



REGIONAL PANDEMIC INFLUENZA PLAN

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INTRODUCTION:

This contingency plan has been developed to act as a guide to more detailed planning at all levels in the region to prevent, be prepared for and respond to mild, moderate, and severe influenza outbreaks. This plan has been developed to be consistent with the *Canadian Pandemic Influenza Plan for the Health Sector* (CPIP) and the *Saskatchewan Pandemic Influenza Plan* (SPIP) (September 2009). The plan is intended to inform and reassure our staff, physicians, clients, patients, residents and the public.

Each department within KTHR has more detailed plans and links are provided to these plans throughout this document. Plans continue to evolve as information changes.

It is expected that there will be two or more waves of illness with each lasting approximately 6-8 weeks. This plan is based on the assumption that up to 35% of our employees will be affected. While many residents of Kelsey Trail Health Region may become ill, most will be able to care for themselves without requiring access to the health care system.

GOALS AND OBJECTIVES:

The **objectives** of the regional plan are to coordinate efforts of the facilities and services in the Kelsey Trail Health Region to effectively:

- Minimize serious illness and death
- Minimize societal disruption.
- Collaborate with stakeholders at all levels to ensure a “best fit” response
- Ensuring that essential services are provided
- Provide timely information to staff, physicians, public, stakeholders

ROLES AND RESPONSIBILITIES:

A collaborative and informed approach coordinates stakeholders at all levels.

International

World Health Organization (WHO)

Pandemic influenza is a global concern that requires international, federal, provincial, and territorial (F/P/T) legislation for an effective response. [WHO Pandemic Preparedness](#) determines the global “phase” of an influenza outbreak, coordinates available international resources, and recommends action to national authorities. See Appendix 5 of this Plan for further information on WHO Pandemic Phases.

Federal

Public Health Agency of Canada (PHAC)

In the event of a public health emergency such as a pandemic influenza, [PHAC](#) coordinates national emergency public health response by working with provinces and territories. This includes liaison with international authorities, analysis and reporting of epidemiological data, ensuring safety and distribution of vaccine, allocation and distribution of national stockpiles, and implementing national communication strategies, plans and frameworks.

Using the WHO phase of influenza pandemic, the Chief Public Health Officer (CPHO) of Canada assesses the national severity of an influenza outbreak with advice from F/P/T experts, and provides national guidance for a provincial/territorial response.

Health Canada

[Health Canada](#) has authority to negotiate agreements and provide funding for technical and operational activities related to health. Health Canada is the regulatory authority in the country responsible for ensuring the safety, effectiveness, and quality of all drugs, including vaccines, marketed in Canada for human use. Vaccine regulation in Canada is subject to the provisions of the [Food and Drugs Act and regulations](#).

Provincial

Saskatchewan Ministry of Health (MoH)

The MoH is responsible for leading the strategic direction of the Saskatchewan health care system through preparedness and response for public health emergencies, such as a pandemic influenza, and for developing the *Saskatchewan Pandemic Influenza Plan for the Health Care System*. The MoH oversees and coordinates the delivery of health services in the province. In pandemic planning, the MoH liaises with F/P/T government officials and public health experts to support provincial interests and to ensure that legislated and ethical responsibilities are met and exceeded.

Municipalities

Municipalities are responsible for developing protocols for emergency management, including health emergencies. Protocols for responding to health emergencies must link with the MoH and RHAs in order to ensure a collaborative approach in maintaining public health and safety.

For further information see [KTHR Guidelines for municipalities July 31-06](#).

The Kelsey Trail Health Region

The region is responsible for supporting a local and regional health care system response by:

- Deliver anti-virals and vaccines;
- Providing frontline service delivery of essential health and public health programs;
- Reallocating/re-deploying resources when necessary to ensure reasonable equitable access to essential services and critical scarce resources to ensure an effective health response where possible;
- Working directly with local jurisdiction stakeholders across all sectors;
- Working with First Nations and Metis jurisdictions and their representatives;
- Communicating to the public, staff and stakeholders in their regions, consistent with provincial direction (communication may be specific to the local situation);
- Communicating ongoing operational status to MoH; and,
- Requesting assistance from the province as necessary, recognizing that the ability to assist may be limited.

