Interior Health
Pandemic Influenza
Preparedness Plan

2013

June 2013
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Executive Summary

Surveillance is continually undertaken internationally, nationally, provincially and in communities to monitor the circulation of old and new strains of influenza and evaluate their impact on human populations. Influenza pandemics are not new. They occur approximately every ten to forty years with three significant outbreaks occurring during the 20th century. In 2009, British Columbia responded to an influenza pandemic caused by a novel virus (pH1N1). The experience highlighted areas of the response that needed to be strengthened. It also triggered a re-evaluation of the planning assumptions used as the basis for preparing for future pandemics. In 2012, the British Columbia Ministry of Health mandated the various health authority plans be revised and updated. Much of Interior Health’s 2009 Pandemic Influenza Preparedness Plan (2009 PIPP) is outdated or no longer relevant. The 2013 Pandemic Influenza Preparedness Plan (PIPP) outlines the roles of various sectors during a pandemic without duplicating existing structures, programs, and guidelines. This document is a collaborative effort of many individuals across various organizational portfolios and programs of Interior Health. The 2013 IH Pandemic Influenza Preparedness Plan is an online intranet resource on the Interior Health InsideNet (http://insidenet.interiorhealth.ca/aboutIH/emergPlanning/Pages/pandemicplan.aspx). This document will be reviewed and updated on an annual basis, under the leadership of the Allied Health & Planning and Strategic Services Portfolio.

Forward from Health Emergency Management

Planning the response for an influenza pandemic holds many challenges. As the H1N1 pandemic of 2009 showed, the event will be unpredictable and response models must be flexible to adapt to rapidly changing situations. Response must correspond to the need at the time. Information from previous pandemics has allowed for the review and amendment of past plans. The IH Emergency Response Management System is also reviewed annually and is understood to be a template for response rather than a rigid, inflexible response system. As health authority structure changes, so too must the response structure in place. Inter portfolio and program cooperation, and teamwork are hallmarks of an effective response during emergencies and disasters. Planning for an influenza pandemic has been identified as a priority for the Province of British Columbia. As a result, Interior Health’s Pandemic Influenza Preparedness Plan has been updated to provide stakeholders across the health authority with a range of information to help prepare for and respond to an influenza outbreak of pandemic proportions.
Chapter Outlines

1. **Emergency Response Structure of IH:** *Rick Erland - Leader, Health Emergency Management*
   - Serves as a guide for staff involved in responding to the outbreak. It lays out the decision-making structure and its relationship to the Ministry of Health.

2. **Aboriginal Health Services:** *Danielle Wilson – Aboriginal Health Portfolio, Practice Lead, Aboriginal Health*
   - Response to First Nation communities on and off reserves needs to be coordinated and communicated throughout the health authority. Interior Health is to ensure that they are prepared to deliver appropriate services and communicate with First Nations and Inuit Health Branch/First Nations Health Authority (FINHB/FNHA) for resources related to vaccines, antivirals, and treatment. Communication is also a key component and clear guidelines are outlined in the communication chapter.

3. **Surveillance Unit:** *Denise McKay - Clinical Manager, Communicable Disease Unit*
   - The British Columbia Pandemic H1N1 (pH1N1) Surveillance Plan has been created to provide an overview of activities to monitor pH1N1 activity and impact. Five categories of indicators have been delineated- disease epidemiology, serious outcomes, interventions, health service impact, and special populations or circumstances of interest.

4. **Laboratory:** *Marty Woods - Regional Director, Laboratory Services*
   - Provides a framework and guidance for the public health laboratory in IH to respond to pandemic influenza in coordination with Public Health Microbiology & Reference Laboratory (BCPHL), which is part of the Provincial Health Services Authority (PHSA) Laboratories.

5. **Infection Prevention and Control:** *Janice Deheer - Corporate Director, Infection Prevention & Control*
   - Guidelines to be used in health authority facilities and healthcare settings during the pandemic. This document will align with the position of the Provincial Health Officer.

6. **Logistics and Stockpile and Critical Resources:** *Rick Erland - Leader, Health Emergency Management*
   - To provide information on the work being done by the health authority and Health Shared Services BC (HSSBC) to manage hospital equipment and critical
resources, develop stockpiles of personal protective equipment (PPE), and mass vaccination supplies.

7. **Human Resources**: Frank Talarico – Director, Workplace Health and Safety
   - The Human Resources Framework guides the structure of the human resources plan under which the health authority will respond to pandemic. This Framework assists the health authority to be prepared in advance by redeploying resources to support a coordinated response and to be in the best position to recover quickly following an outbreak.

8. **Implementation of Public Health Measures**: Dr. Andrew Larder - Senior Medical Health Officer & Anne Clarotto, Program Director, Promotion & Prevention
   - Outlines the actions that can be taken in the community to reduce the transmission of infection during a pandemic.

9. **Antiviral Distribution**: Dr. Andrew Larder - Senior Medical Health Officer
   - The distribution of antiviral medication to points throughout the province will be coordinated through Pharmacy Services at the BC Centre for Disease Control. Distribution within IH facilities is coordinated by Pharmacy Services.

10. **Immunization Distribution, Delivery and Security**: Anne Clarotto - Program Director, Promotion & Prevention
    - Outlines the movement and transfer plans for pandemic vaccine product in alignment with the provincial Immunization Response Plan.

11. **Surge Management- Coordination of IH Clinical Care & Services**: Colleen McEachern - Director, Strategic Initiatives Acute Services & Medical School; Anne Clarotto - Program Director, Promotion & Prevention; Donna Wunderlich - Director, Residential Initiatives; Deb Smith - Residential Health Service Administrator - IH West; Gail Brown - Director, Acute Initiatives
    - Local integrated pandemic plans were prepared in 2009. These local clinical pandemic plans will be updated in 2013/14 with participation from all IH portfolios. The focus of these plans is on “business continuity” in light of expected increase in patient volume and staff shortages. In addition, these plans include “alternate care sites” (ACS) to contend with patient volume surges.
    - **Planning assumptions** - developed by BCCDC and the Ministry of Health
      The Ministry has provided planning assumptions developed by the BC Centre for Disease Control. They are based on the 1957 and 1968 pandemics using 2009 interventions.
12. **Communications**: Karen Cairns - Leader, Community Engagement & Special Projects
   - Incorporates procedures and methods to address the critical elements of communication to best enable the health authority to be timely, accurate and efficient in its communications both externally with the public and many stakeholders, and internally within the health authority. To be aligned with the provincial Pandemic Communication and Education Plan.

   - Ensures that the stakeholders, including local governments, Boards of Education, private sector employers, and First Nations are aware of health authority plans and expectations in response to a pandemic. This should include consultation regarding use of facilities for the delivery of vaccines.

14. **Workplace Health and Safety (Psychosocial Services, Immunizations, Respiratory Protection)**: Lynn MacDonald - Manager, WH&S Partnerships in Prevention; Janet Nobert - Workplace Health and Safety Interior & Northern Health; Louanne Ohlhauser, Rhodina Hobbs, Lana Schultze
   - The purpose is to outline the non-medical issues and consequences of an influenza pandemic and provide a planning framework for the development of workforce resiliency programs and support strategies to address the psychological and social (psychosocial) needs of Health Care Workers and Providers (HCWP). Also included is the strategy for staff immunization and respiratory protection resources during pandemic response.

15. **Maintenance Plan**: Martin McMahon - Vice President Allied Health & Planning and Strategic Services
   - Ensures the PIPP and the 15 chapters are updated on an annual basis to reflect best practice as well as provincial and national guidance and direction.
Resources

Below is a list of the over-arching pandemic influenza plans, guidelines and resource tools for pandemic influenza response (to be reviewed yearly for updates and changes).

