelters, Hostels, Group Homes)	Email Meetings Printable and online resources Fax

Medical Officer of Health	Regional Council / Health and Social Services Committee	Email Presentation (Population Health or Health Protection) Staff update
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Responsibility	Target Audience	Channel of Communication
Population Health / Health Protection / Community and Resource Development	Workplaces	Printable resources Website EHL DHCL
Health Protection/ Population Health	Ontario Health - Home and Community Care Support Services	Email Teleconferencing Meetings FAX About

CHAPTER 3: SURVEILLANCE

Introduction

Consistent with OHPIP, the response objective of the surveillance component of the plan is to provide decision-makers with the necessary information to determine when and how to respond to the pandemic by detecting the emergence of a pandemic virus; informing the type and timing of provincial and local interventions needed to respond to the virus; and identifying populations that may need additional or prioritized interventions.

A regional influenza surveillance and monitoring system will:

- Review and update case definitions as per Public Health Agency of Canada (PHAC) and MOH.
- Detect the entry and escalation of an influenza pandemic in Durham Region.
- Continue to track the spread of the influenza virus through the community, after initial detection.
- Confirm resolution of activity and monitor for recurrence of activity in Durham Region.
- Inform the type and timing of interventions needed to respond to the pandemic virus.
- Identifying populations that may need additional or prioritized interventions.

Roles & Responsibilities

Roles and responsibilities of public health units with respect to surveillance are outlined in *OHPIP Chapter 3: Surveillance* as follows:

- Collect local data as per the provincial surveillance strategy.
- Lead and implement local surveillance initiatives.
- Report local data to PHO and contribute any analytic or interpretive insights to MOH and PHO.
- Analyze, report, and communicate local surveillance information to local health system partners.
- Interpret provincial, national, and international data for relevance to the local context and communicate this information to local health system partners.
- Facilitate the collection of samples during institutional outbreaks.

Methods

The Health Department will monitor respiratory activity in order to detect the arrival of a pandemic virus promptly and to provide timely information on influenza activity locally. Respiratory virus monitoring currently includes:

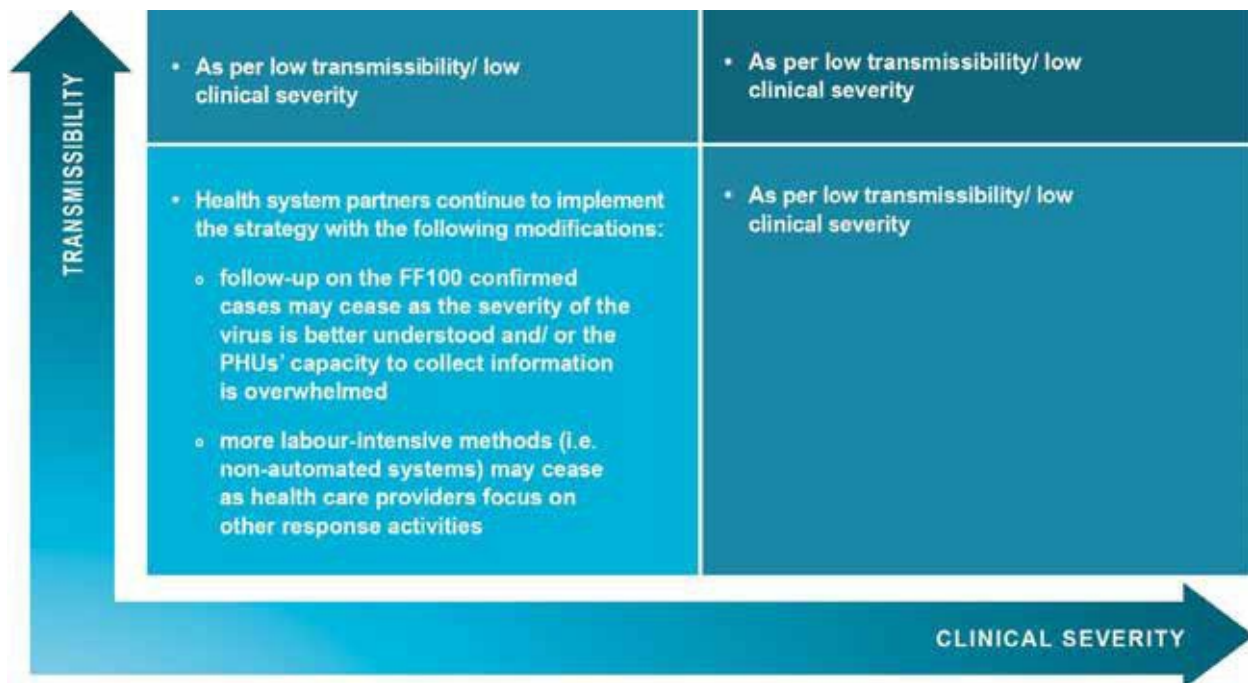
- Durham Region Respiratory Virus Data Tracker including:
 - Confirmed influenza case counts
 - School and child care centre absences due to illness
 - Confirmed respiratory outbreaks in Durham Region institutions (long term care homes, retirement homes, and hospitals)
- Durham Region Outbreak Status Report – active Durham Region outbreaks in institutional settings
- Weekly Respiratory Surveillance update (internal email with a summary interpretation of all respiratory virus indicators)

