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SECTION 1:

INTRODUCTION
EXECUTIVE SUMMARY

This document has been prepared to assist Grey and Bruce Counties to better respond to a future pandemic influenza. It is intended to complement both the existing Health Unit Emergency Response Plan as well as the existing municipal emergency response plans. This plan will require updating on a regular basis to keep the information current.

A dramatic change in the Influenza A virus can cause a worldwide pandemic with high rates of illness and death. The timing and pattern of the next pandemic influenza is unpredictable. Outbreaks will occur simultaneously. Unlike a regular influenza season from November to April, a pandemic influenza may occur at any time of the year.

The goal of the Grey Bruce Health Unit Pandemic Contingency Plan is to reduce sickness and death, and to reduce societal disruption among the people of Grey and Bruce.

This plan reflects the important contributions of the committee members who are participating or participated. See Appendix B for lists of the committee members.

The subcommittees listed below are focusing on key activities within each phase.

- Surveillance
- Antiviral & Vaccine
- Emergency Management
- Communications
- Human Resources
- Essential Services

Since it is unlikely that the novel influenza strain will first emerge in Canada, it is important to recognize that the declaration of the pandemic in Canada will most likely occur some time after it has been declared elsewhere in the world. Once Canada is affected, different communities may move through the phases at different times and rates.

The contingency plan is divided into three periods:

- **Pandemic Planning Period** (WHO Interpandemic Period, Phases 1 and 2 and WHO Pandemic Alert Period, Phases 3, 4 and 5)
- **Pandemic Period**
  - Level 1: WHO has confirmed a pandemic strain has been identified outside North America (WHO Pandemic Period, Phase 6)
  - Level 2: Pandemic (New Virus Strain) detected in North America (WHO Pandemic Period, Phase 6)
  - Level 3: Pandemic (New Virus Strain) detected locally (WHO Pandemic Period, Phase 6)
- **Postpandemic Period**: Recovery Phase (WHO Postpandemic Period, Return to Phase 1)

See page nine for more details on the periods and levels.
It is intended that local municipalities, health care facilities, police services, and other organizations and agencies utilize this document in the preparation of their own contingency plans. Refer to Appendix G, "Preparedness Checklist for your Agency," as a resource.

In the last few years, more work has been done at the federal level to develop a contingency plan for Canada on pandemic influenza. All Health Units are to develop a pandemic plan that will dovetail with federal and provincial initiatives to form an effective frontline response.
PANDEMIC INFLUENZA BACKGROUND

Influenza (flu) has been with us for centuries. This respiratory disease causes severe illness and death each winter in Canada. Certain groups are more at risk for developing complications such as those over 65 years of age and those people with already existing health problems. The influenza virus is highly contagious, and is spread by people coughing or sneezing into the air or by touching contaminated environmental surfaces. The virus can survive on unwashed hands for 5 minutes, on tissues or clothing for 8-10 hours and on hard surfaces such as tables or telephones for two days.

Pandemic Influenza is an outbreak of influenza occurring over a wide geographic area of the world affecting many people in many countries.

There were three major pandemics in the 20th century:

- Spanish Flu occurred in 1918-19 killing 20-40 million worldwide
- Asian Flu 1957-58
- Hong Kong 1968-69

The Spanish flu was notorious for killing previously young healthy people aged 20-40 years. It attacked quickly. People had symptoms in the morning, their lungs filled up with fluid and they died within 12 hours. Whole towns were devastated and families were wiped out.

It is estimated that another pandemic will occur. Looking back in history, there were three to four pandemics each century since the 1500s. There is a range of 11 to 39 years between pandemics. It has been over 30 years since the last one; therefore, the world is due for another one.

Initially, a radical change will occur in the genetic material of the influenza A virus and a new subtype of the virus will suddenly appear. Because of its radical change, everyone will be susceptible and will not have protection against this new strain of influenza.

It will take months to develop a new vaccine to match the new strain.

Some have argued that with better social conditions, nutrition, health and medical care it will make it unlikely that we will experience a death toll similar to the one that occurred during the 1918 pandemic. However, that optimism notwithstanding, the pattern of pandemics is unpredictable and the disruptions pandemics are expected to cause in a highly technological society make it imperative that measures be taken to minimize social disruption. Canada is also faced with an aging population, the age group normally most at risk. These will constitute major challenges for health care and community infrastructures during a pandemic episode.

Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon. Accordingly, the resources of all regions will be simultaneously strained, and memoranda of understanding between neighboring communities will often become unworkable.
ILLNESS AND DEATH
ESTIMATES FOR GREY & BRUCE COUNTIES

<table>
<thead>
<tr>
<th></th>
<th>Grey County</th>
<th>Bruce County</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>89,073</td>
<td>63,892</td>
<td>152,965</td>
</tr>
<tr>
<td>Infected</td>
<td>66,805</td>
<td>47,919</td>
<td>114,724</td>
</tr>
<tr>
<td>Clinically ill</td>
<td>33,848</td>
<td>24,279</td>
<td>58,127</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>15,142</td>
<td>10,862</td>
<td>26,004</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>267</td>
<td>192</td>
<td>459</td>
</tr>
<tr>
<td>Deaths</td>
<td>98</td>
<td>70</td>
<td>168</td>
</tr>
</tbody>
</table>

ESTIMATES FOR ONTARIO
TOTAL POP. 11.4 MILLION

- Up to 8.6 million infected (75% of population)
- 1.7 to 4.3 million clinically ill (15 – 38% of population)
- 1.9 million requiring outpatient care (6.8 - 17%)
- 12,500 – 34,200 hospitalizations (0.11 – 0.3%)
- 3,400 – 12,500 deaths (0.03 – 0.11%)

- Ontario population according to 2001 Census
- Estimates are based on information extrapolated from previous pandemics

These figures are based on 2001 Census data and the work of Dr. Martin Melzer, Population Analyst, Centre for Disease Control, Atlanta, Georgia.
Economic costs, for Ontario, are estimated at $1.4B to $2.5B in direct health care costs and an additional $10B to $24B in societal costs.¹

SECTION 2: OVERVIEW OF CONTINGENCY PLAN
PERIODS

In June 2005, the Ontario Health Plan for an Influenza Pandemic (OHPIP) was released by the Ontario Ministry of Health. The OHPIP describes how Ontario’s health care system will respond to an influenza pandemic. It sets out a comprehensive province-wide approach to health preparedness and response planning, and provides information to guide local pandemic planning groups.

The OHPIP is divided into periods and phases which are based on the pandemic planning phases developed by the World Health Organization (WHO). The Grey Bruce Health Unit Pandemic Influenza Contingency Plan (GBHU Plan) is divided into periods which correspond to the WHO periods, and includes activities that are mandated by the OHPIP. The GBHU Plan also splits the “Pandemic Period” into three levels, which are determined by how close to Grey and Bruce Counties the Pandemic (New Virus Strain) has been diagnosed.

The periods and levels that are used in this document are listed below in bold, with descriptions of the corresponding WHO periods and phases.

**Pandemic Planning Period:** is concentrated on the time before a pandemic develops. It includes the

- i) WHO Interpandemic Period, Phases 1 and 2 and
- ii) WHO Pandemic Alert Period, Phases 3, 4 and 5

**WHO Phase 1:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

**WHO Phase 2:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

**WHO Phase 3:** Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

**WHO Phase 4:** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

**WHO Phase 5:** Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is not well adapted to humans.

**Pandemic Period:** focuses on the period of time where transmission is increased and sustained in the general population. It is described by WHO as follows.

**WHO Phase 6:** Increased and sustained transmission in general population.
In the GBHU Plan, the WHO Phase 6 is split into three levels.

**Level 1:** WHO has confirmed that a pandemic strain has been identified outside North America

**Level 2:** Pandemic (New Virus Strain) has been detected *in* North America

**Level 3:** Pandemic (New Virus Strain) detected *locally*

**Postpandemic Period:** Recovery Phase and return to the Pandemic Planning Period
ACTIVITIES

SURVEILLANCE:
Influenza surveillance is required to determine when, where, and which influenza viruses are circulating; the high risk populations; the intensity and impact of influenza activity; and to detect unusual events. Surveillance is necessary for identifying influenza virus variants and for determining their ability to spread and cause disease. Surveillance data will drive the pandemic response as it will be used to determine the pandemic phase, and to track the progression through the phases.

VACCINATION:
Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic. Vaccine may not be available when the first wave of the pandemic strikes Canada. When the influenza vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary. Two doses may be necessary to achieve an adequate immune response.

It is recommended that “high-risk” groups be vaccinated against pneumococcus. Influenza is a common cause of secondary bacterial pneumonia. The incidence and severity of secondary bacterial pneumonia during the pandemic may be reduced if there is a high level of immunity to pneumococcus in the high-risk groups (e.g. people 65 years of age and older and those with certain health conditions).

ANTIVIRALS:
Antivirals (anti-influenza drugs) may be used as a preventative or treatment during a pandemic. Antiviral agents used for treatment reduce the severity and duration of illness when taken within 48 hours of illness onset.

Supplies most likely will not be sufficient and prioritization of antivirals will be necessary.

EMERGENCY MANAGEMENT:
The pandemic emergency response will depend on the severity and impact of the pandemic. A pandemic influenza differs from other emergencies in that it is widespread with many geographic areas affected simultaneously and the scale of disruption will be greater than a natural disaster and the impact is expected to be prolonged.
Once pandemic influenza is imminent, the Medical Officer of Health will notify the Warden of Grey County and the Warden of Bruce County. The Emergency Control Group will assemble to coordinate a response.

There will be a marked increase in demand for healthcare workers to care for the sick and for appropriate locations and equipment to facilitate the provision of health care.

COMMUNICATIONS:
The aim of the communications plan is to aid in the dissemination of timely and accurate information among public health officials, health care providers, municipal authorities, the media and the citizens of Grey and Bruce Counties. Different target audiences will need different types of information and different levels of detail prior to and during a pandemic influenza. A variety of communication mechanisms will be used.

HUMAN RESOURCES:
The function of Human Resources is to ensure that the employees of Grey Bruce Health Unit are fully prepared to deal with a Pandemic emergency. An administrative framework will be built to support the effective transition to a Pandemic period, and a smooth transition to a Pandemic organizational structure will be facilitated. It will be ensured that staff understand their roles and duties in such an emergency, adequate training will be provided to staff to perform such duties, and staff reductions or other staffing issues (volunteers / auxiliary) will be planned and prepared for. Staff will be supported throughout the emergency. The transition back to traditional organizational structure during post-pandemic period will be facilitated, and ongoing support for employees will be provided.

ESSENTIAL SERVICES:
In the event of a pandemic, many public health resources will be redefined and reallocated. Therefore, the mandated critical services/program components that must continue throughout a pandemic must be determined, and the activities that can be reduced or curtailed throughout the various phases of the pandemic must be identified. During the pandemic recovery period, services would be brought back in order of importance to public needs.
ACTIVATION OF PLAN and LINES OF COMMUNICATION

The World Health Organization (WHO) releases an alert about the beginning of a pandemic influenza. This sets off a chain of events that filter down through the Ontario Ministry of Health and Long Term Care to the Chief Medical Officer of Health and to the Medical Officers of Health for Ontario's 36 health units.

Once pandemic influenza is imminent, the Grey Bruce Medical Officer of Health will notify the Wardens of Grey and Bruce Counties. The Emergency Control Group will assemble to coordinate a response. The County, Municipality and Health Unit emergency plans will be activated.

The Grey Bruce Medical Officer of Health communicates information to the Wardens of Grey and Bruce Counties regarding health activities associated with the pandemic influenza and helps coordinate the efforts of all their agencies and/or individuals who have responsibility for emergency management within their counties.

The head of council of a municipality may declare an emergency, through Emergency Management Ontario, and take steps necessary to protect the health, safety, welfare and property of inhabitants of the emergency area. Each municipality is responsible for communicating with their emergency response personnel (police, fire, ambulance) and citizens. Communications may be through a variety of channels: intranet and Internet sites, Internet bulletin boards, e-mail and fax broadcast mechanisms, telephone teams, video conferencing, short wave radio broadcasts, toll-free hotlines, media outlets, media conferences, automated telephone systems (e.g. Community Alert Network [CAN]), geographic distribution network, block captains, postal notices, public meetings, fire truck megaphone, etc.

The Medical Officer of Health also conveys health information to organizations that require it to protect the health of the community, e.g., school boards, hospitals, homes for the aged, nursing homes, retirement homes, municipalities, Community Care Access Centre (CCAC), media, general public, etc.

The Medical Officer of Health informs all media representatives in the Health Unit's area. The media release informs the media and the public about: the pandemic strain, possible effects of the pandemic including complications and anticipated mortality, the importance of immunization, disease control efforts including vaccination, use of antivirals and other measures such as how to care for the sick in the home. The media release also provides information about practical steps the general public can take to protect themselves, ways in which essential services will be maintained, correction of misinformation, and a list of ways in which the public can obtain further information.

See the Contacts section of this plan for government contact information.
PANDEMIC INFLUENZA CONTINGENCY ACTIVATION PLAN

Identification of Antigenic Shift by the World Health Organization (WHO)

Centre for Disease Control (CDC), Bureau of Infectious Diseases obtains information about the new influenza strain.

Laboratory Centre for Disease Control, Public Health Branch is notified. Pandemic Potential is confirmed.

Ontario Ministry of Health and Long-Term Care, Public Health Branch and Emergency Management Ontario (EMO) are notified.

The Ontario Chief Medical Officer of Health notifies the Medical Officers of Health for Ontario Health Units.

Local Medical Officer of Health assembles the Health Unit Pandemic Influenza Implementation Committee.

Local Medical Officer of Health notifies the Wardens of Grey and Bruce Counties.

Emergency Control Groups assemble (Grey County, Bruce County and City of Owen Sound).

Members of County and City Emergency Control Groups Immediately Assume Defined Roles.

Emergency Control Groups assemble for Lower Tier (Municipalities) if activated.

Activation of all Emergency Plans (Health Unit Plan, County Plans, Municipal Plans, etc.)
LEGISLATION

Emergency management in Ontario is governed by the Emergency Management Act, R.S.O. 1990, Chapter E.9. Administration of the Act is assigned to the Solicitor General under whom the Director of Emergency Management Ontario is responsible to co-ordinate, monitor, and assist in the development and implementation of emergency plans.

Eleven Provincial Ministers are mandated to have emergency plans and be prepared to respond to emergency events in Ontario. These Ministers are designated with special responsibilities by Order in Council under the Act. The Minister of Health and Long Term Care is designated with lead responsibility for the provision of emergency health services, control of epidemics, and response to large-scale adverse health events.

The Medical Officer of Health determines the actions to be taken to protect the population from a communicable disease as outlined in the Health Protection and Promotion Act (HPPA), R.S.O. 1990, Chapter H.7.

In addition, the Medical Officer of Health has the authority to issue an order under section 22 of the HPPA with respect to a communicable disease if “he or she is of the opinion, upon reasonable and probable grounds, that a communicable disease exists or may exist or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health.”

Influenza is a reportable disease as defined by the HPPA. Therefore, health professionals must report diagnoses of influenza meeting the case definition to the local Medical Officer of Health.

DECLARATION AND TERMINATION

Under the Act, the Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof. The Premier or a designated Minister may take such action as necessary to implement emergency plans and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The Premier of Ontario may require any municipality to provide such assistance as is considered necessary to an emergency area or part thereof that is not within the jurisdiction of the municipality and may direct and control the provision of such assistance. The Premier at any time declares that an emergency has terminated.

The head of council of a municipality may declare that an emergency exists in the municipality or any part thereof. As a result of this declaration the head of council or designate may take such action and make such orders as are deemed necessary to implement the emergency plan of the municipality and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The head of council of a municipality may at any time declare that an emergency has terminated.
ASSISTANCE OPTIONS

The Lieutenant Governor in Council may authorize the payment of the cost thereof. The Solicitor General with approval of the Lieutenant Governor in Council may make agreements with the Crown in right of Canada in respect of payment by Canada to Ontario of any part of the cost to Ontario and to municipalities.

During an emergency, the Solicitor General with the approval of the Lieutenant Governor in Council may make agreements with the Crown in right of Canada and with the Crown in right of any other province for the provision of personnel, service, equipment or material. The head of council of a municipality may make an agreement with the council of any other municipality or with any person for the provision of any personnel, service, equipment or material during an emergency.
SECTION 3: ACTIVITIES

TO BE PERFORMED

DURING THE PERIODS
Pandemic Planning Period
(WHO Interpandemic and Pandemic Alert Periods, Phases 1 to 5)

Surveillance (S)

S-1.1
Form a surveillance subcommittee.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance strategies assist with early identification and early intervention to reduce the likelihood of complications and transmission of disease. The Pandemic Influenza Surveillance Subcommittee is comprised of Health Unit staff (see Appendix B).
Communication Channel: Meetings and telephone calls

S-1.2
Identify stakeholders (see Contact Section).
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee (see Appendix B)
Rationale: Identify audiences and stakeholders in order to convey pandemic information at critical moments before and during a pandemic. It allows the subcommittee to educate and mobilize partners.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

S-1.3
Create a Pandemic Influenza Surveillance Plan, as a component of the Grey Bruce Health Unit Pandemic Influenza Contingency Plan.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee (see Appendix B)
Rationale: A plan is necessary to promote effective surveillance strategies that assist with early identification and early intervention to reduce the likelihood of complications and transmission of disease.
Communication Channel: Monthly meetings are held until the plan is drafted. Splinter work groups are assigned specific tasks. Annual or semi-annual meetings are scheduled to update plan.

S-1.4
Reinforce to the health care service providers the importance of influenza surveillance. Direct all physicians to look for unusual clinical presentations and order viral testing when healthy individuals are presenting with unusually severe acute respiratory illness. Educate about the importance of including a travel history in the assessment of the person's illness.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all physicians provides early identification of pandemic influenza activity.
Communication Channel: Public Health Notes, fax, and inservice
S-1.5
Promote an understanding with representatives from nursing homes, long-term care facilities, retirement homes and hospitals about the importance of closely monitoring all individuals with respiratory tract infections. Ensure protocol is followed and specimen collection obtained, if necessary, on person(s) meeting the case definition of influenza-like illness (see Appendix C: Definition of Illness).

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** Diligent surveillance ensures the early identification of pandemic influenza activity.

**Communication Channel:** Meetings

S-1.6
Ensure that protective promotional messages are developed, disseminated and evaluated.

**Person(s) Responsible:** Infectious Diseases team

**Rationale:** Hand washing and other protective activities are essential in limiting transmission of illness.

**Communication Channel:** media, direct contact with schools, etc.

S-1.7
Develop enhanced surveillance for febrile respiratory illness (FRI).

**Person(s) Responsible:** Infectious Diseases team

**Rationale:** Ontario has developed Infection Control & Surveillance Standards for FRI in Non-Outbreak Conditions for community based settings (March 2004), for acute care hospitals (December 2003), and for non-acute care facilities (March 2004).

**Communication Channel:** written materials, inservices, policies & procedures, posters, etc.

S-1.8
Educate community health care providers and key stakeholders on febrile respiratory illness (FRI).

**Person(s) Responsible:** Infectious Diseases team

**Rationale:** Community providers are likely the first to see patients with respiratory symptoms and will play a key role in identifying possible FRI and in preventing its spread. Non-acute care facilities deal with highly vulnerable populations and have experience in disease surveillance. Education re: FRI should build on systems already in place and become part of a comprehensive approach to infection control.

**Communication Channel:** Inservices, Public Health Notes, and written materials

S-1.9
Monitor federal and provincial websites such as MOHLTC, Health Canada, Flu Watch, WHO, etc.

**Person(s) Responsible:** Medical Officer of Health and Infectious Diseases team

**Rationale:** Maintain up-to-date information in order to provide pertinent information to key stakeholders.

**Communication Channel:** Website and fax
S-1.10
Influenza activity is monitored and classified, as one of the following categories 0 through 3.

**Category 0:** No activity.

**Category 1:** Sporadic activity.
Influenza-like illness occurs sporadically or laboratory confirmed influenza with no outbreaks detected.

**Category 2:** Localized outbreaks.
Outbreaks affecting a single geographical area within the Health Unit jurisdiction (for example: an outbreak in a single nursing home).

**Category 3:** Widespread outbreaks.
Outbreaks affecting multiple and non-adjacent areas within the Health Unit jurisdiction.

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** Accurate and timely surveillance of the viral spread is needed to make competent public health decisions. This information is faxed to the MOHLTC weekly.

**Communication Channel:** Telephone and fax

S-1.11
Schools are monitored for absenteeism (illness) rates equal to or greater than 10% of their population.

**Person(s) Responsible:** School principal or designate and Infectious Diseases team

**Rationale:** Absenteeism rates indicate levels of illness in Grey & Bruce Counties. Early identification and early intervention reduces the likelihood of complications and transmission of disease.

**Communication Channel:** Telephone and fax

S-1.12
Develop an inventory of local laboratories.

**Person(s) Responsible:** Pandemic Influenza Surveillance Subcommittee - Laboratory Team

**Rationale:** May need to request expansion of lab capacity for testing influenza.

**Communication Channel:** Telephone and fax

S-1.13
Identify sources of expanded laboratory services. Ensure rapid testing through the laboratory of Grey Bruce Health Services, Owen Sound site is maintained.

**Person(s) Responsible:** Pandemic Influenza Surveillance Subcommittee - Laboratory Team

**Rationale:** During a pandemic the laboratory services may become overwhelmed with the demand to process specimens. Identifying and securing additional laboratory services facilitates prompt processing of specimens.

**Communication Channel:** Telephone and/or letter

S-1.14
Investigate and establish a method to track mortality and illness from hospital emergency room (ER). The minimum information necessary will include cause of death, age, sex, date of death, home address and postal code. Invite three hospital representatives
(Hanover, Grey Bruce Health Services, and South Bruce Grey Health Services) to assist with this action.

**Person(s) Responsible:** Medical Officer of Health or designate  
**Rationale:** Emergency room surveillance is important to monitor illness in individuals with illness too urgent to wait for a scheduled appointment with their family physician and those without a family physician.  
**Communication Channel:** Meetings, telephone, and personal contact

### S-1.15
Enhance electronic data collecting utilizing electronic forms, spreadsheets, etc. Collect, synthesize, and analyze information and provide to the province.

**Person(s) Responsible:** Medical Officer of Health or designate  
**Rationale:** Data will provide epidemiologic activity in Grey & Bruce Counties which will guide plans for surveillance, vaccine and antiviral, emergency management and communication.  
**Communication Channel:** Website and fax

### S-1.16
Identify Chief of Hospital Site Physicians.

**Person(s) Responsible:** Medical Officer of Health or designate  
**Rationale:** Need contact information to request sentinel collection of specimens.  
**Communication:** Telephone

### S-1.17
Develop, promote and evaluate a secure outbreak website for physicians and long-term care facilities.

**Person(s) Responsible:** Medical Officer of Health or designate  
**Rationale:** This allows physicians and long-term care facilities access to immediate information on outbreaks, and pertinent information.  
**Communication Channel:** Public Health Notes, inservices, meetings

### S-1.18
Work with local health organizations and funeral services to develop a mechanism for tracking influenza mortality and reporting data to the local health unit/Chief Coroner’s Office.

**Person(s) Responsible:** Medical Officer of Health or designate  
**Rationale:** Need current epidemiological data to monitor outbreak.  
**Communication Channel:** Telephone, meetings, fax

### S-1.19
Recruit and liaise with three, large, sentinel, workplace sites.

**Person(s) Responsible:** Infectious Diseases team  
**Rationale:** Efficient surveillance practices provides early identification of pandemic influenza activity within the three sentinel workplaces.  
**Communication Channel:** Contact a representative from Bruce Power, Transcontinental Printers, and Chapman's Ice Cream by telephone or in person to discuss their participation in this action.
S-1.20
Develop a sentinel workplace surveillance absenteeism information form and data base for tracking the information.
Person(s) Responsible: Infectious Diseases team
Rationale: A tracking system in place will expedite local data and assist with local identification and the extent of the outbreak.
Communication Channel: Website

S-1.21
Pilot a workplace surveillance program targeting three worksites.
Person(s) Responsible: Infectious Diseases team
Rationale: Link with workplaces, evaluate and improve the process before pandemic occurs.
Communication Channel: Telephone, written material

S-1.22
Develop educational materials to inform about the following pandemic influenza related topics: specimen collection; pandemic influenza; how to take a child/adult’s temperature; self care decision tree for adults; does your infant or child have the flu?; detection of symptoms in children; clinical diagnosis; infection control.
Person(s) Responsible: Infectious Diseases team
Rationale: Providing stakeholders with relevant information improves the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Internet and fact sheets

S-1.23
Distribute educational materials to inform about the pandemic influenza related topics listed in S-1.22.
Person(s) Responsible: Infectious Diseases team
Rationale: Providing stakeholders with relevant information improves the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Internet and fact sheets

S-1.24
Ensure relevant educational and informational materials are provided to the following stakeholders: health care service providers, workplaces, emergency service providers and the general public.
Person(s) Responsible: Infectious Diseases team
Rationale: Providing stakeholders with relevant information improves the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Internet and fact sheets

S-1.25
Ensure there is a link with hospitals as they develop their plans, as it relates to surveillance and data collection.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: The Grey Bruce Health Unit will have to work closely with hospitals during a Pandemic, and therefore the planning needs to be complimentary.

Communication Channel: Meetings

S-1.26
Develop and distribute materials on avian influenza. A target group is poultry workers.
**Person(s) Responsible:** Infectious Diseases team

**Rationale:** The presence of the avian flu virus increases the risk of genetic recombination with a human flu virus. A new and easily transmissible human influenza virus could subsequently emerge with pandemic potential.

**Communication Channel:** Fact sheet, website, and include in presentations

S-1.27
Develop an inservice training component for health unit staff on (a) basic overview of what is pandemic influenza (b) cross training on case management (c) telephone response and (d) personal emergency preparedness

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** Staff will better understand the expectations of them during a pandemic, be more prepared for emergencies, and function more effectively.

**Communication Channel:** Inservices, fact sheets, website

**Vaccine Management (V)**

V-1.1
Form a vaccine subcommittee.

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** A group representing the community's health care and service providers is needed in order to develop an efficient vaccine management plan for immunization. The vaccine subcommittee is called the Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B).

**Communication Channel:** Meetings, telephone calls, and personal contact

V-1.2
Identify stakeholders (see Contacts section).

**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B)

**Rationale:** Identify audiences and stakeholders in order to convey pandemic information at critical moments before and during a pandemic. It allows the subcommittee to educate and mobilize partners.

**Communication Channel:** Pandemic Influenza Implementation Committee and subcommittee meetings

V-1.3
Promote awareness within the community for the benefits of annual influenza vaccination.

**Person(s) Responsible:** Vaccine Preventable Disease team
Rationale: High annual vaccine utilization builds up the manufacturing capacity and allows patients to become accustomed to receiving the influenza vaccine. Receiving the influenza vaccine reduces the likelihood of acquiring influenza, reduces the risks of complications, reduces emergency visits and reduces hospital admissions.
Communication Channel: Media, internet, physicians' office staff, letters, posters, fact sheets, pamphlets, and newsletters

V-1.4
Increase annual influenza vaccine coverage rates among health care workers and emergency services workers.
Person(s) Responsible: Vaccine Preventable Disease team and Infectious Diseases team
Rationale: Influenza vaccine reduces the spread of influenza and decreases workplace absenteeism.
Communication Channel: Letters, fact sheets, and media

V-1.5
Ensure high-risk patient(s), as defined by The National Advisory Council on Immunization (NACI), receive the pneumococcal vaccine.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: Pneumococcal vaccination helps protect against secondary pneumonia. In a pandemic, there may be an exhaustive demand on antibiotic supplies.
Communication Channel: Newsletters, fact sheets, and media

V-1.6
Direct physicians to maintain lists of all high-risk patients.
Person(s) Responsible: Medical Officer of Health
Rationale: The timeframe between Phase 1 and Phase 2 may be brief, therefore, vaccine will have to be distributed and administered efficiently. Maintaining lists of high-risk patients increases efficiency of actions to locate high-risk patients.
Communication Channel: Public Health Notes

V-1.7
Educate health care service providers about the protocol for monitoring and reporting any/all Vaccine-Associated Adverse Events.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: In anticipation of a vaccine-associated adverse event occurring during immunization, forms are available that are quick and easy for any health care service provider to complete. The adverse event form has instructions on how to complete it. Health care service providers will be asked to fax the report of a vaccine-associated adverse event form to the Health Unit, in order that it can be transmitted to the Ministry of Health in a prompt and efficient manner.
Communication Channel: Public Health Notes, Infection Control newsletter

V-1.8
Develop a plan for immunization clinics, including locations and distributions throughout the geographic area.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: A plan ensures quick and efficient vaccination of the population.
Communication Channel: Meetings, possible partnership with Boards of Education, or other key contacts

V-1.9
Develop an inventory and contact data information on those listed in priority groups (from National Plan) and record on excel data spread sheet.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: This data is critical to determine key contacts for the logistics of vaccine management.
Communication Channel: Telephone, fax, e-mail, Vaccine & Antiviral Enumeration Tool

V-1.10
Determine the amount of vaccine needed for the priority groups outlined in the National Plan.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: Having approximate amount of vaccine needed is important to respond to Ministry request for amount of vaccine and enable better planning for logistics of vaccination clinics.
Communication Channel: Telephone, fax, e-mail, Ministry Vaccine & Antiviral Enumeration Tool

V-1.11
Stockpile enough immunization supplies (e.g. needles, syringes, alcohol wipes, cold storage bags, sharps containers, adrenaline, etc.) to immunize as determined by the National Pandemic Influenza Committee (NPIC) priority protocol.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: An adequate supply of immunization supplies allows immunization to occur without delay.
Communication Channel: Supply management checklists

V-1.12
Secure and stockpile at least a three month supply of personal protective equipment.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Equipment is available for health unit staff to access during a pandemic to protect staff from respiratory illness.
Communication Channel: Telephone, written

V-1.13
Develop list of suppliers and contact information.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: An adequate supply will allow the health unit to begin immunizing priority groups as soon as vaccine is available. Supplies will be in high demand.
Communication Channel: Written, computer
V-1.14
Develop a system for record keeping, tracking and recall for two-dose immunization (30 days apart) for mass populations based on the provincial Vaccine and Antiviral Subcommittee (to be developed).
**Person(s) Responsible:** Vaccine Preventable Disease team
**Rationale:** Having a local tracking system in place will reduce time.
**Communication Channel:** Computer database

V-1.15
Develop contingency plans for the storage of the vaccine. Identify current and potential vaccine storage sites.
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee
**Rationale:** There will be a need for additional vaccine storage. Letters of understanding with requests for safe and secure storage can be drawn up ahead of time with partners.
**Communication Channel:** Telephone, letters

V-1.16
Investigate and have contract with alternate sites for back-up refrigeration for vaccine.
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee
**Rationale:** Secure storage space is needed off-site for vaccine with a back-up power generator in case of power failure and enough room for a large amount of vaccine.
**Communication Channel:** Telephone, letter

V-1.17
Identify and arrange for security of vaccine at storage locations, at clinic sites and during transportation.
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee
**Rationale:** Contract with a security company to protect vaccine. Police services will be in high demand for other issues.
**Communication Channel:** Telephone, letter, Vaccine and Antiviral Enumeration Tool

V-1.18
Develop an electronic vaccine module to be available for health unit staff and outside agencies on vaccine administration, reporting adverse events, screening for eligibility and contraindications, informed consent, and managing untoward reactions.
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee
**Rationale:** The vaccine module is a readily accessible tool necessary for quick, current information during non-pandemic and pandemic situations. This will reduce health unit staff time in providing training/resources.
**Communication Channel:** Website and manual

V-1.19
Provide opportunities for health unit nursing staff to practice administering vaccines at least once a year.
**Person(s) Responsible:** Vaccine Preventable Disease manager and team
**Rationale:** This will enable nurses to keep their skills current and be familiar with vaccine issues.
**Communication Channel:** Community and school immunization clinics
V-1.20
Work with Pandemic Influenza Human Resources Subcommittee to recruit qualified staff to administer influenza vaccine.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: A large number of health unit staff plus outside resources will be necessary to provide massive vaccination clinics. Influenza vaccine takes 14 days to become effective, therefore, vaccinating as many people as possible, in a short time frame, will increase the number of protected people.
Communication Channel: Telephone, media

V-1.21
Provide orientation for health professionals assisting in administration of vaccine.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: A standard orientation package will be available to support those involved with vaccine administration.
Communication Channel: Written, website

**Antiviral Management (A)**

A-1.1
Form an antiviral subcommittee.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: A group representing the health care service providers and pharmacy services is needed in order to develop an efficient antiviral management plan for a pandemic influenza. It is called The Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B).
Communication Channel: Meetings, telephone calls and personal contact

A-1.2
Identify stakeholders (see Contacts section).
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B).
Rationale: Identify audiences and stakeholders in order to convey pandemic information at critical moments before and during a pandemic. It allows the subcommittee to educate and mobilize partners.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

A-1.3
Develop fact sheets (one for physicians and pharmacists, and one for the general public) to educate regarding the use of antiviral medications and related side effects.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Accurate, timely, succinct information may reduce the likelihood of misuse of antivirals.
Communication Channel: Fact sheet, Public Health Notes, internet, and linking with Pandemic Influenza Communications Subcommittee
A-1.4
Identify and arrange for security of antiviral medication at storage locations, at clinic sites and during transportation.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Contract with a security company to protect the antiviral supply. Police services will be in high demand for other issues.
Communication Channel: Telephone, letter

A-1.5
Develop a record keeping system for recording adverse reactions and complaints related to antivirals. This information will be reported to the Ministry of Health.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Having a system in place will identify problems early.
Communication Channel: Meetings and website

A-1.6
Develop and maintain a surveillance system/activities for emergence of antiviral resistance in the community.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Early detection of antiviral resistance will prompt switching to a different antiviral or stopping the antiviral.
Communication Channel: Faxes and letters

Emergency Management (E)

E-1.1
Form an emergency management subcommittee.
Person(s) Responsible: Manager, Health Hazard or designate
Rationale: A group representing the community's health care and emergency service providers is needed in order to develop an efficient emergency plan for a pandemic influenza. The emergency management team is called the Pandemic Influenza Emergency Management Subcommittee (see Appendix B).
Communication Channel: Meetings, telephone calls, and personal contact

E-1.2
Identify stakeholders (see Contacts section).
Person(s) Responsible: Pandemic Influenza Emergency Management Subcommittee (see Appendix B).
Rationale: Identify audiences and stakeholders in order to convey pandemic information at critical moments before and during a pandemic. It allows the subcommittee to educate and mobilize partners.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings
E-1.3
Identify and contact emergency planning coordinators in Grey and Bruce Counties to build upon the existing emergency plans.
Person(s) Responsible: Manager, Health Hazard or designate
Rationale: Established local emergency infrastructures will provide the most comprehensive and timely response to this widespread and prolonged pandemic crisis.
Communication Channel: Telephone, meetings, and personal contact

E-1.4
Create a Pandemic Influenza Emergency Management Plan as a component of the Grey Bruce Health Unit Pandemic Influenza Contingency Plan.
Person(s) Responsible: Pandemic Influenza Emergency Management Subcommittee (see Appendix B)
Rationale: The purpose of this plan is to build capacity in Grey and Bruce Counties to respond to the influenza pandemic regardless of how widespread or prolonged.
Communication Channel: Meetings

E-1.5
Disseminate the Grey Bruce Health Unit Pandemic Influenza Contingency Plan to relevant stakeholders.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: All municipalities, organizations, hospitals, and workplaces are required to develop their own contingency plan or add an appendix to an existing emergency plan in order to respond to the pandemic influenza. The Grey Bruce Health Unit Pandemic Influenza Contingency Plan has been written to complement existing plans and cannot operate in isolation.
Communication Channel: Direct mailing and presentations

E-1.6
Arrange for personnel to receive yearly influenza vaccinations.
Person(s) Responsible: Chief Administrative Officers of all health care service providers, emergency service providers, & community agencies
Rationale: Yearly influenza vaccinations are recommended for all employees and their families to prevent illness and reduce absenteeism.
Communication Channel: Letters, newsletters, media, and inservices to inform about on-site and community immunization clinics

E-1.7
Obtain information on post-traumatic stress disorder (see Appendix C).
Person(s) Responsible: Pandemic Influenza Emergency Management Subcommittee
Rationale: Based on the predicted epidemiological impact of pandemic influenza in Grey and Bruce Counties, it is essential that preparation be made for ongoing devastating effects. A pandemic leaves many people seriously ill and has a high mortality rate. Therefore, physical, psychological, and financial support services for emergency response personnel, health care workers, and victims’ families will be needed.
Communication Channel: Telephone, internet and written material
E-1.8
All hospitals, long-term care facilities and other health care service providers are directed to develop pandemic influenza contingency plans to accommodate an increased demand for health care services while experiencing profound staff shortages. Strategies for increasing bed capacity, managing storage of supplies and resources, responding to blood and drug shortages (e.g. antibiotics for treatment of secondary pneumonia), and implementation of infection control measures is also crucial. 