Provincial
Ministry of Health - British Columbia’s Pandemic Influenza Response Plan Documents

BC Ministry of Health Pandemic Response Plans


National
Public Health Agency of Canada
  • The Canadian Pandemic Influenza Plan for the Health Sector

International
World Health Organization
  • Global Influenza Program Pandemic Influenza Preparedness and Response

First Nation On-Reserve Response
  • Communicable Disease Emergencies’ Planning Guidelines for On-Reserve First Nation Communities

Interior Health
  • IH 2005 Pandemic Influenza Preparedness Plan
Chapter 1: Emergency Response Structure of IH

OBJECTIVES FOR PANDEMIC RESPONSE
The existing Interior Health Emergency Response Management System (IH ERMS) is an “all hazards” response system and should be the starting point for any health emergency response to infectious hazard threats such as pandemic influenza. Interior Health’s response to emergencies and disasters is a system-wide plan that incorporates necessary activities, cooperation, liaison and responses to:

- ensure that health care/services continue to be provided; and
- assist with response to and/or recovery from emergencies or disasters.

Ministry of Health (MOH) policy requires the adoption of the BC Emergency Response Management System (BCERMS) by health authorities for emergency response activities.

The Interior Health Emergency Response Management System (IH ERMS):

- mirrors the existing portfolio and program streams building on existing linkages, organizational structures, day-to-day operational responses and activities;
- acknowledges the necessity for IH programs and portfolios to work together in an integrated fashion at the community level given IH’s geographic dispersion;
- all or part of the IH ERMS structure may be initiated, for a scalable response that expands or contracts as required, to coordinate a health response to a pandemic event; and
- leads coordination of post pandemic debriefing.

Diagram 1: Key Components of the IH ERMS

<table>
<thead>
<tr>
<th>Portfolio/Program</th>
<th>Key Components</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services</td>
<td>All Acute facilities, Hospice, Medical School, Acute Programs</td>
<td>Each site has an administrative lead and a physician lead (Medical Chief of Staff)</td>
</tr>
<tr>
<td>CIHS</td>
<td>Community Care, Primary Care, Mental Health &amp; Substance Use, Mass Immunizations, smaller community acute sites</td>
<td>Regional Directors and linkages with FNIHB/FNHA for immunization support</td>
</tr>
<tr>
<td>Residential Care</td>
<td>IH residential sites, Liaison with P3’s</td>
<td>Regional directors</td>
</tr>
<tr>
<td>Medicine and Quality</td>
<td>Clinical Advisory Teams</td>
<td>Numerous teams with physician leads to provide clinical guidance</td>
</tr>
</tbody>
</table>
KEY LIAISON REQUIREMENTS AND ACTIVITIES

In order to prevent potential confusion stemming from multiple, contradictory or outdated information, leads at all levels are responsible for maintaining liaison with local municipal and other external partners. Lines of communication should be based on the pre-existing emergency response structures and fan-out lists at the various levels from facilities through to local health areas. The table below outlines some basic linkages and recommended liaison roles.

<table>
<thead>
<tr>
<th>IH Liaison Level</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications, Infection Control,</td>
<td>Internal Staff communications and information</td>
</tr>
<tr>
<td>Professional Practice Office, Laboratory, Pharmacy, Labour Relations, WH&amp;S, Medical Administration, Promotion &amp; Prevention</td>
<td></td>
</tr>
<tr>
<td>Program Leads and Community Leads</td>
<td>Municipalities</td>
</tr>
<tr>
<td></td>
<td>First Nations Bands (CIHS, IH Aboriginal Health Program, FNIHB/FNHA)</td>
</tr>
<tr>
<td></td>
<td>Regional Districts</td>
</tr>
<tr>
<td>IH EOC HEM Liaison</td>
<td>Provincial Regional Emergency Operations Centers (PREOC)</td>
</tr>
<tr>
<td></td>
<td>Other Health Authorities</td>
</tr>
<tr>
<td></td>
<td>BCAS (as required)</td>
</tr>
<tr>
<td>MHO and Communications</td>
<td>Information Calls for PREOCs / Regional EOCs/ Municipalities/ IH First Nation Health Leaders</td>
</tr>
<tr>
<td></td>
<td>Ministry of Health PHO office / Provincial Calls</td>
</tr>
<tr>
<td></td>
<td>Provincial Health Authorities</td>
</tr>
<tr>
<td></td>
<td>Other Agencies as Required</td>
</tr>
</tbody>
</table>
ACTIVATION
The Health Authority Support Level plan will be activated when:

- more than one of the health authority areas and/or other BC health authorities are affected; and/or
- higher demands are placed upon the Interior Health’s systems or staff, sufficient that there is significant impairment of the ability of Interior Health to conduct business or provide health services.

It is anticipated that in the event of a pandemic the Health Authority Support Level Plan will be implemented.

EXERCISES AND TRAINING
Pandemic response, much like the response to any other major event that threatens delivery of health services, is part of the IH Emergency Management Response Structure. Table top exercises and plan reviews provide the opportunity to confirm response models and also provide valuable ‘hands on’ training to staff and managers. As part of the annual training cycle, managers and staff have the opportunity to attend incident management training on a regular basis.

Linkages with municipal partners (to include Aboriginal leaders) occur on an annual basis at Emergency Management BC regional seasonal meetings. These meetings, held annually or bi-annually at locations across BC, afford the opportunity for IH to update community partners on health response plans (including pandemic) and also open dialogue between stakeholders and IH. As appropriate, community partners are also invited to exercise opportunities.

YEARELY MAINTENANCE
- Health Emergency Management (HEM) annually review the IH Emergency Management Response Structure
- Report and provide lessons learned from pandemic focused training and exercises
- Review and implement (as necessary) Provincial HEM updates
- Connect and engage with FNIHB/FNHA to discuss First Nations on reserve Pandemic Influenza Preparedness from a Health Emergency Management perspective. Invite members to engage in health emergency related planning workshops and table top exercises in their geographic areas. This would also include CIHS (Prevention and Promotion) staff to discuss plan reviews for mass immunization clinics on reserve.
Figure 1

The following figure outlines the basic linkages and relationships that IH geographic regions have with their external partners. It also highlights the varying relationship dependant on the level of response. Communities link in with their local stakeholders and on a higher level IH links in with regional EMBC partners, etc.

**Interior Health Emergency Response Organizational Linkages**
Figure 2

The IH Emergency Operations Centre is a basic organizational structure that is activated to deal with a specific event or issue that cannot be resolved utilizing normal day to day processes. The structure is scalable (not all ‘boxes’ need be staffed or used) and takes into consideration all the varying components IH would require to respond to an event. This structure was used during the H1N1 response and more recently for other events such as the Sandoz drug shortage in 2012.
Chapter 2: Aboriginal Health Services

OBJECTIVES FOR PANDEMIC RESPONSE
Interior Health is committed to and focused on improving health outcomes for Aboriginal people. This commitment includes emergency situations such as an influenza pandemic. Aboriginal Health Services is guided by an Aboriginal Health and Wellness Strategy that consists of five specific goals to improve the health of the Aboriginal peoples we serve. The following strategic goal is the purpose for Aboriginal Health participation in Pandemic Influenza Planning and Response:

Ensure ongoing meaningful Aboriginal Participation in health care planning.

- The IH Aboriginal Health Program is to ensure that Aboriginal stakeholders have been considered and included in the planning process. Aboriginal stakeholders include Health Canada – First Nations and Inuit Health Branch (FNIHB) and local Aboriginal leaders.
- Consultation with Health Canada and the First Nations Health Authority (FNHA) will assist in the collaboration and sharing of information that is critical during the activation of a Pandemic Plan. This includes sharing of information such as vaccination programs, surveillance data, communication strategies, and orders/notifications for hard-hit communities.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES
During a pandemic influenza response, all services and care provided to Aboriginal people and communities should reflect the needs of the populations and achieve equity of outcome with the entire Interior Health population. Ultimately, the outcome of consultation and community engagement is to provide a seamless and inclusive Pandemic Influenza Plan for Aboriginal persons in the Interior Health region through the connection of Aboriginal stakeholders and Interior Health staff.