Additional components which may be added during an influenza pandemic may include:

- Community sentinel influenza-like illness (ILI) reports
- Hospital (influenza hospitalization and critical care reports)
- University/College Health Centre Reporting
- Emergency department reports (from Acute Care Enhanced Surveillance)
- Influenza mortality
- ILI/Respiratory Reporting from RDPS Services Call Database
- Telehealth Ontario reports
- Flu Assessment Centre (FAC) reports

The surveillance program will be flexible and scalable so that routine surveillance can be expanded. Activities will vary depending on the severity of the pandemic as outlined in OHPIP and reflected in Figure 2.

Figure 2: Surveillance Activities Stratified by Pandemic Severity



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The provincial and federal pandemic influenza plans will be coordinating laboratory services which potentially will include:

- Viral culture, polymerase chain reaction testing, antigen testing and serology results.
- Antiviral resistance and antimicrobial resistance trends (i.e., risk of secondary infections).

CHAPTER 4: PUBLIC HEALTH MEASURES

Introduction

Public health measures are non-medical activities that may be used to reduce the spread of the influenza virus. These include individual public health measures and community public health measures.

The type of public health measures used will depend on the characteristics of the new influenza virus. Measures directed toward community disease control have not been well studied or reported in scientific literature. However, there is broad agreement that when cases infected with a new virus first appear, aggressive measures will be valuable in delaying the impact or possibly containing an evolving pandemic.

Some public health measures are required under the HPPA and other provincial and federal legislation. Other measures are considered best practices but do not have the weight of legislation backing them. Therefore, public health measures can be categorized as mandatory or voluntary.

Activities will vary depending on the severity of the pandemic as outlined in OHPIP (see Figure 3).

Figure 3: Public Health Measures Activities Stratified by Severity



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Roles and Responsibilities

Roles and responsibilities of public health units with respect to public health measures are outlined in *OHPIP Chapter 4: Public Health Measures* as follows:

- Provide advice to the MOH to support the development, evaluation and refinement of the provincial public health measures strategy.
- Develop, implement, and evaluate public health measures based upon provincial strategies.
- Develop and issue orders under the HPPA as required.
- Development of a targeted communication strategy based on community needs.
- Communicate public health measures to key stakeholders, including boards of education, day cares, local employers.

On-going Infection Control Measures

The following are infection control measures that should be promoted as common practices by all organizations in the Region and local municipalities. Further enhanced measures may be identified and communicated as necessary including (but not limited to):

- Annual influenza vaccination
- Hand Hygiene
- Alcohol-based hand rubs (ABHR)
- Sneeze/cough Etiquette
- Stay at home if ill
- Environmental Cleaning and disinfection

Community-Based Public Health Measures during an influenza pandemic

During an influenza pandemic, infection control measures outlined above should be reinforced at all levels. Additional public health measures for community-based disease control will be considered.

The trigger for these measures will depend on the way in which the pandemic unfolds. Decisions on implementing these measures will be made by the Medical Officer of Health. However, directions may also be forthcoming from the Federal and Provincial governments to ensure consistency. Some measures have been assessed as being effective as a community-based strategy. However, all community-based public health measures will be assessed, and these include:

Self-Isolation – Individuals who are ill will be asked to stay home from public locations. Adults recommended for self-isolation should remain home for a minimum of five days after onset of symptoms (seven days for young children) or until symptoms have resolved, unless they need to visit a health care provider. During self-isolation, avoid close contact with others. “Close contact” is defined as exposure within two metres (six feet) of another individual. Frequent cleaning and disinfection of household surfaces should be practiced.

