

Nova Scotia Health System Pandemic Influenza Plan

Reference 2:

Planning Process for Continuing Care and Residential Support Facilities and Agencies

Table of Contents

Introduction.....	3
Background	3
Project Description	4
Project Structure	4
Five-Part Planning Process	6
Part 1: Preparation of Individual Plans by Facilities and Agencies	6
Part 2: Integration of Plans by Facility/Agency and by Community	8
Part 3: Integration of Plans by Community and by District Health Authority	9
Part 4: Plan Development Coordination, Monitoring, and Testing	9
Part 5: Residential Support Program Policy Revisions.....	9
Education Plan.....	10
Communication Plan	10
Desirable Outcomes.....	11

Introduction

Pandemic influenza is the emergence, in multiple countries, of a human influenza. Based on the historical pattern of the disease, experts predict that a human influenza pandemic is inevitable. The pandemic will have a major impact on the human services infrastructure, particularly health and essential service delivery.

The Continuing Care Branch of the Department of Health and the Family and Community Supports Division and the Employment Support Income Assistance Division of the Department of Community Services require a coordinated approach to deal with a pandemic, including the development of service-provider, facility-specific business continuity plans.

This document outlines the approach that has been taken by the Department of Health and the Department of Community Services in assisting residential support facility service providers in developing their pandemic plans, including communicating necessary educational information to these community service providers.

This document applies to all continuing care and residential support facilities and agencies funded by the Department of Health and Department of Community Services, which will be referred to in this report as the residential sector.

These residential facilities and agencies include the following:

- those funded under the mandate of the Department of Health Continuing Care Branch, which provides access to home care, long-term care (such as nursing homes and residential care facilities), and protection for vulnerable adults
- residential facilities funded under the mandate of the Department of Community Services, Family and Community Supports Division, that provide in-home, residential, and day program support services to both children and adults
- residential facilities funded under the mandate of Department of Community Services, Employment Support Income Assistance Division, that provide financial assistance to people in need who are supported in both recovery and homeless facilities

Background

Every year, various strains of influenza virus circulate throughout the world, often causing local outbreaks and regional epidemics. Canadians are infected by these different strains multiple times during their lives. Even though the virus may change slightly from year to year, most people will continue to have some protection against the slightly changed virus. For those who are elderly, or those with certain chronic illnesses or compromised immune systems, infection with influenza virus can result in pneumonia, hospitalization, or even death.

For the majority, contracting influenza remains an uncomfortable, but not life-threatening, experience. Nonetheless, three to four times a century, a radical change will occur in the genetic material of the influenza A virus, and a new subtype of the virus will suddenly appear. Given that it is a radically different strain, the protection that people have developed to the influenza that occurs every year will not apply. Everyone is susceptible to infection with the new strain of influenza and will be at greater risk of developing the severe complications of influenza infection, such as pneumonia. In such a situation, the virus will spread rapidly around the world, and a global epidemic, called a pandemic, will result.

A pandemic can occur at any time, with the potential to cause high rates of serious illness and death and colossal social and economic disruption throughout the world. Experts agree that future influenza pandemics are inevitable, but the timing of the next pandemic cannot be predicted. Since there may be little warning, business continuity planning is required to minimize the devastating effects of a pandemic.

Project Description

The Department of Health/Department of Community Services Pandemic Influenza Continuing Care/Residential Support Facilities/Agencies Plan (referred to in this report as the Facilities and Agencies Pandemic Plan) is being undertaken to develop an integrated community-based health and support services approach to the delivery of health and support services during a pandemic emergency for stakeholders and partners.

A Pandemic Influenza Working Group (PIWG) has been established to oversee the development of the planning process. Under the direction of the PIWG, a Pandemic Influenza Continuing Care/Residential Support Steering Committee (referred to in this report as the Pandemic Planning Steering Committee) has been established to develop an Educational and Communication Plan that will support the residential sector in developing their business continuity plans, which will, in turn, integrate with their community and district health authority plans.

Project Structure

The following diagram illustrates the organization structure for the Department of Health Continuing Care and the Department of Community Services Residential Support Facilities and Agencies Planning Project:

Pandemic Influenza Working Group



Pandemic Planning Steering Committee

(Steering committee with representatives from the Department of Health, the Department of Community Services, and service provider umbrella organizations)



