

## Yee Hong Centre for Geriatric Care

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### **PURPOSE: Defining and Planning for an Influenza Pandemic:**

*An Influenza Pandemic or a Pandemic flu* is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity among humans, the disease can spread easily from person to person. The World Health Organization has provided a template for tracking the unfolding of a pandemic outbreak that has been adopted by the Canadian and Ontario governments to guide their respective pandemic planning.

#### ***World Health Organization – Pandemic Template***

<b>Period</b>	<b>Phase</b>	<b>Description</b>
<b>Inter-pandemic Period</b>	Phase 1	In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in <b>Phase 1</b> no viruses circulating among animals have been reported to cause infections in humans.
	Phase 2	In <b>Phase 2</b> an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.
<b>Pandemic Alert Period</b>	Phase 3	In <b>Phase 3</b> , an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

	Phase 4	<b>Phase 4</b> is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.
	Phase 5	<b>Phase 5</b> is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of <b>Phase 5</b> is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
<b>Pandemic Period</b>	Phase 6	<b>Phase 6</b> , the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.
<b>Post Peak period</b>		During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.
<b>Post-pandemic Period</b>		In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Source: World Health Organization, 2009

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

The Yee Hong Centre Influenza Pandemic Plan and related policies will reference this WHO Template.

For purpose of all Influenza Pandemic planning related activities and documents, the terms “Influenza Pandemic”, “Pandemic Flu”, and “Flu Pandemic” will be used interchangeably.

### ***Implications – Health Care System Overload***

Most people have little or no immunity to a pandemic virus. As the pandemic spreads infection and illness rates will soar. A substantial percentage of the general population will require some form of medical care. Communities are unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill. Death rates are expected to be high, as largely determined by four factors:

1. Number of people who become infected,
2. Virulence of the virus,
3. Underlying characteristics and vulnerability of affected populations, and
4. Effectiveness of preventive measures.

The Yee Hong Centre, as with other components of the overall health care system, will be subject to the effect of system overload, and will have to be prepared to respond to the impact of a pandemic flu outbreak. It will have to plan for how to ensure continued operation of essential services for residents/clients, and to support staff in coping with the challenges stemming from a flu pandemic.

#### *Medical Supplies and Clinical Resource Shortage*

- The need for vaccine, if/when one is available, is likely to outstrip supply at least for a period of time.
- The need for antiviral drugs is also likely to be inadequately met early in a pandemic.
- A pandemic can create a shortage of hospital beds, ventilators and other supplies.
- Surge capacity in the form of non-traditional sites/areas may have to be created within Yee Hong to supplement regular capacity to provide care (i.e. where to house cohorts of infected residents, isolated from other vulnerable residents).

*Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.*

#### *Other Material Supplies and Services Shortage*

- Regular supply chain of material and services might break down as a result of the pandemic flu impacting on those organizations and personnel servicing them.

#### *Human Resources Shortage*

In accordance with epidemiological modeling that predicts an attack rate of between 15 to 50%, Yee Hong staff, as with the general population in the community, will be subject to direct and indirect impact of infection. Availability of staff to work will be affected by:

- Those contracting the flu;
- Those needing/choosing to stay home to care for family members laboring under the effects of the flu; or,
- The fear of infection irrespective of the actual risk; in addition to
- Other factors that might impact on absenteeism rate (e.g. disruption to public transportation due to absenteeism among transportation workers).

It is anticipated that there will likely be insufficient staff available to continue operating all service programs in the normal manner.

*Difficult decisions will need to be made regarding which Yee Hong Centre programs need to continue operating, and which will be suspended in the interim.*

Anticipatory plans and policies are therefore required to guide the response of Yee Hong if/when a flu pandemic is declared.

## **POLICY**

### 1. Planning for an Influenza Pandemic

The Yee Hong Centre, in its commitment to client and staff safety, will strive to:

- (i) Create and maintain a culture of safety within the organization;
- (ii) Reduce the spread of serious illness and overall deaths associated with a pandemic outbreak through appropriate management of Yee Hong's service delivery system so as to minimize service disruption to clients/residents of Yee Hong stemming from an influenza pandemic,
- (iii) Create a work life and physical environment that affords staff the best protection possible while supporting the safe delivery of care/service;
- (iv) Improve the effectiveness and coordination of communication among all Yee Hong constituencies, including care/service providers and recipients, other suppliers of material resources and services, government agencies, and the community at large;
- (v) Maintain communication with significant others of clients/residents in the care of Yee Hong to reassure and keep informed about the well-being of Yee Hong clients/residents;
- (vi) Have contingency measures to address assurance of continued supply of essential material required for ongoing business operations and delivery of essential services; and
- (vii) Behave as a responsible corporate citizen where community health issues are concerned by coordinating with the implementation of national, provincial and local health systems pandemic plans.