School/Child Care Centre Closure – Children are known to be efficient transmitters of

influenza. Closing schools and childcare centres may reduce transmission or delay the spread of the disease, particularly if the pandemic was causing high attack rates in school-aged children. This control measure will have an effect on the parents and caregivers and could divert essential workers to child-care responsibilities. School boards or childcare centre administrators may choose to independently close their facilities based on their own criteria for safe facility operations.

Restriction of Large Gatherings – This would involve closing of indoor gathering places for people. Gatherings may include sporting events, theatre, conferences as well as mass public transportation services. Because the effectiveness of this measure is not documented and the difficulty with sustainability of canceling or restricting indoor gatherings, this measure is not recommended in the Canadian pandemic plan as a broad public health measure. However, this measure remains an option for targeted events to reduce transmission.

Physical Distancing – When an influenza pandemic has arrived in a community, people should use “physical distancing” to reduce the risk of being exposed. Some strategies for social distancing include:

- Avoid “close contact” with individuals (i.e. within two metres)
- Minimize visitors to homes
- Cancel family gatherings
- Avoid shaking hands, hugging, or kissing people as greetings
- Avoid public setting when possible
- Work from home
- Minimize contact at work by using virtual communication

Wear a mask when using public transit, it is recognized that wearing a surgical mask properly at the time of an exposure may provide a barrier. Masks must be changed if wet. Wet masks are ineffective. As well, masks must be removed properly to avoid contaminating the wearer.

Hand Hygiene in Public Settings – Keeping hands clean is an effective infection control measure. Hand washing and/or use of ABHR must be encouraged.

Increased Frequency of Cleaning High-touch Surfaces in Public Settings – The frequency of hand contact with various high-touch surfaces would require frequent cleaning to have any effect on reducing the virus on these surfaces. Realistically, this measure cannot be implemented. However, individuals can reduce their risk of exposure to infectious droplets by more frequent cleaning and disinfection of their own environments and limiting exposure to high-touch surfaces (e.g. elevator buttons,). These strategies will be included in public education messages.

Active Screening at Workplaces and Essential Service Locations – Active screening of staff by use of a questionnaire at the entrances to workplaces and essential service locations may assist in limiting the spread of infection. If deemed appropriate, the Health Department will provide advice on the implementation of screening, including questions to be asked.

Stay at Home Orders or Lockdown Orders- Issued at the direction of the province to limit gatherings and to minimize the transmission of the virus.

Environmental Supports

Information – non-health organizations and the public may require information to develop a greater understanding of the importance of these public health measures in reducing transmission. This may include information about the influenza pandemic, or information about the public health measures. In addition, appropriate education materials may be needed for different population groups within the community.

Support – Workplaces may require support in adjusting company policies and procedures to encourage employees to adopt public health measures. For example, increasing flexibility in sick leave policies may support the adoption of social distancing.

Role Modelling – Organizational and societal leaders can help to promote voluntary public health measures by demonstrating these behaviours themselves. This role modelling will help normalize the desired health behavior, making them easier for the public to imitate. These role models may include teachers, employers, and other well-respected officials.

Case and Contact Management and Orders

Quarantine – At the very early stages of a pandemic, contacts and individuals linked to exposure sites may be promptly identified and, if this is the case, these individuals may be quarantined in an effort to slow transmission in the community. This measure would only be applied if there were sporadic infections or clusters in the Region and not if there was efficient virus spread in the general population.

Travel Restrictions – Depending on the characteristics of the pandemic, the Federal or Provincial governments or the local Medical Officer of Health may recommend postponement of all non-essential travel to the affected geographic areas in Canada.

Orders – An order under the HPPA can be issued to organizations or individuals. The order may require a closure of an organization or modify their activity for a specified period of time. An order to an individual may require a case or contact to follow specific public health measures to reduce the transmission of the pandemic virus.

