

***CONTINGENCY PLAN FOR  
HEALTH EMERGENCIES INCLUDING  
PANDEMIC INFLUENZA OR TERRORIST ACT  
INVOLVING A NOXIOUS AGENT  
(CHEMICAL, BIOLOGICAL, RADIO-NUCLEAR)***

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# EASTERN ONTARIO HEALTH UNIT

## CONTINGENCY PLAN FOR PANDEMIC INFLUENZA OR TERRORIST ACT INVOLVING A NOXIOUS AGENT (CHEMICAL, BIOLOGICAL, RADIO-NUCLEAR)

### TABLE OF CONTENTS

Rationale.....	page 6
Goal.....	page 6
Objectives.....	page 6
Contingency Plan Overview.....	page 7
Contingency Plan Activation.....	page 7
Command and Control.....	page 7
Operations Centre.....	page 8

#### **A     Mitigation and Preparedness Period (Prevention/Planning)**

1. Surveillance and primary prevention.....	page 8
2. Management of biological products (vaccine, medication).....	page 10
3. Public Health Measures.....	page 11
4. Communications.....	page 12
5. Emergency measures.....	page 14

#### **B.     Response Period (Implementation)**

1. Surveillance and primary prevention.....	page 16
2. Management of biological products (vaccine, medication).....	page 17
3. Public Health Measures.....	page 18

4. Communications.....	page 19
5. Emergency measures.....	page 21
<b>C. Recovery Phase (Evaluation)</b>	
1. Surveillance and primary prevention.....	page 22
2. Vaccines/Antivirals (Management of biological products).....	page 22
3. Public Health Measures.....	page 23
4. Communications.....	page 23
5. Emergency measures.....	page 24
Acknowledgements.....	page 25
References.....	page 26

## APPENDICES

**Appendix A** Role of the Medical Officer of Health vs Health Unit

**Appendix B** **Pandemic Influenza** (Golden Rod Section)

- B-1 Pandemic Logic Model and IMS Chart
- B-2 Pandemic Phases
- B-3 Pandemic Strategies
- B-4 Use of Antivirals
- B-5 Infection Control Strategies
- B-6 Staff Exclusions
- B-7 Priority Groups for antiviral medication and vaccines
- B-8 Universal Influenza Immunization Program Report

**Appendix C** **Chemical/Biological/Radiological and Nuclear Incidents** (Blue Section)

- C-1 Biological Agents
- C-2 Dealing with Suspicious Packages (Provincial Guidelines)
- C-3 Anthrax Exposure
- C-4 Chemical Agents
- C-5 Chemical Decontamination
- C-6 Nuclear Incidents

**Appendix D** **Emergency Contact Numbers** (Yellow Section)

- D-1 EOHU-Board and Management
- D-2 Eastern Ontario Medical Officers of Health
- D-3 List of Provincial Response Coordinators; Infectious Disease/Travel Consultants in Ontario *Needs to be update*
- D-4 Health Unit Employees Contact Information

**Appendix E** Outbreak Flow chart/Decision tree

**Appendix F** Vaccine Storage Locations

**Appendix G** Adverse Water Advisory (Example)

**Appendix H** Board of Health Resolution

**Appendix I** Community Agencies

**Appendix J** GIS Population Distribution Map

**Appendix K** EOHU Communication and Information Systems

## **RATIONALE**

To provide guidelines for a coordinated response within the Eastern Ontario Health Unit and the community related to the importation of a new sub-type of influenza A virus. This plan should also be considered as a model for responding to any adverse outcomes, including terrorism, resulting in exposure to health hazards as defined in the *Health Protection and Promotion Act*, and including biological, physical, chemical, and radio-nuclear agents, natural or man-made. It should be used in conjunction with the Eastern Ontario Health Unit Emergency / Disaster Preparedness Plan. The Eastern Ontario Health Unit will use the Incident Management System (IMS) to respond to health emergencies.

The following conditions make pandemic influenza or the effects of terrorism more likely:

- A new influenza virus showing antigenic shift. This is caused by major changes to the hemagglutinin (H) surface protein, and at times, changes to the neuramidase (N) surface protein.
- Unpredictability of a terrorist-related outbreak; inability to control disease or its propagation until diagnostic laboratory confirmation of agent.
- Agent's infectious/toxic properties; capability of affecting public health and medical infrastructures on a large scale.
- Susceptibility of population; level of exposure.
- Evidence of a new virulent virus transmitted from person-to-person.
- The speed and volume of international travel increases the risk that persons incubating or infected with any disease or infection may arrive in our community.

## **GOAL**

To outline the actions that will be taken in response to a pandemic or to terrorism in order to ensure an efficient and coordinated response.

## **OBJECTIVES**

1. Protect the population against any unusual public health event(s) (intentional or unintentional)
2. Maintain essential public health and community services
3. Minimize societal disruptions by providing/ensuring access to appropriate prevention, care and treatment.

4. Reduce community morbidity and mortality.

## **OVERVIEW**

This plan is intended to complement the existing Eastern Ontario Health Unit Emergency / Disaster Preparedness Plan as well as individual municipal and county emergency response plans. It has been created to reflect the phases contained within the provincial and the national influenza pandemic plans. The elements identified focus on the key elements for which public health units would take lead roles.

See Medical Officer of Health's role within the municipal emergency operations group (Appendix 1).

The current document is divided into three main phases:

- A. Mitigation and Preparedness Period (Planning)
- B. Response Period (Implementation)
- C. Recovery Phase (Evaluation)

Within each of the three phases, the following key elements are addressed:

1. Surveillance and primary prevention
2. Management of biological products (vaccine, medication)
3. Public Health measures
4. Communications
5. Emergency measures.

## **ACTIVATION OF CONTINGENCY PLAN**

In the event that a pandemic strain of influenza is identified, or the occurrence of a terrorist attack, the Medical Officer of Health will activate the Health Unit's Emergency Response Plan. The Medical Officer of Health may also activate any of the municipal or county emergency plans.

## **COMMAND AND CONTROL**

Under the *Health Protection and Promotion Act, (1998)*, the Medical Officer of Health has the authority to coordinate the community response to disease-related emergencies in order to preserve or maintain health.

The Medical Officer of Health, in accordance with the period/phase of the occurrence, will dictate activities and actions to be taken both at the Health Unit or municipal levels.

## **OPERATIONS CENTRE**

Eastern Ontario Health Unit  
1000 Pitt Street  
Cornwall, Ontario K6J 5T1

Access to:

- Meeting and teleconference rooms
- Communication/support staff area
- Media information / teleconference center
- Information / call center area for receipt of in-coming calls from the public (directed to Health Line --- back-up system or diversion of calls to designated location if reception and Health Line overwhelmed).

N.B. If head office is deemed unsuitable, the Medical Officer of Health or his designate will designate an alternate site and/or satellite office. The Casselman office has been modified to meet the requirements and will primarily be considered as the alternate site.

### **A. MITIGATION AND PREPAREDNESS PERIOD (PLANNING)**

- Period of continuous influenza/disease surveillance.
- Pandemic potential exists.
- Terrorist attack potential exists.

Proper planning will allow:

- Establishment of a controlled and coordinated approach to emergency management by identifying participants and clarifying their roles;
- Identification of gaps in the ability to respond;
- Reduction of human / monetary costs;
- Prompt identification of clinical features of illness that may signal possibility of terrorist-related outbreak or attack. (Appendix C- CBRN)

### **1. SURVEILLANCE AND PRIMARY PREVENTION**

#### **a) Objective:**

Identify outbreaks or unusual patterns of disease in their earliest stages, including those caused by unusual or unknown agents.

**b) Activities:**

- i. Passive surveillance and screening for febrile respiratory illness (FRI) in all hospitals and institutions.
- ii. Perform laboratory testing for influenza when appropriate or when influenza like illness (ILI) symptoms occurs.
- iii. Monitor for increased incidence of disease or illness.
- iv. Monitor for incidence or unusual syndrome complex.
- v. Monitor for cases of febrile respiratory illness (FRI), influenza or unusual disease manifestations. Report immediately to the Medical Officer of Health (via clinical assistant). These are then further reported to the Provincial Call Center (Appendix D-Emergency Numbers)
- vi. Continue global, national and regional influenza/disease surveillance (via clinical assistant).
- vii. Enhance awareness among the medical community regarding the surveillance of influenza as well as unusual disease clusters or manifestations that might represent an outbreak or an exposure to a health hazard (intentional or unintentional).
- viii. Encourage physicians to perform appropriate laboratory testing and/or diagnostic imaging on persons suffering from influenza-like illness or unusual disease manifestation(s).
- ix. Maintain a high index of suspicion for rare or unusual clinical presentations reported by physicians or other health-related workers.
- x. Remind daycares, schools and large workplaces to inform health unit staff when the absenteeism rate exceeds 10%.
- xi. Remind all residential and long-term care facilities to immediately report any identified outbreaks of illness and to follow the protocol established by the health unit (Appendix E-Flow Chart Appendix Outbreak Management).
- xii. Collect surveillance data and forward to MOHLTC as per provincial guidelines.

