HURON COUNTY HEALTH UNIT DISEASE THREAT RESPONSE PLAN

June, 2017

This Plan is supported by the Health Unit Emergency Plan

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Huron County Health Unit Disease Threat Response Plan

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Huron County Health Unit Disease Threat Response Plan

1   INTRODUCTION

This plan is intended to guide the response to any currently identified reportable diseases or any new or emerging disease that is a risk to Huron County. It is a supporting Plan to the Health Unit Emergency Plan.

Emerging infectious diseases are diseases that are either new, are newly recognized, or are increasing in prevalence in new areas[1].

Emerging infectious diseases may be considered of public health importance based on a variety of criteria, including their designation as an emerging disease by international, federal, and/or provincial health authorities; their potential for preventability or public health action; and the seriousness of their impact on the health of the population and potential spread[2].

Characteristics of an infectious disease threat include[3]:

- Has the potential to cause significant illness
- has the potential to pose a risk to health care workers and impact vulnerable populations
- may be difficult to prevent
- may be difficult to treat

Initial discussions include the gathering of available information and determining the status of the disease within Huron County and the risk to residents and local health care providers.

See Appendix A for a Disease Threat Response Planning Template.

1.1   INCIDENT MANAGEMENT SYSTEM

During a public health emergency, the Huron County Health Unit uses an Incident Management System [IMS] model to coordinate a response and meet operational needs. More information about IMS can be found in the Health Unit Emergency Plan Chapter 7.

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[1] International Encyclopedia of Public Health. (2008). *Emerging Diseases Overview.*
http://www.sciencedirect.com/science/article/pii/B9780123739605004536

[2] Ontario Ministry of Health and Long Term Care. (2016). *Ontario Public Health Standards – Infectious Diseases Prevention and Control.*
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdis.aspx#up21

[3] Ontario Ministry of Health and Long Term Care. (2016) Building a Ready and Resilient Health System: Ebola Step-down and Provincial Baseline Requirements for Infectious Disease Threats.
http://www.health.gov.on.ca/en/pro/programs/emb/docs/Resilient_plan_2016_en.pdf

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1.2   SAMPLE IMS CHART:

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                        ┌──────────────────┐
                        │  Executive Lead  │
                        └──────────────────┘
                        ┌──────────────────┐
                        │ Incident Manager │
                        └──────────────────┘
                                              ┌──────────────────┐
          ┌──────────────────┐                │     Liaison      │
          │  Safety - Risk   │                │  Communications  │
          │   Assessments    │                └──────────────────┘
          └──────────────────┘

  ┌─────────────┐   ┌─────────────┐   ┌─────────────┐   ┌──────────────────┐
  │ Operations  │   │  Planning   │   │  Logistics  │   │  Finance / Admin │
  └─────────────┘   └─────────────┘   └─────────────┘   └──────────────────┘

  ┌─────────────┐   ┌─────────────┐   ┌─────────────┐
  │ Surveillance│   │Documentation│   │  Supplies   │
  │ and Data    │   └─────────────┘   └─────────────┘
  │ Collection  │
  └─────────────┘

  ┌─────────────┐   ┌─────────────┐
  │Public Health│   │  Resources  │
  │  Measures   │   └─────────────┘
  └─────────────┘