CHAPTER 5: OCCUPATIONAL HEALTH AND SAFETY AND INFECTION PREVENTION AND CONTROL

Introduction

Healthy environments are essential for the safety of both health care workers and clients/ patients/ residents. During a pandemic, additional efforts must be made to maintain such healthy environments. Protective measures may be implemented by employers including enhancement or modification to personal protective equipment (PPE) recommendations, exclusion and fitness for work strategies, visitor policies and health worker accommodation strategies.

Roles and Responsibilities

Roles and responsibilities of public health units with respect to OHS & IPAC are outlined in *OHP/IP Chapter 5: Occupational Health & Safety and Infection Prevention & Control* as follows:

Health sector employers are ultimately responsible for OHS in their health setting.

DRHD is to promote and reinforce MOH OHS and IPAC recommendations including Pandemic Precautions (OHS & IPAC precautions specific to an influenza pandemic) based on evidence, legislative requirements, and the precautionary principle).

DRHD will promote and reinforce any changes to OHS and IPAC recommendations from MOH based on the severity of the pandemic.

DRHD will undertake various roles on IPAC as described in the Ontario Public Health Standards (OPHS). They will also maintain local surveillance data on influenza pandemic activity and shall share this information with health sector employers and other workplace parties.

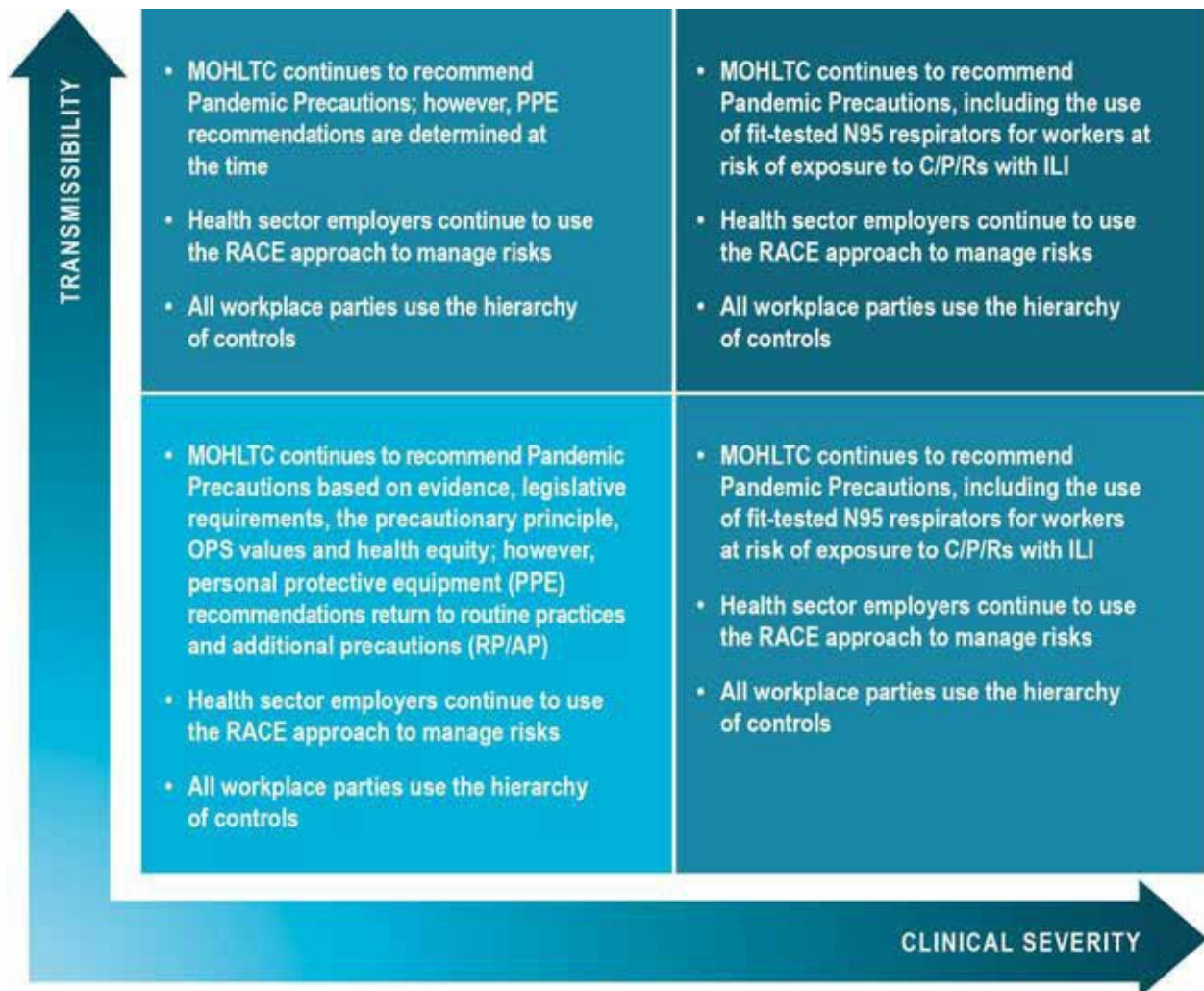
Risk Management for Health Sector Employers