Person(s) Responsible: Chief Administrative Officer of hospitals, long-term care facilities, and other health care service providers

Rationale: A contingency plan to address the above issues is crucial in order to reduce the number of deaths.

Communications Channels: Written material and meetings

E-1.9
Meet with Funeral Home representative about dealing with massive fatalities. Develop orders for year round burial and burial without embalming.

Person(s) Responsible: Manager, Health Hazard or designate

Rationale: Making early contact with the funeral home sector will assist with identifying issues, some of which can be addressed now.

Communication Channel: Telephone, meetings, presentations

E-1.11
Develop material and protocols and train staff in the use of equipment as needed.

Person(s) Responsible: Medical Officer of Health or designate

Rationale: Staff need to be trained and comfortable and competent in using equipment to protect themselves.

Communication Channel: Written materials

E-1.12
Regularly update the influenza emergency contact list—local EMS, fire, police, and health care facility contacts.

Person(s) Responsible: Pandemic Influenza Emergency Management Subcommittee

Rationale: A current list of key stakeholders is crucial to save time during an emergency. The health unit support staff will be responsible for maintaining the appropriate lists and programming information into fax machine. This info will be placed on the intranet system for all staff to access anytime.

Communication Channel: Intranet, excel spread sheets

E-1.13
Work with the local service providers and the municipal governments to conduct simulation exercises.

Person(s) Responsible: Manager, Health Hazard or designate

Rationale: It is important to understand each others roles, prioritize services, and work out solutions to a pandemic influenza scenario.

Communication Channel: Meetings
Communication (C)

C-1.1
Educate stakeholders on pandemic influenza and the importance of the Grey Bruce Health Unit Pandemic Influenza Contingency Plan.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Informing stakeholders will promote an understanding of the importance of the development of contingency plans and help prepare them for a potential pandemic emergency.
Communication Channel: Meeting November 27, 2001 of community stakeholders, by invitation

C-1.2
Form a communication subcommittee.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: A group representing the community is needed in order develop a useful communications plan for the dissemination of timely and accurate information to health care service providers, the media and the general public. The Pandemic Influenza Communications Subcommittee (see Appendix B) is comprised of representatives from the community with expertise in municipal emergency management, police emergency response, media, municipal communications, school board protocols, community health care, industry human resources, hospital communications, and public health. This subcommittee's purpose is to identify community stakeholders, create a Pandemic Influenza Communications Plan, disseminate the plan and develop communication materials for all stakeholders.
Communication Channel: November 27, 2001 meeting feedback forms requesting participation on subcommittees and telephone calls

C-1.3
Create a database of local media contact information (see Contacts – Local Media Database). Include emergency contact information during non-business hours.
Person(s) Responsible: Pandemic Influenza Communications Subcommittee (see Appendix B)
Rationale: Media outlets will be key partners during a pandemic influenza outbreak. They are relied upon to distribute information quickly to all people in Grey and Bruce Counties. A database of up-to-date contact information is necessary for quick contact with the media, even during non-business hours.
Communication Channel: Grey Bruce Health Unit Pandemic Influenza Contingency Plan

C-1.4
Identify community stakeholders (see Contacts section).
Person(s) Responsible: Pandemic Influenza Implementation Committee (see Appendix B)
Rationale: It is necessary to identify audiences and stakeholders in order to convey information at critical moments before and during a pandemic. It also allows the subcommittee to educate and mobilize partners.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings.
C-1.5
Create and disseminate a preparedness checklist to all stakeholders (see Appendix F).
**Person(s) Responsible:** Pandemic Influenza Communications Subcommittee (see Appendix B)
**Rationale:** It is necessary to ensure that stakeholders understand and are prepared for a crisis situation that may leave approximately one third of their staff ill.
**Communication Channel:** Revised version of Ministry of Health template for Pandemic Influenza Response Plan – *Preparedness Checklist for your Health Unit/Agency* distributed via direct mailing, video, presentations and media conference

C-1.6
Create a *Pandemic Influenza Communications Plan* for all stakeholders.
**Person(s) Responsible:** Pandemic Influenza Communications Subcommittee (see Appendix B)
**Rationale:** A plan is necessary to maintain public confidence in response to a pandemic and to provide advice and information needed to guide personal protection and health care efforts. It is also necessary to develop a capacity for the timely dissemination of relevant, accurate, and consistent information.
**Communication Channel:** Monthly meetings are held until the plan is drafted. Splinter work groups are assigned specific tasks. Annual or semi-annual meetings are scheduled to update plan and discuss dissemination of plan to subcommittee members’ organizations.

C-1.7
Create a *Pandemic Influenza* video.
**Person(s) Responsible:** Medical Officer of Health or designate
**Rationale:** The video overviews the pandemic and the goals of the Pandemic Influenza Implementation Committee and six subcommittees (see Appendix B). The video will be available for counties, municipalities, major stakeholders and the general public.
**Communication Channel:** VHS form and web site. (To access the video online use Microsoft Media Player version 7 or higher. Go to the Health Unit's web site at [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca), click on 'Diseases', choose 'Pandemic Influenza', and then choose Planning Day Video.)

C-1.8
Disseminate the *Grey Bruce Health Unit Pandemic Influenza Contingency Plan* to key stakeholders.
**Person(s) Responsible:** Medical Officer of Health or designate
**Rationale:** Disseminating the pandemic plan to stakeholders promotes confidence of preparedness and prompts other agencies and institutions to advocate for internal pandemic planning.
**Communication Channel:** Direct mailing, video, presentations and media conference

C-1.9
Educate physicians on pandemic influenza and the *Grey Bruce Health Unit Pandemic Influenza Contingency Plan* as well as expected clinical disease, influenza surveillance, vaccination recommendations, reporting adverse vaccine events, the use of antiviral agents and designated sites for influenza treatment.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Practicing physicians will become aware of the steps they can take to prepare for the pandemic.
Communication Channel: Physicians' newsletter, web site, and hospital physician rounds

C-1.10
Assign a group fax number within the Health Unit to all long-term care facilities, nursing homes, homes for the aged, home care agencies, hospitals, other health care service providers and essential service providers.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: A group fax number allows for prompt dissemination of information to health care service providers and essential service providers in the event of a pandemic such as advising facilities to initiate internal pandemic plans.
Communication Channel: Telephone

C-1.11
Launch an educational campaign (see Appendix G - Health Communication Action Steps).
Person(s) Responsible: Medical Officer of Health or designate
Rationale: To direct the public in specific actions that reduce the likelihood of exposure and minimizes the spread of disease, e.g. hand washing, covering mouth, cleaning surfaces and vaccination.
Communication Channel: Fact sheets, brochures, radio and television ads, newspaper articles/ads, etc.

C-1.12
Develop fact sheets and public action directives to be used during a pandemic (see Appendix E - Pandemic Influenza Fact Sheets and Appendix G - Emergency Risk Communications: Anticipated Questions/Immediate Response to Inquiries).
Person(s) Responsible: Medical Officer of Health or designate
Rationale: To direct the public in specific actions that reduce the likelihood of exposure and minimizes the spread of disease, e.g. hand washing, covering mouth, cleaning surfaces and vaccination.
Communication Channel: Distribution to the public through a variety of methods, depending upon the need

C-1.13
Assign one contact person for each municipality to act as a liaison with the Pandemic Influenza Implementation Committee (see Appendix B).
Person(s) Responsible: Mayor of each municipality or designate
Rationale: To help minimize disease transmission, municipalities need to take an active role in clearly communicating relevant, accurate and timely information to the public. Municipalities are already structured along natural geographic boundaries with municipal governments in place to communicate with their constituents.
Communication Channel: Grey Bruce Health Unit Pandemic Influenza Contingency Plan, meetings, telephone, and fax.
C-1.14
List all organizations within each municipality that will act as distribution points for dispersal of pandemic information. Organizations to be included are schools, day cares, homes for the aged, homes for special care, nursing homes, large workplaces, seniors’ apartments, etc. The list of organizations may include an address, telephone and fax number, contact position, and number of students/residents/employees.

Person(s) Responsible: Medical Officer of Health or designate
Rationale: Increasing the efficiency and consistency of information dispersal during the pandemic will help minimize disease transmission. Having a list of facilities with the numbers of students/residents/employees will ensure an accurate number of information packages are distributed.
Communication Channel: Grey Bruce Health Unit Pandemic Influenza Contingency Plan, meetings, telephone, and fax

C-1.15
Educate physicians and key stakeholders on pandemic influenza and the estimated impact for Grey and Bruce Counties.

Person(s) Responsible: Medical Officer of Health or designate and Infectious Diseases team

Rationale: Physicians and key stakeholders will be encouraged to develop their own contingency plans building on existing emergency plans. The aim is to reduce morbidity and mortality and reduce social disruption.
Communication Channel: Inservices, Public Health Notes, fact sheets, website, physician website

C-1.16
Develop a hand washing campaign. Develop pamphlets, fact sheets, school curriculum, displays, etc. Initially work with school boards to arrange implementation, then expand the campaign to include the general public.

Person(s) Responsible: Infectious Diseases team

Rationale: Strict adherence to hand washing recommendations is the cornerstone of infection prevention.
Communication Channel: Pamphlets, school curriculum, fact sheets, posters, website, video, mass media

C-1.17
Connect with the telephone company to establish priority telephone lines.

Person(s) Responsible: Technology department

Rationale: Designated telephone lines for MOH to dial out to communicate with key stakeholders and designate lines for information line and surveillance activities.
Communication Channel: Telephone

C-1.18
Assign support staff to keep up-to-date lists of key stakeholders and organizations contact data information. This information will be available on the intranet.

Person(s) Responsible: Staff designate and technology department
Rationale: Up-to-date contact information is vital for communication and can be accessed anytime off the intranet. Having designated support staff responsible for particular groups will keep the lists current.

Communication Channel: Intranet database

C-1.19

Prepare and provide educational material about the pandemic (personal hygiene, respiratory etiquette, and the message to “stay at home” if sick) to key stakeholders and the general public.

Person(s) Responsible: Infectious Diseases team

Rationale: Raising awareness about a future pandemic may help individuals, organizations and communities to become more prepared and therefore may reduce the likelihood of complications and transmission of disease.

Communication Channel: Fact sheets, newsletters, billboard, website, physicians website, mailings, media, educational curriculum

Human Resources (HR)

HR-1.1

Form a Pandemic Influenza Human Resources Subcommittee.

Person(s) Responsible: Medical Officer of Health or designate

Rationale: Effective human resource planning assists with early interventions to support appropriate staffing deployment and reduce the likelihood of complications in implementing the pandemic emergency plan. The Pandemic Human Resources Subcommittee (see Appendix B) is comprised of Health Unit staff.

Communication Channel: Meetings, e-mail and telephone calls

HR-1.2

Identify stakeholders.

Person(s) Responsible: Pandemic Influenza Pandemic Human Resources Subcommittee

Rationale: Identify audiences and stakeholders in order to support home preparedness for Health Unit staff, build an auxiliary and volunteer pool and implement an effective day to day operation. This work allows the subcommittee to educate and mobilize partners.

Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-1.3

Create a Pandemic Influenza Human Resources Plan as a component of the Grey Bruce Health Unit Pandemic Influenza Contingency Plan.

Person(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: A plan is necessary to assist with early interventions to support appropriate staffing deployment and reduce the likelihood of complications in implementing the pandemic emergency plan.

Communication Channel: Monthly meetings are held until the plan is drafted. Splinter work groups are assigned specific tasks. Semi-annual or quarterly meetings are scheduled to update the plan.
HR-1.4
Develop an internal survey to assess staffing needs during a pandemic.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: A survey will provide the projected staffing requirements required to implement the pandemic emergency plan.
Communication Channel: An electronic survey that is completed by pandemic subcommittee chairpersons

HR-1.5
Develop a comprehensive form to allow for the collection and continual update of necessary personal information from Health Unit staff.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The collection of necessary personal data from Health Unit staff will provide information required to support the implementation of the pandemic emergency plan.
Communication Channel: An annual survey is completed by Health Unit staff and is updated as required.

HR-1.6
Develop a secure database of staff skill sets and qualifications i.e. current certification and first aid training.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Personal data information collected from Health Unit staff will be collated using a secure database to support an efficient deployment system of staff during the implementation phase of the pandemic emergency plan.
Communication Channel: A secure database

HR-1.7
Develop a recruitment and training strategy.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The recruitment and training strategy will support the maintenance of a full complement of staffing required to implement the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-1.8
Work with the Pandemic Influenza Antiviral and Vaccine Subcommittee to recruit qualified staff to administer influenza vaccine.
Person(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: A large number of health unit staff plus outside resources will be necessary to provide massive vaccination clinics. Influenza vaccine takes 14 days to become effective, therefore, vaccinating as many people as possible in a short time frame will increase the number of protected people.
Communication Channel: Telephone, media

HR-1.9
Develop job descriptions based upon the internal needs assessment survey.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of job descriptions will support the recruitment and training strategy developed to maintain a full complement of staffing required to implement the pandemic emergency plan.

Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-1.10
Arrange back-up services for the finance department.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: The continuation of payroll and other essential financial services is needed to keep staff working and to acquire necessary resources.
Communication Channel: Telephone and written

HR-1.11
Build an auxiliary and volunteer pool.
Person(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of an auxiliary and volunteer pool will be required to have sufficient personnel available to implement the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-1.12
Develop pandemic orientation/training plan and program for new (auxiliary) and existing employees.
Person(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: An orientation/training plan and program will support the development of an auxiliary and volunteer pool that will be required to have a sufficient knowledge base to carry out the required duties of the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-1.13
Develop a plan for in-house crisis training and provide crisis skills resources i.e. palliative care, grief counselling, a buddy system.
Person(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: In-house crisis training and the availability of required resources will ensure that there will be trained personnel to meet the needs of Health Unit staff during a pandemic.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-1.14
Develop HR forms for internal communication, payroll, contracts, staff needs and services (including food).
Person(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of efficient HR forms will support the day-to-day operations during the implementation of the pandemic emergency plan.
**Communication Channel:** Pandemic Influenza Implementation Committee and subcommittee meetings

**HR-1.15**
Create an internal communication system regarding essential services, staff deployment, reporting, ordering and distributing equipment and supplies (i.e. back-up roster, phone-in line).

**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee  
**Rationale:** The development of an internal communication system will support the day-to-day operations during the implementation of the pandemic emergency plan.  
**Communication Channel:** Pandemic Influenza Implementation Committee and subcommittee meetings

**HR-1.16**
Partner at the community level to access local support for Health Unit families i.e. transportation, access to food, grief support.

**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee  
**Rationale:** Identifying partners will develop a system that will support Health Unit families during a pandemic. Building partnerships at the local level will help educate and mobilize partners.  
**Communication Channel:** Geographical team meetings, subcommittee meetings

**HR-1.17**
Develop a staff home emergency kit, including information on awareness regarding personal protection.

**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee  
**Rationale:** The development of a staff home emergency kit will support the concept of home preparedness for all Health Unit staff, auxiliary and volunteer pools.  
**Communication Channel:** Pandemic Influenza Implementation Committee and subcommittee meetings

**HR-1.18**
Communicate relevant information regarding the status of the Pandemic to all staff.

**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee  
**Rationale:** The development of an ongoing update communication system for all internal staff, auxiliary and volunteer pools will create a more informed staffing pool who are ready to implement the pandemic emergency plan.  
**Communication Channel:** Intranet, e-mail, fact sheets, board report, team meetings

**Essential Services (ES)**

**ES-1.1**
Form an Essential Services Subcommittee.

**Persons(s) Responsible:** Medical Officer of Health or designate
Rationale: Essential Services provided by the Health Unit need to continue operations during a pandemic. The Pandemic Influenza Essential Services Subcommittee (see Appendix B) is comprised of Health Unit staff.

Communication Channel: Meetings, e-mail and telephone calls

ES-1.2
Identify the additional essential services activities required during a pandemic outbreak.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Other local non pandemic related emergency responses require the participation of Public Health. Examples include prolonged power failures and other major events associated with natural disasters.
Communication Channel: Meetings, e-mail and telephone calls

ES-1.3
Determine which critical services/program components must be continued throughout the two counties.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Public Health will respond to only those high risk or critical needs in the general population of the two counties.
Communication Channel: Meetings, e-mail and telephone calls

ES-1.4
Identify activities that can be reduced or curtailed.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Activities that can be reduced or temporarily be discontinued must be assessed and categorized. The activities can be affected by the reduction of Essential Service staff due to illness or to re-deployment of staff to other pandemic areas.
Communication Channel: Meetings, e-mail and telephone calls

ES-1.5
Identify staff who could be re-deployed to deliver those critical services/program components.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Identify the skill sets and match the individuals needed to deliver the critical services/programs.
Communication Channel: Meetings, e-mail and telephone calls

ES-1.6
Manage workloads of all involved in the delivery of those critical services/program components.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Ensure some consistency across the two counties in the availability of Public Health Services and at the same time being very careful to not place undo stresses on the staff.
Communication Channel: Medical Officer of Health or designate
ES-1.7
Accumulate all of the necessary supplies, safety equipment & resources necessary to deliver critical services/programs.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Careful pre-planning is needed to have access to adequate equipment and supplies which may not normally be available during a pandemic event. Develop a system for purchasing, storing and distributing supplies
Communication Channel: Meetings, e-mail and telephone calls

ES-1.8
Communicate those staff needs to Human Resources.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Pre-planning will take an inventory of those staff skills and number of staff needed to deliver those identified services. Staffing needs are to be monitored daily during a pandemic event.
Communication Channel: Meetings, e-mail and telephone calls
Pandemic Period – Level 1: WHO HAS CONFIRMED A PANDEMIC STRAIN HAS BEEN IDENTIFIED OUTSIDE NORTH AMERICA (WHO Pandemic Period, Phase 6)

Surveillance (S)

S-2.1
The Pandemic Influenza Surveillance Subcommittee (see Appendix B) meets to review the Pandemic Influenza Surveillance Plan and begin implementation of relevant activities.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Implementation of the Pandemic Influenza Surveillance Plan secures an accurate, timely, coordinated surveillance response.
Communication Channel: Meetings

S-2.2
Nursing homes, long-term care facilities, retirement homes and hospital infection control staff are notified of the new strain and follow established respiratory outbreak protocols to closely monitor all individuals with respiratory tract infections. Specimen collection is initiated, when necessary, on person(s) meeting the case definition of influenza-like illness (see Appendix C: Definition of Illness).
Person(s) Responsible: Chief Administrative Officers in nursing homes, long-term care facilities, retirement homes and hospitals
Rationale: Diligent surveillance results in early identification of pandemic influenza in Grey and Bruce Counties.
Communication Channel: Written documentation

S-2.3
Emergency room and sentinel physicians obtain laboratory specimens from all person(s) meeting the case definition of influenza-like illness (see Appendix C: Definition of Illness) and are identified as having traveled in geographic areas in which the new viral strain has been isolated. Physicians ask this person to identify family members and close contacts with influenza-like illness.
Person(s) Responsible: Physicians in emergency departments or walk-in clinics
Rationale: Early identification and intervention may reduce the likelihood of complications and transmission of disease.
Communication Channel: Written documentation

S-2.4
Emergency room and sentinel physicians obtain laboratory specimens from family members and close contacts with influenza-like illness as identified by individual in S-2.3.
Person(s) Responsible: Physicians in emergency departments or walk-in clinics
Rationale: Early identification and intervention may reduce the likelihood of complications and transmission of disease.
Communication Channel: Written documentation
S-2.5
Continue to reinforce to health care service providers the importance of influenza surveillance.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all health care providers allow early identification of pandemic influenza activity.
Communication Channel: Public Health Notes, fax, and inservice

S-2.6
Revise, promote and distribute educational materials to inform about pandemic influenza related topics.
Person(s) Responsible: Infectious Diseases team
Rationale: Providing stakeholders with relevant information improves the likelihood of early detection and reduction in the spread of disease. Also, if the public is informed, they are more likely to be prepared.
Communication Channel: Internet and fact sheets

S-2.7
Educate physicians, key stakeholders and Health Unit staff regarding the Influenza Surveillance Tools and Data Collection Tools provided by the MOHLTC, and implement use of surveillance/data collection tools.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all health care providers allow early identification of pandemic influenza activity.
Communication Channel: Physicians web site and fax

S-2.8
Evaluate current epidemiology of pandemic to direct priorities to high-risk groups.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices will support identification of and direct priorities to high risk groups.
Communication Channel: Physicians web site and fax

S-2.9
Adopt and implement revised case definitions as necessary.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Stakeholders need the case definitions for accurate surveillance.
Communication Channel: Physicians web site and fax

S-2.10
Implement the mechanism for reporting community deaths related to influenza.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Surveillance of deaths due to influenza will increase the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Physicians web site and fax
S-2.11
Implement an investigation protocol for clusters.
Person(s) Responsible: Medical Officer of Health or designate and Infectious Diseases team
Rationale: Surveillance clusters of influenza will increase the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Physicians website and fax

S-2.12
Continue to monitor Federal and Provincial websites, CIOSC, Flu Watch, and Ontario Influenza Bulletin for information.
Person(s) Responsible: Medical Officer of Health and Infectious Diseases team
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: Internet

S-2.13
Provide timely data, and report to the province as directed by the MOHLTC.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: iPHIS and/or fax

S-2.14
Participate in special studies and establish dedicated teams to activate the studies in collaboration with other public health authorities.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: Teleconferences, email, fax, and internet

S-2.15
Continue with heightened surveillance until it is no longer sustainable/needed to collect information on affected populations/priority groups.
Person(s) Responsible: Medical Officer of Health or designate and Infectious Diseases team
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: iPHIS and/or fax
Vaccine Management (V)

V-2.1
The Pandemic Influenza Antiviral and Vaccine Management Subcommittee (see Appendix B) meets to review currency of the protocols and resources identified in initial phases and begin implementation of relevant activities.  
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee  
**Rationale:** Implementation of the protocols and resources secures an accurate, timely, coordinated vaccination of the population.  
Committee members ensure that human resources and logistics are in place to begin vaccination once the vaccine becomes available.  
**Communication Channel:** Meeting

V-2.2
Use protocols and resources identified in Phase 0 to train individuals who will administer the vaccine.  
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee  
**Rationale:** Implementing protocols and resources help to facilitate a skilled response by trained individuals.  
**Communication Channel:** Inservice and educational materials

Antiviral Management (A)

A-2.1
The Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B) meets to review the protocols and resources and to begin implementation of relevant activities.  
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee  
**Rationale:** Implementation of the Pandemic Influenza Antiviral Management Plan secures an accurate, timely, coordinated distribution of antiviral medication.  
**Communication Channel:** Meeting

A-2.2
Antiviral medication is distributed as dictated by the National Pandemic Influenza Committee (NPIC). The physicians, health care service providers, and the general public are informed of the rationale for this distribution process.  
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee  
**Rationale:** Clearly informing all stakeholders helps to facilitate a better understanding of the rationale for priority recipients and therefore increase compliance for adhering to these pre-established dictated antiviral recipient priorities.  
**Communication Channel:** Newsletters and internet
Emergency Management (E)

E-2.1
The Medical Officer of Health or designate activates the Grey Bruce Health Unit Pandemic Influenza Contingency Plan as directed by the Ontario Chief Medical Officer of Health.

An Emergency Response Team is formed. This team would include the Medical Officer of Health, the Warden of Grey County, the Warden of Bruce County and emergency planning coordinators. As the situation demands, other key people are requested to participate (such as police, fire, ambulance, hospital and school board sectors, community leaders, media, etc.).

Person(s) Responsible: Medical Officer of Health, the Warden of Grey County, and the Warden of Bruce County

Rationale: An emergency Response Team is needed to clearly communicate timely and accurate information, to participate in the decision-making process and to present a united, credible voice to gain and maintain public confidence.

Communication Channel: Telephone and meetings

E-2.2
The Pandemic Influenza Emergency Management Subcommittee (see Appendix B) meets to review the Pandemic Influenza Emergency Management Plan and begin implementation of the relevant activities.

Person(s) Responsible: Manager, Health Hazard or designate


Communication Channel: Meetings

E-2.3
Identify a spokesperson, as well as two backup spokespersons. The spokespersons will be the Medical Officer of Health (MOH) from the Grey Bruce Health Unit, the Warden of Grey County and the Warden of Bruce County. The decision as to who will be the spokesperson and who will be the backup spokesperson will be a dynamic process and will be decided by the Emergency Response Team based on the issue to be addressed.

Person(s) Responsible: Medical Officer of Health, the Warden of Grey County, and the Warden of Bruce County

Rationale: In a crisis it is critical to have a trustworthy, knowledgeable spokesperson. By having one spokesperson, the team can control the messages sent out, monitor exactly what is said and free up other team members to do their work. For a long-term crisis situation like a pandemic, backup spokespersons may be called upon if the spokesperson falls ill or needs a break. It should be noted that key leaders in the community should appear at media conferences to show the public a strong team. Everyday, the spokesperson and community leaders should communicate regarding the management of the pandemic.

Communication Channel: Telephone and meetings
E-2.4
Ensure the spokesperson and key personnel are trained to communicate in a crisis situation.
Person(s) Responsible: Medical Officer of Health or designate, the Warden of Grey County, and the Warden of Bruce County
Rationale: Risk communication requires an understanding of how to shape the public’s perception of the crisis and the management of that crisis. If the emergency is mishandled, the situation can spin out of control. Risk communication training is needed to ensure the crisis is managed effectively and panic is avoided. Training includes working with the media, handling difficult and frequently asked questions, establishing credibility, and overcoming panic.
Communication Channel: Meetings and written material

E-2.5
Identify locations for Emergency Operation Centres. Arrange facilities and equipment for the emergency response as well as for media conferences (see Appendix F).
Person(s) Responsible: Medical Officer of Health or designate, the Warden of Grey County, and the Warden of Bruce County
Rationale: Facilities and equipment need to be secured prior to a pandemic in Grey and Bruce to promote quick and effective response during the pandemic.
Communication Channel: Telephone and meetings

E-2.6
Designate specific, geographically located, contact people to relay emergency response information throughout Grey and Bruce Counties.
Person(s) Responsible: Medical Officer of Health or designate, the Warden of Grey County, and the Warden of Bruce County
Rationale: Designated contacts help to ensure faster distribution and better penetration of information.
Communication Channel: Telephone, written material, and meetings

E-2.7
Work with external agencies to review core services and develop strategies to maintain those deemed to be essential.
Person(s) Responsible: Pandemic Influenza Emergency Management Subcommittee (see Appendix B)
Rationale: Health care and emergency service providers have the potential for increased exposure and therefore increased likelihood to develop influenza-like illness. Health care and emergency service providers' contingency plan must incorporate strategies that will respond to reduced staff levels and maintain essential services. (Essential services are defined as those when absent would pose a serious threat to public safety or interfere with ongoing response to the pandemic.)
Communication Channel: Meetings
Communication (C)

C-2.1
The Pandemic Influenza Communications Subcommittee (see Appendix B) meets to review the Pandemic Influenza Communications Plan and begin implementation of relevant activities.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Implementation of the Pandemic Influenza Communications Plan secures accurate, timely and coordinated communication activities.
Communication Channel: Meetings

C-2.2
Based on available information, develop public action directives, media advisories, media releases and backgrounder (see Appendix G - Emergency Risk Communication: Anticipated Questions/Immediate Responses to Inquires).
Person(s) Responsible: Medical Officer of Health or designate
Rationale: These communication resources provide information about the status of the pandemic and characteristics of the local situation.
Communication Channel: Radio, television and newspaper

C-2.3
Collect and disseminate relevant information from bulletins on national surveillance prepared by the Centre for Disease Control (CDC), World Health Organization (WHO), Lab Centre for Disease Control (LCDC), and Ontario Health Protection Branch regarding the virologic, epidemiologic and clinical findings associated with the new virus strain.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: There is an overwhelming demand for accurate and timely information about influenza activity including severity, epidemiological statistics, laboratory findings, and disease control efforts.
Communication Channel: Teleconference, fax, email, and meetings

C-2.4
Investigate the feasibility of using an automatic telephone messaging service such as Community Alert Network (C.A.N.) to promptly communicate emergencies.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Any emergencies that require immediate communication to all households can be announced via this type of service. For example, residents of a town can quickly be notified if water safety concerns arose because of a staff shortage at water treatment facilities. Note: Households without telephone service would require an alternative communication channel.
Communication Channel: An automatic telephone messaging service such as Community Alert Network
Human Resources (HR)

HR-2.1
Distribute staff home emergency kits.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The distribution of the home emergency kits will support the home preparedness plan for all Health Unit staff, auxiliary and volunteer pools that are required for implementation of the pandemic emergency plan.
Communication Channel: Team meetings, in-house courier service

HR-2.2
Develop letters of understanding between unions and employer regarding roles and responsibilities of staff.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of letters of understanding will enable a smooth transition into implementing changes required to implement the pandemic emergency plan.
Communication Channel: Union negotiating teams, employee management committees

HR-2.3
Ensure that an internal survey has been completed and the collected data is secured.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of an auxiliary and volunteer pool will be required to have sufficient personnel available to implement the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-2.4
Ensure that the development of required forms has been completed.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of an auxiliary and volunteer pool will be required to have sufficient personnel available to implement the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-2.5
Complete and test our internal communication system.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The testing of the internal communication system will ensure the identification of any problems and provide sufficient time to support the development of solutions in order to limit any issues arising during the implementation of the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings
HR-2.6
Communicate relevant information regarding the status of the Pandemic to all staff.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of an ongoing updated communication system for all internal staff, auxiliary and volunteer pools that will create a more informed staffing pool who are ready to implement the pandemic emergency plan.
Communication Channel: Intranet, e-mail, fact sheets, board report, team meetings

HR-2.7
Develop a strategy to address daily living support as required i.e. nourishment, sleeping and bathing arrangements, clothing, etc.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The provision of daily living support will help meet the physical and well-being needs of the Health Unit staff, auxiliary and volunteer pools while involved in pandemic emergency activities.
Communication Channel: Internal Communications System

Essential Services (ES)

ES-2.1
Prioritize work/requests for critical services/programs.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Public Health will respond to only those high risk or critical needs in the general population of the two counties.
Communication Channel: Medical Officer of Health or designate

ES-2.2
Reassess the critical services/programs and scale down or continue to suspend certain program activities as pandemic spreads.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Services will be labelled as Must do, High Priority, Medium Priority and Low priority.
Communication Channel: Medical Officer of Health or designate

ES-2.3
Re-deploy program staff from essential service to other areas of critical pandemic need.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Identify the skill sets and match the individuals needed to deliver the critical services/programs others to be re-deployed to areas of critical pandemic need.
Communication Channel: Medical Officer of Health or designate

ES-2.4
Assess all resources i.e. supplies, equipment.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Regular assessment is required; if necessary activate the system developed in ES-1.7 for purchasing, storing and distributing supplies.
Communication Channel: Meetings, e-mail and telephone calls

ES-2.5
Communicate with Human Resources the essential service staff that become available to re-deploy.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Identify the skill sets and match the individuals needed to deliver the remaining critical services/programs. Others will be re-deployed to areas of critical pandemic need.
Communication Channel: Meetings, e-mail and telephone calls

ES-2.6
Keep a continual link with the communications team. Advise public of suspended or curtailed services.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Public will be made aware of the services that are Must do, High Priority, Medium Priority and Low priority.
Communication Channel: Meetings, e-mail and telephone calls
Pandemic Period – Level 2: PANDEMIC (NEW VIRUS STRAIN) DETECTED IN NORTH AMERICA (WHO Pandemic Period, Phase 6)

Surveillance (S)

S-3.1
Identify and educate physicians throughout Grey and Bruce to obtain viral specimens from individuals presenting with influenza-like illness.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Physicians assist in identifying influenza-like illness in individuals which results in early identification of pandemic influenza activity.
Communication Channel: Telephone, fax and written material(s)

S-3.2
Physicians throughout Grey and Bruce obtain viral specimens from individuals presenting with influenza-like illness.
Person(s) Responsible: Physicians in Grey and Bruce Counties
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone, written documentation and fax

S-3.3
All specimens from individuals presenting with influenza-like illness receive priority in processing in laboratories.
Person(s) Responsible: Chief Medical Officer of Health of Ontario
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone, fax and written documentation

S-3.4
Strengthen surveillance practices for respiratory outbreaks in institutions. All nursing homes, long-term care facilities (LTCF), retirement homes and hospitals obtain appropriate specimens for viral culture and immediately report any cases of influenza-like illness (ILI) to the Medical Officer of Health.
Person(s) Responsible: Infection control practitioners within institutions
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone, fax and written material

S-3.5
Day nurseries are monitored for illness.
Person(s) Responsible: Day care supervisor or designate
Rationale: Absenteeism rates indicate levels of illness in Grey & Bruce Counties. Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone and fax

S-3.6
Three large, sentinel workplace sites monitor for absenteeism (illness) rates and report to the Health Unit rates greater than their usual baseline absenteeism rate.
Person(s) Responsible: Chief Administrative Officer or designate
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone and fax

S-3.7
Continue to reinforce to health care service providers the importance of influenza surveillance.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all health care providers allows early identification of pandemic influenza activity.
Communication Channel: Public Health Notes, fax, and inservice

S-3.8
Revise, promote and distribute educational materials to inform about pandemic influenza related topics.
Person(s) Responsible: Infectious Diseases team
Rationale: Providing stakeholders with relevant information improves the likelihood of early detection and reduction in the spread of disease. Also, if the public is informed, they are more likely to be prepared.
Communication Channel: Internet and fact sheets

S-3.9
Continue the use of Influenza Surveillance Tools and Data Collection Tools provided by the MOHLTC and modify any use as directed.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all health care providers allows early identification of pandemic influenza activity.
Communication Channel: Physicians web site and fax

S-3.10
Evaluate current epidemiology of pandemic to direct priorities to high-risk groups.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices will support identification of and direct priorities to high risk groups.
Communication Channel: Physicians web site and fax
S-3.11
Adopt and implement revised case definitions as necessary.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Stakeholders need the case definitions for accurate surveillance.
Communication Channel: Physicians web site and fax

S-3.12
Continue to use the mechanism for reporting community deaths related to influenza.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Surveillance of deaths due to influenza will increase the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Physicians web site and fax

S-3.13
Continue to use the investigation protocol for clusters.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Surveillance clusters of influenza will increase the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Physicians web site and fax

S-3.14
Continue to monitor Federal and Provincial websites, CIOSC, Flu Watch, and Ontario Influenza Bulletin for information.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: Internet

S-3.15
Continue to provide timely data and analysis, and report to the province as directed by the MOHLTC.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: iPHIS and/or fax

S-3.16
Provide epidemiological summaries to characterize outbreaks and impacts to the Communications Subcommittee for dissemination.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: Email, media, website
S-3.17
Continue with heightened surveillance until it is no longer sustainable/needed to collect information on affected populations/priority groups.
**Person(s) Responsible:** Medical Officer of Health or designate
**Rationale:** Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
**Communication Channel:** iPHIS and/or fax

S-3.18
Modify definitions, activities, processes and tools as required based on direction from the MOHLTC.
**Person(s) Responsible:** Medical Officer of Health or designate
**Rationale:** Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
**Communication Channel:** iPHIS and/or fax

**Vaccine Management (V)**

Availability of vaccine is not known at this time, therefore, the three possible vaccine availability scenarios are as follows:

1. Severe Vaccine Shortage (see Appendix D)
2. Moderate Vaccine Shortage (see Appendix D)
3. No Vaccine Shortage (see Appendix D)

Regardless of the amount of the vaccine available the following actions apply.

