

Lennox & Addington County General Hospital

ENDEMIC/ PANDEMIC PLAN





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SECTION 1: GENERAL INTRODUCTION



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1.1 Introduction

In the event of an Endemic/Pandemic influenza, the Lennox & Addington County General Hospital (LACGH) Endemic/Pandemic Plan will be activated, as per directives from the Ministry of Health (MOH) & Ministry of Long-Term Care (MLTC).

Endemic/Pandemic influenza will affect a majority of the people and regions in Canada.

This Endemic/Endemic/Pandemic Plan has been developed to align with the regional, provincial and federal plans.

Endemic/Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness against which most of the population lacks immunity. Several features set Endemic/Pandemic influenza apart from other public health emergencies or community disasters.

- Influenza Endemic/Pandemics are expected to arrive with very little warning.
- Outbreaks can be expected to occur simultaneously throughout much of Canada, preventing sharing of human and material resources that usually occur in the response to other disasters. We need to be prepared to rely on our own resources to respond. The effect of Endemic/Pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of shorter duration.
- Because of widespread susceptibility to an Endemic/Pandemic influenza strain, the number of persons affected will be high.
- Effective preventative and therapeutic measures, including vaccine and antiviral agents are likely to be delayed and in short supply.
- Widespread illness in the community could result in sudden and potentially significant shortage of personnel in other sectors that support the healthcare system supply chain.

The purpose of our hospital plan is to assist the organization and healthcare providers in preparing for and responding rapidly and effectively to an influenza Endemic/Pandemic, consistent with federal/provincial/local guidance. As such, the plan will:

- Outline administrative measures for detecting the introduction of Endemic/Pandemic influenza, preventing its spread and managing its impact on the facility and the staff.
- Build on existing lessons learned from previous emergencies (e.g. SARS)
- Incorporate planning suggestions from Federal, Provincial and Local Public Health Departments and other North American resources (e.g. U.S. Department Health and Human Services, Centre for Disease Control etc.).
- Identify criteria and methods for measuring compliance with response measures (e.g. infection control practices, case reporting, patient placement, healthcare worker illness surveillance).
- Review and update inventories of supplies that will be in high demand during an influenza Endemic/Pandemic. Four (4) weeks supply to be stored onsite.
- Review procedures for the receipt, storage and distribution of assets received from federal/provincial stockpiles.
- Include mechanisms for annual review and updating of this plan by the Emergency Preparedness Committee.



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When does Influenza become an Endemic/Pandemic?

Strains of influenza are circulating throughout the world at all times. ONLY Influenza A viruses are associated with Endemic/Pandemics. Influenza Endemic/Pandemics arise when all four of the following occurs:

- A novel influenza A virus emerges;
- The new virus can spread efficiently from human to human;
- The new virus causes serious illness and death;
- The population has little or no immunity to the new virus.

The majority of new influenza strains emerge in Southeast Asia where human populations have close interactions with pigs and domestic fowl. The probability of a new strain emerging in North America is relatively low.

1.2 What is Endemic/Pandemic Influenza?

An influenza Endemic/Pandemic is a global outbreak of disease that occurs when a new influenza A virus appears or emerges in the human population, causes serious illness and then spreads easily from person to person worldwide. Endemic/Pandemics are different from seasonal outbreaks or epidemics of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas Endemic/Pandemic outbreaks are caused by new subtypes that have never circulated among people or have not circulated among people for a long time. Some past influenza Endemic/Pandemics have led to high levels of illness, death, social disruptions and economic loss.

1.3 Vaccine to Protect against Endemic/Pandemic Influenza Viruses:

A vaccine will not be available in the early stages of an Endemic/Pandemic. Once a potential Endemic/Pandemic strain of influenza virus is identified, it will take as long as six months before a vaccine will be widely available. If an Endemic/Pandemic occurs, the Canadian government will work with many partner groups to make recommendations guiding the early use of available vaccine.

1.4 Antivirals:

Limited amount of antivirals will be available for staff as directed by KFL&A Public Health.

1.5 Preparing for Next Endemic/Pandemic:

Based on past Endemic/Pandemics, it is estimated that the next Endemic/Pandemic virus will be present in Canada within three months after it emerges in another part of the world, but could be much sooner due to increase in the volume and speed of global air travel.

Influenza Endemic/Pandemics are different from many of the threats for which public health and the health care system are currently planning:

- An Endemic/Pandemic will last much longer than most public health emergencies and may include “waves” of influenza activity separated by months. (In 20th century Endemic/Pandemics, a second wave of influenza activity occurred 3 to 12 months after the first wave).
- The numbers of health care workers and first responders available to work can be expected to be reduced. They will be at high risk of illness through exposure in the community and in health care settings and some may have to miss work to care for ill family members. Ongoing healthcare worker illness surveillance will continue under the direction of the Infection Control/Occ. Health Nurse.
- Resources in many locations could be limited depending on the severity and spread of an influenza Endemic/Pandemic.



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1.6 World Health Organization (WHO) Endemic/Pandemic Periods:

Predominantly Animal Infections; Few Human Infections	Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.
	Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential Endemic/Pandemic threat.
	Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreak.
Sustained Human to Human Transmission	Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Widespread Human Infection	Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
	Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Possibility of Recurrent Events	Post Peak Period	Levels of Endemic/Pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Disease Activity at Seasonal Levels	Post Endemic/Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

1.7 Signaling the Start of an Endemic/Pandemic and Activating Response Plans:

The Canadian, Ontario, KFL&A and the hospital along with other national contingency plans, will be activated at the close of the pre-Endemic/Pandemic period, when WHO confirms evidence of sustained person to person transmission and the onset of the Endemic/Pandemic.

1.8 What Happens Next?

- The Public Health Agency of Canada, has overall responsibility for developing and maintaining the Canadian response plans and for coordinating the health response across Canada in collaborating with provincial and territorial health departments.
- The Endemic/Pandemic Influenza Committee will be convened once the potential of a virus has been confirmed. This will advise Canadian, provincial and territorial health departments on the health response in Canada.



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- The *Public Health Agency of Canada* will provide the focal point for a Canada-wide strategy and coordinate the response across all government departments.

1.9 The Public Health Response:

The *Public Health Agency of Canada* leads the development, purchase, supply and distribution of a vaccine for Canada in discussion with manufacturers and in liaison with the other provincial/ territorial departments of health. The Public Health response will depend on whether;

- No vaccine is available
- Vaccine is available but in limited supply
- Vaccine is widely available.

1.10 Public Health Agency of Canada:

The Public Health Agency of Canada is the lead agency responsible for advising and supporting the national public health response to major infectious disease and outbreaks. The agency will coordinate its activities with provincial and territorial health departments/ agencies. It will play a key role in national surveillance, providing reference laboratory support, developing expert advice and guidance, research and gathering international data which will inform decisions such as choice of vaccine or an antiviral strategy across Canada.

1.11 PPE Supplies & Storage:

As per MOH & MLTC guidelines, 4 weeks supplies of Personal Protective Equipment (PPE), hand sanitizers, hand lotion, and other associated suppliers will be securely stored on site. The Director in charge of procurement is responsible for supplies and storage located in the Stores department.

1.12 Antivirals:

The facility has a supply of antiviral(s) for staff administration as directed by MOH and MLTC.

1.13 Security:

During an Endemic/Pandemic, it is necessary that security be increased on the hospital premises. The Director in charge of procurement will organize security, in consultation with the President & CEO.

1.15 Ontario: Approaches to Optimizing Hospital Capacity

Capacity	Activity
Physical Capacity	<ul style="list-style-type: none"> • Defer any services for non-life threatening conditions where no severe adverse consequences are anticipated from the delay. • Discharge ALC patients to Long Term Care homes when beds are immediately available. • Discharge acute inpatients to home care where care can be provided safely in their environment. • Create “flex-beds” from reserved beds or recently closed beds. • Cohort infectious patients and non-infectious patients. • Deploy freed-up beds for influenza patients.
Hospital Staffing	<ul style="list-style-type: none"> • Re-deploy clinical staff from deferred services. • Defer staff holidays and leaves of absence until Endemic/Pandemic ends



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Capacity	Activity
	<ul style="list-style-type: none">• For staff willing to work extra hours consider establishing 12 hour shifts, up to the maximum recommended number of days per staff.• Train non-clinical staff to provide support services such as meals, personal care, patient movement for treatment, site cleaning and support for healthcare workers and their families so the workers can do their job (e.g. child care, pet care).• Recruit clinical agency staff in coordination with other hospitals in the immediate area.• Encourage members of the public to take home healthcare courses before the Endemic/Pandemic so they know how to prevent infection and provide supportive care for family members who are ill; train family members of hospital patients to provide home healthcare.• Cross-train staff for influenza care and other essential services during an Endemic/Pandemic.
Clinical Practices	<ul style="list-style-type: none">• Adopt clinical care practices to optimize hospital capacity, pending further development of clinical guidelines.



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1.16 Ontario: Strategies to Enhance Surge Capacity

Surge Levels During Influenza Endemic/Pandemic	Surge Strategies	Response Level	IMS Command Function
Pre-surge	Basic <ul style="list-style-type: none"> Staffed and operational beds Open some approved beds closed due to resource constraints 	Intra facility	Hospital
Minor surge 5%-10%	Enhanced <ul style="list-style-type: none"> Defer elective surgery up to 72 hours as per routine surge protocol Defer some treatment for non-life threatening conditions if no severe health consequences anticipated from delay 	Intra facility	Hospital
Moderate surge 11%-15%	Augmented <ul style="list-style-type: none"> Establish early discharges; home care transfers; ALC transfers to LTC homes Defer some treatment for non-life threatening conditions if no severe health consequences anticipated from delay 	Intra facility	Hospital
Major surge 16%-20%	Optimum <ul style="list-style-type: none"> Defer all treatment for non-life threatening conditions where no severe adverse health consequences are anticipated from a delay 	Inter facility	Region Province
Large scale Emergency >20%	Over capacity <ul style="list-style-type: none"> No more beds available Maintain services for life-threatening conditions Triage for all treatment Mass emergency care 	Inter facility	Province



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1.17 Ontario: Criteria & Indicator Conditions for Deferring Hospital Services

	Level 1	Level 2	Level 3
Site of Care	Defer non-life threatening conditions. if no severe or adverse health consequences are anticipated by the delay	Maintain services for non-life threatening conditions as long as resources are available, if severe adverse health consequences are anticipated from delay	Maintain services for life threatening conditions throughout the influenza Endemic/Pandemic
Hospital Inpatient Surgery or procedure	<ul style="list-style-type: none"> Cholecystectomy 	<ul style="list-style-type: none"> Colectomy Lumpectomy/ mastectomy 	<ul style="list-style-type: none"> Initiation of mechanical ventilation
Hospital Outpatient Surgery or Procedure	<ul style="list-style-type: none"> Vasectomy Carpal tunnel release 	<ul style="list-style-type: none"> Breast Biopsy 	
Hospital Emergency Department Care	<ul style="list-style-type: none"> Superficial injuries Back or neck pain Extremity strain 	<ul style="list-style-type: none"> Severe cuts Upper/Lower Respiratory Infections Otitis Media 	<ul style="list-style-type: none"> Initiation of mechanical ventilation

1.18 General Endemic/Pandemic Preparation:

- The Endemic/Pandemic Plan is part of the overall emergency preparedness planning.
- The plan follows an IMS structure.
- Business continuance plans will be implemented (See Appendix ***)
- EOC will be initiated by the Incident Manager.
- The Public Health Agency of Canada will determine the Phase and level of Endemic/Pandemic.
- KFL&A, through the MOH and MLTC will provide directions to the local facilities and the public.
- Follow the MOHLTC Influenza Endemic/Pandemic Plan – July 2007

1.19 Responsibilities of Specific Departments:

All Departments:

- Prepare for increased workload.
- Increased supply and equipment needs.

Patient Care Unit:

- 4 weeks supply of Endemic/Pandemic PPE supplies and equipment.¹
- 4 weeks of patient care supplies.²

¹ MOHLTC Influenza Pandemic Plan – July 2007. p. 7.9 - 7.11.

² MOHLTC Influenza Pandemic Plan, July 2007. p. 10.1 - 10.2



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Dietary Department:

- No choice cold menu will be utilized.
- Purchase 4 weeks supply of food and disposable utensils, plates and cups.

Pharmacy:

- Secure storage of antiviral agents.
- Increase supply of antibiotics.

Laundry:

- A 4 week supply of linen (MOHLTC Endemic/Pandemic Plan 2007) is available for use during a service interruption. The linen will be stored on site. Conservation of linen will be required.
- Volunteers may be asked to assist with linen.

Housekeeping:

- Develop a roster of available personnel to perform housekeeping.
- Ensure thorough cleaning of all patient areas and surfaces (i.e. door knobs, railings) twice daily.

1.20 Ethical Decisions:

General Ethical Considerations During an Endemic/Pandemic

Historically the organization principle for resource (antiviral and vaccine) distribution had been the minimization of serious influenza complications including hospitalization and death. Individuals most at risk of experiencing negative consequences are given priority to receive influenza vaccination.

A second principle in the event of an Endemic/Pandemic that of preserving the functioning of society – this should receive greater priority in decision making than preventing serious complications. Those individuals who are essential to the provisions of healthcare, public safety and the functioning of key aspects of society should receive priority. These issues will be decided by Public Health Officials with public involvement in planning.

Balancing of individual liberty, community interest limits and individual's freedom of choice may be necessary to protect individuals, as well as entire communities during Endemic/Pandemic influenza.

Allocation of Resources

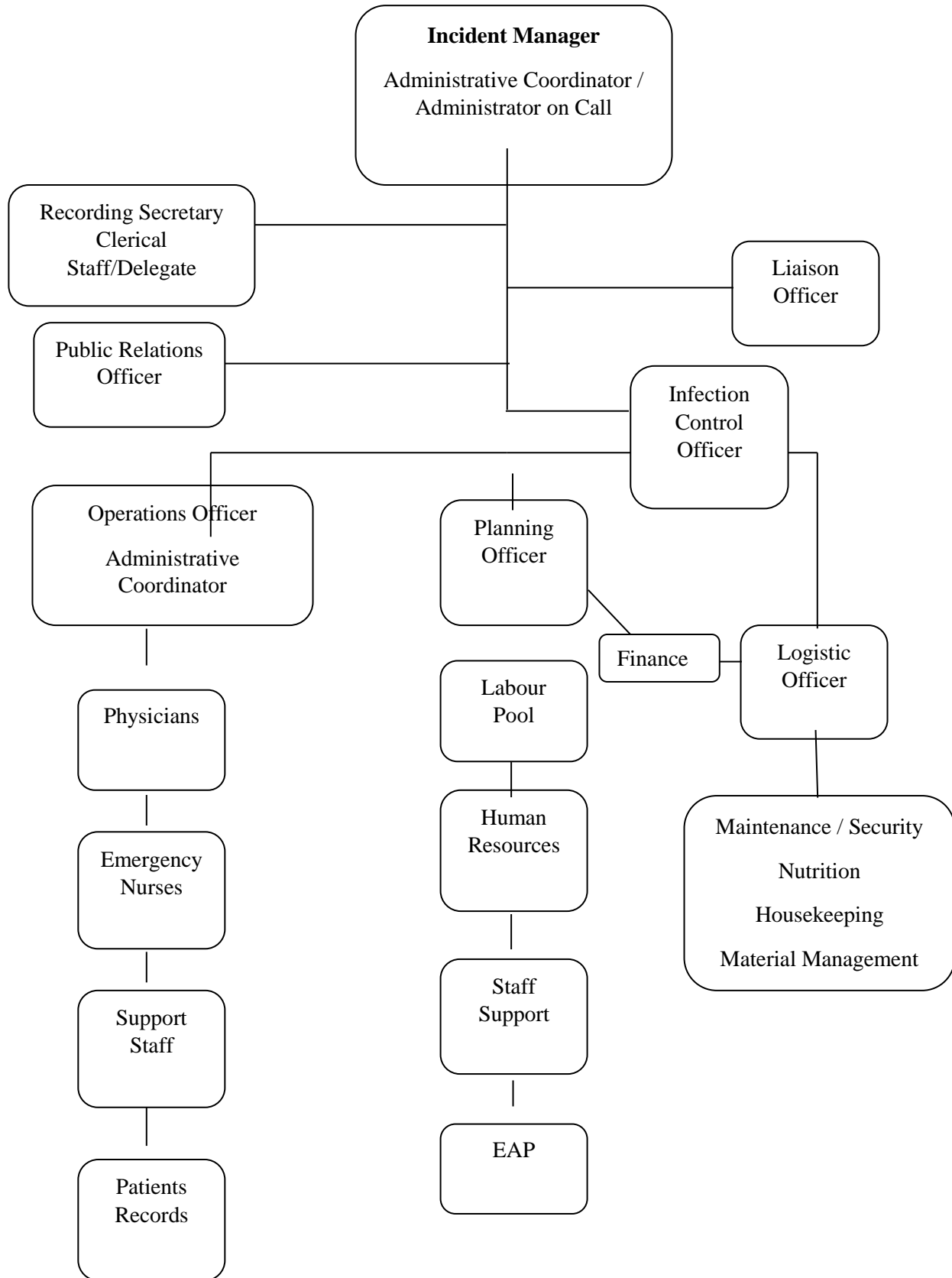
Recommend an approach to ethical justification that evaluates the rightness or wrongness of action or policies primarily by their consequences.