During an influenza pandemic, a rigorous approach to risk management is required to ensure that health sector employers and supervisors meet their responsibilities. Health sector employers therefore benefit from the use of the RACE approach to risk management:

- R – Recognize the hazard
- A – Assess the risk associated with the hazard
- C – Control the risk associated with the hazard
- E – Evaluate the controls

Activities will vary depending on the severity of the pandemic as outlined in OHPIP (see Figure 4).

Figure 4: OHS & IPAC Activities Stratified by Severity



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For more detailed information on RACE, refer to OHPIP *Chapter 5: Occupational Health & Safety and Infection Prevention and Control*.

CHAPTER 6: PRIMARY HEALTH CARE – OUTPATIENT CARE AND TREATMENT

Introduction

As outlined in OHPIP, the provincial health system continues to provide influenza care and treatment in outpatient settings during an influenza pandemic – specifically primary health care organizations, pharmacists for the distribution of antivirals, hospital emergency departments, Telehealth Ontario and home care settings.

Primary health care providers and/or emergency departments may be called to implement Flu Assessment Centres (FACs). FACs receive additional funding and supplies from MOH to provide influenza care and treatment services (including prescribing antiviral treatment) for any person in their community, particularly those vulnerable individuals without access to a primary health care provider. As a pandemic emerges, MOH would identify lead agencies to coordinate the preparation and implementation of FACs locally.

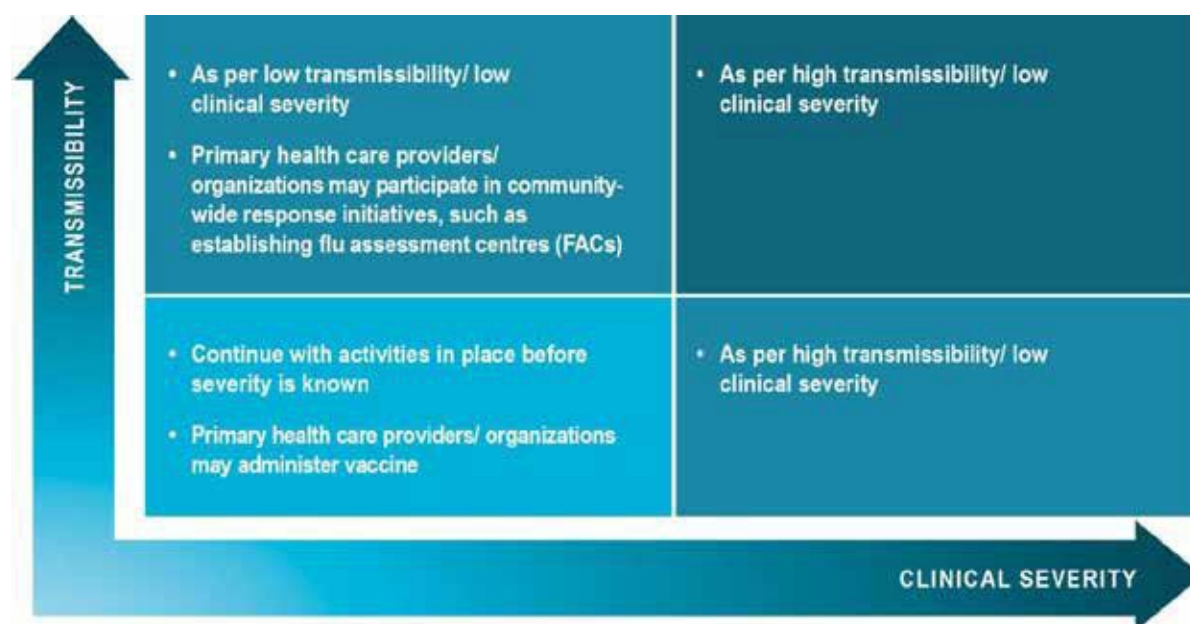
Roles and Responsibilities

Roles and responsibilities of public health units with respect to primary health care and outpatient care and treatment are outlined in *OHPIP Chapter 6: Outpatient Care and Treatment* and *Chapter 9: Primary Health Care Services* as follows:

- Communicate surveillance information and information on local health system demand and capacity with local health system partners, PHO and MOH to inform opening and closing of FACs
- Implement telephone information service based on capacity and local need
- In coordination with the Regional Infection Control Network (s), support FAC(s) to implement effective IPAC measures

Activities will vary depending on the severity of the pandemic as outlined in OHPIP (see Figure 5).

Figure 5: Primary Health Care Activities Stratified by Severity



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Distribution of Antivirals:

MOH maintains a stockpile of antivirals to provide free treatment for eligible Ontarians during an influenza pandemic. Antivirals are distributed through community-based pharmacies. In addition, antivirals may be distributed to other targeted dispensing sites where vulnerable populations access primary care services including Community Health Centres and Aboriginal Health Access Centres. FACs are also permitted to dispense antivirals. MOH oversees the distribution of antivirals to all dispensing sites including determining the quantity of antivirals to be distributed to each site and re-ordering mechanisms. Activities will vary depending on the severity of the pandemic as outlined in OHPIP (see Figure 6).

Figure 6: Outpatient Care & Treatment Activities Stratified by Pandemic Severity



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CHAPTER 7: IMMUNIZATION

Introduction

In the event of a public health emergency such as a widespread outbreak of a pandemic influenza, it may be necessary to rapidly provide vaccines to a large number of people.

Based on guidelines and recommendations in OHPIP, from WHO, MOH, and PHO, DRHD aims to protect the population in a pandemic by providing safe and effective emergency mass immunization, thereby reducing serious illness and overall deaths.

Roles and Responsibilities

Roles and responsibilities of public health units with respect to immunization are identified in *OHPIP Chapter 7: Immunization* as follows:

- Develop and implement a regional pandemic immunization program that includes:
 - Identification and engagement of local Vaccine Delivery Agents (VDA)s
 - Inventory management that addresses the receipt of vaccine from MOH and the allocation and distribution to local VDAs
 - Public and health sector communications, including communication with local VDAs
- Support local VDAs during the planning and implementation of their organizational pandemic immunization programs
- Administer vaccine, as per the public health unit role in the regional pandemic immunization program
- Participate in the evaluation process developed by PHO and MOH

Implementation of the annual influenza immunization program is guided by the Population Health Division, Immunization Program. The Immunization Policy and Procedure Manual contains written guidance on the administration of vaccines at mass immunization clinics and is designed to be flexible to adapt to changing and/or expanding needs in a pandemic situation. This manual also contains written procedures for the receipt, storage, and distribution of vaccine to community vaccine delivery agents.

CHAPTER 8: MANAGEMENT OF MASS FATALITIES

Introduction

During a pandemic, DRHD will have to be prepared to manage additional deaths due to influenza, over and above the number of fatalities from all causes currently expected during a non-pandemic period.

The purpose of this chapter is to assist local key partners in preparing for a surge in deaths during an influenza pandemic.

The local partners who are involved in the management of human remains under normal circumstances will identify limiting factors when the number of deceased persons increases over a short period of time.

DRHD will communicate with the following local partners to develop guidelines and adjust existing plans based on the pandemic situation.

- The Coroner's/Medical Examiner's Office/Branch
- First responders (RDPS, Fire, Police)
- Representatives from the local funeral director association
- Representatives from local health care facilities
- Representatives of local religious and ethnic groups

General Planning

- Local funeral directors establish contingency plans in the event they are incapacitated or overwhelmed with the number of deaths, including staffing and supply management.
- Establish a process for assisting with public health surveillance during the early stages of the pandemic regarding confirmation of influenza as the cause of death.
- Hospitals, nursing homes and other institutions must plan for more rapid processing of human remains. These institutions should work with local pandemic planners, funeral directors and coroners to ensure they have access to additional supplies and can expedite the process, including the completion of required documents for efficient management of human remains during a pandemic.
- Municipalities will find it necessary to establish temporary morgues.
- Local planners should make note of all facilities available and their capacity to handle human remains.
- Individual municipalities should work with local funeral directors to plan alternative arrangements.
- Local funeral directors should have contingency plans in place in order to handle a projected demand for processing human remains.