## **2. MANAGEMENT OF BIOLOGICAL PRODUCTS (vaccines and antivirals):**

### **a) Objective:**

Immunization is the primary means of preventing disease and death from influenza and other infectious diseases. In order to reduce the morbidity and mortality associated with influenza, immunization is offered to the entire population over six months of age through Ontario's Universal Influenza Immunization Program (UIIP). Annual influenza immunization is provided through a variety of setting, including but not limited to health unit clinics, workplaces, physicians and community clinics.

- i. Provide safe, effective vaccination programs
- ii. Allocate, distribute and administer vaccines to appropriate groups of people
- iii. Monitor safety and effectiveness of program
- iv. Monitor safety and effectiveness of antiviral treatment used during outbreaks

### **b) Activities:**

- i. Improve vaccination coverage rates of routine immunization, annual influenza and pneumococcal disease.
- ii. Maintain appropriate records and statistics via Immunization Record Information System (IRIS) and clinic logs.
- iii. Monitor vaccine uptake and efficacy.
- iv. Monitor for severe and unexpected adverse reactions. Report these incidents to the Ministry of Health and Long Term Care via RDIS/iPHIS.
- v. Provide Ministry of Health and Long Term Care (MOHLTC) Public Health Division, statistics related to immunization coverage rates. (Include all vaccinations given at health unit clinics, community clinics, physicians, hospitals and Long Term Care Facilities, etc.). Appendix B-8
- vi. Ensure appropriate vaccine storage and handling for all health unit offices. Ensure annual cold chain visits and inspections to all locations provided with vaccines from the health unit; verify adherence and maintenance of cold chain requirements. (Appendix F-Vaccine Storage Locations)
- vii. Ensure availability and proper procedures for acquisition, transport, security and delivery of vaccines.

- viii. Administer vaccines during weekly vaccination clinic at health unit offices.
- ix. Organize / coordinate mass community immunization clinic(s) in order to offer vaccines to the entire population when needed i.e.: Ontario's Universal Influenza Immunization Program.
- x. Ensure human logistics are in place to manage / administer needed vaccines.
- xi. Monitor vaccine inventory closely for shelf life (materials management technician and program coordinator).
- xii. Determine high priority target groups to receive vaccines or medication in case of shortage of vaccines, other biological product or insufficient resources (Appendix for priority groups).
- xiii. Re-allocate and re-distribute unused vaccines via the Ontario Government Pharmacy (OGPMSSS) as directed by the Public Health Branch.
- xiv. Ensure minimal wastage and avoid inappropriate distribution or administration of vaccines or other biological products.
- xv. Provide information to physicians concerning the use of recommended vaccines, medication or other biological products. Updates can be provided as necessary via fax, mail and on physician's web site.

### **3. PUBLIC HEALTH MEASURES**

#### **a) Objective:**

Public health has the knowledge and authority that will be used to help manage a health related emergency. Public health measures or interventions would be implemented to help slow the spread of infection or disease.

- i. Provide recommendations for case and contact management measures.
- ii. Provide disease containment strategies and guidelines for the community at large.
- iii. Develop educational material related to public health measures.

**b) Activities:**

- i. In case of widespread water contamination, intentional or unintentional, ensure advisories are made to the public, report to MOHLTC. (Appendix G-Adverse Water Advisory)
- ii. Review staffing requirements needed to implement emergency response (i.e. case management and contact tracing).
- iii. Investigate outbreaks of respiratory illness/influenza-like illness, atypical disease presentations as well as unusual clusters of disease; identifying new strains if applicable.
- iv. Notify (by phone, fax or mail-out) physicians, laboratories, hospitals, emergency rooms and other agencies of any suspected events/illness and advise them on how to report any suspected cases of disease.
- v. Ensure management of cases and contacts of all communicable diseases. Early phases of a pandemic will require aggressive follow-up of confirmed and suspected cases.
- vi. Investigation of complaints related to food poisoning or other incidents capable of disease transmission
- vii. Develop and implement educational programs for staff and the community.
- viii. Develop and implement public education on disease prevention and containment strategies
- ix. Develop recommendations around infection control measures in community clinics and physicians offices. Evaluate implementation of infection control measures in these settings.
- x. Develop recommendations for possible restriction of public gatherings and potential daycare and school closures.

**4. COMMUNICATIONS**

**a) Objective:**

To effectively manage an emergency there must be cooperation from the public and those involved in the emergency. Communications key focus will be to educate, to reassure and to ensure accountability of our actions. Contact lists will be established, maintained and updated annually. This list includes: children services, coroners, dentists, first

responders, funeral establishments, health service providers, hospitals, laboratories, media, municipal offices, pharmacies, physicians, residential care facilities, schools and school boards, shelters/halls/arenas, support groups and transportation. The most current versions will be available on the EOHU intranet. (Appendix I–Community Agencies)

- i. Inform / educate the public on the effects of the disease or influenza as well as the benefits and value of immunization or prophylactic medications.
- ii. Keep decision makers and all members of the emergency control group informed of the potential risks of outbreaks or terrorist acts.
- iii. Reassure the public to help reduce the panic that may be created by a noxious/causative agent.

**b) Activities:**

- i. Prepare, circulate and distribute information material on the risks and benefits of routine immunization and influenza immunization.
- ii. Inform the public about where and how to access influenza or other immunization clinics in order to minimize spread and decrease morbidity and mortality associated with a vaccine preventable disease.
- iii. Educate the public on ways to reduce or prevent the spread of infection or disease.
- iv. Develop a plan for accurate information transmittal as well as misinformation / rumor management.
- v. Establish media surveillance and develop response strategies.
- vi. Maintain updated lists of telephone / contact numbers of people from various sectors of the community to ensure quick contact if needed (previously listed Appendix I-community agencies). These lists will be updated on an ongoing basis and reviewed at least annually at pre-determined dates.
- vii. Maintain GIS mapping of the number of residences within each of the townships of the five counties (ArcGIS/census Canada data). This could be used to identify numbers within a specific target population i.e. in the event door-to-door distribution of information needs to be initiated. (Appendix J-GIS population map)
- viii. Establish and maintain a vertical communications system allowing information flow to and from federal and provincial levels to the health

unit (MOHLTC Public Health Branch to MOH). The Medical Officer of Health will further disseminate all relevant information, both internally and externally.

- ix. Establish and maintain horizontal information system to facilitate information exchange at the local level (health unit and community). The Medical Officer of Health will communicate relevant information to the municipalities as well as to health unit staff.
- x. Maintain an inventory of existing information and communication systems (Appendix K-EOHU Communication and Information Systems).
- xi. Maintain current draft of the EOHU contingency plan and all contact lists and information. Contingency plan will be stored on dedicated laptop with an additional CD copy located in the vault. The emergency laptop will be supplied with a 12volt battery charger to ensure portability and accessibility at all times. It will be stored in the office of the Medical Officer of Health.

## **5. EMERGENCY MEASURES**

In case of a terrorist attack, the duration of the response will depend on a number of factors, namely the nature of the agent (chemical, biological, nuclear, radiation), its dispersion, propensity to spread, etc.

In case of influenza pandemic, it is reasonable to expect that all locations would be affected within 1-3 months of the introduction of the pandemic strain in Canada. The emergency response would then need to be sustained for a prolonged period.

### **a) Objective:**

- i. To ensure efficient coordination and collaboration among all members of the emergency response team and more specifically the health agencies involved in the delivery of on-going emergency services.

### **b) Activities:**

- i. Establish and maintain good communication and liaison between health care providers, emergency services, public services, emergency health services and the Eastern Ontario Health Unit.
- ii. Establish a central public health command center.
- iii. Ensure alternate arrangements are in place in the absence of the Medical Officer of Health. (Appendix H-Board of Health Resolution).

- iv. Maintain a list of retired/available public health professionals willing to assist with surge capacity during emergency if needed.
- v. Ensure mutual aid agreements are in place
- vi. Conduct training / simulation exercises to test health emergency plan.
- vii. Assemble pandemic / emergency response teams at given times to review major elements of the plan to ensure that human resources and logistics are in place to respond to potential health emergency situations including but not limited to:
  - Identifying necessary public health services
  - Identifying services that could be reduced during an emergency
  - Personnel that may be available for redeployment
  - Determining local health services capacity and resources.
  - Establish possible locations for temporary morgues.

## **B. RESPONSE PERIOD (IMPLEMENTATION)**

There are critical issues that will inevitably arise during an influenza pandemic or a terrorist attack.

- A large number of citizens, from all age groups, will be affected and require treatment.
- There may be mass casualties overwhelming current morgue capacities.
- Medication and vaccine supplies may be limited and additional supplies may not be readily available during the early stage of the event.
- There will likely be shortages of medical personnel, equipment and supplies. Acute care facilities may be overwhelmed and a need for alternate care sites may be required.
- Essential services may be severely disrupted.
- Media and public scrutiny will be intense and unrelenting.
- No outside assistance may be available.
- In the case of an infectious agent, only a short window of opportunity may exist between the time the first cases are identified and a second wave of the population becomes ill.

**N.B.:** The emergency response must address these issues, but must also be flexible enough to adapt to unexpected changes that could inevitably arise.

**The Medical Officer of Health has the ultimate authority to:**

- Determine that a pandemic or terrorist-related outbreak exists within the five counties served by the Eastern Ontario Health Unit
- Activate the contingency plan
- Notify the EOHU office managers / supervisors to enact the health unit emergency plan.
- Notify municipal authorities to take appropriate action related to activation of their individual community emergency response plan (if needed)
- Authorize any action deemed necessary to protect and preserve the health and welfare of the population (i.e.: quarantine).
- Make decisions, determine priorities and issue operational directives within the health unit as well as within the community
- Ensure that information given to the population and the media is precise and consistent.

**1. SURVEILLANCE AND PRIMARY PREVENTION**

**a) Objective:**

- i. Respond as quickly as possible to pandemic / health emergencies in order to achieve the most effective and efficient coordinated response by the emergency operations team.
- ii. Contain and limit the spread of influenza or disease.
- iii. Limit the morbidity and mortality caused by the health emergency or pandemic.

\*\* See Health Unit Emergency Plan for roles and responsibilities of all health unit employees during a pandemic / emergency situation.

**b) Activities:**

- i. Move from passive surveillance to active surveillance. Monitor the spread of the noxious agent or the disease in order to make sound public health decisions.
- ii. Accumulate, analyze and report daily epidemiological data (number of cases, deaths, clinical features, treatment, etc.) to the Medical Officer of Health.
- iii. Ensure lab testing from ill persons with high priority. During a pandemic these persons would be identified in accordance to provincial recommendations.
- iv. Review case definition or description of unusual clinical syndromes, or unusual pathologic features of diseased or dead persons and report to the Medical Officer of Health.
- v. Hold daily meetings with the pandemic/emergency control team to discuss additional actions or modification to current surveillance activities.
- vi. Ensure continuous surveillance of health care workers and emergency personnel.
- vii. Monitor for bulletins reporting on the potential for a second / subsequent pandemic wave(s).
- viii. In the event of a suspicious package or letter, follow health unit guidelines (Appendix C-2).

**2. MANAGEMENT OF BIOLOGICAL PRODUCTS**

Anticipate vaccine and medication shortages to occur, especially in the early stages of a pandemic or at the time of a terrorist attack. Priority groups to vaccinate or to treat will need to be defined, unless identified by the Ministry.

**a) Objective:**

- i. Ensure appropriate distribution of vaccines/biological agents according to established priority groups or according to recommendation from the MOHLTC at the time of the emergency (Appendix B-7).
- ii. Ensure security of vaccines and biological agents.

**b) Activities:**

- i. Fully activate mass community vaccination plan (As per mass immunization Policy and Procedure).
- ii. Ensure human resources / logistics are in place to manage, distribute and administer vaccines or medications.
- iii. Ensure vaccine/antiviral/medication security during storage, transportation and clinics.
- iv. Communicate with bordering jurisdictions to coordinate the distribution of vaccines/medication (if necessary).
- v. Continue on-going documentation of vaccination, medication distribution and adverse reactions. Ensure a re-call system is in place in the event of a two dose administration (as could be the case for influenza during a pandemic).
- vi. Collect data and analyze efficacy of vaccination and chemoprophylaxis or treatment.
- vii. Record adverse reactions to vaccines or medications; report these to the Medical Officer of Health.
- viii. Monitor supply use and distribution as well as ongoing need for supplies.
- ix. Ensure cold chain procedures are respected.
- x. Distribute information regarding treatment, chemoprophylaxis and/or vaccination to physicians and other care providers as necessary.

**3. PUBLIC HEALTH MEASURES**

**a) Objective:**

- i. Ensure adequate and effective public health measures to contain and limit the spread of disease or infection.
- ii. Limit the morbidity and mortality associated with the health emergency by ensuring appropriate public health measures.

**b) Activities:**

- i. Review and update infection control measures on an on-going basis.

- ii. Implement public health restrictions and issue orders as needed.
- iii. Review and update containment strategies including need to restrict public gatherings or implementing school and day care closures.
- iv. Monitor/ track compliance with containment recommendations
- v. Dependent on agent involved, isolation, decontamination and quarantine orders must be enforced to prevent secondary infection(s).
- vi. Maintain case management of cases and contacts and report to MOHLTC

#### **4. COMMUNICATIONS**

No communications from the health unit shall be made to the media by anyone at any time under any circumstances except on the express authorization of the Medical Officer of Health.

##### **a) Objective:**

- i. Communicate accurate and timely information appropriate to the targeted audiences through the vertical / horizontal communications systems.
- ii. Provide reassurance that a coordinated response has been initiated to deal with the health emergency.
- iii. Acknowledge and fulfill the public's right to know.
- iv. Ensure that adequate hardware, software and logistics are in place to implement the communications plan.

##### **b) Activities:**

- i. Schedule daily meetings with all members of the emergency management team to review progress and management of emergency situation. Ensure detailed minutes are kept of all communications.
- ii. Hold daily briefings with health unit staff (teleconference to satellite offices) to keep all staff well informed of daily developments and possible modifications or new implementation(s) to the plan.
- iii. Provide a daily news bulletin summarizing key points and directives developed from information sessions. This is especially useful to those who were not in attendance at prior briefings.

- iv. Schedule daily sessions with local media. The frequency of these sessions may need to be modified depending on the current situation or need. Ensure public messaging is in sync with that of municipal emergency groups.
- v. Disseminate information daily to the general public via appropriate channels as designated by the Medical Officer of Health. Educational messaging should include but not be limited to:
  - Agent (likely agent) involved, including incubation period, signs or symptoms of disease or exposure.
  - Containment strategies such as staying home when ill, avoiding non-essential travel, avoiding crowds, hand washing, cough etiquette, cleaning and disinfecting.
  - Detailed information on actions to be taken if exposed to agent (i.e.: when and where to seek treatment, reducing risk of exposure to others, etc.).
  - Emergency telephone number to call and report exposure / illness and receive additional information or directives.
- vi. Provide and operate a telephone line; depending on the issue and the number of calls, a dedicated telephone number may be established at an appropriate site.
- vii. Staff the information line with knowledgeable and appropriately briefed individuals. Ensure uniform and consistent messaging.
- viii. Ensure and maintain communication with the municipal emergency control group(s) to provide information on status of activities: community vaccination clinics, vaccines, distribution center, etc. (via the Medical Officer of Health with municipal delegates).
- ix. Maintain communication with the Public Health Division, keeping the Chief Medical Officer continually informed of the situation.
- x. Establish and maintain liaison with other health unit's Medical Officer of Health, focussing on the health units most likely to be impacted by the event.
- xi. Enact alternate arrangements for communications if needed (Appendix K).

## **5. EMERGENCY MEASURES**

### **a) Objective:**

- i. Ensure maintenance of primary and secondary prevention efforts, mitigation activities, provision of essential emergency public health services and the coordination of medical care at the municipal level.
- ii. Ensure security of vaccines and other biological products from the time they are received to final distribution or administration.
- iii. Ensure crowd control at community clinics and other distribution centers.

### **b) Activities:**

- i. The Medical officer of health will act as liaison between the health unit pandemic / emergency response team and local municipal groups.
- ii. Assess need to delay or suspend other public health programs. Consider redeployment or re-allocation of staff as needed
- iii. Oversee management of mass casualties at the municipal level. Establish alternate locations for temporary morgues, as needed.
- iv. Continue health unit emergency response as needed.
- v. Coordinate with other agencies to ensure that food, water, medical and other life support needs for persons confined to their home are provided.
- vi. Assist with preparation and operation of alternate care sites and “overflow” facilities (if needed).
- vii. Ensure adequacy of shelters.

## **C. RECOVERY PHASE (EVALUATION)**

- The Medical Officer of Health announces the end of the emergency response period after confirmation that the noxious agent has been restrained or its effects controlled.
- In case of influenza pandemic, additional wave(s) of outbreak are to be expected approximately 3-9 months following the initial wave or illness. Other infectious agents have a less predictable re-occurrence.

## **1. SURVEILLANCE AND PRIMARY PREVENTION**

### **a) Objective:**

- i. Prepare / plan for subsequent waves of illness or secondary infection.
- ii. Identify second wave of disease or illness.
- iii. Establish burden of disease or infection cause by health emergency/pandemic.

### **b) Activities:**

- i. Compile and analyze data of cases and contacts related to incident to evaluate burden of health emergency/pandemic.
- ii. Continue to monitor and report current influenza strains as well as unusual disease manifestations circulating globally through existing surveillance mechanisms (epidemiological data).
- iii. Continue to monitor the incidence and prevalence of disease that has resulted through exposure to the noxious/infectious agent.
- iv. Review and revise, if necessary current active surveillance system.

## **2. MANAGEMENT OF BIOLOGICAL PRODUCTS**

### **a) Objective:**

- i. Evaluate and report immunization/medication coverage rates attained during emergency

### **b) Activities:**

- i. Continue to vaccinate unprotected persons in anticipation of second wave of influenza.
- ii. Continue to distribute up to date information to physicians and other health care workers regarding treatment, prophylaxis and/or vaccination.
- iii. Compile and tabulate total number of persons who received immunization/medication during emergency. Report statistics to MOHLTC if necessary.

- iv. Evaluate efficacy of immunization/medication distribution efforts during emergency.
- v. Generate suggestions on community immunization clinics and medication distribution sites focusing on methods for improvement.
- vi. Generate suggestions on revisions / improvements to the management of biological products.

### **3. PUBLIC HEALTH MEASURES**

#### **a) Objective:**

- i. Determine efficacy of public health interventions used to prevent/contain infection/disease.
- ii. Prepare / plan for second wave of illness or secondary infection.

#### **b) Activities:**

- i. Evaluate need for ongoing public health restrictions. Lift restrictions if no longer deemed appropriate.
- ii. Lift orders as deemed appropriate.
- iii. Evaluate and review case/contact management strategies used during health emergency.

### **4. COMMUNICATIONS**

#### **a) Objective:**

- i. Evaluate efficacy of dissemination of information during the emergency.
- ii. Evaluate equipment and resources available for emergencies.

#### **b) Activities:**

- i. Continue on-going dissemination of pertinent information to health professionals, emergency services, and general public (hold news conference, update web site regularly, etc.)
- ii. Receive suggestions and proceed with revisions / improvements to the communication plan.

- iii. Update or modify equipment and resources if required.

## **5. EMERGENCY MEASURES**

### **a) Objective:**

- i. Evaluate efficacy of emergency measures; determine if appropriate measures were used.
- ii. Review events of pandemic / emergency and evaluate effectiveness / efficiency of response.

### **b) Activities:**

- i. Evaluate need to continue emergency measure activities within the community; discontinue when appropriate.
- ii. Evaluate need for ongoing security assistance and the need for alternate care sites.
- iii. Stay alert in preparation or anticipation of second wave or secondary infection. Implement emergency response as needed.
- iv. Review emergency measures plan. Suggestions for improvement should be obtained from the emergency management team.
- v. Review overall response to emergency and provide suggestions for improvements.

## **ACKNOWLEDGEMENTS**

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Other relevant information was also adapted from the “Pandemic Influenza: A Planning Guide for State and Local Officials (Draft 21), from the American Center for Disease Control’s National Vaccine Program Office. Information was also adapted and modified from the “Ontario Health Pandemic Influenza Plan” (2004), as well as the “Canadian Pandemic Influenza Plan” (2004).

A special thanks to the City of Cornwall fire department (HAZMAT) for information related to chemical, biological, radionuclear response management.

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