EPIDEMIOLOGY AND ESTIMATED IMPACT

Influenza pandemics are caused by novel influenza A viruses. Different strains occur either by gradual change 'drift' or sudden change 'shift'.

There have been three major Influenza A outbreaks in the 20th century: the 1918 Spanish Flu, the 1957 Asian Flu, and the 1968 Hong Kong Flu. Since 2004, an avian influenza strain, A:H5N1, has spread from South East Asia to Europe and Africa and in 2009 a novel A: H1N1 spread across the world.

Each pandemic has some different characteristics and health impacts. New strains of influenza vary in rate of spread, the severity of symptoms caused, and the part of the population most severely affected. An appropriate response to influenza outbreaks must be based on past learning and the unique characteristics of the new strain of influenza virus.

With a new influenza virus there will be little to no immunity in the general population. This allows the virus to spread quickly and cause illness in many people. A population is less susceptible overall if the new virus has circulated previously.

Although the course of a future pandemic cannot be accurately predicted, using epidemiology information collected from past influenza outbreaks it is possible to model planning scenarios that estimate the impact on KTHR residents in future outbreaks. Since outbreaks can vary in severity, plans of preparation and response must include mild, moderate, and severe levels of readiness.

KEY PLANNING ASSUMPTIONS

Key planning assumptions allow for decision making based on the characteristics of previous outbreaks. The following assumptions are provided by the Saskatchewan Pandemic Plan:

- Pandemics of respiratory illness are inevitable and clinical severity will vary from mild to severe. A pandemic may last between 12 to 18 months and may occur in two or more waves. In a single community a pandemic influenza wave of illness will generally last six to eight weeks, but this time period may vary.
- Since there is likely to be no specific immunity to the new virus on a population basis, the new virus will be transmitted efficiently from person to person, resulting in large numbers of people being infected.
- The novel virus is expected to have an incubation time of one to three days, and an individual infected with the virus can be infectious from 24 hours prior to symptoms to up to seven days in adults (may be prolonged in children). Most transmission is likely to occur by large droplets (i.e. sneeze or cough) or direct contact with contaminated surfaces.
- The course of illness, without complications is three to seven days, but return to prior well being may take weeks. Sick people should be on home isolation until symptoms are resolved and they are able to participate fully in day to day activities. It is uncertain whether individuals who recover from illness caused by the pandemic influenza strain will be immune to further infections by that strain.
- During the peak – two weeks of illness in the community – absenteeism rate from work and school may reach 10% to 25%, this may be due to personal illness, caring for others, pandemic influenza related public health measures. Normal baseline absenteeism is 8% in a normal winter. Business continuity response should plan for up to a third for the workforce being absent, for all reasons, in this peak period during a severe pandemic.
- A vaccine supply is typically not available until four to six months after the pandemic influenza virus strain is confirmed. Even though sufficient vaccine for the Canadian population is expected, it is anticipated that the new pandemic vaccine will become available in

batches. It is expected that two doses of vaccine may be required to produce an effective immune response.

- It is assumed that the virus will be sensitive to antiviral medications. Antiviral medication will be available for treatment for approximately 17.5% of the Saskatchewan population in the provincial stockpile and 25% when including the National Emergency Stockpile.

ETHICAL CONSIDERATIONS

The balance between individual and population interests shift according to the nature of any health risk being addressed. During an infectious disease outbreak, there are many kinds of health risks to the public. Population interests will prevail over individual interests that may be temporarily affected. (i.e. limitation of travel)

Limited resources will be a reality during a severe outbreak of influenza and requires the adoption of the ethical principle of *respect for the inherent dignity of all persons*. This means that although some people may not be initially eligible (i.e. who gets vaccinated and when), they must be informed and cared for in a way that is respectful and maintains dignity. *Distributive justice* implies the distribution of resources in a fair and equitable manner based on need.

The ethical principle of *least restrictive means* stipulates that personal autonomy should be infringed upon only to the extent necessary to ensure the public good. Public health ethics inform decisions made during a pandemic response to optimize a risk/benefit ratio and to maintain transparency and public accountability.