V-3.1
The Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B) reviews the protocols and resources.
**Person(s) Responsible:** Pandemic Influenza Antiviral and Vaccine Subcommittee
**Rationale:** Ensure that sufficient human and material resources are allocated to complete vaccination clinics.
**Communication Channel:** Meetings

V-3.2
Records are kept on all individuals receiving vaccination. The record must include information on the recipient (name, gender, date of birth, address, phone number, allergies) and on the vaccine administered (date vaccine administered, dose, route, lot number and expiry date) or as outlined by the Ministry. Records are filed according to clinic sites.
**Person(s) Responsible:** Vaccine Preventable Disease team
Rationale: Written documentation is mandatory for:
- compliance with standards of the College of Nurses of Ontario,
- follow up of adverse vaccine events, and
- statistical purposes.
Communication Channel: Written documentation or electronic records if available

V-3.3
All persons receiving vaccine are given an immunization record and, if required, a date to return for a second dose. A second dose of the vaccine may be required 30 days later because immunogenic responses following first dose of vaccine may not be sufficient.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: The individual requires documentation of date and type of vaccine received. Sufficient vaccination is necessary to prevent disease and reduce illness.
Communication Channel: Written documentation or electronic records if available

V-3.4
Vaccine may be stored at the Health Unit (Owen Sound and Walkerton sites) or at alternative locations. Quantities received and issued are monitored through Bioinventory System (BIOS).
Person(s) Responsible: Vaccine Preventable Disease team and Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: The Health Unit ensures safe transportation and storage of vaccine supplies until distributed.
Communication Channel: Computer and internal refrigeration alarm system

V-3.5
Communicate with the MOHLTC about how much vaccine is available, how much Grey and Bruce Counties will receive and when it will be received, and confirm priorities for immunization.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: The health unit is dependent upon the quantity of vaccine and the designated priority groups to organize clinics. These numbers will be based on the Vaccine and Antiviral Enumeration Tool.
Communication Channel: Internet, telephone

Antiviral Management (A)

A-3.1
The Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B) reviews the protocols and resources outlined in initial phases.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Ensure that sufficient human and material resources are allocated to efficiently distribute antiviral medication.
Communication Channel: Meetings
A-3.2
Communicate with the MOHLTC about how much antiviral medication is available, how much Grey and Bruce Counties will receive and when it will be received, and confirm priorities for administration.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: The health unit is dependent upon the quantity of antivirals and the designated priority groups to organize clinics. These numbers will be based on the Vaccine and Antiviral Enumeration Tool.
Communication Channel: Internet, telephone

A-3.3
Antiviral medication may be stored at the Health Unit or at an alternate location.
Quantities received and issued are monitored through the Bioinventory System (BIOS).
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: The Health Unit ensures safe, storage of antiviral supplies until they are distributed to hospitals, long-term care facilities, health care agencies, essential service providers, physicians and pharmacists.
Communication Channel: Computer and written documentation

A-3.4
Antiviral medications are distributed depending on availability and as determined by the National Pandemic Influenza Committee (NPIC).
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: To help reduce disease transmission, the Health Unit ensures that antiviral medication is dispensed in accordance with the recommendations of the NPIC.
Communication Channel: Written information

A-3.5
Records are kept on all individuals receiving antiviral medication. The record must include information on the recipient (name, gender, date of birth, address, phone number, allergies) and on the antiviral medication administered (date antiviral medication administered, dose, route, lot number and expiry date) or as outlined by the Ministry.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: Written documentation is mandatory for:
- compliance with standards of the College of Nurses of Ontario,
- follow up of adverse vaccine events, and
- statistical purposes.
Communication Channel: Written documentation or electronic records if available

A-3.6
Hospital and long term care workers will be issued preventative antivirals at the worksite through their pharmacies or Occupational Health. Advisement of how to proceed will come from the provincial level. Individuals obtaining antivirals must meet the eligibility criteria. Employment identification will be required.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: To facilitate dispensing to priority groups, each hospital is responsible for their own patients and staff.
Communication Channel: Telephone

A-3.7
Community health care workers and essential service providers receive antiviral medications. Eligibility criteria is maintained and employment identification is required. Pharmacists, under the authority of the Medical Officer of Health, may dispense antivirals.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: The Health Unit ensures that antiviral medications are dispensed in accordance with the recommendations of the NPIC.

Emergency Management (E)

E-3.1
Educate personnel about the pandemic and the significance of their role in responding to a pandemic. Provide sufficient resources and opportunity for skill development in order to respond to unprecedented demands.
Person(s) Responsible: Chief Administrative Officer of municipalities, organizations, hospitals, and workplaces
Rationale: All personnel responding in a pandemic must be properly trained and familiar with their role within the Grey Bruce Health Unit Pandemic Influenza Contingency Plan. They must be informed of specific protocols related to health and safety and all personal protection equipment must be available in advance of the pandemic.
Communication Channel: Written material and meetings

E-3.2
Ensure municipal infrastructure essential services are maintained (see Contacts section - Government Contact and Related Responsibilities).
Person(s) Responsible: The Warden of Grey County and the Warden of Bruce County
Rationale: It is anticipated that the pandemic will overburden essential services such as hydro, water, sewer, natural gas, emergency response services (e.g. fire, police, ambulance), and health care provider services. Therefore, it is critical that strategies be developed to maintain the essential services even with skeletal staffing and resources.
Communications Channels: Telephone and meetings

E-3.3
Test the Pandemic Influenza Emergency Management Plan, communication equipment and supplies.
Person(s) Responsible: Medical Officer of Health or designate, the Warden of Grey County and the Warden of Bruce County
Rationale: Confirming that systems are dependable will help secure a coordinated response during a pandemic.
Communications Channel: Meetings
Communication (C)

C-3.1
Notify emergency medical services (EMS), emergency departments, hospitals and other health care service providers to activate their pandemic influenza contingency plan.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: All health care and essential service providers need to have a pandemic influenza contingency plan for their organization prior to the arrival of the pandemic.
Communication Channel: Group fax

C-3.2
Establish a separate toll free line as a Health Unit hot line for relevant information. Individuals, trained to answer and prioritize telephone inquiries, will staff this telephone line. Those inquiries requiring more clinical expertise will be referred to Health Unit staff in relevant departments.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: There will be an overwhelming demand for accurate and timely information. A hot line allows inquiries to be responded to in a timely, effective, and systematic manner.
Communication Channel: Telephone

C-3.3
Establish a separate toll free line with a recorded message for the general public and update as needed. Information will include the availability of vaccine and antiviral medication, immunization clinic schedules, rationale for priority groups, disease control efforts and correction of misinformation and rumours.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: A recorded message will meet the needs of the general public while conserving staff resources.
Communication Channel: Telephone

C-3.4
Dedicate a separate (unpublished) telephone number for physicians and partner agencies (as identified in the Grey Bruce Health Unit Pandemic Influenza Contingency Plan) requiring information from the Health Unit.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Physicians and partner agencies may need to contact the Health Unit directly.
Communication Channel: Telephone

C-3.5
Ensure that media communicates critical pandemic information. Information includes important contact numbers, web sites, clinic information, rationale for priority groups and recommended health measures.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Multiple channels of communication are needed to disseminate the information to all persons residing in Grey and Bruce Counties.
Communication Channel: Radio, television, and newspaper

C-3.6
Update the Health Unit web site as needed and include all fact sheets, important phone numbers, media releases, immunization clinic schedules and links to other relevant pandemic influenza web sites such as Health Canada, World Health Organization and the Centre for Disease Control.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: The internet is an efficient means of communicating to partner agencies, health care providers, and the general public.
Communication Channel: Internet

C-3.7
Print, radio, television, and web site activity is recorded in order to monitor media and public reaction. A record is kept of e-mails, letters and telephone inquiries. Questions and concerns from the public will be tracked and assessed.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: During a crisis it is critical to monitor media and public reaction in order to modify communiqués.
Communication Channel: Radio, television, newspaper and internet

Human Resources (HR)

HR-3.1
Letters of Understanding are reviewed by all three Health Unit unions.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Reviewing the letters of understanding will enable a smooth transition into implementing changes required to implement the pandemic emergency plan
Communication Channel: Union negotiating teams, employee management committees

HR-3.2
Put auxiliary and volunteers on stand-by and provide a general orientation package.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Engaging the auxiliary and volunteer pool in pre-pandemic communication will support the availability to have sufficient personnel available to implement the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-3.3
Provide training for auxiliary and volunteers.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Training will ensure a more skilled auxiliary and volunteer pool and will support the availability of skilled personnel available to implement the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-3.4
The subcommittee will meet and review to confirm the implementation of HR strategy for Phase 6-Level 3.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Reviewing the implementation HR strategy will identify issues and provide sufficient time to develop solution prior to the implementation of the pandemic emergency plan.
Communication Channel: Pandemic Influenza Implementation Committee and subcommittee meetings

HR-3.5
Communicate relevant information regarding the status of the Pandemic to all staff.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: The development of an ongoing updated communication system for all internal staff, auxiliary and volunteer pools will create a more informed staffing pool ready to implement the pandemic emergency plan.
Communication Channel: Intranet, e-mail, fact sheets, board report, team meetings

Essential Services (ES)

ES-3.1
Prioritize work/requests for critical services/programs.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Public Health will respond to only those high risk or critical needs in the general population of the two counties.
Communication Channel: Medical Officer of Health or designate

ES-3.2
Reassess the critical services/programs and scale down or continue to suspend certain program activities as pandemic spreads.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Services will be labelled as Must do, High Priority, Medium Priority and Low priority.
Communication Channel: Medical Officer of Health or designate

ES-3.3
Re-deploy program staff from essential service to other areas of critical pandemic need.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Identify the skill sets and match the individuals needed to deliver the critical services/programs others to be re-deployed to areas of critical pandemic need.

Communication Channel: Medical Officer of Health or designate

ES-3.4
Assess all resources i.e. supplies, equipment.

Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee

Rationale: Regular assessment is required; if necessary activate the system developed in ES-1.7 for purchasing, storing and distributing supplies.

Communication Channel: Meetings, e-mail and telephone calls

ES-3.5
Communicate with Human Resources the essential service staff that become available to re-deploy.

Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee

Rationale: Identify the skill sets and match the individuals needed to deliver the remaining critical services/programs. Others will be re-deployed to areas of critical pandemic need.

Communication Channel: Meetings, e-mail and telephone calls

ES-3.6
Keep a continual link with the communications team. Advise public of suspended or curtailed services.

Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee

Rationale: Public will be made aware of the services that are Must do, High Priority, Medium Priority and Low priority.

Communication Channel: Meetings, e-mail and telephone calls
Pandemic Period – Level 3: PANDEMIC (NEW VIRUS STRAIN) DETECTED LOCALLY (WHO Pandemic Period, Phase 6)

Surveillance (S)

When the pandemic influenza virus is detected in Grey and Bruce Counties, the surveillance actions outlined in Phase S-3.0 will continue and be intensified by the first three following actions.

S-4.1
The Pandemic Influenza Implementation Committee (see Appendix B) meets daily at the discretion of the Medical Officer of Health or designate.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Daily meetings may be required to discuss local epidemiological data and review and revise elements of the Pandemic Influenza Surveillance Plan as needed.
Communication Channel: Meetings

S-4.2
Local epidemiological data is accumulated and reviewed daily for the Pandemic Influenza Implementation Committee (see Appendix B).
Person(s) Responsible: Health Unit Epidemiologist
Rationale: Local epidemiological data is utilized to set priorities to respond to the dynamic pandemic activity.
Communication Channel: Meetings and written reports

S-4.3
Assess and evaluate infection control measures.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Infection control measures are utilized to reduce or eliminate the spread of disease and need to be reviewed for effectiveness.
Communication Channel: Fax and telephone

S-4.4
Identify and educate physicians throughout Grey and Bruce to obtain viral specimens from individuals presenting with influenza-like illness.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Physicians assist in identifying influenza-like illness in individuals which results in early identification of pandemic influenza activity.
Communication Channel: Telephone, fax and written material(s)

S-4.5
Physicians throughout Grey and Bruce obtain viral specimens from individuals presenting with influenza-like illness.
Person(s) Responsible: Physicians in Grey and Bruce Counties
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone, written documentation and fax

S-4.6
All specimens from individuals presenting with influenza-like illness receive priority in processing in laboratories.
Person(s) Responsible: Chief Medical Officer of Health of Ontario
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone, fax and written documentation

S-4.7
Strengthen surveillance practices for respiratory outbreaks in institutions. All nursing homes, long-term care facilities (LTCF), retirement homes and hospitals obtain appropriate specimens for viral culture and immediately report any cases of influenza-like illness (ILI) to the Medical Officer of Health.
Person(s) Responsible: Infection control practitioners within institutions
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone, fax and written material

S-4.8
Day nurseries are continued to be monitored for illness.
Person(s) Responsible: Day care supervisor or designate
Rationale: Absenteeism rates indicate levels of illness in Grey & Bruce Counties. Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone and fax

S-4.9
Three large, sentinel workplace sites continue to monitor for absenteeism (illness) rates and report to the Health Unit rates greater than their usual baseline absenteeism rate.
Person(s) Responsible: Chief Administrative Officer or designate
Rationale: Early identification and early intervention reduces the likelihood of complications and transmission of disease.
Communication Channel: Telephone and fax

S-4.10
Continue to reinforce to health care service providers the importance of influenza surveillance.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all health care providers allows early identification of pandemic influenza activity.
Communication Channel: Public Health Notes, fax, and inservice
S-4.11
Revise, promote and distribute educational materials to inform about pandemic influenza related topics.
Person(s) Responsible: Infectious Diseases team
Rationale: Providing stakeholders with relevant information improves the likelihood of early detection and reduction in the spread of disease. Also, if the public is informed, they are more likely to be prepared.
Communication Channel: Internet and fact sheets

S-4.12
Continue the use of Influenza Surveillance Tools and Data Collection Tools provided by the MOHLTC and modify any use as directed.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices among all health care providers allows early identification of pandemic influenza activity.
Communication Channel: Physicians web site and fax

S-4.13
Continue to evaluate current epidemiology of pandemic to direct priorities to high-risk groups.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Effective surveillance practices will support identification of and direct priorities to high risk groups.
Communication Channel: Physicians web site and fax

S-4.14
Adopt and implement revised case definitions as necessary.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Stakeholders need the case definitions for accurate surveillance.
Communication Channel: Physicians web site and fax

S-4.15
Continue to use the mechanism for reporting community deaths related to influenza.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Surveillance of deaths due to influenza will increase the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Physicians web site and fax

S-4.16
Continue to use the investigation protocol for clusters.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Surveillance clusters of influenza will increase the likelihood of early detection and reduction in the spread of disease.
Communication Channel: Physicians web site and fax
S-4.17
Continue to monitor Federal and Provincial websites, CIOSC, Flu Watch, and Ontario Influenza Bulletin for information.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: Internet

S-4.18
Continue to provide timely data and analysis, and report to province as directed by MOHLTC.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: iPHIS and/or fax

S-4.19
Continue to provide epidemiological summaries to characterize outbreaks and impacts to the Communications Subcommittee for dissemination.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: Email, media, website

S-4.20
Continue with heightened surveillance until no longer sustainable/needed to collect information on affected populations/priority groups.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: iPHIS and/or fax

S-4.21
Modify definitions, activities, processes and tools as required based on direction from the MOHLTC.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Early identification may allow early intervention which may reduce the likelihood of complications and transmission of disease.
Communication Channel: iPHIS and/or fax

**Vaccine Management (V)**

V-4.1
Continue to vaccinate individuals depending on availability and as determined by the National Pandemic Influenza Committee (NPIC).
Person(s) Responsible: Vaccine Preventable Disease team and designated injectors
Rationale: To help reduce disease transmission, vaccination is used along with other effective infection control measures; e.g. hand washing.
Communication Channel: Written information, Communications Subcommittee to advertise clinics

**Antiviral Management (A)**

A-4.1
Continue to distribute and administer antiviral medications as required depending on availability and as determined by the National Pandemic Influenza Committee (NPIC). If distribution is required, health unit staff may distribute the antivirals.
Person(s) Responsible: Vaccine Preventable Disease team
Rationale: To help reduce disease transmission, the Health Unit ensures that antiviral medication is dispensed in accordance with the recommendations of the NPIC.
Communication Channel: Written information, Pandemic Influenza Communication Subcommittee to disseminate information

**Emergency Management (E)**

E-4.1
The Medical Officer of Health or designate notifies the health care service providers, government related services and essential service providers to activate their pandemic influenza contingency plan.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Implementation of the above groups' contingency plan provides the most comprehensive, timely response to this potential widespread and prolonged pandemic crisis.
Communication Channel: Telephone, fax and meetings

E-4.2
Education about the provision of personal protective equipment and barriers is provided as dictated by the progressing severity of the pandemic.
Person(s) Responsible: Medical Officer or designate, the Warden of Grey County and the Warden of Bruce County
Rationale: Personal protective equipment and barriers are used to reduce disease transmission. Respiratory precautions may include the following when appropriate: masks, gowns, gloves and hand washing.
Communication Channel: Written material and inservices

E-4.3
The locations of the Grey Bruce Health Unit and community Emergency Operation Centres (EOC) will remain distinct and separate from one another. However, regular and frequent communication will occur.
Person(s) Responsible: Medical Officer of Health or designate, the Warden of Grey County and the Warden of Bruce County
Rationale: The community EOC supports all essential services including the Grey Bruce Health Unit.
Communication Channel: Meetings and telephone

E-4.4
At the discretion of the Medical Officer of Health the following public health restrictions are implemented: restricting travel, curfews, closing of school(s) and day care facilities. Restrictions may need to be enforced by local police services.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Reducing gatherings of people may slow disease transmission.
Communication Channel: Media and internet

E-4.5
Home care agencies and social services will provide food, medical and other life support needs for persons confined to their home, either by choice or by direction from health officials.
Person(s) Responsible: Community Care Access Centre & Social Services
Rationale: It is anticipated that hospitals' resources, especially in the emergency department, will be overwhelmed. To alleviate the demand on hospital services, home care services will be arranged for individuals assessed to be medically non-urgent. Food preparation and meal delivery systems may need to be coordinated for families.
Communication Channel: Media, telephone and home visiting

E-4.6
Devise a plan for alternate mortuary services to be implemented once mortuaries reach maximum capacity.
Person(s) Responsible: Medical Officer of Health or designate, coroner, and local police
Rationale: High mortality rates may cause mortuaries to become full, requiring the use of alternative arrangements. In such cases temporary morgues will need to be constructed in hockey arenas, curling clubs or refrigerated vehicles. Collection, identification and disposal of the deceased are the responsibility of the coroner with the police acting as his/her agents. The Medical Officer of Health is responsible for ensuring these procedures are being carried out in a sanitary manner including ensuring the collection of the deceased is made promptly with adequate sanitary precautions and ensuring that temporary mortuaries are maintained such that a health hazard does not arise.
Communication Channel: Telephone and meetings

E-4.7
Foster care/shelters for orphaned children are established as the need arises.
Person(s) Responsible: Children’s Aid Society
Rationale: Arrangements will need to be made for children whose parents or other family members cannot care for them due to illness or death.
Communication Channel: Media, telephone, and meetings
E-4.8
The Medical Officer of Health, the Warden of Grey County, and the Warden of Bruce County discuss with the Director(s) of Social Services to determine when local psychosocial response plan is implemented.

Person(s) Responsible: Medical Officer of Health, the Warden of Grey County, the Warden of Bruce County and the Director(s) of Social Services

Rationale: Support services are needed for victims' families, health care workers, and emergency response personnel.

Communication Channel: Meeting

Communication (C)

The communication strategies outlined in Phase 2: Pandemic (New Virus Strain) Detected in North America will continue and be intensified by the following actions.

C-4.1
Hold daily or twice daily news conferences on all aspects of the influenza pandemic, if needed.

Person(s) Responsible: Medical Officer of Health or designate

Rationale: Daily news conferences allow for correction of circulating misinformation and rumours as well as provide information to the general public on self care and preventing the spread of infection. It is expected that public health restrictions such as school closings also be communicated in this manner.

Communication Channel: Radio, television, newspaper and internet

C-4.2
Implement an automatic telephone messaging service such as Community Alert Network (C.A.N.) to promptly communicate emergencies.

Person(s) Responsible: Medical Officer of Health or designate

Rationale: Any emergencies that require immediate communication to all households can be announced via this type of service. For example, residents of a town can quickly be notified if water safety concerns arose because of a staff shortage at water treatment facilities. Note: Households without telephone service would require an alternative communication channel.

Communication Channel: An automatic telephone messaging service such as Community Alert Network

C-4.3
Continue to monitor media and public reaction by recording print, radio, television and web site activity. A record will be kept of e-mails, letters and telephone inquiries. Track and assess questions and concerns from the public.

Person(s) Responsible: Medical Officer of Health or designate

Rationale: It is critical during a crisis to monitor media and public reaction in order to modify communiqués.

Communication Channel: Radio, television, newspaper and internet
Human Resources (HR)

HR-4.1
The pandemic organizational chart is now in effect. Reassign staff based on skill set and qualifications to the required positions.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Closing down programs not deemed as essential services will allow movement of staff to implement the pandemic emergency plan.
Communication Channel: Internal Communications System

HR-4.2
Assign duties to auxiliary and volunteers as needed.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Deploy auxiliary and volunteer pool to positions that are matched to their skill set which will support the implementation of the pandemic emergency plan.
Communication Channel: Internal Communications System

HR-4.3
Provide orientation on specific tasks required.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Orientation to the job required will support the individual to implement the role required for the pandemic emergency plan.
Communication Channel: Orientation program

HR-4.4
Maintain the pandemic organizational chart and identify designates for back-up for key responsibilities e.g. attendance phone line.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Ongoing reassignment as required within the pandemic organizational chart will support the implementation of the pandemic emergency plan.
Communication Channel: Internal Communications System

HR-4.5
Communicate to staff the procedure for using new pandemic HR forms.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: Written and oral information on new administrative procedures will support and efficient transition to any new systems implemented for the pandemic emergency plan.
Communication Channel: Orientation program, team meetings

HR-4.6
Deploy trained crisis staff as needed.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee
Rationale: A crisis intervention team will be available to support the emotional needs of Health Unit staff during the pandemic.

Communication Channel: Internal Communications System

HR-4.7
Implement and maintain all forms of internal communication from subcommittees i.e. intranet, on-site message board.

Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: The interactive internal communication system will support the circular dialogue between pandemic subcommittees and the Human Resources pandemic subcommittee to implement the pandemic emergency plan.

Communication Channel: Internal Communications System

HR-4.8
Maintain accurate attendance records i.e. hours worked; redeploy staff as necessary.

Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: The efficient administrative procedures required by Health Unit staff, auxiliary and the volunteer pool are designed to support the implementation of the pandemic emergency plan.

Communication Channel: Internal Communications System

HR-4.9
Communicate relevant information regarding the status of the Pandemic to all staff.

Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: The development of an ongoing update communication system for all internal staff, auxiliary and volunteer pools will create a more informed staffing pool ready to implement the pandemic emergency plan.

Communication Channel: Intranet, e-mail, fact sheets, board report, team meetings

HR-4.10
Provide daily living support as required i.e. nourishment, sleeping and bathing arrangements, clothing, etc.

Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: The provision of daily living support will help meet the physical and well-being needs of the Health Unit staff, auxiliary and volunteer pools while involved in pandemic emergency activities.

Communication Channel: Internal Communications System

Essential Services (ES)

ES-4.1
Prioritize work/requests for critical services/programs.

Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Public Health will respond to only those high risk or critical needs in the general population of the two counties.
Communication Channel: Medical Officer of Health or designate

ES-4.2
Reassess the critical services/programs and scale down or continue to suspend certain program activities as pandemic spreads.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Services will be labelled as Must do, High Priority, Medium Priority and Low priority.
Communication Channel: Medical Officer of Health or designate

ES-4.3
Re-deploy program staff from essential service to other areas of critical pandemic need.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Identify the skill sets and match the individuals needed to deliver the critical services/programs others to be re-deployed to areas of critical pandemic need.
Communication Channel: Medical Officer of Health or designate

ES-4.4
Assess all resources i.e. supplies, equipment.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Regular assessment is required; if necessary activate the system developed in ES-1.7 for purchasing, storing and distributing supplies.
Communication Channel: Meetings, e-mail and telephone calls

ES-4.5
Communicate with Human Resources the essential service staff that become available to re-deploy.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Identify the skill sets and match the individuals needed to deliver the remaining critical services/programs. Others will be re-deployed to areas of critical pandemic need.
Communication Channel: Meetings, e-mail and telephone calls

ES-4.6
Keep a continual link with the communications team. Advise public of suspended or curtailed services.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Public will be made aware of the services that are Must do, High Priority, Medium Priority and Low priority.
Communication Channel: Meetings, e-mail and telephone calls
Postpandemic Period: PANDEMIC RECOVERY PHASE (WHO Postpandemic Period, Return to Phase 1)

Surveillance (S)

S-5.1
Continue monitoring the pandemic activity, both globally and locally.
Person(s) Responsible: Medical Officer of Health or designate and Epidemiologist
Rationale: A new strain of influenza may cause epidemics for several years after the first pandemic is over.
Communication Channel: Written reports

S-5.2
Reconvene the Pandemic Influenza Surveillance Subcommittee (see Appendix B) to review the current pandemic activity and evaluate the effectiveness of surveillance strategies and the Pandemic Influenza Surveillance Plan. Based on the outcome of the evaluation process, the committee will discuss surveillance strategies to respond to a possible “second wave”.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Reviewing the events allows lessons learned to be generated which will be useful in responding to the anticipated second wave and for future planning.
Communication Channel: Meeting

S-5.3
Evaluate local pandemic surveillance system performance and plan improvements as required.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee
Rationale: Provide statistics to meet accountability requirements of the provincial ministries (Health and Long-term Care, Community and Social Services) and the county & municipal administrations that have been involved in responding to the pandemic.
Communication Channel: Meeting

S-5.4
Work with MOHLTC to estimate burden of disease during outbreak period and develop epidemiological summaries to describe the impact of pandemic waves in Ontario.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee
Rationale: Provide statistics to meet accountability requirements of the provincial ministries (Health and Long-term Care, Community and Social Services) and the county & municipal administrations that have been involved in responding to the pandemic.
Communication Channel: Meetings, teleconferences, email, fax, and internet

S-5.5
Scale down enhanced surveillance as appropriate and resume inter-pandemic influenza pandemic response.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee
S-5.6
Review/adopt the case definition. Evaluate the current epidemiology and decreasing levels of activity in the local jurisdiction.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee
Rationale: Stakeholders need case definitions for accurate surveillance in case of a recurrence.
Communication Channel: Physicians web site, fax

S-5.7
Continue to implement laboratory testing protocol.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee
Rationale: Continued surveillance is needed in case of a recurrence.
Communication Channel: Teleconferences, meetings

S-5.8
Resume routine ongoing (i.e. Interpandemic) laboratory and disease surveillance.
Person(s) Responsible: Pandemic Influenza Surveillance Subcommittee
Rationale: The pandemic response can wind down.
Communication Channel: Teleconferences, meetings

Vaccine Management

V-5.1
Provide vaccination in anticipation of a second wave depending on availability of vaccine and as directed by the National Pandemic Influenza Committee (NPIC).
Person(s) Responsible: Vaccine Preventable Disease team and other injectors
Rationale: A second wave may occur three to nine months after the first wave. Vaccination may reduce the likelihood of disease transmission and complications.
Communication Channel: Written information

V-5.2
Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B) to review the most recent pandemic activity and evaluate the effectiveness of the immunization clinics, protocols and resources. Based on the outcome of the evaluation process, the committee will discuss vaccination strategies to respond to a possible “second wave”.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Reviewing the events allow lessons learned to be generated which will be useful in responding to the anticipated second wave and for future planning.
Communication Channel: Meeting
Antiviral Management (A)

A-5.1
Provide antiviral medication in anticipation of a second wave depending upon availability of antiviral medication and as directed by the National Pandemic Influenza Committee (NPIC).
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: A second wave may occur three to nine months after the first wave. Antiviral medication may reduce the likelihood of disease transmission and complications.
Communication Channel: Written information

A-5.2
Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee (see Appendix B) to review the most recent pandemic activity and evaluate the effectiveness of the protocols and resources. Based on the outcome of the evaluation process, the committee will discuss strategies to respond to a possible second wave.
Person(s) Responsible: Pandemic Influenza Antiviral and Vaccine Subcommittee
Rationale: Reviewing the events allow lessons learned to be generated which will be useful in responding to the anticipated second wave and for future planning.
Communication Channel: Meeting

Emergency Management (E)

E-5.1
Reconvene the Pandemic Influenza Emergency Management Subcommittee (see Appendix B) to review the most recent pandemic activity and evaluate the effectiveness of the Pandemic Influenza Emergency Management Plan. Based on the outcome of the evaluation process, the committee will discuss emergency management strategies to respond to a possible second wave.
Person(s) Responsible: Medical Officer of Health, and Warden(s), and the Pandemic Influenza Emergency Management Subcommittee (see Appendix B)
Rationale: Review and evaluate events and strategies during the pandemic to determine effectiveness and lessons learned. Apply lessons learned when responding to an anticipated second wave and for future planning.
Communication Channel: Meetings

E-5.2
Maintain psychosocial response plans to take care of support needs and post-traumatic stress disorder needs.
Person(s) Responsible: Social Services
Rationale: Support services are critical for victims' families, health care workers, and emergency response personnel.
Communication Channel: Personal contact, media and meetings
**Communication (C)**

C-5.1
Hold a media conference and send a media release to notify people that the pandemic is over, for now. Inform about the likelihood of a second wave of influenza and precautions that can be taken.

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** This activity will inform the public about the status of the pandemic and encourage actions to minimize the spread of disease during a second wave.

**Communication Channel:** Radio, television, newspaper and Internet

C-5.2
Recognize and thank individuals for their actions during the pandemic.

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** Many individuals, agencies, partners and members of the Crisis Communication Team have given significantly of their resources. It is important to acknowledge their contribution during the pandemic.

**Communication Channel:** Letter, certificate, and celebration event

C-5.3
Continue communication strategies outlined in Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally (WHO Pandemic Period, Phase 6) in the event of a second wave.

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** There continues to be an overwhelming need for accurate and timely information until the pandemic is determined to be completely over.

**Communication Channel:** Group fax, telephone, radio, television, newspaper and Internet

C-5.4
Request feedback from the public, agencies, employees and Crisis Communications Team members. Record the results, update contact lists and revise the Pandemic Influenza Communications Plan for future planning.

**Person(s) Responsible:** Medical Officer of Health or designate

**Rationale:** It is important to gather feedback in order to improve response to a future pandemic and ensure procedures are effective, easy to use and complete.

**Communication Channel:** Survey

C-5.5
Assess the Pandemic Influenza Communications Plan to see if it achieved its purpose of aiding in the dissemination of timely and accurate influenza information among public health officials, medical care providers, municipal authorities, the media and the citizens of Grey and Bruce Counties. Modify the plan accordingly.

**Person(s) Responsible:** Medical Officer of Health or designate
Rationale: It is important to review feedback and implement appropriate changes to the plan in order to improve response to a future pandemic and ensure procedures are effective, easy to use and complete.
Communication Channel: Survey

**Human Resources (HR)**

HR-5.1
Facilitate staff moving back to pre-pandemic organizational structure.
**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee
**Rationale:** This activity will support a smooth transition back to full service programming for the Grey Bruce Health Unit.
**Communication Channel:** Internal Communications System

HR-5.2
Validate number of hours staff worked during the pandemic.
**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee
**Rationale:** This activity will complete any administrative procedures aligned to the pandemic emergency plan.
**Communication Channel:** Internal Communications System

HR-5.3
Update the secure database of staff personal information.
**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee
**Rationale:** This activity will support a smooth transition back to full service programming for the Grey Bruce Health Unit.
**Communication Channel:** Internal Communications System

HR-5.4
Review staffing requirements and recruit as needed.
**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee
**Rationale:** This activity will support a smooth transition back to full service programming for the Grey Bruce Health Unit.
**Communication Channel:** Internal Communications System

HR-5.5
Continue crisis management and refer staff externally as required.
**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee
**Rationale:** This activity will support the emotional well being of all Health Unit staff for a smooth transition back to full service programming for the Grey Bruce Health Unit.
**Communication Channel:** Internal Communications System

HR-5.6
Recognize all staff, auxiliary, volunteers and community partners.
**Persons(s) Responsible:** Pandemic Influenza Human Resources Subcommittee
Rationale: This activity will acknowledge all of the extraordinary work that all staff, auxiliary and volunteer pools participated in throughout the pandemic.

