

Pandemic Influenza

Section 9: Health Services



Health and Community Services

9. Health Services

The demand for health services during a pandemic will increase significantly. The health care system is expected to be challenged by the increased demand for care at a time when the level of absenteeism could affect the capacity to respond. Regional Health Authorities must collaborate with municipalities and other local agencies to develop comprehensive and co-ordinated regional response and recovery plans. Local governments, service organizations, private health care providers and volunteers may be asked to provide facilities, material and personnel to support the best possible care for people who become ill.

Many institutions in Newfoundland and Labrador are currently operating at maximum or near maximum capacity and have limited surge capacity. Comprehensive planning is essential to ensure that surge capacity has been addressed such that services are available when required. FluSurge is a planning tool developed by the United States Centers for Disease Control and Prevention to assist the health care sector in determining their needs and capacity during a pandemic. This tool may be useful for RHAs in developing their plans.

The Regional Health Authorities have broad regional responsibilities for a wide range of services. In addition to the traditional health care facilities and clinics, consideration must be given to other community-based services. These provide residential services and include: personal care homes, community care homes, family care homes, foster care homes, alternate family care homes, co-operative apartments, group homes, and others. Similarly, the services provided by home support/care agencies and others should be considered in the planning processes.

Regional Health Authorities should work with physicians and other health care providers to ensure that plans are in place for provision of appropriate community based medical and other health services during a pandemic. Private medical and other health service providers should plan for continuity

of their specific practices during a pandemic. These plans should be compatible with the overall pandemic plans within the regions.

Pandemic planning should also include specific support to correctional facilities where these exist in the region. The local Department of Justice representatives must be included in the planning process for these unique services.

During a pandemic essential services in many communities may be disrupted. The Regional Health Authorities may have to adapt protocols and standards of practice to meet the needs during this emergency. Depending on the severity of the pandemic, it may be necessary for the health care system to consolidate, reduce or curtail some services. Health care organizations must ensure a supply of goods and services necessary for facility operation. This may require stockpiling of some essential supplies. The Department, RHAs and partner organizations should encourage the suppliers of goods and services to develop their own contingency plans to maintain supply chains.

9.1 Objectives of Health Services

Key objectives for effective health services emergency planning include to:

- Minimize pandemic related morbidity and mortality
- Maintain essential health services
- Develop surge capacity within the health sector
- Ensure that the population is aware of the potential impact of a pandemic on the health care system

9.2 Interpandemic Period

During the interpandemic period RHAs in collaboration with community groups must begin development of a pandemic plan for the health region. This should include strategies that will

allow RHAs to continue to provide essential health services to the public during periods of increased demand. In anticipation of the increased demand on health services the plan must include attention to surge capacity, resource allocation and communications. It is important that plans be flexible so that they can adapt to new information as the characteristics of the illness and the impact on the population become known. The Health Services Emergency Planning and Response Checklist of the Canadian Pandemic Plan¹⁴ identifies key areas necessary for health services planning.

9.3 Pandemic Alert Period

In this period Regional Health Authorities should have their pandemic plans developed including:

- establishing priority operations within the organization which ensure the provision of essential and emergency services
- planning to increase surge capacity
- ensuring an adequate complement of human resources
- ensuring adequate supplies and equipment
- arranging for alternate and non-traditional care sites
- reviewing the infection control program
- reviewing the occupational health and safety program
- establishing effective information systems and databases for operational management and evaluation
- ensuring a comprehensive communications plan is in place

The Regional Health Authorities must ensure that each regional service and facility has a plan to address the surge during a time when staffing may be reduced significantly. The region must plan for a phased deferral or scale-back of certain services to ensure that essential services are available. Collaboration between Regional Health Authorities will be necessary to ensure that service adjustments in one region will not adversely affect another

region. There may be a need to plan for alternate and non-traditional care sites.¹⁵

RHAs should ensure that agreements are in place with regulatory bodies where workers may be asked to work in non-traditional settings. Staff should be provided with education and training relevant to their responsibilities during a pandemic.

Regional Health Authorities should focus on enhancing infection control and occupational health and safety practices. Occupational Health and Safety legislation requires that information, instruction and training be provided to ensure the health, safety and welfare of workers. It also requires that workplace activity, where reasonably practical, does not cause health and safety hazard exposure to persons visiting or outside workplace. The Canadian Pandemic Plan provides extensive details on this approach.¹⁶

9.4 Pandemic Period

Once a pandemic is declared emergency plans should be operationalized as needed. It will be essential for RHAs to inform the public, health professionals, service providers and other partners about the provision of health services during the pandemic.

9.5 Post-Pandemic Period

The Department will notify the RHAs when the pandemic is considered to be officially over. The Department and the RHAs will do final deactivation of emergency plan and redeploy human and other resources to enhance recovery of health care services throughout the province. The Health Services plan and activities will be evaluated and the plan will be revised as required. Activities will change to deal with recovery and then return to inter-pandemic period levels.

Table 9.1: Health Services Roles and Responsibilities by Pandemic Phase

Health Services Interpandemic Period Phase 1 - No new influenza subtypes have been detected in humans. A new influenza virus subtype may be present in animals, but the risk for human infection is low Phase 2 – New influenza subtype in animals posing a substantial risk of human disease		
National	Provincial	Regional
<ul style="list-style-type: none"> • Rapid sharing of information among animal and human health professionals • Provide updates on on-going risk assessment for pandemic influenza potential and make recommendations for increased vigilance for surveillance and public health action 	<ul style="list-style-type: none"> • Rapid sharing of information among animal and human health professionals • Provide updates on on-going risk assessment for pandemic influenza potential and make recommendations for increased vigilance for surveillance and public health action • Establish regulations, agreements and policies to support the use of alternate care providers • In conjunction with RHAs, and other stakeholders establish guidelines for training and use of alternate workers and redeployment of staff • Identify information required to evaluate the impact of the pandemic on health services • Establish information systems to manage the pandemic and to evaluate its impact 	<ul style="list-style-type: none"> • Rapid sharing of information among animal and human health professionals • Develop pandemic plan for the health services sector • Identify issues that may require legislative adjustments and agreements to support the use of alternate care providers • Identify information required to evaluate the impact of the pandemic on health services

Table 9.1 – Continued.