Consistent with CPIP and the SPIP, the overall ethical principles informing the KTHR Pandemic Influenza Plan are:

- protect and promote the public's health'
- ensure equity and distributive justice;
- respect the inherent dignity of all persons;
- use the least restrictive means;
- optimize the risk/benefit ratio; and
- work with transparency and accountability.

PREPAREDNESS AND RESPONSE

a) KTHR HEALTH EMERGENCY OPERATIONS CENTRE (HEOC)

At the call of the MoH, Kelsey Trail Health Region will activate its HEOC. The pandemic response will be coordinated using an Incident Management System. The Incident Management System provides an approach to managing any incident by dividing the event into components of a command and control structure that correspond to responsibilities and objectives.

The KTHR - HEOC will provide the mechanism for regional communication and coordination of regional response activities. The KTHR – HEOC will have direct communication channels to the MoH through the HEOC.

[KTHR HEOC – Emergency Management structure](#)

b) CONTINUITY OF HEALTH SERVICES AND SURGE CAPACITY

During influenza pandemic, it is expected the health region will need to deal with both an increased demand on the system and a high rate of absenteeism.

If a patient requires hospital admission, the region must be prepared to provide dedicated treatment of influenza patients, separate from patients in hospital for other reasons.

KTHR Department Specific Pandemic Plans

- [Community Services Overview](#)
 - [Therapies](#)
 - [Primary Health Care Services](#)
 - [Home Care](#)
 - [Mental Health & Addiction Services](#)
- [Payroll and Scheduling](#)
- Laboratory (section (f))
- Acute Care (section (j))
- Long Term Care (site specific plans)
- [Diagnostic Imaging](#)
- KTHR Emergency Medical Services
 - [GP 24 Pandemic Influenza](#)
 - [EMS Pandemic Card](#)
 - [EMS Infection Prevention and Control](#)
 - [GP24 Pandemic Protocols](#)

c) STRATEGIC RESERVE (STOCKPILING)

Strategic reserve is a process of identifying and acquiring a stockpile of medicines, supplies and equipment to ensure the region can continue to provide services in the event of an emergency. Kelsey Trail Health Region will follow the MoH Annex C in determining strategic stockpiling. For more information see [KTHR Strategic Reserve Stockpiling](#).

d) **FINANCE**

The financial cost in responding to a pandemic influenza is system-wide responsibility. Budgets, forecasts, and processes for tracking (i.e. tracking codes and forms) for a pandemic have been developed. See [KTHR Finance Accounting](#)

e) **SURVEILLANCE**

Surveillance is the ongoing responsibility of the health region through Population and Public Health. Surveillance is the ongoing collection, analysis and interpretation of health data in order to improve decision-making. Influenza surveillance is required to determine:

- When, where and which influenza viruses are circulating;
- Detection of new viruses;
- The high risk populations;
- The intensity and impact of influenza activity; and,
- Unusual events.

Surveillance data will drive the pandemic response as it will be used to determine the pandemic phase, and to track progression through the phases.

For more information on surveillance through each phase see [KTHR Pandemic Planning Policy 12-09 – Pandemic Influenza Surveillance](#).

f) **LABORATORY –**

The SDCL provides and leads public health laboratory services for the province. The SDCL can detect the arrival of the specific pandemic strain and its subsequent spread across the province.

During the WHO pandemic phase 5 and earlier, the SDCL will process respiratory samples from patients across Saskatchewan exhibiting ILI and other respiratory pathogens. In order to monitor outbreaks, the SDCL will develop reports that identify the number of positive samples compared to the number of samples submitted from each RHA and fax them to the CMHO and the regional MHO.

During the declared WHO pandemic phase 6, mild to moderate cases will not be tested. The SDCL will provide laboratory information for the identification and treatment of severe cases, those considered at risk and pregnant women. The SDCL will work in collaboration with the National Microbiology Laboratory (NML) in Winnipeg and submit a subset of samples to this federal laboratory for full-strain characterization. The SDCL Laboratory Liaison Officer (LLO) will move information between the SDCL and NML, and will collaborate with the MoH on various activities (i.e. validating numbers, distribution of cases, etc.). The SDCL will also work with the NML in studies for development of resistance and vaccine efficacy.

