

Perth County Influenza Pandemic Plan

Chapter 4: Health Sector

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4.0 INTRODUCTION

The delivery of health care services during an influenza pandemic will be greatly challenged. The health care system capacity issues are already significant and will be further stressed with health care provider absenteeism and increased volume of patients seeking care for influenza. The ability to respond will be directly related to the resources needed and their availability. These include human resources, financial resources and equipment and supplies. It may be necessary for health care services to reduce or curtail less essential services in order to meet the capacity for influenza related care.

There are computer modeling programs that help hospitals calculate their bed requirements during pandemic. All local hospitals will need to calculate this information for pandemic planning purposes.

4.1 HEALTH CARE RESPONSE

In Perth County, the two hospital CEOs, the County, Stratford and St. Marys CAOs, and the Medical Officer of Health will all be members of the Pandemic Unified Command (PUC). In addition, health care services will meet regularly with the Medical Officer of Health to coordinate the pandemic response. For more information on the Perth County Pandemic management structure, please refer to Chapter 2: Pandemic Management.

Each health care facility and agency in Perth County will have a pandemic plan. A coordinated approach to the health care response will require involvement from all aspects of the health care system including:

- Telehealth Ontario
- Primary Care: family physicians, nurse practitioners, pediatricians, walk-in clinics
- Secondary Care: Specialists and specialty clinics
- Hospital Care, including Emergency dept./ICU units at the Huron Perth Health Care Alliance (Stratford General Hospital and St Marys Hospital) and the Listowel Wingham Hospital Alliance (Listowel Memorial Hospital)
- Long Term Care Homes
- CCAC, including homecare; and nursing and therapy agencies
- Emergency Medical Services
- Perth District Health Unit
- Other community providers such as pharmacists, dentists, midwives, etc
- Social Services
- Mental Health

Pandemic influenza response may require the implementation of alternate methods of health care delivery including:

- Self care
- Flu Centres
- Alternate arrangements for health care delivery

It is expected that health care organizations will develop pandemic influenza plans collaboratively as many depend upon one another for service.

4.2 SELF CARE

Due to the ease of spread of influenza, the public will be encouraged through various media broadcasts from the Ministry of Health and Long Term Care to remain at home and practice self-care for mild cases. Self-care will consist of good hand washing, rest, plenty of fluids, acetaminophen to reduce fever and provide relief from muscle aches, and quarantine of self to limit close contact with other household members.

Depending on the nature of the pandemic influenza strain which circulates, the public may be provided with guidelines of when and where to seek medical attention

4.3 PRIMARY CARE

Planning is underway in Perth County to determine how primary care will be delivered during an influenza pandemic.

Perth County hospitals are assuming that the primary care physicians will take a role in hospitals;-in their clinics (for those who require non-influenza related care) and in flu centres. Other primary care providers, such as nurses, Nurse Practitioners and midwives, will most likely be impacted and will also be expected to assist in the health care sector response.

The Health Liaison Officer will communicate with all community providers, including pharmacists, dentists, and others to ensure that they have the information they need in a timely fashion.

4.4 FLU ASSESSMENT CENTRES

The development of Flu Assessment Centres, separate from existing acute care services, will give the public easier access to influenza services and reduce some of the pressure on the hospital emergency departments in Perth County. These centres will:

- Provide a consistent approach to assessing patients with influenza-like symptoms and triage patients to the appropriate level of care
- Provide access to self-care information and treatment for patients who are not ill enough to require hospital care
- Distribute antivirals

With municipal support, Family Health Teams are planning for flu assessment centres; one for Stratford, one for St. Marys. In Listowel, plans are complete for one flu assessment centre.

The recommended number of sites for Perth County is as follows:

- 15% attack rate 2
- 25% attack rate 3
- 35% attack rate 5

4.5 HOSPITAL PLANNING

There are three hospitals in Perth County – Stratford General Hospital and St Marys Memorial Hospital, both a part of the Huron Perth Healthcare Alliance, and the Listowel Memorial Hospital, a member of the Listowel Wingham Hospitals Alliance. Pandemic planning is ongoing at these facilities.

The issues facing acute care facilities are complex. Despite availability of Telehealth and Flu Centres, some people with influenza will still present at emergency departments for care. Acute care may be overwhelmed with pandemic-related excess demands. At the same time, hospitals will need to continue to provide essential care such as cardiac care, obstetrics, emergency services, etc.

