

IH PIPP – Plan Overview, Actions, and Phases

Introduction – PIPP: A Work in Progress

This plan is a work in progress and is designed to mirror, at the health authority level, the *British Columbia Pandemic Influenza Preparedness Plan*. The PIPP will continue to be revised and refined by Interior Health as needed. Interior Health, in partnership with the members of its Infectious Hazards Emergency Response Planning Task Force (IHERPTF), will maintain this plan.

Regional, National, and International links

Since pandemics are global events, this plan is consistent with the World Health Organization's *Influenza Pandemic Preparedness Plan*, the *Canadian Pandemic Influenza Plan for the Health Sector*, the *British Columbia Pandemic Influenza Preparedness Plan*, and a number of other plans from countries around the world. It is the goal of Interior Health and its stakeholders that this plan, to be utilized during the preparation, response, and recovery from an influenza pandemic, will link with the overall operations of the British Columbia Emergency Response Management System (BCERMS) structure. Moreover, as further operational tools and components are developed, frontline stakeholders within Interior Health will also link directly into these pandemic preparedness measures.

This plan overview provides a summary of the general activities to take place within the categories of emergency response, vaccine, antivirals, surveillance, clinical health services, and communications. The sections that follow provide more in-depth information regarding such components as infection control, clinical and patient flow guidelines, ethical considerations, and First Nations planning efforts. While this plan has been designed to closely follow the guidelines developed by both the province and other health authorities to improve consistency between plans, specific responsibilities for various other provincial stakeholders and agencies are addressed in the *British Columbia Pandemic Influenza Preparedness Plan*.

Organization and Structure of the Plan

The main body of this plan is organized in three sections, which outline the key roles and responsibilities of Interior Health in each of the three pandemic phases:

- Pre-pandemic,
- Pandemic, and
- Post-pandemic.

Each section covers the six key components of pandemic planning:

- Emergency response,
- Vaccine,
- Antivirals,
- Clinical health services,
- Surveillance, and
- Communication.

The information is then organized in a tabular format, as illustrated below.

	Health Authority Actions
Emergency Response	
Vaccine	
Antivirals	
Clinical Health Services	
Surveillance	
Communication	

Each section outlines a series of detailed tables, which individually address the six planning areas for that pandemic phase, and the key actions within those planning categories.

Because of this plan’s numerous sections and technical nature, a separate glossary of this document’s various abbreviations, acronyms, and medical terms is provided. In addition, a list of references used for this plan has been included should readers wish to review additional bibliographical information.

Outline of Recommended Actions

Every British Columbian has a role to play in planning for an influenza pandemic. As the planning process evolves, strategies will be updated and expanded at the provincial, health authority, and municipal levels to inform and engage the broadest possible cross-section of citizens in preparing for the next influenza pandemic.

Although the IH PIPP is the point of reference for Interior Health during an influenza pandemic, affiliated departments, facilities, companies, agencies, and local government entities are also responsible for developing their own plans to ensure that essential public services continue to be available during this public health emergency. These plans should be developed and maintained in consultation with other key stakeholders, and particularly, Interior Health.

Under provincial legislation, the Ministry of Health Services, led by the Provincial Health Officer (PHO), has the lead role for responding to pandemic influenza outbreaks in British Columbia. Other agencies and individuals involved in this response will likely include:

- ❑ Health Authorities,
- ❑ First Nations,
- ❑ Hospitals,
- ❑ Community Care Programs/Agencies,
- ❑ Public Health,
- ❑ BC Centre for Disease Control (BCCDC),
- ❑ BC Provincial Emergency Program (PEP),
- ❑ Medical associations (e.g., Canadian Medical Association, BC Medical Association),
- ❑ Non-governmental Organizations,
- ❑ Municipal Governments,
- ❑ Public Health Agency of Canada.

Specific actions attributed to external groups and organizations involved in pandemic influenza planning, but who are outside of the scope of the IH PIPP, are found in the supplemental annexes. Please note that the list of stakeholders will expand as the planning process evolves and awareness of pandemic influenza increases.

Pre-Pandemic – Overview

This is the critical stage for pandemic preparedness. The pre-pandemic phase is NOW, and planning efforts need to focus on three key elements:

- ❑ Building Interior Health’s **capacity** to effectively respond to an influenza pandemic,
- ❑ Building **cooperation** and **establishing partnerships** among those who live and work in Interior Health, beginning with those directly involved with and essential to the health care system, and
- ❑ Building **communication** networks, both to support the planning process and to support a future pandemic response.

The following tables provide a snapshot of the key pre-pandemic actions to take place within Interior Health. Each planning area is discussed in greater detail throughout this pre-pandemic section. Information for individual care providers and other specific stakeholder groups is found in the various supplemental sections of the PIPP.