Executive Sponsors:	Assistant Deputy Minister, Health Assistant Deputy Minister, Community Services
Steering Committee:	Executive Director, Strategic Social Policy, DCS/DOH Provincial Infection Control Consultant, DOH Director, Emergency Social Services, DCS System Planner, Continuing Care, DOH Director, Services for Persons with Disabilities, DCS Director, Income Assistance, DCS Manager, Licensing Services, DCS Coordinator, Foster Care, DCS Senior Policy Analyst, Strategic Social Policy, DCS Senior District Manager, DCS, Eastern Region Regional Administrator, DCS, Western Region Provincial Executive Director, VON Canada Nova Scotia Branch President, Nova Scotia Association of Service Providers President, Special Care Emergency Preparedness Association President, Nova Scotia Residential Agencies Association Member, Nova Scotia Residential Agencies Association Member, Nova Scotia Residential Agencies Association President, Nova Scotia Residential Agency Secretary, Continuing Care Association of Nova Scotia Vice President, Continuing Care Association of Nova Scotia Representative, For Profit Home Care Agencies Member, Home Support Nova Scotia President, Association of Adult Residential/Regional Residential Centres Director, Representation and Policy, Nova Scotia Association of Health Organizations
Steering Committee Support:	Executive Director, Strategic Social Policy, DCS/DOH Service Delivery Coordinator, Continuing Care, DOH Provincial Infection Control Consultant, DOH Senior Policy Analyst, Strategic Social Policy, DCS
Steering Committee Subject Matter Expertise:	Director, Emergency Social Services, DCS Senior Labour Relations Consultant, DCS Labour Relations Analyst, DOH

Five-Part Planning Process

The Pandemic Planning Steering Committee has undertaken a five-part approach in conducting this project. The five-part approach consists of the following components:

1. Preparation of individual plans by facilities and agencies
2. Integration of plans by facility/agency and by community
3. Integration of plans by community and by district health authority
4. Plan development coordination, monitoring, and testing
5. Residential support program policy revisions

Part 1: Preparation of Individual Plans by Facilities and Agencies

May to October 2006

The purpose of part of the project approach is to ensure that the residential sector develops a business continuity plan to be utilized in the case of a pandemic emergency. This part of the pandemic planning will be undertaken between May and October 2006.

The following information will be provided to facilities in relation to Part 1 of the project plan:

- The residential sector is responsible for the development and implementation of their own pandemic business continuity plans.
- The Department of Health and the Department of Community Services are not responsible for the development of facility-level plans.
- The steering committee has developed a standardized audit tool template to be used by residential sector in preparing their pandemic plan.
- The residential sector will build upon resources developed for their existing emergency plans, Y2K plans, and strike plans when preparing their pandemic plans.
- Other resources currently available to the residential sector when preparing their pandemic plans include the Special Care Emergency Preparedness Association Plan, the Nova Scotia Health System Pandemic Influenza Plan, and the Pandemic Preparedness Check List found in *A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes*.
- The residential sector will prepare their pandemic plans based upon a set of assumptions validated by the Pandemic Planning Steering Committee.

Validated Planning Assumptions

The residential sector will prepare their pandemic business continuity plans based upon the following set of assumptions, which were validated by the Pandemic Planning Steering Committee:

- When a novel strain of the flu moves from person to person and country to country, then it is pandemic.
- A pandemic will occur.
- Each facility or agency is responsible for developing its own business continuity plan.
- Residential sector clients will be cared for by their own facility or agency and/or their family.
- Facilities and agencies will need to use their own and/or existing local resources.
- Universal precautions will be effective during a pandemic.
- Supplies over and above normal will be necessary during a pandemic.
- It may not be unusual for a facility or agency to run out of supplies during a pandemic.
- A regular flu outbreak may occur simultaneously with a pandemic.
- Waste products may accumulate during a pandemic.
- It will take three or more months for pandemic influenza to hit from first onset in Canada.
- There may be two to three waves of the pandemic.
- All external facility/agency suppliers may also experience service interruption.
- Utilities may not function fully during a pandemic.
- Family members of residents may or will want to visit their loved ones during a pandemic.
- Some facility and agency staff members work for more than one organization.
- A substantial number of the workforce may not be able to work for some period of time due to illness in themselves or their families.
- It may take a minimum of four to six months to develop a vaccine.
- Antivirals will not be available to everyone.
- Contingency plans for home care may fail.
- Individuals living in the community may find support systems fail.
- Government departments will also have business contingency plans.
- The Office of the Chief Medical Officer of Health may recommend that public forums such as schools, churches, day cares, workshops, etc., be closed.
- If and when adult service centres/adult day programs close due to a pandemic, then staff from these centres may be available to work in the residential sector.

- Private agencies may be able to provide staffing to residential facilities.
- Facilities and agencies need to review implications of their complete budget (give and take).
- Facilities and agencies need to plan for meeting basic audit requirements.
- Ethical questions will arise around new admissions, discharges, and treatments.
- Facilities need to plan for security issues during a pandemic.
- Deaths will occur during a pandemic.
- A pandemic may affect certain age groups more than others, but this will not be known prior to the beginning of the pandemic. During a pandemic no one will be immune.
- Flu health assessments (triage guidelines) that will be utilized by district health authority staff are to be used by community staff.
- Community clinics, where existing, will be well advertised within the district health authority.
- District health authorities may plan for alternative care in treatment centres for pandemic influenza patients outside of traditional hospitals. This planning is now under way in district health authorities.
- Public Health will assume responsibility for quarantine of the public during pandemic Phases 3–5, which will include individuals residing in supported apartments.
- Human resource policies will be developed provincially and applied consistently across the residential sector.
- The residential sector planning process will use district health authority boundaries.

Part 2: Integration of Plans by Facility/Agency and by Community

Fall 2006

The purpose of this part of the project approach is to ensure that the residential sector develops business continuity plans that can be successfully implemented, based on available area and community resources.

This part of the plan is being undertaken to

- compare and contrast individual plans
- ensure that there is no duplication of resources
- ensure that mitigation plans are developed for overlaps and gaps
- ensure that plans are integrated
- revise plans as necessary

This part of the pandemic planning will be undertaken during fall 2006.

Part 3: Integration of Plans by Communities and by District Health Authorities

December 2006 to Spring 2007

The purpose of part of the project approach is to ensure that each continuing care, residential support facility, or agency business continuity plan is integrated at the community or district health authority level.

This part of the plan is being undertaken to:

- ensure that there is no duplication or overlap of resources
- ensure that plans are synchronized and integrated
- revise plans as necessary

This part of pandemic planning will be undertaken between December and spring 2007.

Part 4: Plan Development Coordination, Monitoring, and Testing

Ongoing May 2006 to Spring 2007

The purpose of this part of the project approach is to ensure that the overall development of the five-part pandemic project plan is undertaken in a coordinated and timely manner. Therefore, the Pandemic Planning Steering Committee will oversee development of the Residential Sector Pandemic Planning Project. Licensing staff, regional district managers, and specialists from the Department of Health and the Department of Community Services will provide ongoing monitoring to ensure that all residential facilities and agencies have viable pandemic plans in place.

This part of pandemic planning will be undertaken between May 2006 and spring 2007.

Part 5: Residential Support Program Policy Revisions

Ongoing May 2006 to Spring 2007

The purpose of part of the project approach is to ensure that both the Department of Health and the Department of Community Services review their policies governing residential support programs and revise them for use during a pandemic emergency.

These policies include, but are not limited to,

- eligibility
- placement

- intake, admissions, and discharges
- staff qualifications
- isolation, quarantine, and infection-control practices
- licensing

This part of pandemic planning will be undertaken between May 2006 and spring 2007.

Education Plan

Spring 2006

Long-term care educators at the Department of Health and staff trainers at the Department of Community Services will develop education packages for

- facility staff
- facility boards and administration
- clients and family members

These education packages will include infection-control information, guidelines for self-care, provincially developed brochures, and information related to the skills required to deal with disasters.

This part of pandemic planning will be undertaken between May 2006 and spring 2007.

Communication Plan

Ongoing

A communication plan for the entire sector will be developed for the following time periods:

- pending (Interpandemic Period and Pandemic Alert Period)
- during (Pandemic Period)
- aftermath (Post-Pandemic Period)

Public Health and the Emergency Management Office will take responsibility for organizing communications during a pandemic.

The role of the Pandemic Planning Steering Committee is to provide planning information to community-based service providers before the arrival of a pandemic.

The Communication Plan will be implemented following the five-part project plan described in this document:

- Area-by-area orientation: rollout spring 2006
- Integration by facility/agency and by community: rollout fall 2006
- Integration by community and by district health authority: rollout December 2006 to spring 2007
- Plan development coordination, monitoring, and testing: ongoing May 2006 to spring 2007
- Residential support policy revisions: ongoing May 2006 to spring 2007

The Department of Community Services has prepared several maps detailing the locations across the province of Department of Community Services residential facilities and Department of Health continuing care facilities. The locations for rolling-out all five parts of the communication plan will be determined based on these maps.

During these regional communication sessions, residential sector service providers and Department of Health and Department of Community Services staff will be provided with the background information on pandemic influenza included in the validated planning assumptions outlined at the beginning of this document.

Desirable Outcomes

The Pandemic Planning Steering Committee will roll out a five-part project plan between May 2006 and the spring of 2007. This rollout will result in the following desirable outcomes:

- Preparation of individual plans by facilities and agencies: completed between May and October 2006
- Integration of plans by facility/agency and by community: completed fall 2006
- Integration of plans by community and by district health authority: completed between December 2006 and spring 2007
- Plan Development, coordination, monitoring, and testing: completed between May 2006 and spring 2007
- Residential support program policy revisions: completed between May 2006 and spring 2007