- Refrain from harming or injuring individuals and communities
- Equal opportunity to access resources should be assured to those within agreed upon priority groups
- Respect for individual autonomy (i.e. employment of the least restrictive interventions that are likely to be effective).



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1.21 Incident Management System





**SECTION 2: EMERGENCY OPERATIONS
CENTRE (EOC)**



Influenza Endemic/Pandemic Communications Plan

2.1 Communication Analysis:

a) Public Environment

Effective internal and external communications will support a coordinated response to influenza Endemic/Pandemic. Significant emphasis should be placed on internal communications as well as external communications in order to provide our key stakeholders with accurate, timely and informative messages at each stage of the Endemic/Pandemic.

During an Endemic/Pandemic, media attention will be intense and information demands will continue over several months.

This plan incorporates the existing provincial government emergency communications plan, while also recognizing and incorporating the Incident Management System framework and builds upon the World Health Organization's principles for communication.

Once the Incident Management System is enacted and an Emergency Operations Centre (EOC) established, communications must flow through the appropriate channels. It is imperative that communications efforts are consistent with the overall Incident Management System process. All hospital-related public (external) communications will be delivered through the Public Relation Officer (PRO). The PRO in the OEC will communicate with the Incident Manager to ensure external messages are appropriate. The PRO will also direct internal and stakeholder communications.

This plan provides direction for communication in each Endemic/Pandemic phase, audiences affected and appropriate responses to be taken by the Public Relation Officer (PRO). It also provides guidelines for communicating internally and externally. The goal of this plan is to manage the media so they may assist in pre-Endemic/Pandemic education, reinforce warnings and other public health messages, make our requests and key information to the public, help the response and give factual information.

b) Communications Objectives

- To ensure that LACGH is prepared to respond to public and healthcare worker needs in this region.
- To educate staff, physicians and volunteers.
- To ensure health care workers have access to transparent, accessible, accurate, real time information provided by government agencies that will help them respond to challenges during each phase of the Endemic/Pandemic.
- To identify the communication activities that should occur within the centre during each phase of the Endemic/Pandemic.

c) Target Audiences

- LACGH staff, physicians, volunteers
- The public
- Healthcare stakeholders i.e. Public Health

A strategic approach to communications reflects and supports the ethical framework for decision making during an Endemic/Pandemic. Its purpose is three-fold:

1) *To educate by:*

- Encouraging hospital staff to take the threat of Endemic/Pandemic seriously.



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- Explaining how to prevent and treat influenza.
- Preparing information about influenza symptoms.
- Describing the measures required to protect those at greater risk.
- **Conducting regular media briefings.**
- Providing transparent, accessible, useful, accurate, current information for healthcare professionals that they can use to protect themselves and the public during each phase of the Endemic/Pandemic.

2) *To reassure by:*

- Demonstrating LACGH is prepared and has plans in place before an Endemic/Pandemic occurs.
- Demonstrating LACGH has initiated its emergency response plan when required and is working with provincial and national levels in order to ensure all necessary steps are being taken to address the situation.
- Issuing factual, timely updates that provide accurate and relevant information.
- Recognizing the hard work and dedication of all healthcare workers.
- Modeling a calm approach designed to reduce fear, avoid panic and encourage vigilance.

3) *To be accountable by:*

- Providing appropriate, timely information.
- Responding to questions in an appropriate, timely manner.
- Reporting regularly on the ability of LACGH to respond to the situation.

2.2 Communications Activities:

a) Strategic Considerations

Communications during the Endemic/Pandemic period:

In the event of an Endemic/Pandemic, LACGH will activate its Incident Management System structure, gathering Emergency Operations Centre members together. It is anticipated they will work closely with the Municipality of Greater Napanee Incident Command Centre, the Ontario Ministry of Health and Long Term Care, Public Health Agency of Canada, and local Public Health Unit.

During the Endemic/Pandemic period, communications will focus more on providing up-to-date accurate information about the Endemic/Pandemic to both the public and healthcare workers and stakeholders, informing them of the steps being taken to respond to the Endemic/Pandemic and advising them what to do at each phase.

With the public:

LACGH will be consistent with an information cycle designed by the province to respond to a public health emergency. That information cycle will ensure regular timely reports for provider groups and the public/media. Information will be issued and briefings held at the same time each day:

- 2400h Important Health Notice goes out, providing status updates and any new directions.
- 1300h Public health teleconference with Chief Medical Officers of Health, Public Health Department, Local Medical Officers of Health and the Emergency Management Unit.
- 1500h Provincial media conference



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1530h LACGH media briefing

With healthcare workers:

During an Endemic/Pandemic, it is critical that front-line staff receive the information they need to work safely. In addition to info memo and town hall sessions, this plan calls for increased manager support.

Principles of Effective Crisis Communications:

- 1) Be proactive.
 - Anticipate and lead, don't merely react
 - Be visible, not hidden
 - Be organized and coherent
 - Be responsive to the media's requirements
 - Be clearly in the driver's seat of communications
 - Avoid making communications itself the issue
- 2) Designate a single spokesperson – “many brains, one mouth.”
 - Funnel all media questions to one person
 - Make sure the spokesperson is trained and informed
- 3) Encourage the “front door” approach
 - Welcome the media to your front door so that they won't try a side window or the back door by relying on comments from ex-employees, unnamed accusers, etc.
- 4) If there is bad news ahead, announce it
 - If the media or another party reveals bad news, you will be perceived as trying to hide it
 - Be the accurate source of verifiable facts

b) Implementation

The Media Centre will become functional upon activation of the hospital's EOC. The Media Centre should be equipped for proper response. Small controlled news events may be staged in this room. Media could enter/exit from an exterior entrance.

At any time a Media Centre is activated, the PRO will:

- Establish the Media Centre
- Ensure it is operational to manage all media and general public inquiries surrounding the Endemic/Pandemic.
- Release only information that has been authorized by the Incident Manager.
- Direct the activities of the communications staff to assist in operations of the centre.

Communicate internally first

Since the Endemic/Pandemic will involve the life or safety of individuals, it is necessary to be sensitive to the needs of families and public most seriously affected by the crisis. Staff, members of the Board of Directors, learners and on-site volunteers need to be notified quickly, personally, sensitively and sympathetically as early as possible.



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In almost all cases, staff should be notified face-to-face, through meetings or other personal means. The PRO should consider the following internal communications approaches:

- Issue a priority internal newsletter as a paper copy and electronically, detailing the nature and status of the situation.
- Assemble an emergency session of all available Directors to communicate the Endemic/Pandemic’s status.
- Provide regular updates through organizational all-staff sessions – being sure to meet the needs of all shifts.

Communicate externally, as quickly as possible

It will be the role of PRO to guide all external communication. Media conferences should be called, perhaps in the Media Centre or through teleconferencing. Media inquiries are to be funneled to the PRO.

As appropriate, the PRO, working with the Incident Manager will prepare a statement and a set of expected questions and answers to respond to media inquiries and for use at all media conferences. At a minimum, this document will include:

- Complete description of the daily message.
- Response to put matters in context and offer a balanced perspective.
- Summary of actions taken and the current status.
- Future action, if a firm plan is in place.
- Time lines for the next update to the media and all other audiences.

The Incident Manager, prior to distribution, must view all statements and “question and answer” documents. Upon review and approval, distribute this statement via fax, telephone call or during a media conference to local media. Attached to this plan is a current media list and Media Contact Log to track every journalist and article. (Attachment 3)

In addition to the media, it is also important to communicate directly with other involved stakeholders/audiences such as patients and their families, the Municipality of Greater Napanee, Provincial and Federal political representatives, the Ministry of Health and Long-Term Care and the Local Health Integrated Network.

Provide regular communications on the status of the crisis.

Multiple communications as decided by the EOC should be issued to internal and external audiences on the changing status of the crisis. A statement should also be issued to signify the end of the crisis and disband the EOC and the Media Centre.

WHO Endemic/Pandemic Phase	Communications Action	Tool
InterEndemic/Pandemic Period: Phase 1 No new influenza virus subtypes have been detected in humans	Ensure educational materials for public and healthcare workers/stakeholders on influenza are accurate, up-to-date and accessible (i.e. languages, literacy levels).	



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WHO Endemic/Pandemic Phase	Communications Action	Tool
	Continue to reinforce the importance of prevention/mitigation (i.e. Hand cleaning campaigns).	
InterEndemic/Pandemic Period: Phase 2 A circulating animal influenza virus subtype poses a substantial risk of human disease.	Continue Phase 1 activities.	
Endemic/Pandemic Alert Period: Phase 3 Human infection(s) with a new subtype, but no human-to-human spread or spread to a close contact only.	Continue Phase 1 Activities. Review and refine the Endemic/Pandemic Influenza Communications Plan. Confirm when and what to communicate to the public, healthcare workers and other audiences, focusing on existing influenza prevention messages. Review and update Endemic/Pandemic contact lists. Inform internal audience about plans.	Emergency Preparedness Committee formed August, 2006 representing staff from various depts. Newsletter – October 2007 to begin discussion with staff about plans.
Endemic/Pandemic Alert Period: Phase 4 Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Continue Phase 3 activities. Confirm Incident Command, also drawing up plans for back-up personnel. Verify lists of stakeholder and media contacts.	Prepare templates for signage – investigate where/how signs would be utilized. Reinforce messages of staff importance, hand cleaning. Build recognition/ support of “expert” Endemic/Pandemic team at LACGH. Ongoing-Provide full support to the Endemic/Pandemic Planning Task Force as required.
Endemic/Pandemic Alert Period: Phase 5 Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted	Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders and employees.	Hold Town Hall to update staff on planning, expectations. Provide briefing to Board members, Public Health, LHIN, Ontario Health and Ministry officials. i.e. MOL, MOH & MLTC.



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WHO Endemic/Pandemic Phase	Communications Action	Tool
to humans, but may not be fully transmissible.		Hold media briefing to introduce “expert” team, update community on planning.
Endemic/Pandemic Period: Phase 6 Increased and sustained transmission in general population. Regional and multi-regional epidemics	Distribute fact sheets. Continue regular communication with communication partners. Provide information in real-time to healthcare workers, the media and the public regarding the LACGH level of readiness; and an alternative assessment Business Continuation Plan. Gather feedback from the community/front-line to inform/update the communications plan. Monitor effectiveness of the communication strategy and modify it as required.	Update LACGH website to inform staff members and their families, assuring them of the hospital’s desire to keep them safe & to encourage them to come to work. Regular media briefings. Daily Town Hall sessions.
Endemic/Pandemic Period: Phase 6 Cont. End of first Endemic/Pandemic wave; Endemic/Pandemic subsiding	Identify lessons learned. Evaluate communications response & update plans.	
Post Endemic/Pandemic Period: Return to Phase 1	Return to Phase 1 activities.	

c) Internal Messages

Phase 3&4

- Nobody is entirely ready for an Endemic/Pandemic. But we are more ready today than we were yesterday. And we will be more prepared tomorrow than we are today.
- LACGH is playing a key role to ensure we are best prepared to support our staff and patients in the event of an influenza Endemic/Pandemic.
- Endemic/Pandemic is not a question of *if*, it is a question of *when*. We must be prepared.
- Compared to Endemic/Pandemic influenza, SARS was a walk in the park. Endemic/Pandemic will be much different. While SARS was about containment, Endemic/Pandemic will be about capacity.
- Our plans are focusing on protecting LACGH.
- Healthcare workers will be at risk from influenza, not because they are healthcare workers, but because they are members of the community.
- Endemic/Pandemic flu is much different than seasonal flu that hits the elderly and infants hardest. Most people recover from seasonal flu within a week or two. Endemic/Pandemic flu is associated with a higher severity of illness and consequently, a higher risk of death.



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ENDEMIC/PANDEMIC PLAN

- Be prepared at home. At the first sign of an Endemic/Pandemic, there will be a significant run on groceries and supplies. To learn more about preparing a personal emergency kit, call 1-866-532-3161 or MOH and MLTC website (www.health.gov.on.ca) and follow the links to Influenza Endemic/Pandemic Planning.

Phase 5 & 6

- We care about the health and safety of all of our staff members. We also care about our patients. We understand your needs and concerns, but it is time to step up to the plate.
- Words cannot express how proud we are of the people who work and volunteer at LACGH. The humanity and care they demonstrate is exemplary.

d) Under the Incident Management Model

The Public Relations Officer:

- Reports directly to the Incident Manager
- Is the media and public information specialist
- Is expected to field all media inquiries, arrange and conduct press conferences, arrange interviews or tours where appropriate
- Also responsible for public service/safety announcements
- Advises the Incident Manager on media relations
- Directs media to a pre-designated media centre
- Ensure consistency in messages
- Monitors the media and anticipates areas of concern
- Is responsible for internal/stakeholder communications within the organization
- Works closely with security to monitor/control media access
- Fields internal inquiries
- Arranges internal communications products and events such as Town Hall sessions

e) Communications Tool Kit

The following tools are being developed to support effective communications at LACGH during an Endemic/Pandemic:

Internal tools

Tool	Purpose	Timing
Memos for internal staff	To convey timely information	As needed
Signage	For public & staff entrances	Ongoing
Signage	For units/wards	Ongoing
Talking points for supervisors.	To provide supervisors with key messages to share with staff	As needed – available on Intranet sites
Intranet	To provide timely information	Update regularly
Recorded phone line messages for staff questions & to provide feedback. Provide dedicated extension.	To provide staff members with updated information through a voice recording; also to provide an avenue for questions to be raised.	Update daily



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ENDEMIC/PANDEMIC PLAN

Email address	To provide staff with a place they can email questions.	Check regularly.
Town hall/all staff sessions	To provide regular updates on the situation. Also to emphasize the importance of controlling communications.	At onset, regularly & with a varied schedule.

External Tools

Tool	Purpose	Timing
Media	To provide public with information.	Regular briefings
Videoconferencing	To link up with other sites, share ideas/insight	As needed
Signage	To direct/redirect patients	As needed
Schools/churches	To provide public with information	As needed
Internet – Public Health site section dedicated to Endemic/Pandemic	To provide central warehouse for influenza information.	Daily updates.

f) Evaluation

Results of Communications – media activity and coverage – should be thoroughly tracked by the Public Relations Officer (PRO) leading to a continuous set of recommendations for the next appropriate steps in communicating with and to external and internal audiences.

At the end of the crisis, the PRO should produce a “Lessons Learned” report to be files with this plan.

The Management Team should review this plan annually, each January.



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ENDEMIC/PANDEMIC PLAN

2.5 EOC Equipment/Supplies Checklist

- Phone line – access to 2nd phone line
- Teleconference equipment
- Computer, laptop and access to internet
- Paper & pens
- Flip charts & markers
- Emergency Preparedness Binder
- Hand wash
- Kleenex
- Water & snacks
- Clock/timer
- Videoconference – optional
- EOC Vests- Red caps (for tote for Code Red / Green / White / Yellow / Orange)
- White Board
- Security Company
- Cell phones & Power fail phone
- Hospital Floor Plans
- County map
- Telephone book
- Flashlights and batteries
- Taxi Chits
- Television Local Station
- List of Emergency Telephones
- Cash
- Forms – Action Plan, Activity Log
- Tylenol and Aspirin
- Signage
- Soap / Towels / Deodorant
- Roll of identification stickers
- Power fail switches



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ENDEMIC/PANDEMIC PLAN

2.6 Roles & Responsibilities

2.6.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident. Retains responsibility and will delegate authority to accomplish incident goals. Is responsible for short and long-term ethical, legal and liability issues during the incident.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regards to hospital operations.
- Encourage collaboration between emergency response personnel and health authorities in preparing for an Endemic/Pandemic and coordinating Endemic/Pandemic response activities.
- Monitor Endemic/Pandemic Plan.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident. Retains responsibility and will delegate authority to accomplish incident goals. Is responsible for short and long-term ethical, legal and liability issues during the incident.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Request that the Executive Assistant Activates the Hospital (EOC)
- Initiate the Incident Management System: Assume role of Incident Commander.
- Put on position identification vest as provided at EOC
- If not already established, contact the Medical Officer of Health. Contact # is 613-549-1232.
- Organize and direct EOC functions with advice from Technical Advisory Group.
- Determine who will fill the roles of the EOC positions-provide this information to the Executive Assistant and have Recording Secretary document on EOC Wall Chart.
- Liaison Officer
- Public Affairs Officer
- Operations Officer
- Planning Officer
- Health & Safety/Infection Control Officer
- Logistic Officer
- Finance Officer
- Establish initial briefing session and consider frequency of EOC Team Meetings.
- Request that the Public Affairs Officer arrange a Town Hall session to update staff on status of Endemic/Pandemic Threat.
- Request that the Public Affairs Officer arrange a media briefing and approve statements to be released to the public
- Request that infection control, in consultation with medical advisor, make a recommendation about restricting/suspending visiting hours.
- Request that the Logistic Officer make a recommendation about the level of perimeter security/access control and any safety considerations.
- Request that the Operations Officer make a recommendation on patient repatriation and discharge strategies and business contingency.
- Ensure heightened level of staff infection control practices
- Request status reports from EOC Officer and update the action plan regarding the level of service that will be provided.
- Request from Planning Officer the critical staff resource availability
- Continue to approve media releases compiled by the Public Relation Officer
- Organize and direct EOC. Give overall direction for the hospital operations and if needed authorize next level of response (stage 2)
- Authorize resources as required by Logistics Officer.
- Communicate status to Chairperson of the Board of Directors.