Pre-pandemic: Emergency Response

Interior Health has adopted the Health Authority BCERMS (HABCERMS) structure to ensure a coordinated, organized response to all emergencies and disasters. HABCERMS is designed to be consistent with the British Columbia Emergency Response Management System (BCERMS) and other incident command-based emergency management systems.

All emergency response plans developed at the municipal and site/facility levels should be consistent with this central, standard Interior Health planning model, and with the emergency plans already in place that address such situations as storms, floods, earthquakes, and power outages.

These existing tools provide a good starting point for emergency pandemic influenza planning, including a framework for establishing command, control, and management procedures to ensure clear lines of authority and communication during the pandemic phase (please see *Section 400 – Emergency Management*, for more information).

Existing plans should be adapted to address the issues that set pandemics apart from other types of public health emergencies. Namely:

- ❑ The pandemic is likely to originate outside North America. As a result, there may be advance warning of its arrival. Emergency plans should reflect this and clearly specify the actions to be taken between the time the pandemic is first identified globally and the time it arrives in British Columbia.
- ❑ Outbreaks will occur simultaneously across the country and the province, creating gaps in human and other resources. As a result, each Health Service area, business sector, and community program should be prepared to operate a “stand alone” emergency pandemic influenza plan, which links into the overall IH PIPP.
- ❑ In a worst case scenario, an influenza pandemic could last upwards of 18-24 months, which is in contrast to other types of emergencies that may only impact specific parts of Interior Health for hours or days.
- ❑ Health care workers and other first responders in Interior Health will be faced with a high risk of infection when screening and/or caring for pandemic influenza cases.
- ❑ Widespread illness will also increase the likelihood of personnel shortages in other key areas such as police, fire, utility, and transportation services.

The following table outlines general actions to specific to Emergency Response within Interior Health in the preparation for an influenza pandemic. More detailed information for individual care providers and other stakeholder groups is found throughout the supplemental sections of this plan.

Key Actions during the Pre-pandemic Phase of Emergency Response:

Interior Health and its stakeholders are required to develop emergency and disaster plans in preparation for a possible influenza pandemic. The following are recommended issues/matters to be addressed in Interior Health emergency response strategies:

Stage	Actions	Status
<p>Pre-pandemic – Emergency Response</p>	<ul style="list-style-type: none"> ❑ Oversee and chair the pandemic influenza planning efforts of the IHERPTF. ❑ Update and revise the IH PIPP on an annual basis. ❑ Ensure the emergency management structure of IH links with and addresses the novel issues arising from the response to an influenza pandemic. ❑ Outline any changes/adaptations to the IHERMS structure for the long-term response to an influenza pandemic. ❑ Develop scenarios and play events for pandemic influenza exercises for various IH stakeholders. ❑ Practice mock pandemic exercises every 2-3 years. ❑ In partnership with local municipalities and health services partners, review and select facilities for alternative care within Interior Health. ❑ Evaluate the adequacy of existing IH infrastructure to respond to an influenza pandemic. ❑ Ensure interoperability with local/municipal partners' plans when it comes to the distinctions between the care provided by IH and the support to be provided to the public-at-large by other organizations. 	

Pre-pandemic: Vaccine

Immunization is the single most effective way to reduce the impact of influenza. Getting an influenza vaccination every year can keep individuals healthy between pandemics. Receiving an influenza vaccination also protects those around health care providers: patients, grandparents and children, and especially those who don't build immunity effectively, namely seniors or those with compromised immune systems. In addition, annual immunization and regular vaccination programs help build and sustain the vaccine production, supply, and distribution system British Columbians will need during an influenza pandemic. Moreover, pneumococcal vaccine will protect target groups against major complications of influenza.

The federal government, through the Public Health Agency of Canada, manages the national influenza vaccine program. In 2001, it awarded a 10-year mandate to the Canadian firm, ID Biomedical Corporation, to assure a state of readiness in the case of an influenza pandemic and provide influenza vaccine for all Canadians. As a preparedness measure, ID Biomedical has already begun research into producing trial batches of vaccine against the deadly strain of avian influenza (H5N1) currently found in a number of countries around the world, and what many experts believe will be the strain that will trigger the next pandemic. Because of this work, Canada is one of the few countries in the world with an identified vaccine manufacturer and formal plan in place to ready vaccine development in the event of an influenza pandemic.

Recommended priority groups for pandemic influenza vaccine delivery have been determined by the national Pandemic Influenza Committee (PIC), and which are outlined in this plan. However, IH notes that with discussions and debates ongoing regarding these priority groups, they are subject to change as time passes, and particularly when the pandemic virus has been identified. Moreover, as the pandemic influenza vaccine cannot be developed until the pandemic virus has been identified, it is anticipated that the mass vaccination plan will not be activated until much later in the influenza pandemic, likely after the first wave.

The following table outlines key roles and responsibilities for Interior Health. More detailed information for individual care providers and other specific stakeholder groups is found throughout the supplementary sections of this plan.

Please note that monitoring vaccine safety and effectiveness will be a coordinated effort between all those agencies and individuals responsible for distributing the vaccine, including those who directly administer the vaccine, IH and the other HAs, BCCDC, and the PHAC.

Key Actions during Pre-pandemic Vaccine Planning:

Stage	Actions	Status
<p>Pre-pandemic – Vaccine</p>	<ul style="list-style-type: none"> ❑ Work to improve annual influenza vaccination levels in collaboration with health service providers, employers, municipalities, etc. ❑ In partnership with municipalities and involved stakeholders, review current plans for mass vaccination campaigns. ❑ Consider a phased approach to vaccine distribution in the event that stockpiles are limited at the outset of plan activation. ❑ Devise a plan for distribution and administration of vaccine to all priority groups (as per latest federal/provincial guidelines). ❑ Devise a plan to ensure the security of the vaccine both while in storage and during distribution to the public. ❑ Consider completing the enumeration of all health care workers falling within the priority groups to estimate dosage/supply requirements from federal stockpile (when available). ❑ Determine local vaccine requirements by risk groups. ❑ Establish local partnerships and mechanisms for coordinating response. ❑ Explore vaccine storage depots with local officials and provincial stakeholders. ❑ Estimate necessary human resource requirements needed for mass immunization clinics. ❑ Increase the public’s awareness about pandemic influenza vaccine through education, promotion through the media, and presentations within IH ❑ Establish a pandemic influenza immunization committee to identify roles/responsibilities, mechanics of administration, and planning for mass immunization clinics. ❑ Engage in discussions with the responsible provincial ministries/agencies to identify staff for redistribution and deployment during the pandemic. ❑ Implement adverse events reporting forms/templates and collection/collation measures, prepared in advance by BCCDC. 	

Pre-pandemic: Antivirals

Antiviral drugs can be used to either treat influenza illness and/or to prevent infection through the administration of prophylaxis courses. These drugs could be used in conjunction with vaccination for the management of pandemic influenza. However, given the delay anticipated between the arrival of a pandemic influenza strain and adequate vaccine production, antivirals may be the only virus-specific intervention available during the initial pandemic response.

Federal recommendations regarding the use of the national stockpile of antiviral medications are forthcoming (2008). As a result, previously identified priority groups for the receipt of antivirals are currently not applicable to the IH PIPP. It is anticipated, however, that the focus of the antiviral strategy will be the early treatment of pandemic influenza cases who occupy critical services positions (e.g., health care workers). That being said, a number of health care organizations and private sector groups have begun stockpiling antivirals for their own treatment and/or prophylaxis purposes. The overall antiviral strategy within Interior Health will likely be revised over the coming months to reflect both federal and provincial guidelines (once released), the realities of stockpiles outside of the health care spectrum, and specific IH priorities should the health authority choose to create its own antiviral stockpile.

Given current circumstances, the following table outlines key actions to take place within Interior Health during preparedness planning for an influenza pandemic regarding antivirals. More detailed information for individual care providers and other specific stakeholder groups is found throughout the Annexes of this plan.

Key Actions during Pre-pandemic Antiviral Planning:

Stage	Actions	Status
<p>Pre-pandemic – Antivirals</p>	<ul style="list-style-type: none"> ❑ Identify current stockpiles and locations of antivirals within Interior Health (for annual influenza). ❑ Facilitate development of a plan to oversee the allocation and distribution of antivirals during a pandemic. ❑ Oversee the enumeration of health care workers (as necessary). ❑ In partnership with the province and BCCDC, develop education materials to promote awareness of the different types of antivirals. ❑ Develop strategies for dealing with refusal of antivirals during a pandemic. ❑ Recognize the potential need to develop delegation of authority guidelines for the dispensing of antivirals by PH nurses and other IH stakeholders (as human resource limitations dictate). ❑ Adopt national/provincial guidelines for dispensing antiviral drugs for treatment and/or prophylaxis purposes through health care facilities (and alternative care sites) as required. ❑ In partnership with the province and BCCDC, develop forms/strategies to collect and review adverse events, and to understand the overall success of antivirals. 	

Pre-pandemic: Clinical Health Services

Health care facilities and their administrators (e.g., hospitals), will have lead responsibility for ensuring the development of detailed plans that focusing on patient flow, screening, triage, treatment, and discharge. These plans must clearly explain how clinical services will be prioritized during an influenza pandemic to provide appropriate levels of care for people with influenza, while at the same time meeting ongoing, non-pandemic health care needs. However, it is anticipated that both non-traditional and community-based resources will also be instrumental in providing support to health services operations during an influenza pandemic. For example, physicians' offices and clinics could become a frontline "point of entry" to the patient flow process during an influenza pandemic, meaning that staff and resources will require training and planning specific to the handling of the surge in demand during the event. Moreover, these resources will be required to link into the traditional health care continuum, while maintaining essential services and operating independently from Interior Health.