Communication Channel: Internal Communications System

HR-5.7
Inform auxiliary staff and volunteers that they may be asked to go back to stand-by mode in the event of future “waves”.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: This activity will ensure that an auxiliary and volunteer pool are available to implement any future pandemic emergency plans.
Communication Channel: Internal Communications System

HR-5.8
Evaluate the Human Resources response to the Pandemic.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: The evaluation process will allow for a reflection of best practices and a systems review of policies and procedures that were put in place during the implementation of the pandemic emergency plan.
Communication Channel: Internal Communications System

HR-5.9
Communicate relevant information regarding the status of the post Pandemic to all staff.
Persons(s) Responsible: Pandemic Influenza Human Resources Subcommittee

Rationale: The development of an ongoing update communication system for all internal staff, auxiliary and volunteer pool will support the post pandemic work environment.
Communication Channel: Intranet, e-mail, fact sheets, board report, team meetings

Essential Services (ES)

ES-5.1
Streamline the wind-down phase of the pandemic by bringing back services in order of importance to Public Health needs.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee

Rationale: Streamline the wind down phase of the pandemic by bringing back services in order of importance to public health needs.
Communication Channel: Meetings, e-mail and telephone calls

ES-5.2
Identify staff who could be recruited to help deliver those services/programs by order of importance.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee

Rationale: Identify the skill sets and match the individuals needed to deliver the increasing critical services/programs as others are being re-deployed from the other areas as pandemic needs wind down.
Communication Channel: Meetings, e-mail and telephone calls
ES-5.3
Continue to reassess the program needs and contact Human Resources to recruit staff to meet those program requirements.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Receive from HR an inventory of those staff whose skills sets are matched to deliver those increasing identified services. Staff availability will be monitored daily during a pandemic wind down event.
Communication Channel: Meetings, e-mail and telephone calls

ES-5.4
Reassess supplies and equipment.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Order in what is needed to deliver programs.
Communication Channel: Meetings, e-mail and telephone calls

ES-5.5
Continue to link with the Pandemic Influenza Communications Subcommittee. Advise public of those services that are being brought back.
Persons(s) Responsible: Pandemic Influenza Essential Services Subcommittee
Rationale: Services to be brought back are prioritized into Must do, High Priority, Medium Priority and Low priority. Public will be made aware of the services as they are brought back.
Communication Channel: Meetings, e-mail and telephone calls
SECTION 4: TABLES;
OVERVIEW OF ACTIVITIES
TO BE PERFORMED
DURING THE PERIODS
### Table 1: Pandemic Planning Period
(THO Interpandemic and Pandemic Alert Periods, Phases 1 to 5)

**SURVEILLANCE**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-1.1 Form a surveillance subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>S-1.2 Identify stakeholders.</td>
<td>✓</td>
<td></td>
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<tr>
<td>S-1.3 Create a Pandemic Influenza Surveillance Plan as a component of the Grey Bruce Health Unit Pandemic Influenza Contingency Plan.</td>
<td>✓</td>
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<tr>
<td>S-1.4 Reinforce to the health care service providers the importance of influenza surveillance.</td>
<td>✓</td>
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<tr>
<td>S-1.5 Promote an understanding with representatives from nursing homes, long-term care facilities, retirement homes and hospitals about the importance of closely monitoring all individuals with respiratory tract infections.</td>
<td>✓</td>
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<tr>
<td>S-1.6 Ensure that protective promotional messages are developed, disseminated and evaluated.</td>
<td>✓</td>
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<tr>
<td>S-1.7 Develop enhanced surveillance for febrile respiratory illness (FRI).</td>
<td>✓</td>
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<tr>
<td>S-1.8 Educate community health care providers and key stakeholders on febrile respiratory illness (FRI).</td>
<td>✓</td>
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<tr>
<td>S-1.9 Monitor federal and provincial websites such as MOHLTC, Health Canada, Flu Watch, WHO, etc.</td>
<td>✓</td>
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<tr>
<td>S-1.10 Influenza activity is monitored and classified.</td>
<td>✓</td>
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<tr>
<td>S-1.11 Schools are monitored for absenteeism (illness) rates equal to or greater than 10%.</td>
<td>✓</td>
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<td>Schools</td>
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<tr>
<td>S-1.12 Develop an inventory of local laboratories.</td>
<td>✓</td>
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<tr>
<td>S-1.13 Identify sources of expanded laboratory resources.</td>
<td>✓</td>
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<tr>
<td>S-1.14 Investigate and establish a method to track mortality and illness from hospital emergency rooms (ER).</td>
<td>✓</td>
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<tr>
<td>Action</td>
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<tr>
<td>S-1.15 Enhance electronic data collecting utilizing electronic forms, spread sheets, etc. Collect, synthesize and analyze information and provide to the province.</td>
<td>✓</td>
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<tr>
<td>S-1.16 Identify Chief of Hospital Site Physicians.</td>
<td>✓</td>
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<tr>
<td>S-1.17 Develop, promote and evaluate a secure outbreak website for physicians and long-term care facilities.</td>
<td>✓</td>
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<tr>
<td>S-1.18 Work with local health organizations and funeral services to develop a mechanism tracking in influenza mortality and reporting data to the local health unit/Chief Coroner’s Office.</td>
<td>✓</td>
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<tr>
<td>S-1.19 Recruit and liaise with three large, sentinel workplace sites.</td>
<td>✓</td>
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<tr>
<td>S-1.20 Develop a sentinel workplace surveillance absenteeism information form and data base for tracking the information.</td>
<td>✓</td>
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<tr>
<td>S-1.21 Pilot a workplace surveillance program targeting three worksites.</td>
<td>✓</td>
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<tr>
<td>S-1.22 Develop educational materials about: specimen collection; pandemic influenza; how to take a child/adult’s temperature; self care decision tree for adults; does your infant or child have the flu?; detection of symptoms in children; clinical diagnosis; infection control.</td>
<td>✓</td>
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<tr>
<td>S-1.23 Distribute educational materials to inform about the pandemic influenza related topics listed in S-1.22.</td>
<td>✓</td>
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<tr>
<td>S-1.24 Ensure relevant educational and informational materials are provided to the following stakeholders: health care service providers, workplaces, emergency service providers and the general public.</td>
<td>✓</td>
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<tr>
<td>S-1.25 Ensure there is a link with hospitals as they develop their plans, as it relates to surveillance and data collection.</td>
<td>✓</td>
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<tr>
<td>S-1.26 Develop and distribute materials on avian influenza.</td>
<td>✔️</td>
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<tr>
<td>S-1.27 Develop an inservice training component for health unit staff on (a) basic overview of what is pandemic influenza (b) cross training on case management (c) telephone response and (d) personal emergency preparedness.</td>
<td>✔️</td>
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</tbody>
</table>
Table 1: Pandemic Planning Period  
(\textit{WHO} Interpandemic and Pandemic Alert Periods, Phases 1 to 5)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
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</thead>
<tbody>
<tr>
<td>V-1.1</td>
<td>Form a vaccine subcommittee.</td>
<td>✓</td>
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<tr>
<td>V-1.2</td>
<td>Identify stakeholders.</td>
<td>✓</td>
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<tr>
<td>V-1.3</td>
<td>Promote awareness within the community for the benefits of annual influenza vaccination.</td>
<td>✓</td>
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<tr>
<td>V-1.4</td>
<td>Increase annual influenza vaccine coverage rates among health care workers and emergency service workers.</td>
<td>✓</td>
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<tr>
<td>V-1.5</td>
<td>Ensure high-risk patient(s), as defined by The National Advisory Council on Immunization (NACI), receive the pneumococcal vaccine.</td>
<td>✓</td>
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<tr>
<td>V-1.6</td>
<td>Direct physicians to maintain lists of all high-risk patients</td>
<td>✓</td>
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<tr>
<td>V-1.7</td>
<td>Educate health care service providers about the protocol for monitoring and reporting any/all Vaccine-Associated Adverse Events.</td>
<td>✓</td>
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<tr>
<td>V-1.8</td>
<td>Develop a plan for immunization clinics, including locations and distributions throughout the geographic area.</td>
<td>✓</td>
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<tr>
<td>V-1.9</td>
<td>Develop an inventory and contact data information on those listed in priority groups (from National Plan) and record on excel data spread sheet.</td>
<td>✓</td>
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<tr>
<td>V-1.10</td>
<td>Determine the amount of vaccine needed for the priority groups outlined in the National Plan.</td>
<td>✓</td>
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<tr>
<td>V-1.11</td>
<td>Stockpile enough immunization supplies to immunize as determined by the National Pandemic Influenza Committee (NPIC) priority protocol.</td>
<td>✓</td>
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<tr>
<td>V-1.12</td>
<td>Secure and stockpile at least a three month supply of personal protective equipment.</td>
<td>✓</td>
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<tr>
<td>V-1.13</td>
<td>Develop a list of suppliers and contact information.</td>
<td>✓</td>
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<tr>
<td>V-1.14</td>
<td>Develop a system for record keeping, tracking and recall for two-dose immunization for mass populations.</td>
<td>✓</td>
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<tr>
<td>V-1.15</td>
<td>Develop contingency plans for storage of vaccine. Identify current and potential vaccine storage sites based on the provincial Vaccine and Antiviral Subcommittee (to be developed).</td>
<td>✓</td>
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<tr>
<td>V-1.16</td>
<td>Investigate and have contract with alternate sites for back-up refrigeration for vaccine.</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>V-1.17</td>
<td>Identify and arrange for security of vaccine at storage locations, at clinic sites and during transportation.</td>
<td>✓</td>
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<tr>
<td>V-1.18</td>
<td>Develop electronic vaccine module available for health unit staff and outside agencies on vaccine administration, reporting adverse events, screening for eligibility and contraindications, informed consent, and managing untoward reactions.</td>
<td>✓</td>
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<tr>
<td>V-1.19</td>
<td>Provide opportunities for health unit nursing staff to practice administering vaccines at least once a year.</td>
<td>✓</td>
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<tr>
<td>V-1.20</td>
<td>Work with Pandemic Influenza Human Resources Subcommittee to recruit qualified staff to administer influenza vaccine.</td>
<td>✓</td>
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<tr>
<td>V-1.21</td>
<td>Provide orientation for health professionals assisting in administration of vaccine.</td>
<td>✓</td>
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</tbody>
</table>
### Table 1: Pandemic Planning Period
(Who Interpandemic and Pandemic Alert Periods, Phases 1 to 5)

#### ANTIVIRAL

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
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<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1.1 Form an antiviral subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-1.2 Identify stakeholders.</td>
<td>✓</td>
<td></td>
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<tr>
<td>A-1.3 Develop two different fact sheets regarding the use of antiviral medications and related side effects.</td>
<td>✓</td>
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</tr>
<tr>
<td>A-1.4 Identify and arrange for security of antiviral medication at storage locations, at clinic sites and during transportation.</td>
<td>✓</td>
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</tr>
<tr>
<td>A-1.5 Develop a record keeping system for recording adverse reactions and complaints related to antivirals. This information will be reported to the Ministry of Health.</td>
<td>✓</td>
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</tr>
<tr>
<td>A-1.6 Develop and maintain surveillance system/activities for emergence of antiviral resistance in the community.</td>
<td>✓</td>
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<tr>
<td>Action</td>
<td>Grey Bruce Health Unit</td>
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<tr>
<td>E-1.1</td>
<td>Form an emergency management subcommittee.</td>
<td>✓</td>
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<td></td>
</tr>
<tr>
<td>E-1.2</td>
<td>Identify stakeholders.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.3</td>
<td>Identify and contact emergency planning coordinators in Grey and Bruce Counties to build upon the already existing emergency plans.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.4</td>
<td>Create a <em>Pandemic Influenza Emergency Management Plan</em>.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.5</td>
<td>Disseminate the <em>Grey Bruce Health Unit Pandemic Influenza Contingency Plan</em> to all stakeholders.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.6</td>
<td>Arrange for personnel to receive yearly influenza vaccinations.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>E-1.7</td>
<td>Obtain information on post-traumatic stress disorder.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.8</td>
<td>Hospitals, long-term care facilities and other health care agencies are directed to develop pandemic influenza contingency plans.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>E-1.9</td>
<td>Meet with Funeral Home representative about dealing with massive fatalities. Develop orders for year round burial without embalming.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.11</td>
<td>Develop material and protocols and train staff in the use of equipment as needed.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.12</td>
<td>Regularly update the influenza emergency contact list – local EMS, fire, police, health care facility contacts.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1.13</td>
<td>Work with the local service providers and the municipal government to conduct simulation exercises.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Grey Bruce Health Unit</td>
<td>Emergency Response Agencies (police, fire, and ambulance)</td>
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<td>Other</td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------</td>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>C-1.1 Educate stakeholders on pandemic influenza and the importance of a pandemic influenza contingency plan.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.2 Form a communication subcommittee.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C-1.3 Create a database of local media contact information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.4 Identify community stakeholders.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.5 Create and disseminate a preparedness checklist to all stakeholders.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.6 Create a <em>Pandemic Influenza Communications Plan</em>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.7 Create a <em>Pandemic Influenza Video</em>.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.8 Disseminate the pandemic influenza plan to all stakeholders.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.9 Educate physicians on pandemic influenza and the pandemic influenza plan as well as expected clinical disease, influenza surveillance, vaccination recommendations, reporting adverse vaccine events, the use of antiviral agents and designated sites for influenza treatment.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.10 Assign a group fax within the Health Unit to all long-term care facilities, nursing homes, homes for the aged, home care agencies, hospitals, other health care service and essential service providers.</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C-1.11 Launch an educational campaign before pandemic is identified.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-1.12 Develop fact sheets and public action directives to be used during a pandemic.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Grey Bruce Health Unit</td>
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</tr>
<tr>
<td>C-1.13 Assign one contact person for each municipality.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-1.14 List all organizations within each municipality that will act as distribution points for dispersal of pandemic information.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-1.15 Educate physicians and key stakeholders on pandemic influenza and the estimated impact for Grey and Bruce Counties.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-1.16 Develop a hand washing campaign. Develop pamphlets, fact sheets, school curriculum, displays, etc. Initially work with school boards to arrange implementation, then expand to include general public.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-1.17 Connect with telephone company to establish priority telephone lines.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-1.18 Assign support staff to keep up-to-date lists of key stakeholders and organizations contact data information. This information will be available on the intranet.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-1.19 Prepare and provide educational material about pandemic (personal hygiene, respiratory etiquette, and the message to “stay at home” if sick) to key stakeholders and the general public.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
### Table 1: Pandemic Planning Period
( WHO Interpandemic and Pandemic Alert Periods, Phases 1 to 5 )

**HUMAN RESOURCES**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR-1.1</td>
<td>Form a Human Resources Subcommittee.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.2</td>
<td>Identify stakeholders.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.3</td>
<td>Create a Pandemic Influenza Human Resources Plan as a component of the <em>Grey Bruce Health Unit Pandemic Influenza Contingency Plan</em>.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.4</td>
<td>Develop internal survey to assess staffing needs during a pandemic.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.5</td>
<td>Develop a comprehensive form to allow for the collection and continual update of necessary personal information from Health Unit staff.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.6</td>
<td>Develop a secure database of staff skill set and qualifications i.e. current certification and first aid training.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.7</td>
<td>Develop a recruitment and training strategy.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.8</td>
<td>Work with the Pandemic Influenza Antiviral and Vaccine Subcommittee to recruit qualified staff to administer influenza vaccine.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.9</td>
<td>Develop job descriptions based upon the internal needs assessment survey.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.10</td>
<td>Arrange back-up services for finance department.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.11</td>
<td>Build an auxiliary and volunteer pool.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.12</td>
<td>Develop pandemic orientation/training plan and program for new (auxiliary) and existing employees.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.13</td>
<td>Develop plan for in-house crisis training and provide crisis skills resources i.e. palliative care, grief counselling, buddy system.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Grey Bruce Health Unit</td>
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</tr>
<tr>
<td>HR-1.14</td>
<td>Develop HR forms for internal communication, payroll, contracts, staff needs and services (including food).</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.15</td>
<td>Create an internal communication system regarding essential services, staff deployment, reporting, ordering and distributing equipment and supplies i.e. back-up roster, phone-in line, intranet.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.16</td>
<td>Partner at the community level to access local support for Health Unit families i.e. transportation, access to food, grief support.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>HR-1.17</td>
<td>Develop a staff home emergency kit, including self-awareness regarding personal protection.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-1.18</td>
<td>Communicate relevant information regarding the status of the Pandemic to all staff.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1: Pandemic Planning Period  
(WHO Interpandemic and Pandemic Alert Periods, Phases 1 to 5)  

### ESSENTIAL SERVICES

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES-1.1 Form an emergency management subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.2 Identify the additional essential services activities required during a pandemic outbreak.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.3 Determine which critical services/program components must be continued throughout the two counties.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.4 Identify activities that can be reduced or curtailed.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.5 Identify staff who could be re-deployed to deliver those critical services/program components.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.6 Manage workloads of all involved in the delivery of those critical services/program components.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.7 Accumulate all of the necessary supplies, safety equipment &amp; resources necessary to deliver critical services/programs.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-1.8 Communicate those staff needs to Human Resources.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America
(Who Pandemic Period, Phase 6)

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-2.1</td>
<td>Reconvene the Pandemic Influenza Surveillance Subcommittee.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.2</td>
<td>Nursing homes, long-term care facilities and hospitals will follow established protocols to closely monitor all individuals with respiratory tract infections.</td>
<td></td>
<td></td>
<td>LTC, hospitals</td>
</tr>
<tr>
<td>S-2.3</td>
<td>Physicians obtain laboratory specimens from ill persons.</td>
<td></td>
<td></td>
<td>Physicians</td>
</tr>
<tr>
<td>S-2.4</td>
<td>Physicians obtain laboratory specimens from family members and close contacts with influenza-like illness.</td>
<td></td>
<td></td>
<td>Physicians</td>
</tr>
<tr>
<td>S-2.5</td>
<td>Continue to reinforce to health care service providers the importance of influenza surveillance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.6</td>
<td>Revise, promote and distribute educational materials to inform about pandemic influenza related topics.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.7</td>
<td>Educate physicians, key stakeholders and Health Unit staff regarding the Influenza Surveillance Tools and Data Collection Tools provided by the MOHLTC, and implement use of surveillance/data collection tools.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.8</td>
<td>Evaluate current epidemiology of pandemic to direct priorities to high-risk groups.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>S-2.9</td>
<td>Adopt and implement revised case definitions as necessary.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>S-2.10</td>
<td>Implement the mechanism for reporting community deaths related to influenza.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.11</td>
<td>Implement investigation protocol for clusters.</td>
<td></td>
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</tr>
<tr>
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<td>Grey Bruce Health Unit</td>
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</tr>
<tr>
<td>S-2.12 Continue to monitor Federal and Provincial websites, CIOSC, Flu Watch, and Ontario Influenza Bulletin for information.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.13 Provide timely data, and report to province as directed by MOHLTC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.14 Participate in special studies and establish dedicated teams to activate the studies in collaboration with other public health authorities.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-2.15 Continue with heightened surveillance until no longer sustainable/needed to collect information on affected populations/priority groups.</td>
<td>✓</td>
<td></td>
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</tr>
</tbody>
</table>
### Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America

( WHO Pandemic Period, Phase 6 )

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>V-2.1</td>
<td>Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-2.2</td>
<td>Train individuals who will administer the vaccine.</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America

(WHO Pandemic Period, Phase 6)

<table>
<thead>
<tr>
<th>ANTIVIRAL</th>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-2.1</td>
<td>Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-2.1</td>
<td>Communicate the rationale for priority groups for antiviral medication distribution.</td>
<td>✓</td>
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</tr>
</tbody>
</table>
Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America

( WHO Pandemic Period, Phase 6 )

**EMERGENCY MANAGEMENT**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>E-2.1 Activate the Grey &amp; Bruce County Contingency Plan as directed by the Ontario Chief Medical Officer of Health.</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>E-2.2 Reconvene the Pandemic Influenza Emergency Management Subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-2.3 Identify a spokesperson, as well as backup.</td>
<td>✓</td>
<td></td>
<td></td>
<td>Wardens ✓</td>
</tr>
<tr>
<td>E-2.4 Ensure the spokesperson and key personnel are trained to communicate in a crisis situation.</td>
<td>✓</td>
<td></td>
<td></td>
<td>Wardens ✓</td>
</tr>
<tr>
<td>E-2.5 Identify locations for Emergency Operation Centres. Arrange facilities and equipment.</td>
<td>✓</td>
<td></td>
<td></td>
<td>Wardens ✓</td>
</tr>
<tr>
<td>E-2.6 Designate specific contact people to relay emergency response information.</td>
<td>✓</td>
<td></td>
<td></td>
<td>Wardens ✓</td>
</tr>
<tr>
<td>E-2.7 Review core services and develop strategies to maintain those deemed essential.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America

(WHO Pandemic Period, Phase 6)

**COMMUNICATIONS**

<table>
<thead>
<tr>
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<th>Grey Bruce Health Unit</th>
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</tr>
</thead>
<tbody>
<tr>
<td>C-2.1 Reconvene the Pandemic Influenza Communications Subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-2.2 Develop further public action directives, media advisories, media releases, backgrounders, etc. based on new information.</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C-2.3 Collect and disseminate information about virologic, epidemiologic and clinical findings associated with the new virus strain.</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C-2.4 Investigate the feasibility of using an automatic telephone messaging service.</td>
<td>✓</td>
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</tbody>
</table>
### Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America

*(WHO Pandemic Period, Phase 6)*

#### HUMAN RESOURCES

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>HR-2.1 Distribute staff home emergency kits.</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HR-2.2 Develop letters of understanding between unions and employer regarding roles and responsibilities of staff.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HR-2.3 Ensure that an internal survey has been completed and the collected data is secured.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-2.4 Ensure that the development of required forms has been completed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-2.5 Complete and test our internal communication system.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-2.6 Communicate relevant information regarding the status of the Pandemic to all staff.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-2.7 Develop a strategy to address daily living support as required i.e. nourishment, sleeping and bathing arrangements, clothing, etc.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 2: Pandemic Period – Level 1: Pandemic (New Virus Strain) Detected Outside North America

(UNESCO Pandemic Period, Phase 6)

#### ESSENTIAL SERVICES

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES-2.1 Prioritize work/requests for critical services/programs.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-2.2 Reassess the critical services/programs and scale down or continue to suspend certain program activities as pandemic spreads.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-2.3 Re-deploy program staff from essential service to other areas of critical pandemic need.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-2.4 Assess all resources i.e. supplies, equipment.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-2.5 Communicate with Human Resources the essential service staff that become available to re-deploy.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-2.6 Keep a continual link with the communications team. Advise public of suspended or curtailed services.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected in North America

(WHO Pandemic Period, Phase 6)

#### SURVEILLANCE

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-3.1 Identify and educate physicians to obtain viral specimens.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.2 Physicians obtain viral specimens from patient(s) presenting with influenza-like illness.</td>
<td></td>
<td></td>
<td>Physicians</td>
<td></td>
</tr>
<tr>
<td>S-3.3 All specimens from patients presenting with influenza-like illness will receive priority in processing in laboratories.</td>
<td></td>
<td></td>
<td>Chief MOH</td>
<td></td>
</tr>
<tr>
<td>S-3.4 Strengthen surveillance practices for respiratory outbreaks in institutions.</td>
<td></td>
<td></td>
<td>Infection Control Practitioners</td>
<td></td>
</tr>
<tr>
<td>S-3.5 Day nurseries are monitored for illness.</td>
<td></td>
<td></td>
<td>Daycares</td>
<td></td>
</tr>
<tr>
<td>S-3.6 Three large, sentinel workplace sites monitor for absenteeism (illness) rates.</td>
<td></td>
<td></td>
<td>workplaces</td>
<td></td>
</tr>
<tr>
<td>S-3.7 Continue to reinforce to health care service providers the importance of influenza surveillance.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.8 Revise, promote and distribute educational materials to inform about pandemic influenza related topics.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.9 Continue the use of Influenza Surveillance Tools and Data Collection Tools provided by the MOHLTC and modify any use as directed.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.10 Evaluate current epidemiology of pandemic to direct priorities to high-risk groups.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.11 Adopt and implement revised case definitions as necessary.</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>S-3.12 Continue to use the mechanism for reporting community deaths related to influenza.</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Grey Bruce Health Unit</td>
<td>Emergency Response Agencies (police, fire, and ambulance)</td>
<td>Hospitals and other health care providers</td>
<td>Other</td>
</tr>
<tr>
<td>--------</td>
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<td>----------------------------------------------------------</td>
<td>------------------------------------------</td>
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</tr>
<tr>
<td>S-3.13 Continue to use the investigation protocol for clusters.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.15 Continue to provide timely data and analysis, and report to the province as directed by MOHLTC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.16 Provide epidemiological summaries to characterize outbreaks and impacts to the Communications Subcommittee for dissemination.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.17 Continue with heightened surveillance until no longer sustainable/needed to collect information on affected populations/priority groups.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-3.18 Modify definitions, activities, processes and tools as required based on direction from the MOHLTC.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected In North America

(WHO Pandemic Period, Phase 6)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>V-3.1</td>
<td>Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-3.2</td>
<td>Records are kept on all individuals receiving vaccination.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-3.3</td>
<td>All persons receiving vaccine are given an immunization record and, if required, a date to return for a second dose.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-3.4</td>
<td>Vaccine may be stored at the Health Unit.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-3.5</td>
<td>Communicate with the MOHLTC about how much vaccine is available, how much Grey and Bruce Counties will receive and when it will be received, and confirm priorities for immunization.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected In North America

(\textit{WHO Pandemic Period, Phase 6})

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-3.1</td>
<td>Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee.</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3.2</td>
<td>Communicate with the MOHLTC about how much antiviral medication is available, how much Grey and Bruce Counties will receive and when it will be received, and confirm priorities for administration.</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3.3</td>
<td>Antiviral medication may be stored at the Health Unit.</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3.4</td>
<td>Antiviral medications are distributed depending on availability and as determined by the National Pandemic Influenza Committee (NPIC).</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3.5</td>
<td>Records are kept on all individuals receiving antiviral medication.</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3.6</td>
<td>Hospital and long term care workers are issued preventative antivirals at the worksite through their pharmacies or Occupational Health. Advisement of how to proceed will come from the provincial level.</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3.7</td>
<td>Community health care workers and essential service providers receive antiviral medications.</td>
<td>☑️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected In North America

(Who Pandemic Period, Phase 6)

**EMERGENCY MANAGEMENT**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-3.1</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Educate personnel about their role in responding to a pandemic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-3.2</td>
<td></td>
<td></td>
<td></td>
<td>Wardens ✓</td>
</tr>
<tr>
<td>Ensure municipal infrastructure essential services are maintained.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-3.3</td>
<td></td>
<td>✓</td>
<td></td>
<td>Wardens ✓</td>
</tr>
<tr>
<td>Test the Pandemic Influenza Emergency Management Plan, communication equipment and supplies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected in North America  
*(WHO Pandemic Period, Phase 6)*

**COMMUNICATIONS**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-3.1</td>
<td>Notify EMS, emergency departments, hospitals and other health care service providers to activate their pandemic influenza contingency plan.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-3.2</td>
<td>Establish a separate toll free line as a Health Unit hot line for relevant information.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-3.3</td>
<td>Establish a separate toll-free line with a recorded message for the general public and update as needed.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-3.4</td>
<td>Dedicate a separate (unpublished) phone number for physicians and partner agencies requiring information from the Health Unit.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-3.5</td>
<td>Ensure that media communicate critical pandemic information.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-3.6</td>
<td>Update the Health Unit web site as needed and include all fact sheets, important phone numbers, media releases, immunization clinic schedules and links to other relevant pandemic influenza web sites.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-3.7</td>
<td>Monitor media and public reaction.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected in North America**

*(WHO Pandemic Period, Phase 6)*

**HUMAN RESOURCES**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR-3.1</td>
<td>Letters of Understanding are reviewed by all three Health Unit unions.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-3.2</td>
<td>Put auxiliary and volunteers on stand-by and provide a general orientation package.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-3.3</td>
<td>Provide training for auxiliary and volunteers.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-3.4</td>
<td>Subcommittee to meet and review to confirm implementation of HR strategy for Phase 6-Level 3.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-3.5</td>
<td>Communicate relevant information regarding the status of the Pandemic to all staff.</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 3: Pandemic Period – Level 2: Pandemic (New Virus Strain) Detected in North America

(WHO Pandemic Period, Phase 6)

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<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
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<tr>
<td>ES-3.1 Prioritize work/requests for critical services/programs.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-3.2 Reassess the critical services/programs and scale down or continue to suspend certain program activities as pandemic spreads.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-3.3 Re-deploy program staff from essential service to other areas of critical pandemic need.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-3.4 Assess all resources i.e. supplies, equipment.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-3.5 Communicate with Human Resources the essential service staff that become available to re-deploy.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-3.6 Keep a continual link with the communications team. Advise public of suspended or curtailed services.</td>
<td>✓</td>
<td></td>
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</tr>
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**Table 4: Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally (WHO Pandemic Period, Phase 6)**

**SURVEILLANCE**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-4.1 The Pandemic Influenza Implementation Committee meets daily at the discretion of the Medical Officer of Health.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.2 Local epidemiological data is accumulated and reviewed.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.3 Assess and evaluate infection control measures.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.4 Identify and educate physicians to obtain viral specimens.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.5 Physicians obtain viral specimens from patient(s) presenting with influenza-like illness.</td>
<td>✓ Physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.6 All specimens from patients presenting with influenza-like illness receive priority in processing in laboratories.</td>
<td>✓ Chief MOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.7 Strengthen surveillance practices for respiratory outbreaks in institutions.</td>
<td>✓ Infection Control Practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.8 Day nurseries are continued to be monitored for illness.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.9 Three large, sentinel workplace sites continue to monitor for absenteeism (illness) rates.</td>
<td>✓ workplaces</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.10 Continue to reinforce to health care service providers the importance of influenza surveillance.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.11 Revise, promote and distribute educational materials to inform about pandemic influenza related topics.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.12 Continue the use of Influenza Surveillance Tools and Data Collection Tools provided by the MOHLTC and modify any use as directed.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.13 Continue to evaluate current epidemiology of pandemic to direct priorities to high-risk groups.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Grey Bruce Health Unit</td>
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<td>Other</td>
</tr>
<tr>
<td>--------</td>
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<td>----------------------------------------------------------</td>
<td>-------------------------------------------</td>
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</tr>
<tr>
<td>S-4.14</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adopt and implement revised case definitions as necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.15</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Continue to use the mechanism for reporting community deaths related to influenza.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.16</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to use the investigation protocol for clusters.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.17</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to monitor Federal and Provincial websites, CIOSC, Flu Watch, and Ontario Influenza Bulletin for information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.18</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to provide timely data and analysis, and report to province as directed by MOHLTC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.19</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to provide epidemiological summaries to characterize outbreaks and impacts to the Communications Subcommittee for dissemination.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.20</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue with heightened surveillance until no longer sustainable/needed to collect information on affected populations/priority groups.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-4.21</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify definitions, activities, processes and tools as required based on direction from the MOHLTC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Grey Bruce Health Unit</td>
<td>Emergency Response Agencies (police, fire, and ambulance)</td>
<td>Hospitals and other health care providers</td>
<td>Other</td>
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<tr>
<td>--------</td>
<td>------------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>V-4.1</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to vaccinate individuals depending on availability and as determined by the National Pandemic Influenza Committee (NPIC).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4: Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally  
(WHO Pandemic Period, Phase 6)

ANTIVIRAL

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-4.1 Continue to distribute and administer antiviral medications.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 4: Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally (WHO Pandemic Period, Phase 6)

#### EMERGENCY MANAGEMENT

<table>
<thead>
<tr>
<th>Action</th>
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<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-4.1 Notification of health care service providers, government related services and essential service providers.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4.2 Education about the provision of personal protective equipment and barriers.</td>
<td>✔</td>
<td></td>
<td>Wardens ✔</td>
<td></td>
</tr>
<tr>
<td>E-4.3 The Emergency Operation Centres supports all essential services.</td>
<td>✔</td>
<td></td>
<td>Wardens ✔</td>
<td></td>
</tr>
<tr>
<td>E-4.4 Public health restrictions are implemented: restricting travel, curfews, closing schools and day care facilities.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4.5 Home care agencies and social services provide food, medical and other life support needs for persons confined to their home.</td>
<td></td>
<td>✔ Community Care Access Centre</td>
<td>✔ Social Services</td>
<td></td>
</tr>
<tr>
<td>E-4.6 Devise a plan for alternate mortuary services once mortuaries reach maximum capacity.</td>
<td>✔</td>
<td>✔ Police</td>
<td></td>
<td>✔ Coroner</td>
</tr>
<tr>
<td>E-4.7 Foster care/shelters for orphaned children are established as the need arises.</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>E-4.8 Determine when local psychosocial response plan is implemented.</td>
<td>✔</td>
<td></td>
<td>Wardens, Social Service ✔</td>
<td></td>
</tr>
</tbody>
</table>
### Table 4: Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally (WHO Pandemic Period, Phase 6)

**COMMUNICATIONS**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-4.1 Hold daily or twice daily news conferences on all aspects of the influenza pandemic, if needed.</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-4.2 Implement an automatic telephone messaging service to promptly communicate emergencies.</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-4.3 Continue to monitor media and public reaction.</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4: Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally (WHO Pandemic Period, Phase 6)

**HUMAN RESOURCES**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
<th>Emergency Response Agencies (police, fire, and ambulance)</th>
<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR-4.1</td>
<td>Pandemic organizational chart is now in effect. Reassign staff based on skill set and qualifications.</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.2</td>
<td>Assign duties to auxiliary and volunteers as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.3</td>
<td>Provide orientation on specific tasks required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.4</td>
<td>Maintain pandemic organizational chart and identify designates for back-up for key responsibilities e.g. attendance phone line.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.5</td>
<td>Communicate to staff the procedure for using new pandemic HR forms.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.6</td>
<td>Deploy trained crisis staff as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.7</td>
<td>Implement and maintain all forms of internal communication i.e. intranet, on-site message board.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.8</td>
<td>Maintain accurate attendance records i.e. hours worked; redeploy staff as necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.9</td>
<td>Communicate relevant information regarding the status of the Pandemic to all staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-4.10</td>
<td>Provide daily living support as required i.e. nourishment, sleeping and bathing arrangements, clothing, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4: Pandemic Period – Level 3: Pandemic (New Virus Strain) Detected Locally
(WHO Pandemic Period, Phase 6)