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ENDEMIC/PANDEMIC PLAN

2.6.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident. Retains responsibility and will delegate authority to accomplish incident goals. Is responsible for short and long-term ethical, legal and liability issues during the incident.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of stage 1 as deemed necessary
- Determine patient census and Endemic/Pandemic status with Operations Officer
- Approve media releases submitted by Public Affairs Officer about status of Endemic/Pandemic
- Ensure the Liaison Officer has established contact and resource information with outside agencies
- Consider needs for staff and volunteer responders with regard to food and shelter. Consider the needs for the dependents. Authorize an action plan
- Provide rest periods and relief for staff. Consider additional needs for staff. Observe all staff and volunteers for signs of stress and inappropriate behaviour. Reinforce EAP support. Report concerns to Occupational Health Nurse
- Provide patient data to the appropriate authorities
- Other concerns
- Brief your relief, ensuring that ongoing activities are identified and follow up requirements are known

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any function of stage 2 as deemed necessary.
- Link with community regarding off site care.
- Activate the demobilization of the EOC on advice from Technical Advisory.

RECOVERY

- Return to normal business functions
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.2 EXECUTIVE/RECORDING ASSISTANT:

Assigned to:	Incident Manager
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for recording all communications and tracking information flow and decision made within the EOC. Provides necessary equipment/ materials for EOC members to respond to the incident. Answers incoming calls and directs to appropriate authority.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Ensure the system for recording and tracking information flow and decision making is implemented.
- Maintain a chronological account of the actions within the EOC
- Accurately record the decisions made at the meetings.
- Distribute copies of the minutes and decisions made at each business cycle meeting to the EOC members as soon as possible after the meeting.
- Continue normal day-to-day functions with regard to hospital operations.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Set up EOC and open the EOC kit
- Distribute Job Action sheets, identification vests and any pertinent forms to EOC officers
- Document EOC positions on wall chart-actual staff to be assigned by the Incident Manager
- Manage incoming calls to the EOC. Notify the Incident Manager of any new information
- Initiate operational forms as necessary:
 - (1) Activity Log – Attachment
 - (2) Action Plan
 - (3) Section Personnel Time Sheet – staffing
 - (4) Procurement Summary Report
 - (5) Infrastructure Status Report
 - (6) Patient tracking sheet (electronically)
 - (7) EOC Message Form
- Ensure the system for recording and tracking information flow and decision is implemented.
- Maintain a chronological account of the actions within the EOC.
- Accurately record the decisions made at the meetings.
- Await further instruction from the EOC Incident Manager

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.2 EXECUTIVE/RECORDING ASSISTANT:

Assigned to:	Incident Manager
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for recording all communications and tracking information flow and decision made within the EOC. Provides necessary equipment/ materials for EOC members to respond to the incident. Answers incoming calls and directs to appropriate authority.

As above, plus:

- Read this entire section before proceeding
- Continue any functions of stage 1 as deemed necessary
- Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Occupational Health Nurse
- Brief your relief, ensuring ongoing activities are identified & follow-up requirements known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 2 as deemed necessary

RECOVERY

- Return to normal business functions
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate any required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.3 COMMUNICATIONS GROUP:

Assigned to:	
Reports to:	Public Relations Officer
Telephone:	
Location:	
Mission:	Provides effective internal and external communication to support a coordinated response to Endemic/Pandemic influenza.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations
- Increase awareness of effects and expectations of hospital role in Endemic/Pandemic.
- Produce updates on Endemic/Pandemic influenza planning in the internal newsletter.
- Introduce internal audience to Endemic/Pandemic planning and expectations process at a “Town Hall” meeting.
- Management Forum – encourage managers to talk with their staff about Endemic/Pandemic.
- Created an Endemic/Pandemic email address for staff to ask questions.
- Build messages of LACGH Values (Compassion, Accountability, Respect & Excellence) into all corporate communications.
- Support the Endemic/Pandemic Planning Task Group as required.
- Prepare templates for signs-investigate where/how sign would be utilized.
- Reinforce messages of staff importance, worker protection, hand hygiene etc.
- Build recognition/support of Endemic/Pandemic team at KGH.
- Introduce Endemic/Pandemic newsletter to provide internal audience with up-to-date information.
- Use intranet.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Formal letters to staff members and their families, assuring them of the hospital’s desire to keep them safe & to encourage them to come to work.
- Monitor media coverage.
- Monitor effectiveness of the communications strategy and modify as required.
- Provide regular updates to Incident Manager.
- Document action and decisions on a continual basis.
- Provide media release to the public.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.3 COMMUNICATIONS GROUP:

Assigned to:	
Reports to:	Public Relations Officer
Telephone:	
Location:	
Mission:	Provides effective internal and external communication to support a coordinated response to Endemic/Pandemic influenza.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed necessary.
- Ongoing communication and updates to management
- Ongoing review of Endemic/Pandemic situation and contingency plans
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behaviour. Reinforce EAP support. Report concerns to Occupational Health Nurse.
- Consider needs for staff and volunteers with regard to food and shelter.
- Other concerns.
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements are known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Link with community to provide off site care
- Continue any functions of Stage 2 as deemed necessary
- Provide regular updates to EOC Commander during the Business Cycle
- Ensure appropriate planning for demobilization of EOC staff and termination of Emergency Operations

RECOVERY

- Return to normal business functions
- Participate in event debriefing
- Evaluate strategies for emergency measures and facilitate any required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.4 LIAISON OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for maintaining links with other emergency services, outside agencies for information sharing.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations
- Ensure communication pathways are established with other IMS Officers within LACGH
- Establish links to other communication networks such as Municipal, Public Health, MOH and Other LHIN hospitals

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Put on position Identification Vest as provided at EOC
- Obtain a briefing from Incident Manager
- Provide updates and appropriate information to external agencies
- Establish routine briefings with Incident Manager
- Establish contact with Liaison counterparts both locally and provincially. Keep governmental Liaison Officers updated on hospital's response to Endemic/Pandemic
- Request assistance and information as needed through the hospital communication network or municipal EOC.
- Document action and decisions on a continual basis
- Other duties as assigned by the Incident Manager



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.4 LIAISON OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for maintaining links with other emergency services, outside agencies for information sharing.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of stage 1 as deemed necessary
- Ongoing communication and updates to management and your staffing group
- Ongoing review of Endemic/Pandemic situation and contingency plans in conjunction with resource information from outside agencies
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behavior. Reinforce EAP support. Report concerns to Occupational Health Nurse.
- Consider needs for staff and volunteers with regard to food and shelter.
- Other concerns.
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 2 as deemed necessary
- Obtain information to provide the hospital Emergency Communication Network, and/or municipal EOC upon request:
 - The number of patients that can be received and treated immediately
 - Any current or anticipated shortage of personnel, supplies, etc.
 - Current condition of hospital structure and utilities
 - Number of patients to be transferred by wheelchair or stretcher to another hospital
 - Any resources which are requested by other facilities
- Link with community to provide off site care – Memorandum of agreements – Appendix

RECOVERY

- Return to normal business functions
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate and required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.5 OPERATIONS OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for direction of all staff during the incident, in coordination with patient care services provided.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations
- Determine Nursing Team Leader
- Plan and project patient care needs for each Phase of Endemic/Pandemic
- Identify services that are essential, can be stopped or reduced
- Prioritize and establish guidelines for essential patient care services
- Develop action plan for patient care services

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Put on position Identification Vest as provided at EOC
- Obtain a briefing from Incident Manager
- Meet with Nursing Team Leader to assess & respond to current patient care needs.
- Review and manage patient activity and consideration of need to limit and/or expand capacity
- Implement decanting strategies – CCAC, to discharge home, Nursing homes
- Receive update from Logistics Officer regarding critical resources and reconcile with projected need
- Enforce infection control practices
- Implement all steps to increase capacity and supplement staff
- Ensure updates from Team Leaders about adequate staff and supplies for current conditions
- Develop solutions to patient care/operational issues, as required
- Update action plan for patient care services and projected needs
- document action and decisions on a continual basis
- Provide regular update to the Incident Manager
- Obtain from Nursing Team Leader casualty data and provide to the Incident Manager
 - o Number of Influenza patients received and care required
 - o Number hospitalized and number discharged to home or other facilities
 - o Number dead
 - o Individual casualty data name, sex, age, address, seriousness or condition
- Other duties as assigned by the Incident Manager.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.5 OPERATIONS OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for direction of all staff during the incident, in coordination with patient care services provided.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed as necessary
- Establish routine briefings with Nursing Team Leader
- Receive report from Nursing Team Leader about the delivery and quality of care in all patient care areas.
- Provide statistics on patient numbers, acuity and mortality to Incident Manager
- Implement adjustments to workload and safety procedures as directed by Incident Manager
- Ongoing communication and updates to management and your staff
- Ongoing review of Endemic/Pandemic situation and contingency Plans
- Request Chief of Staff to direct medical staff to designate patients for early discharge.
- Review and management of staffing to ensure optimal use of workforce
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behavior. Reinforce EAP support. Report concerns to Occupational Health Nurse
- Consider needs for staff and volunteers with regard to food and shelter
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known
- Report on the overall condition and sustainability of operations from mediation prospective.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 2 as deemed necessary
- Consider the need to link with community to provide off site assessment
- Consider providing medical and nursing staff with support for assessment and out-patient treatment of Endemic/Pandemic patients.

RECOVERY

- Return to normal business functions
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate and required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.6 PUBLIC RELATIONS OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is the spokesperson responsible for media releases, and directing internal communications?

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations
- Assess media needs
- Keep media contact information current

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Obtain briefing from Incident Manager
- Document action and decisions on a continual basis
- Provide regular update to the Incident Manager
- Other duties as assigned by the Incident Manager

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed necessary
- Brief the Incident Manager during the Business Cycle meetings
- Receive patient census status update from Operations Officer
- Ongoing review of Endemic/Pandemic situation and contingency plans for staffing needs
- Ongoing communication and update to management and staff
- Consider needs for staff and volunteers with regard to food and shelter
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behavior. Reinforce EAP support. Report concerns to Occupational Health Nurse
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.6 PUBLIC RELATIONS OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is the spokesperson responsible for media releases, and directing internal communications?

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Provide regular updates to Incident Manager during Business Cycle

RECOVERY

- Return to normal business functions
- Collect all logs, notes and relevant information for the debriefing session
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate and required improvements.



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ENDEMIC/PANDEMIC PLAN

2.6.7 PLANNING OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for providing staff and staffing support necessary for the response to the incident.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue Normal day-to-day functions with regard to hospital operations
- Identify staffing needs that are essential, can be stopped or reduced and make recommendations.
- Consider a long-range plan for Organizational response.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Obtain a briefing from Emergency Incident Manager
- Ensure all public information releases are approved by the Incident Manager prior to release
- Develop regular updates for all staff in conjunction with EOC group
- Continue to refine key messages
- Provide regular update to the Incident Manager
- Establish routine briefings with EOC group and have a Town Hall Session
- Document action and decisions on a continual basis

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed necessary
- Other duties as assigned by the Incident Manager
- Deliver formal letters from incident Manager to staff members and their families, assuring them of the hospital's desire to keep them safe & to encourage them to come to work
- Ongoing communication and updates to all staff
- Ongoing review of Endemic/Pandemic situation and contingency plans
- Provide rest periods/relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behavior. Reinforce EAP support. Report concerns to Occupational Health Group
- Consider needs for staff and volunteers with regard to food and shelter
- Other concerns
- Brief your relief, ensuring ongoing activities are identified & follow-up requirements are known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 2 as deemed necessary



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.7 PLANNING OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for providing staff and staffing support necessary for the response to the incident.

RECOVERY

- Return to normal business functions
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate any required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.8 LOGISTICS OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for providing materials, information and technology, dietary, house-keeping, transportation needs and security necessary for the response to the incident.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations
- Ensure necessary staffing resources and materials are available
- Identify services that are essential, can be stopped or reduced
- Ensure transportation of persons, equipment, and supplies as required
- Ensure necessary communication tools are operational
- Ensure necessary resources to maintain continuance of service.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Put on position Identification Vest as provided at EOC
- Obtain a briefing from Incident Manager
- Provide regular update to the Incident Manager/EOC
- In collaboration with EOC restrict visitor access
- Recommend the level of perimeter security and access control
- Limit controlled entry access and exits for all staff and visitors
- Receive update from stores regarding critical supplies i.e. PPE
- Establish routine briefings with staff to discuss staffing and stock levels
- Track critical resources and provide updates to Operations, Planning and Incident Manager
- Complete reports on infrastructure status and procurement summaries
- Track progress, provide updates, and solve problems with each group
- Assure technology infrastructure in place i.e. pagers, computers etc.
- Ensure backup and protection of existing data for main and support computer systems
- Maintain resource listings, vendor references, and other resource directories
- Track resources and supplies
- Purchase additional supplies to sustain **8 week normal operation and 4 week Endemic/Pandemic supplies**
- Coordinate action on any security issue reports
- Document action and decisions on a continual basis
- Other duties as assigned by the Incident Manager



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.8 LOGISTICS OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for providing materials, information and technology, dietary, house-keeping, transportation needs and security necessary for the response to the incident.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed necessary
- Ongoing communication and updates to EOC and your staff
- Ongoing review of Endemic/Pandemic situation and contingency plans
- Report on the overall condition and sustainability of operations from a labour and equipment
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress availability and inappropriate behavior. Reinforce EAP support. Report concerns to Occupational Health Nurse
- Consider needs for staff and volunteers with regard to food and shelter
- Other concerns
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements are known

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 2 as deemed necessary
- Provide regular updates to Incident Manager during Business Cycle

RECOVERY

- Return to normal business functions
- Participate in event briefing
- Evaluate strategies for emergency measures and facilitate and required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.9 FINANCE OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for tracking all costs associated with the incident. Ensures a paper trail is in place for possible recovery funding.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding
- Obtain briefing from the Incident Manager
- Track and report the acquisition of supplies and services and associated costs of response
- Ensure the documentation of expenditures are relevant to the emergency
- Communicate with the EOC to coordinate tracking of material resources and staff
- Establish the process for cost recovery
- Consider possible security measures to ensure resources protected (e.g. Payroll)
- Provide regular updates to the Incident Manager
- Document action and decisions on a continual basis
- Other duties as assigned by the Incident Manager

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed necessary
- Approved “cost to date” incident financial status reports. Summarize financial data relative to personnel, supplies and miscellaneous expenses.
- Relate pertinent financial status reports to Incident manager.
- Ongoing communication and updates to EOC and your staff
- Ongoing review of Endemic/Pandemic situation and contingency plans
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behavior. Reinforce EAP support. Report concerns to Occupational Health Nurse.
- Consider needs for staff and volunteers with regard to food and shelter
- Other concerns
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements are known

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.9 FINANCE OFFICER:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Is responsible for tracking all costs associated with the incident. Ensures a paper trail is in place for possible recovery funding.

As above, plus:

- Read this entire section before proceeding
- Continue any functions of stage 2 as deemed necessary
- Provide regular updates to EOC during Business Cycle Meetings

RECOVERY

- Return to normal business functions
- Participate in event debriefing
- Evaluate strategies for emergency measures and facilitate any required improvements



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.10 OCCUPATIONAL HEALTH & SAFETY INFECTION CONTROL:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Monitor the spread of Endemic/Pandemic; provide best practices for infection control, and educate in the prevention of spread of Endemic/Pandemic within patients and staff. Review all operations from a safety perspective. Is responsible for communicating with the technical advisors within KFLA region.

OCCUPATIONAL HEALTH AND SAFETY ACT

Under the *Occupational Health and Safety Act*, organizations that employ healthcare workers have a legal obligation to take all reasonable precautions to protect them. Healthcare workers also have an obligation to use the protective equipment supplied by their employers.

In environments where people with infectious diseases are treated, there is no such thing as “total protection” or “zero risk” for patients, visitors, or healthcare workers, but there are steps that healthcare settings and healthcare workers can take to reduce the risk during an influenza Endemic/Pandemic. The spread of the influenza virus to healthcare settings can be minimized by consistently using best practices in infection prevention and control to respiratory infections. All healthcare settings and healthcare workers are expected to follow routine infection practices on a day-to-day basis.

ADDITIONAL INFECTION, PREVENTION & CONTROL PRACTICES DURING A ENDEMIC/PANDEMIC

During an Endemic/Pandemic, healthcare settings will replace FRI Surveillance with surveillance for influenza-like-illness (ILI) i.e., they will treat all patients and visitors with symptoms of FRI as though they have influenza until that diagnosis is ruled out.

Contact and droplet precautions will be followed. Healthcare settings will:

- Maintain accessible hand hygiene stations and signs advising patients, visitors and staff to perform hand cleaning.
- Ensure healthcare workers have easy access to personal protective equipment and other supplies they need to take appropriate precautions.
- Educate patients and staff about the steps they can take to reduce the risk of infection and ensure the Joint Health & Safety Committee are actively engaged in occupational health and safety issues within healthcare facilities.