The KTHR Laboratory Pandemic Preparedness Plan focuses on the provision of laboratory support for disease surveillance and to provide phased planning for laboratory preparedness and response efforts during a pandemic. For more information see the [KTHR Laboratory Pandemic Preparedness Plan](#)

g) INFECTION PREVENTION AND CONTROL

Good infection prevention and control (IPC) is the cornerstone of an effective pandemic response, adherence to IPC policies and procedures is critical at all times, but during influenza pandemic IPC practises are emphasized. A combination of strategies will be utilized to protect HCW, patients, visitors and the public during a pandemic. Education will be provided for Health Care Workers and the Public, following recommendation from PHAC and the provincial MHO.

Refer to [KTHR Infection Prevention and Control](#) for more information.

Selection of Personal Protective Equipment Guideline for H1N1

OH&S Exposure Control Plan is part of KTHR's OH&S Program. Ongoing safety training is in place. More specific Safety Concerns related to Pandemic include adequate PPE use and Respiratory Fit testing as part of orientation of new employees; there are trainers at each site for ongoing training. High risk areas were prioritized with the intent of testing all employees.

Selection of Personal Protective Equipment Guideline for H1N1 – for more information see Point of Care Risk Assessment Tool

Patient Clinical Status and Source Control Capability	Physical Setting and Level of Patient Interaction				
	No Patient Interaction Non clinical	No Direct or Indirect Patient Interaction	Indirect Contact (2 meter distance maintained)	Direct Patient Interaction	Direct Patient Interaction with *AGMP
Recovered from Influenza	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough Gloves	Hand Hygiene Cover Cough Mask Gloves	Hand Hygiene Cover Cough Mask Eye Protection Gown Gloves
Influenza and Compliant or Weak Cough and Not Compliant	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough Mask Gloves	Hand Hygiene Cover Cough Mask Eye Protection Gown Gloves	Hand Hygiene Cover Cough N95 Respirator Eye Protection Gown Gloves
Influenza and Forceful Cough and Not Compliant	I Hand Hygiene Cover Cough	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough Mask Gloves	Hand Hygiene Cover Cough Mask Eye Protection Gown Gloves *Consider N95	Hand Hygiene Cover Cough N95 Respirator Eye Protection Gown Gloves
Influenza and *AGMP	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough	Hand Hygiene Cover Cough Mask Eye Protection Gown Gloves	Hand Hygiene Cover Cough N95 Respirator Eye Protection Gown Gloves	Hand Hygiene Cover Cough N95 Respirator Eye Protection Gown Gloves

If other concurrent infectious agents requiring a higher level of Additional Precautions are present, those Additional Precautions should be followed (e.g. known or suspected active tuberculosis, requiring an N95 respirator).

***AGMP = aerosol generation medical procedures. The decision to upgrade to a higher level of protection/precautions than suggested will be based on risk assessment of self/setting/interaction.**

h) PUBLIC HEALTH MEASURES

The purpose of public health measures during influenza pandemic is to decrease the number of individuals exposed to the new virus and to potentially slow the progress of the pandemic. Slowing the spread of disease allows for more time to implement medical measures such as the development of a vaccine.

Public health measures are designed to respond to the needs of a population. Population health can be addressed with:

- Public education;
- Case management (i.e. isolation);
- Contact management (i.e. quarantine);
- School and daycare-based infection prevention and control;
- Social distancing measures in the community; and,
- Travel and mass gathering restrictions.

For more detailed information see [Emergency Preparedness Environmental and Public Health Services](#)

i) INFLUENZA ASSESSMENT SITES

During a pandemic influenza there will be pressure on family physician clinics and the emergency rooms of hospitals. The number of outpatient visits and hospitalizations are expected to rise beyond capacity during a pandemic. Influenza Assessment Sites (IAS) will:

- Reduce pressure on physician offices and emergency room services;
- Maximize human resources;
- Provide better access and quicker assessment and treatment of people with influenza;
- Minimize spread of influenza by keeping persons with influenza like illness separated from others.

