

Interior Health IHERPTF – Terms of Reference for the Revision of the PIPP 2009

1. Background

Interior Health (IH) is responsible for writing and implementing “all hazards plans,” which are in place for a range of different emergencies and disasters. This includes planning for infectious hazards such as an influenza pandemic.

British Columbia’s Ministry of Health, in collaboration with the BC Centre for Disease Control, has written a provincial *Pandemic Influenza Plan*, which provides guidance to Health Authorities on how their own *Pandemic Influenza Preparedness Plans* (PIPP) should be developed. In 2007/2008, the Interior Health Emergency Response Management Steering Committee (IHERMSC), through the Infectious Hazards Emergency Response Planning Task Force (IHERPTF) and key Interior Health stakeholders, sought to develop and expand Interior Health’s PIPP. The goal of this effort was to incorporate recent revisions to provincial, federal, and international pandemic influenza preparedness plans into the IH response strategy. In particular, the focus of work was to expand the IH PIPP so as to provide more specific analysis and depth regarding such planning elements as:

- The IH Emergency Management Response System during a pandemic;
- The ethical values and framework to be considered;
- Clinical care guidelines and the overall patient flow process during a pandemic;
- The pandemic influenza strategies previously developed for First Nations’ partners;
- Infection control guidelines for health care workers during an influenza pandemic;
- General human resources considerations; and,
- Updated protocols for the use of antivirals and vaccine during a pandemic.

With the completion of these updates, the Task Force is ready to address additional gaps and areas of improvement. The following categories will form the basis of the next phase of Interior Health pandemic planning:

- Planning structure;
- Supplies and stockpiling considerations;
- Moving ethics forward;
- Physician engagement;
- First Nations planning;
- Alternative care sites and assessment centres;
- Mass vaccination and antiviral distribution plans; and,
- Plan activation and exercising.

This updated Project Charter will be used to guide the Task Force and the consultants on record through the process of improving and expanding Interior Health’s PIPP for 2008/09.

The Emergency/Disaster Coordinator, Health Emergency Management, is ultimately responsible, along with the Senior Medical Health Officer, for the development of robust, evidence-based plan updates, which will ensure IH is prepared in the event of an influenza pandemic.

2. General Purpose of the Task Force

- To oversee the development and on-going maintenance of an emergency response plan for infectious hazards as part of Interior Health's emergency response management system.
- To foster a culture of knowledge and preparedness regarding infectious hazards emergency response throughout Interior Health.

3. General Function of the Task Force

The general function of the Task Force is to provide guidance and general direction for the development, implementation, and ongoing review of an infectious hazards emergency response plan, and to assign related responsibilities.

4. Guiding Principles

To ensure a coordinated, effective, and transparent planning, response, and recovery effort, the Task Force and the consultants on record will adhere to the following guiding principles over the course of developing and expanding the PIPP:

- Create a collaborative, coordinated, and flexible plan for response;
- Utilize transparent planning and decision-making processes;
- Plan for an increased surge capacity in the health care sector;
- Focus on community mobilization;
- Develop effective public education and communication strategies;
- Improve stakeholder preparedness; and,
- Mobilize available resources.

5. Next Steps and Ongoing Pandemic Influenza Planning Considerations for the Task Force

The following section overviews issues that were raised during the final Phase 1 pandemic influenza planning meeting of the Task Force. From this discussion, a number of planning priorities were outlined and will form the basis of the next phase of pandemic planning for Interior Health.

- ***Planning Structure***

During the March Task Force meeting, the ongoing planning structure of the pandemic influenza project was discussed. Advantages and disadvantages of a broad-based working group strategy were outlined. However, in the case of Interior Health, geography plays a big part in the availability of stakeholders to participate in such a process. Due to the wide distribution of resources across the Health Authority, members recommended it would be beneficial for IH-wide planning to take place at the Task Force level, while recommendations and protocols requiring frontline input/feedback could be addressed at the Health Service Area (HSA) level. That being said, the Task Force agreed that in some cases (e.g., Med Surge Supplies Working Group, Public Health/Annual Influenza Working Group), ad hoc groups ought to be established with strict timelines and objectives to complete planning components requiring specific subject-matter expertise and experience. As a result, the current planning structure is recommended for the 2008/09 work cycle, while it is recognized that additional ad hoc groups could be formed to

address issues as they arise. Further discussion is required, however, regarding the scope of pandemic influenza planning amongst some of these other IH groups, and their links to the ongoing work of the Task Force (e.g., the level of pandemic influenza planning to be undertaken by the PH Annual Influenza Working Group, where communications related to pandemic influenza planning and response ought to be developed, and by whom, etc.).