  ┌─────────────┐
  │  Outbreaks  │
  └─────────────┘
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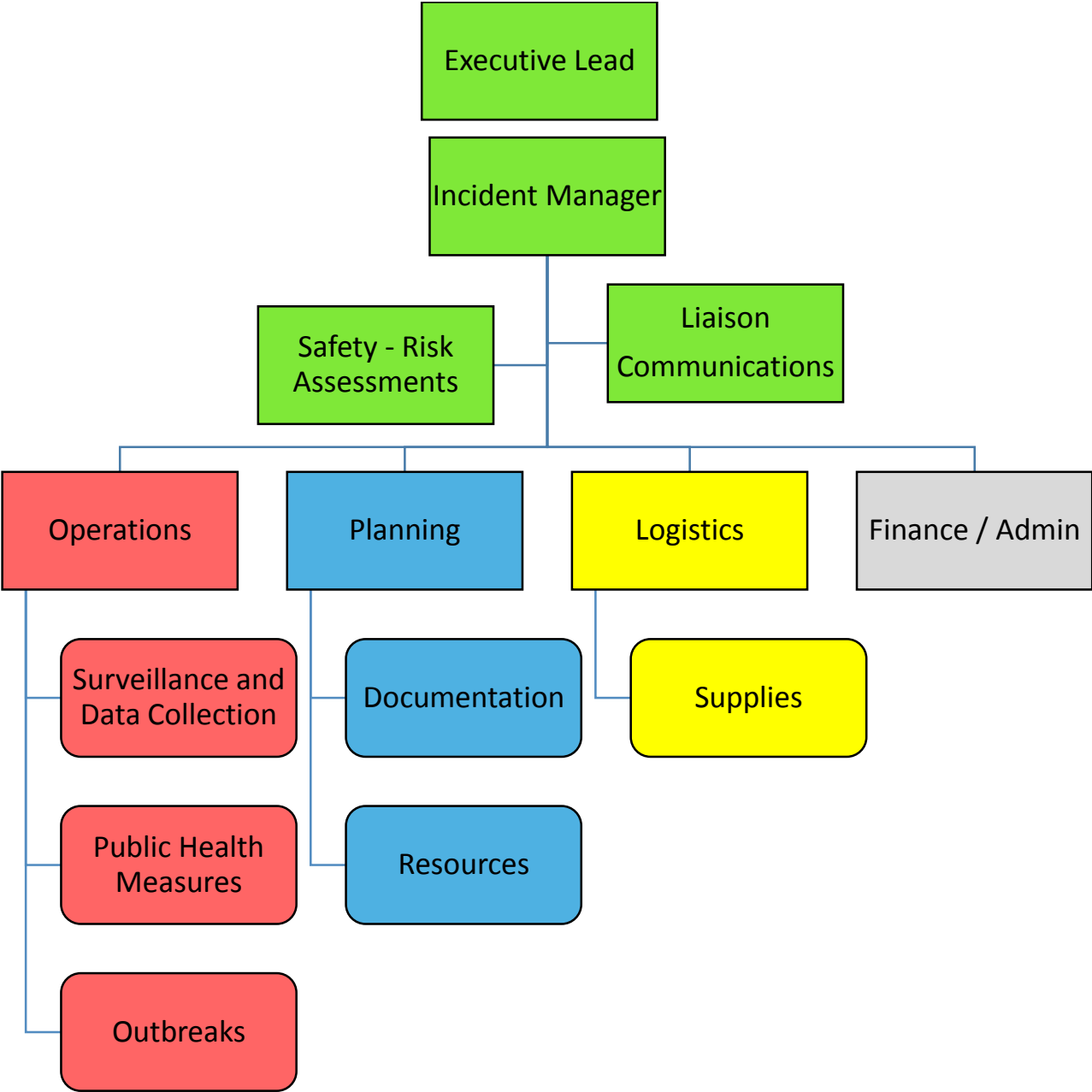
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2   OCCUPATIONAL HEALTH AND SAFETY

2.1   RISK MANAGEMENT

R – Recognize the hazard

A – Assess the risk associated with the hazard

C – Control the risk associated with the hazard

E – Evaluate the controls

2.1.1   Organizational Risk Assessment

An Organizational Risk Assessment is an evaluation done by an organization in order to identify which risks (internal and external) the organization may face, the likelihood of facing those risks and what the impact would be. This process also includes determining whether the level of risk is acceptable or whether controls are required[1].

An ORA is completed on an annual basis and is re-evaluated when appropriate. The assessment evaluates the effectiveness of present control measures and the implementation of the hierarchy of controls to prevent the spread of an infectious disease threat.