Health care workers will use the following contact and droplet precautions with patients presenting with FRI/ILI:

- Proper hand hygiene (i.e. cleaning hands or using alcohol based hand rub or sanitizer) before and after contact with all patients, before touching the face, and after removing and disposing of personal protective equipment appropriately including fit tested N95 respirator/mask, protective eye wear, gown and gloves shall be used when providing direct care within one metre.

Practices to limit contact with infected patient:

- Minimize crowding and maintain one metre separation between patients
- Assessing patients with possible influenza in a separate area of the facility



ENDEMIC/PANDEMIC PLAN

**2.6.10 OCCUPATIONAL HEALTH & SAFETY
INFECTION CONTROL:**

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Monitor the spread of Endemic/Pandemic; provide best practices for infection control, and educate in the prevention of spread of Endemic/Pandemic within patients and staff. Review all operations from a safety perspective. Is responsible for communicating with the technical advisors within KFLA region.

- Accommodate patients with symptoms in a separate area away from other patients
- Restricting patient activities and movement
- Co-horting influenza patients in rooms and wards with other influenza patients.

HIGH RISK PROCEDURES

High-risk procedures (i.e., intubation, sputum induction) on patients with ILI should be delayed until appropriate PPE is in place.

ANTIVIRALS FOR HEALTHCARE WORKERS

Antivirals will be given to hospital staff as per MOHLTC recommendations. The hospital has purchased oseltamivir (Tamiflu) for all staff and volunteers.

The use of Antiviral Medication

Antiviral drugs are effective for treating and preventing influenza.

During an Endemic/Pandemic, Ontario would use existing supplies of antiviral drugs to help slow the spread of the disease until a vaccine becomes available.

What is Oseltamivir (Tamiflu)?

Oseltamivir is a drug used to treat or prevent influenza. When given within 36 to 48 hours of symptoms starting, this medication shortens the length of time people are ill by 1 to 2 days and helps prevent complications. It can also be given to people who have been exposed to influenza to stop them from getting sick. It prevents about 70 to 80 percent of influenza when used in this way.

How is the medication taken?

Oseltamivir is taken by simply swallowing a capsule. It should be taken with a meal or snack (this is particularly important for the first dose).

What side effects are associated with this medication?

Studies show that 1 to 9 percent of recipients of this drug report some mild nausea and vomiting. Nausea is worst with the first dose of medication. Taking the medication with a snack or meal may help to reduce these symptoms.

In the elderly, 1 to 3% may also report headaches.

To date, no serious adverse events have been identified with Oseltamivir.

What are recommended doses?

- Treatment dose is 75mg twice daily for 5 days (total of 150 mg per day)



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.10 OCCUPATIONAL HEALTH & SAFETY
INFECTION CONTROL:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Monitor the spread of Endemic/Pandemic; provide best practices for infection control, and educate in the prevention of spread of Endemic/Pandemic within patients and staff. Review all operations from a safety perspective. Is responsible for communicating with the technical advisors within KFLA region.

- Preventative dose is 75 mg once daily. Prophylaxis should be continued until the outbreak is declared over to a maximum of 6 weeks in the event of an Endemic/Pandemic.

Who should not take Oseltamivir?

Studies so far have found no evidence that this drug is harmful in pregnancy to the fetus. Medical consultation is necessary before administration on pregnant and nursing women.

The use of Vaccine.

Vaccines are the best way to protect against some serious infections. Influenza vaccine protects adults and children 6 months of age and older (for whom contradictions are not present) against influenza, which can be a serious illness for some people.

Much of the illness caused by the flu can be prevented by an annual flu vaccination. Anyone who wants to avoid getting the flu should consider getting vaccinated.

KEY POINTS ABOUT PROTECTING PATIENTS

- The same precautions used to protect healthcare workers will also protect patients.
- Proper hand hygiene is a very important practice in preventing the spread of influenza.
- Patients look to healthcare workers for advice and guidance. Healthcare workers should encourage all patients to practice proper hand hygiene, use a mask to cover their mouth when coughing if possible and advise patient to turn their face away.
- Healthcare workers are encouraged to provide tissues or surgical masks for patients and clients who are coughing or sneezing.
- If patients see healthcare workers using such precautions consistently, they are more likely to do the same.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Occupational Health will provide for supportive measures for staff with stress related issues.

The Employee Assistance Program will provide services during an Endemic/Pandemic event.

STAFF REST AREAS

Areas will be allocated for staff rest areas as needed. – Physio



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

**2.6.10 OCCUPATIONAL HEALTH & SAFETY
INFECTION CONTROL:**

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Monitor the spread of Endemic/Pandemic; provide best practices for infection control, and educate in the prevention of spread of Endemic/Pandemic within patients and staff. Review all operations from a safety perspective. Is responsible for communicating with the technical advisors within KFLA region.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regard to hospital operations.
- Promote annual influenza immunization for all staff and encourage healthy life style.
- Anticipate staff needs as they might relate to the Endemic/Pandemic event.
- Surveillance for Febrile Related Illness (FRI) in the Emergency Department and for all patients that require admission.
- Tracking of all influenza type illness within LACGH.
- Ensure all staff have the education and training they need to protect themselves and provide effective care.
- Develop and maintain appropriate occupational health and infection prevention and control programs to protect workers.
- Reinforce the importance of good hand hygiene.
Link with appropriate outside agencies. (Appendix 1)



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.10 OCCUPATIONAL HEALTH & SAFETY INFECTION CONTROL:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Monitor the spread of Endemic/Pandemic; provide best practices for infection control, and educate in the prevention of spread of Endemic/Pandemic within patients and staff. Review all operations from a safety perspective. Is responsible for communicating with the technical advisors within KFLA region.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding.
- Obtain briefing from the Incident Manager.
- Assess staff immunization status.
- Provide regular updates to Incident Manager.
- Ensure an adequate number of hand hygiene stations are operational near patient care/food preparation areas, and adjacent to toilet facilities.
- Post signs for respiratory hygiene/cough etiquette.
- Consider screening and access control for staff, volunteers, students and visitors.
- Consider extending hours of service during outbreak.
- Maintain records for all Healthcare Workers displaying symptoms.
- Ensure appropriate personal protective equipment (i.e., masks, gloves, gowns) is provided.
- Responsible for the education of all Healthcare Workers in wearing the PPE, staying healthy tips.
- Document the distribution of Anti-viral medication for staff.
- Coordinate with Pharmacy to ensure security of the anti-viral supply and treat with controlled medication.
- Liaison with Public Health.
- Identify additional staff as alternates to provide service.
- Assist staff with logistical and personal concerns; act as facilitator when appropriate. Notify staff of the EAP program.
- Identify any potential hazards or unsafe work environment and report to appropriate Manager.
- Provide regular update to EOC.
- Continue to observe and monitor worldwide surveillance, communications and expectations with regard to Endemic/Pandemic.
- Clarify and provide direction regarding Endemic/Pandemic surveillance to the EOC.
- Consider a reduction of visiting hours and numbers of visitors.
- Suggest additional purchase of antivirals recommended in consultation with Pharmacy.
- Document action and decisions on a continual basis.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

2.6.10 OCCUPATIONAL HEALTH & SAFETY INFECTION CONTROL:

Assigned to:	
Reports to:	Incident Manager
Telephone:	
Location:	
Mission:	Monitor the spread of Endemic/Pandemic; provide best practices for infection control, and educate in the prevention of spread of Endemic/Pandemic within patients and staff. Review all operations from a safety perspective. Is responsible for communicating with the technical advisors within KFLA region.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- contact healthcare workers that are off due to illness and give instructions for the Anti-viral medication if available
- Determine when healthcare workers are able to return to work
- Maintain a list of all employees that are on modified work duties
- Contact all employees off on WSIB, LTC, Short-term Disability, and UI to determine if they are able to perform any duties
- Work with Team Leader in redeployment of accommodated workers to assure their physical demands are taken into consideration with the specific jobs available.
- Follow all accommodated workers to assure plans are maintained to increase duty hours as able
- Monitor effectiveness of the antiviral agents in staff, observe and report any adverse reactions
- Ongoing communication and updates to Incident Manager
- Ongoing review of Endemic/Pandemic situation and contingency plans
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behavior. Reinforce EAP support. Provide support for staff with identified issues
- Consider needs for staff and volunteers with regard to food and shelter
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 2 as deemed necessary

RECOVERY

- Return to normal business functions
- Participate in event debriefing
- Evaluate strategies for emergency measures and facilitate any required improvements



SECTION 3: PATIENT CARE GROUP



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

3.1 Roles & Responsibilities

3.1.1 PATIENT CARE TEAM LEADER:	
Assigned to:	
Reports to:	Operations Officer
Telephone:	
Location:	
Mission:	Focus on integrating patient care in an environment of increasing numbers of patients, but decreasing bed availability for Emergency and Admitted patients. Organize and direct the overall delivery of patient care in all areas of the hospital.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regards to hospital operations.
- Patient Care Team Leader will meet with the Operating Officer to identify and act on Endemic/Pandemic Planning Issues.
- Work with leaders of patient Care Units to identify the essential health services that will be provided during an Endemic/Pandemic and those services that can be reduced.
- Maintain high index of suspicion that patients presenting with influenza-like illness could be Infected with Endemic/Pandemic strain
- Determine essential health services that can be provided with 35% less work force



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

3.1.1 PATIENT CARE TEAM LEADER:

Assigned to:	
Reports to:	Operations Officer
Telephone:	
Location:	
Mission:	Focus on integrating patient care in an environment of increasing numbers of patients, but decreasing bed availability for Emergency and Admitted patients. Organize and direct the overall delivery of patient care in all areas of the hospital.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding.
- Obtain current in-patient census and request a prioritization assessment of all admitted patients from the Chief of Staff.
- Receive briefing from Operations Officer and continue to meet for updates.
- Meet with Operations Officer and Logistics Officer to assess and project Human Resources and patient care supply needs.
- Assign Nursing staff to patient care and treatment areas.
- Assess triage-treatment needs and implement FRI/Endemic/Pandemic screening tool. Provide information to patients for self-care.
- Activate the separate Endemic/Pandemic triage within the Emergency Department.
- Work with Operations Officer to coordinate the admission of Endemic/Pandemic Patients.
- Implement staging plan for admission of Endemic/Pandemic patients i.e. Isolation rooms, private rooms, and ICU.
- Designate those eligible for early discharge and assist with the implementation of patient early discharge protocol on the direction of the Operations Officer.
- Assist with patient Discharge process and ensure that all patients discharged from areas are tracked and documented in terms of disposition.
- Confirm location of Discharge area.
- Assess current critical care patient capabilities. Project immediate and prolonged capabilities to provide services based on known resources. Obtain medical staff support to make patient triage decisions if warranted.
- Report any unsafe, hazardous or security issues to Operations Officer.
- Document action and decision on a continual bases.
- Identify minimum number of staff required to provide service.
- Receive, coordinate and forward requests for personnel, equipment/material and security needs to Operations Officer; to forward to Logistics Officer.
- Assess environmental services needs for all Treatment areas and notify operations Officer to forward to Logistics.
- Other duties as assigned by the Operations Officer.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

3.1.1 PATIENT CARE TEAM LEADER:

Assigned to:	
Reports to:	Operations Officer
Telephone:	
Location:	
Mission:	Focus on integrating patient care in an environment of increasing numbers of patients, but decreasing bed availability for Emergency and Admitted patients. Organize and direct the overall delivery of patient care in all areas of the hospital.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of Stage 1 as deemed necessary.
- Provide regular update to the Operations Officer.
- Assess current capabilities and identify minimum number of staff required to provide service and provide update to Operating Officer.
- Keep In-patient areas, new patient areas and temporary patient areas appraised of status, capabilities and projected services.
- Ensure the raid disposition and flow of treated patients within the Emergency Department and those admitted into the hospital.
- Assess current pre-op, operating suite and post-op capabilities. Project number of scheduled surgeries that can be cancelled if required.
- Utilize non-traditional beds for decanting and admission of patients.
- Ongoing communication and updates to management and staff.
- Ongoing review of Endemic/Pandemic situation and contingency plans.
- Provide rest periods and relief for staff. Observe all staff and volunteers for signs of stress and inappropriate behaviour. Reinforce EAP support. Report concerns to Occupational Health Nurse.
- Consider needs for staff and volunteers with regard to food and shelter.
- Direct non-utilized personnel to Operation to forward to Planning Officer.
- Other concerns.
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding
- Continue any functions of stage 2 as deemed necessary.
- Provide regular updates to the Operations Officer.

RECOVERY

- Return to normal business functions
- Participate in event debriefing.
- Evaluate strategies for emergency measures and facilitate any required improvements.



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

3.2 Endemic/Pandemic Influenza Infection Control Guidance for All Health Care Providers

COMPONENT	RECOMMENDATIONS
Standard Precautions	http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html
Hand Hygiene	Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; between patient contacts. Hand hygiene includes both hand washing with either plain or antimicrobial soap and water and use of alcohol based products (gels, rinses, foams) that contain an emollient and do not require the use of water. If hands are visibly soiled or contaminated with respiratory secretions, they should be washed with soap (either non-antimicrobial or antimicrobial) and water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and conveniences.
Personal Protective Equipment (PPE) <ul style="list-style-type: none"> - Gloves - Gown - Face/Eye Protection (i.e. surgical or procedure mask and goggles or a face shield) 	<ul style="list-style-type: none"> - For touching blood, body fluids, secretions, excretions, and contaminated items; for touching membranes and non-intact skin. - During procedures and patient-care activities when contact of clothing/exposed skin with bloody/body fluids, secretions and excretions are anticipated. - During procedures and patient-care activities likely to generate splash or spray of blood, body fluids, secretions, excretions.
Safe Work Practices	Avoid touching eye, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other PPE that are not directly related to patient care (i.e. door knobs, keys, light switches).
Patient Resuscitation	Avoid unnecessary mouth-to-mouth contact; use mouth piece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions.
Soiled Patient Care Equipment	Handle in a manner that prevents transfer of microorganism to oneself, others and to environmental surfaces; wear gloves (gown if necessary) when handling and transporting soiled linen and laundry and perform hand hygiene.
Needles & Other Sharps	Use devices with safety features when available; do not recap, bend or hand-manipulate used needles; if recapping is necessary, use a one-handed scoop technique; place used sharps in puncture resistant container.
Aerosol-Generating Procedures	During procedures that may generate small particles of respiratory secretions (i.e. endotracheal intubation, bronchoscopy, nebulizer treatment, suctioning), healthcare personnel should wear gloves,



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

COMPONENT	RECOMMENDATIONS
	gowns, face/eye protection, and a fit-tested N95 respirator or other appropriate particulate respirator.
Environmental Cleaning & Disinfection	Use Hospital detergent-disinfectant; follow standard facility procedures for cleaning and disinfection of environmental surfaces; emphasize cleaning/disinfection of frequently touched surfaces (i.e. bed rails, phones, lavatory surfaces).
Disposal of Solid Waste	Contain and dispose of soiled waste (medical and non-medical) in accordance with facility procedures and/or local or provincial regulations; wear gloves when handling waste; wear gloves when handling waste containers and perform hand hygiene.
Standard Respiratory Precautions Source Control measures for persons with symptoms of a respiratory at first point of encounter (i.e. triage/reception area)	Have patient cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; perform hand hygiene after contact with respiratory secretions; wear a mask (procedural or surgical) if tolerated; sit or stand as far away as possible (more than 3 feet) away from persons who are not ill.
Droplet Precautions	http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html
Patient Placement	Place Patients with influenza in a private room or cohort with other patients with influenza. Keep door closed or slightly ajar; apply droplet precautions.
Personal Protective Equipment	Wear a surgical or procedural mask for entry into patient room; wear other PPE as recommended for standard precautions.
Patient Transport	Limit patient movement outside of room to medically necessary purposes; have patient wear a procedure or surgical mask when outside the room.
Other	Follow standard procedures and facility procedures for handling linen and laundry and dishes and eating utensils, and for cleaning/disinfection of environmental surfaces and patient care equipment, disposal of solid waste, and post mortem care.

Standard precautions for home healthcare

Healthcare providers who enter homes where there is a person with influenza-like-illness should follow the recommendation for standard droplet procedures. Standard Precautions include performing hand hygiene and standard respiratory precautions, wearing gloves and gowns, using face/eye protection when needed: and following safe work practices.



ENDEMIC/PANDEMIC PLAN


Droplet Precautions for home healthcare

Healthcare providers who enter homes where there is a person with influenza-like-illness should follow the recommendations for Standard and Droplet Precautions. Droplet Precautions include all Standard Precautions plus separating the patient from others in the household as much as possible and wearing a surgical or procedure mask for patient interactions. Professional judgment should be used in determining whether to don a mask upon entry into the home or only entering the patient's room. Factors to consider in this decision include the possibility that others in the household may be infectious and the extent to which the patient is ambulating within the home.


3.3 Instructions: How to Fit & Remove a Surgical Mask and Respirator

Wear It Right 3M™ Respirators


3M™ 1860/1860S Health Care N95 Particulate Respirator and Surgical Mask




APPLICATION:




1 Cup the respirator in your hand with the nosepiece at fingertips, allowing the head straps to hang freely below hand.




2 Position the respirator under your chin with the nosepiece up.



3 While holding the respirator in place, pull the top strap over your head so it rests high on the back of your head.




4 While continuing to hold the respirator firmly in place, pull the bottom strap over your head and position it around your neck, below your ears. Untwist the straps. Position the respirator low on your nose.