Kelsey Trail Health Region will work in collaboration with physician clinics located within the health region. Each clinic will be assessing flu-like illness through day-to-day activity. Support to physician clinics will be provided in the form of guidance from the Medical Health Officer who will ensure current Ministry of Health information and guidelines are circulated to all physician clinics. Materials Management will ensure that personal protective equipment orders are filled and delivered to each clinic. Physicians will be viewed as Health Care Workers and will be immunized with KTHR staff. Regular communication will be established between Facility Administrators and physician clinic to ensure that KTHR is aware of concerns or capacity issues.

KTHR has selected the preferred IAS model based on local and regional needs. However as the volume of ILI visits increase and the Human Resources to manage ILI assessments diminish Influenza Assessment Site locations will be evaluated and the location and staffing may change.

To begin:

1. KTHR will utilize existing established health care site that already offers primary care services (i.e. community clinics, physicians' offices, outpatient department;

As ER/outpatient volumes grow and physician offices become overburdened

2. KTHR will designating a part of a hospital (such as are sectioned off part of the emergency room or day surgery area) for flue assessments

If the above space and staffing has met capacity KTHR will consider

3. Utilizing a site that is not established as primary care site, but offers accessibility and necessities (i.e. convention center, hotel, school gym, community hall, etc.).

See [KTHR Flu assessment site guide](#).

j) CLINICAL MANAGEMENT OF INFLUENZA

- [Clinical assessment guide](#)

The KTHR Acute Care Pandemic Plan is intended to provide managers and healthcare workers with information and guidance, to mitigate the impact of the influenza pandemic emergency and ensure sustainable services. Plans will continue to evolve as information changes.

See the [Acute Care Pandemic Plan](#) for details.

k) ANTIVIRAL MANAGEMENT AND DISTRIBUTION

Currently, antiviral medications can only be prescribed by providers licensed to diagnose and prescribe. Dispensing of the prescription is performed by pharmacists or designated settings. Depending on the severity of a pandemic, it may be necessary to authorize additional providers to diagnose, prescribe and dispense.

Antiviral Supplies

There will be two supply chains for antivirals.

1. Private Stock

Wholesalers have an adequate supply of Tamiflu 75mg capsules (but not other strengths or antivirals). It is anticipated that they will be able to supply through the initial phase of a pandemic wave.

2. Provincial 'Public' Stockpile

Kelsey Trail Health Region will receive our initial proportion of antivirals which will include Tamiflu 75mg, 45mg, and 30mg capsules, as well as some suspension, and Relenza inhalation devices. There are limited amounts of all items except for the 75mg capsules. This will be shipped via one of our wholesalers and arrive at Melfort Hospital. From there, we will distribute to the pharmacies in Tisdale and Nipawin as well.

Use of Public Stockpile

1. Used in acute-care settings.
2. Used to supply starter-doses for patients seen in hospital outpatient departments, First Nation nursing clinics/stations, Cumberland House Health Centre.
3. Used to supply Influenza Assessment Sites as necessary.
4. To supply community pharmacies if their supply chain becomes compromised.

5. If necessary, to provide full courses of treatment to be distributed to patients in hospital outpatient departments, First Nation nursing clinics/stations, Cumberland House Health Centre, and Influenza Assessment Sites (IAS).

Control of Public Stockpile

1. Accounted and distributed by pharmacy department along current geographic service areas.
2. Use of starter doses in hospital outpatient departments, First Nation nursing clinics/stations, Cumberland House Health Centre and IAS will be documented and communicated to the Kelsey Trail Health Region Pharmacy
3. Completed courses of therapy in hospital will be communicated with the Ministry of Health
4. Complete courses of therapy distributed from hospital outpatient departments, First Nation nursing clinics/stations, Cumberland House Health Centre and IAS will be communicated to the Kelsey Trail Health Region Pharmacy, and then to the Ministry of Health.