2. **An Ethically Sound Approach**  
In the event of a pandemic Yee Hong will act in accordance with policies that are reflective of sound ethical principles that are transparent, and comprehensible to all constituents.
3. **A Strategic Approach**
  - 3.1 In congruence with **Ontario’s Health Plan for an Influenza Pandemic (OHPIP)** Yee Hong’s Influenza Pandemic Policies are based upon a four-pronged strategic approach:
    - Be ready  
To plan at the organizational level in anticipation of an influenza pandemic.
    - Be watchful  
To practice active baseline surveillance as per infection control policy to identify the earliest signs of an influenza pandemic, and vigilant monitoring throughout the “Active Pandemic Period”.
    - Be decisive  
To manage the disease spread quickly and effectively.
    - Be transparent  
To maintain communication with stakeholders of the Yee Hong Centre through all phases of the pandemic.
  - 3.2 All services/programs operated by Yee Hong will be classified either as “Essential” or “Ancillary”. All efforts will be made, including suspending operation of ancillary services/programs and diverting resources as necessary to maintain operation of essential services/programs.
4. **Practice Implementation of the Yee Hong Influenza Pandemic Response Plan on a Regular Basis**  
  
Simulated implementation of all or selected elements of the Yee Hong Influenza Pandemic Response Plan will be conducted periodically, involving key management and other personnel, will be conducted regularly to ensure all are familiar with such policies and procedures.

## **PROCEDURES**

1. An “**Influenza Pandemic Planning Committee (IPPC)**” convened in accordance with Policy CAD-IV-09 (Influenza Pandemic Planning Committee – Terms of Reference) will formulate and recommend to the Board of Directors for adoption, as well as regularly

review and amend policies that will govern the action of Yee Hong in the event of a pandemic flu outbreak.

- 1.1 In planning and formulating of policies and procedures, due attention will be given to ethical considerations that are consistent with Yee Hong values, and congruent with current community standards.
  - 1.2 Existing infection control and reporting policies and procedures practiced across the Yee Hong organization will be referenced as the basis upon which to establish risk management and containment procedures pertaining to a pandemic flu outbreak context.
  - 1.3 Input from both management and frontline staff will be considered in formulating all aspects of influenza pandemic policies and procedures.
  - 1.4 The IPPC is accountable through the Director of Corporate Development to the Chief Executive Officer for the performance of such planning and review functions.
2. **An influenza pandemic period/outbreak is deemed to be in effect** when the World Health Organization so declares and the Ministry of Health and Long-Term Care (MOHLTC) and/or local (public) health units as designated government agencies advice health services agencies, including the Yee Hong Centre, to activate response measures.
3. **In response to a declared pandemic flu outbreak**, the Yee Hong Centre for Geriatric Care Chief Executive Officer or designate will authorize for the following specific policies and procedures to be activated:
- Influenza Pandemic Policy CAD-VIII-02 on Surveillance, Reporting, and Communication
  - Influenza Pandemic Policy CAD-VIII-03 on Containment and Risk Reduction
  - Influenza Pandemic Policy CAD-VIII-04 on Business Continuation
  - Influenza Pandemic Policy CAD-VIII-05 on Human Resource and Staff Deployment
4. The “**Influenza Pandemic Response Command Team**” as defined under Policy CAD-VIII-02 will assume centralized oversight authority in regards to both internal and external matters pertaining to the continued operation of all Yee Hong Centre programs and services during an influenza pandemic:
5. Yee Hong responses to an influenza pandemic will be **coordinated with broader systemic measures** coordinated by the government through the local (public) health units.
6. **Essential services** as defined in Policy CAD-VIII-04 will maintain operations where human and material resources allow during the Active Pandemic Period:
7. **Priority** will be given to **allocating human and material resources to operate essential services**, even if such has to be diverted from services/programs deemed to be ancillary.

8. **Ancillary services/programs** will be suspended to allow for the necessary human and other resources to be diverted to sustain essential services.
9. Decisions regarding **suspension of ancillary services/programs and operational resumption** will be made by the Influenza Pandemic Response Command Team, and regularly reviewed in accordance with provisions of Policy CAD-VIII-02.
10. A declared **influenza pandemic period is deemed to be in effect** until WHO declares the pandemic is over, and the MOHLTC and local (public) health units issue an official government pronouncement to the contrary. If there were not clear consensus among government agencies, Yee Hong shall abide by the instructions of the MOHLTC.
11. Until such time as government pronouncement signifies that the pandemic period is past, and the **post-pandemic period** is in effect, the Influenza Pandemic Policies will continue to be adhered to throughout the Yee Hong organization.
12. Upon entering the post-pandemic period, The “Influenza Pandemic Response Command Team” will continue to provide direction for Yee Hong, as an organization, towards **resuming baseline operation, re-connecting with the broader resident/client community, and addressing any after effects** on staff, clients/residents, and the organization as a whole stemming from the influenza pandemic experience. The regular management structure will resume its command and direction role as soon as is feasible thereafter.
13. For purpose of organizational learning, a **comprehensive post influenza pandemic incident review** is to be conducted as soon as possible in the post-pandemic period in order to improve the readiness of Yee Hong in managing future challenges. Due care, however, is to be given to allow for sufficient time-lapse and separation from the immediate event before putting both individuals and the organization through the rigor of such a continuous quality improvement initiative. The CEO, in consultation with the Corporate Staff Committee, will determine the timing and means through which this review is to be undertaken.
14. The Director of Corporate Development, with the Influenza Pandemic Response Command Team (see CAD-VIII-04), will conduct with such other staff as might be necessary, an **annual table-top exercise to simulate responding to a pandemic flu outbreak** to:
  - Ensure awareness and familiarity with the policies and procedures.
  - Test specific aspects of the plan.
  - Review and distribute results to all key individuals – e.g. external stakeholders such as the local PHU – and participating groups.