Clinical health services plans ought to include:

- ❑ Strategies to ensure adequate staffing, which may include identifying and calling on former health care workers and/or volunteers.
- ❑ Strategies to ensure adequate supplies of drugs, equipment, and other material resources.
- ❑ Strategies encouraging participation in province-level discussions regarding legal implications arising from novel volunteer/alternative staffing strategies.
- ❑ Infection control strategies to prevent and control the spread of disease.
- ❑ Options for securing resources from other jurisdictions (where necessary and feasible).
- ❑ Guidelines and/or tools for periodically assessing the effectiveness of clinical care measures and refining plans during the pandemic (as needed).

Many of these tools can be found throughout the supplemental sections of the IH PIPP. However, the following table outlines key actions specific to health services planning.

Key Actions during Pre-pandemic Clinical Health Services Planning

Stage	Actions	Status
<p>Pre-pandemic – Clinical Health Services</p>	<ul style="list-style-type: none"> ❑ Develop guidelines for the deferral of non-essential services. ❑ Evaluate adequacy of existing local health services infrastructure to respond to an influenza pandemic. ❑ In partnership with municipal and involved stakeholders, determine availability of alternative care sites for assessment and treatment centres. ❑ In partnership with municipal officials and involved stakeholders, outline plans for dealing with mass fatality management. ❑ In partnership with municipal officials and involved stakeholders, identify facilities and resources with sufficient refrigerated storage to serve as temporary morgues (as necessary). ❑ Develop infection control guidelines for traditional and alternative care facilities. ❑ Educate health care workers about the nature and significance of pandemic influenza, and the local response, with emphasis on following: hand washing, staying home when sick rather than be exposed to/spread the influenza virus, checking in on family and friends living alone, vaccination clinic locations, signs, symptoms, vaccine safety and storage ❑ Facilitate development of facility-based plans that will compliment Interior Health guidelines. ❑ Distribute and review clinical care guidelines for the screening and treatment of pandemic influenza cases. 	

Pre-pandemic: Surveillance

In Canada, the federal government has lead responsibility for influenza surveillance through the Public Health Agency of Canada. It works in partnership with provincial and territorial epidemiologists, and sentinel physicians, to produce weekly or bi-weekly *FluWatch* reports, which summarize influenza activity across the country. In general, the PHAC is also responsible for population health and vaccine regulation, while the Health Protection Branch also plays a role by identifying visitors and immigrants to Canada who may be carrying the influenza virus.

Interior Health participates in these networks through its own local surveillance systems and moreover, through BCs surveillance network, ensuring timely reporting of influenza activity.

The following table outlines key actions specific to surveillance measures within Interior Health. More detailed information for individual care providers and other specific stakeholder groups is found throughout the supplemental sections of this plan.

Key Actions during Pre-pandemic Surveillance Planning

Stage	Response	Status
<p>Pre-pandemic – Surveillance</p>	<ul style="list-style-type: none"> ❑ Review the IH surveillance network distribution list and distribution activation for accuracy. ❑ Ensure the local Sentinel physician network is functional and sufficient coverage is provided. ❑ Ensure IH laboratory procedures for specimen collection, transport, testing, and reporting are current and consistent with BCCDC guidelines. ❑ Review and disseminate facility, community, provincial, national, and international surveillance reports to IH surveillance network. ❑ Review and revise as necessary IH protocols and forms for reporting and responding to influenza outbreaks. ❑ Review the case definition for pandemic influenza and IH influenza mortality rates. ❑ Identify triggers for additional community and facility surveillance measures. ❑ Facilitate development of an online ILI surveillance reporting form and data collection system for Interior Health stakeholders. ❑ Participate in regular BCCDC influenza surveillance measures and investigate anomalies in outbreak patterns. ❑ Monitor reports from WHO, PHAC, CDC (US), BCCDC, and the Ministry of Health once a novel virus has been identified. ❑ Notify appropriate agencies of alert once novel virus has been identified. ❑ Assist in the development of an online ILI surveillance reporting form and data collection system IH stakeholders. ❑ Investigate an incentive-based system to encourage physician volunteers to participate in influenza surveillance within Interior Health. ❑ In partnership with Interior Health and related stakeholders, investigate the possibility of improving and coordinating the collection of key data amongst health facilities that could identify ILI activity within Interior Health. ❑ Engage in discussions with municipal-level stakeholders regarding similar information collection systems in schools, essential service sectors, and mortuary care. 	

Pre-pandemic: Communication

Good communication is essential in the pre-pandemic phase to:

- ❑ Increase public awareness of the importance of pandemic planning.
- ❑ Engage key agencies and stakeholders in the planning process.
- ❑ Establish a broad-based network for disseminating information in all three pandemic phases and ensure pandemic planning stays on the public agenda.

Communication planning for pandemic response comprises of two areas:

- ❑ Internal Communications, and
- ❑ Public Communications.

All communications plans must be compatible with both IHERMS and BCERMS, which outline a common organizational structure and control method that enhances communication between agencies responding to an emergency or disaster. .

While a detailed pandemic communications strategy – covering all of the pandemic phases – remains under development by British Columbia’s Public Affairs Bureau, it is anticipated that the strategy will incorporate the existing provincial government Emergency Communications Plan, designed to ensure that the public and media receive appropriate, timely, and accurate information in any province-wide emergency. Once this strategy has been finalized, it will be incorporated into Interior Health’s plan (as necessary).

The following table outlines key actions regarding communications that are to take place in preparation for an influenza pandemic. More detailed information for individual care providers and other specific stakeholder groups is found throughout the supplementary sections of this plan.

Key Actions during Pre-pandemic Communications Planning:

Interior Health:

Stage	Actions	Status
<p>Pre-pandemic – Communication</p>	<ul style="list-style-type: none"> ❑ Ensure communications leaders have been selected, and that they understand their roles and responsibilities to present clear and consistent information during a pandemic. ❑ In partnership with the Medical Health Officer and communications officers, be prepared to respond to media inquiries regarding the outbreak once novel virus has been identified. ❑ Develop generic press releases and other communications/education templates to be released as pandemic unfolds (as necessary). ❑ Ensure communications contact lists are up-to-date and include all necessary information. ❑ Coordinate internal communications linkages with the Interior Health and provincial surveillance systems to ensure pertinent ILI and SRI information is securely transmitted to the necessary stakeholders. ❑ Engage in training sessions/workshops to prepare communications leaders for media questioning and public information sessions (e.g., HCWs, community physicians, members of the executive, etc.). 	

Pandemic – Overview

The Provincial Health Officer (PHO) will declare when it is time to activate plans for the pandemic phase. We cannot anticipate exactly what will happen. Plans will need to be adapted to reflect circumstances and situations as they arise.

During this phase, the key goals will be to:

- Minimize rates of mortality, morbidity, illness, and suffering; and,
- Minimize social and economic disruptions.

Pandemic: Emergency Response

A clear chain of command is essential to managing any emergency and maintaining control of daily operations until the crisis has passed. Therefore, the command and control structures specified in provincial, health authority, municipal, and facility-level pandemic plans should be activated as soon as the PHO declares the beginning of the pandemic phase. It will also be vital for stakeholders to monitor the effectiveness of these various plans as they are activated, and to adapt or refine them when needed to reflect the changing nature of the pandemic emergency.

Please visit the following link (<http://www.pep.bc.ca/management/management.html>) to review British Columbia's Provincial Emergency Program web site and the official emergency response management strategy.

Under the Health Act, the Medical Health Officer has the authority to enact community-based control measures that he/she believes are important in controlling the spread of pandemic influenza and minimizing its impact (i.e. closing community centres or canceling public gatherings). These measures will remain at his/her discretion under the guidance of the Provincial Health Officer during the pandemic.

The following table outlines key roles and responsibilities of Interior Health. More detailed information for individual care providers and other specific stakeholder groups is found throughout the Annexes of this plan.

Key Actions during Pandemic Emergency Response Planning:

Stage	Actions	Status
<p>Pandemic – Emergency Response</p>	<ul style="list-style-type: none"> ❑ Activate Interior Health Pandemic Influenza Preparedness Plan and related supplementary sections. ❑ Review and update PIPP as needed during the pandemic. ❑ Collaborate with municipal and non-governmental stakeholders regarding response activities under IH jurisdiction. ❑ Report to Municipal EOCs to provide a briefing and receive status reports from partner agencies. ❑ In partnership with involved stakeholders, activate alternative care sites, as necessary, to respond to overwhelming caseload. ❑ Liaise with the Medical Health Officer, the Provincial Health Officer, other HAs, and provincial counterparts regarding status of ongoing response. ❑ Provide direction and assistance to municipal stakeholders and related agencies, as requested. 	

Pandemic: Vaccine

Timely vaccine delivery is critical to controlling the spread of influenza. Although it is expected to take months to develop and produce an effective vaccine against the pandemic strain of influenza, vaccine delivery should still be a priority item in all pandemic influenza emergency plans.

During the pandemic, the federal government will secure supplies of vaccine, distribute these supplies to the provinces and territories, and set guidelines for dosages and priority groups for immunization. Interior Health will acquire appropriate supplies of the vaccine and dispense the vaccine in the most expeditious manner possible.