An Organizational Risk Assessment (ORA) must consider the most update information about the disease, its virulence and who will be at higher risk of complications. Current controls must be assessed for their adequacy to protect staff. Best practice will be to err on the side of caution when little is known about the disease.

➤ Identify job task associated with each classification

➤ Identify the current controls in place to prevent the hazard

The current ORA for the Health Unit can be found under Health and Safety on the HU General Drive. It can be used as a starting point for the Risk Assessment, however it is imperative it be re-evaluated and updated as more information becomes available on a new disease threat.

Documentation of the risk assessment is key to ensuring communication to all involved. The table below is to be completed and approved by the Medical Officer of Health prior to commencing a response to an emergent issue.
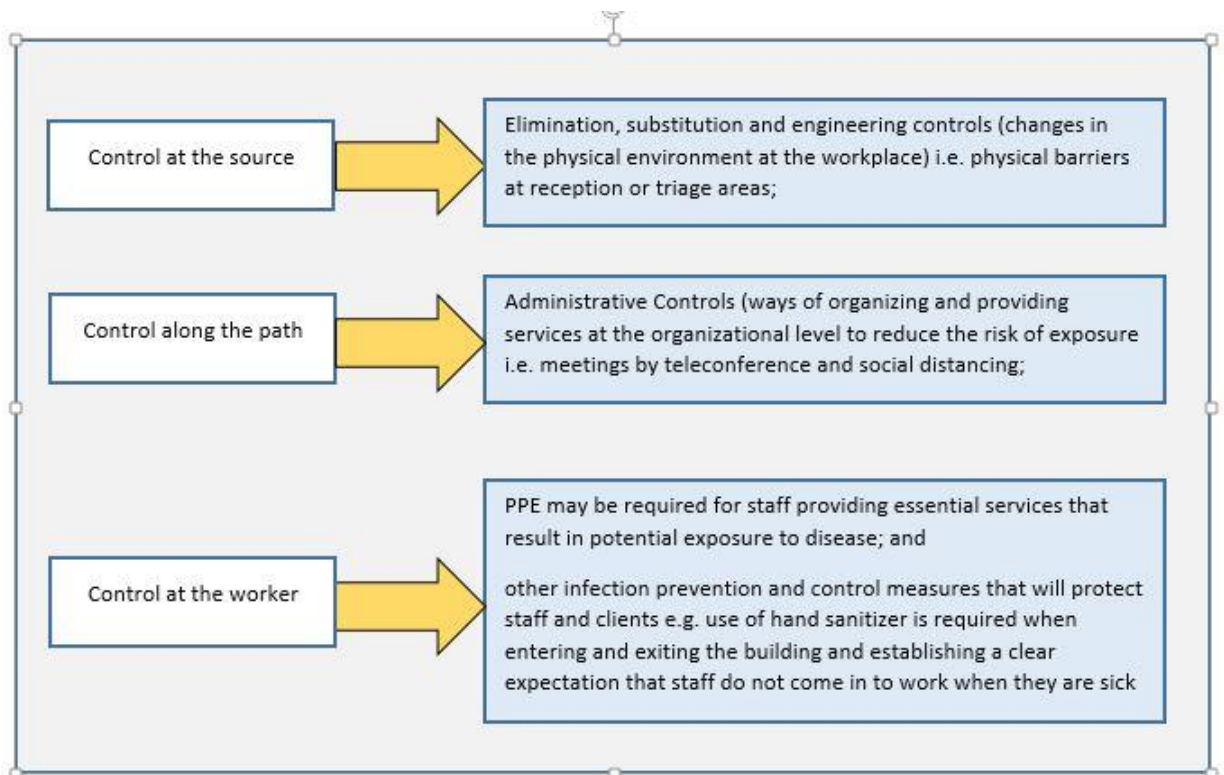
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Risk Assessment and Job Hazard Analysis						
Job Classification	Job Tasks	Potential Hazard	Frequency	Consequence	Current Controls	Control Adjustments
Administration						
Nurse						
Inspector						
Promoter						

2.1.2   Hierarchy of Controls

Identify and implement controls based on the hierarchy of controls:

- elimination
- engineering controls – modification of work environment or equipment to reduce the hazard or provide a barrier
- administrative controls – change the way work is done
- personal protective equipment (PPE)

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2.1.3   Regional Risk Assessment

The Health Unit may work with the LHIN to complete a Regional Risk Assessment [RRA]. The RRA helps to identify local health system risks and potential gaps in healthcare worker protection at the regional level. And based on provincial guidance and assessment.