Inherent in this planning is the need for an alteration in public expectations of hospital services. The Ontario Health Plan for an Influenza Pandemic (OHPIP) sets out a phased-in approach to surge capacity including the deferral of non-influenza care and the dynamic use of influenza triage and admission/discharge criteria constantly adjusted to hospital capacity. After hospital surge capacity and other health system resources have been exhausted, mass emergency care may be declared in order to ensure the fair and equitable allocation of scarce resources, and maximize the benefit to the population at large. Further advice from clinical experts and the Ministry of Health & LTC would be required before proceeding with mass emergency care.

Hospital planning therefore will require detailed guidance for:

- Optimizing capacity
- Developing surge capacity
- Deferral of non-influenza services
- Strategies to build critical care capacity
- Critical care triage
- Admissions and discharge criteria
- Infection prevention and control
- Supply chain management
- Traffic and visitor policies
- Human resources
- Communication
- Non-emergent patient transfer

Hospital pandemic plans are in the process of being developed.

4.6 LONG TERM CARE HOMES

When preparing their pandemic plans, long term care homes and other care homes (i.e. retirement homes and supportive housing) in Perth County will need to consider how to provide as much care as possible on-site in order to minimize transfers to acute care facilities. Discussions will be required between long term care facilities, other care homes, hospitals, CCAC, physicians, etc., to determine the type of support needed. Homes will be encouraged to meet as a group with hospital and CCAC officials to develop decision guides for transferring residents.

It is likely that residents and their family members will need to be consulted about the possibility of taking residents home for care thereby freeing up beds for people who can be discharged from hospital to the facility or for those from the community who need urgent admission.

While it is not anticipated that visitors will be prohibited from visiting homes during a community wide pandemic, it is expected that protocols will be put into place to appropriately screen incoming staff, volunteers and visitors. Visiting hours may be restricted. It is also anticipated that residents may be required to move within the home to areas that are better equipped and more appropriately staffed to meet their specific care needs.

In order to provide continuity of care in the face of a staffing crisis, it will be necessary to “cross-train” staff with different skills than their current position requires. For example, an activity staff member may be trained to toilet, transfer and feed residents, and administrative staff member to provide housekeeping services, a therapist to provide assistance preparing meals etc. Priority positions will need to be identified and non-essential staff trained to fill these positions should the need arise. However not only will the continuity of employees change, but staff may also be wearing personal protective equipment, which if

not properly communicated, may add further to the unsettling nature of the crisis for residents.

Communication with all stakeholders (i.e. staff, volunteers, family members, residents, suppliers, health care partners, etc.) as well as ongoing education will be critical, both in preparation for the various stages of the pandemic as well as during the pandemic.

During a pandemic, staff shortages, interruption of regular community services such as snow-ploughs, buses and taxicabs is anticipated. Transportation, housing and meal coverage must all be considered to support staff members or “trained volunteers/visitors” that are available for prolonged periods or for those unable to return to their homes due to transportation issues.

Long term care facilities and other care homes are encouraged to collaborate on strategies that will ensure staff have access to current information, that staff understands their duty to care and that they are supported and appreciated through what will no doubt be a very high stress time with their own family lives.

4.7 CCAC, INCLUDING HOMECARE, NURSING AND THERAPY AGENCIES

Community Care and Access Centres are preparing pandemic plans to address the following objectives:

- To maintain key CCAC services during a pandemic
- To support people with influenza who can be cared for at home
- To identify CCAC services that can be reduced or curtailed in the event of an influenza pandemic
- To support and facilitate early discharge from acute care facilities and/or prevent hospital admissions to free additional acute care beds for people with influenza who require hospitalization

The CCAC and its contracted service providers are developing a plan to provide additional services to reduce the pressure on hospitals and increase capacity to care for those who become ill and can be cared for appropriately in the home. As well, the CCAC needs to plan to maintain regular service provision as much as possible to prevent pressures on other partners in the health care system (hospitals, long term care homes, etc.).

The CCAC will operate using an internal emergency plan during pandemic. The Director of the CCAC will report to the Medical Officer of Health.