- The funeral home should ensure an adequate supply of fluids, body bags and caskets in the event of a death surge related to a pandemic.
- Although autopsies are not generally required to confirm influenza as the cause of death, local public health may request autopsies to confirm the first cases of the pandemic. In the early stages of the pandemic, it is likely the coroner's office will be providing assistance to public health.
- Any changes to regular practices pertaining to the management of human remains and autopsy requirements during a pandemic would require the authorization of the chief medical examiner or coroner.
- Funeral homes and crematoriums should expect to handle about six months' work within a six-week period.
- Funeral homes should make plans regarding the need for additional human resources during a pandemic, including collaboration with other funeral homes, utilizing part time or retired funeral directors, or accessing volunteers from local service clubs and churches.
- Crematoriums should plan for a surge in the use of their facilities. Most crematoriums can handle about one body every four hours and could probably operate 24 hours a day to cope with increased demand, as they may be more expedient and efficient in handling large numbers of deceased during a pandemic.

Planning for Temporary Morgues

Additional temporary cold storage facilities may be required during a pandemic for the storage of human remains before they are transferred to funeral homes. A temporary morgue must be maintained between 4 and 8°C. If remains are not going to be cremated, plans to expedite the embalming process should be developed.

Resourcing and supply management for temporary morgues should be addressed.

Types of temporary cold storage may include cold storage trucks or arenas as a last resort.

Capacity of Vaults

A vault is a non-insulated storage facility for remains that have already been embalmed, put into caskets and are awaiting burial. Identification of capacity of existing vaults and access to temporary storage will need to be addressed. In addition, the need for the creation of new temporary vaults during a pandemic should be addressed.

Death Registration

Plans must be made to ensure there is no unnecessary delay in removing remains of a deceased to the morgue. If the person's death does not meet any of the criteria needed

for reporting to a coroner, then the remains can be moved to a holding area soon after death has been pronounced. A physician or a nurse practitioner can then complete the Medical Certificate of Death.

Transportation of the Deceased

No special vehicle or driver's license is needed for transportation of the deceased. Families can transport deceased family members as long as they have a Medical Certificate of Death. Plans may have to be made in the event that human remains may require transportation by air.

Special Populations

A number of religious or ethnic groups (e.g. First Nations, Inuit, Jews, Hindus and Muslims) have specific directives of how bodies are managed after death. Such needs must be included in pandemic planning. Religious leaders should be involved in planning of funeral management, bereavement, counseling and communication.

CHAPTER 9: HEALTH DEPARTMENT CONTINUITY OF OPERATIONS PLAN

The Continuity of Operations Plan (COOP) is a primary component of the plan as it helps to ensure that the department is able to deliver essential public health services/activities during an influenza pandemic.

The purpose of the COOP is to establish and restore time critical services and to address response and recovery functions for the Health Department.

The COOP will be implemented with the plan. Other departments of the region may be involved in supporting the COOP during an influenza pandemic.

The COOP has established categories of priority services. The categories are classified as high, moderate or low. High priority services must be maintained during a pandemic or be re-established within 24 hours. Each division/program will have contingency plans (e.g. cross training) to ensure minimum numbers of staff with the required skill sets are available.

APPENDIX A

Table 2: List of Acronyms

Acronym	Full Name or Title
COOP	Continuity of Operations Plan
DEM	Durham Emergency Management
DRHD	Durham Region Health Department
DRHDPIP	Durham Region Health Department Pandemic Influenza Plan
FAC	Flu Assessment Centres
FF100	First Few Hundred
HOC	Health Operations Centre
HPPA	Health Protection and Promotion Act
IHN	Important Health Notice
ILI	Influenza-Like Illness
IPAC	Infection Prevention and Control
MOH	Ministry of Health
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHS	Occupational Health and Safety
OPHS	Ontario Public Health Standards
PHO	Public Health Ontario
PPE	Personal Protective Equipment
RDPS	Region of Durham Paramedic Services
REOC	Regional Emergency Operations Centre
SAC	Spills Action Centre
WHO	World Health Organization