5 Using both hands, mold the nosepiece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece. **Note:** Always use two hands when molding nosepiece. Pinching with one hand may result in improper fit and less effective respirator performance.

POSITIVE PRESSURE FIT CHECK




6 The respirator must be checked before each use. To perform the fit check, place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply. If air leaks around your nose, adjust the nosepiece as described in step 5. If air leaks at respirator edges, adjust the straps back along the sides of your head. Perform fit check again if an adjustment is made. If you cannot achieve a proper fit, see your supervisor. Do not enter area requiring respirator use.


REMOVAL:



1 Without touching the respirator, slowly lift the bottom strap from around your neck up and over your head.



2 Lift off the top strap. Do not touch the respirator.



3 Store or discard according to your facility's infection control policy.

WARNING


This respirator helps protect against certain particulate contaminants, but does not eliminate exposure to or risk of contracting disease or infection. Misuse may result in sickness or death. For proper use, see your supervisor or call 3M Occupational Health and Environmental Safety Division Technical Services at 1-800-243-4630.

3M Health Care
3M Center, Building 275-4W-02
St. Paul, MN 55144-1000
U.S.A.
1 800 228-3957
www.3m.com/healthcare

3M Canada
Post Office Box 5757
London, Ontario N6A4T1
Canada
1 800-563-2921
Outside of USA, please contact your 3M Representative

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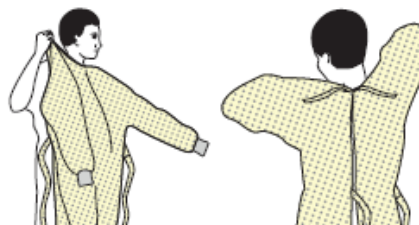
3.3 Instruction: How to Put On / How to Remove PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



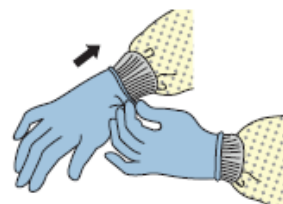
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene





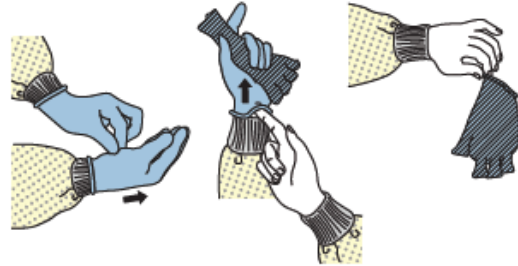
ENDEMIC/PANDEMIC PLAN

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

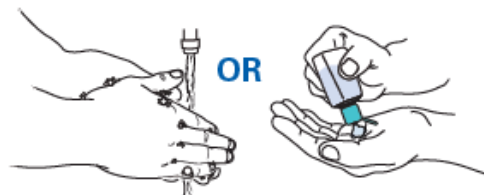


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE





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Donning and Doffing Sequence - Quick Reference

PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

1	PERFORM HAND HYGIENE	
2	PUT ON GOWN	
3	PUT ON MASK OR N95 RESPIRATOR	
4	PUT ON EYE PROTECTION	
5	PUT ON GLOVES	

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REMOVING PERSONAL PROTECTIVE EQUIPMENT

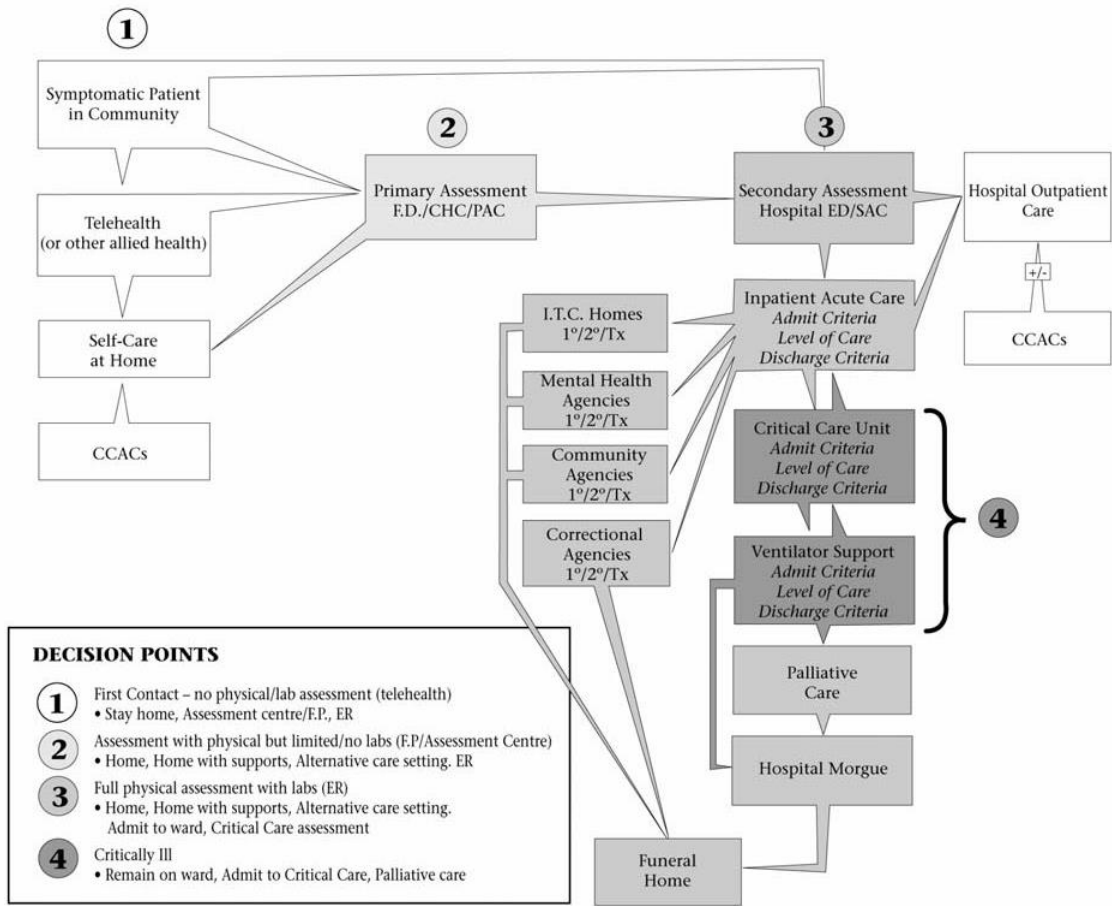
1	REMOVE GLOVES	
2	REMOVE GOWN	
3	PERFORM HAND HYGIENE	
4	REMOVE EYE PROTECTION	
5	REMOVE MASK OR N95 RESPIRATOR	
6	PERFORM HAND HYGIENE	



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3.4 Process for Assessing Influenza Patients



DECISION POINTS	
1	First Contact – no physical/lab assessment (telehealth) • Stay home, Assessment centre/F.P., ER
2	Assessment with physical but limited/no labs (F.P./Assessment Centre) • Home, Home with supports, Alternative care setting, ER
3	Full physical assessment with labs (ER) • Home, Home with supports, Alternative care setting. Admit to ward, Critical Care assessment
4	Critically Ill • Remain on ward, Admit to Critical Care, Palliative care

LEGEND			
CCACs	Community Care Access Centre	LTC	Long-term Care
ED	Emergency Department	+/-	Support
F.D.	Family Doctor	1°/2°/Tx	Primary and secondary assessment as well as treatment of uncomplicated cases of influenza should occur in institution
CHC	Community Health Centre		
PAC	Primary Assessment Centre		
SAC	Secondary Assessment Centre		



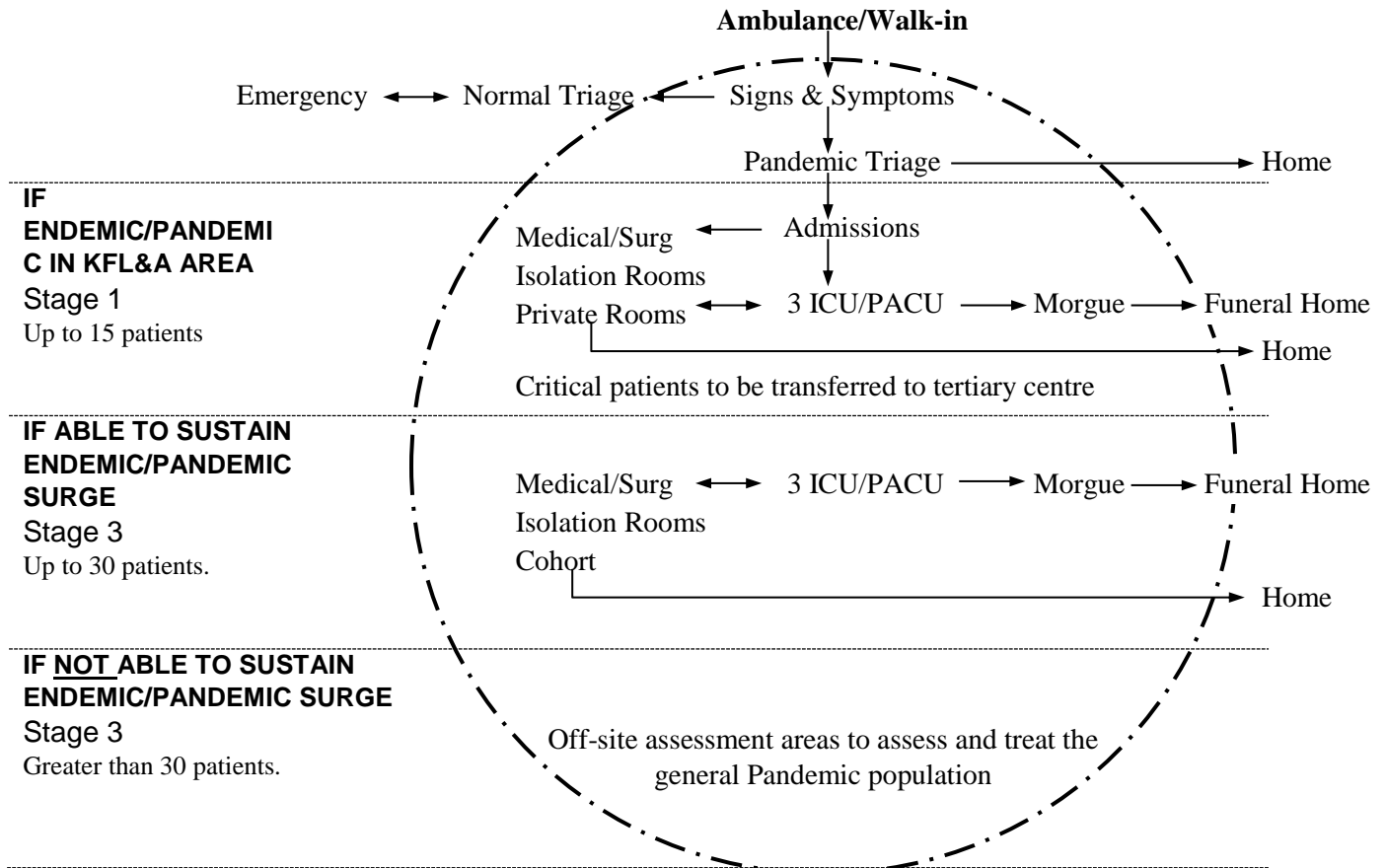
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3.5 PATIENT CARE TEAM:

HOSPITAL WIDE INFLUENZA PATIENT FLOW

Endemic/Pandemic Influenza flow addresses how influenza patients enter the hospital, get assessed and ultimately admitted into the hospital, or discharged. The model shown below depicts the flow:





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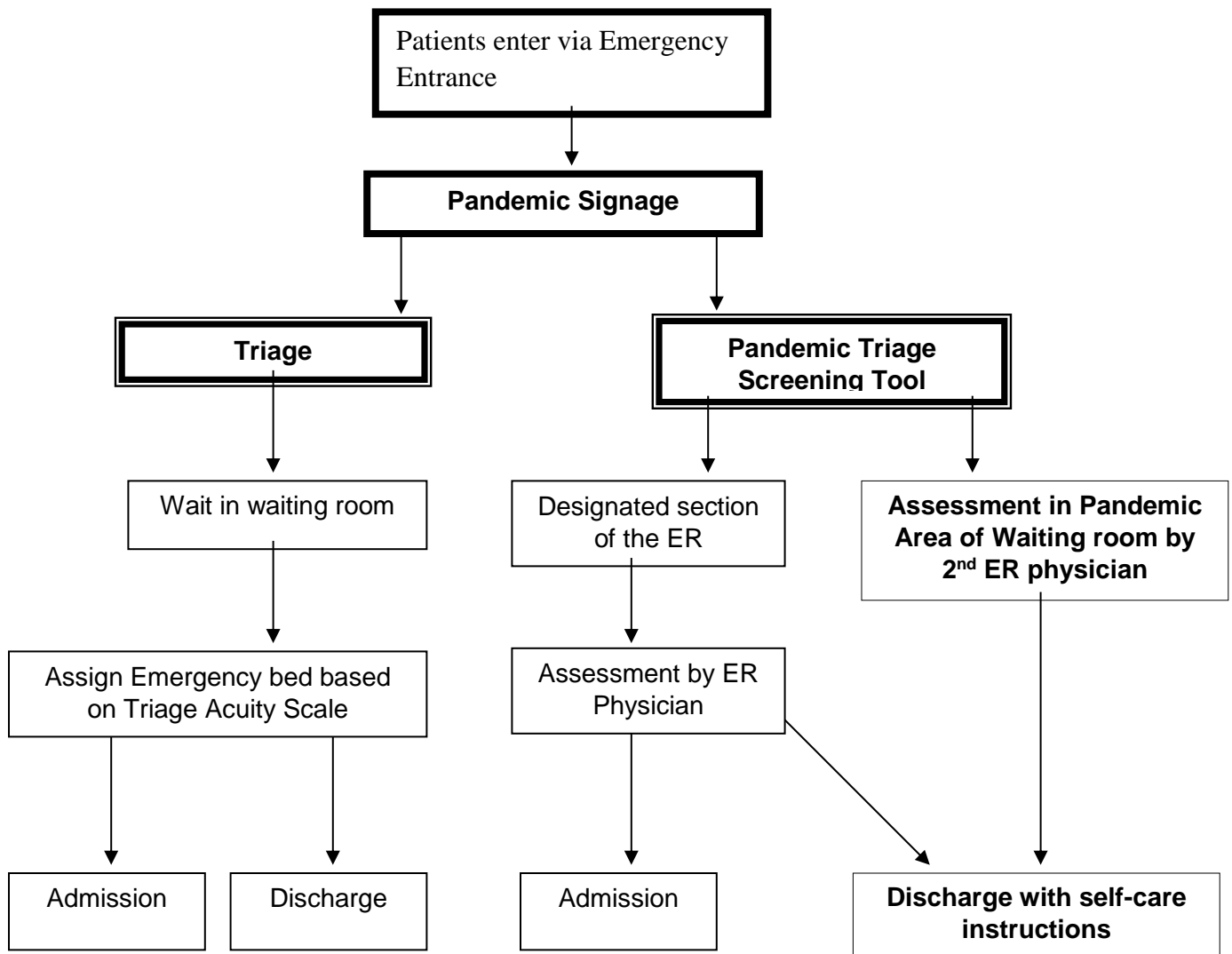
3.6 PATIENT CARE TEAM:

TRIAGE: INFLUENZA PATIENT FLOW

In the KFL&A area there will be approximately *** patients who will enter the Lennox & Addington County General Hospital Emergency Department over an 8 week period. This means ***patients every hours will come through the Emergency Entrance. *** of those patients will be admitted.

Signage for FRI/Influenza type symptoms will be present at the ER entrance. All patients with symptoms will wear a mask, and clean hands with alcohol solution. These patients will proceed to the Endemic/Pandemic designated triage nurse and sit in the designated area in the Emergency waiting room.

Masks must remain on at all times. Emergency staff, as well as security and volunteers will wear Personal Protective Equipment. The Endemic/Pandemic triage nurse in consultation with the ER physician will take symptomatic patients requiring secondary assessment and/or treatment into a designated section in the ER and those with less severe symptoms will be assessed by the Physician in the designated assessment area in the waiting room.