Additional Issues

1. Due to limited amounts of Tamiflu other than 75mg capsules, there will be demand on pharmacies to compound Tamiflu suspension (Appendix 2). Initial starting doses of 30 or 45mg capsules may need to be given, and then the remainder of the course provided in compounded suspension.
2. We may need to target more of our initial supply to providers servicing First Nation and Aboriginal communities
3. If there are shortages of antivirals developing, in the larger centres we will limit distribution to one pharmacy per community
4. Antivirals will need to be stored in a secure location

What it will look like from the Patient Perspective

1. Physician office – doctor or Nurse Practitioner (NP) will prescribe and patient will access from community pharmacy as per current process
2. Hospital OPD – antiviral prescribed and patient will access from community pharmacy. We may need to send starter doses with the patient
3. First Nations/CHHC – antiviral prescribed and prescription sent to community pharmacy. Starter doses given to patient. Daily transportation of filled prescriptions may be necessary. Community pharmacy will dispense entire course of treatment, and we will not worry about a couple of extra doses
4. The plan to just give starter doses may need to change into a situation where we give out the entire course of therapy to the patient at the point that it is prescribed. We will need to ensure security, storage space, and communication of amounts given out, and to which patients.

D) VACCINATION MANAGEMENT & MASS IMMUNIZATION

VACCINE STORAGE AND DISTRIBUTION (See [Mass Immunization Vaccine Storage and Distribution Policy #12-14](#))

MASS IMMUNIZATION PROCEDURE

Vaccination against influenza is one of the most effective measures for reducing disease, death and societal disruption during an influenza pandemic. A major strategy outlined in the CPIP is for vaccination of the Canadian population in the event of a pandemic.

A vaccine supply will not be available until four to six months after the pandemic influenza virus strain is confirmed. Even though sufficient vaccine for the Canadian population is expected, it is anticipated that the new pandemic vaccine will become available in batches. Prioritization may be required depending on the availability of vaccine. Prioritization will depend on groups in which there is most rapid spread and for those who are at most risk of severe disease, and also the stage of the pandemic. The national recommendations will be used by the MoH in determining recommendations to direct the provincial distribution and administration of the vaccine when the pandemic vaccine becomes available. RHAs and First Nations jurisdictions will develop mass immunization plans which will include the administration of vaccine at mass immunization clinics.

When the vaccine becomes available it will be distributed from the MoH to RHAs and First Nations health organisations based on estimates of population sub-groups. The estimates will be shared with stakeholders in advance of vaccine distribution for validation. Distribution of vaccine will follow the already established systems with contingency planning to accommodate severe weather conditions that may compromise the integrity of ensuring the vaccine remains at the required temperature.

RHAs and First Nations organizations will be required to submit reports to the MOH to account for vaccine administered, including vaccine provided to priority groups.

Adverse events following immunization (AEFI) will be monitored through a provincial reporting mechanism to the MoH. AEFIs will be entered into the Saskatchewan Immunization Management System (SIMS). AEFI reports will be forwarded by the MoH to PHAC to assist in national surveillance of adverse events. The effectiveness of the vaccine at preventing influenza will also be monitored by recording cases in people who have been vaccinated.

The Kelsey Trail Health Region will follow the provincial lead as indicated above. Intensive planning has occurred to ensure that vaccination of all residents within KTHR will be done as quickly as possible. For further information see [Mass Immunization Procedure 12-13](#).

m) Human Resource Management

The health care system is likely to be stretched during a pandemic due to a combination of factors, including the high number of people infected or severity of the disease. Personnel shortages are expected to limit the ability of the health care system to respond. Providing health care services in a pandemic will present challenges to health care workers related to the scarcity of resources, scope of practice, liability and workplace safety.

See [Labour Relations Guiding Principles for Pandemic Planning](#)

Surveillance of staff with ILI symptoms.

- [Procedure](#)
- [Screening Form](#)

n) First Nation and Inuit Health

On-Reserve First Nation (FN) pandemic influenza response must be integrated seamlessly into the provincial health care system. FNIH delivers public health services to the FNs who live on non-transferred federal Reserves.

Kelsey Trail Health Region and FN community plans must be complementary.