Key Actions during Pandemic Vaccine Planning:

Stage	Actions	Status
<p>Pandemic – Vaccine</p>	<ul style="list-style-type: none"> ❑ Determine local vaccine requirements by risk groups. ❑ Establish local partnerships and mechanisms for coordinating response. ❑ Secure vaccine storage depots with local officials. ❑ Finalize necessary human resource requirements needed for mass immunization clinics. ❑ Increase the public’s awareness about pandemic influenza vaccine through education, promotion, the media, and presentations. ❑ Utilize the roles/responsibilities, and the mechanics of administration for mass immunization clinics as identified by IH. ❑ Identify staff for redistribution and deployment, in consultation with the necessary provincial ministries. ❑ Communicate regularly with BCCDC physician epidemiologists to be current with changes in the delivery of vaccine during the pandemic. ❑ Review adverse event forms. ❑ Communicate with other Medical Health Officers within BC and other provinces regarding progress with influenza vaccine delivery and related issues. ❑ Consider need to re-immunize depending upon period between waves (and vaccine availability/uptake). 	

Pandemic: Antivirals

The federal government's role in this area has primarily been around the purchasing and stockpiling of a national inventory of antiviral medications, which in has largely been distributed to the provinces and territories. Interior Health will acquire appropriate supplies of antivirals from the BC Ministry of Health and dispense them in the most expedient manner possible, and according to priorities recommended by federal and provincial guidelines.

Key Actions during Pandemic Antivirals Planning:

Stage	Actions	Status
<p>Pandemic – Antivirals</p>	<p><i>Administrative Duties:</i></p> <ul style="list-style-type: none"> ❑ Secure storage of antivirals within Interior Health. ❑ Mobilize resources who will administer antivirals during the pandemic. ❑ Arrange for the secure distribution of antivirals to selected sites and facilities. ❑ Disseminate media information about antiviral distribution, and other pertinent information about antivirals to the public and health care providers. ❑ Ensure informed consent is provided. ❑ Record, where appropriate, epidemiological information related to antiviral recipients. ❑ Document refusal of antiviral drugs. ❑ Update plans on an as needed basis, particularly should distribution and focus of stockpile shift over the course of the pandemic (e.g., move from treatment to prophylaxis). <p><i>Monitoring Responsibilities:</i></p> <ul style="list-style-type: none"> ❑ Monitor adverse events to antivirals. ❑ Track wastage of antivirals. ❑ Measure uptake. ❑ Maintain oversight of supply and consider effects of “black market” (as applicable). ❑ Collect and report antiviral drug efficacy and effectiveness. 	

Pandemic: Clinical Health Services

Interior Health is almost exclusively responsible for the provision of clinical health services to its residents. Upon notification from the Provincial Health Officer, Interior Health and its facilities will activate emergency clinical health services plans to ensure the continued provision of essential medical services, as well as appropriate care for pandemic influenza patients.

During the pandemic, the federal government's role in clinical health services will be restricted to providing funds to the BC Ministry of Health Services, providing clinical recommendations, and supporting the provincial response effort as necessary. Provincial responsibilities will include the allocation and distribution of funding and supplies, assisting with coordination within Interior Health, and ensuring infection control, clinical care guidelines, and ethical frameworks are as consistent as possible across the province.

Key Actions during Pandemic Clinical Health Service Planning

Stage	Actions	Status
<p>Pandemic – Clinical Health Services</p>	<ul style="list-style-type: none"> ❑ Ensure health facilities and related health care settings activate on-site pandemic influenza response plans. ❑ Ensure infection control measures for the various settings have been activated and that education materials are being distributed as necessary. ❑ Evaluate and revise such measures as necessary. ❑ Receive provincial-level authorization for access to alternative sources of health care workers and volunteers during the response. ❑ Open additional alternative care facilities, if necessary. ❑ Track material stockpiles/inventory of health service supplies and restock as necessary (and if possible). ❑ Activate alternative care facilities and staffing plans within Interior Health. ❑ Ensure that public is aware of alternative care facilities and status of traditional care settings. ❑ If medical/health mutual aid system is overwhelmed, request assistance from provincial government, but anticipate that assistance from others may be limited. 	

Pandemic: Surveillance

Interior Health and its stakeholders will work closely with officials at the provincial and federal government levels to maintain an effective national surveillance network. Interior Health will endeavor to enhance this network wherever possible.

During a pandemic, this network will act as an early warning system for the arrival of intense influenza activity, which will occur not just once, but in a series of two or more waves. Each wave may strike different parts of the province at different times and with varying levels of intensity. As a result, Interior Health may find that Health Service Areas are affected at different times and with varying intensity.

The following table outlines key roles and responsibilities of Interior Health. More detailed information for individual care providers and other specific stakeholder groups is found throughout the supplemental sections of this plan.