- ***Supplies and Stockpiling Considerations***

The Task Force agreed that the work of the Med Surge Supplies Working Group ought to continue and be completed quickly following the start-up of the next phase of planning. Due to the time taken to develop and approve the updated IH Infection Control Standards for Pandemic Influenza, the final review of the stockpile and supplies list had to be delayed. With personal protective equipment (PPE) standards now accepted, this ad hoc group can meet again to review and sign-off of the required supplies for IH employees during an influenza pandemic. In addition, this group can also discuss stockpiling and distribution issues related to the development of a formal antiviral strategy for IH.

- ***Moving Ethics Forward***

A new section added to the PIPP addresses the general ethical framework and values supported by the Task Force. Following from the work of the University of Toronto Joint Centre for Bioethics, and Calgary Health Region, the chapter incorporates the general ethical considerations that are subject to everyday activities in the health care sector, in addition to reviewing those novel considerations that will arise during the next pandemic. Moreover, two high-level overview tools are provided in the chapter, which can act as reference documents for IH staff looking for further information on the steps that are part of the ethical decision-making process.

It was recommended that this section be presented to the IH Clinical Ethics Committee and that efforts be made to strengthen the linkages between health authority (HA) ethics resources (e.g., Fraser Health (FH) Ethics Services) and provincial efforts to build resources that will assist key decision-makers during a pandemic. It was also recommended that training in ethical decision-making be considered for incorporation into corporate-level exercises in the next work cycle.

- ***Physician Engagement***

During the final meeting of 2008, the Task Force had a lengthy discussion regarding the need to develop a comprehensive strategy to improve physician engagement in the planning process. A number of recommendations were offered, particularly regarding the need to break-down the key groups of physicians in the health authority and identify the specific issues/communications each group needs to have addressed. Moreover, it was recommended that engagement be linked directly with education, and that an effort should be made to seek continuing medical education (CME) credits for MDs involvement in pandemic planning efforts. A formal strategy is to be developed for review by the Task Force, along with draft education materials that could further facilitate engagement of physicians across IH.

- ***First Nations Planning***

The Task Force noted that with the ongoing work of the new Communicable Disease (CD) Team and its links to both pandemic planning and Aboriginal Public Health, ongoing First

Nations planning will be coordinated through Public Health and link to the anticipated next phase of federal/provincial planning.

- ***Alternative Care Sites and Assessment Centres***

There was not enough time during the meeting to review the issues surrounding alternative care sites and assessment centres. However, over the course of the 2007/08 work, it was clear that while a patient flow process had been drafted and incorporated into the latest version of the PIPP, a more robust strategy will be required, one that addresses facility screening tools for possible sites to be used as non-traditional assessment/care centres and resource requirements at such facilities (e.g., supplies, staffing, etc.). This deliverable ought to be included in the work plan for 2008/09, which can then act as a planning guide for frontline stakeholders.

- ***Mass Vaccination and Antiviral Distribution Plans***

Over the course of reviewing the updated PIPP draft, the Task Force discussed a number of issues arising from the ongoing work required on the mass vaccination strategy. With the advent of a new annual influenza planning group within Public Health, it is assumed that this committee will also address some pandemic-related planning tools, namely the requirements for a mass vaccination strategy (i.e., updating the locations for clinics, staffing requirements, supply requirements, client flow, forms, etc.).

During a pandemic, a vaccine will not be available during the first wave. As a result, access to antiviral medications will be a key concern both for health care workers and the population of IH. While updated federal guidelines for the distribution and use of antivirals are forthcoming in 2008, a coordinated strategy for receiving antivirals, identifying the resources required for their distribution, and the necessary planning templates/tools ought to be developed in advance. These tasks are also recommended to be completed in the next work plan, and will likely require the support of stakeholders in both acute care (e.g., clinicians, pharmacy) and Public Health.