KTHR pandemic plans have collaborated with FN communities in:

- Coordinating roles and responsibilities during public health emergencies, including pandemic influenza;
- Incorporating on-reserve FN population numbers into the provincial/regional plans for purchase of antivirals, vaccines and other relevant emergency supplies, and clarifying how these limited supplies/products will be monitored;
- Clearing protocols for on-reserve FN communities to access the antivirals, vaccines and other emergency supplies in a coordinated fashion with the provinces;
- Clearing authority from appropriate MHO;
- Ensuring capacity at the FN community levels to deal with outbreaks; and,
- Surveillance, epidemiology and influenza vaccination program data of on-reserve population.

[NITHA pandemic plan](#)

o) Communication

An effective communication system throughout all phases of the pandemic is essential to keep the public and healthcare community informed. A comprehensive and timely communication plan is required to maintain public confidence in the healthcare system and to disseminate fears.

For further details see the [KTHR Pandemic Communication Plan](#) and the [Communication Annex](#).

p) Management of the deceased

During an outbreak, an increase in the number of deaths is expected and plans must be in place to ensure that good public health practices are followed from death to disposal.

See [KTHR Management of the Deceased plan](#) for more details.

q) Recovery

Assumptions for recovery planning:

- KTHR will need to recover from a pandemic
- A pandemic is likely to have significant impacts on the social and economic environment in the region
- Recovery stages should build on business continuity plans and response planning in the province
- Psychosocial considerations will be important to recovery

KTHR has outlined how to prepare for and conduct the process of recovery.

See [KTHR Recovery Plan](#) for details.

r) TERMINOLOGY

Aerosol-Generating Medical Procedures (AGMPs)

Any procedures carried out on a patient that can induce the production of airborne and droplet particles. Procedures can include: any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: non-invasive positive pressure ventilation; endotracheal intubation; respiratory/airway suctioning; high-frequency oscillatory ventilation; tracheostomy care; chest physiotherapy; aerosolized or nebulized medication administration; diagnostic sputum induction; bronchoscopy procedure; and, autopsy of lung tissue.

Additional Precautions

Infection Prevention and Control measures, above and beyond routine practices that should be taken, based on the mode of transmission of the pathogen causing infection (airborne, droplet or contact).

Adjuvant

An agent that acts to accelerate, prolong, or enhance antigen-specific immune responses when used in combination with specific vaccine antigens.

Airborne Particles

Small airborne particles (< 5 um) of saliva and mucosa that are expelled out of the respiratory tract from coughing, sneezing, talking or during “aerosol generating procedures” for a distance of up to two metres (six feet).

Antivirals

A class of medications used specifically for treating infections caused by a virus. Unlike antibiotics, antiviral drugs do not destroy their target pathogen, they only inhibit their development. Neuraminidase Inhibitors are a class of antiviral drugs that targets influenza A and B viruses by blocking the function of the viral neuraminidase protein. This action prevents the virus from reproducing. Oseltamivir (Tamiflu) and Zanamivir (Relenza) are neuraminidase inhibitors. Amantadine and Rimantadine are effective for only influenza A viruses.

Attack Rate

The cumulative incidence of infection in a group of people observed over a period of time during an epidemic

Contact (Direct) Transmission

The process of being exposed to an infectious disease directly. Transfer of the microorganisms can occur from inhaling airborne or droplet particles, and from direct exposure of these particles onto non-intact skin or a mucous membrane (i.e. eye, nose, mouth) via a cough or sneeze from an infected person. Direct transmission emphasizes the importance of social distancing, cough/sneeze etiquette, and personal protective equipment.

Contact (Indirect) Transmission

The process of being exposed to an infectious disease indirectly. Transfer of the microorganisms can occur from touching a contaminated surface or object (i.e. a counter, telephone, door knob, pen) and then touching non-intact skin or a mucous membrane (i.e. rubbing the eyes) with infected hands. Indirect transmission emphasizes the importance of hand washing and frequently disinfecting commonly touched surfaces.

Droplet Particles

Large droplets ($\geq 5\mu\text{m}$ in diameter) of saliva and mucosa are generated and expelled out of the respiratory tract from coughing, sneezing, talking or during aerosol generating procedures for a distance of up to two metres (six feet).

Epidemic

A disease occurring suddenly in a community, region or country in numbers clearly in excess of normal

Epidemiology

A science that studies the factors that determine and influence the frequency and distribution of disease, injury and other health-related events and their causes. This science is performed on a defined human population for the purpose of establishing policies, procedures and programs that can prevent and control development and spread of the concern.

Infection

Invasion and multiplication of microorganisms in body tissue, causing a disease process.

Influenza

An acute respiratory disease caused by influenza viruses A and B. Influenza A viruses are historically more virulent and lead to higher levels of complications, such as pneumonia. Symptoms are characterized by sudden onset of fever, cough, headache, muscle aches, and fatigue. The disease often occurs in epidemics. H1N1 is a subtype of influenza virus A.

Influenza-like-illness

Acute onset of a respiratory illness with signs and symptoms similar to influenza.

Isolation

The precautions that are taken to prevent the spread of an infectious disease from an infected person to people who are well. Isolation can occur by segregation into a private room or a room with others who have the same illness and through use of barriers (i.e. mask, gloves, etc.) during a period of communicability.

Localized Activity

Outbreaks affecting a single geographic area within a jurisdiction (i.e. an outbreak in a nursing home, school or work site).

Routine Practices

A set of practices to be implemented for routine care and treatment of all patients, and includes Standard/Universal Precautions. Additional precautions are described under Transmission Based Precautions.

Standard/Universal Precautions

A method of infection control and is the practice of treating *all* blood and body fluids, and all surfaces as potentially infectious so as to prevent personal contact with them.

Surge Capacity

Is a health care system's ability to respond effectively to a sudden rise in demand for services.

Widespread Activity

Outbreaks affecting multiple and non-adjacent geographic areas within the service area jurisdiction such as two or more regional health authorities, two or more municipalities, etc.

S) 13. ABBREVIATIONS AND ACRONYMS

- AEFI Adverse Events Following Immunization

- AGMP Aerosol-Generating Medical Procedure
- CDC Centre for Disease Control and Prevention
- CMHO Chief Medical Health Officer
- CPHO Chief Public Health Officer
- CPIP Canadian Pandemic Influenza Plan for the Health Sector
- EOAC Emergency Operations Advisory Committee
- HEOC Health Emergency Operations Center
- KTHR – HEOC
- EPO Emergency Planning Officer
- ER Emergency Room
- FN First Nations
- F/P/T Federal, Provincial and Territorial
- FNIH First Nations and Inuit Health
- HCW Health Care Worker
- HECN Health and Emergency Communication Network
- IAS Influenza Assessment Site
- ICU Intensive Care Unit
- ICG Incident Control Group
- ILI Influenza-like-illness
- IMS Incident Management System
- IPC Infection Prevention and Control
- iPHIS Integrated Public Health Information System
- ISC Institutional Supportive Care
- LLO Lab Liaison Officer
- LTC Long Term Care
- MHO Medical Health Officer
- MoH Saskatchewan Ministry of Health
- MOU Memorandum of Understanding
- NAAT Nuclear Acid Amplification Test
- NESS National Emergency Stockpile System
- NHEMS National Health Emergency Management System
- NITHA Northern Inter Tribal Health Authority
- NML National Microbiology Laboratory

- OHS Occupational Health and Safety
- PCH Personal Care Home
- pH1N1 Pandemic (H1N1) 2009 Virus
- PHAC Public Health Agency of Canada
- PHN Public Health Nurse
- POC Point of Care
- PPE Personal Protective Equipment
- RHA Regional Health Authority
- SARS Severe Acute Respiratory Syndrome
- SCA Saskatchewan Cancer Agency
- SCH Special Care Home
- SDCL Saskatchewan Disease Control Laboratory
- SIMS Saskatchewan Immunization Management System
- SPIP Saskatchewan Pandemic Influenza Plan for the Health Care System
- SRI Severe Respiratory Infection
- SRNA Saskatchewan Registered Nurses Association
- WCB Workers' Compensation Board
- WHO World Health Organization

THE KELSEY TRAIL HEALTH REGION PANDEMIC INFLUENZA PLAN HAS BEEN SIGNED AND APPROVED BY KTHR CEO GLEN KOZAK.