4.8 REGIONAL INFECTION CONTROL NETWORK

The Regional Infection Control Network for South Western Ontario was established in 2007 and has been focusing on the creation and distribution of tools and other resources to assist health care organizations meet their infection prevention and control demands. The Network seeks to assist health care organizations across its catchment area to incorporate best practice into their policies, and utilize evidence-based methods of addressing issues specific to their setting. While the mandate of the infection control network does not specifically encompass a role in pandemic response, the Network could serve a supportive function between health care organizations in an information sharing and interpretation capacity during a pandemic.

4.9 EMERGENCY MEDICAL/TRANSPORTATION SERVICES

Elements of emergency medical services include:

- Business continuity planning
- Alternate sources of health care providers
- Alternate mechanisms to transport patients in non-urgent situations
- All EMS staff will be considered essential workers

4.9.1 Maintaining Essential Services

The EMS Deployment Plan has strategies already in place to cover fluctuations in emergency response and staffing needs as:

- Prioritizing all requests for patient transport by Central Ambulance Communication Centre (CACC)
- Shifting ambulances from one location to another to provide equitable ambulance coverage.
- Non-urgent patient transfers and encouraging hospitals to use alternate transport for non-urgent cases

The Director of EMS meets regularly with the Medical Officer of Health.

4.10 PUBLIC HEALTH SERVICES

The Perth District Health Unit has an internal pandemic contingency plan to protect vital public health services and respond to increased demand for information, coordination, surveillance, and public health measures related to pandemic. In addition, the Health Unit has a plan for the vaccination of the entire County population, if and when a vaccine becomes available. The Medical Officer of Health is part of the Unified Command for the pandemic-related emergency response as well as providing leadership to the various stakeholders in the health sector. For the duration of the pandemic, the Health Unit will

operate an internal Incident Management System as well. The Health Unit will operate its command centre at the West Gore site, will expand its Health Line capacity to deal with the increased numbers of calls from the public, and will increase communication efforts to ensure the public and key stakeholders are informed and up to date.

4.11 LABORATORY SERVICES

In the event of an influenza pandemic, laboratories will be challenged with the need to accommodate the expected surge in volume while working to maintain testing capacity, as both available staff and resources are affected.

4.11.1 Hospital Laboratory

The primary role for the hospital laboratories in Perth County is to support the acute care provided in their facilities. The overall goal will be to maintain essential testing services, keep blood and blood products at appropriate levels, and prioritize and manage the activity of laboratory staff.

Depending upon the service provided by the hospital, each laboratory will identify a list of tests that will or will not be performed during a pandemic. This can be done in consultation with the Interhospital Laboratory Partnership and with reference to the OHPIP Chapter 14 and 14A.

4.11.2 Public Health Laboratories

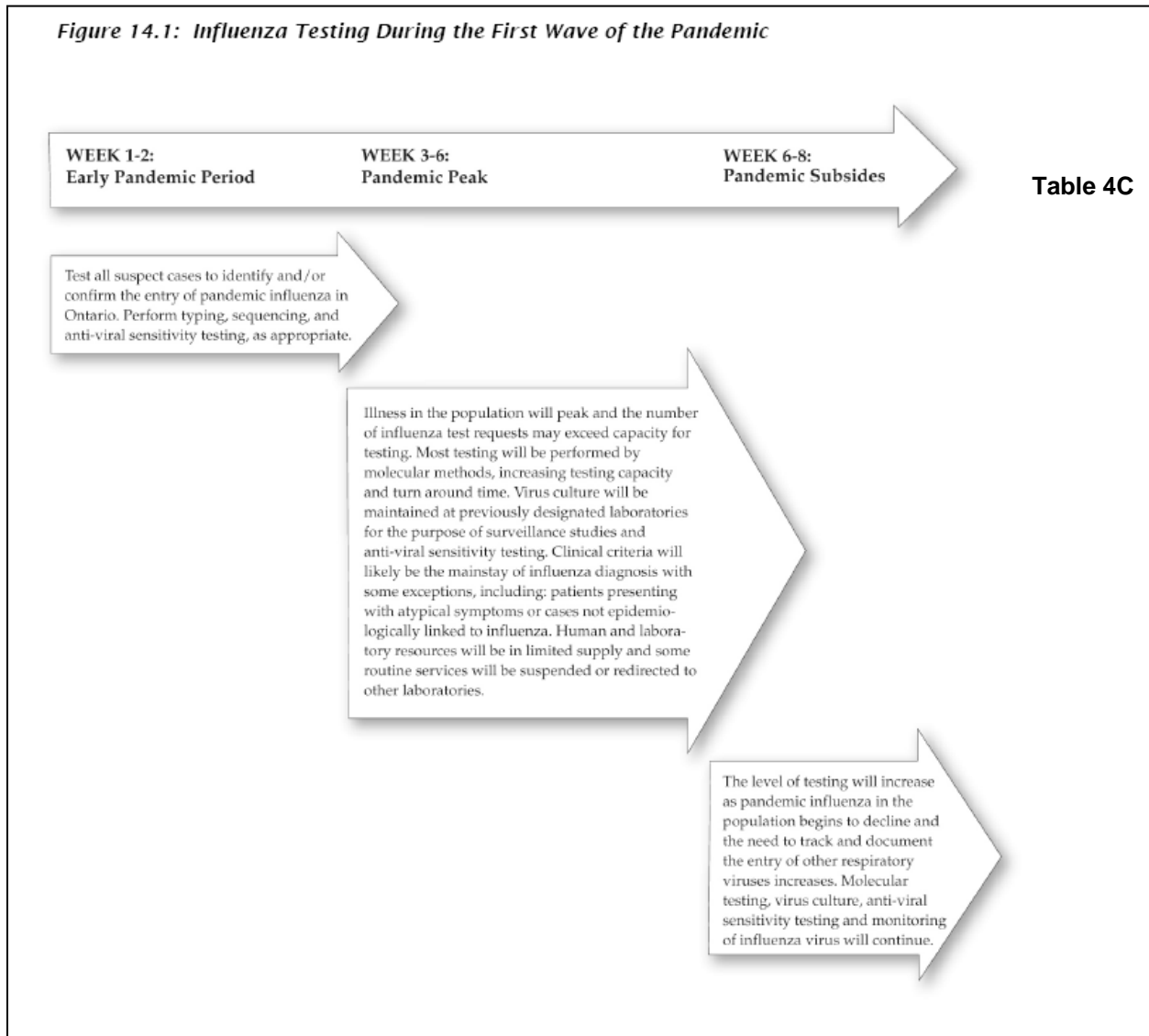
Influenza Testing:

Given the large number of people who will be affected by a pandemic and the potential severity of illness, there will be a dramatic increase in the volume of testing requested to diagnose influenza. At the same time, there will be a decrease in the size of the available public health laboratory workforce due to personal illness and illness within families.

Because entire laboratories could be rendered non-operational when influenza pandemic strikes their city or region, a minimum of four public health laboratories in Ontario will be prepared to handle the volume and type of influenza testing required during pandemic.

Table 4C (Figure 14.1) describes the type and level of influenza testing that will be done over the first wave of pandemic.

Figure 14.1: Influenza Testing During the First Wave of the Pandemic



Other Testing:

Routine testing may not be sustainable throughout a pandemic. Some testing will be reduced or suspended. The types and numbers of tests suspended will depend on the severity of the pandemic and its impact on the population of Ontario. Refer to OHPIP Chapter 14, Table 14.3 for Recommended Public Health Laboratory Activities by Severity of the Pandemic.

4.11.3 Community Laboratories

Ontario’s community laboratories have identified a suggested list of tests that would be required to support the provision of basic health care to the whole population and to those affected by influenza (see Table 14.2, Chapter 14 of OHPIP). The list of suggested tests varies depending on the severity of the pandemic. During a pandemic with a low attack rate, most routine tests would

continue. With a moderate or severe attack rate, some routine testing would be reduced or temporarily suspended to increase capacity for other testing.

4.12 NEXT STEPS

Every health care agency and institution in Perth County is encouraged to have a pandemic plan in place. In addition, since many health care institutions straddle both Huron and Perth Counties, efforts are being made to ensure that plans are consistent and that the health sector/public health interface works smoothly. Education and training efforts will be a priority, once plans are complete; to provide staff with the skills and expertise they will need in order to respond safely and effectively. The health care sector meets regularly with municipal partners to collaborate in pandemic planning for Perth County, through participation in PEP, the Perth Emergency Planning for Healthcare Group.