2.2   OCCUPATIONAL HEALTH AND SAFETY ACTIVITIES

Public Health Activities	Specific Actions for Consideration
Undertake various roles as described in the Ontario Public Health Standard on Infectious Disease Prevention and Control	Complete Disease Specific Response plan. Provide the necessary training to ensure mitigation of risks.
Promote and reinforce MOHLTC recommendations locally	Communications out to relevant partners to reinforce ministry direction: • Alerts • Website • Emails • Faxes
IPAC committee or designate And OHS professional or designate:	
Provide expert advice to health sector employers, supervisors and others about implementation of MOHLTC recommendations and other OPAC and OHS measures and procedures	HCHU would not be an expert in this area and would defer to Public Health Ontario or the Ministry of Labour for OHS guidelines. The HU would ensure that these guidelines have been received by local providers. Provide training and education to health unit staff in relation to their risks and how they need to protect themselves. The MOHLTC document "Building a Ready and Resilient Health System" contains a list of references that should be referred to during discussions.
Assist in the development and / or provision of training and education relevant for health workers and others in the workplace	
Work collaboratively with each other and with JHSCs	

3 COMMUNICATIONS

THIS COMMUNICATIONS CHAPTER IS SUPPORTED BY THE HEALTH UNIT EMERGENCY PLAN. FOR FURTHER INFORMATION SEE CHAPTER 8 COMMUNICATIONS.

3.1 COMMUNICATIONS ACTIVITIES

Public Health Activities	Specific Actions for Consideration
Communicate with local health system partners to coordinate the local response	Reiterate the information being provided at a provincial and/or federal level.
Analyze, report and communicate local surveillance information to local health system partners	Current system established with the Emergency Room departments of the 5 local hospitals. Potentially adapt this reporting system to the current need.
Follow MOHLTC recommendations, directives, orders and requests	Follow direction as received
Communicate and reinforce the MOHLTC's recommendations and response strategies with local health system partners; may provide additional interpretation targeted information and knowledge translation tools	Develop a multi-level communication strategy that includes fax and email as well as social media platforms.
Communicate with the public on risk and appropriate public health measures	Develop a Communication Plan directed at the public. Includes: Local radio Digital communications: social media website ER room and FHT electronic signage Possibly text alerts? Local newspapers Print communications (posters, brochures) If needed, media conferences
Contribute to the MOHLTC's risk communication based on local surveillance information	Complete all reporting requirements with the set timeframes.
Develop and issue orders (as per the HPPA)	Pre plan for orders that may be required based on the transmission of the disease and risk to others

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3.2 MOHLTC COMMUNICATIONS METHODS WITH PUBLIC HEALTH (FURTHER INFORMATION AVAILABLE IN THE HEALTH UNIT EMERGENCY PLAN CHAPTER 8.6.5 A1)

3.2.1 Situation reports

These reports will update system partners on the status of the response. Health Units share information from these reports with local partners.

3.2.2 Important Health Notices

Short bulletins to communicate MOHLTC recommendations and directives. Health Care Partners can sign up to receive by fax or email through the MOHLTC public health portal. The IHN may be tailored to specific healthcare groups or geography as the situation warrants.

IHN's can also be found on the Ministry website. The notices may be circulated by Health Units to partner agencies. Information may be additionally interpreted or targeted but not altered.

3.2.3 Health Care Provider Hotline

1-866-212-2272 is used to address questions or concerns on the response or scientific or technical issues. It may also be used a reporting tool to provide the Ministry with local situation information.