Key Actions during Pandemic Surveillance Planning

Stage	Actions	Status
<p>Pandemic Surveillance –</p>	<ul style="list-style-type: none"> ❑ Activate improved surveillance network and related measures (if implemented) within Interior Health. ❑ Review the case definition for pandemic influenza and ensure its consistent application among clinical stakeholders. ❑ Review the specimen collection requirements for influenza from BCCDC. ❑ Monitor bulletins from provincial, federal, and international health agencies. ❑ Receive virologic, epidemiologic, and clinical findings from the WHO, U.S. sources, PHAC, provincial government, and BCCDC. ❑ Disseminate surveillance information and pandemic influenza alerts to surveillance participants within Interior Health. Monitor the Interior Health surveillance system and data collection procedures, and revise/update as necessary. ❑ Track hospital admissions, deaths, physician visits, and IH staff illnesses related to influenza and pneumonia. ❑ Report back to municipal and provincial stakeholders regarding HA-specific surveillance, and revise response as necessary. ❑ Initiate case finding, contact tracing, and follow-up for IH outbreaks. ❑ Communicate to IH surveillance network on the age, sex, address, and vaccine status of influenza cases to assess the epidemiology of the virus. ❑ Consider cohorting contacts (e.g., closing workplaces or schools) ❑ Submit daily surveillance report to Senior Medical Health Officer. 	

Pandemic: Communication

During any emergency, an organized and timely flow of consistent information is essential. We cannot anticipate exactly what kinds of information will need to be exchanged during a pandemic, but we do know that information will have to flow in two ways:

- Within the health care system (Internal Communications), and
- From key points in the health system to the public and the media (Public Communications).

As soon as pandemic plans are activated, clear lines of communication, both internal and public, should be established as quickly as possible.

Interior Health and lead stakeholders will inform staff and residents regarding local health service capabilities, accessibility, and other local issues. The provincial government, through the Public Affairs Bureau, will provide public information bulletins regarding provincial measures, such as restricting public events and the location of immunization clinics. The federal government will then have lead responsibility for providing information about the pandemic's impact across the country, as well as any infection control measures to be taken at the national level (e.g., restrictions imposed on ports of entry).

Key Actions during Pandemic Communications Planning:

Stage	Actions	Status
<p>Pandemic – Communication</p>	<ul style="list-style-type: none"> ❑ Activate internal and public communications plans. ❑ Engage in daily conference calls with key Interior Health and/or provincial stakeholders ❑ Modify communication plans and materials as necessary. ❑ In partnership with the MHO and communications officers, ensure the communications team is introduced to the public/media, and that they provide clear, consistent information in tune with provincial and national communications. ❑ Stage joint media briefings with municipal and/or provincial and national counterparts, as necessary. ❑ Ensure that sufficient technical and human resources are made available to promote, distribute, and respond to queries regarding the pandemic response. ❑ Train additional communications staff as necessary to ensure staff rotation. ❑ Attend EOC briefings and provide regular updates to municipal and NGO partners. ❑ Communicate with provincial and inter-provincial MHOs, and the PHO, regarding comparable or different pandemic emergency issues ❑ Support the MHOs in their role as the central information provider during the pandemic and engage in media and public debriefing sessions to provide the public with necessary health information. 	

Post-Pandemic – Overview

The post-pandemic period begins when the Provincial Health Officer declares that the influenza pandemic is over. The primary focus of work at this time is to restore normal services, deactivate pandemic response activities, review their impact, and use the lessons learned to guide future planning activities.

Key Actions during Post-Pandemic Planning and Recovery:

Stage	Actions	Status
Post-pandemic – Emergency Response	<ul style="list-style-type: none"> ❑ Complete formal assessment of the pandemic influenza plan and its use, and produce a formal lessons learned report. ❑ Refine IH and other local pandemic plans to reflect lessons learned. ❑ Ensure all safety and health issues have been identified and resolved. ❑ Incorporate any other valid recommendations from reviews at the local, provincial, and national levels. 	
Post-pandemic – Vaccine	<ul style="list-style-type: none"> ❑ Facilitate in the disposal of surplus vaccine. ❑ Facilitate in the ramping-down of vaccination clinics and related facilities. ❑ Complete a formal assessment of the mass clinic vaccination plan and produce formal lessons learned report. 	
Post-pandemic – Antivirals	<ul style="list-style-type: none"> ❑ Ensure surplus antivirals are returned to original stockpiles. ❑ Complete a formal assessment of the distribution and use of antivirals during the pandemic and produce formal lessons learned report. 	
Post-pandemic – Clinical Health Services	<ul style="list-style-type: none"> ❑ Demobilize pandemic influenza-related health care services. ❑ Subsequent assessments should evaluate the impact of the pandemic on these services at the local level. Local level responsibilities are divided into sub-groups: <p><i>Facility issues:</i></p> <ul style="list-style-type: none"> ❑ Demobilize security services at health care institutions and any other involved facilities. ❑ Assess the facilities’ costs and monetary losses attributable to the influenza pandemic. ❑ Project when facility will be capable of resuming pre-pandemic services. ❑ Clean-up facilities and disinfect areas. ❑ Return facilities to normal functions. ❑ Open hospital beds and rebook elective surgeries. ❑ Close alternative health care sites. ❑ Evaluate use of alternate sites. ❑ Provide BCCDC, communicable disease epidemiology services with influenza-related epidemiological data, as requested. ❑ Provide feedback on clinical care guidelines. ❑ Participate in situation review. 	