The IH Aboriginal Health Program:
- identifies external Aboriginal stakeholders to the relevant IH persons;
- serves as liaison between the internal and external stakeholders to make certain that Aboriginal stakeholders have been properly consulted and that their interests have been adequately represented in the Pandemic Plan; and
- assists in the alignment of Pandemic Plans developed by other sources such as Health Canada/FNIHB/FNHA.
TOOLS

1. Public Health Agency of Canada: Module 5 for Pandemic Planning in communities (in development June 2013)

YEARLY MAINTENANCE
To review the Pandemic Plan yearly and obtain Aboriginal stakeholder feedback when necessary for updates and input including:

- to connect with FNIHB/FNHA and liaise with the appropriate pandemic influenza planning committees;
- to coordinate the IH Pandemic Influenza Plan review with Regional Pandemic Emergency Coordinator of FNIHB/FNHA;
- to maintain, expand and utilize the communication distribution lists (IH Aboriginal Health Program holds contact lists for Metis and Friendship Centres; connections with FNIHB/FNHA which distributes information to First Nations Bands, HUBs, Health Directors as FNHA/FNIHB deems appropriate);
- to connect the FNIHB/FNHA Pandemic Health Coordinator with IH Health and Emergency Management team to coordinate stakeholder engagement and allow for engagement in emergency trainings at the municipal level; and
- to up-date tools.

KEY CONTACTS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Title</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior Health</td>
<td>Danielle</td>
<td>Aboriginal Health Practice Lead</td>
<td><a href="mailto:Danielle.wilson@interiorhealth.ca">Danielle.wilson@interiorhealth.ca</a>,</td>
</tr>
<tr>
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<td></td>
<td>Ph: 250 318-1003</td>
</tr>
<tr>
<td>Health Canada</td>
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<td>Regional Pandemic Emergency Coordinator</td>
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<tr>
<td></td>
<td>Lawrence</td>
<td></td>
<td>Ph: 604 666-8379</td>
</tr>
<tr>
<td>FNIHB/FNHA</td>
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<td></td>
<td>Sellars</td>
<td>Primary Care and Public Health</td>
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<tr>
<td>FNIHB/FNHA</td>
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<td>Regional Health Liaison</td>
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</tr>
<tr>
<td></td>
<td>McCullough</td>
<td></td>
<td>Ph: 778 220-1372</td>
</tr>
</tbody>
</table>
Chapter 3: Surveillance Unit

OBJECTIVES FOR PANDEMIC RESPONSE
Surveillance is a fundamental role of public health and is the ongoing systematic collection, analysis and interpretation of health data essential to the planning implementation and evaluation of public health practice, as well as the timely dissemination of the data. The objectives for surveillance relevant to influenza pandemic include:

- to collect and analyze influenza and respiratory illness data yearly to identify an increase in the number of or severity of respiratory illness which may indicate a new strain; and
- to collect and analyze data elements of influenza to guide provincial and health authority response to the pandemic.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES
Communicable Disease (CD) Unit – On an ongoing basis collects data and alerts the Medical Health Officer of unusual trends in case counts and or severity.

Acute Care Facilities – Collect and report on key data elements as defined by the Province and/or IH.

Epidemiologist/Decision Support – In partnership with the CD Unit provides ongoing analysis of illness trends including hospitalizations.

Physicians – Communicate directly with the CD Unit or the MHO on call of trends within their practice for reportable conditions.

Medical Health Officers – Communicate relevant information and consultation to Provincial PIPP team and Interior Health Senior Leadership.

Communications – Assists in the preparation and dissemination of information including expected actions to physicians, public/private sector partners, residents of IH, Boards of Education, and IH senior leadership.

TOOLS
1. IH CD Unit surveillance protocols for respiratory illness
2. BC Pandemic Influenza Preparedness Plan 2012
YEARSMAINTENANCE

- Review of current surveillance protocols for sensitivity to identify new and or emerging pathogens.
- Maintenance of contact lists for physicians, pharmacists, acute care and licensed facilities.
- Maintenance and operation of tools needed to communicate information to general public.
- Review the need to develop ongoing serious respiratory illness surveillance within IH.
- There is no current mechanism to collect surveillance level influenza data specific to First Nation populations on reserve. This will be changing in 2014 with the transfer to a new electronic public health record, Panorama.
- First Nation FNIHB/FNHA participation and contribution to severe respiratory illness surveillance work.
Chapter 4: Laboratory

OBJECTIVES FOR PANDEMIC RESPONSE

Laboratory testing for influenza will serve two objectives:

1. To identify outbreaks and type of influenza viruses and involves:
   • testing of patients with influenza-like illness (ILI), including those with severe acute respiratory illness not yet diagnosed;
   • confirming outbreaks of influenza in hospitals, long-term care facilities and schools; and
   • testing through the network of sentinel physician volunteers who participate in ongoing testing and reporting of ILI for surveillance purposes (coordinated by the BC Centre for Disease Control).

2. To assist in clinical management of infected individuals:
   • diagnosis of influenza and antiviral therapy;
   • isolation and prevention of transmission;
   • participation in surveillance; and
   • outbreak investigation as requested by a Medical Health Officer.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES

Laboratories – Make test kits available for clinicians in IH facilities. Ship clinical specimens safely and in a timely manner to the PHSA Laboratory at BCCDC. Develop a laboratory pandemic preparedness plan and promote vaccination in laboratory staff.

Physicians – Secure supplies of influenza testing kits, collect and transport clinical specimens in accordance with provincial guidelines.

Medical Health Officers – Provide information to physicians in the Interior Health region on provincial testing guidelines. Provide consultation service to all physicians in relation to influenza specimen collection.

CD Unit – Oversee appropriate specimen collection during outbreaks of respiratory disease in all settings outside of acute care. Provide facility managers with IH Respiratory Outbreak protocols.

Acute and Residential Facility Managers – Secure supplies of influenza testing kits from BCCDC, collect clinical specimens during respiratory outbreaks and submit them in a timely manner using established methods to the PHSA Laboratories.
Infection Control - Oversee appropriate specimen collection during outbreaks of respiratory disease in all settings outside of acute care. Provide facility managers with IH Respiratory Outbreak protocols.

TOOLS
1. BC Pandemic Influenza Response Plan 2012 Updated Testing Guidelines: Influenza
2. IH Respiratory Outbreak Guidelines for Residential Care Settings
3. Pandemic Plan for British Columbia Public Health Microbiology & Reference Laboratory and Networks

YEARLY MAINTENANCE
- CD Unit, MHOs, Infection Control - Revision of outbreak protocols as needed.
- CD Unit, MHOs - Review of provincial testing guidelines and updating IH documentation as needed.
- IH Laboratories – Review of provincial Pandemic Plan for Laboratories, updating of lab requisitions, specimen transportation protocols and other documents and polices.
- CD Unit, MHOs - Maintenance of communication processes and information on test kit distribution for physicians and facility managers.
Chapter 5: Infection Prevention & Control (IPC)

OBJECTIVES FOR PANDEMIC RESPONSE
The chapter outlines recommended practices to assist health care workers, practitioners, and the general public in understanding the measures necessary and equipment and supplies required to limit the spread of the pandemic influenza virus once it is in circulation in the community. The practices outlined in this document pertain to both traditional health care facilities and other environments where pandemic influenza patients will likely be assessed, treated, and/or observed.

The Infection Control guidelines will be updated if epidemiologic and virologic information on the eventual pandemic influenza virus strain indicates that adjustments in approach to infection control are necessary.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES
- IPC will provide Pandemic Influenza Education for health care workers using existing materials and any new materials provided/developed by IH or other sources (PICNet, PHAC).
- IPC will ensure surveillance measures are heightened for evidence of transmission to other patients and staff once patients with pandemic influenza are admitted to the hospital.
- IPC will ensure ongoing surveillance to ensure adherence to infection control practices and limit healthcare associated transmission of pandemic influenza.
- IPC will assist with Outbreak Management/Surveillance as indicated in the Respiratory Infection (RI) outbreak guidelines.
- Nursing will be responsible for detection of new influenza cases identified at admission using the pandemic case definition as provided.
- IPC will assist in the implementation of the pandemic influenza plan.
- IPC and Communications will provide ongoing communication through written alerts, signage, online messaging to staff, patients and visitors.
- IPC in collaboration with the CD Unit and Workplace Health & Safety will implement additional control strategies.
- IPC will maintain a line listing of new ILI patients and staff and send it daily to the CD unit.
STRATEGIES AND ACTIVITIES DURING PANDEMIC INFLUENZA

One of the most important mitigation strategies to manage the spread of pandemic influenza will be the infection control practiced during a public health emergency.