3.2.4 Public Health Unit Teleconferences

To share information, identify problems, develop recommendations and response strategies for the local level

3.2.5 Knowledge Translation Tools

Tools to disseminate recommendations, directives and response strategies (e.g., guidance documents, strategy documents). PHO may also develop supporting materials and education opportunities to supplement MOHLTC's tools.

3.2.6 Public Health Ontario Reports

Regular reports about surveillance and laboratories are expected during a disease outbreak. These include: Labstract, Ontario Respiratory Virus Bulletin, and the Monthly Infectious Diseases Surveillance Report.

3.2.7 MOHLTC Website

To share information and resources including documents and links.

4 SURVEILLANCE

Surveillance is the continuous and systematic process of collecting, analyzing, interpreting and disseminating descriptive information to help public health decision makers prevent and reduce illness and death in a timely and appropriate manner.

4.1 SURVEILLANCE ACTIVITIES

Public Health Surveillance Activities	Specific Actions for Consideration
Collect local data as per the provincial surveillance strategy	Create a surveillance working group to identify any issues with reporting requirements and create a training plan for staff.
Lead and implement local surveillance initiatives	
Report local data to PHO and contribute any analytic or interpretive insights to the MOHLTC and PHO	Use pre-established connections with PHO and the Ministry to collect and report data (iPHIS)
Analyze, report and communicate local surveillance information to health system partners	Generate local Cognos report for relevant data changes and provide summaries to our local health system partners
Interpret provincial, national and international data for relevance to Huron county context and communicate this information to our local health system partners	Include local situation with distribution of provincial, national and international data shared with local health system partners
Facilitate the collection of samples during institutional outbreaks	Send out alerts to reiterate specific lab instructions for collection of samples

4.2 SURVEILLANCE METHODS IN HURON COUNTY

Surveillance Methods	Specific Actions for Consideration
Laboratory confirmed cases	Auto fax received directly from Public Health Ontario
• hospitalizations	Network with the five local hospital ICPs to confirm reporting requirements and timelines
• Institutional outbreaks	Facilitate a meeting of the LTCH and RH administrators to review and implement reporting requirements
• Community cases	Provide fax to all FHTs and Local care providers on the reporting requirements and clearly set the reporting requirement timelines similar to how vaccine ordering process is set up.
Local disease activity reports	Only in the event of a highly active influenza season or an emergent disease will HCHU undertake the process of local activity reports. PHO has a robust online reporting system that can be located here

	(http://www.publichealthontario.ca/en/ServicesAndTools/SurveillanceServices/Pages/Ontario-Respiratory-Virus-Bulletin.aspx)
School absentee reports	If this is indicated in the disease response plan, a partnership between Perth and Huron health units will need to be established and together the units will approach the school boards with reporting requirements. As per the 2010 influenza surge event, the reporting system will be set up electronically on Huron's website and secured with passwords for users. A full privacy review will need to be completed before data collection begins.
Telehealth Ontario reports	There is currently no system available for Telehealth to communicate with Health Units. Huron should advocate for the creation of this system.
Syndromic surveillance at pharmacies	At this time there is no current system available in Huron. However, relationships with the local pharmacies have been created to support access to the Universal Influenza Immunization Program. This relationship can be further enhanced to meet the potential surveillance needs of the disease response.
Social Media	May need to monitor social media however this will depend on the surveillance data that becomes available

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5 PUBLIC HEALTH MEASURES

Public health measures are non-medical interventions used during an outbreak of disease to reduce the spread of disease. Public health measures can be defined within 3 categories: voluntary, mandatory and environmental supports.