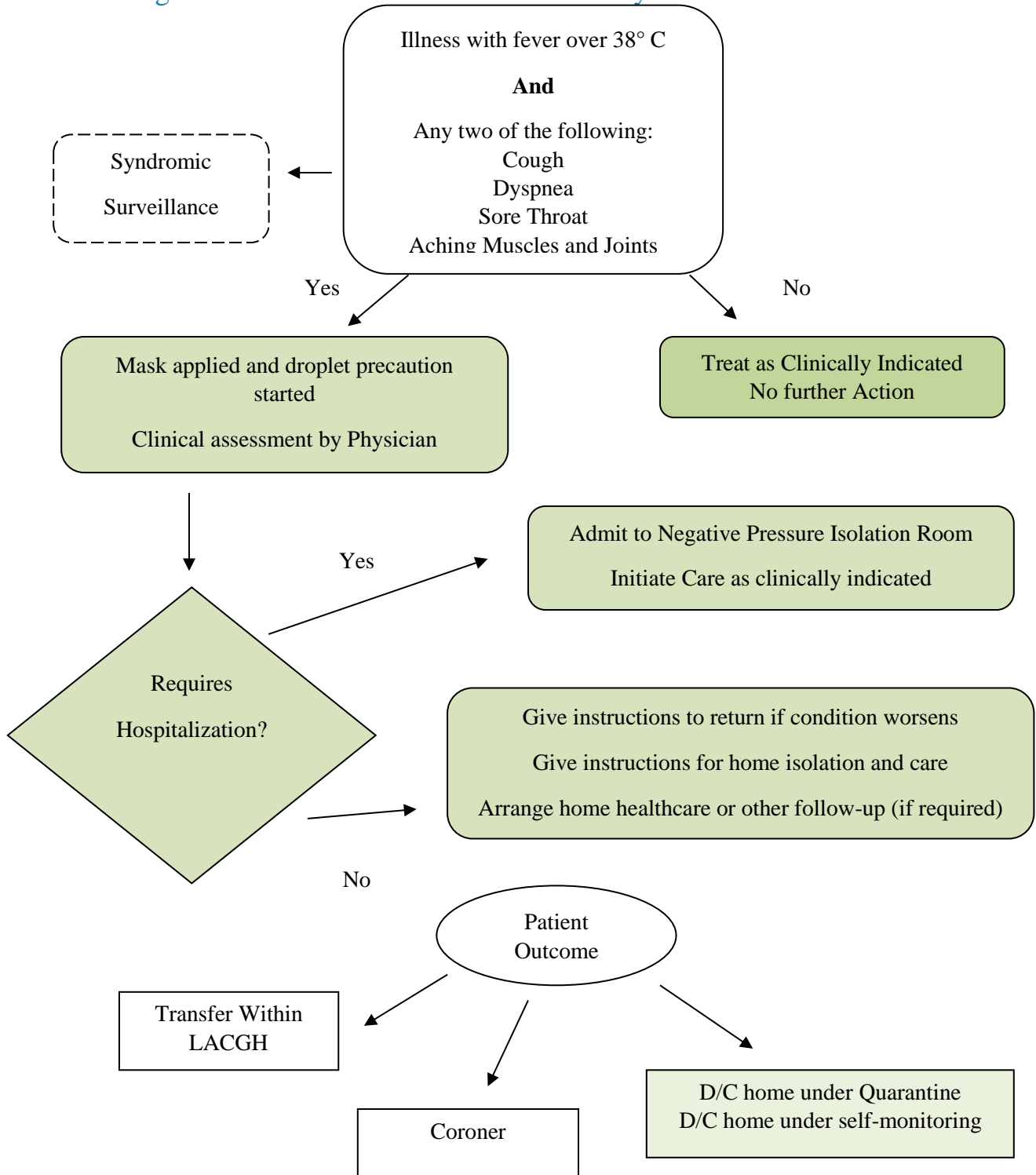
3.9 Infection Prevention & Control

- Maintain adequate and accessible hand hygiene stations within easy access to PPE. Keep at least 1 meter away from coughing or sneezing patients.
- Droplets of virus can survive 24 – 48 hrs on hard non-porous surfaces, 8 – 12 hrs on cloth, paper and tissue and for 5 minutes viruses can also be contact spread. May also be spread through aerosol transmission. Current scientific literature doesn't confirm or rule out.
- Recommend: Routine practice to be followed at all times. Surfaces cleaned between patients suspected of having influenza.
- All Healthcare workers should be fully educated and knowledgeable of routine practices and additional precautions for preventing transmission of disease.
- Formal educational/communication plan on influenza Endemic/Pandemic management should be provided and in place according to per-established schedule.
- Patient management techniques: Patients who have influenza symptoms (fever, cough) should be asked to practise hand hygiene, wear a surgical mask and wait in a separate area or maintain a 1 meter distance from other patients and staff.
- Patients with high fever/cough and travel from an area with a health alert should be moved out of waiting room immediately to a separate room.
- Patients admitted to the Hospital should be in a single room or grouped with other patients in a designated multi-bedroom, have their own hand wash sink, toilet and bath facilities, have limited movements and contact and wear a surgical mask when outside room (i.e. x-ray).
- Surveillance and management.
- Education and communication to staff (what are needs).
- Targeted training developed to meet individual and team needs.
- Specific signage to highlight key messages for visitors, staff and patients.



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3.10 Triage – Endemic/Pandemic Clinical Pathway





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3.11 Triage – Self-Care / Discharge Instruction Sheet:

To reduce your chances of getting and spread influenza, follow these following recommendation:

- Wash your hands with soap and water frequently, **especially after coughing or sneezing**.
- Do not share towels, drinks or eating utensils.
- Cover mouth when coughing.
- Use disposable tissues (not handkerchiefs) and dispose appropriately.
- Get lots of rest and adequate nutrition.
- Clean and sanitize contaminated surfaces (washrooms, kitchens, telephones).
- Designate a healthy person to prepare and serve foods, if possible.
- Watch for symptoms of influenza and stay home if symptoms begin. Avoid contact while contagious (at least 6 days after the first symptoms).
- Try to keep ill individuals away from infants, elderly and immunocompromised individual, if you are a caregiver of an ill person.
- Call Public Health at: **Napanee** Telephone: 613-354-3357
KFL&A Public Health Fax: 613-354-6267
99 Advance Avenue
Napanee, ON
K7R 3Y6
- Get antivirals, and the influenza vaccine, if available.

Symptom Care Recommendations

What to expect:

Day 1-3: Sudden appearance of fever, headache, muscle pain and weakness – also dry cough, sore throat, and stuffed nose (less noticeable)

Day 4: Fever and muscle aches decrease. Hoarse, dry or sore throat, cough and mild chest discomfort become more noticeable.

Day 8: Symptoms decrease. Cough and tiredness may last 1-2 weeks or more.

What can you do for yourself?

Rest: You will feel very weak and tired until your temperature returns to normal. Rest will allow your body to use its energy to fight the infection.

Take Acetaminophen or Ibuprofen: As recommended in the package to bring down your fever and ease your muscle pain (unless your doctor says otherwise). **Children under 18 years of age should not take acetylsalicylic acid (ASA) or any products containing ASA.** Antibiotics are not effective against influenza because it is a virus, and antibiotics fight bacteria.

Drink plenty of fluids: Extra fluids are needed to replace those lost because of the fever (sweating). If your urine is dark, you need to drink more water. Warm liquids help to loosen mucus. Try to drink at least a glass of juice/water or liquid every hour you are awake.

Treat your Symptoms



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Sore Throat: Try gargling with a glass of warm water to ease a sore throat. Sugarless hard candy or lozenges also helps. Some medications work by numbing the throat, Dyclonine works best. Lozenges or throat spray containing Benzocaine, Hexylresorcinol, Menthol and Phenol are also effective.

Cough: A cough can be helpful if it gets rid of mucus. If you need help loosening mucus, an expectorant such as Guaifensin is good. If a dry cough is keeping you awake, a cough suppressant like Dextromethorphan is safe and effective. It is not helpful to take suppressant and an expectorant together.

Stuffy Nose: Decongestants help shrink swollen blood vessels in the nose. Decongestant Nose drops/spray act in minutes. They work better and have fewer side effects than the pills. However, they only work for 2-3 days, and then they make the symptoms worse. Oxymetazoline, Phenylephrine and Xylometazoline are nose drops/sprays. If your nose is still stuffy after three days, you may want to switch to Decongestant pills. The pills take ½ hour to work. They may cause dry mouth, sleep disturbance and other side effects. Pseudoephedrine is a decongestant in pill form.

Do Not Smoke: Smoking is irritating and can make your symptoms worse. Avoid second hand smoke.

Stay home from work/school for 6 days, or until your fever is gone.

Ask for help: From family and friends if you live alone, are a single parent with small children, and are having a hard time taking care of your own/family needs.

If you buy medicine at the drug store to treat your symptoms (over the counter medications):

Check with pharmacies to see if it is the best one for you. Mention if you have a chronic illness or are taking any other medications. Take into consideration that:

- It is better to buy a remedy that treats only one symptom. This way you are not taking in substances that are doing nothing, or that may trigger an adverse reaction.
- Read the label to be sure that the ingredients treat the symptoms you have.
- Extra strength remedies contain higher doses of the ingredient. Try a standard dose first. It may work fine and not have the same risk of side effects.
- Long acting medications tend to have more side effects or interaction with other drugs or health conditions.
- If you have a chronic condition and are taking prescription medications. It is a good idea to ask the pharmacist to suggest a medication that would be safe for you to take. If you have not already discussed this with your doctor.

If you have any questions at all about medications, don't hesitate to talk to your Pharmacist or Physician.

Generally, people begin to feel better after their temperature returns to normal, in about 3 days and are ready to return to normal activities/work in about a week. It is common for tiredness and a cough to linger for several weeks.

When to Seek Medical Help

If you experience:

- Increasing shortness of breath while at rest or wheezing
- Difficult or painful breathing
- Fever for more than 5 days and feeling that you are getting worse



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- Feeling better and suddenly getting a high fever and feeling unwell
- Extreme drowsiness or disorientation/confusion
- Green coloured or bloody sputum
- Extreme pain in your ear

If any of the above happens during the flu, **SEEK MEDICAL ATTENTION** (call Telehealth 1.866.797.0000, your Doctor, EMS, or go to an Assessment Centre or Emergency).

When to seek Medical Help – Children

If any of the following happens during the flu, **TAKE YOUR CHILD TO SEE A DOCTOR**

- Is short of breath even while resting
- Has pain in the chest when breathing
- Is coughing up bloody sputum
- Is wheezing
- Still had a fever and is not feeling better after 5 days
- If feeling better and suddenly develops a fever
- Is hard to wake up, unusually sleepy or unresponsive

If any of the above happens during the flu, **SEEK MEDICAL ATTENTION** (call Telehealth 1.866.797.0000, your Doctor, EMS, or go to an Assessment Centre or Emergency).



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3.12 Bed Capacity Inventory

Patient Care Area	Beds With O2			Beds Without O2			Ventilated Beds			Comments
	Availability			Availability			Availability			
	Now Funded	In 72 Hours	In 7 Days	Now Funded	In 72 Hours	In 7 Days	Now Funded	In 72 Hours	In 7 Days	
Total										
	Total Capacity			Total Capacity			Total Capacity			
LHIN Total										
	Total Capacity			Total Capacity			Total Capacity			

Early discharge of medical and surgical patients occurs, move Acute Long-Term Care patients if possible



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3.13 Equipment & Supplies

During an influenza Endemic/Pandemic, health care settings will need large quantities of equipment and supplies to provide care and to protect health care workers. Demand will be high worldwide, and traditional supply chains may break down. The health system must take steps to have an adequate stock of equipment and supplies to meet increased patient care needs and to protect health care workers, access to back up supplies, and an efficient system for purchasing, storing and distributing those supplies. In early 2006, the ministry began developing and implementing a comprehensive Endemic/Pandemic procurement strategy to purchase and warehouse critical health care supplies.

This strategy includes building:

- A stockpile of personal protective equipment
- A system for purchasing, storing and distributing supplies
- A process to manage perishable supplies.

The ministry is currently focused on procuring infection control and mass vaccination supplies. These items are priorities because they provide critical protection for health care workers and their patients and will be in short supply in an Endemic/Pandemic.

Objectives

- (1) To maintain in all settings/facilities a four-week stockpile of equipment and supplies for use during an Endemic/Pandemic.
- (2) 2. To develop a provincial stockpile to supplement setting/facility stockpiles and provide a source for supplies and equipment when settings run low or if the usual supply chains fail.
- (3) 3. To develop an effective system for procuring, storing and distributing equipment and supplies.

Equipment and Supply Targets

To be able to respond effectively to an Endemic/Pandemic and avoid supply chain problems, the Ministry of Health and Long-Term Care is asking all health care settings/providers to plan for and maintain a four-week stockpile of personal protective equipment and other critical supplies. This will give organizations and practices surge capacity and ensure business continuity for the first wave of the Endemic/Pandemic (estimated to be approximately 8 weeks). In addition, the ministry is developing a four-week provincial stockpile of personal protective equipment that organizations will be able to access when/if their individual/local stockpiles are exhausted. Ontario Health Plan for an Influenza Endemic/Pandemic August 2008 Chapter #10: Equipment and Supplies 10- 2. The provincial stockpile can be used until regular supply chains can be re-established. To access the ministry stockpile during an Endemic/Pandemic, health care provider organizations should contact the Ministry Emergency Operations Centre at 1-866-212-2272. To help smaller clinical settings/practitioners who may not have the resources to develop adequate stockpiles, the ministry has provided over 15,000 Emergency Infection Control Kits to community health centres, Aboriginal health centres, community physician offices, primary care nurse practitioners, and midwives to provide extra emergency response capacity in smaller clinical settings.

Planning for Generic Supplies

To help organizations estimate their equipment and supply requirements, the ministry has developed templates of generic equipment and supplies required to provide care for people with influenza in the community and in hospital – including personal protective equipment (PPE) and diagnostic equipment



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and supplies for direct patient care (see Chapter 10A). As OHPIP evolves and the roles of various health care sectors are more clearly defined, the templates will be reviewed and refined.

The templates include:

- generic equipment and supplies across health sectors that would either be unavailable or in limited supply during a Endemic/Pandemic
- PPE equipment required based on the PIDAC and Ministry of Labour recommendations for infection control and occupational health and safety for influenza.

Note: Other PPE will be required to allow some sectors to maintain current routine practices. For example, Emergency Medical Services (EMS) currently employs an “all hazards” approach when responding to an emergency and will maintain that routine practice during an Endemic/Pandemic. High risk environments, such as testing laboratories, will also continue to need PPE appropriate for their activities. For guidance on conducting a risk assessment to determine the type of PPE health care workers need, see Chapter 7.

Planning for Specialized Equipment

In addition to the generic supplies and equipment currently listed on the template, some sectors will require specific or specialized equipment and supplies. For example, public health laboratories have identified requirements for: nucleic acids extractors, liquid handlers (PCR set-up robotic pipettors), real-time thermocyclers, and reagents and disposables (pipette tips, 96 well plates). 10.5 Next Steps each sector will work with their settings and associations to identify sector-specific equipment and supply needs. The MOHLTC will continue to develop an effective distribution system for equipment and supplies.



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3.14 Supply & Equipment – Care at Hospital

Equipment and Supplies		CARE AT HOSPITALS			
		Triage	ER	Ward	ICU
Category	Item				
Hand Hygiene	Liquid soap	x	x	x	x
	Alcohol hand rinse	x	x	x	x
	Paper towels	x	x	x	x
Personal Protective Equipment	Surgical/Procedure Masks (for patients)	x	x	x	x
	N95 respirators (for HCWs based on risk assessment)	x	x	x	x
	Paper gowns (small, medium, large, XL, XXL)	x	x	x	x
	Latex exam gloves (small, medium, large, XL, XXL)	x	x	x	x
	Non-latex gloves (S,M,L,XL)	x	x	x	x
	Safety glasses	x	x	x	x
Temperature & BP monitoring supplies	Thermometers (disposable covers)	x	x	x	x
	Stethoscopes	x	x	x	x
	Blood Pressure Cuffs (Child, Adult, Large Adult sizes)	x	x	x	x
Disinfectants	Disinfecting Wipes	x	x	x	x
	Surface cleaner and disinfectant	x	x	x	x
Diagnostics	Nasopharyngeal (NP) swab specimen kit: (a) NP swab (b) Viral transport	x	x		
	Testing reagents (eg, rapid ELISA-based kits; DFA panels: viral transport media; cell lines and media				
Cleaning	Garbage bags - clear 20x20 for individual stations	x			
	Garbage bags	x			
	Autoclave and other specialized waste disposal bags		x	x	x
	One-use tissues	x	x	x	x
Injections for pandemic influenza vaccine	Needles 25 gage 1", 25 gage 5/8"				
	Syringes				
	Alcohol wipes				
	Sharps containers				
	Medium cotton balls				
	Band-Aids				



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Respiratory Care	Oxygen tubing		x	x	x
	Oxygen masks – high concentration masks (non-rebreathers)		x	x	x
	Nasal prongs/cannula		x	x	x
	Oxygen masks – low oxygen concentration (Simple O2 masks, Venturi masks)		x	x	x
	Oxymeters and probes		x	x	x
	Portable oxygen tanks with regulators	x	x	x	
	Ventilator supplies		x		x
Suction	Disposable tips, catheters, tubing, canisters		x	x	x
	Disposable manual resuscitators (BVM) & filters (various sizes)		x	x	x
	Inline suction catheters		x	x	x
	Portable suction		x		x
Ice Packs	Cold Pack sodium or ammonium nitrate				
	Gel pack soft cold pack				
Paper products	Paper square absorbent table cover	x			
Cots or mats		x			
Dressing Supplies for Vaccine Injections	Sterile Gauze pads (7.6 cm x 7.6 cm)	x			
	Tape Hypoallergenic 2.5 cm x 9.1 cm	x			
	Other tapes	x			
IV Products	Solutions	(x)	x	x	x
	Tubing	(x)	x	x	x
Deceased body management	Body bags		x	x	x
Personal Identification products	ID bands for patients	x			
Instruction/ info Materials	"How to" instruction material for vaccinators				
	"Self-monitor; self-care" info for general public				
	Fact sheets for patients and families				
Forms	Consent forms for vaccines				
	Adverse reaction reporting form				
	Assessment/health record forms				



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3.15 Admitted Influenza Patients

Diagnostics and Follow-up Tests

The following test and criteria for patient management, based in clinical assessment of each case, should be considered on admission to Hospital. Availability of resources and the Endemic/Pandemic guidelines must be considered. Tests may include:

- Chest Radiograph
- Blood Cells Count
- Urea, Creatinine, Electrolytes
- Nasopharyngeal aspirate, sputum, cerebrospinal fluid or viral studies (antigen/nucleic acid determination, virus culture), and/or bacterial Gram stain and culture

Antiviral Therapy

Antiviral are most efficient when started within 48 hours of onset of symptoms. Since supply is expected to be limited, drugs may be reserved for patients severely ill or those with high risks for influenza-related complication.