**ESSENTIAL SERVICES**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
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<th>Hospitals and other health care providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES-4.1 Prioritize work/requests for critical services/programs.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-4.2 Reassess the critical services/programs and scale down or continue to suspend certain program activities as pandemic spreads.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-4.3 Re-deploy program staff from essential service to other areas of critical pandemic need.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-4.4 Assess all resources i.e. supplies, equipment.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-4.5 Communicate with Human Resources the essential service staff that become available to re-deploy.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-4.6 Keep a continual link with the communications team. Advise public of suspended or curtailed services.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Grey Bruce Health Unit</td>
<td>Emergency Response Agencies (police, fire, and ambulance)</td>
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<td>Other</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------</td>
<td>------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>S-5.1 Continue monitoring the pandemic activity, both globally and locally.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-5.2 Reconvene the Pandemic Influenza Surveillance Subcommittee to review the current pandemic activity and evaluate the effectiveness of the surveillance strategies.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-5.3 Evaluate local pandemic surveillance system performance and plan improvements as required.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-5.4 Work with MOHLTC to estimate burden of disease during outbreak period and develop epidemiological summaries to describe the impact of pandemic waves in Ontario.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-5.5 Scale down enhanced surveillance as appropriate and resume inter-pandemic influenza pandemic response.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-5.6 Review/adopt the case definition. Evaluate the current epidemiology and decreasing levels of activity in the local jurisdiction.</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>S-5.7 Continue to implement laboratory testing protocol.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-5.8 Resume routine ongoing (i.e. Interpandemic) laboratory and disease surveillance.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 5: Postpandemic Period: Recovery Phase
(WHO Postpandemic Period, Return to Phase 1)

**VACCINE**

<table>
<thead>
<tr>
<th>Action</th>
<th>Grey Bruce Health Unit</th>
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<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>V-5.1 Provide vaccination in anticipation of a “second wave” depending on availability and as directed by (NIPC).</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V-5.2 Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee to review the most recent pandemic activity and evaluate the effectiveness of the immunization clinics.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Postpandemic Period: Recovery Phase
(WHO Postpandemic Period, Return to Phase 1)

ANTIVIRAL

<table>
<thead>
<tr>
<th>Action</th>
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</tr>
</thead>
<tbody>
<tr>
<td>A-5.1 Provide antiviral medication in anticipation of a “second wave” depending on availability &amp; as directed by (NIPC).</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-5.2 Reconvene the Pandemic Influenza Antiviral and Vaccine Subcommittee to review the most recent pandemic activity.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
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<tr>
<td>-----------------------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>E-5.1 Reconvene the Pandemic Influenza Emergency Management Subcommittee to review the most recent pandemic activity.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-5.2 Maintain psychosocial response plans to take care of support needs and post-traumatic stress disorder needs.</td>
<td></td>
<td></td>
<td></td>
<td>Social Services ✓</td>
</tr>
</tbody>
</table>
## Table 5: Postpandemic Period: Recovery Phase  
(Who Postpandemic Period, Return to Phase 1)

### Communications

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>C-5.1</td>
<td>Hold a media conference and send a media release to notify people that the pandemic is over, for now. Inform about the likelihood of a second wave of influenza and precautions that can be taken.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>C-5.2</td>
<td>Recognize and thank individuals for their actions during the pandemic.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>C-5.3</td>
<td>Continue communication strategies outlined in Phase 3: Pandemic (New Virus Strain) Detected Locally in the event of a second wave.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>C-5.4</td>
<td>Request feedback from the public, agencies, employees and Crisis Communications Team members.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>C-5.5</td>
<td>Assess the communications plan to see if it achieved its purpose of aiding in the dissemination of timely and accurate influenza information among public health officials, medical care providers, municipal authorities, the media and the citizens of Grey and Bruce Counties. Modify the plan accordingly.</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Postpandemic Period: Recovery Phase  
(WHO Postpandemic Period, Return to Phase 1)  

**HUMAN RESOURCES**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>HR-5.1 Facilitate staff moving back to pre-pandemic organizational structure.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.2 Validate number of hours staff worked during the pandemic.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.3 Update staff personal information.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.4 Review staffing requirements and recruit as needed.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.5 Continue crisis management and refer staff externally as required.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.6 Recognize all staff, auxiliary, volunteers and community partners.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.7 Inform auxiliary staff and volunteers that they may be asked to go back to stand-by mode in the event of future “waves”.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.8 Evaluate the Human Resources response to the Pandemic.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-5.9 Communicate relevant information regarding the status of the post Pandemic to all staff.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Postpandemic Period: Recovery Phase
(WHO Postpandemic Period, Return to Phase 1)

**ESSENTIAL SERVICES**

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<thead>
<tr>
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<tbody>
<tr>
<td>ES-5.1 Streamline the wind-down phase of the pandemic by bringing back services in order of importance to Public Health needs.</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-5.2 Identify staff who could be recruited to help deliver those services/programs by order of importance.</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-5.3 Continue to reassess the program needs and contact Human Resources to recruit staff to meet those program requirements.</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-5.4 Reassess supplies and equipment.</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES-5.5 Continue the link with the Communications Subcommittee. Advise public of those services that are being brought back.</td>
<td>✅</td>
<td></td>
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</tr>
</tbody>
</table>
APPENDICES
APPENDIX A: PANDEMIC INFLUENZA IMPLEMENTATION COMMITTEE TERMS OF REFERENCE

AIM:

To develop and maintain a Grey Bruce Health Unit Pandemic Influenza Contingency Plan and to ensure that the plan meets the Provincial and Canadian Contingency Plan expectations for pandemic control.

Canadian Contingency Plan for Pandemic Influenza Goal: To reduce influenza morbidity and mortality and societal disruption among Canadians by providing access to appropriate prevention, care and treatment.

OBJECTIVES:

The following objectives are outlined as part of Grey Bruce Health Unit Pandemic Influenza Contingency Plan.

1. To enhance surveillance systems for influenza in Bruce and Grey Counties
2. To develop a comprehensive pandemic influenza communication plan at the regional level
3. To develop operational procedures for vaccine delivery and administration
4. To develop operational procedures for antiviral delivery and administration
5. To develop operational procedures for emergency services
6. To ensure adequate staff and materials are available to maintain essential services of the Grey Bruce Health Unit

COMMITTEE STRUCTURE:

Chair: Shall be the Program Manager overseeing Pandemic Planning (Susan Shular/Shiv Grewal)
Membership:
Members shall include the Medical Officer of Health/Associate Medical Officer of Health and Chairs of each Subcommittee, each of whom shall have one vote.
Ad Hoc members:
In addition, the members of this committee may include other Health Unit employees as appropriate as well as liaison representatives from other various organizations or agencies as deemed appropriate by the members.
This committee may, at its discretion, invite experts from other organizations or agencies to address the committee from time to time.
**Responsibilities:**

1. This committee is to provide advice, expertise and recommendations, liaise and participate in other activities associated with the inter-pandemic, pandemic, and post-pandemic periods to support the health and safety mandates of all levels of government.

2. The Chair of this committee shall have the authority to override recommendations of the committees as a whole.

3. In the event that a new influenza virus emerges with pandemic potential, the Medical Officer of Health will call this committee to convene on an urgent basis.

4. This committee will confirm when the conditions for pandemic influenza have been met. It makes this confirmation based on an independent assessment of the information available and not necessarily subject to a declaration by the World Health Organization.

5. The committee members have the authority to establish subcommittees.

6. The CD program P.A. shall attend all committee meetings with non-voting status for the purpose of recording minutes.

7. The committee will hold meetings monthly, and review the Terms of Reference annually.

**SIX SUBCOMMITTEES:**

1. **Surveillance Subcommittee** (Co-chairs: Linda Davies and Susan Shular)
   
   i) **Goal:** To enhance surveillance systems for influenza in Grey and Bruce counties as part of the Grey Bruce Health Unit Pandemic Influenza Contingency Plan

   ii) **Objectives:**
   1. To enhance current reporting for sentinel physicians, emergency rooms, schools and long term care facilities, and mortality data from hospitals
   2. To enhance workplace reporting of dramatic respiratory related event impact (e.g. closures and services)
   3. To increase lab surge capacity, recruitment of additional labs for rapid testing, clear guidelines for influenza testing
   4. To enhance the existing influenza surveillance system
   5. To set up an information management team to disseminate surveillance and educational information to all targeted stakeholders

   iii) **Original consultation group:**
   Health Unit PHNs and PHIs
   Epidemiologist

2. **Antiviral & Vaccine Subcommittee** (Co-chairs: Karen Sweiger and Denna Leach)
   
   i) **Goals:**
   1. To reduce influenza morbidity and mortality by providing access to influenza vaccine to all residents of Grey and Bruce Counties
   2. To reduce influenza morbidity and mortality in seriously ill patients
   3. To control outbreaks in closed institutions until they can be vaccinated
4. To provide access to antiviral drugs for prophylaxis to health and essential service providers and people with high risk medical conditions
5. To minimize societal disruption and impact on hospital ER/admissions

ii) Objectives:
Antiviral Program

1. To maintain an adequate, secure supply of antivirals to meet the need for treatment and prophylaxis
2. To store, distribute, allocate and administer antivirals efficiently and appropriately
3. To monitor the safety and effectiveness of antivirals as well as any development of resistance to antivirals

Vaccine Program
1. To provide a secure supply of safe, effective vaccine for Grey and Bruce residents as quickly as possible
2. To store, distribute, allocate and administer vaccine supplies efficiently and appropriately
3. To monitor the safety and effectiveness of vaccine programs

iii) Original consultation group:
Pharmacist (institution/community)
Physician (hospital)
Long-term care representative
Vaccine Preventable Disease nurse
Community Care Access Centre

3. Emergency Management Subcommittee (Co-chairs: Chris Munn and Jim Paton)

i) Goal: To develop policies and procedures for the control and co-ordination of emergency response services in response to a pandemic influenza emergency occurring in Grey and Bruce counties

ii) Objectives: Develop policies and procedures to ensure the following in a pandemic influenza emergency.
1. Essential emergency services are maintained
2. Vaccine and antiviral security during transport/while in storage
3. Crowd control at strategic facilities/clinics/hospitals
4. Traffic control at strategic facilities/clinics/hospitals
5. Facilities are available as “alternate care centres”
6. Vital resources (equipment & personnel) are available
7. Security of the Regional Emergency Operations Centre & Pandemic Emergency Operations Centre
8. Other issues specific to emergency service
iii) *Original consultation group:*
- 2 members of the Board (1 Grey, 1 Bruce)
- Public Information Coordinator or designate
- Public Works representative from City of Owen Sound
- Regional Emergency Management Coordinator (from London)
- Administration of Ambulance—Owen Sound base
- Fire Coordinator—Owen Sound
- OPP Regional Police

4. **Communication Subcommittee** (Co-chairs: Sarah Stewart and Drew Ferguson)

i) *Goal:* To coordinate mechanisms for the dissemination of timely and accurate information among public health officials, health care providers, the media and the general public

ii) *Objectives:
1. Educate the public about pandemic influenza, pandemic planning and the value of immunization
2. Educate the public on where and how to access self-care information, and encourage behaviour change to minimize the spread of influenza
3. Maintain public confidence in public health and community health services through transparent and timely information provision
4. Develop a plan to handle pandemic misinformation and proactive education materials

iii) *Original consultation group:*
- Board of Education representative
- Sun Times Managing Editor
- News Directors: radio stations (2)
- Producer from CKNX TV
- Communicable Disease PHN

5. **Human Resources Subcommittee** (Co-chairs: Rob Newman and Maureen Handley)

i) *Goal:* To ensure adequate staff and materials are available to maintain essential services

ii) *Objectives:
1. Re-allocate current staff to meet program needs
2. Recruit additional staff where necessary
3. Coordinate the use of volunteers
4. Meet recording requirements
5. Maintain and distribute equipment and resources to meet essential service needs
6. Ensure employee preparedness
7. Provide Employee Support Services
6. **Essential Services Subcommittee** (Co-chairs: Lou D’Alessandro and Lili Anne Holding)

i)  *Goal:* To ensure essential services are maintained for the population of Grey Bruce in the event of a pandemic

ii) *Objectives:* Allocate staff and resources under the direction of the MOH in the following essential service areas:

1. Water outbreaks
2. Food borne illnesses
3. Critical communicable disease
4. Rabies
5. Sexual Health
6. Healthy Babies Healthy Children
APPENDIX B: COMMITTEES

IMPLEMENTATION COMMITTEE MEMBERSHIP
(as of May 2006)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Bennett</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Lynda Bumstead</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Lou D’Alessandro</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Linda Davies</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Drew Ferguson</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Dr. Shiv Grewal</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Carrie Griffith</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Carrie Haines</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Maureen Handley</td>
<td>Grey Bruce Health Unit</td>
</tr>
<tr>
<td>Denna Leach</td>
<td>Grey Bruce Health Unit</td>
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<tr>
<td>Alanna Leffley</td>
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<td>Sharon Twaddle</td>
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**SURVEILLANCE SUBCOMMITTEE MEMBERSHIP**
(as of May 2006)

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<tbody>
<tr>
<td>Linda Davies (co-chair)</td>
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<tr>
<td>Terra Luscombe (Ad Hoc)</td>
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## ANTIVIRAL AND VACCINE SUBCOMMITTEE MEMBERSHIP
(As of May 2006)

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<td>Deb Nightingale</td>
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## EMERGENCY MANAGEMENT SUBCOMMITTEE MEMBERSHIP

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<tr>
<td>Chris Munn (co-chair)</td>
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### COMMUNICATIONS SUBCOMMITTEE MEMBERSHIP

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<tr>
<td>Sarah Stewart (co-chair)</td>
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<td>Drew Ferguson (co-chair)</td>
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<tr>
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### HUMAN RESOURCES SUBCOMMITTEE MEMBERSHIP
(as of May 2006)

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<tr>
<td>Rob Newman (co-chair)</td>
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<td>Maureen Handley (co-chair)</td>
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<tr>
<td>Ann Boddy</td>
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<tr>
<td>Lynda Bumstead</td>
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<tr>
<td>Carrie Griffith</td>
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<tr>
<td>Janet Hilts</td>
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<td>Christine King</td>
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<tr>
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<td>Cathy Martin</td>
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<tr>
<td>Cathie Moyse</td>
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<tr>
<td>Georgia Stanley</td>
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## ESSENTIAL SERVICES SUBCOMMITTEE MEMBERSHIP

(as of May 2006)

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<tbody>
<tr>
<td>Lou D’Alessandro (co-chair)</td>
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<tr>
<td>Lili Anne Holding (co-chair)</td>
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<tr>
<td>Kate Cassidy</td>
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<tr>
<td>Lee Fawcett</td>
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<tr>
<td>Kristi Waram</td>
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ACKNOWLEDGEMENT OF ORIGINAL VACCINE AND ANTIVIRAL CONSULTATION GROUP*

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<tbody>
<tr>
<td>Linda McLaughlin</td>
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</tr>
<tr>
<td>Judy Turnbull</td>
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</tr>
<tr>
<td>Corrie Marshall</td>
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<tr>
<td>Karen Sweiger</td>
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</tr>
<tr>
<td>Sue Burley replaces Anne Tobey</td>
<td>Grey Bruce Health Services</td>
</tr>
<tr>
<td>Barbara Sheppard replaces Dave Purdues</td>
<td>Hanover &amp; District Hospital</td>
</tr>
<tr>
<td>Peter Rissi</td>
<td>Parker Pharmacy</td>
</tr>
<tr>
<td>Barb Flaherty</td>
<td>Saugeen First Nations</td>
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<tr>
<td>Linda Farrell</td>
<td>South Bruce Grey Health Services</td>
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<tr>
<td>Yvonne Turbitt</td>
<td>Victorian Order of Nurses, Owen Sound</td>
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**Nursing Homes**

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<tr>
<td>Lynne Johnson</td>
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</tr>
<tr>
<td>Wendy Munroe</td>
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<tr>
<td>Teresa Thomson</td>
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<tr>
<td>Joanne Prokopchuk</td>
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<tr>
<td>Sandy Kirtton</td>
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<tr>
<td>Evelyn Rennie</td>
<td>Golden Dawn Nursing Home</td>
</tr>
<tr>
<td>Frank Walker</td>
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<td>Donna Kraemer</td>
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<td>Carol Kollen</td>
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<tr>
<td>Patti Mink</td>
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<tr>
<td>Carol Woods</td>
<td>Pinecrest Manor Nursing Home</td>
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<td>Vicki McDonald</td>
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<tr>
<td>Teresa Driver</td>
<td>Trillium Court Versa Care Ltd.</td>
</tr>
<tr>
<td>Debbie Sullivan</td>
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<tr>
<td>Sally Delany</td>
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<td>Sue Juanzemis</td>
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<td>Joyce Moore</td>
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<td>Trish Nolan</td>
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**Homes for the Aged**

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<tr>
<td>Colleen Robinson</td>
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</tr>
<tr>
<td>Marjorie McNeil</td>
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*People and organizations may have changed since serving on this subcommittee*
ACKNOWLEDGEMENT OF ORIGINAL EMERGENCY MANAGEMENT CONSULTATION GROUP *

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<tr>
<td>John Wall</td>
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<tr>
<td>Terry Sanderson</td>
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<tr>
<td>Kelly Ferris</td>
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<tr>
<td>Dr. Roger Skinner</td>
<td>Coroner</td>
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<tr>
<td>Steve Beatty</td>
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<td>Paul Robson</td>
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<tr>
<td>Manny Paiva</td>
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<td>Sandi Wojciechowski</td>
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<tr>
<td>Tracey David</td>
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<tr>
<td>Karen Pridham</td>
<td>The Sun Times</td>
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APPENDIX C: DEFINITIONS

INFLUENZA

Cases of influenza meeting the following definition must be reported to the Medical Officer of Health under the Health Protection and Promotion Act, Ontario Regulation 559/91. All cases are further reported to the Ministry of Health and Long-Term Care, Public Health Branch through the integrated Public Health Information System (iPHIS) as received.

A reportable case has clinically compatible signs and symptoms with:
(a) laboratory confirmation by detection or isolation of influenza virus in pharyngeal, nasal secretions or lung tissue; or

(b) demonstration of a four-fold or greater increase in hemagglutination antibody titres to influenza between acute and convalescent sera; or

(c) an epidemiologic link to a laboratory confirmed case.

Source: iPHIS Manual, Ministry of Health and Long-Term Care, November 2005

Influenza-like illness (ILI) in the community is defined by the presence of all of the following:
• Fever greater than or equal to 38°C
• Acute onset cough or sore throat, and
• Malaise, myalgia and/or fatigue

CRITERIA FOR A POTENTIAL INFLUENZA OUTBREAK IN LONG TERM CARE FACILITIES:

• One laboratory confirmed case of influenza OR
• Two cases of acute respiratory tract illness occurring within 48 hours in a geographic area (e.g., unit, floor) OR
• More than one unit having a case of acute respiratory illness within 48 hours

Source: A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care, October 2004
POST TRAUMATIC STRESS

Exposure to any source of traumatic stress results in increased risk for developing psychological and physical problems. Among people exposed to trauma, it is estimated that from 15% to 24% develop symptoms associated with Post Traumatic Stress Disorder (PTSD) and experience some level of disabling psycho-social and medical problems as a result. Approximately 75% of people afflicted with PTSD experience symptoms for more than 6 months.

PTSD is classified as a type of anxiety disorder in the Diagnostic and Statistical Manual - IV (DSM-IV) and is noted for the presence of 3 types of symptoms - re-experiencing, avoidance, and hyper-arousal. The first symptom cluster, re-experiencing, may consist of "flashbacks" and/or a prominent sense of re-living the events with attendant fear, panic and dread. Avoidance, the second symptom cluster, typically consists of avoiding places, people, and things that remind the person of the traumatic event. However, these symptoms may become more generalized and may include withdrawal from broader social contacts, diminished interest in family relationships and close friendships, and avoidance of activities which were previously enjoyable. The third symptom cluster, hyper-arousal, may include insomnia, hypersensitivity to the opinions and actions of others, a magnified anger response, a tendency to be more easily startled, problems concentrating and remembering, and anxiety and tension.

People indirectly affected by trauma may develop either full or partial symptoms of PTSD. Service providers working with trauma victims may also develop symptoms ranging from mild to severe and those with the greatest degree of involvement over the longest duration are at the highest risk of developing PTSD symptoms.

PTSD symptoms may develop at later stages of a traumatic event or even weeks or months after the event has ended. Reasons for late onset PTSD are not well-understood, but the delayed development of symptoms is not unusual and should be anticipated in a portion of affected individuals whenever a traumatic event occurs. This phenomenon applies to people directly exposed to the trauma as well as those who provide support and services.

Treatment of PTSD consists of physical and psychological interventions. The symptomatic person should be thoroughly evaluated by a physician to ensure any co-morbid conditions are identified and treated. People suffering from PTSD generally require medication to assist in the decrease and eventual elimination of symptoms; however, a combination of medical and psychological interventions appears most effective in treating PTSD.

Psychological interventions generally consist of Cognitive Behavioural Therapy, which includes graduated exposure to the anxiety-producing event, inoculation to associated stressors, and restructuring beliefs and thoughts that contribute to maintaining symptoms.

PTSD is a serious psychological and physical condition, which, if not treated, can lead to long-term disability and dysfunction. As a result, whenever people are involved in a traumatic event, even indirectly, efforts should be made to identify those at risk of developing PTSD symptoms and providing services aimed at the amelioration of symptoms.
APPENDIX D: VACCINE ADMINISTRATION

NO VACCINE SHORTAGE: VACCINE ADMINISTRATION STRATEGIES

There is no shortage of vaccine and the Health Unit is able to provide vaccine to the entire population. Perhaps greater than 90% of the population would be vaccinated (approximately 139,500 plus people).

The actions outlined in V-3.1 - V-3.5 will be initiated as well as the following:

#1 The vaccine is distributed to all hospitals, nursing homes, community health institutions after the administrator takes responsibility for arranging administration of vaccine to staff and patients within their facility.
   Person(s) Responsible: Medical Officer of Health or designate
   Rationale: Prompt distribution and administration of vaccine reduces the likelihood of complications and transmission of disease.
   Communication Channel: Telephone and fax

#2 Vaccine is distributed to family physicians so they may vaccinate their own patients.
   Person(s) Responsible: Medical Officer of Health or designate
   Rationale: Prompt distribution and administration of vaccine reduces the likelihood of complications and transmission of disease.
   Communication Channel: Telephone and fax

#3 The Health Unit provides vaccination clinics throughout Grey and Bruce (school sites, community centres, etc). Public health nurses and qualified nurses from other agencies and in the community will administer vaccine. Lay volunteers will also be utilized to assist with clinic functioning.
   Person(s) Responsible: Medical Officer of Health or designate
   Rationale: Community wide vaccination clinics are the most efficient means of vaccinating the community at large.
   Communication Channel: Telephone and internet
MODERATE VACCINE SHORTAGE: VACCINE ADMINISTRATION STRATEGIES

Under the direction of the National Pandemic Influenza Committee (NPIC) the Health Unit will vaccinate priority groups that are considered necessary for the ongoing provision of health care and emergency services as well as ensuring vaccination of groups considered at risk because of medical conditions. Perhaps 25% of the population (approximately 38,750 people) would be targeted for vaccination. This vaccination program would most closely resemble the normal high-risk influenza vaccination campaigns.

The actions outlined in V-3.1 - V-3.5 will be initiated as well as the following:

#1 Hospital health care workers are vaccinated at hospital clinics. Hospital staff nurses administer vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be maintained.
Person(s) Responsible: Medical Officer of Health or designate and hospital nurses immunizing
Rationale: Hospital clinics will be the most accessible location for hospital staff to receive the vaccine. This will reduce the impact of interruption of hospital services.
Communication Channel: Telephone and fax

#2 Community health care workers and emergency service providers are vaccinated at community clinics (school sites) organized by Public Health. Eligibility criteria is enforced and employment identification is required.
Person(s) Responsible: Medical Officer of Health or designate
Rationale: Efficient vaccination of health care workers and emergency service workers who work in the community will reduce the impact of interruption of service in the community.
Communication Channel: Telephone and fax

#3 Employees and residents of long term care facilities, homes for the aged and nursing homes are vaccinated on site. The administrator takes responsibility for arranging administration of the vaccine to staff and patients within their facility. Eligibility criteria will be maintained.
Person(s) Responsible: Administrator of the Facility
Rationale: On site clinics are necessary to vaccinate the facilities staff and residents to reduce the likelihood of complications and disease transmission.
Communication Channel: Telephone and fax

#4 Individuals, with high-risk medical conditions, who meet the eligibility criteria, are vaccinated by their family physician or at Public Health Clinics. Prescriptions are required for Public Health staff to dispense or administer vaccine to this population.
Person(s) Responsible: Medical Officer of Health or designate and physicians
Rationale: Physicians have lists of their patients with high-risk medical conditions.
Communication Channel: Newsletter and fax
SEVERE VACCINE SHORTAGE: VACCINE ADMINISTRATION STRATEGIES

There is a limited supply of vaccine (severe shortage). Under the direction of the National Pandemic Influenza Committee (NPIC), the Health Unit will vaccinate priority groups that are considered necessary for the ongoing provision of health care and emergency services. Perhaps 5-10% of the population would be targeted for vaccination (approximately 7,750 to 15,500 people). The impact of the virus on the population is anticipated to be severe resulting in a major strain on health services. Public fear and protest are likely. Disruption of civil order should also be expected.

The actions outlined in V-3.1 - V-3.5 will be initiated as well as the following:

#1 Hospital health care workers are vaccinated at hospital clinics. Hospital staff nurses administer vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be maintained.

Person(s) Responsible: Medical Officer of Health or designate and hospital nurses immunizing

Rationale: Hospital clinics will be the most accessible location for hospital staff to receive the vaccine. This will reduce the impact of interruption of hospital services.

Communication Channel: Telephone and fax

#2 Community health care workers and emergency service providers are vaccinated at community clinics (school sites) organized by Public Health. Eligibility criteria will be enforced and employment identification is required.

Person(s) Responsible: Medical Officer of Health or designate

Rationale: Efficient vaccination health care workers and emergency service providers is critical to reduce the impact of interruption of these services due to illness.

Communication Channel: Telephone and fax
APPENDIX E: FACT SHEETS

LIST OF FACT SHEETS

GENERAL INFORMATION

- Pandemic Influenza
- Influenza (Flu)
- What is the Difference between Influenza and the Common Cold?
- Avian Flu
- Influenza Vaccine
- WHO Pandemic Influenza Phases

CONTROLLING THE SPREAD OF DISEASE

- Coughs and Colds – Protecting Yourself
- Hand Washing
- Influenza – Sanitizing Surfaces at Home and Work
- Influenza Antivirals
- Amantadine (Use for Influenza A Outbreaks Only)
- Amantadine Dosage (Use for Influenza A Outbreaks Only)
- Tamiflu™ (Oseltamivir)
- Tamiflu™ (Oseltamivir) for Health Care Providers

MANAGING YOUR ILLNESS

- How to Take a Child’s Temperature
- How to Take Your Temperature: For People Over the Age of 5
- Does Your Infant or Young Child (Birth to 6 Years) Have the Flu?
- Does Your Older Child (Age Six Years to Adolescence) Have the Flu?
- Self Care Decision Tree for Adults
- When Your Child is Sick with Influenza
- What You Can Do for Yourself When You Have Influenza
* Fact Sheets would be distributed to different groups of people, depending on need.

Later we will need ancillary treatment locations, clinic dates/times/locations, further contact information, response list, status updates (# ill, severity, epidemiological findings, disease control efforts, # vaccinated, amount of vaccine produced), etc.
PANDEMIC INFLUENZA

What is influenza?
Influenza is often referred to as “the flu”. It is a respiratory disease caused by a virus and affects the lungs. Symptoms may include fever, cough, headache, muscle ache, weakness, sore throat, and cold-like symptoms. It’s the complications arising from the flu, such as pneumonia, heart or kidney failure, that may be deadly.

What is a pandemic influenza?
A pandemic influenza occurs when a large number of people become ill with the influenza virus throughout the world. A pandemic is a global outbreak affecting many people in many countries. Unlike the usual influenza virus that infects people each winter, a pandemic influenza may strike at anytime of the year causing much more sickness and death.

When will it happen?
No one knows when the next pandemic influenza will be; however, the experts agree that it is inevitable and unpredictable. There is a range of 11 to 39 years between pandemics. The world is due for another one.

What is the history of pandemic influenza?
Looking back in history, there were 3-4 pandemics each century since the 1500s. During the 20th century there was the Spanish flu in 1918-19 responsible for more than 20 million deaths. In 1957 there was the Asian flu and in 1968-69 there was the Hong Kong flu. A second wave of illness often occurs 3-9 months following the initial pandemic. A third wave may also occur.

What would the impact be in Grey & Bruce counties?
It is estimated that:

- 114,724 people may become infected
- 58,127 people may become clinically ill
- 26,004 people may need outpatient care
- 459 people may be hospitalized with influenza
- 168 people could die

Hospitals and emergency rooms will be severely overburdened. Emergency responders, such as police, fire and paramedics, will be overwhelmed.
Health & Environment Facts

A pandemic is different from other emergencies because other counties, provinces and countries will also be simultaneously strained. It will be a challenge to provide medical care with a reduced workforce and few outside resources. It is estimated that one third of the workforce will be ill and unable to work. There will be shortages of vaccine, antiviral drugs and hospital beds. The societal impact will be devastating.

Will there be a vaccine?
Because of the new strain of influenza causing a pandemic, it will be unlikely that a vaccine will be available initially. It takes 6-7 months to produce a vaccine and because of the worldwide demand, the pandemic flu vaccine may be in short supply. It will be a priority to make vaccine available and distribute it as quickly as possible.

How can I prepare for a pandemic influenza?
Work is occurring at the federal and provincial levels. The Grey Bruce Health Unit is working with local hospitals, emergency services, municipalities, media representatives, and community agencies in developing a Pandemic Influenza Contingency Plan. The principal roles of Public Health are surveillance, coordinating vaccines and antivirals and communicating information to health care providers and the community. Public Health also has a responsibility to support local efforts to respond to and manage the event. Each municipality, hospital and community agency is responsible for developing an appendix on pandemic influenza to add to their emergency plan. The goal of the plan is to reduce influenza illness, death and societal disruption among people of Grey & Bruce counties.

What can I do before a pandemic strikes?
- Get an annual influenza shot. It is one of the best ways to avoid getting and spreading existing flu strains.
- Wash your hands with soap and water, especially when you are near ill people.
- Keep healthy by exercising regularly and eating a healthy diet with plenty of fruits, vegetables and whole grains. Avoid smoking cigarettes and get enough rest.

What can I do during an influenza pandemic?
- Listen to the media for current information and ways to help you and your family.
- Wash your hands regularly.
- Cover your mouth when you cough or sneeze.
- Implement your work place contingency plan.
- Participate in any established communication protocol.
- Once the pandemic flu is identified a special vaccine will have to be made. Take advantage of this vaccine once available.

For more information please contact Public Health at 376-9420 or 1-800-263-3456 or visit us on the web at www.publichealthgreybruce.on.ca.
Facts

INFLUENZA (FLU)

What is “the flu”?  

Influenza, or the flu, is a common and highly contagious respiratory illness caused by a virus. Various strains of the virus circulate throughout the world year-round and cause local outbreaks. In Canada, flu season usually runs from November to April and an estimated 10-25% of Canadians get the flu each year.

How is it spread?  

It is spread through droplets that an infected person coughs or sneezes into the air. You can get the flu by breathing in these droplets through your nose or mouth, or by the droplets landing directly on your eyes. The flu virus is also found on the hands of people with the flu and on surfaces they have touched. It can survive outside the body on unwashed hands for 5 minutes, on tissues or clothing for 8-10 hours and on hard surfaces, such as tables and telephones, for 2 days. You can become infected if you shake hands with an infected person or touch a contaminated surface and transfer the virus to your own eyes, nose or mouth.

When is someone infectious?  

The flu takes 1-4 days to incubate in humans, but infected people become contagious before symptoms appear, often just the day after the virus enters the body. Adults remain infectious and they can spread the virus to others for about 6 days. Children can remain infectious for up to 10 days.

What are the symptoms?  

A case of influenza typically starts with a headache, chills and cough, which are followed rapidly by fever, loss of appetite, muscle aches, fatigue, runny nose, sneezing, watery eyes, and throat irritation. Children may have nausea, vomiting and diarrhea but these symptoms are uncommon in adults.

How long will it last?  

Symptoms of influenza generally last a week to ten days. But can last for up to one month. Some people are at greater risk for more severe complications.
Health & Environment Facts

How can I tell if it’s a cold or the flu?

Many people use the terms “flu” or “stomach flu” to describe other illnesses that may actually be a cold or a mild case of food poisoning. There is no such thing as “stomach flu”. Although the common cold is also caused by a virus, the flu and common cold differ in several ways.

<table>
<thead>
<tr>
<th>Frequency of Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom</strong></td>
</tr>
<tr>
<td>fever</td>
</tr>
<tr>
<td>headache</td>
</tr>
<tr>
<td>aches &amp; pains</td>
</tr>
<tr>
<td>fatigue &amp; weakness</td>
</tr>
<tr>
<td>bed ridden</td>
</tr>
<tr>
<td>stuffy nose</td>
</tr>
<tr>
<td>sneezing</td>
</tr>
<tr>
<td>sore throat</td>
</tr>
<tr>
<td>cough &amp; chest discomfort</td>
</tr>
<tr>
<td>complications</td>
</tr>
</tbody>
</table>
Who can get the flu?

Anyone can get the flu, but some people have a greater risk of developing a serious or life threatening illness because influenza reduces the body's ability to fight other infections. An estimated 6,700 Canadians die each year from complications of influenza and about 70,000 to 75,000 people with the flu are hospitalized. High risk groups include:

- people over 65 years of age
- all residents of nursing homes, homes for the aged and chronic care facilities/wards
- adults and children with chronic heart or lung conditions
- adults and children who have kidney disease, anemia, cancer, diabetes, organ transplants, or other long term diseases, such as HIV
- children or teens who are treated for long periods with aspirin

What precautions can I take?

- Get the flu shot (vaccination) every fall. It takes 2 weeks for the vaccine to become effective.
- Stay away from people sick with the flu.
- Wash your hands regularly with soap and water to prevent both picking up and spreading the virus.

What should I do if I get the flu?

- Resting will provide comfort and allow your body to use its energy to fight the infection because you will probably feel very weak and tired until your temperature returns to normal.
- Drink plenty of fluids because they are needed to replace lost fluids because of fever. Warm liquids can help loosen mucus.
- Gargle with a glass of warm water to ease a sore throat. Sugarless hard candy or lozenges may also help.
- Do not smoke because it is very irritating to the damaged airways.
Health & Environment Facts

- Take medication recommended by your doctor to reduce fever and relieve aches and pains. If you buy over-the-counter medication at the drug store to treat your symptoms, check with the pharmacist to see if it’s the best one for you. Mention if you have a chronic illness or are taking any other medicine.

- Antibiotic treatment is not necessary in cases of viral respiratory infection, but may be required to treat bacterial infections, which occasionally complicate flu-like illness, such as pneumonia.

- Antiviral medications can be prescribed to high risk patients to help shorten the disease.

- If you sneeze, blow your nose or cough use a tissue to smother it and immediately dispose of the tissue and wash your hands. The force of sneezing into a tissue will still allow the virus to pass through the tissue onto your hands. Tissues are for single use only, which means one sneeze, cough or nose blow only and then throw it out. If a sneeze or cough is coming and you do not have a tissue, turn your face into your shoulder or elbow. This is referred to as a “guarded” sneeze and forces the germs into your sleeve or clothing and not out into the environment where other people are exposed.

- If you are ill, stay home to avoid spreading the influenza virus to others. If you continue to work and socialize you can spread the virus to others who then become ill and spread the virus to their family and friends, who in turn pass it on to others. The circle of infection is repeated over and over.

- Do not visit friends or relatives in a hospital or long-term care facility if you have the flu.

- Do your best to avoid infants, people over 65 and individuals with chronic health problems because they are more susceptible to serious complications of influenza.

Where can I go for more information?

The following web sites provide information on influenza or you can contact Public Health at 376-9420 or 1-800-263-3456.

- Health Canada’s Flu Information Web: [www.healthcanada.ca/flu](http://www.healthcanada.ca/flu)
- Ontario Ministry of Health and Long Term Care: [www.healthyontario.com](http://www.healthyontario.com)
- Grey Bruce Health Unit for antiviral medication facts: [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)
Facts

WHAT IS THE DIFFERENCE BETWEEN INFLUENZA AND THE COMMON COLD?

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>COMMON COLD</th>
<th>INFLUENZA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Rare</td>
<td>Sudden onset: Often high: Lasts 3-4 days</td>
</tr>
<tr>
<td>Headache</td>
<td>Rare</td>
<td>Frequent</td>
</tr>
<tr>
<td>Aches and pains</td>
<td>Slight</td>
<td>Usual; often quite severe</td>
</tr>
<tr>
<td>Weakness</td>
<td>Rare/mild</td>
<td>Moderate to extreme; May last up to one month</td>
</tr>
<tr>
<td>Bed Ridden</td>
<td>Rare</td>
<td>Frequently; may last up to 5-10 days</td>
</tr>
<tr>
<td>Sniffles</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Usual</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Cough</td>
<td>Sometimes; Mild to moderate</td>
<td>Usual: Can become severe</td>
</tr>
</tbody>
</table>
| Complications  | Sinus or ear infection | Pneumonia
                                      | Kidney Failure
                                      | Heart Failure; Can be life threatening |
Facts

AVIAN (BIRD) FLU

What is avian (bird) flu?
Avian influenza, (influenza A (H5N1)), also called bird flu, is a very lethal virus that occurs mainly in birds. Although avian influenza viruses do not usually infect humans, several instances of human infections and outbreaks have been reported since 1997. Avian influenza A (H5N1) is of particular concern because:

- The virus mutates rapidly
- It can cause severe disease in humans
- Is likely to acquire genes from viruses infecting other species
- The continued spread of infection in birds increases the opportunities for direct infection of humans

What are the symptoms of avian flu?
The symptoms are similar to typical influenza: fever, cough, sore throat, runny nose, and muscle aches. These symptoms can lead to more serious symptoms, such as eye infections (conjunctivitis), pneumonia, acute respiratory distress, and other life-threatening complications.

How is it spread?
It is spread by touching infected birds or coming into contact with their faeces. The disease can be spread through contaminated surfaces, such as equipment, vehicles and feed to other farms or poultry markets.

Can it spread to humans?
Although rare, the H5N1 strain has spread from birds to humans. Exactly how humans become infected from birds is not known. Research has shown that the risk of spreading the infection from birds to humans is greatest in persons having close contact with live, infected poultry or contaminated surfaces. This includes high-risk exposure during the slaughter, defeathering and preparation, handling, and cooking of poultry. Since 1997 human infections with avian influenza viruses have not resulted in sustained human-to-human transmission. Scientists worry that the disease may merge with normal human influenza viruses to form a new strain of virus that allows spread between humans. This would be severe because humans would have little, if any, immunity.
Health & Environment Facts

What is the history of human illness?
- 1997: First cases of human infection in Hong Kong; six people died
- 1999: Hong Kong, two cases
- 2003: Hong Kong, two deaths; Netherlands (different strain), one death
- 2004: Vietnam, Cambodia and Thailand; ongoing with increasing illness and death

Is there a vaccine?
There is no vaccine currently available to protect humans against disease caused by H5N1 strain. Researchers are currently working to develop a vaccine.

How is it treated?
Four different influenza antiviral drugs (amantadine, rimantadine, oseltamivir and zanamivir) are approved for the treatment and/or prophylaxis of influenza. All four have activity against influenza viruses; however, sometimes influenza strains can become resistant to these drugs causing them to be ineffective. Monitoring of avian viruses for resistance to influenza antiviral medications is ongoing by the World Health Organization.

How can I protect myself?
- The best way to protect yourself is to get the flu shot every fall. There is strong evidence to show that the vaccine prepares and boosts your immune system.
- Stay away from people sick with the flu. After the onset of symptoms, the flu is contagious for 3-5 days in adults and up to 7 days in children.
- Wash your hands frequently with soap and water to prevent acquiring or spreading the virus.
- Travellers to Asia and other affected countries are advised to avoid contact with live poultry, such as at markets where live chickens, ducks and pigs are sold.
- Travellers are also advised not to bring poultry and egg products from affected countries into Canada.
- If you are traveling to an affected country consult the Public Health Agency of Canada travel health advisories at [www.phac-aspc.gc.ca/tmp-pmv/](http://www.phac-aspc.gc.ca/tmp-pmv/).
- You may also contact Public Health for travel information.
Health & Environment Facts

Where can I find out more?

World Health Organization:
www.who.int/mediacentre/factsheets/avian_influenza/en/

World Health Organization:
www.who.int/foodsafety/micro/avian/en/

Public Health Agency of Canada:
www.phac-aspc.gc.ca/influenza/avian_e.html

Public Health Agency of Canada travel medicine program:
www.phac-aspc.gc.ca/tmp-pmv/

Ministry of Health and Long Term Care:
www.health.gov.on.ca/english/public/program/emu/avian/avian_mn/html and

For more information please call Public Health at 376-9420 or 1-800-263-3456.

Source:

WHO
CDC
PHAC
MOHLTC
BC Health Guide
Vaccines (needles) are the best way to protect against some very serious diseases. Influenza vaccination every fall is effective in preventing the flu and reduces the seriousness of the disease should you contract it. Protection from the vaccine may last up to one year. The viruses that cause influenza change often and because of this the vaccine is updated every year. People who receive the flu vaccine can still get influenza, but if they do, it is usually milder than it would have been without the shot.

What is Influenza?
Influenza or “flu” is serious respiratory infection caused by the flu virus. The flu is easily caught and easily spread. It may seem like a cold but the symptoms are more serious, such as headache, sudden high fever (38º-40ºC), fatigue and weakness, chills, muscle aches, loss of appetite and a dry cough. Sometimes a full recovery takes 6 weeks. Most people recover from the flu. However, influenza may lead to more severe and life-threatening illnesses, such as pneumonia resulting in hospitalization and even death.

How is Influenza spread?
The influenza virus is highly contagious and spreads rapidly from person to person usually by air-born droplets carried in a cough or a sneeze. The virus can also survive up to 48 hours on nonporous surfaces like a telephone, computer keyboard, doorknob, kitchen countertop or toys. It may be a day or even a week before flu symptoms appear and in that time you may have infected others.

When should I get my flu shot?
The best time to get your flu shot is the period from October to late November, before the flu season starts. It takes about two weeks after receiving the immunization to develop protection against the influenza virus.

Who should get the flu vaccine?
- Anyone 6 months of age and older.
- Anyone who is 65 years of age and older.
- Anyone with a long-term health problem.
- Healthcare workers.
- Anyone in contact with individuals with long-term health problems who are more likely to develop serious complications from the flu.
- Children and adolescents (age 6 months to 18 years) with conditions treated for long periods with acetylsalicylic acid (ASA). These children are at increased risk for developing Reye’s syndrome after having influenza.
- Individuals who provide essential community services.
- Poultry workers.
Who should not have the vaccine?
- Anyone who has a serious allergy to eggs or egg products.
- Infants under 6 months of age.
- Anyone who is allergic to any component of the vaccine (e.g. thimerosal, formaldehyde, neomycin.)
- Anyone who has had a severe reaction to a previous flu vaccine.
- Anyone who is acutely ill with a fever at the time that the vaccine is being given.

Consult your physician before getting the flu vaccine if you have:
- A history of Guillain-Barré Syndrome (GBS)*
- Previously developed Oculo-Respiratory Syndrome (ORS) after getting the flu vaccine*

What to look for after receiving the vaccine:
The influenza vaccine is generally well tolerated. Some people may experience the following:
- Redness or swelling where the injection was given
- Fever or muscle aches that start shortly after the injection and may last 1-2 days
- Allergic reactions like hives, wheezing, or swelling of the face and/or mouth, or difficulty breathing occur very rarely. If these symptoms occur, seek medical attention immediately.

Call your doctor if you develop any symptoms that are severe or last more than a few days. Please note that serious side effects are very unlikely to occur and the benefits of the vaccine are much greater than the risks.

* For more detailed information on the flu vaccine please request to see a copy of the Ontario Ministry of Health Influenza Fact Sheet or ask to speak to a Public Health Nurse in the Vaccine Preventable Diseases Program.
### WHO Planning Phases

The WHO has identified the following phases of an influenza pandemic. Canada and Ontario have adopted these phases to help guide contingency planning and preparedness.

<table>
<thead>
<tr>
<th>Period</th>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-pandemic period</td>
<td>Phase 1</td>
<td>No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk(^a) of human infection or disease is considered to be low.</td>
</tr>
<tr>
<td></td>
<td>Phase 2</td>
<td>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk(^b) of human disease.</td>
</tr>
<tr>
<td>Pandemic alert period</td>
<td>Phase 3</td>
<td>Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</td>
</tr>
<tr>
<td></td>
<td>Phase 4</td>
<td>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans(^b).</td>
</tr>
<tr>
<td></td>
<td>Phase 5</td>
<td>Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)(^b).</td>
</tr>
<tr>
<td>Pandemic Period</td>
<td>Phase 6</td>
<td>Pandemic phase: increased and sustained transmission in general population(^2).</td>
</tr>
<tr>
<td>Postpandemic Period</td>
<td></td>
<td>Return to interpandemic period.</td>
</tr>
</tbody>
</table>

Source: WHO global influenza preparedness plan, 2005

\(^{a}\) The distinction between phase 1 and phase 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, other information from the viral genome, and/or other scientific information.

\(^{b}\) The distinction between phase 3, phase 4 and phase 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), other information from the viral genome, and/or other scientific information.
COUGHS & COLDS –
PROTECTING YOURSELF AND OTHERS

Given the recent outbreak of Severe Acute Respiratory Syndrome (SARS), health professionals continue to emphasize three very important disease control measures:

1. **Handwashing is one of the best ways to prevent respiratory illnesses.**

   **Who should do it?**
   Everybody needs to wash their hands and probably more often than they realize. Handwashing is one of the best actions we can take to protect ourselves from any respiratory illness.

   **When to do it?**
   - After sneezing or coughing, and after contact with body/respiratory substances or fluids (for example, when you are diaper changing, assisting a child with blowing their nose, or assisting in toileting)
   - Before and after meals and snack breaks
   - Before and after using the toilet
   - Before and after smoking cigarettes
   - Before and after preparing food
   - When arriving home and before and after work
   - After handling pets

   **How to do it?**
   1. **WET:** Turn on the tap and get a flow of warm water. Hands should be washed with warm water not hot enough to hurt the skin.
   2. **SOAP:** Use single use, liquid soap in a dispenser (antibacterial soap is not necessary).
   3. **SCRUB:** Scrub your hands for at least 20 seconds, ensuring that you wash between your fingers, the backs of your hands, your thumbs and under your fingernails.
   4. **LATHER:** Generate lots of lather and bubbles. The lather picks up the oils and dirt that trap germs on your hands.
   5. **RINSE:** Rinse hands thoroughly with fingertips pointed down.
   **DRY:** Dry hands with a paper towel and turn off the tap with the paper towel before disposing into a garbage can.
2. If you are ill, stay at home!
Most respiratory illnesses have a period of communicability of 3 days once the symptoms have started. The common cold virus can perpetuate for weeks when ill people continue to work and socialize and spread germs to others who then become ill and spread the germ to their family and friends, who in turn pass it on to others. The circle of infection is repeated over and over.

3. If you sneeze, blow your nose, or cough, do it right!
- A sneeze can travel at 167 kilometres per hour, covering a distance of 5 metres in one tenth of a second.
- Use a tissue to smother a cough or sneeze into and immediately wash your hands after disposing of the tissue. The force of sneezing into a tissue will still allow viruses to pass through the tissue onto your hands.
- Tissues are for single use only - one sneeze, cough or nose blowing and throw it out.
- If that sneeze or cough is coming and you do not have a tissue readily available, turn your face into your shoulder. This is a “guarded” sneeze and forces the germs into your sleeve or clothing and not out into the environment where other people are exposed. Germs on your clothing are not as great an issue since you already have the germ.

Children pose a greater risk of spreading germs due to their poor personal hygiene habits. Runny noses are wiped on the back of the hand or on a sleeve. Sneezes and coughs are unguarded, spreading germs over a large area in the home, classroom and daycare. Help children learn by setting a good example.
Why is hand washing important?

Hand washing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Good hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among both children and adults. Follow these four simple steps to keeping hands clean:

1. Wet your hands with warm running water.
2. Add soap and rub your hands together, making a soapy lather. Do this away from the running water for at least 10 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as between your fingers and under your nails.
3. Rinse your hands well under warm running water. Let the water run back into the sink, not down to your elbows. Turn off the water with a paper towel and dispose in a proper receptacle.
4. Dry hands thoroughly with a clean towel.

What is good hand washing technique?

There is more to hand washing than you think. By rubbing your hands vigorously with soapy water, you pull the dirt and the oily soils free from your skin. The soap lather suspends both the dirt and germs trapped inside and are then quickly washed away.

What type of soap should be used?

Any type of soap may be used. However, bar soap should be kept in a self draining holder that is cleaned thoroughly before new bars are put out. Liquid soap containers, which must be used in childcare facilities, should be used until empty and cleaned before refilling. To prevent chapping, use a mild soap with warm water, pat rather than rub hands dry and apply lotion liberally and frequently.
Health & Environment Facts

How do I disinfect my hands?

If the water is not safe for drinking (bacteria, viruses or parasites) then good hand washing with soap and water should be followed up with hand disinfection for good hand hygiene. Hand disinfection is when additional agents are used to kill germs living on your hands. This may be done using alcohol-based rubs/gels/rinses.

What are alcohol rubs/gels/rinses?

Alcohol rubs/gels/rinses are excellent hand disinfectants if they contain 60% alcohol or more. They are widely used in the health care setting after washing hands or in situations when water is not available.

How do I use alcohol-based hand disinfectants?

- Dirt should be removed from your hands. Alcohol based hand disinfectants work best on clean skin, so wash your hands with soap and warm water, even if the water is not fit to drink.
- Carefully dry your hands because water on wet hands will dilute the alcohol content of the disinfectant product, decreasing its effectiveness.
- Apply the size of a dime of sanitizer on your hands, enough so that when you rub your hands together it will cover all areas of your hands, including under your nails. Use a rubbing motion to evenly distribute the disinfectant product for about 15 seconds or until your hands feel dry, whichever is longest.

How safe are alcohol-based hand disinfectants?

They are very safe. The alcohol content of the disinfectant product completely evaporates in 15 seconds. You should use hand lotion after each use of the alcohol-based hand disinfectant to balance the drying effect of alcohol on your skin.

Is it safe to use alcohol-based disinfectant for the hands of children?

Yes, it is safe. It should not be swallowed; therefore, young children should be supervised when using it. Store it safely. After application of the disinfectant to hands, the alcohol content evaporates and children can safely touch their mouth or eyes.
Health & Environment Facts

What are some mistakes I should avoid regarding hand washing?

- Don’t use a single damp cloth to wash a group of children's hands.
- Don’t use a standing basin of water to rinse hands.
- Don’t use a common hand towel. Always use disposable towels in childcare or food preparation settings.
- Don’t use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water. Remember that germs thrive on moist surfaces.

What are some ways to help children with good hand washing technique?

It is important to encourage and help children to wash hands before eating, after playing outdoors or playing with pets, after using the bathroom, and after blowing their noses. Even though hands may appear to be clean, they may carry germs or micro-organisms that are capable of causing disease. Don't assume that children know how to wash their hands properly. Supervision, especially in a childcare setting, is an essential element in forming good hand washing habits in children. Children learn by example. Let them observe good hand washing technique from the adults who care for them.

Ontario Ministry of Health and Long-Term Care
INFLUENZA—SANITIZING SURFACES AT HOME AND WORK

The influenza virus survives well in the environment. People who are ill with influenza can contaminate the environment with their respiratory secretions. Cleaning the environment you live and work in is an important way to prevent influenza transmission and stay healthy.

The influenza virus can survive on:
- hard porous surfaces for up to 2 days
- cloth, paper and tissues for 8 to 12 hours
- hands for 5 minutes

How and when should I wash my hands?

- Wash your hands regularly especially after contact with the ill person, before and after going to the washroom, before preparing and eating food, or touching your eyes, nose or mouth.
- Soap, hand wash or hand hygiene products can readily inactivate the influenza virus. Antibacterial and antiseptic soap in a home setting is not required.
- Using regular soap along with proper hand washing procedures will both stop the spread and help keep people healthy. The most important part of hand washing is the physical scrubbing action.
- It is important that the ill person wash their hands regularly especially after coughing or sneezing, even into a tissue. The force of sneezing into a tissue can still allow the virus to pass through the tissue onto the hands, which can then spread the virus onto surfaces that others touch, allowing them to pick up the virus.
Health & Environment Facts

How and when should I clean surfaces?

- To help prevent your family from getting ill, surfaces should be sanitized on a regular basis, especially those contaminated with secretions from persons with influenza.

- Sanitize common hand-contact surfaces, such as door knobs, phone receivers, bathroom fixtures, and hand rails. It is best to clean on a daily basis.

- Remember: cleaning and sanitizing are different.
  - Cleaning refers to the removal of visible dirt, soil and debris.
  - Sanitizing refers to killing and removing 99.9% of illness-causing germs when used properly. It removes what you cannot see with the naked eye; however, a sanitized surface is not necessarily sterile. There still may be some germs present. For best results, clean the surface first prior to sanitizing.

How do I sanitize?

Use a 1:100 unscented household bleach solution as a sanitizer. Prepare the solution in the following manner:

1.  50 mL (1/4 cup) of bleach + 4950 mL (20 cups) of water
2.  5 mL (1 tsp) of bleach + 495 mL (2 cups) of water

Spray or wipe the solution onto the surface and let it air dry. If you want to rinse the surface after it is sanitized, wait for the bleach to sit on the surface for at least 45 seconds after application so it will have sufficient contact time to kill the germs. Bleach kills a variety of bacteria and viruses; however, substitutes, such as vinegar, lemon juice or cleaning solutions that do not contain bleach, are not as effective. Following these household cleaning tips can help stop the spread of infection.

Where can I go for more information?

The following web sites provide information on influenza. You may also contact Public Health at 376-9420 or 1-800-263-3456 for more information.

- Health Canada’s Flu Information: www.healthcanada.ca/flu

- Ontario Ministry of Health and Long Term Care: www.healthyontario.com

Grey Bruce Health Unit for information on hand washing, influenza and public health support: www.publichealthgreybruce.on.ca
What are they?

Influenza antiviral medications are drugs that suppress the ability of influenza viruses to reproduce. When used correctly, they can reduce the duration of symptoms and some complications from influenza virus infection. Antiviral medications are used along with vaccines to prevent and treat influenza. They most often are used to control flu outbreaks in institutions, such as nursing homes or hospitals, where people at high risk for complications from flu are in close contact with each other. The antiviral drugs approved for influenza in Canada are prescription drugs.

What antiviral medications are available?

Symmetrel™ (Amantadine)

Amantadine is a synthetic (man-made) anti-viral drug that can inhibit the replication of viruses in cells. To prevent a viral infection, the drug should be present before exposure to the virus. Clearly, this is not practical for most viral infections. It was initially used to prevent influenza A during flu season, and, if given within 24 to 48 hours of the onset of flu symptoms, to decrease the severity of the flu.

Amantadine is also used to treat Parkinson's disease and conditions similar to those of Parkinson's disease.

Tamiflu™ (Oseltamivir)

Tamiflu is one of a new class of antiviral drugs called neuraminidase inhibitors. Neuraminidase inhibitors attack the influenza virus and stop it from spreading inside your body. As the flu virus takes hold in the body, it forms new copies of itself and spreads from cell to cell. Neuraminidase inhibitors fight the virus by preventing the release of new copies from infected cells. Tamiflu can prevent the flu as long as you continue taking this medication, but getting a yearly flu shot is still the best way of avoiding the disease entirely. For older adults, those in high-risk situations such as health-care work, and people with an immune deficiency or respiratory disease, vaccination remains a must.

Tamiflu is also indicated for the prevention of influenza in adults and adolescents 13 years and older.
**Health & Environment Facts**

**Who should take them?**

People who are at high risk of serious complications from influenza may benefit most from antiviral medications. Therefore, in general, people who fall into these high-risk groups should be given priority for use of influenza antiviral medications:

- Any person experiencing a potentially life-threatening influenza-related illness should be treated with antiviral medications.

- Any person at high risk for serious complications of influenza and who is within the first 2 days of illness onset should be treated with antiviral medications. (Pregnant women should consult their primary provider regarding use of influenza antiviral medications.)

- All persons who live or work in institutions caring for people at high risk of serious complications of influenza infection should be given antiviral medications in the event of an institutional outbreak. This includes nursing homes, hospitals, and other facilities caring for persons with immunosuppressive conditions, such as HIV/AIDS.

- All persons at high risk of serious influenza complications should be given antiviral medications if they are likely to be exposed to others infected with influenza. For example, when a high-risk person is part of a family or household in which someone else has been diagnosed with influenza, the exposed high-risk person should be given chemoprophylaxis for 7 days.

Antiviral medications can be considered in other situations when the available supply of such medications is locally adequate.

- Persons at high risk of serious complications who are not able to get vaccinated.

- Persons at high risk of serious complications who have been vaccinated but have not had time to mount an immune response to the vaccine. In adults, chemoprophylaxis should occur for a period of 2 weeks after vaccination. In children aged <9 years, chemoprophylaxis should occur for 6 weeks after the first dose, or 2 weeks after the second dose, depending on whether the child is scheduled to receive one or two doses of vaccine.

- Persons with immunosuppressive conditions who are not expected to mount an adequate antibody response to influenza vaccine.

- Health-care workers with direct patient care responsibilities that are not able to obtain vaccine.
Health & Environment Facts

How long should antiviral drugs be taken?

How long antiviral drugs should be taken depends on how they are being used. To prevent flu, antiviral drugs should be taken for as long as influenza viruses are circulating in a given setting. For example, antiviral medications would be taken for the duration of outbreak activity in a nursing home. This could last for several weeks, depending on the extent of the outbreak. To treat flu, individuals must take an antiviral within 2 days of onset of illness and continue taking the medication for 5 days.

Can an antiviral cure the flu?

No. When used correctly, antiviral medications can reduce symptoms, shorten the time you are sick by 1 or 2 days, and make you less contagious to others. However, antiviral drugs do not cure the flu outright but they can speed recovery from the flu.

Can influenza antiviral drugs help with other illnesses such as the common cold?

No. Influenza antiviral drugs are effective only against influenza viruses. They will not help reduce symptoms associated with the common cold or many other flu-like illnesses caused by viruses that circulate in the winter.
Amantadine (Use For Influenza A Outbreaks Only)

Amantadine is no longer preferred for prophylaxis or treatment in institutional outbreaks of Influenza A, due to its limitations, adverse side-affects and the emergence of amantadine resistant strains of influenza A virus. Emergence of a resistant virus may result in prolongation of the outbreak or in a second outbreak wave.

If amantadine is used as prophylaxis, it should not be used for treatment in the same facility or home. A monitoring system needs to be in place to ensure that the patient is on the medication for not more than 48 hours after the end of symptoms and not more than a total of 5 days.

Side affects

<table>
<thead>
<tr>
<th>Age</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No renal impairment</td>
<td></td>
</tr>
<tr>
<td>1-9 years</td>
<td>5mg/kg once daily, or divided, twice daily, total daily dose not to exceed 150 mg</td>
</tr>
<tr>
<td>(use in children &lt;1 year of age has not been evaluated adequately)</td>
<td></td>
</tr>
<tr>
<td>10-64 years</td>
<td>200 mg once daily, or divided twice daily*</td>
</tr>
<tr>
<td>≥ 65 years</td>
<td>100 mg once daily</td>
</tr>
</tbody>
</table>

- Reduction of dosage to 100 mg/day is recommended for people with a seizure disorder, because they may be at risk of more frequent seizures where the dosage is 200 mg/day.
- For children who are 10 years of age but who weigh <40 kg, a dosage of 5 mg/kg/day is recommended regardless of age.
# Health & Environment Facts

## Renal Impairment

<table>
<thead>
<tr>
<th>Creatinine clearance (mL/min/1.73m²)</th>
<th>Dosage for those 10–64 years</th>
<th>Dosage for those ≥ 65 years</th>
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<tr>
<td>≥ 80 mL/min</td>
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<td>40–59 mL/min</td>
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</tr>
<tr>
<td>30–39 mL/min</td>
<td>200 mg twice weekly</td>
<td>100 mg twice weekly</td>
</tr>
<tr>
<td>20–29 mL/min</td>
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<td>10–19 mL/min</td>
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### Calculation of estimated creatinine clearance:

For males:

\[
CrCl \text{ ml/min} = \frac{(140 - \text{age}) \times \text{weight (kg)}}{\text{Serum creatinine (µmol/L) \times 0.81}}
\]

For females:

\[
CrCl \text{ ml/min} = 0.85 \times CrCl \text{ (male)}
\]

### Proposed once daily dosing schedule for amantadine solution (10 mg/ml) in persons > 65 years

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<td>100 mg</td>
<td>No daily dose; if outbreak continues, repeat 100 mg, dose every 7 days during outbreak</td>
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AMANTADINE DOSAGE
(USE FOR INFLUENZA A OUTBREAKS ONLY)

Amantadine is a drug that is used to control influenza A. However, it is no longer the preferred choice for prophylaxis or treatment in institutional outbreaks of Influenza A, due to its limitations, adverse side-effects, and the emergence of amantadine-resistant strains of influenza A virus. If amantadine is used as prophylaxis, it should not be used for treatment in the same facility or home. A monitoring system needs to be in place to ensure that the patient is on the medication for not more than 48 hours after the end of symptoms and not more than a total of 5 days.

Side effects
- **More common**
  - Agitation, anxiety, or nervousness; difficulty concentrating; dizziness or light-headedness; headache; irritability; loss of appetite; nausea; purplish red, net-like, blotchy spots on skin; trouble in sleeping or nightmares

- **Less common**
  - Constipation; diarrhoea; drowsiness; dryness of the mouth, nose, and throat; headache; vomiting; unusual tiredness or weakness

National Advisory Committee on Immunization\(^8\) recommended amantadine hydrochloride prophylactic dosage by age and renal status

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§ National Advisory Committee on Immunization (NACI), Statement on Influenza vaccination for the 2004-2005 season

*Use in children < 1 year of age has not been evaluated adequately.

**Reduction of dosage to 100 mg/day is recommended for people with a seizure disorder, because they may be at risk of more frequent seizures when the dosage is 200 mg/day.

†For children who are 10 years of age but who weigh < 40 kg, a dosage of 5 mg/kg/day is advised regardless of age.

‡The reduced dosage is recommended to minimize the risk of toxic effects, because renal function generally declines with age and because side effects have been reported more frequently in the elderly.

• **Calculation of estimated creatinine clearance:**

For males: \[ \text{CrCl} \text{ ml/min} = (140 - \text{age}) \times \text{weight (kg)} / \text{Serum creatinine (µmol/L)} \times 0.81 \]

For females: \[ \text{CrCl} \text{ ml/min} = 0.85 \times \text{CrCl (male)} \]

The following dosing schedule was developed to retain the efficacy of the standard NACI recommendations for dosage of amantadine, yet to be practical to administer without an increase in side effects. The disadvantage of this schedule is that, overall, more doses need to be administered. Homes should take the advantages and disadvantages of the two different schedules into consideration when selecting a regimen for their residents.
# Health & Environment Facts

Proposed once daily dosing schedule\(^\S\) for amantadine solution (10mg/ml) in persons > 65 years*

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\(^\S\) National Advisory Committee on Immunization (NACI), Statement on Influenza vaccination for the 2004-2005 season

* Daily dosing increments set at 2.5 mL to permit the use of medicine cups marked at 2.5 mL.

\(^\d\)No daily dose; if outbreak continues, repeat 100mg. dose every 7 days during the outbreak.

Source: A Guide to the Control of Respiratory Disease Outbreaks in Long-Term Care Homes, MOHLTC October 2004
### Facts

**TAMIFLU™ (OSELTAMIVIR)**

**What is TAMIFLU™?**
TAMIFLU™ (oseltamivir phosphate), is an oral anti-viral drug used for the treatment of uncomplicated influenza A and B in patients one year and older whose flu symptoms have not lasted more than two days. It can be used for preventing influenza during a confirmed institutional outbreak.

**How does it work?**
TAMIFLU™ treats flu at its source by attacking the virus that causes the flu, rather than simply masking symptoms. It can lessen symptoms, shorten the duration of the flu (i.e. reduce symptoms by 1 day) and basically makes the patient feel better sooner. It belongs to a group of medicines called neuraminidase inhibitors. These medications attack the influenza virus and prevent it from spreading inside your body. Treatment should begin no more than 2 days after the onset of symptoms of influenza (ideally within 40 hours).

**Before taking TAMIFLU™ consult with your doctor or health care provider if you:**
- are taking any other medications
- have any type of kidney disease
- are trying to become pregnant, are already pregnant, or are breast-feeding
- have had any previous reaction to TAMIFLU™ (oseltamivir phosphate)

**Treatment:**
The adult treatment dose is a 75 mg capsule twice daily for 5 days. TAMIFLU™ is excreted through the kidney therefore dosage adjustment is required for people with renal problems. It is recommended that the treatment dose be reduced in persons with creatinine clearance less than 30 mL/min.

**Possible Side Effects**
People may experience nausea and vomiting after taking the first dose, but it is usually mild and short lived. Taking TAMIFLU™ with food may reduce the potential for these side effects. Other less common side effects may include bronchitis, sleeplessness and vertigo.
Health & Environment Facts

Patient information:

- Follow the instructions on the label of the medicine or as directed by your doctor.
- Start to use the medicine as soon as possible after the flu symptoms start to get the most benefit.
- TAMIFLU™ will not help with a cold.
- Complete the five-day course and don't miss any doses.
- Antibiotics are only useful for treating bacterial infections. Because the flu is a viral infection, it cannot be treated with antibiotics.
- TAMIFLU™ has not been shown to treat flu-like illnesses caused by any virus other than influenza A and B (e.g. viral gastroenteritis (norovirus), common cold, or other respiratory illnesses not caused by influenza).

Other kinds of infections can appear like influenza or occur along with influenza, and need different types of treatment. Contact your health care provider if you feel worse or develop new symptoms during or after treatment, or if your influenza symptoms do not start to get better.

Some Differences between a cold and the flu:

- The flu is likely to keep you in bed feeling very exhausted, while a cold makes you feel tired but you can usually get out of bed.
- The flu is more likely to give you a high temperature and a headache than a cold.
- Body aches and pains can be quite severe with the flu whereas with a cold they are very minor or not at all.

TAMIFLU™ is not a substitute for the influenza shot. The influenza vaccine should be given annually in October/early November before influenza season starts.

For information, check the Health Unit website at www.publichealthgreybruce.on.ca or telephone (519) 376-9420 or 1-800-263-3456.
TAMIFLU™ (Oseltamivir) for Health Care Providers

Oseltamivir (Tamiflu™) is a prescription drug referred to as a neuraminidase inhibitor. Neuraminidase inhibitors are a class of antiviral agents that are active against both Influenza A and B. They are approved by Health Canada for prophylaxis and/or treatment of influenza in healthy adults and/or children. Currently, 2 products are available in Canada, Tamiflu™ and Relenza™ (Zanamivir).

Tamiflu™ is the recommended drug of choice for both prophylaxis and treatment in an influenza outbreak and is reimbursed under the Ontario Drug Benefit program for residents when used during a Public Health confirmed influenza outbreak in a healthcare facility.

<table>
<thead>
<tr>
<th>Prophylactic Dosage</th>
<th>Oseltamivir (Tamiflu™)</th>
<th>Zanamivir (Relenza™)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A No known renal disease, or if in the presence of renal disease and the serum creatinine is less than 150µmol/l</td>
<td>75 mg OD (once daily) for 14 days or until outbreak is declared over</td>
<td>Not applicable. Health Canada has not approved zanamivir (Relenza™) for use as a prophylaxis against Influenza A or B</td>
</tr>
<tr>
<td>B Known renal disease and a serum creatinine greater than 150µmol/l, or if on dialysis</td>
<td>75 mg OD x 5 days, stop for 5 days, then repeat 5 days on, 5 days off, then stop; or until outbreak is declared over</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Dosage</th>
<th>Oseltamivir (Tamiflu™)</th>
<th>Zanamivir (Relenza™)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A No known renal disease or serum creatinine &lt;150µmol/l</td>
<td>75 mg BID (twice daily) for 5 days</td>
<td>A No known renal disease</td>
</tr>
<tr>
<td>B Known to have renal disease, serum creatinine is 150-250µmol/l</td>
<td>75 mg OD daily for 5 days If on dialysis and creatinine is &gt;250µmol/l, and can not take zanamivir, oseltamivir 75 mg OD for 2 days</td>
<td>B Known renal disease and patient is on dialysis or has a serum creatinine of &gt;250 µmol/l</td>
</tr>
</tbody>
</table>
Health & Environment Facts

Measurement of serum creatinine and estimation of creatinine clearance is not required for the use of neuraminidase inhibitors. Measurement of serum creatinine is required only if there is a clinical reason to suspect a new onset of renal impairment.

Recommendations for Use in Institutional Outbreaks of Influenza

Treatment

- If treatment of influenza is started within 48 hours after the first symptoms, there is a modest reduction in symptom duration and severity and possible some reduction in the risk of complications.

- Treatment provided more than 48 hours after the onset of illness will not provide any benefit.

Prophylaxis

- Antiviral prophylaxis should be given to all residents who are not already ill with influenza, regardless of influenza vaccine status and to all unvaccinated staff.

- Unvaccinated health care workers who choose to take Tamiflu™ are able to work as soon as they start the medication. However, these workers must be alert to the signs and symptoms of influenza, particularly in the first 48 hours after starting the medication.

- Employees who receive their flu shot at the onset of the outbreak are considered unvaccinated for 2 weeks, and must take Tamiflu™ for 2 weeks from the date of vaccination.

- Prophylaxis is to continue until the outbreak is declared over. Under normal circumstances outbreaks are declared over 8 days after the onset of the last case.

- If respiratory symptoms develop in a patient on prophylaxis, the dose should be changed to the therapeutic dose and continued for a total of five days, starting from the day when the therapeutic dose was first given.

- Oseltamivir should only be given to a pregnant or lactating woman if the potential benefit justifies the potential risk to the fetus or nursing infant.

- Gastrointestinal upset has been noted as a side affect, it is recommended that Tamiflu™ be given with a snack or at mealtime. GI upset, if it occurs, is usually associated with the first dose.

Source: “A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes”, Public Health Division and Long-Term Care Homes Branch, Ministry of Health and Long-Term Care, October 2004
Facts

HOW TO TAKE A CHILD’S TEMPERATURE

Ways to Take the Temperature

There are four ways to take a child’s temperature:

1. by the mouth (oral)
2. by the bum (rectal)
3. in the ear (tympanic)
4. under the armpit (axillary)

The best method to choose for an exact reading depends on your child’s age:

- Older than 5 years: first choice—oral, second—ear, third—armpit.
- Between 2 and 5 years: best choice—rectal, second—ear, third—armpit.
- Birth to 2 years: best choice—rectal, second choice—armpit.

Types of Thermometers

- There are two types of glass thermometers: one for oral and axillary temperatures (it has a long slender bulb at one end, containing mercury) and one with a short, stubby, larger bulb for rectal temperatures. As the mercury expands, in response to the heat from the child’s body, it moves up the column.
- A digital thermometer can be used for rectal, oral and armpit temperature taking. It is made of unbreakable plastic, is easy to read and measures temperature faster than glass.
- Ear thermometers are available but are expensive.
- A fever strip is not recommended because it does not give an accurate temperature reading.

Mouth Method (Oral)

If you are using a glass thermometer:

- Be sure it is an oral thermometer.
- Clean the thermometer with cool, soapy water and rinse (hot water causes the mercury to expand and may burst the thermometer).
- Hold the thermometer at the end away from the mercury and shake it with firm downward flicks of the wrist so that the mercury goes below 36°C.
- Do not give the child cold or hot liquids for half an hour before taking his/her temperature.
- Carefully place the tip of the thermometer under the child’s tongue. Tell him/her to close the mouth but not to bite down.
- Note: This method is not recommended for children under 5 years of age.
- With the child’s mouth closed, leave the thermometer in place for 3 to 4 minutes. Stay with child and make sure he/she remains still.
Health & Environment Facts

How to Take a Child's Temperature

- Remove thermometer. Hold it near the light and slowly turn it until the line of mercury is seen. Read the temperature where the line of mercury ends.
- Clean the thermometer with cool soapy water and rinse. Use a cotton swab soaked in alcohol to rub down the thermometer.
- Store the thermometer in a container to prevent breakage.

If you are using a digital thermometer:
- Press the button to turn the thermometer on.
- Put the thermometer tip under tongue and close mouth.
- Wait for the thermometer to beep.
- Read the temperature on the display.
- Press the button to turn the thermometer off.
- To clean a digital thermometer, wash only the tip with soap and warm (not hot) water and wipe off with alcohol after use. Dry well.

Rectal Method
- If you are using a glass thermometer, be sure it is a rectal thermometer.
- Clean the thermometer with cool, soapy water and rinse (hot water causes the mercury to expand and may burst the thermometer).
- Hold the thermometer at the end away from the mercury and shake it with firm downward flicks of the wrist so that the mercury goes below 36°C (96.8°F).
- Cover the silver tip with petroleum jelly (such as Vaseline).
- Place the baby on his/her back with his knees bent.
- Gently insert the thermometer in the rectum, about 2.5 cm (1 inch), while holding it with your fingers.
- Hold for at least two minutes. Remove the thermometer. Hold it near the light and slowly turn it until the line of mercury is seen. Read the temperature where the line of mercury ends.
- Clean the thermometer with cool soapy water and rinse. Use a cotton swab soaked in alcohol to rub down the thermometer.
- Store the thermometer in a container to prevent breakage.

Ear Method
- Use a clean probe tip each time, and follow the manufacturer’s instructions carefully.
- Gently tug on the ear, pulling it up and back. This will help straighten the ear canal, and make a clear path inside the ear to the eardrum.
- Gently insert the thermometer until the ear canal is fully sealed off.
- Squeeze and hold down the button for one second.
- Remove the thermometer and read the temperature.
Note: This method is not recommended for children under one year of age.
Health & Environment Facts

How to Take a Child's Temperature (Continued)

Armpit Method (Axillary)

If you are using a glass thermometer:
• Clean the thermometer and shake down the mercury as in Mouth Method.
• Place the silver tip of the thermometer in the centre of the armpit.
• Make sure your child’s arm is tucked snugly against his/her body.
• Leave the thermometer in place for at least 4 minutes.
• Remove, read, clean and store the thermometer.

To use a digital thermometer:
• Press the button to turn the thermometer on.
• Put the thermometer in the centre of your child’s armpit. The silver tip must touch the skin.
• Hold the top of the thermometer with one hand and hold down your child’s arm with the other hand.
• Wait for the thermometer to beep.
• Read the temperature on display.
• Press the button to turn the thermometer off.
• To clean a digital thermometer, wash only the tip with soap and warm (not hot) water and wipe off with alcohol after use. Dry well.

What is a Normal Temperature?
The normal temperature varies, depending on the method you use:
• Mouth: 35.5°C to 37.5°C (95.9°F to 99.5°F)
• Rectum: 36.6°C to 38°C (97.9°F to 100.4°F)
• Ear: 35.8°C to 38°C (96.4°F to 100.4°F)
• Armpit: 34.7°C to 37.3°C (94.5°F to 99.1°F)

For more information, please contact your physician or the Health Unit at 376-9420

Reference: Canadian Draft Pandemic Influenza Plan, 2002
Facts

HOW TO TAKE YOUR TEMPERATURE
For People Over the Age of 5

Normal body temperature is regulated between 35.8°C and 37.2°C in healthy people. It may vary by 0.5 - 1 degree during the day. Body temperature shows a definite pattern: low in the morning, gradually increasing during the day, and reaching its maximum during the late afternoon or evening.

There are three ways in which an adult’s temperature is usually taken:
1. by the mouth (oral)
2. in the ear (tympanic)
3. under the armpit (axillary). This method is less accurate, and is usually only used if the person is extremely drowsy or not clear mentally.

Types of Thermometers
• There are two types of glass thermometers: one for oral and axillary temperatures (it has a long slender bulb at one end, containing mercury) and one with a short, stubby, larger bulb for rectal temperatures. Rectal thermometers are usually used for children under 5 years. (See How to Take a Child’s Temperature) As the mercury expands, in response to the heat from a person’s body, it moves up the column.
• A digital thermometer can be used for oral, armpit, and rectal temperature taking. It is made of unbreakable plastic, is easy to read and measures temperature faster than glass.
• Ear thermometers are available but are expensive.
• A fever strip is not recommended because it does not give an accurate temperature reading.

Mouth Method (Oral)
If you are using a glass thermometer:
• Be sure it is an oral thermometer.
• Clean the thermometer with cool, soapy water and rinse (hot water causes the mercury to expand and may burst the thermometer).
• Hold the thermometer at the end away from the mercury and shake it with firm downward flicks of the wrist so that the mercury goes below 36°C.
Health & Environment Facts

- Make sure that you (or the person whose temperature is being taken) have not smoked a cigarette, had a hot or cold drink or taken a hot bath for half an hour, or the reading will not be accurate.
- Carefully place the silver tip of the thermometer under the tongue. Close mouth but do not bite down. This method is not recommended for children under 5 years of age.
- With mouth closed, leave the thermometer in place for 3 to 4 minutes.
- Remove the thermometer. Hold it near the light and slowly turn it until the line of mercury is seen. Read the temperature where the line of mercury ends.
- Clean the thermometer with cool soapy water and rinse. Use a cotton swab soaked in alcohol to rub down the thermometer.
- Store the thermometer in a container to prevent breakage.

If you are using a digital thermometer:
- Press the button to turn the thermometer on.
- Put the thermometer tip under tongue and close mouth.
- Wait for the thermometer to beep.
- Read the temperature on the display.
- Press the button to turn the thermometer off.
- To clean a digital thermometer, wash only the tip with soap and warm (not hot) water and wipe off with alcohol after use. Dry well.

Ear Method
- Use a clean probe tip each time, and follow the manufacturer’s instructions carefully.
- Gently tug on the ear, pulling it up and back. This will help straighten the ear canal, and make a clear path inside the ear to the eardrum.
- Gently insert the thermometer until the ear canal is fully sealed off.
- Squeeze and hold down the button for one second.
- Remove the thermometer and read the temperature.

Armpit Method (Axillary)
If you are using a glass thermometer:
- Clean the thermometer and shake down the mercury as in Mouth Method.
- Place the silver tip of the thermometer in the centre of the armpit.
- Make sure the person’s arm is held snugly against his/her body (forearm across chest).
- Leave the thermometer in place for at least 4 minutes.
- Remove, read, clean and store the thermometer as in Oral Method.
- Axillary temperatures are generally 0.6°C (1.0°F) lower than the oral readings.
**Health & Environment Facts**

*To use a digital thermometer:*

- Press the button to turn the thermometer on.
- Put the thermometer in the centre of the person’s armpit. The silver tip must touch the skin.
- Hold the top of the thermometer with one hand and hold down the person’s arm with the other hand.
- Wait for the thermometer to beep.
- Read the temperature on display.
- Press the button to turn the thermometer off.
- To clean a digital thermometer, wash only the tip with soap and warm (not hot) water and wipe off with alcohol after use. Dry well.

Reference: Canadian Draft Pandemic Influenza Plan, 2002

For more information, please contact your physician or the Health Unit at 376-9420
DOES YOUR INFANT OR YOUNG CHILD (BIRTH TO 6 YEARS) HAVE THE FLU?

START

Is your child's temperature 38°C (100.4°F) or higher?

NO

If your child has symptoms/behavior that are not on this chart & you are concerned, call your doctor or Health Help Line for advice.

YES

Does your child have:
• Severe trouble breathing
• Blue lips
• Limp or unable to move
• Hard to wake up, unusually quiet or unresponsive
• Stiff neck
• Seems confused
• Seizure (fit)
• Less than 1 wet diaper in 12 hours

NO

Does your child have:
• Trouble breathing
• A temperature over 39°C (102°F) - rectal or 38°C (100.4°F) armpit if 6 months to 3 years old; 39.4°C (103°F) - rectal or 38.8°C (101.8°F) ear or 38.4°C (101.2°F) armpit if older than 3 years
• Constant irritability and is not calming down
• Extreme lethargy - they are never interested in playing with toys
• A fever lasting more than 5 days
• Takes in less than 1/2 the usual amount of fluids or does not urinate at least every 6 hours while awake (or wet fewer than 4 diapers in 24 hours)
• Vomiting for more than 4 hours
• Severe diarrhea?

YES

Go to the hospital emergency department or call 911 immediately

NO

Take your child to be seen by a doctor

NO

Does your child have:
• Chronic heart or lung disease requiring regular medical care
• A chronic illness such as diabetes, cancer which is receiving treatment, diseases/treatments that affect the immune system (e.g. HIV/AIDS), kidney disease
• A condition requiring regular use of ASA (acetylsalicylic acid)
• Is your child under six months of age?

YES

Call your doctor or Health Help Line for advice.

NO

Possible Cause:
Uncomplicated Flu*

*Uncomplicated Flu: Usually the symptoms start to clear up in 5-7 days

Source: Canadian Pandemic Influenza Plan Feb. 2004, Annex G, Pg 262
DOES YOUR OLDER CHILD (AGE SIX YEARS TO ADOLESCENCE) HAVE THE FLU?

START

Is your child's temperature 38°C or higher?

NO

Is your child: • Short of breath while resting or doing very little • Finding breathing difficult or painful • Wheezing • Has a temperature over 39°C (102°F) • Vomiting for more than 4 hours • Hard to wake up, unusually quiet or unresponsive.

YES

Take your child to be seen by a physician

NO

Does your child have:

• Chronic heart or lung disease requiring regular medical care
• A chronic illness such as diabetes or cancer, which is receiving treatment
• Diseases/treatments that affect the immune system (e.g. HIV/AIDS), kidney disease.
• A condition requiring regular use of ASA (acetylsalicylic acid) e.g. aspirin

YES

Call your doctor or Health Help Line for advice.

NO

Does your child have a dry cough and any of: • Aching muscles • Headache • Extreme tiredness • Sore throat • Runny/stuffy nose

YES

Possible cause: Uncomplicated Flu*

NO

If your child's symptoms do not match the ones on this chart and you are concerned, call your doctor or Health Help Line for advice.

*Uncomplicated Flu: Usually the symptoms start to clear up in 5-7 days
Source: Canadian Pandemic Influenza Plan, Feb. 2004, Annex G
SELF CARE DECISION TREE FOR ADULTS

START

Is your temperature 38°C* or higher?  

NO  

YES

Do you have a sore throat, stuffy or runny nose?  

YES

Possible cause: Uncomplicated cold

NO

If your symptoms do not match the ones in this chart and you are concerned call your doctor /Health Help Line

Do you have a dry cough and any of:
• Aching muscles
• Headache
• Extreme tiredness
• Sore throat
• Runny/stuffy nose

NO

YES

Do you have:
• Chronic heart or lung disease requiring regular medical attention?
• A chronic condition such as diabetes, cancer, for which you are receiving treatment, diseases or treatments that affect the immune system e.g. HIV/AIDS, kidney disease?
• Difficulty getting around/doing daily activities because of general weakness?
• Are you pregnant?

NO

YES

Call your doctor now

Are you:
• Short of breath while resting or doing very little
• Finding breathing difficult or painful
• Wheezing
• Feeling very drowsy and others have difficulty waking you up or note you seem confused/disoriented

YES

Seek medical attention. Call your doctor, emergency medical services (EMS) or Health Help Line

NO

Possible cause: Uncomplicated Flu**

*For people older than 75 years, the temperature may be lower e.g. 37.2°C
**Uncomplicated Flu: Usually the symptoms start to clear up in 5-7 days

Source: Canadian Pandemic Influenza Plan, Feb. 2004, Annex G, Pg 260
Facts

WHEN YOUR CHILD IS SICK WITH INFLUENZA

Older children and teenagers have the same symptoms of influenza as adults. Very young children and infants probably have similar symptoms, but do not know how to tell people they have sore muscles or a headache. These children may be irritable and eat poorly. They sometimes develop a hoarse cry and barking cough (croup). Younger children may also have diarrhea, vomiting and stomach pain—especially children under six months.

Some of the things you can do for your child are:

• Give acetaminophen or ibuprofen for fever in the dose recommended on the package (unless your doctor says otherwise). **DO NOT GIVE ASPIRIN.**
• Do not expect to be prescribed antibiotics for uncomplicated influenza, as they will have no benefit. Antibiotics may be prescribed for complications of influenza such as pneumonia or ear infection.
• Dress the child in lightweight clothing and keep the room temperature at 20°C.
• Offer cool fluids frequently when the child is awake.
• Avoid cool baths.
• Allow the child to rest and stay at home if possible for 6 days or more, to ensure the virus isn’t spread to others
• Use salt-water nose drops to treat a stuffy nose.
• Throw away tissues as soon as you have wiped your child’s nose. Teach the child to cover their mouth when they cough or sneeze and then immediately throw the tissue away. Wash your hands often and teach your child to do so after wiping the nose.

Take your child to the doctor if your child:

• Has heart or lung disease or any chronic illness requiring medical care; has a disease or is taking drugs or treatments that affect the immune system; takes acetylsalicylic acid (ASA) e.g. aspirin regularly for a medical condition;
• Has trouble breathing;
• Is less than 6 months old and has any temperature over 38.5°C;
• Is constantly irritable and will not calm down;
• Is listless and not interested in playing with toys;
• Has a fever that lasts more than 5 days;
• Drinks so little fluid that they are not urinating at least every 6 hours when awake;
• Has vomiting for more than 4 hours, or has severe diarrhea;
• Note: green or yellow nasal discharge does not mean a child has a bacterial infection and needs antibiotics.
Health & Environment Facts

Take your child to the hospital emergency department or call 911 if your child:

- Has severe trouble breathing not caused by a stuffy nose
- Has blue lips
- Is limp or unable to move
- Is hard to wake up, unusually quiet or unresponsive
- Has a stiff neck
- Seems confused
- Has a seizure (convulsion/fit)
- Has not had a wet diaper in 12 hours.

WHAT YOU CAN DO FOR YOURSELF WHEN YOU HAVE INFLUENZA

REST – Probably, you will feel very weak and tired until your temperature returns to normal (about 3 days), and resting will provide comfort and allow your body to use its energy to fight the infection. You should avoid contact with others while the infection is contagious (at least six days after the first symptom appears).

DRINK PLENTY OF FLUIDS – Extra fluids are needed to replace those lost because of fever (sweating). If your urine is dark, you need more to drink. Liquids, especially warm ones like chicken soup, help loosen mucus. Try to drink a glass of juice/water or an equal amount of some other fluid every hour while you are awake.

TAKE ACETAMINOPHEN –or ibuprofen as recommended on the package to bring down your fever and ease your muscle pain (unless your doctor says otherwise). Children under 18 years of age should not take aspirin (ASA) or any products containing aspirin (ASA). The combination of influenza and aspirin in this age group has been known to cause Reye’s syndrome, a very serious condition affecting the nervous system and liver. Antibiotics are not effective against influenza because it is a virus, and antibiotics fight bacteria. A hot water bottle or heating pad may also relieve muscle pain. A cup of Epsom salts in a warm bath may be soothing.

GARGLE – with a glass of warm water to ease a sore throat. Sugarless hard candy also helps, as do lozenges.

USE SALINE NOSE DROPS OR SPRAY (ones that contain salt water but no medicine) to help soothe or clear a stuffed nose. Try not to blow your nose as this could send infected secretions into your sinuses. Wipe your nose with disposable tissues and put them in the garbage can immediately. Cover your nose and mouth with tissues when you cough or sneeze and throw them in the garbage as well. Wash your hands often.

DO NOT SMOKE – it is very irritating to the damaged airways.

If you are a single parent, or you are responsible for the care of someone who is frail or disabled, you may need to call someone to help you until you are feeling better.

If you buy medicine at the drug store to treat your symptoms (“over-the-counter” medications), check with the pharmacist to see if it is the best one for you. Mention if you have a chronic illness or are taking any other medicine.
**Health & Environment Facts**

**CALL YOUR DOCTOR IF ...**

If you are a normally healthy person and have been suffering with the flu, it is time to call the doctor, EMS (emergency medical services) or health help line if:

- You become short of breath while resting or doing very little;
- Breathing is difficult or painful;
- You are coughing up bloody sputum;
- You are wheezing;
- You have had a fever for three or four days and you are not getting better—or you may be getting worse;
- You have started to feel better, and suddenly you get a high fever and start to feel sick again;
- It is noted by yourself and others that you are extremely drowsy and difficult to wake up or that you are disoriented or confused;
- You have extreme pain in your ear.

Seek medical care as soon as possible, in order to prevent your condition from worsening. Bacteria may have invaded your damaged tissues. At this point your doctor may consider giving you an antibiotic.

*Source: Canadian Pandemic Influenza Plan Feb. 2004, Annex G, pg. 251*
APPENDIX F: WEBSITES

USEFUL WEBSITES ON INFLUENZA

  • Includes Canadian Pandemic Influenza Plan
  • Includes avian influenza
  • Includes flu information
  • Includes flu watch which summarizes influenza surveillance activities in Canada

Ontario Ministry of Health and Long Term Care http://www.health.gov.on.ca
  • Ontario Health Pandemic Influenza Plan

Centers for Disease Control and Prevention (CDC) http://www.cdc.gov
World Health Organization http://who.int

  • Includes how to prepare for emergencies
APPENDIX G: CHECKLISTS

PREPAREDNESS CHECKLIST FOR YOUR AGENCY

The Pandemic Preparedness Checklist is also a booklet that is available at http://www.publichealthgreybruce.on.ca in a printable format.
Introduction

Pandemic influenza is an outbreak of influenza occurring over a wide geographic area of the world affecting many people in many countries. Epidemics of influenza have been known to occur for centuries. Three influenza pandemics have occurred in the past century: Spanish (1918), Asian (1957) and Hong Kong (1968). It is estimated by experts that another pandemic will occur, so undertaking pandemic planning needs to be done internationally, nationally, provincially, and locally.

Public Health began developing their pandemic plan in 2001 with community input. The Pandemic Influenza Contingency Plan has been prepared to allow Grey Bruce to better respond to a pandemic. It is intended to complement the Emergency Response Plan as well as the municipal Emergency Response Plans and the Ontario Health Plan for an Influenza Pandemic. It is a living document that is reviewed and amended based on new scientific developments and planning information provided by the counties as well as the provincial and federal pandemic planning agencies. The Plan can be viewed at www.publichealthgreybruce.on.ca.

Unplanned events can have a devastating effect on businesses and can make it difficult or even impossible to carry out day-to-day activities. This could cause the loss of important customers or cause you to go out of business. With good planning the potential impact can be minimized. A carefully thought out business continuity plan will make coping in a crisis easier and may enable you to minimize disruption to the business. This pandemic preparedness checklist for your agency has been prepared to assist in assessing your organization’s pandemic influenza preparedness.

Pandemic planning is an organization-wide project and should incorporate all aspects of your business in order to be successful. For ease of use, the checklist has been divided into subject areas. Use these general areas to begin assessment and to help identify key departments that should be involved in planning.

- Planning Committee
- Decision Making and Reporting
- Activation/Termination of Pandemic Influenza Response
- Infrastructure
- Vaccines and Antivirals
- Surveillance
- Logistics
- Records and Record Keeping

- Delivery of Services
- Materials and Supplies
- Health Care and Health Care Services/Institutions
- Human Resources
- Communication
- Training and Orientation
- Testing of Plan
- Post-pandemic
Planning Committee

An internal planning committee made up of members from all areas of the organization can give insight to the required details for planning. Identify key roles your organization and ensure all areas are represented.

☐ Who internally needs to be on the planning committee?
☐ Who externally needs to be on the planning committee?
  ☐ Elected officials?
  ☐ Police and other first responders?
  ☐ Hospital/Long Term Care Homes/Home care sectors?
  ☐ ER physicians/family practitioners/infectious disease practitioners?
  ☐ Laboratories/pathologists?
  ☐ Municipal Emergency Management?
  ☐ Communications/media?
  ☐ Mortuary services?
  ☐ Legal?
  ☐ Community services (water, sewage, utilities, etc.)?
  ☐ Labour unions or bargaining agents?
☐ Who is identified as being in charge in the event of a pandemic episode and are the roles of the various stakeholders clearly defined? Who makes what decisions? Who notifies the various stakeholders? A list outlining key stakeholders, including roles and contact information, can be helpful.
☐ All municipalities are required to have emergency preparedness plans. Is your pandemic influenza plan integrated with your community’s emergency preparedness plan(s)? Have you reviewed the Public Health plan and the provincial plan, to ensure your plan takes into account what will be happening in the community?
☐ Who has responsibility for procurement matters, such as ordering resources and/or equipment during an emergency episode? Who is that person’s back-up?
☐ Who needs to approve the pandemic response plan?
Decision Making and Reporting

In order to be able to make clear and timely decisions and to have a uniform plan it is essential to know who is in charge of required activities related to your organization and how that might change if a limited outbreak becomes a pandemic.

- Who will be in charge of organization services and decision making (including when to implement your pandemic plan) regarding services during a pandemic?
- What departments/programs/components of your organization are essential? Are there any departments/programs that can be shut down? How could resources/personal be redirected from these areas to essential areas?
- What will be the mechanism for reporting to Public Health or local councils if requested?
- Is there a contact list of all employees (including those recently retired who may be able to assist if required) and does your organization maintain a fan-out list?
- Is there a contact list of all internal and external client and partner organizations and stakeholders?
- Is there a contact list of all senior staff within your organization (including home contact information) in the event of emergency decision making?
- If public transportation became a problem, can employees arrange alternate forms of transportation to work?
- If necessary, could staff live at the work location for some period of time?
- Have you prepared site-specific notification for office closures and contacts for the public?
Activation/Termination of Pandemic Influenza Response

The decision to activate your organizational pandemic plan could be based on direction from government, Public Health or an internal committee. The decision to activate the plan is a difficult one, and clear responsibilities set out ahead of time will aid in the decision making process. In case of illness the decision makers in your organization require back-up decision makers who are aware of the organization’s plan.

- Who has responsibility for activating the pandemic influenza response plan in your organization? Who is that person’s back-up?
- Who are your organizations decision makers? Who are the alternate decision makers?
- What cross-training do these back-up employees require to do the job?
- Identify the process within your organization through which the decision will be made to terminate the pandemic influenza response plan.

Infrastructure

Infrastructure refers to the structure of your organization and its role within the community. How might this change during a pandemic and how would you respond to the community? Can you ensure that you can meet the following needs of the public as they apply to your organization?

- What is the role of your organization with respect to the availability, provision and security of safe drinking water and food?
- What is the role of your organization with respect to mass feeding programs?
- What role does your organization play with respect to mass housing or housing those with special needs, e.g., the ill, elderly, children etc.?
- What role can your organization take on with respect to home care and childcare?
- What role can your organization take with respect to increased death rates? Do you have a role in funeral services? Burials?
- What is the role of your organization with respect to maintaining uninterrupted sanitation services, e.g. sewage system, garbage, landfill etc.?
- What is the role of your organization with respect to public communications? Do you work in media (e.g. radio, newspaper) that is integral to public knowledge?
Vaccines and Antivirals

Influenza vaccine is the most effective preventive measure available. The implementation of a yearly routine vaccination program will prevent illness in your organizations employees. When a vaccine that matches the pandemic strain is made available, having a structure in place to both assist and track employee vaccination will be beneficial.

☐ If your organization is involved with the provision of essential services (such as, health care workers, or emergency/essential service workers) has your organization developed a priority list for vaccinations and for making antiviral medication available to employees?
☐ If your organization does not provide the above services, how will you communicate to your employees about the location of community immunization clinics?
☐ Do you have a mechanism in place to track employee immunizations?

Surveillance

Surveillance consists of ongoing collection, interpretation and dissemination of pandemic data to enable the development of evidence-based interventions. Public Health will be conducting community wide surveillance to track the disease and determine interventions. Public Health will be monitoring the community’s illness rates through contacts with hospital infection control, large workplaces and community physicians that have agreed to provide illness rates. Schools and daycares are also required to report illness rates to Public Health. Internal monitoring for illness among staff and notifying Public Health if you see a large number of ill employees will help with overall community surveillance. Conducting internal surveillance will also help determine worker availability.

☐ Who in your organization has the responsibility of monitoring staff illness/ availability? Who is that person's back-up?
☐ Who needs to receive surveillance data locally and how will the information be disseminated in a timely manner? What networks are already in place?
Logistics

Implementation of your pandemic plan is essential for your organization to run smoothly during a pandemic. Having your organization in working order allows employees to continue working to their best ability while under stressful circumstances.

☐ Who has signing authority for expenditures during a pandemic episode? Who is that person's back-up?
☐ Are there clearly stated policies and procedures that cover signing authority and acquisitions? Do they include authority in the event of an emergency/pandemic situation?
☐ What is the staff capacity of your organization and are there provisions to bring in additional staff, retired staff and/or volunteers?
☐ Has an inventory been prepared for specialized equipment/facilities that may be needed during a pandemic episode?
☐ Is there a mechanism that will ensure that additional equipment, such as pagers, cell phones, etc., can be obtained with minimum delay?
☐ Who has authority for ordering repair/replacements for equipment? Who is that person's back-up?

Records and Record Keeping

Keeping records for your business could be essential after a pandemic. Has your organization developed appropriate record keeping procedures for items, such as:

☐ Complaints and issues raised during a pandemic episode?
☐ Significant decisions that were made during the pandemic influenza episode?
☐ Employee illness and availability?
Delivery of Services

During a pandemic your organization’s staff may be reduced substantially. As a result, some services provided by your organization may need to be temporarily stopped. Deciding ahead of time what services are not essential and when to discontinue them is important.

- Have services in your organization been prioritized across departments and within departments to take into account minor to major lack of staff availability due to illness? Will you be able to operate with 1/3 of your staff off ill? What are your priority departments/services/programs?
- Who will make decisions about reducing levels of service and/or terminating services temporarily?
- Is there a pre-approval process in place for purchasing additional supplies? If not, how long does it take for approval to be granted?
- How will reduction/temporary termination of regular services be communicated to local stakeholders and the public?
- Could any of your organizations services be provided from another work location?

Materials and Supplies (see Appendix II)

Basic materials and supplies are necessary for regular day-to-day functioning. Employees may be temporarily unable to complete day-to-day work tasks without the availability of supplies and equipment. This in turn will put your organization on hold until the supplies and materials become available again.

- Are you currently stocked with all necessary supplies for regular day-to-day functions? How long will they last?
- Does your organization have contact lists for all your suppliers/alternate suppliers?
- Does your organization have access to inventory (including serial numbers) of all computer equipment, printers, fax machines, and photocopiers for repairs?
- Does your organization have contact lists for all equipment repair persons?
- Who authorizes repairs and supply/equipment orders? Are there other employees who can take over this responsibility in the event of a pandemic outbreak?
Health Care and Health Care Services/Institutions

During a pandemic the health care sector will have many demands put upon it. What is the role of your organization with respect to assisting with service demands in the health care sector? Do you provide service in…

☐ Health care facilities? Long-term care facilities? Homes for the aged? Homes for special care?
☐ Patient transportation?
☐ Intake/triage?
☐ Patient care (both pandemic and non-pandemic patients)?
☐ Food service/sanitation?
☐ Has your organization developed a list of skills and professional competencies of your staff that are transferable to health care institutions?
☐ Has relevant staff been made aware of the infection control guidelines, clinical care guidelines and triage guidelines that are available through Health Canada?
☐ Have support services been planned for health care workers, such as transportation, day-care, meals, psychological support, and grief counselling?
☐ Has a recovery phase been planned for (i.e. depleted supplies, backlogs)?
☐ Have services been prioritized?
Human Resources

Human resources is required to keep track of employee absenteeism within your organization. Having a contact list of people to call to fill in for regular staff is important and can be beneficial for any emergency. It is important to remember that regular job descriptions may change during an emergency, such as a pandemic.

☐ Has your organization prepared an inventory of staff skills in the event that people from your organization are required to perform duties/functions in other departments/organizations to maintain essential services?
☐ Do you currently have adequate staffing for regular day-to-day function?
☐ Is there a current list of staff complete with telephone numbers? Who is responsible to ensure that it remains current?
☐ Do employees have access to a list of all employees and relevant stakeholders?
☐ Who may be contacted in the event of extreme staff shortages?
☐ Is there a current list of recently retired staff and their telephone numbers?
☐ Have volunteer/re-assigned staff members’ liability issues been addressed?
☐ In the event of a staff shortage, what roles/responsibilities would be taken on by external contract workers and volunteers and what roles/responsibilities would be taken on by co-workers?
☐ Who has the authority to hire contract/temporary workers and to take on volunteers? Is there a back-up person for this job?
☐ Who will be in charge of communicating to the employees in your organization? Do you have a back-up person or persons to take on this responsibility?
☐ Who will represent your organization on community emergency response teams and are there back-ups to those persons?
☐ Who will be responsible for payment issues related to overtime and/or additional salary issues? Is there a back-up person or persons to take on this responsibility?
☐ Have employee unions been notified regarding changes that may occur in a pandemic situation?
☐ Do you have a buddy system for reporting illness during pandemic?
Communication (see Appendix I)

Communication strategies are an important component in managing any infectious disease outbreak and are essential in the event of a pandemic. Accurate and timely information at all levels is critical in order to minimize unwanted and unforeseen social disruption and economic consequences and to maximize the effective outcome the response.

☐ Who has the primary responsibility for communicating with the public? Who is that person’s back-up?
☐ Are there people in your organization who have sole access to incoming information, such as incidence reports, complaints, etc.? Who is their back-up?
☐ Does your organization maintain a central inventory of passwords to office equipment and electronic files? Where is this located?
☐ If your information technology person is ill, to whom can you turn if you were experiencing computer problems?
☐ How does your staff communicate with each other during office hours and after office hours? Is there an alternate form of communication they can rely on, such as cell phones, pagers, etc.?
☐ Who do your employees communicate with externally on a daily/weekly basis? If employees are sick, who could contact these external people?
☐ Who are your security contacts if there is a problem with physical access to your work location and who are their back-ups?
☐ If mail service is interrupted are there critical items that you would need to make alternative arrangements for delivery or receipt?
☐ Does your organization have occasion to send out time-sensitive letters or documents and is there a back-up system for them?
☐ How are courier packages generally sent out and received?
☐ What medium will be used for public service announcements and news releases? Do you have public service announcements prepared in advance for television, radio and print outlets? Have trusted media contacts been identified?
☐ Who is authorized to issue public service announcements/news releases? Is there a back-up? How fast can they be produced and approved?
☐ Will there be a website/telephone call-in line to update Public Health, local employees and the public with the latest pandemic news?
Training/Orientation

Once your plan has been developed it is important to orient your staff to the plan and train them appropriately. Holding education sessions to help raise awareness of the threat of a pandemic and what that means for them at work and home. Staff should have input on the development of the plan as they will be the ones affected during a pandemic.

☐ What are the training needs for internal staff and external stakeholders pertaining to pandemic influenza and your organizations’ pandemic influenza response plan? What additional training will be required?

☐ Does staff have adequate understanding of their role in preventing the spread of disease, such as staying home from work if they’re ill, practicing respiratory etiquette, getting routine immunizations, safe use of personal protective equipment if needed (ie. gloves, masks, gowns), and a working understanding of universal precautions? How will staff receive this training?

☐ Has staff been educated regarding home emergency preparedness?

☐ Have education materials been pre-prepared?

☐ Has staff cross-training been addressed? Is there a way to implement cross-training experiences before a pandemic to help if staff illness rates require re-organization of duties?

Testing of Plan

Working through your plan will help to bring out details that may have been missed. Having a tabletop exercise with staff is an excellent teaching opportunity as well as a way to get input from staff surrounding details that can be incorporated into your organizations’ pandemic influenza plan.

☐ How will you test and/or evaluate your pandemic influenza response plan?

☐ How will you test your communication systems, such as fan-out?
Post-Pandemic

It is important to realize that after the initial outbreak of a pandemic, a second and possibly third wave may occur. Reviewing and evaluating your records from the first wave can be beneficial to your organization. Planning for the pandemic can be just as important as planning for after the pandemic because you will want to get your organization running again at full service as soon as possible.

☐ Prepare for the 2nd/3rd waves of an outbreak.
☐ What are the immediate lessons learned from the previous wave?
☐ In the event of reduction and/or termination of services during a pandemic episode, who will decide to reinstate full service?
☐ Who will have the authority to notify the various employees, clients and stakeholders regarding services offered by your organization?
☐ Who will be responsible for evaluating your response to the pandemic?
☐ What factors should be examined as part of the evaluation?
☐ Have psycho-social services been provided for?
Appendix I: Emergency Risk Communications -
Anticipated Questions/Immediate Response to Inquiries

Emergency Risk Communication: Anticipated Questions

Individuals/employees want your message to answer:

☐ Am I and my family safe?
☐ What have you found that will affect me and my family?
☐ What can I do to protect me and my family?
☐ Who (what) caused this problem?
☐ Can you fix it?

The media and communities want your message to answer:

☐ Who is in charge here?
☐ How are those who got hurt getting help?
☐ Is this thing being contained?
☐ What can we expect?
☐ What should we do?
☐ Why did this happen? Don’t speculate. Repeat facts of the event, describe data collection effort and describe treatment from fact sheets.
☐ Did you have forewarning this might happen?
☐ Why wasn’t this prevented from happening (again)?
☐ What else can go wrong?
☐ When did you begin working on this (ie. were notified of this, determined this, etc.)?
☐ What does this data/information results mean?
☐ What bad things aren’t you telling us? Don’t forget the good.
## Appendix II: Emergency Operation Centres & Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Number Required</th>
<th>Current Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large room able to hold 50 to 100 people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smaller room for meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large room for media conferences (with multimedia projector, lighting, sound system, screen audio pool feed-boxes for media, chairs, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard copies of important information</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Numerous jacks for laptop computers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satellite telephones</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Telephones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell phones</td>
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<td></td>
<td></td>
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<tr>
<td>Pagers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Short wave radios</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desktop computers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Laptop computers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Printers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video and cassette recorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerous power outlets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulletin boards, flip charts and markers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photocopier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax machine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desks and chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency generator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Megaphone</td>
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</tr>
</tbody>
</table>
HEALTH COMMUNICATION ACTION STEPS

1. Get Started
   a. Conduct a situational assessment - time, money and other resources, data-gathering and interpretation, decision-making, meaningful participation
   b. Involve key power figures and groups in mass media organizations and government in its design
   c. Examine how to influence the individual, social networks, organizations and society

2. Analyze and Segment Audiences
   a. Analyze audience - interviews, focus groups, psychographics characteristics

3. Develop an Inventory of Communications Resources

4. Set Communication Objectives
   a. Specific
   b. Measurable
   c. Attainable
   d. Realistic
   e. Time-limited

5. Select Channels and Vehicles
   a. Media - print, newsletter, radio, television, outdoor, telephone, mail, point of purchase, curricula, computer-based
   b. Interpersonal - presentations, training
   c. Events - community-wide, specific groups

6. Combine and Sequence Your Activities

7. Develop the Message
   a. The What
   b. The So What
   c. The Now What
   d. The Appropriate Approach - tone, source, type of appeal

8. Develop a Project Identity
   a. Name
   b. Position statement
   c. Logo
   d. Images
   e. Other considerations

9. Develop Materials
   a. Producing campaign materials
   b. Getting the product out on time

10. Implement Your Campaign

11. Evaluate Your Campaign
Emergency Risk Communication: Immediate Response to Inquiries

By phone to media:

- “We’ve just learned about the situation and are trying to get more complete information now. How can I reach you when I have more information?”
- “All our efforts are directed at bringing the situation under control, so I’m not going to speculate about the cause of the incident. How can I reach you when I have more information?”
- “I’m not the authority on this subject. Let me have XXXX call you right back.”
- “We’re preparing a statement on that now. Can I fax it to you in about two hours?”
- “You may check our web site for background information and I will fax/email you with the time of our next update.”

At incident site or press availability:

Response to Inquiries (You are authorized to give out the following information)

Date: Time: Approved by:

This is an evolving emergency and I know that, just like we do, you want as much information as possible right now. While we work to get your questions answered as quickly as possible I want to tell you what we can confirm right now:

At approximately, _________ (Time), a (brief description of what happened) _________

At this point, we do not know the number of (persons ill, persons exposed, injuries, deaths, etc.)

We have a system (plan, procedure, operation) in place for just such an emergency and we are being assisted by (police, FBI, EOC) as part of that plan.

The situation is (under) (not yet under) control and we are working with (local, state, federal) authorities to (e.g., contain this situation, determine how this happened, determine what actions may be needed by individuals and the community to prevent this from happening again.)

We will continue to gather information and release it to you as soon as possible. I will be back to you within (amount of time, two hours or less) to give you an update. As soon as we have more confirmed information, it will be provided. We ask for your patience as we respond to this emergency.
Source: CDC Public Health Training Network satellite and web broadcast CDC Responds: Risk Communication and Bioterrorism December 06, 2001

Videotapes: To order a copy of this broadcast, call the Public Health Foundation at 1-877-252-1200 (US) or 301-645-7773 (International) 9:00 AM – 5:00 PM EST or email them at info@phf.org. When emailing a request for a videotape, please indicate Risk Communications and Bioterrorism in the subject line.
CONTACTS
STAKEHOLDERS

Health Care Sector
- Hospitals
- Community Care Access Centres
- Community Health Care Agencies / Providers / Associations / VON
- Physicians / Local Clinics
- Pharmacists
- Long Term Care Facilities / Retirement Homes
- Laboratories - Public Health / Private
- Federal / Provincial Health Contacts
- Coroners
- Grey Bruce Huron Perth District Health Council
- Aboriginal Health Services
- Public Health Unit

Social Support
- Child Care / Services
- Mortuary / Funeral Homes
- Mental Health / Bereavement
- Volunteer Agencies
- Churches
- Community Service Organizations
- Social Services

Emergency Services Sector
- Emergency Services Personnel
- Police
- Fire
- Red Cross
- St. John Ambulance
- Emergency Management Ontario

Government Sector
- Municipal Leaders
  - Council Members
  - Departments / Services
    - Public Works
    - Transportation
    - Arenas
    - Cemeteries
    - Airport Services
- Libraries
- First Nations Governments
- Correctional Services
- Federal / Provincial Governments
  - Federal Government Health Agency and Laboratories
• Ontario Ministry of Health and Long-Term Care and Laboratories
• World Health Organizations
• Bureau of Infectious Disease and Microbiology

**Education Sector**
• Boards of Education
• Private / Independent Schools

**Business Sector**
• Major Industries and Workplaces
• Chamber of Commerce
• Private Service Providers (telephone, hydro, gas, etc)

**Communications Sector**
• Media

**General Public**
• School / Daycare Children
• Lower Literacy Adults
• Amish / Mennonite Population
GOVERNMENT CONTACT INFORMATION

1. THE WARDEN

   Warden
   Bruce County
   P.O. Box 70
   Walkerton, ON  N0G 2V0

   Warden
   Grey County
   County Administration Building
   595 - 9th Avenue East
   Owen Sound, ON  N4K 3E3

Responsibilities of the Warden are to:

1.1 Determine if an emergency exists and designate any area in the County as an “Emergency Area” by way of calling an emergency meeting of Council so that a resolution can be passed.
1.2 Consult with County Council in order to make decisions, determine priorities and issue operational direction through County Council and the heads of the municipal departments.
1.3 Request assistance from senior levels of government when needed.
1.4 Ensure that provisional funding is available.
1.5 Approve news releases and public announcements that will clearly communicate relevant, timely, and accurate information to the public.
1.6 Terminate the emergency status at the appropriate time and ensure that all concerned have been properly notified.
1.7 Advise area M.P./M.P.P.

2. THE CAO & CLERK

   J. Wayne Jamieson, A.M.C.T.
   Chief Administrative Officer
   Bruce County
   P.O. Box 70
   Walkerton, ON  N0G 2V0

   BettyAnne Cobeon, C.M.O
   Clerk-Treasurer
   Bruce County
   P.O. Box 70
   Walkerton, ON  N0G 2V0

   Norm Gamble
   Chief Administrative Officer
   Grey County
   595 - 9th Ave. East
   Owen Sound, ON  N4K 3E3

   Sharon Vokes
   Clerk-Treasurer
   Grey County
   595 - 9th Ave. East
   Owen Sound, ON  N4K 3E3

Responsibilities of the CAO/CLERK are to:

2.1 Act as Chief Operations Officer to the Warden and co-ordinate the operations and requirements of the County Council.
2.2 Activate the County emergency alerting system.
2.3 Activate and coordinate the county response as per the Emergency Plan.
2.4 Appoint an agency to manage the emergency site.
2.5 Ensure that information is available for use of officials involved in the emergency operations, the news media and concerned individuals.
2.6 Institute, where appropriate, a registration and inquiry bureau.

3. POLICE SERVICES

Ontario Provincial Police (OPP)

South Bruce OPP
Inspector Paul Holmes
PO Box 40
Hwy. # 21 N
Kincardine ON N2Z 2Y6

North Bruce OPP
Staff Sargeant Mario Bartens
Detachment Commander
PO Box 460, Highway #6
Wiarton ON N0H 2T0

Grey OPP
Inspector Mark Van Landuyt
317057 6&10 Highway
PO Box 307, RR# 2
Chatsworth, ON N0H 1G0

Satellite Offices:
Lion's Head, Sauble Beach, Tobermory-host is Bruce Peninsula
Walkerton - host is South Bruce
Markdale, Meaford - host is North Grey

Municipal Police Services

Chief Tracey David
Hanover Municipal Police Services
203 - 10th Street
Hanover ON N4N 1N8

Chief Rene Berger
West Grey Police
PO Box 676
179 George Street West
Durham ON N0G 1R0

Sgt. Wayne Stevens
First Nation Police - Cape Croker
P.O. Box 863
Wiarton, ON N0H 2T0

Chief Dave Preston
Saugeen Shores Police Services
559 Goderich St.
P.O. Box 1090
Port Elgin, ON N0H 2C0

Saugeen Anishnabek Peacekeepers
Sgt. Warren John
Box 1119
Southampton, ON N0H 2L0

Chief Tom Kaye
Owen Sound Police Service
922 - 2nd Ave. W.
Owen Sound, ON N4K 4M7
Responsibilities of Police Services are to:

3.1 Initiate an emergency incident and request the mutual assistance of other police services and the Ontario Provincial Police.
3.2 Protect life and property.
3.3 Rescue injured and trapped persons, except at a fire after the arrival of the Fire Department.
3.4 Request assistance from Emergency Medical Services (EMS) and provide first aid where possible.
3.5 Prevent further injury and property damage.
3.6 Prevent unauthorized entry into the area.
3.7 Police will carry out their function as an agent to the coroner.
3.8 Investigate if a crime committed or for Coroner's inquest or inquiry.
3.9 Promptly notify government agencies, public utilities, and private agencies involved.
3.10 Maintain proper note taking.

4. FIRE DEPARTMENT

BRUCE COUNTY

Arran-Elderslie

Fire Chief Ben Angel
Box 126
72 Yonge St. N.
Tara ON N0H 2R0

Fire Chief Jack Lancaster
112 1st Avenue
Chesley ON N0G 2N0

Fire Chief Brian Cumming
P.O. Box 86
382 Goldie St.
Paisley ON N0G 2N0

Brockton

Fire Chief Ken Freiburger
P.O. Box 68
122 Scott St.
Walkerton ON N0G 2V0

Brockton (continued)

Fire Chief Alfred Brenndorfer
25 Diretien St S.
Elmwood ON N0G 1S0

South Bruce

Fire Chief Francis Schmalz
P.O. Box 5
19 Absalom St W
Mildmay, ON N0G 2J0

Mildmay-Carrick Station

Fire Chief Terry Sillick
P.O. Box 340
Teeswater, ON N0G 2S0
Teeswater-Culross Station
Cape Croker Reserve
Chief R. Paul Nadjiwan
Cape Croker Admin. Office
RR #5
Wiarton, ON N0H 2T0

Huron Kinloss
Fire Chief Doug Martyn
16 Tain St.
Box 344
Ripley, ON N0G 2R0

Huron Kinloss (continued)
Fire Chief Peter Steer
Box 580
Lucknow, ON N0G 2H0

Kincardine
John Wall
Bruce County Fire Coordinator
127 Mahood Johnston Drive
Kincardine ON N2Z 3A2

Fire Chief Steve McGregor
5 Robertson St
Tiverton ON N0G 2T0

Saugeen Reserve
Chief Vernon Roote
Saugeen Admin. Centre
RR #1
Southampton ON N0H 2L0
Fire contact: Allan Mason
Fire contact (alt): Fred Johnson

Saugeen Shores
Fire Chief Bruce Fenton
P.O. Box 1000
612 Emma St.
Port Elgin ON N0H 2C0
Southampton Station

Northern Bruce Peninsula
Fire Chief Mike Henderson
RR #2
Lion’s Head ON N0H 1W0
Lion's Head and St. Edmunds Stations

South Bruce Peninsula
Fire Chief Steve Nickels
P.O. Box 310
Wiarton ON N0H 2T0
Amabel and Wiarton Stations

GREY COUNTY

Blue Mountains
Fire Chief R. Doherty
Town of the Blue Mountains
P.O. Box 548
Thornbury ON N0H 2P0

Chatsworth
Fire Chief Mike Givens
Chatsworth Fire Department
PO Box 278
Chatsworth ON N0H 1G0
Responsibilities of the Fire Departments are to:

4.1 Activate the department’s emergency alerting system.
4.2 Conduct all operations connected with the fighting of fires.
4.3 Activate the County’s Mutual Aid System when deemed necessary.
4.4 Determine if additional special equipment or supplies will be required and to arrange to procure the same when needed.
4.5 Provide equipment and manpower to assist in pumping operations.
4.6 Provide resuscitation equipment and trained personnel when and where required.
4.7 Conduct rescue and evacuation as required.
4.8 Ensure the Warden and County Council is kept informed of current events.
5. **EMERGENCY MEDICAL SERVICES**

Douglas F. Smith  
Director of Emergency Medical Services  
County of Bruce  
Grey County Coordinator  
30 Park St., P.O. Box 70  
Walkerton, ON N0G 2V0

Mike Muir  
Manager of Grey County EMS

Responsibilities of Emergency Medical Services (EMS) are to:

5.1 Obtain all information and maintain communication with London Central Ambulance Communications Centre (CACC).
5.2 Activate County Emergency Medical Service contingency call out system.
5.3 Ensure that there is a coordinated ambulance response to ensure personal safety, appropriate patient care and efficient use of resources.
5.4 Determine if additional special resources, personnel, equipment or supplies will be required.
5.5 Establish and maintain communication with other Public Safety agencies (Fire & Police).
5.6 Initiate triage, provide patient care and ensure transportation to appropriate medical facilities.
5.7 Conduct all operations connected with care and transportation of the sick and injured.
5.8 Ensure that the Warden and County Council are kept informed of current events.

6. **WORKS SUPERVISOR AND THE WORKS DEPARTMENT**

Brian Knox  
Department of Highways  
Bruce County  
P.O. Box 70  
Walkerton, ON N0G 2V0

Gary Shaw  
Director, Transportation & Public Safety  
595 - 9th Ave. E.  
Owen Sound, ON N4K 3E3

Responsibilities of the Works Supervisor are to:

6.1 Maintain clear access roads for Police and Fire personnel to the emergency site.
6.2 Activate the department’s emergency alerting system.
6.3 Provide barricades, signs, and flashers when required.
6.4 Provide municipal equipment and vehicles with operators when and where needed.
6.5 Provide snow removal operations as required.
6.6 Provide sanding operations as required.
6.7 Provide tree removal operations in co-operation with Westario Hydro/Ontario Hydro.
6.8 Maintain sanitary and storm sewers in operating conditions.
6.9 Organize and procure pumping equipment.
6.10 Maintain roads and bridges in useable condition.
6.11 Provide sandbagging operations in co-operation with Saugeen Valley Conservation Authority.
6.12 Ensure that the Warden and County Council are kept informed of current events.

7. **HYDRO ONE / WESTARIO HYDRO / ONTARIO CLEAN WATER AGENCY (OCWA)**

Westario Hydro
385 Queen St
Kincardine, ON N2Z 2R4

Ontario Clean Water Agency
PO Box 760
Southampton ON N0H 2L0

Dave Russell, Manager

**Responsibilities of the Managers of Hydro One, Westario Hydro and O.C.W.A. are to:**

7.1 Activate the department’s emergency alert system.
7.2 Discontinue public services to any consumer when it is considered necessary for public safety.
7.3 Provide alternate supplies of public utilities where necessary and practical.
7.4 Maintain water to water hydrants (O.C.W.A.).
7.5 Ensure that the Warden and County Council are kept informed of current events.

8. **EMERGENCY SITE MANAGER**

Bruce County
P.O. Box 70
Walkerton, ON N0G 2V0

Grey County
County Administration Bldg.
595 - 9th Ave. E.
Owen Sound, ON N4K 3E3

Upon delegation as an Emergency Site Manager, this individual shall be relieved of all other responsibilities. The Warden shall select the Emergency Site Manager and selection will be based upon the type and nature of the emergency. If the emergency is occurring in more than one site simultaneously, then there may be more than one site manager.

**Responsibilities of the Emergency Site Manager are to:**

8.1 Direct the activities of all agencies at the scene.
8.2 Isolate the emergency site.
8.3 Establish an outer perimeter and an inner perimeter at the site.
8.4 Control access to the site and establish traffic routes moving out of and into the site.
9. TELECOMMUNICATIONS COORDINATOR

Bruce County
P.O. Box 70
Walkerton, ON N0G 2V0

Grey County
County Administration Bldg.
595 - 9th Ave. E.
Owen Sound, ON N4K 3E3

Responsibilities of the Telecommunications Coordinator are to:

9.1 Activate the emergency notification system of the local amateur radio operators group.
9.2 Initiate the necessary action to ensure that the telephone system at the community office functions as effectively as possible, as the situation dictates.
9.3 Ensure that the emergency telecommunications centre is properly equipped and staffed, and work to correct any problems which may arise.
9.4 Maintain an inventory of community and private sector communications equipment and facilities within community which could, in an emergency, be used to augment existing communications systems.
9.5 Make arrangements to acquire additional communication resources during an emergency.

10. MUNICIPALITIES

BRUCE COUNTY

Municipality of Arran-Elderslie
P.O. Box 70
1925 Bruce Rd #10
Chesley, ON N0G 1L0

Municipality of Brockton
P.O. Box 68
100 Scott Street
Walkerton, ON N0G 2V0

Township of Huron-Kinloss
P.O. Box 130
21 Queen St.
Ripley, ON N0G 2R0

Municipality of Kincardine
RR #5
1475 Conc. #5
Kincardine, ON N2Z 2X6

Municipality of Northern Bruce Peninsula
RR#2
56 Lindsay Rd. #5
Lion’s Head, ON N0H 1W0

Town of Saugeen Shores
600 Tomlinson Dr.
P.O. Box 820
Port Elgin, ON N0H 2C0
Municipality of South Bruce
P.O. Box 540
21 Gordon St.
Teeswater, ON  N0G 2S0

Town of South Bruce Peninsula
P.O. Box 310
315 George St.
Wiarton, ON  N0H 2T0

GREY COUNTY

Town of Blue Mountains
P.O. Box 310
26 Bridge St.
Thornbury, ON  N0H 2P0

Township of Chatsworth
RR #1
316827 Hwy #6
Chatsworth, ON  N0H 1G0

Township of Georgian Bluffs
RR #2
323554 East Linton Sdrd.
Owen Sound, ON  N4K 5N4

Township of Grey Highlands
206 Toronto Street
Lower Level
Markdale, ON  N0C 1H0

Town of Hanover
341 - 10th St.
Hanover, ON  N4N 1P5

Town of Meaford
12 Nelson St. E.
Meaford, ON  N4L 1A1

City of Owen Sound
City Hall
808 - 2nd Ave. E.
Owen Sound, ON  N4K 2H4

Township of Southgate
RR #1
185667 Grey Rd. #9
Dundalk, ON  N0C 1B0

Municipality of West Grey
RR #2
Durham ON  N0G 1R0

Responsibilities of Municipalities are to:

10.1 Determine if an emergency exists and designate an area in the Municipality as an “Emergency Area” by way of calling an emergency meeting of the Municipal Council so that a resolution can be passed.

10.2 Municipal Council makes decisions to determine priorities and issue operational direction through the heads of the municipal departments.

10.3 Request assistance from senior levels of government when needed.
10.4 Ensure that provisional funding is available.
10.5 Terminate the emergency status at the appropriate time and ensure that all concerned have been properly notified.
10.6 Respond to inquiries from the public regarding the following:
   - status of emergency and other related statistics
   - financial assistance
   - child care
10.7 Coordinate volunteer services.
10.8 Ensure that the Warden and County Council are kept informed of current events.
10.9 Clearly communicate relevant, timely and accurate information to the public.

11. MEDICAL OFFICER OF HEALTH / PUBLIC HEALTH

Dr. Hazel Lynn
Medical Officer of Health
Grey Bruce Health Unit
920 - 1st Ave. W.
Owen Sound, ON N4K 4K5

Responsibilities of the Medical Officer of Health are to:

11.1 Liaise with community health authorities and hospital authorities.
11.2 Issue special instructions concerning matters relating to the health of residents, i.e. advice on prevention of spread of the disease and home management of the disease.
11.3 Authorize and provide for mass immunization if and when required and respond to questions/inquiries regarding immunization and antivirals.
11.4 Ensure that the Warden and County Council are kept informed of current events.
11.5 Maintain surveillance on the disease process.

12. SOCIAL SERVICES (SOCIAL AND FAMILY SERVICES)

Bruce County Social Services
Terry Sanderson, Administrator
P.O. Box 399
30 Park St.
Walkerton ON N0G 2V0

Grey County Social Services
David Hughes, Director Social Services
595 - 9th Ave. E.
Owen Sound ON N4K 3E3

Responsibilities of the Director of Social and Family Services are to:

12.1 Establish reception centres and shelters for the victims of the emergency.
12.2 Arrange for food supplies and distribution of same.
12.3 Arrange for clothing supplies as needed and distribution of same.
12.4 Arrange for bedding, blankets, etc. as needed and distribution of same.
12.5 Ensure that the Warden and County Council are kept informed of current events.

13. HOSPITALS

Grey Bruce Health Services
369 Mary St.
Wiarton, ON N0H 2T0

Grey Bruce Health Services
12 Argyle St.
Markdale, ON N0C 1H0

South Bruce Grey Health Services
39 Second St.
Chesley, ON N0G 1L0

South Bruce Grey Health Services
21 McGivern St.
Walkerton, ON N0G 2V0

South Bruce Grey Health Services
320 College St.
Durham, ON N0G 1R0

South Bruce Grey Health Services
P.O. Box 1400
1400 Eighth St. E.
Owen Sound, ON N4K 6M9

Hanover & District Hospital
90 Seventh Ave.
Hanover, ON N4N 2G9

South Bruce Grey Health Services
43 Queen St. N.
Kincardine, ON N2Z 1G6

Grey Bruce Health Services
229 Nelson St.
Meaford, ON N0H 1Y0

Grey Bruce Health Services
340 High St.
Southampton, ON N0H 2L0

Lion’s Head Hospital
P.O. Box 220
Lion’s Head, ON N0H 1W0

Responsibilities of the Hospital Authorities are to:

13.1 The Grey Bruce Health Centres Disaster Plan will be activated by the hospital authorities when it becomes apparent that an emergency exists which will involve the hospital.
13.2 Hospital authorities will maintain liaisons with the Medical Officer of Health, the Warden Group and with the ambulance services.
13.3 Provide condition reports on patient/relatives.
13.4 Provide actual condition reports.
13.5 Transport of patients between facilities and to morgues.
13.6 Provide discharge status.
13.7 Access emergency, or any other clinics put in place, to manage volume.
13.8 Advise on home management of the disease.
13.9 Respond to calls regarding access to vaccines and antivirals, if the hospital is playing this role.
13.10 Provide information regarding delayed elective surgeries if the information is not available through doctors’ offices.

14. GREY BRUCE COMMUNITY CARE ACCESS CENTRE (CCAC)

Grey Bruce Community Care Access Centre
P.O. Box 896
220 Trillium Court
Walkerton, ON N0G 2V0

Responsibilities of the Director of Grey-Bruce CCAC are to:

14.1 Respond to request for home care services.
14.2 Provide information, i.e. agency names and phone numbers, in order to access private assistance.
14.3 Respond to requests for influenza information on vaccines and antivirals.

15. LABORATORIES

London Public Health Laboratory
PO Box 5704, Terminal A
London ON N6A 4L6

Street Address:
London Psychiatric Hospital, 5th floor
850 Highbury Ave
London ON N6A 4H1

Hours of Operation:
Monday to Friday 8:15 a.m. – 4:30 p.m.
(full service)
Saturday 8:15 a.m. to 4:30 p.m. (limited service)

Central Public Health Laboratory (Toronto)
81 Resources Road
Etobicoke ON M5W 1R5

Hours of Operation:
Monday to Friday 8:00 a.m. – 4:00 p.m.
MDS
Professional Building
945 3rd Ave E
Owen Sound ON N4K 2K8

Hours of Operation:
   Monday to Friday 7:30 a.m.–5:30 p.m.

Canadian Medical Lab
118 7th Ave
Hanover ON N4N 2G9
Contact: Terry Reid

Hours of Operation:
   Mon., Tues., Thurs. 8 a.m. – 5 p.m.
   Wednesday 8 a.m. – 12 p.m.
   Friday 8 a.m. – 4:30 p.m.

Grey Bruce Health Services Laboratory
1800 8th St E
PO Box 1800
Owen Sound ON N4K 6M9

Hours of Operation:
   24 Hours/Day, 7 Days/Week
LOCAL MEDIA DATABASE

Media Type: Newspaper

Bruce Peninsula Press (The)
39 Legion Street  P.O. Box 89
Tobermory, ON  N0H 2R0
General #:  (519) 596-2658
Fax #: (519) 596-8030
Other #: 1-800-794-4480
Email: info@tobermorypress.com, Send all media release to holly@tobermorypress.com

Media Type: Newspaper

Courier-Herald (The)
51 Bruce Street South  Box 190
Thornbury, ON  N0H 2P0
General #:  (519) 599-3760
Fax #: (519) 599-3214
Other #:
Email: courierherald@rogers.com

Media Type: Newspaper

Dundalk Herald/Flesherton Advance
260 Main Street East  Box 280
Dundalk, ON  N0C 1B0
General #:  (519) 923-2203
Fax #: (519) 923-2747
Other #:
Email: herald.news@bmts.com
Shoreline Beacon
694 Goderich Street  Box 580
Port Elgin, ON  N0H 2C0
General #: (519) 832-9001
Fax #: (519) 389-4793
Email: shoreline@bmts.com (editorials only) / shorelineads@bmts.com (ads only)
Carol McKknight - carolmcknight@bowesnet.com

Sun Times (The)
290 9th Street East  Box 200
Owen Sound, ON  N4K 5P2
General #: (519) 376-2250
Fax #: (519) 376-7190
Other #: (519) 372-4328 News
Email: frupnik@thesuntimes.ca (editor), news@thesuntimes.ca, kpridham@thesuntimes.ca (News Editor), sharron@thesuntimes.ca (Night News Editor); Cheryl McMenemy cmcmenemy@thesuntimes.ca. Scott Dunn - sdunn@thesuntimes.ca

The Post
413 18th Avenue
Hanover, ON  N4N 3S5
General #: (519) 364-2001
Fax #: (519) 364-6950
Other #: (519) 364-1391 news
Email: postedit@thepost.on.ca (for editorial copy) / postads@thepost.on.ca / classifieds@thepost.on.ca; Marie David - mdavid@thepost.on.ca
Media Type: Other

Bruce County Marketplace
910 Queen Street  Box 523
Kincardine, ON  N2Z 2Y9
General #:   (519) 396-9142
Fax #:     (519) 396-3555
Other #:
Email:   marketplace@bmts.com

Media Type: Other

Community Focus
954 1st Avenue West
Owen Sound, ON  N4K 4K5
General #:   (519) 371-2622
Fax #:     (519) 371-4043
Other #:
Email:   editor@community-focus.com,
sales@community-focus.com

Media Type: Other

Grey Bruce Diversions
P.O. Box 72
Ayton, ON  N0G 1C0
General #:   1-800-423-6045
Fax #:     (519) 665-2382
Other #:
Email:   Sales - Laura Douglas ~
         ldoublas@diversions.ca, Kim James ~
         kjames@diversions.ca, Kelly Irwin ~
         kirwin@diersins.ca
Media Type: Radio

Bayshore Broadcasting
270 9th Street East
Owen Sound, ON N4K 1N7
General #: (519) 376-2030
Fax #: (519) 371-4242
Other #: (519) 376-2030 x228, Backdoor # for interviews 376-4101 (Craig Smith)
Email: bayshore@radioowensound.com / John O'Mara - jomara@bmts.com / news@radioowensound.com

Media Type: Radio

Bluewater Community Radio
275 10th Street Suite # 4
Hanover, ON N4N 1P1
General #: (519) 364-0200
Fax #: (519) 364-5175
Other #: 
Email: bluewaterradio@on.aibn.com

Media Type: Radio

Canadian Broadcasting Corporation (CBC)
P.O. Box 500 Station A
Toronto, ON M5W 1E6
General #: (416) 205-3311
Fax #: 
Other #: 1-866-306-4636 (Audience Relations)
Email: R McKean - ontariomorning@toronto.cbc.ca; ontariotoday@cbc.ca; jean.carter@cbc.ca
Jean Carter Toronto contact for Ont Today noon show - email her
Media Type: Radio
CKNX Radio
215 Carling Terrace
Wingham, ON N0G 2W0
General #: (519) 357-1310
Fax #: (519) 357-3860
Other #: 1-800-265-3031 switchboard
Email: news@cknxradio.com; Kirk Scott -
kirks@hsfx.ca; John Weese -
jweese@cknxradio.com

Media Type: Radio
Coast FM 95.5 Radio
807 B Queen Street Box 836
Kincardine, ON N2Z 2Y2
General #: (519) 396-7770
Fax #: (519) 396-7771
Other #:
Email: lcooper@hbgradio.com - Lynda Cooper,
News Dept.

Media Type: Radio
First Nations Radio (CHFN Communications Society)
R.R. # 5
Wiarton, ON N0H 2T0
General #: (519) 534-1003
Fax #: (519) 534-0063
Other #:
Email: zhaawonung_mkwa2@hotmail.com
Media Type: Radio

LIFE 100.3 Radio
115 Bell Farm Road Suite 111
Barrie, ON L4M 5G1
General #: (705) 735-3370
Fax #: (705) 735-3301
Other #: 1-866-735-3370
Email: news@lifeonline.fm

Media Type: Television

A-Channel - Barrie
33 Beacon Rd.
Barrie, ON L4M 4T9
General #: (705) 734-3300
Fax #: (705) 734-2061 news
Other #: 1-800-461-5820
Email: vrnews@thenewvr.com

Media Type: Television

A-Channel - Collingwood
45 Saint Paul Street
Collingwood, ON L9Y 3P1
General #: (705) 444-0532
Fax #: (705) 445-9004
Other #: (705) 623-8007 cell
Email: rogerk@thenewvr.com
A-Channel - Wingham
215 Carling Terrace
Wingham, ON  N0G 2W0
General #:  (519) 357-4438
Fax #:  (519) 357-4398
Other #:  1-800-403-7912
Email: winghamnews@Achannel.ca ,
       londonnews@Achannel.ca

Channel 6 News (Persona Media)
P.O. Box 20015  501 9th Avenue
Hanover, ON  N4N 2M0
General #:  1-877-466-6600
Fax #:  (519) 364-4380
Other #:  1-800-667-2894
Email: news@channel6news.ca

CTV Southwestern Ontario (CKCO - TV)
864 King Street West  P.O. Box 91026, Station C
Kitchener, ON  N2G 4E9
General #:  (519) 578-1313
Fax #:  (519) 743-8857
Other #:  1-800-265-8950
Email: dcarswell@ctv.ca (Assignment Editor) or
       newsroom@southwesternontario.ctv.ca
Media Type: Television

Kincardine Cable Television Ltd.
223 Bruce Avenue
Kincardine, ON  N2Z 2P2
General #:  (519) 396-8880
Fax #:  (519) 396-2599
Other #:  (519) 396-8889
Email:  kctv@tnt21.com, kcads@tnt21.com - cable advertising

Media Type: Television

Markdale Cable TV
20 Eliza Street  Box 160
Markdale, ON  N0C 1H0
General #:  (519) 986-2262 24 hr
Fax #:  (519) 986-2612
Other #:
Email:  marcable@cablerocket.com

Media Type: Television

Rogers Television
1 Sperling Dr.  MAIL ONLY, see notes for local address.
Barrie, ON  L4M 6B8
General #:  (519) 376-2832
Fax #:  (519) 376-5216
Other #:  (519) 371-9249 ext 6953
Email:  mark.perry@rci.rogers.com / kristina.bernard@rci.rogers.com / adam.olivero@rci.rogers.com
Media Type: Television

Wightman Telecom Ltd.
100 Elora Street North Box 70
Clifford, ON N0G 1M0
General #: (519) 327-8012
Fax #: (519) 327-8010
Other #: 1-888-477-2177
Email: sales@wightman.ca; rates/Wightman Telecom - accounts@wightman.ca; Maitland Cable TV - mcatv@wightman.ca
REFERENCES

2. Ontario Ministry of Health and Long-Term Care, *Ontario Health Pandemic Plan*, May 2004

3. Ontario Ministry of Health and Long-Term Care, *Ontario Health Pandemic Influenza Plan*, June 2005


5. Leeds, Grenville and Lanark District Health Unit, *Contingency Plan for Pandemic Influenza*, October 2001


7. Ontario Ministry of Health and Long-Term Care, *A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes*, October 2004