1. **Routine Practice:**
   - Used by ALL healthcare workers for ALL patients/residents/clients in ALL settings ALL the time – includes point of care risk assessment, hand hygiene, respiratory hygiene, Aerosol Generating Medical Procedures (AGMPs), and Personal Protective Equipment (PPE).
   - IF0100 – Routine Practices for all Care Areas

2. **Point of Care Risk Assessment:**
   - To be done before each interaction with the patient or their environment to determine which interventions are required for patient placement and personal protective equipment (PPE).

3. **Hand Hygiene:**
   - Perform before and after direct patient care or contact with patient environment.
   - Have Alcohol Based Hand Rub (ABHR) available to staff, patients and visitors (work spaces, public spaces and care areas including point of care at the patient bedside).
   - IF0200 – Hand Hygiene Guidelines

4. **Respiratory Hygiene:**
   - Covering one’s nose and mouth with a disposable, single-use tissue when coughing or sneezing, or coughing/sneezing into the upper sleeve.
   - Appropriate disposal of tissues directly after use.
   - Hand hygiene after coughing/sneezing, and after handling used tissues.
   - Apply a mask when entering a healthcare facility if coughing.
   - Cover Your Cough sign

5. **Aerosol-Generating Medical Procedures (AGMPs):**
   - AGMPs are procedures that stimulate coughing and promote generation of aerosols (such as intubation, manual ventilation, suctioning, CPR, bronchoscopy, sputum induction, etc).
   - Only those individuals needed to perform the procedure should be present in the room.
   - AGMPs must be done in an Airborne Isolation Room (negative pressure room).
   - Wear a properly fit-tested N95 respirator.
6. **Personal Protective Equipment (PPE):**
   - Have PPE available to staff, patients and visitors (gowns, gloves, masks, face shields, N95 Respirators).
   - HSSBC to ensure adequate supplies available.
   - Donning and Doffing Personal Protective Equipment (PPE) as per IF0100 Routine Practices for All Care Areas (link above)

**Diagram 1: Protective Equipment Recommendations**

<table>
<thead>
<tr>
<th></th>
<th>Entering patient room, but no close patient contact</th>
<th>Close patient contact (&lt;2 meter)</th>
<th>Aerosol generating procedure being performed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N95 respirator</strong></td>
<td>No</td>
<td>No</td>
<td>Yes, or Powered Air Purifying Respirator (PAPR)</td>
</tr>
<tr>
<td><strong>Surgical mask</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No – wear N95 respirator</td>
</tr>
<tr>
<td><strong>Gown/Apron</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Eyewear</strong></td>
<td>No</td>
<td>Yes, if body fluid exposure</td>
<td>Yes</td>
</tr>
</tbody>
</table>

7. **Risk Assessment:** The case definitions for pandemic will be determined nationally/provincially.
   - Patients who telephone or present for an appointment should immediately be questioned to determine if they could be an infectious case.
   - Screen visitors for signs and symptoms of pandemic influenza (done by Triage staff).
   - Pandemic influenza patients should be cared for using Droplet/Contact precautions.
     - [IH0300 Droplet Precautions Guideline](#)
     - [Droplet Contact Precautions Sign](#) (printed on pink paper)
     - [Droplet Precautions Sign](#) (printed on red paper)

8. **Education and Signage:**
   - Infection Control and Communications will work collaboratively to provide education materials to staff, patients and visitors.
     - [HealthLink BC – Facts About Influenza](#)
     - [How to Put On a Mask](#)
     - [http://www.interiorhealth.ca](http://www.interiorhealth.ca)
9. **Engineering Controls:**
   - Patient placement
     - Where possible, designate separate waiting areas or rooms for patients with symptoms of pandemic influenza. Place signs indicating the separate waiting areas. If this is not feasible, a waiting area should be set up to enable patients with respiratory symptoms to sit as far away as possible (at least two meters from other patients). Place symptomatic patients in an evaluation room as soon as possible to limit their time in common waiting areas.
     - Cohort patients and staff on affected units.
     - An airborne isolation room should be used for ILI patients requiring aerosol generating medical procedures (AGMPs).
     - Restriction of new admissions (except for other pandemic influenza patients) to the unit(s) with the pandemic influenza patient.
     - Use of alternative care sites if necessary.
   - Patient transport – limit movement & transport throughout facility.
   - Patient care equipment – requires cleaning and disinfection after each use. [IX0600 Equipment Cleaning](#)
   - Environmental cleaning – high touch surfaces in patient care areas to be cleaned twice daily.
   - Dishes, laundry, sharps, waste management and blood/body fluid spills managed according to Routine Practices (link above).

10. **Administrative/Source Controls:**
   - Visitors
     - Screened for signs and symptoms of respiratory illness and exclude symptomatic persons.
     - Restrict to those essential for patient care and support.
     - Educate regarding hand hygiene & PPE.
     - Discourage unnecessary visits to medical facilities.
     - Staff to restrict ill healthcare workers from work site.

11. **Surveillance:**
   - [Respiratory Outbreak Guidelines for Residential Care Settings](#)
TOOLS
2. A list of the airborne isolation rooms and the IH Infection, Prevention, and Control manual are located on the [Infection Prevention & Control](http://www.phac-aspc.gc.ca/cpip-pclcpi/ann-b-eng.php) page on the IH internal website.
3. Droplet Contact Precautions Sign (printed on pink paper)
4. Droplet Precautions Sign (printed on red paper)

YEARLY MAINTENANCE
- Update and maintain Infection Control manual online and tools in PIPP.
- Ongoing assessment of hand washing sinks (appropriate number, accessibility) within IH facilities.
- Maintain access to a current list of Airborne Isolation Rooms in IH.
- Yearly Infection Control education for staff.
- Update signage and educational material as required.
- Participate with the Communicable Disease Unit in updating of the Respiratory Infection control guidelines.
- Continue collaboration between IPC and IH Communications & Public Affairs.
- Collaborate with other health authorities, the BC Ministry of Health and PICNet building cooperation and establishing partnerships.
- Strengthen Communication with FNIHB/FNHA.
- Review and update surveillance criteria including; case definition, patient placement and trigger tools identifying when to implement alternative care sites.
Chapter 6: Logistics and Stockpile and Critical Resources

SUMMARY OF 2013 PROVINCIAL PLANNING PROCESS
The logistics component of the provincial plan is undergoing a major revision. A project charter was published on January 14th, 2013 and is in the review stages at this time. Time lines for the project have a draft logistics plan being published in August 2013 with a final plan to be completed by December 2013. The provincial logistics project will define the way ahead for logistics and supply chain as it relates to pandemic response for the Interior Health region.

Major objectives of the provincial project are as follows:

a. Identify and engage with necessary stakeholders relevant to pandemic stock management.
b. Clearly define “pandemic stock management” and the specific expectations and guidelines of HSSBC management of the pandemic stocks under their stewardship.
c. Establish pandemic stock management working group parameters and meeting schedules.
d. Work towards implementation of recommendations from past after action and supply chain related reports.
e. Centralization and streamlining of pandemic stock management through consolidation from an individual health authority management structure to a provincial management structure.
f. Increased HSSBC stewardship control over pandemic stocks for more efficient mitigation against waste through obsolescence and product expiration.
g. Work towards standardization of pandemic stock items across all health authorities and the creation of a provincially endorsed health sector formulary of goods for pandemic response.
h. Increase interoperability of stock and HSSBC capacity to transfer necessary stocks to the area of greatest need.
i. Development of a unilateral formula for population based stockpile strategy.

KEY DOCUMENT
Provincial Stockpile Management Working Group Project Charter Draft

KEY CONTACTS

➢ HSSBC: TBD

➢ PHSA: MATTHEW CALVERT
  Provincial Emergency Management Logistics Officer
  Office: 604-877-6048  Cell: 778-984-0292
  matthew.calvert@phsa.ca
ACTION ITEMS

The Provincial Pandemic Stockpile Project is due to be completed by December 2013. Once the project is finalized the recommendations and process contained within it will be reviewed and the IH logistics component of the plan will be updated here and completed by the IH HEM program in cooperation with HSSBC. Anticipated timeline for completion of this logistics chapter is March 2014, provided that the provincial project is completed as scheduled.
Chapter 7: Human Resources

OBJECTIVES AND PLANNING CONSIDERATIONS FOR PANDEMIC RESPONSE

- Emergencies are defined by Management but in the case of a pandemic influenza, the directive is given by the Medical Health Officer of Interior Health.

- Pandemic influenza will impact all areas and staffing levels throughout the health care system, and various municipalities. Employees of IH may not be able to attend work for a number of reasons.

- Health care facilities and programs will need to adapt with lower than normal staffing levels, with limited resources, and with a higher than usual volume of patients.

- The 2013 business continuity plans related to surge management are being reviewed and completed throughout facilities in Interior Health and will be available on the IH internal website. Programs and services should refer to the business continuity plan and follow the protocols set out when staffing levels are decreased to lower levels - 65%, 50%, 35%.

- Employees will be expected to report for work in a declared emergency. Applicable provisions (e.g. overtime) of the various Collective Agreements and/or Terms and Conditions of Employment for Excluded Employees will apply. Staff may need to be re-allocated from their usual areas of work to areas of high demand such as acute care settings, mass vaccination clinics, and alternative care sites. Managers to consult with their HR Business Partners.

- Staff will need to be supported during the pandemic phase of influenza to manage fatigue and long hours of work.

- IH employed physicians will be assigned to assist in the response as non-essential services are phased out such as surgery, tests, and other procedures.

- The Divisions of Family Practice will also be a resource for public education at their clinics, for screening for influenza, and decreasing patient flow towards the major health facilities.

- The utilization of physicians with privileges in Interior Health facilities is governed by the Medical Staff Bylaws and Rules of Interior Health.
**PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES**

- HR representation at the EOC to ensure HR coordination and support including staffing for areas of high demand.

- HR Operations Labour and Employee Relations (LER) and Workplace Health and Safety will work collaboratively to increase staff immunization rates prior to and during the pandemic in order to increase available staff for the response.

- HR planning, coordination and support in recruitment and re-assignment of medical and nursing personnel away from administrative duties towards clinical care.

- HR Operations Labour and Employee Relations (LER) support to IH management in addressing and responding to issues arising in the area of labour and employee relations.

**Use of External Professional Health Care Individuals and Volunteers**

Other potential professional Health Care and support individuals to assist in the pandemic response may include, but are not limited to:

- Retired physicians/Nurses/Nurse Practitioners
- Physicians/Nurses/Nurse Practitioners currently not working in clinical health care (they may work in education, administration or private industry)
- Medical students
- Nursing students
- Pharmacists
- Veterinarians
- Therapists in private practice (Respiratory, Occupational Therapist, Physiotherapists)
- Private Lab clinics and x-ray clinics
- Retired IH support services staff e.g. Housekeepers

**Community Volunteers**

- HR Business Partners will need to work closely with clinical management to ensure that if volunteers are utilized in areas where there are children under the age of 18 years volunteers are not left unsupervised as there will not be enough time to process Criminal Record Checks for all the volunteers. Recommend that we avoid using volunteers in areas with children under the age of 18 where at all possible and redeploy staff to those areas and deploy volunteers to adult patients.
KEY RECOMMENDATIONS

- Establish a process to assess the work needed and skills required for each task. Clinical areas need to look at the process of intake, reception, triage, clinical care, clean up etc, and assess additional workers or sources of workers who already have the skills to be slotted into these jobs. Develop related orientation materials.

- When assessing potential Health Care staff to assist in the pandemic influenza response, the individuals’ experience, education and the required competency levels will be considered in placement.

- Establish Memorandum of Understandings with local universities and colleges to be able to screen, retain and utilize clinical students (e.g. medical, nursing) to assist in providing patient care in a pandemic influenza response.

TOOLS


2. In PIPP 2009 – pages 253-264 is a HR tool to assess competencies and plan for staffing of alternative care sites.

3. Medical Staff Bylaws, Medical Staff Rules Part I, and Medical Staff Rules Part II for Interior Health

YEARLY MAINTENANCE

- Review this chapter, tools and provincial plans and yearly recommendations from team members.
Chapter 8: Implementation of Public Health Measures

OBJECTIVES FOR PANDEMIC RESPONSE

Public Health Measures are the actions that can be taken in the community to reduce the transmission of infection during a pandemic. They include prompt self-diagnosis, self-isolation, use of face masks in the home, environmental cleaning in homes and workplaces, closures of school or other public places, cough etiquette, and hand hygiene. The use of vaccine and antiviral medications are considered to be medical countermeasures.

There are two objectives for implementing public health measures:

- to delay the spread of the pandemic influenza strain, thereby gaining time to prepare and implement medical countermeasures; and
- to minimize the peak attack rate, thereby decreasing the potential burden on the health care system during the local epidemic peak.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES

Physicians – Educate patients about prompt self-diagnosis, self-isolation, cough etiquette, hand hygiene, environmental cleaning in homes, and avoidance of public areas for high risk patients.

Medical Health Officers – Provide relevant information and consultation services to physicians on public health measures. Provide directives to Boards of Education, local government and the public on appropriate public health measures that should be taken.

Communications – Assist in the preparation and dissemination of information to physicians, Boards of Education, local governments and the general public.

TOOLS

1. BC Ministry of Health Pandemic Plan Public Health Measures – Technical Document Overview
2. BC Ministry of Health Pandemic Plan Public Health Measures – Summary Document

YEARLY MAINTENANCE

- MHOs – Review of provincial guidelines and updating IH documentation as needed.
- MHOs, CD Unit – Maintenance of contact lists for municipalities and Boards of Education, and operation of fax distribution procedure for physicians.
- Communications – maintenance and operation of tools needed to communicate information to internal and external stakeholders.
Chapter 9: Antiviral Distribution

OBJECTIVES FOR PANDEMIC RESPONSE
The overall goal is to ensure timely access to treatment of pandemic influenza infections. Antiviral medications will not be used for pre- or post-exposure prophylaxis except in specific outbreak situations.

The specific objectives in relation to antiviral medications are that:

- all suspected cases of pandemic influenza should begin treatment within 48 hours of symptom onset; and
- equitable access to antiviral medications for all IH residents will be ensured.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES

Physicians – Provide information to their patients regarding the appropriate use of antiviral medications. Prescribe antiviral medications in accordance with provincially established guidelines.

Medical Health Officers – Provide information on antiviral prescribing guidelines and distribution mechanisms to physicians and residential care facilities. Provide information to the general public on the appropriate use of antiviral medications and how to access them. Decide when antiviral medications should be used for pre- or post-exposure prophylaxis.

Community Pharmacists – Order antiviral medications through one of two pharmacy warehouses holding the provincial antiviral stockpile. Supply antiviral medications to long term care facilities in the same manner as other medications. Fill prescriptions written for members of the public by physicians.

IH Pharmacy Services – Order antiviral medications from BCCDC. Distribute medications to IH facilities, and health clinics in previously identified remote non-First Nation communities that lack pharmacy services.

TOOLS
1. BC Ministry of Health Pandemic Plan Logistics of Antiviral Distribution

YEARLY MAINTENANCE
- MHOs - Review of provincial treatment guidelines and update IH documentation as needed.
- IH Pharmacy Services – Identify communities without existing pharmacy services. Establish mechanisms to supply medications for dispensing in clinics within those communities.
Chapter 10: Immunization Distribution, Delivery and Security

OBJECTIVES FOR PANDEMIC RESPONSE
The overall goal is to provide pandemic influenza vaccine to the IH population, including First Nations, in an efficient, safe and secure environment.

- Ensure safe transportation, distribution and storage of vaccine and supplies that ensures cold chain integrity.
- Ensure equitable distribution of vaccine according to provincial guidelines and population demographics.
- Ensure that a regional mass vaccination plan is in place that can be modified to fit vaccine availability, eligible population size, and provider capacities.
- Ensure that all immunizers and support staff are properly trained and have access to provincial procedures and guidelines for safe immunization practice.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES
Medical Health Officer - Provides consultation regarding vaccine delivery, develops strategies and protocols to deal with emerging issues, liaises at provincial level, oversees data collection and surveillance.

Promotion and Prevention Leadership - Provides leadership at IH level in delivery of service; collaborates with other CIHS departments and IH portfolios and operations, and First Nations leadership to plan immunization strategies; directs knowledge transfer to ensure that emerging information and policy/protocols are efficiently and appropriately disseminated through the most effective channels; liaises with provincial counterparts and BCCDC.

Operations leadership - Implements mass immunization plan, including vaccine distribution and security, and mass vaccination plan; ensures that frontline staff and leaders are organized and prepared including security provisions, crowd control, and communication channels; ensures that volunteers are prepared and on a roster.

Knowledge transfer unit - Provides up to date information to frontline staff and leadership as per the direction of the Promotion and Prevention leadership; insures that all immunization providers have access to the appropriate training and tools.

Administration coordinator - Ensures that policies and procedures are in place for vaccine transport, storage and distribution; ensures that administrative support staff are trained in
handling public inquiries and have the correct information to do so; ensures that inventory systems are in place.

Communications - Ensures that timely and accurate information is disseminated to the public and other stakeholders/providers re: vaccine eligibility and availability.

TOOLS
1. BC Ministry of Health Pandemic Plan Pandemic Influenza Vaccine Storage, Transfer, and Security Plan
2. BC Centre for Disease Control Immunization Manual
3. Mass Vaccination Plan for IH – Mass vaccination staffing and supply requirements

YEARLY MAINTENANCE
- Review this chapter and provincial plans and yearly recommendations from team members.
Chapter 11: Surge Management – Coordination of IH Clinical Care & Services

SUMMARY OF OBJECTIVE
The purpose of this chapter is to provide a framework for a coordinated approach to create or update existing Pandemic Influenza Plans. Between 2007 and 2009, local pandemic plans were prepared for 22 communities with residential and acute care inpatient beds. These can be found at:  http://inet.interiorhealth.ca/aboutIH/emergPlanning/Pages/pandemicplan.aspx

Under the current organizational structure of IH, the planning framework requires cross portfolio collaboration. Local pandemic plans will be prepared/revised during 2013/14, and will utilize the Guidelines found in the Tools section below and consider the following:

- prepare/revise integrated local pandemic plans that coordinate all IH services/supports provided within geographical communities/areas with acute care inpatient beds;
- provide sufficient detail at the site level to clearly delineate the roles of employees/managers in community, acute care and residential care sites;
- prepare/revise local pandemic plans from two perspectives – both “business continuity” plus “increased demand” from patients/clients/residents with pandemic influenza;
- prepare/revise existing plans utilizing a population health approach that encourages participation from local Aboriginal agencies and communities relating to clinical needs in the event of pandemic influenza;
- utilize an overarching approach for portfolios that span the health authority (such as Allied Health, Residential Care, Pharmacy, Laboratory, etc.), and Network plans in key clinical areas such as Critical Care and Emergency/Trauma. The Networks/equivalent are required to provide direction that will assist in informing the individual local integrated planning process practical experiences learned from H1N1 influenza in 2009;
- use IH established guidelines in the preparation/revision of local pandemic plans; and.
- during a pandemic outbreak ethical decision making will be guided by the provincial framework: An Ethical Framework for Decision Making: Supporting British Columbia’s Pandemic Influenza Planning and Response.
- Coordination of inter facility patient transfers between IH facilities and between IH and other Health Authorities (including Alberta Health Services) will be managed by the Interior Health Patient Transportation Office at 1-866-929-4423.
PROVINCIAL ALIGNMENT
As per provincial direction, assumptions for two planning scenarios will be considered in the planning framework for acute care “business continuity” and “surge management”:

- Scenario 1 – Moderate to rapid paced pandemic with no anticipated public health interventions (such as vaccinations, antivirals and public health measures), and
- Scenario 2 – Moderate to rapid paced pandemic with interventions based on 2009 interventions (i.e. possible effect of vaccinations, antivirals and public health measures).

ACTION PLAN OPERATIONAL FRAMEWORK AND GUIDELINES

Local Integrated Pandemic Plans The key to successful response for pandemic influenza requires consideration of both planning at the site level (for acute care and residential care), and planning for an integrated response that includes consideration of all IH services and Aboriginal communities/agencies within a local geographical area.

For the integrated approach, consideration should be given to the following care areas: Acute Care, Residential Care, all Community Integrated Health Services programs (mental health, Aboriginal health, community home/health programs, public health promotion/prevention, and primary care), Allied Health, other public health programs (health protection and Medical Health Officers) plus where possible, external primary care physician offices and clinics should be included in the planning process.

These local integrated pandemic plans are to consider functions of IH-wide services at local sites (such as plant services, housekeeping/nutrition services, laboratory services, diagnostic services, pharmacy services, allied health services, etc.) as a means for employees, physicians and volunteers in each department/program/area to understand individual roles and responsibilities during pandemic influenza.

Local integrated pandemic plans will utilize the Guidelines to support plan development. To ensure the plans are operationally effective, they will only include details pertinent to the site/community. It is recommended that general background information on Pandemic Influenza be a separate reference document. The plans will consider the two assumed scenarios, and focus on patient care, access and flow of patients within the physical acute care site and between acute care sites, alternate care sites, and care provided within the local geographic community.

Additional Plans to Consider
In addition to the 22 acute care/CIHS sites with inpatient beds, there are a number of small communities with Primary Care and Community Health Centers. Their responsibilities are to be addressed within the CIHS portfolio, with acknowledgement of how they fit into overall IH wide pandemic influenza management.
All contracted Residential Sites (P3s) must have emergency preparedness plans in place and keep current as per requirements specified under the Adult Care Regulation and Accreditation standards.

**STRATEGIES AND ACTIVITIES DURING PANDEMIC**

The revised pandemic plans (acute site, Network and/or integrated community levels) have a target of being prepared by March 31, 2014. Until that time, existing plans remain in effect.

**TOOLS**

The local planning teams will be provided with IH-specific information and tools for local plans.

1. **BC Pandemic Planning Assumptions**
2. **IH Site Pandemic Plans**
3. **Site Plan and Business Continuity Planning Guidelines**
4. **Emergency Triage in a Pandemic: Ventilator Allocation Framework**
5. Interior Health Patient Transportation Office 1 866-929-4423

**YEARLY MAINTENANCE**

The overarching reference document and operational templates will be provided by an appointee of the VP Allied Health & Planning and Strategic Services portfolio.

The Chair of the planning team in each local area is responsible for preparation and annual revision of the local operational plan.
Chapter 12: Communications

SUMMARY OF OBJECTIVES

- **IH Communications and Public Affairs Department (CPA)** will ensure pandemic information is timely, accurate and accessible using a variety of internal and external communication vehicles.

- CPA will ensure that communication with internal and external audiences is in alignment with Provincial Pandemic Response Plans, strategies and timing, and that the IH strategies, timing and messages align with provincial requirements.

- CPA will develop and/or approve all communication materials intended for broad internal audiences such as all staff and physicians, as well as local /regional external audiences (see flow chart).

- Information must be clear, consistent, easy to understand and factual; it should provide direction without causing undue alarm.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES

- The Province is the lead agency in all public and mass communications. Through liaison with Ministry of Health (Government Communications and Public Engagement), CPA will ensure all IH communications are in alignment.

- The Senior Medical Health Officer, or his/her designate, will be the primary Interior Health spokesperson.

- CPA will support the Medical Health Officer with communications to broad and targeted audiences, internal and external. (Communications Officer, Health Promotion and Disease Prevention)

- CPA will support internal corporate leads with communications to staff and physicians. (Corporate Communications)

- CPA is responsible for all website and social media updates, internal and external. (Corporate Communications)

- CPA is not responsible for essential clinical information. Corporate leads will distribute this information as part of their normal operational response.
CHAIN OF COMMAND

- CPA representative(s) will sit on the Health Authority EOC.
- CPA will work with Senior Medical Health Officer and internal corporate leads to identify specific target audiences and their information needs.
- Target internal audiences typically include Senior Executive Team, Board of Directors, Medical Advisory Committees, unions, physicians, clinicians, all staff, and volunteers.
- Target external audiences will be identified in collaboration with the Senior Medical Health Officer and specific communication strategies developed to meet their needs. Business organizations and service clubs are expected to rely on mass media and the IH website.
- EOC Director has final approval of all communications which should include an operational review to ensure feasibility.
- IH directors and managers are to be advised of communications prior to information being disseminated to all staff.

TOOLS

1. Communications Action Plan
2. Stakeholder Communications Chart
3. Teleconference instructions and sample materials - available to Communications and Public Affairs staff on their Sharepoint site under Allied Health & Planning and Strategic Services/Emergency Preparedness

YEARLY MAINTENANCE

- VP Communications and Public Affairs will assign a representative to review the Communications chapter of the IH Pandemic Plan annually each year to ensure accuracy and appropriateness of action items, resources, target audiences and distribution list ownership.
- This review will include any required updates to sample materials on the Communications SharePoint site, and connecting with IH Aboriginal Health Services to determine communications linkages with First Nations Health Authority.
Staff Information

Information & Updates developed by Communications with internal partners

Inform all Managers/Directors prior to broad distribution where possible

Clinical Information

Information & Updates received, developed or approved by Corporate Leads:
- Dr Andrew Larder – Sr. Medical Health Officer
- Dr Edith Blondel-Hill – Microbiology/Lab
- Dr Dwight Ferris – Infectious Disease
- Janice Deheer – Infection Prevention & Control
- Kevin Peters – Pharmacy Services (Communications is available to assist)

Materials forwarded to EOC Director for approval

Approved material distributed to identified audiences via existing channels. (See Stakeholder Communications Chart & Communications Action Plan)
- All InsideNet & website postings are managed by Communications Department
- Clinical information to physicians via Medical Affairs, MHO, CIHS, CD Unit
- Clinical information to pharmacists and other IH clinicians through e-mail, InsideNet and staff section of public website
- Staff information via e-mail, internal memo, InsideNet, staff section of public website, teleconferences, etc.
- External information via website, media, teleconference, social media, etc.
- Copies to Government Communications and Public Engagement as required

Public Information

Information & Updates developed by Communications with internal partners
COMMUNICATIONS TOOLS AND DISTRIBUTION METHODS

- **Intranet / Internet**

  Interior Health’s internal and external web sites are the primary methods for communicating with internal (Inside Net) and external audiences (www.interiorhealth.ca). Information on these web pages is expected to be the most current information. All content will have necessary approvals before being posted by the Communications Team (see flow chart).

  Specific pandemic sections will be created on both sites to ensure materials are readily visible and accessible. Home pages will feature “alert” buttons that go directly to the pandemic webpages where links to BCCDC Alerts and other provincial/federal resources will be found.

- **Social Media**

  Interior Health will utilize social media (Facebook, Twitter, and YouTube) to provide updates, drive followers to the IH website and provide a mechanism for the public to voice questions.

- **E-mail/Fax**

  E-mail distribution lists will be used to communicate with all IH staff/physicians as well as targeted staff and physician groups. Generally, e-mail will be used to direct staff/physicians to the web page when new information is posted. E-mail will also be used to remind staff/physicians that the web page is where the latest and most current, approved information resides.

  E-mail and fax distribution lists will be used by the Senior Medical Health Officer to reach previously identified target audiences, both to provide specific information relevant to these groups and to direct them to the IH website for the most current information.

- **Teleconferences**

  Teleconferences will be arranged by Communications to facilitate quick and timely communication with large internal and external target audiences, and with the media.

- **News Releases and Public Service Announcements**

- **Internal and External Hotlines for phone queries**

  See Tools above: Communications Action Plan and Stakeholder Communications Chart
Chapter 13: External & Municipal Liaison

OBJECTIVES FOR PANDEMIC RESPONSE
Within the Province of BC there exists the Provincial Emergency Program (PEP) under the umbrella of Emergency Management BC (EMBC). As part of the Provincial Emergency Program there are 6 provincial regional emergency operations centres that have a permanent staff and whose role is essentially to support local authorities or agencies and to coordinate the information exchange among those agencies involved in a response. Within IH, three of the Provincial Regional Emergency Operations Centers (PREOCs) have responsibilities within our region. These are as follows:

- **South Eastern (SE) PREOC** located in Nelson. The SE PREOC has responsibility for all areas in the Kootenays (EK and KB) including Golden and Revelstoke. South East PREOC Manager contact is 250-354-5910;
- **Central (CTL) PREOC** located in Kamloops. The Central PREOC has responsibility for the largest part of the IH region. This includes all of the Okanagan and all areas in IH West with the exception of Williams Lake and 100 Mile House. Central PREOC Manager contact is 250-371-5240; and
- **North East (NE) PREOC** located in Prince George. The North Eastern PREOC’s responsibilities lay mostly in the NHA region but include Williams Lake and 100 Mile House from IH. This requires Williams Lake to have pre-defined linkages with the NE PREOC to allow for quick information flow during a response event. North East PREOC contact is 250-612-4172.

In addition to the PREOCs all Regional Districts and/or municipalities have established emergency response contacts. These offices link into EMBC through their respective PREOCs. The main linkage into these offices is usually through the PREOCs as it allows for standardized and quick passage of information.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES
- PREOCs hold routinely scheduled coordination calls.
- IH representatives (liaison) pass on health information and response to health related questions.
- If the need arises municipalities/regional districts hold their own coordination calls. In these events IH representation is also required at the municipal/regional district EOC level. Where possible IH HEM regional preparedness coordinators will link in with municipal/regional district EOCs and PREOCs.
• There may be times when specific subject matter experts are required to pass on or field questions. Examples of this are Health Protection related events or Prevention and Promotion staff passing on information as it relates to mass immunization clinics.

The following guidelines have been developed to assist with identifying community level IH representation at the regional district/municipal EOC level:

• Each community/portfolio must identify local IH representatives who would be available for regional district/municipal EOC liaison.
• These individuals are not on call but are within the community and can be called upon to physically provide IH representation at municipal EOC’s.
• These individuals must have a good knowledge of IH services, organizational structures, good reasoning skills and the ability to make decisions regarding information passage and identifying needs and task.
Chapter 14: Workplace Health and Safety

Psychosocial Response – Employee and Family Assistance Program (EFAP)

OBJECTIVES FOR PANDEMIC RESPONSE

Psychosocial response objectives during pandemic influenza are:

1. Provide psychosocial supports and resources for managers and staff to assist with resiliency and ability to meet increased demands during pandemic influenza including strategies:
   • to effectively recognize, manage, and cope with stress; and
   • for managers to support business function during incident response, in person and remotely.

2. Provide critical incident support including:
   • providing off- and on-site triage service for management and workers (ongoing assessment, planning and intervention) in collaboration with and while maintaining close communication with IH leadership;
   • providing 24/7 on-site support for key personnel, affected individuals and/or groups;
   • including worker family support strategies to enhance worker's willingness and ability to stay on the job; and
   • providing 24/7 telephone support for key personnel, affected individuals and/or groups.

TOOLS

Employee and Family Assistance Program Resources

1. Critical Incidents – Tips for Managers
2. Critical Incident Stress (CIS) Response in the Workplace – Employee Handout
3. Grief and Loss
4. Qualities of Resilient Leaders
5. Coping with Life’s Stresses Information Sheet
6. Pandemic – Personal Risk Reduction Tips
YEARNLY MAINTENANCE
Workplace Health and Safety – review of related Occupational Health and Safety Regulation and update of EFAP tools and resources, as required.

Immunization distribution, delivery and security

OBJECTIVES FOR PANDEMIC RESPONSE
Occupational Health’s role is to provide pandemic influenza vaccine to the Interior Health employee and non-employee staff population in an efficient, safe and secure environment.

- Ensure that the health and well-being of employees is protected during a pandemic situation.
- Prevent the nosocomial transmission of influenza from infected healthcare workers to vulnerable patients.
- Ensure safe transportation, distribution and storage of vaccine and supplies that insures cold chain integrity.
- Ensure equitable distribution of vaccine to staff according to provincial guidelines.
- Ensure that the WH&S influenza staff vaccination plan can be modified to fit vaccine availability, population size, and provider capacities.
- Ensure that all WH&S immunizers and support staff are properly trained and have access to provincial procedures and guidelines for safe immunization practice.
- To support managers/leadership/human resources by providing flu statistics and information about employee’s vaccination status.

PANDEMIC RESPONSE: STRATEGIES & ACTIVITIES

- Support operations leadership and Human Resources as able.
- Ensure employee and non-employee staff have adequate access for influenza immunizations via Workplace Health and Safety (WH&S) immunization clinics and/or WH&S peer immunizers.
- Provide Interior Health’s Communications and Public Affairs Department with influenza immunization related information applicable to employee and non-employee staff for dissemination including WH&S immunization clinics, on-site WH&S Peer Immunizers, Public Health Community Clinics, immunization certified community Pharmacists and current influenza pandemic related information.
- Maintain a direct telephone line for employee and non-employee staff to speak directly with an Occupational Health Nurse (OHN).
- Maintain an OHN email Influenza Q & A box.
- Ensure employee vaccines are recorded in the individual employee’s electronic chart.
- Ensure daily up-to-date employee and non-employee vaccine reports are available to managers.
Health Care professionals working alone in Aboriginal communities shall be immunized if desired by a local IH employee flu clinic in the area. The employee should call the call line 1-866-899-7999 option 2 and speak with an OHN or email the flu mailbox influenza@interiorhealth.ca to be referred to a clinic in their area. Identification is required by all staff due to vaccine security.

TOOLS
1. BC Ministry of Health Pandemic Plan Pandemic Influenza Vaccine Storage, Transfer, and Security Plan
2. BC Centre of Disease Control Immunization Manual
3. Influenza Resources for Vaccine Providers

YEARLY MAINTENANCE & RECOMMENDATIONS
Occupational Health will review the PIPP yearly and take into consideration the below recommendations for planning purposes. Pandemic circumstances will increase the number of (WH&S) influenza immunizers required to deliver influenza vaccinations to Interior Health employee and non-employee staff. To increase the number of WH&S immunizers, consideration should be made in recruiting, educating, and supporting medical students, nursing students, retired nurses and physicians in the delivery of the influenza vaccine to staff.

As the availability of WH&S immunizers may be limited at any given time, staff access to non-WH&S immunizers must be promoted via:

- Community pharmacists;
- Medical and Nursing Students;
- Family Physicians; and
- Walk-in clinics.

Pandemic circumstances will increase the amount of influenza vaccine required to protect Interior Health staff and the general population from the pandemic virus. In the event of a vaccine shortage, vaccine and immunizer security may be at risk. Security and Human Resources assistance should be planned for and made available as required

Recommended pandemic influenza antivirals should be made available to unimmunized IH employee and non-employee staff through IHA and community pharmacies.

Pandemic circumstances may monopolize Occupational Health Nurse Specialist resources. As a result, the ability of WH&S to meet the communicable disease prevention demands of the IH and Northern Health will be limited. Leadership should consider alternative options to ensure that the ‘non-pandemic’ health and safety needs of employee and non-employee staff are met as best as possible during this time period.
Respiratory Protection

OBJECTIVES FOR PANDEMIC RESPONSE
The overall goal is to ensure that staff are educated and trained in the correct use of respiratory protection which is indicated as part of the administrative controls utilized to prevent worker exposure to pandemic influenza.

TOOLS: Respiratory Protection Resources
1. Respiratory Protection Program Policy
2. E-Learning Modules on iLearn
   - Qualitative fit-testing of N95 Respirators
   - Respiratory Protection Program: N95 Respirators
   - Respiratory Protection Program: Powered Air Purifying Respirator (PAPR)
   - Respiratory Protection Program: Elastomeric Respirator
   - Quantitative fit-testing of N95 respirators: Portacount Pro Plus (under development)
   - Quantitative fit-testing of N95 respirators: Portacount N95 Companion (under development)
3. Home > Employee Health & Safety > Injury Prevention > Safety
   - Look under “Subject: Respiratory Protection”
4. Other Related Topics:
   - Infection Prevention and Control - Routine Practices
   - Infection Prevention and Control - Airborne Precautions

YEARLY MAINTENANCE
Workplace Health and Safety – review of related Occupational Health and Safety Regulation and update of Respiratory Protection Program tools and resources, as required.
Chapter 15: Yearly Maintenance

ACTION PLAN: OPERATIONAL GUIDELINES FOR PANDEMIC PREPAREDNESS

Based on the 15 required areas from the MOH in 2013, a chapter was assigned to a lead, as seen in the chapter summaries. The yearly task is to review chapters, the operational guidelines that are to be used during an Influenza Pandemic outbreak. The chapter maintenance is the responsibility of the designate assigned to each chapter. Should there be a new person in the role the following year, it should be part of their job description to assist in the yearly review.

- The PIPP will be distributed to the Chapter leads in September of each year.
- The coordinator of maintaining the plan will engage with the team members – an opening meeting to review overall IH.
- The team members will have 3 months to provide a review and an amendment.

The 15 planning chapters assigned relate to these 6 major areas of response during a pandemic:
Each of the 15 Chapters should include the following areas (there may be variations) for the content, taking into consideration the lessons learned in 2009 during H1N1 and offering solutions and ways forward:

   a. Summary of the objective/role of the assigned area during a pandemic.
   c. Strategies and Activities during Pandemic.
   d. Key Audiences/Stakeholders or Chain of Command.
   e. Tools (if any or linkage to where tools will be disseminated).
   f. Yearly Maintenance Plan and Key recommendations.
   g. Provincial Pandemic Response Plan reviewed by each to ensure IH alignment.
Key Areas for Annual Review and Update

In September of each year, the PIPP is distributed to all committee members. The PIPP can be found on the InsideNet and a Sharepoint team site will be used by the team to revise and update the plan.

Any changes to membership and authors will be noted and updated in the plan. New members will be engaged and work towards updating their sections by November of the same year. Allied Health & Planning and Strategic Services are responsible for coordinating the PIPP revision.

The IH Site Plans and Business Continuity Plans are to be completed by March 2014, will be approved by Chapter 11 leads and uploaded to the InsideNet by Allied Health & Planning and Strategic Services. A yearly review of the Site Plans and Business Continuity Plans should also be undertaken.

Chapter leads are responsible for insuring the below major tasks are completed as part of the revision:

- HEM Response structure updated
- IH Planning structures reviewed
- First Nation Health Planning – Plan Alignments (IH-FNIHB/FNHA)
- The Clinical Care & Services Pandemic Influenza Site Plans and Business Continuity plans are reviewed and maintained
- Supplies and stockpiling considerations and chapter updated with HSSBC Plan
- Moving ethics forward – Provincial Updates to be included
- Physician engagement – Kelly Murphy Pilot Platform, plans with the Divisions of Family Practice – Update PIPP 2013
- Communication Action Plan, Stakeholder Communications Chart and tools/resources are up to date
- Infection Prevention and Control measures for Alternative Care Sites and Assessment Centers are reviewed and updated
- Mass vaccination and antiviral distribution plans reviewed
- Update Plan activation and exercising
- All web links, document links and hyper-links in the PIPP are opened and reviewed by each author, newest versions are inserted by the coordinator of this document
- Engagement with IMIT, to strengthen their role in EOC pandemic response structure
- Lessons Learned are reviewed and addressed
- Maps population parameters can be generated by IMIT
Comments and recommendations for changes to the PIPP should be directed to: Martin McMahon, Vice President Allied Health & Planning and Strategic Services at Martin.McMahon@interiorhealth.ca, or 250-870-4654.

List of IH PIPP Revisions

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Integrated Site Plans and Business Continuity for Acute, Residential and Community

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References

Resources


Chapter 2 Aboriginal


Chapter 3 Surveillance

Chapter 4 Laboratory


Chapter 5 Infection Prevention and Control


Chapter 6 Logistics and Stockpile and Critical Resources


Chapter 7 Human Resources


Chapter 8 Implementation of Public Health Measures


Chapter 9 Antiviral Distribution

Chapter 10 Immunization Distribution, Delivery and Security


Chapter 11 Surge Management – Coordination of IH Clinical Care & Services


Chapter 12 Communications


Chapter 14 Workplace Health and Safety