Antibiotics

Antimicrobial therapy is indicated for treatment of patients with secondary bacterial pneumonia. In any upper respiratory tract infection, runny nose and sinus inflammation is common. In some cases, when severe symptoms are present or persist for more than 10-14 days, a bacterial sinusitis may be present. Acute sinusitis presents clinically with purulent nasal discharge, maxillary tooth or facial pain (especially unilateral), unilateral sinus tenderness, and worsening of these symptoms after initial improvement of influenza. In children, suspected sinusitis at 10 days to 2 weeks of symptoms would likely be treated, although it may not be in adults. Antibiotics may also be needed to treat bacterial otitis media, which is uncommon in adults but can be complicate influenza in children younger than 12 years.

General Management

- Fluid Therapy – Ensure adequate fluid intake (fluid management in patients with primary viral pneumonia must be well addressed and closely monitored, because some of these patients may develop adult respiratory distress syndromes (ARDS), and under these circumstances restricted intake of liquids may be indicated).
- Oxygen therapy based on pulse oximetry
- Management of associated cardiovascular illness.

Discharge Criteria & Follow-up

A shortage in hospital beds is anticipated; therefore identification of patients who can be discharged or transferred to alternate care centre must be timely. Patients will be considered clinically stable when, in the proceeding 24 hours:

- Their mental state returned to normal (or baseline)
- They are able to maintain oral intake
- Their vital signs remain within a specified threshold. Cut-off values should be established (i.e. o_2 saturation > 90%, heart rate 100/minute, respiratory rate 24/minute, blood systolic pressure 90mm Hg, temperatures 30°C).



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Once the patients are clinically stable for at least 24 hours, symptoms and signs have improved, oral therapy is being given, and they are functionally independent, discharge from the hospital with designated follow-up may be considered. The use of an alternate centre of care should be contemplated if more prolonged observation is necessary for patient with pneumonia, co-morbidities, or individuals who are not functionally dependent.

Release & Follow-up

If the patient is sent home, provide a copy of:

- Assessment sheet
- Instructions for self-management
- Contact names/numbers to notify if they deteriorate clinically
- Arrangements for home care/follow-up as required : usually 48 hours later for adults and 24 for children
- Arrangements for alternate care may be required for some patients

Intensive Care Unit (ICU)

Management of patients in the ICU will be similar to interEndemic/Pandemic influenza care. The clinic presentation of the disease and the availability of resources will determine which changes may be desirable throughout the Endemic/Pandemic. Infection control in the ICU, on the other hand, will be essential to avoid transmission of the virus to critically ill non-influenza patients. The isolation of influenza patients will be necessary.



SECTION 4: HUMAN RESOURCES



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4.1 Human Resources Planning

Rational

There is a growing shortage of key healthcare professionals in Ontario. The demand for the Healthcare workers with skills to provide patient care and maintain critical services will be particularly high during an Endemic/Pandemic influenza.

Goals and Objectives

- To optimize the supply and utilization of staff resources.
- To provide patient care and maintain critical services in an Endemic/Pandemic.
- To ensure management is knowledgeable about Occupational Health and Safety Act.

Approach

Strategies to optimize hospital staffing capacity

- Re-deploy clinical staff from deferred services.
- Defer staff holidays and leave of absences until Endemic/Pandemic ends.
- For staff willing to work extra hours establish 12 hours shifts up to the maximum recommended number of days per staff.
- Train non-clinical staff to provide support services such as meals, personal care, and patient movement for treatment, site cleaning and support for health care workers and their families so workers can do their job.
- Recruit clinical agency staff in co-ordination with other hospitals in the immediate geographical area.
- Cross-train clinical staff for influenza care and other essential services during Endemic/Pandemic and other large scale emergencies.
- List essential competencies and take an inventory of staff skills.
- Do a Gap Analysis and strategize to build staff capacity.
- Education of staff in Influenza Protection Steps.
- Develop Policies and Procedures to support the Human Resources Plan, work from home policies, sick time pay, stress leaves, resignation and work refusal in collaboration with the Hospital Endemic/Pandemic Planning Committee and Service Management.

During response stage

- Complete a just in time skill inventory of staff by surveying them for competencies to provide influenza care and critical services.
- Ensure contact information of staff is up-to-date and fan-out lists are accurate.
- Ensure the education of donning and doffing PPE and other just in time education needs are met.
- Assess information technology needs and updating.
- Maintaining staff support services (EAP, staff distress management) and remind staff how to access them.
- Respond to Human Resources issues (i.e. grievances and work refusals).

During Recovery Stage

- Evaluate strategies for building hospital surge capacity.



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- Accessing communities' health needs, demands and needs of staff to determine strategy for recovery.

Human Resources Group

Organizations that employ Healthcare workers have legal obligations to take all reasonable precautions to protect workers.

These measures include:

- Control Infections
- Immunization of employees
- The use of disinfectants
- The safe handling and disposing of soiled linen, sharps and waste.

Under the *Health Protection and Promotion Act*

- (1) Physicians, laboratories, school principals and others must report certain diseases including influenza to medical officers of health.
- (2) Persons who pose a risk to the public health may be ordered to do or stop doing, anything to reduce the risk of disease transmission.
- (3) Physicians are required to report to the Medical Officer of Health the name and residence address of any person who is under the care and treatment of the physician for the communicable disease and who refuses or neglects to continue treatment in a manner and to a degree satisfactory to the physician.
- (4) Appropriate action can be taken to prevent, eliminate or decrease a health risk.
- (5) Premises may be required to be used as temporary isolation facility

Social Support

If employees are ill in large numbers it will be difficult to maintain staffing levels and positive staff morale. Adequate staff may not be available and decisions will need to be made regarding work priorities. A list of resources will be available for staff regarding childcare, eldercare and counseling services.

New Staff

New staff hired during an Endemic/Pandemic should have an identifier on their name tag on to ensure others know they are new and may require additional assistance and training. If staff have a scheduled day off every effort will be made to honor that. Encourage staff not covered under short-term sick benefits not to come to work ill or return to work when they are still contagious. The Endemic/Pandemic may last 8 weeks with 35% of the workforce absent.

Components of the Human Resources Plan

Deferral of Services

In order to have an effective redeployment system, the identification of essential vs. non-essential work must be established by the Senior Team so that all available staff is effectively and efficiently utilized. The basic guideline will be to provide minimal or reduced services in non-essential areas and redeploy available staff from these areas to the essential areas. The following factors will determine essential vs. non-essential work areas:



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- Volume of patients
- Expectation for continued clinical services (which will be downsized to accommodate extra workload)
- Number of staff who could potentially become ill or utilize emergency leave to care for ill dependants
- Reduced complement available to work due to health risk factors
- Length of Endemic/Pandemic event and number of waves

Deferral of Human Resources Services:

Basic Human Resources services will be maintained so that the hospital payroll is completed on its normal schedule. Payroll is therefore deemed an essential service and payroll staff (and the assigned back-up) will be maintained throughout an Endemic/Pandemic situation to ensure continuation of services. Occupational Health services will also be required to continue during an Endemic/Pandemic.

Redeployment Centre

A Redeployment Centre within LACGH (Airhart Conference Centre) will be established to coordinate the assignment of additional staff needs for hospital programs and services. The Redeployment Centre will be established and directed by the Director, Human Resources, or designate within the Command Centre structure.

Minimum staffing for the Redeployment Centre is as follows:

0800 – 1600 hours: Redeployment Centre Coordinator (+ backup)
 Clinical Staff Rep (+ backup)
 One admin support personnel (+ backup)

1600 – 0800 hours: Redeployment Centre Coordinator

A minimum of eight to twelve staff are required to be trained to work in the redeployment centre: The Redeployment Centre will be staffed 24/7 as noted above and staff will rotate through a 5 day cycle. Other staff may be redeployed to the Centre as required.

Redeployment Process

On a daily basis, managers will assess their staffing needs and provide to the Redeployment Centre a list of their staffing needs and/or a list of staff who have reported to work but are considered in excess of the department's needs for that day. The hospital will follow the additional shift language in each collective agreement for the filling of additional shifts. If enough staff is not available under this process, Human Resources will first redeploy staff within their programs/services, on a single-shift corporate-wide basis based on qualifications and need. Based on need and staff availability, staff may also be redeployed across programs to carry out tasks within their scope of practice and skill level. Human Resources will prepare a Skills Inventory Report, identifying staff with specific skills, experience and qualifications/registrations, which will be used as the basis on which to reassign available staff. Human Resources will establish and maintain a protocol and a system for tracking staff assignments, staff absences and staff availability during the Endemic/Pandemic period.



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When all available staff within a bargaining unit has been utilized for bargaining unit work, non-union and/or management staff holding the required qualifications will be utilized.

Human Resources will establish a dedicated hotline for staff needs and availability, which will be managed 24/7, if required, through the Redeployment Centre. E-mail and/or pagers and/or cell phones will be used as a backup in the event of problems with the land-based phone system. This information will be communicated to all staff immediately upon the onset of an Endemic/Pandemic situation.

Staff in the Redeployment Centre will call staff members to advise them of their assignment, the orientation process and the process for entering the hospital (security clearance, etc.)

Budget/Payroll

Finance will establish an Endemic/Pandemic cost centre and Payroll will establish any necessary special codes to track payments during the Endemic/Pandemic period. Tracking of the following will be required:

- Endemic/Pandemic-related employee sick time
- Endemic/Pandemic-related employee absence (non-sick), i.e. caring for children, others
- Endemic/Pandemic-related employee absence (non-sick) – i.e. quarantine
- Tracking Endemic/Pandemic-related redeployment costs
- Tracking overtime

Recruitment Plan/Staffing Strategy

Once an Endemic/Pandemic has been declared it will be difficult to recruit staff. Compounding the recruitment challenge will be the fact that employees, faced with Endemic/Pandemic-related issues at home will be more susceptible to resignation, so absenteeism and attrition will increase. The Hospital's first line of defence will be to redeploy existing staff with required skills based on availability due to deferral/reduction of services, etc. In the event staffing needs cannot be handled within existing employee resources, Human Resources will put into effect any or all of the following staffing strategies as deemed necessary and appropriate:

- Implement an aggressive and expedited recruitment plan which will involve the hiring of temporary staff at the discretion of the hospital as provided for in our respective collective agreements. The source of hire may include:
 - Recent retirees
 - Current roster of students
 - Students and recent graduates from clinical health care programs: nursing, medicine, paramedical, etc.
 - Current volunteers
 - HRSDC (Human Resources and Skills Development Canada)
 - Other health care providers
 - Radio/television advertising
- Expand the scope of the roles of students and volunteers in a manner that allows them to be effectively utilized in order to provide safe patient care.
- Hire family members of current staff to do non-clinical work and hire external people into non-clinical positions and redeploy CMH staff with appropriate health care knowledge/training.
- Recall of pre-authorized vacation, leaves of absence, etc.



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- Access purchased services at fixed rates and minimum service levels through the following avenues, based on existing agreements or special agreements entered into for pre-determined numbers of agency personnel in anticipation of a Endemic/Pandemic situation;
 - Nursing and other professional agencies
 - Temporary staffing agencies for support staff
- Staff up existing casuals and part-time staff to ensure adequate staffing levels available for Endemic/Pandemic situation: increase part-time hours, etc.

Orientation and Occupational Health Clearance

The Redeployment Centre will facilitate a brief (1/2 hour) general orientation to the Hospital for all new staff. This will be substituted by a specific departmental orientation arranged by the applicable manager.

New staff, who have not previously worked for the Hospital will need to complete a medical history and provide proof of a clear TB skin test and immunization status from their family physician to the designated Occupational Health Nurse prior to beginning work. In addition, any new staff with previous WSIB claims must be assessed by the OH nurse. Managers should plan their hire 5 days in advance of when they are needed to allow for required TB skin test.

Staff Identification

Identification will be required for all staff (whether temporarily assigned due to Endemic/Pandemic or otherwise). Staff must consistently wear their identification badge while on duty. New employees will receive photo ID during the general orientation process.

Attendance Issues

Staff is expected to follow all existing policies and procedures for reporting sick absences and or requesting emergency leave days. Note that staff who become ill and are diagnosed with the strain of influenza that is causing the current Endemic/Pandemic situation will not have sick days charged against the hospital's attendance support program. As a general guideline, requests for vacation will be reviewed very carefully and granted only on an exception basis at the discretion of the manager. It may also be necessary to rescind vacation and or personal leave of absence approvals in the event of an Endemic/Pandemic. Staff is expected to stay off work, if they are ill.

It is important to note that staff could be eligible for the following leaves of absence under the *Employment Standards Act (ESA)*:

Personal Emergency Leave: Section 50

Up to 3 days of unpaid leave to deal with: personal illness injury or medical emergency; illness, injury, death medical emergency or other ``urgent matter`` of a family member (as defined)

Family Medical Leave: Section 49.1

- Entitled to up to 28 weeks unpaid leave to provide care or support to a family member (as defined)
- Family member must have serious medical condition and significant risk of death within 26 weeks
- May be extended for another 8 weeks, if no death occurs



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It is also important to note that the *Emergency Management Statute Law Amendment Act, 2006*, gives the Ontario provincial government a broad array of powers if an ``emergency`` is declared. This emergency is defined as:

“A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.”

Other Human Resources Issues

1. Staff Communication

Communication regarding staff issues will be the joint responsibility of the CEO and Human Resources. Communications related to an anticipated Endemic/Pandemic should begin well before the crisis hits and should ensure that staff are thinking about critical issues like daycare, are aware of safety planning activities, and provide information regarding supports for staff.

2. Labour Relations Health & Safety

Human Resources will be responsible for communicating with the unions and seeking their input on operational and health and safety issues impacting their members. Ongoing communication will be crucial to ensure issues are identified and resolved at the earliest possible time in order to facilitate patient care needs and to comply with the collective agreements and the *Occupational Health & Safety Act*.

Ongoing briefing meetings will be conducted with union leaders and with members of the Joint Occupational Health, Safety Committee commencing as early as possible prior the onset of an Endemic/Pandemic and throughout the event.

3. Organizational Resiliency

In an Endemic/Pandemic situation external factors will influence the ability of staff to attend work, notwithstanding their own illness. Schools and daycares may be closed, children and other family members may become ill and require care at home, increased workloads and excessive absenteeism of coworkers associated with multiple waves of influenza will add to employee stress, poor morale and fatigue. It will be difficult to maintain adequate staffing levels during an Endemic/Pandemic. Human Resources will play a vital role in assisting staff to cope with this crisis including but not limited to the following:

- The provision of EAP (employee assistance program) services for staff and family members;
- The provision of crisis management programming through our EAP provider: to be negotiated in advance of Endemic/Pandemic;
- Identification of child and elder care services that staff can utilize so they can continue to work or work additional shifts;
- Provision of sleep rooms or other facilities for staff that would benefit from this facility.



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4.2 Recommended Organizational Strategies

The following are some recommended organizational strategies to deal with the challenges of maintaining adequate staffing levels to manage the existing and additional workflow resulting from the Endemic/Pandemic event.

- Ensure that all managers have computer equipment available for personal use at home
- Ensure that all managers have access to the Hospitals e-mail and desk top applications from home
- Ensure that all staff can access information required externally through central communications (phone) and via the internet.
- Consider providing non-monetary incentives for staff to come to work, such as:
 - Free meals – i.e. one per day

It is important to remember that the Endemic/Pandemic is a `people event`. Therefore, people care and people processes will need to become top priority to support the organization’s mission of providing effective and efficient health care services.

4.3 Mortuary Issues

Our Hospital Morgue holds 2-3 bodies and the Bio Hazard Room (located next to loading area) can hold 3 – 4 bodies, possibility of a few more with racks (shelves shouldn’t be above waist height and no refrigeration is available). The 2 Napanee funeral homes would be able to store 12 – 16 bodies combined, they have no refrigeration either. The storage of bodies in larger quantities or for longer periods of time would entail rental of a refrigerated transport from the community morgue. The name if on side should be covered. For large number of bodies cremation would expedite the process, Wannamaker’s Funeral Home keeps 12 cremation caskets on hand and provide transportation to the crematorium where refrigeration is available.