5.1 VOLUNTARY PUBLIC HEALTH MEASURES

5.1.1   Individual and Group Behaviours:

> ➢ Hand hygiene
> ➢ Respiratory etiquette
> ➢ Environmental cleaning
> ➢ Illness isolation
> ➢ Social distancing
> ➢ Closure of organizations or programs

5.1.2   Environmental Supports

> ➢ Information and education (e.g. signage, public messaging, media)
> ➢ Support (e.g. policies and procedures, sick leave)
> ➢ Role modelling - Encourage formal and informal leaders to personally and publicly adopt behaviours to normalize them

5.2 MANDATORY PUBLIC HEALTH MEASURES

5.2.1   Case and Contact Management

> ➢ Follow up with those who are ill
> ➢ Identify those who may have had close contact with infectious cases
>
> Actions will be based on the provincial pandemic health measures strategy

5.2.2 Orders

> ➢ Closure of an organization for a period of time and / or modify activities within an organization
> ➢ Exclusion of sick individuals from spaces under local MOH jurisdiction (HPPA)

5.3 PUBLIC HEALTH MEASURES ACTIVITIES

Public Health Activities	Specific Actions for Consideration
Provide advice to the MOHLTC to support the development, evaluation and refinement of the provincial public health measures strategy	Though currently in its infancy, the health unit has developed program planning tools and evaluative thinking processes to support the work that is required for a disease response.
Develop, implement and evaluate public health measures based on the provincial strategy	
Develop and issue orders as per the HPPA	

5.4 ROUTINE PRACTICES

The following measures are encouraged for all individuals at all times:

> ✓ frequent and proper hand hygiene whether hand washing or using hand sanitizer;
>
> ✓ cover your cough or sneeze with your sleeve; if using a tissue, dispose of properly;
>
> ✓ avoid touching your face, nose and mouth with your hands;
>
> ✓ stay home if you are sick;
>
> ✓ do not share personal objects with other people (i.e. toothbrushes, water bottles);
>
> ✓ avoid close physical contact with people who are sick; and
>
> ✓ frequently disinfect "high-touch" items such as doorknobs, keyboards, telephones etc.

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6   OUTPATIENT CARE AND TREATMENT

Public Health Activities	Specific Actions for Consideration
Communicate surveillance information and information on local health system demand and capacity with local health system partners, PHO and MOHLTC	Engage local Health Care facilities in conversations to determine a local level strategy and how communications will flow between organizations.
Implement telephone information service based on capacity and local need	HCHU has the ability to expand current telephone services to include multiple numbers and operators. HCHU will build on current infrastructure as deemed necessary for the response. When the tiered hospital model is established, a variety of public health activities may be required. For example, the ministry may ask public health units to monitor returning travelers from affected regions, help arrange transport for symptomatic persons to a treatment or testing hospital, support hospitals in assessing whether a suspect patient requires testing, communicate information within their jurisdiction, etc. The exact nature of these activities would be based on provincial guidance and/or directives (*Building a Ready and Resilient Health System* pg. 27 – see appendix x).
In coordination with the RICN(s), support FACs to implement effective IPAC measures	It is anticipated that Public Health Ontario will take the lead in generating and providing this information. HCHU will distribute to the various forms including but not limited to fax, email and website. Additional social media platforms may be identified and implemented.

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Background	Current Situation
Disease Epidemiology	High Risk Populations

Appendix A – Disease Threat Response Plan Template

		Huron County Health Unit					External Partners		
		Coordination	Communication	Surveillance	Public Health Measures	Occupational Health and Safety	Case and Contact Management	Laboratory Services	Health Care Services	Community Partners

Left vertical axis labels (top to bottom): Prevention /Mitigation, Preparedness, Response, Recovery

Vertical label: Strategies and Activities

Prevention /Mitigation rows:
- Internal
- Public
- Partners

Preparedness rows:
- Internal
- Public
- Partners

Response rows:
- Internal
- Public
- Partners

Recovery section:
- Debrief sessions for HCHU and partners
- Document lessons learned
- Participate in provincial data collection
- Apply for designated funding from Ministry if available
- Prepare and share report outlining HCHU response activities

APPENDIX B REVIEW AND REVISION LOG

Reviewed and Approved June 28, 2017	Dr. Bokhout MOH
Review Date	Reviewed By:
	EMAG

Revision Date	Section Revised	Approved By: