



FOREWORD

Development of pandemic response plans for each of Vancouver Coastal Health's Health Service Delivery Areas (HSDA's) has involved input from, literally, hundreds of individuals throughout the VCH Region. In a series of facilitated workshops, health care workers were asked to identify issues and to propose solutions, based on their firsthand knowledge.

We have tried to incorporate some of that information in the draft plans. Each of these documents can only be a framework for continuing planning efforts. A workable, local plan must be a local product. Those who will implement the plan need to be familiar with its contents. So, where we had local information we have included it in the current iteration of the plan. Where such information was lacking, we have indicated who should be responsible for making sure that it is included in future iterations.

Emergency Co-ordinators in each HSDA have responsibility to develop and implement pandemic response planning, as part of the "all-hazards" approach to emergency response. Unlike most emergencies, an influenza pandemic will require a sustained and calibrated response. There will be little or no access to outside help. VCH's Emergency Co-ordinators have been important contributors to the development of these draft plans. It will be up to them to ensure that these plans become "working" documents, supportive of that sustained and calibrated response.

The plans will be exercised annually in a collaborative process; at that time, much of the information in the plans will need to be reviewed and updated to ensure that the plans remains current. Maintenance of the plans is the responsibility of the Emergency Co-ordinators. It is important that they forward updated and new information to VCH Communicable Disease Control, so that such information may be incorporated in the regional plan. Communicable Disease Control staff will communicate national, provincial and regional policies that affect the contents of local plans to the Emergency Co-ordinators to ensure that local plans remain up-to-date and consistent across the region.

INTRODUCTION

Pandemic response planning at the local level takes place within a context of regional, provincial, federal and international planning.

The World Health Organization (WHO) has devised a template for assessing and addressing the risk of an influenza pandemic. This template of **pandemic phases** serves as the basis for pandemic response planning and for activation of response.

World Health Organization
Pandemic Phases

INTERPANDEMIC PHASE New virus in animals, No human cases	Low risk of human cases	1
	HIGHER RISK OF HUMAN CASES	2
PANDEMIC ALERT New virus causes human cases	NO OR VERY LIMITED HUMAN-TO-HUMAN TRANSMISSION	3
	EVIDENCE OF INCREASED HUMAN-TO-HUMAN TRANSMISSION	4
	Evidence of significant human-to-human transmission	5
PANDEMIC	Efficient and sustained human-to-human transmission	6

Because Influenza A H5N1, a novel avian influenza virus sub-type, is causing illness in humans but, is not readily transmissible between people, we are, at the time of writing, deemed to be in a **pandemic alert, phase 3**. This level of alert has triggered a massive, international response, including efforts to detect and treat human cases and to eradicate the virus in domestic poultry flocks. As well, programs are in place to educate farmers in developing countries in enhanced animal husbandry practices and domestic hygiene.

If this or another novel influenza sub-type were to demonstrate increased human-to-human transmissibility, WHO would raise the **pandemic alert to level 4**, thus triggering efforts to contain the virus or delay its spread in order to afford us time to implement preparedness measures, including vaccine development.

Once significant human-to-human transmission is established, WHO will raise the **pandemic alert level to phase 5**, triggering a maximal public health effort to contain the spread of the virus, possibly prevent a pandemic and provide time to implement pandemic response measures.

When efficient and sustained transmission of a novel influenza virus, causing serious human illness, is established, WHO and national and provincial authorities will declare a “**pandemic**”, **phase 6**. All health system efforts will be directed to minimizing the impact of the pandemic.

The purpose of the **Richmond Health Services Pandemic Response Plan** is to provide staff with a ready reference for pandemic response. It has been developed with input from staff in the Health Service Delivery Area and is a dynamic document. It is intended that the plan be **exercised and updated annually**.

The **Vancouver Coastal Health Regional Pandemic Influenza Response Plan** is cited as a reference throughout this document. Regional co-ordination of pandemic response will be based on the regional plan and it is within the context of regional planning that this HSDA-level plan has been developed. The VCH Regional Pandemic Influenza Response Plan can be found at www.vch.ca/pandemic. The most recent iteration of the regional plan will be that found on the VCH website. The Regional Pandemic Influenza Response Plan will serve as the ultimate source for pandemic response planning information throughout the region.

ETHICAL FRAMEWORK FOR DECISION MAKING & PLANNING¹

We have to think about difficult issues and make difficult decisions, as we prepare our health system to respond to a pandemic. We will face ethical dilemmas when our ethical values are in tension with one another.

We can help resolve these dilemmas if we have a shared ethical language and ethical decision making processes.

Ethical Processes

- **Open & transparent**; our decisions should be publicly defensible
- **Reasonable**; our decisions should be based on relevant evidence, principles and values
- **Inclusive**; we must engage our communities & our clients in the conversation
- **Responsive**; we must be able to respond to our stakeholders' concerns
- **Accountable**; we must maintain ethical processes throughout a pandemic and be accountable for our decisions

Ten ethical values support ethical decision-making processes and planning. These values provide a shared ethical language.

Ten Ethical Values for Pandemic Response

Individual liberty is enshrined in our laws and our health care practice. We may have to infringe individual liberty, when we take steps to **protect the public from harm**. We must ensure that the measures we take to protect the public from harm are **proportional to the risk** of public harm and do not exceed the minimum required to address the risk.

We all have a **right to privacy** and the privacy of our health information. If, when protecting the public from harm, we have to make use of private health information, we will abide by the laws regulating the collection, use and disclosure of that information.

During a pandemic, we will ask our health care workers to fulfill their ethical **duty to provide care**, when they may be concerned about their own well-being or the health of a sick child or friend. We owe them **reciprocity**. We must try to make sure that they have the tools and supports they need to manage at work and at home.

Trust will be an essential element in our relationships during a pandemic. We must build trust now through ethical decision-making processes. We will need to be able to rely on our **solidarity** with one another as friends and neighbours and as citizens. We must demonstrate excellent **stewardship** of our resources and develop and allocate them as best we can.

All patients have an equal call on health services; we must preserve as much **equity** as possible between the needs of influenza patients and the needs of patients who require urgent treatment for other diseases or conditions.

¹ Adapted from: *Ethics in a Pandemic Influenza Crisis: Framework for Decision Making*, Dr. Jennifer Gibson *et al.* Joint Centre for Bioethics, University of Toronto.