Funeral Home	Contact	Location
Hannah	613.354.3341	Napanee
Wartman	613.354.3722	Napanee
Hannah	613.379.2997	Tamworth
MJ Smith & Son	613.396.2310	Deseronto
Cassidy	613.478.3807	Tweed
Maschke	613.336.6873	Northbrook

Coroners for our area are: Dr. Craig Mitchell and Dr. Mamdouh Andrawis

4.4 Postmortem Care

Purpose

- To promote the safe handling of the deceased body during preparation and transportation.
- To ensure that legislative regulations regarding precautions and the communications are met.

Procedure

- Follow nursing procedure for routine care after death See Policy # 111-d-1600.12-19
- Wear appropriate barriers. If the patient was on isolation precautions, continue to wear appropriate barrier equipment until body is enclosed in the shroud.



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- Ensure the body is appropriately identified with isolation precautions. Team Leader/Administrative Co-ordinator/Infection Control Nurse will alert autopsy personnel and funeral director/personnel to take appropriate precautions.

Ontario Health Protection & Promotion Act

Under Chapter H7, Section 30 “A physician who signs a medical certificate of death in the form prescribed by the regulations under the Vital Statistics Act where the cause of death was a reportable disease, or a reportable disease contributing cause of death shall, as soon as possible after signing the certificate, report thereon to the Medical Officer of Health of the health unit in which the death occurred.”

Regulation 557 section 7, 8, 9, 10: Disposal of Corpses, apply to the corpse of a person who died of or while isolated for:

- Anthrax
- Ebola virus disease
- Haemorrhagic fevers
- Lasa Fever
- Marburg virus disease
- Plague
- Smallpox

If the patient is known to have a reportable/communicable disease, ensure that the body is appropriately identified with isolation precautions to alert autopsy and funeral personnel, to take appropriate precautions. Notify Infection Control Nurse and the Medical Officer of Health.

Regulation 569 under the Act; Reports Section 4 ‘A report made under Section 30 of the Act shall; with respect to the deceased, contain the following information;

Name and address in full

Date of birth

Date of death

Name and address in full of the physician who attended the deceased.

- As soon as possible after death occurs, the person having the custody of a corpse referred to in Section 7, shall place it or cause it to be placed in a coffin of sound construction and be closed forthwith and not opened except as directed by the medical officer of health.

No person shall remove a corpse referred to in section 7 from an isolation room until there has been compliance with above.

Where a deceased person was infected with smallpox or anthrax the coffin referred to subsection shall be hermetically sealed.

Note: In the case of meningococcal meningitis or meningococemia, it is sufficient for the body to be sealed in a plastic body bag in the patient room before being transported via morgue to the funeral home.

Regulation 557 under the *Ontario Health Protection & Promotion Act*: Disposal of Corpses



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- No person shall deliver a corpse referred to in section 7 to a carrier for transportation or carriage unless the corpse is enclosed in a coffin of sound construction satisfactory to the Medical Officer of Health and the coffin is enclosed in an outer case sufficiently strong to ensure that the coffin and the hermetical sealing, if any, will not be broken throughout the transportation or carriage.



SECTION 5: RECOVERY



ENDEMIC/PANDEMIC PLAN

5.1 Recovery

This chapter addresses the recovery of the hospital following an influenza Endemic/Pandemic. Recovery is an important part of the Endemic/Pandemic plan to ensure a return to normal hospital activities and perform a review of the different sections of the Endemic/Pandemic plan and modify, as necessary.

Surveillance

- Continue to monitor and report outbreaks and symptoms of FRI-ILI and clusters to the HKPR Health Unit.
- Review and revise hospital surveillance program and provide feedback to local Health Unit on the process of surveillance and investigation.

Education of Staff, Patients & Visitors

- Review and revise hospital education program

Communications

- Review and revise hospital Communications Plan in consultation with the JHSC, and update.
- Obtain and provide feedback to stakeholders on the flow of information and update.
- Implement communication needs for the recovery phase and assist in obtaining material.

Infection Prevention & Control

- Review and revise CMH IPAC plan and update.

Occupational Health & Safety

- Confirm list of all staff who have been vaccinated with Endemic/Pandemic influenza vaccine.
- Review and revise CMH OHS plan and update.
- Evaluate effectiveness of antiviral and vaccine distribution (as per hospital strategy).

Antiviral Drugs & Vaccines

- Review and revise hospital antiviral drugs and vaccines Plan and update.
- Share feedback to assist in evaluation of the distribution and administration of the vaccine, the tracking of doses, adverse events, and evaluate the process with the HKPR Health Unit.
- Assess the vaccine distribution, storage, and administration process.

Access to Care and Patient Assessment Centre

- Provide feedback on the strategy for assessment, treatment, and referral, and on the role the patient assessment centre played in meeting outpatient services for patients with Endemic/Pandemic influenza.
- Evaluation of local protocols for transferring patients to acute care settings.

Patient Assessment, Treatment & Essential Services

- Close separate screening and triage area in the hospital and advise Emergency Department and other departments and clinics accepting patients to continue to screen patients.



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ENDEMIC/PANDEMIC PLAN

- Provide feedback on the strategy for assessment, treatment, and referral and the role of the patient assessment centre played in meeting outpatient services for patients with Endemic/Pandemic influenza and reducing demand on acute care.
- Evaluate strategies for building hospital surge capacity.
- Assess the community's health needs/demands and needs of staff to determine strategy for recovery and restoration of services.
- Determine the burden of Endemic/Pandemic influenza and demand for hospital services

Human Resources

- Evaluate strategies for building hospital surge capacity.
- Assess the community's health needs/demands and needs of staff to determine strategy for recovery and restoration of services.
- Determine the burden of Endemic/Pandemic influenza on the hospital human resources.

Equipment & Supplies

- Collect then necessary information to evaluate activities related to the procurement, management, and distribution of equipment and supplies.
- Provide feedback to the MOHLTC on the financial costs from responding to the Endemic/Pandemic.
- Resume procurement and management of supplies (if another wave is expected) or to replenish equipment and supplies (especially as services are ramped up).

Mortuary

- Determine the burden of Endemic/Pandemic influenza on hospital human resources.
- Evaluate handling and disposal of the deceased.
- Estimate cost associated with the handling and disposal of the deceased.



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5.3 Resources & Contact Numbers

NAME	TELEPHONE #	E-MAIL
LHIN	1-866-831-5446 613-967-0196	
MOHLTC	1-866-212-2272	
Public Health Lab	613-548-6630	
MOHLTC Employer's Hotline	1-866-212-2272	
Ministry of Labour	1-800-267-0915	
EMU	1-866-212-2272 www.health.gov.on.ca/english/providers/program/emu	
HAZMAT		
Poison Control Centre	1-800-267-1373	
Public Health Agency of Canada	1-800	www.phac-aspc.gc.ca
CHICA	1-866-999-7111 1-204-897-5990	Chicada@mb.sympatico.ca
QUESST		
South East Ontario Infection Control Network	1-866-883-8428 613-548-3921	www.ricn.on.ca
Tele Health Ontario	1-866-797-0000	
HEALTH UNITS		
Kingston Frontenac L&A Napanee Branch	613-354-3357 613-549-1232	www.kflaph.ca
Hastings & Prince Edward Counties Public Health	1-613-966-5500 1-800-267-2803	www.hpepublichealth.ca
Leeds, Grenville & Lanark District Health Unit	1-613-345-5685 1-800-660-5853	www.healthunit.org
HOSPITALS		
Belleville Site Quinte Health Care	1-613-969-7400 1-800-483-2811	
Brockville General Hospital	1-613-345-5649	
Hotel Dieu Hospital Kingston	613-544-3310	
Kingston General Hospital	613-549-6666	
MANICIPALITY		
OPP	1-800-310-1122 613-354-3369	
EMS	1-800-253-0806 613-354-6873	
Fire	613-354-3415	
Napanee	613-354-3351	
Hydro One	1-800-267-2547	
Water Utilities	613-354-9338	
Quinte Detention Centre	1-613-354-9701	
Strathcona Paper Centre	613-354-4423	
CORONERS		
Dr. Mamdouh Andrawis	613-354-3960 613-449-0515	
Dr. Craig Mitchell	613-354-7486 613-770-8003	
NURSING HOMES		
Friendly Manor	1-613-396-3438	
John M. Parrott Centre	613-354-3306	
Pine Meadow - Northbrook	1-613-336-9120	
Village Green	613-388-2693	
CHURCHES		
Anglican	613-354-3141	
Evangel Temple	613-354-4281	
Free Methodist	613-354-2669	
Grace United	613-354-4373	
Roman Catholic	613-354-5354	
Trinity United	613-354-3858	
FUNERAL HOMES		
Milestone Monument & Cremation Services	613-354-0694	
Hannah's	1-613-379-2997	
Hannah's Napanee	613-354-3341	



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NAME	TELEPHONE #	E-MAIL
MJ Smith & Son	613-396-2310	
Wartman's Napanee	613-354-3722	
TAXIS		
Napanee Cab	613-354-6688	



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ENDEMIC/PANDEMIC PLAN

5.4 Roles & Responsibilities

5.4.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident; Retains responsibility, will delegate authority to accomplish incident goals. Is overall responsible for overall command of the incident and will delegate authority to accomplish incident goals.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD



Lennox & Addington County General Hospital

ENDEMIC/PANDEMIC PLAN

5.4.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident; Retains responsibility, will delegate authority to accomplish incident goals. Is overall responsible for overall command of the incident and will delegate authority to accomplish incident goals.

- Read this entire section before proceeding.
- Continue normal day-to-day functions with regards to hospital operations.
- Encourage collaboration between emergency response personnel and health authorities in preparing for an Endemic/Pandemic and coordinating Endemic/Pandemic response activities.
- Monitor Endemic/Pandemic Steering Committee.
- Communicate Endemic/Pandemic planning updates with Board of Directors and staff.



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PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding.
- Request that the Executive Assistant activates the Hospital Emergency Operations Center (EOC).
- Initiate the Incident Management System: Assume role of Incident Commander.
- Put on position identification vest as provided at EOC.
- If not already established, make contact with Medical Officer of Health.
Contact Number is:_____.
- Organize and direct EOC functions with advice from Technical Advisory Group.
- Determine who will fill the roles of the EOC positions-provide this information to the Executive Assistant and have Recording Secretary document on EOC Wall Chart.
 - Liaison Officer
 - Public Affairs Officer
 - Operations Officer
 - Planning Officer
 - Health & Safety/Infection Control Officer
 - Logistic Officer
 - Finance Officer
- Establish initial briefing session and consider frequency of EOC Team Meetings.
- Request that the Public Affairs Office arrange a Town Hall session to update staff on status of an Endemic/Pandemic threat.
- Request that the Public affairs Officer arrange a media briefing and approve statements to be released to the public.
- Request that infection control in consultation with Medical advisor make a recommendation about restricting/suspending visiting hours.
- Request that the Logistic Officer make a recommendation about the level of perimeter security/access control and any safety considerations.
- Request that the Operations Officer make a recommendation on patient repatriation and discharge strategies.
- Consult with EOC officer and determine the level of service that will be provided.
- Ensure heightened level of staff infection control practices.
- Request status reports from EOC Officer and update the action plan regarding the level of service that will be provided.
- Request from Planning Officer the critical staff resource availability.
- Continue to approve media releases compiled by Public Relation Officer.
- Organize and direct Emergency Operations Centre (EOC).
- Give overall direction for the hospital operations and if needed authorize next level of response(stage 2) Authorize resources as required by Command Officer.
- Communicate status to Chair of the Board of the Directors.



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ENDEMIC/PANDEMIC PLAN

5.4.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident; Retains responsibility, will delegate authority to accomplish incident goals. Is overall responsible for overall command of the incident and will delegate authority to accomplish incident goals.



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ENDEMIC/PANDEMIC PLAN

5.4.1 INCIDENT MANAGER:

Reports to:	Board of Directors
Mission:	Is in overall command of the incident; Retains responsibility, will delegate authority to accomplish incident goals. Is overall responsible for overall command of the incident and will delegate authority to accomplish incident goals.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding.
- Continue any functions of Stage 1 as deemed necessary.
- Determine patient census and Endemic/Pandemic status with Operations Officer.
- Approve media releases submitted by Public Affairs Officer about status of Endemic/Pandemic.
- Assure the Liaison Officer established contact and resource information with outside agencies.
- Consider needs for staff and volunteer responders with regard to food and shelter. Consider the needs for the dependents. Authorize an action plan.
- Provide rest periods and relief for staff. Consider additional needs for staff. Observe all staff and volunteers for signs of stress and inappropriate behaviour. Reinforce EAP support. Report concerns to Occupational Health Nurse
- Provide patient data to the appropriate authorities from Operations Officer.
- Other concerns.
- Brief your relief, ensuring that ongoing activities are identified and follow up requirements are known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read this entire section before proceeding.
- Continue any function of stage 2 as deemed necessary.
- Link with community regarding off site care.
- Activate the demobilization of the EOC on advice from Technical Advisory and Planning Officer.

RECOVERY

- Return to normal function.
- Participate in event briefing.
- Evaluate strategies for emergency measures and facilitate any required improvements.



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ENDEMIC/PANDEMIC PLAN

5.4.2 EXECUTIVE / RECORDING ASSISTANT :

Reports to:	Incident Manager.
Mission:	Is responsible for recording all communications and tracking information flow and decision made within the EOC. Provides necessary equipment/ materials for EOC members to respond to the incident. Answers incoming calls and directs to appropriate authority.

PHASE 3, 4 & 5 - ENDEMIC/PANDEMIC ALERT PERIOD



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ENDEMIC/PANDEMIC PLAN

5.4.2 EXECUTIVE / RECORDING ASSISTANT :

Reports to:	Incident Manager.
Mission:	Is responsible for recording all communications and tracking information flow and decision made within the EOC. Provides necessary equipment/ materials for EOC members to respond to the incident. Answers incoming calls and directs to appropriate authority.

- Read this entire section before proceeding.
- Ensure the system for recording and tracking information flow and decision is implemented.
- Maintain a chronological account of the actions within the EOC.
- Accurately record the decisions made at the meetings.
- Distribute copies of the minutes and decisions made at each business cycle meeting to the EOC members as soon as possible after the meeting.
- Continue normal day-to-day functions with regard to hospital operations.



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ENDEMIC/PANDEMIC PLAN

5.4.2 EXECUTIVE / RECORDING ASSISTANT :

Reports to: Incident Manager.

Mission: Is responsible for recording all communications and tracking information flow and decision made within the EOC. Provides necessary equipment/ materials for EOC members to respond to the incident. Answers incoming calls and directs to appropriate authority.

PHASE 6 - IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 1 RESPONSE)

- Read this entire section before proceeding.
- Set up EOC and open the EOC kit.
- Distribute Job Action sheets, identification vests and any pertinent forms to EOC Officers.
- Document EOC positions on wall chart – actual staff to be assigned by the Incident Manager.
- Manage incoming calls to the EOC. Notify the Incident Manager of any new information – *if Incident Manager hasn't requested this, please make the recommendation!*
- Initiate operational forms as necessary:
 - Activity Log
 - Section Personnel Time Sheet
 - Procurement Summary Report
 - *Infrastructure Status Report*
 - *Patient Tracking Sheet*
 - Action Plan
 - EOC Message Form
- Ensure the system for recording and tracing information flow and decision is implemented.
- Maintain a chronological account of the actions within the EOC.
- Accurately record the decisions made at the meetings.
Await further instruction from the EOC Incident Manager.



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ENDEMIC/PANDEMIC PLAN

5.4.2 EXECUTIVE / RECORDING ASSISTANT :

Reports to:	Incident Manager.
Mission:	Is responsible for recording all communications and tracking information flow and decision made within the EOC. Provides necessary equipment/ materials for EOC members to respond to the incident. Answers incoming calls and directs to appropriate authority.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA – (STAGE 2 RESPONSE)

As above, plus:

- Read this entire section before proceeding.
- Continue any functions of Stage 1 as deemed necessary.
- Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Occupational Health Nurse.
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements are known.

PHASE 6, IF ENDEMIC/PANDEMIC IN KFL&A AREA - (STAGE 3 RESPONSE)

As above, plus:

- Read the entire section before proceeding.
- Continue any functions of Stage 2 as deemed necessary.

RECOVERY

- Return to normal function.
- Participate in event debriefing.
- Evaluate strategies for emergency measures and facilitate any required improvements.



APPENDIX A: DEFINITIONS

MOH – Ministry of Health

MOLTC – Ministry of Long Term Care

Seasonal (or annual) flu is a contagious respiratory illness in humans that occurs every year. An annual vaccine is available.

Avian (or bird) flu is influenza infection in birds. Avian influenza viruses occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can rarely be transmitted from birds to humans. There is no human immunity and no human vaccine is available.

Endemic/Pandemic flu is a global outbreak that occurs when a new influenza A virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and causes serious human illness.

IMS – Incident Management System

EOC – Emergency Operations Centre

KFL&A – Kingston, Frontenac, Lennox & Addington (Counties)

ALC – Alternate Level of Care

LTC – Long Term Care

PPE – Personal protective equipment, consists of N95 respirators, surgical masks, face shields, various types and sizes of gloves, eye protection, disposable gowns, powered air positive respirator systems (PAPRS)