- ***Plan Activation and Exercises***

The Task Force discussed a number of issues linked to exercises in the health authority, particularly when it comes to the diversity of the external resources involved and the difficulty of security ongoing internal resources to establish training programs and sustainability. This discussion was also linked to the need for a response activation plan, although there was only limited time to discuss this tool with the Task Force. However, it has been recommended that such a plan be considered within IH, which would focus on the “ramp-up” period of preparing resources for the arrival of the pandemic virus in IH communities. This plan will allow for a truly phased approach to mobilizing resources and spreading awareness in advance of the onset of the pandemic.

6. Task Force Responsibilities

- To review and approve these Terms of Reference.
- To review, discuss, and approve the formal planning assumptions to be used over the course of the 2008/09 planning process.
- To oversee and monitor the research, analysis, and writing activities of the consultants on record.
- To approve recommendations and edits (i.e., plan updates, tools, guidelines, etc.) presented to the Task Force by the consultants on record (as necessary).

- To assist the consultants on record when liaising with external agencies (e.g., federal and provincial government agencies).
- To communicate progress and planning developments to the internal groups/agencies/organizations they represent (as necessary).
- To review and update these Terms of Reference for the next phase of planning and implementation.

7. Accountability

Interior Health's PIPP will serve as the foundation for the Health Authority's response and recovery efforts during an influenza pandemic.

Task Force members will represent and report to their respective reporting jurisdictions. The next iteration of the PIPP is being developed within the context of provincial emergency legislation and emergency management procedures. As such, the Task Force will present the final plan to the ERM Steering Committee for review. ERM Steering Committee members will be kept up-to-date by receiving Task Force meeting minutes throughout the planning process.

8. Structure and Process

Meetings will be chaired by the Emergency/Disaster Coordinator, Health Emergency Management (or designate).

Task Force administrative support and the consultants on record will be responsible for distributing the meeting agenda and minutes of the previous meeting at least three (3) business days prior to each meeting.

Meetings will be held at least once a month, or as required. The actual dates, times, and location will be determined by Task Force members. Traditionally, Task Force meetings have occurred on the third Friday of every month.

The Task Force will primarily operate on a basis of consensus. In some cases, members may reach rapid consensus on how to proceed. However, some issues may not lend themselves to early or easy consensus. Where consensus is not achieved, it is the responsibility of the Task Force to work through the differences or request the consultants on record devise and present an alternate solution.

9. Terms

The Task Force will review and/or update these Terms of Reference upon the completion of the next phase of pandemic planning.

IHERPTF Membership List

COMAZZETTO , Linda	Program Director Strategic Services TCS
DAVIDSON , Don	JADE Consulting Services
DAWSON , Sandra	Manager Education/Systems Support
DEHEER , Janice	Infection Control Practice Leader, Interior Health
DODD , Dr. Graham	Emergency Department Physician, Royal Inland Hospital, Kamloops
ERLAND , Rick	Emergency/Disaster Management Coordinator, Interior Health
GRUNERT , Bev	Assistant Director - Communicable Disease Program
GULSETH , James	East Kootenay/Kootenay Boundary Logistics Coordinator
HETU-WESELOWSKI , Rene	Aboriginal Health Program Advisor - Public Health
KUHN , Ryan	Emergency Planning Coordinator, East Kootenay/Kootenay Boundary Health Service Area
McEACHERN , Colleen	Director, Strategic Services, Okanagan Health Service Area
McKAY , Denise	Clinical Manager, Communicable Disease
MILLER , Andy	Manager, Logistics
NYKYFORUK , Jim	Manager, Accounting & Treasury Services Interior Health
PARKER , Dr. Rob	Medical Health Officer, Communicable Diseases Interior Health
TAYLOR , Carole	Corporate Director, Workplace Health & Safety, Interior Health
THOMSON , Maureen	Director of Patient Service
TOWGOOD , Leanne	Communicable Disease Specialist

10. Ad Hoc Members

Ad hoc guests may be invited as required (e.g., IH Provincial Representative to Pandemic Influenza Management Committee, PREOC representative, etc.). Also, any other individual(s) deemed appropriate by the Task Force may be invited.

Please note that the membership could be expanded over the course of the project to include representatives from such departments as Professional Practice, Medical Administration, Nursing, etc.