	<ul style="list-style-type: none"> ❑ Complete review of all sites and related facility plans and draft lessons learned reports. <p><i>Equipment issues:</i></p> <ul style="list-style-type: none"> ❑ Dispose of bio-hazardous wastes. ❑ Extensively clean and disinfect equipment. ❑ Return borrowed equipment. ❑ Return stockpiled supplies and/or drugs according to instructions. ❑ Repair or replace damaged equipment. ❑ Replace “lost” equipment. ❑ Assess usage of supplies. <p><i>Staff issues:</i></p> <ul style="list-style-type: none"> ❑ Demobilize staff and volunteers. ❑ Acknowledge the work completed during the pandemic by the voluntary organizations and volunteers. ❑ Reassign staff to former duties. ❑ Assess staff and volunteer losses due to the pandemic. ❑ Arrange for lost vacation or sick time to be taken using a rotation so staff can be revitalized. ❑ Offer sabbatical leave for staff requiring immediate relief from duties. ❑ Provide a debriefing session immediately after the pandemic has ended. ❑ Provide grief counseling to decrease incidence of post-traumatic stress syndrome. ❑ Celebrate and award successes by staff during response to pandemic. ❑ Address serious HR issues (e.g. staff unable and unwilling to work, staff losses due to death or debilitating illness, refusal to work, resignations, etc.). <p><i>Public issues:</i></p> <ul style="list-style-type: none"> ❑ Provide grief counseling to decrease incidence of post-traumatic stress syndrome. ❑ Assess public’s perception of the quality and efficiency of health care delivery during the pandemic. <p><i>Other issues/responsibilities:</i></p> <ul style="list-style-type: none"> ❑ Ensure Critical Incident Stress and Counseling services are available to the public. ❑ Send evaluative report regarding emergency services to the Provincial Health Officer. 	
<p>Post-pandemic – Surveillance</p>	<ul style="list-style-type: none"> ❑ Evaluate IH surveillance systems, data collection, and online components, and revise as necessary. ❑ Maintain vigilance in surveillance networks for the 	

	<p>detection of new cases or outbreaks in preparation for future waves.</p> <ul style="list-style-type: none"> ❑ Assess local impact of pandemic on health care system, in addition to reviewing societal and economic disruptions. ❑ Determine on-going surveillance needs for documentation of the end of the first wave, or any subsequent waves. ❑ Resume regular surveillance mechanisms and routine business operations. ❑ Report review of findings to the Senior Medical Health Officer 	
<p>Post-pandemic - Communication</p>	<ul style="list-style-type: none"> ❑ Formally notify public of conclusion of pandemic and provide summary reporting. ❑ Evaluate communications during the pandemic and revise plan as necessary in light of lessons learned. ❑ Re-establish pre-pandemic lines of communication and discontinue enhanced communication activities. 	

Additional Actions for Medical Health Officers:

Stage	Actions	Status
Post-pandemic – Emergency Response	<ul style="list-style-type: none"> ❑ Work with Interior Health and related stakeholders to ramp-down emergency response activities. 	
Post-pandemic – Vaccine	<ul style="list-style-type: none"> ❑ Evaluate and summarize the effects of the vaccine delivery process in achieving the goals of preventing influenza-related deaths, preventing influenza morbidity, and minimizing societal disruption in the general population. ❑ Summarize local impact of pandemic in relation to vaccine issues and communicate summary provincially and locally. ❑ Communicate with provincial and inter-provincial MHOs regarding pandemic vaccine issues. ❑ Send evaluative report regarding pandemic influenza management and vaccine delivery issues to the Provincial Health Officer. ❑ Submit balance of adverse event forms to BCCDC. ❑ Compile and submit bills. 	
Post-pandemic – Antivirals	<p><i>In partnership with Public Health, HSAs, and Interior Health:</i></p> <ul style="list-style-type: none"> ❑ Collate information on uptake, adverse events, impacts (illness, severe illness). ❑ Collate information on the process (how it was done, how well it was done). ❑ Pay bills. ❑ Dispose excess antivirals as instructed by the federal government. ❑ Summarize local impact of pandemic in relation to antiviral issues and communicate the summary provincially and locally. ❑ Summarize pandemic antiviral resistance pattern. ❑ Send evaluative report regarding antiviral delivery issues to the provincial health officer. 	
Post-pandemic – Clinical Health Services	<ul style="list-style-type: none"> ❑ Send evaluative report regarding emergency services to the Provincial Health Officer. ❑ Support Interior Health, as requested. 	
Post-pandemic – Surveillance	<ul style="list-style-type: none"> ❑ Recommend resumption of normal surveillance activities. ❑ Participate in review and lessons learned reporting of the Interior Health surveillance system during the pandemic. 	
Post-pandemic – Communication	<ul style="list-style-type: none"> ❑ Participate in final media/public information sessions to debrief about the pandemic's conclusion. 	