Health Services Pandemic Alert Period Phase 3 – New influenza subtype identified in at least one human case. No human transmission or rare cases of spread through very close contact only		
National	Provincial	Regional
<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Alert health system to review preparedness plans • Ensure that estimates of health care personnel capacity are current • Develop national recommendations for clinical management of cases 	<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Alert health sector to review preparedness plans • Ensure that estimates of health care personnel capacity are current • Plan for the redeployment of non-essential departmental staff • Determine with RHAs the essential health services to be provided during a pandemic • Share national recommendations 	<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Review pandemic plans with special attention to cross jurisdictional issues • Review infection control and occupational health and safety policies and procedures • Ensure that estimates of health care personnel capacity are current • Determine staff levels necessary for emergency demands and redeployment strategies • Identify how human resources gaps will be filled • Educate all health care workers on infection control core competencies • Identify initiatives that may be shared with service and supply partners (food, utilities, transportation, training, communications, facilities, corpse management, etc) • Determine the number and type of health care facilities needed (including alternate and non-traditional care sites), and their estimated capacity • Determine how essential services will be provided • Develop a pandemic influenza care management plan • Determine need for stockpiling of supplies • Ensure information management system is in place to manage the pandemic and to evaluate its impact • Determine the social and psychological supports necessary for health care sector and the affected public • Develop recovery plans

Table 9.1 – Continued.

Health Services Pandemic Alert Period Phase 4 – Localized small clusters of limited human-to-human transmission Phase 5 – Localized larger clusters of human-to-human transmission		
National	Provincial	Regional
<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Review and revise if necessary, infection control precautions for case management • Review national recommendations for clinical management of cases and modify if necessary • Anticipate and plan to mobilize human and financial resources • Disseminate information on medical supply stockpiles and potential need for, and sources of, additional supplies • Disseminate strategy for collecting and monitoring data on health care services, use and demands • Evaluate infection control and occupational health and safety recommendations and practices and revise as necessary 	<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Review and revise if necessary, infection control precautions for case management • Review national recommendations for clinical management of cases • Anticipate and plan to mobilize human and financial resources • Review and update regional data on the number and type of health care facilities and capacity • Disseminate information on medical supply stockpiles and potential need for, and sources of, additional supplies • Disseminate strategy for collecting and monitoring data on health care services, use and demands • Evaluate infection control and occupational health and safety recommendations and practices and revise as necessary 	<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Implement and audit infection control practices for case management and revise as necessary • Implement national recommendations for clinical management of cases and modify treatment if necessary • Anticipate and plan to mobilize human and financial resources • Review and update data on the number and type of health care facilities and capacity • Conduct availability assessment of medications, supplies and equipment potentially needed for the response • Increase extra supplies and equipment required to provide medical care • Review and modify detailed regional and facility plans for providing health services during a pandemic • Implement strategy for collecting and monitoring data on health care services, use and demands • Evaluate infection control and occupational health and safety recommendations and practices and revise as necessary • Verify availability and distribution procedures for personal protective equipment • Ensure that necessary guidelines and protocols are distributed to regional and local service providers • Alert voluntary organizations of need for their services

Table 9.1 – Continued.

Health Services Pandemic Period Phase 6 – Increased and sustained transmission in general population		
National	Provincial	Regional
<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Evaluate infection control and occupational health recommendations and practices and revise as necessary • At end of first pandemic wave debrief to assess impact of first wave, and then regroup • Collect available data on effectiveness and safety of clinical interventions and share these with all health care areas not yet affected and WHO 	<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Facilitate implementation of regional pandemic plans • Evaluate infection control and occupational health recommendations and practices and revise as necessary • Review protocols and guidelines for prioritization of laboratory services during times of high service demand and staff and supply shortages • Facilitate health services activities between regions to avoid migration to centres of perceived enhanced services • Consider strategies to mitigate shortfalls of supplies and equipment • At end of first pandemic wave debrief to assess impact of first wave, and then regroup 	<ul style="list-style-type: none"> • Continue activities of previous phase(s) • Implement pandemic contingency plans for health systems and essential services; monitor health system status; deploy additional workforce; provide social/psychological supports • Evaluate infection control and occupational health recommendations and practices and revise as necessary • Review protocols and guidelines for prioritization of laboratory services during times of high service demand and staff and supply shortages • Review mechanisms for coordinating patient transport and tracking/managing beds • Assign volunteer organizations as required • Operationalize alternate and non-traditional health care sites as needed • Coordinate clinical care and health services activities within regions and between bordering jurisdictions to avoid migration to centres of perceived enhanced services • Consider strategies to mitigate shortfalls of supplies and equipment • At end of first pandemic wave debrief to assess impact of first wave, and make necessary adjustments to response plan

Table 9.1 – Continued.

Health Services Post-Pandemic Period Recovery		
National	Provincial	Regional
<ul style="list-style-type: none"> • Review activities; compile and analyze data and report • Evaluate response • Debrief with relevant partners • Revise pandemic plans based on review, evaluation and analysis • Return to Phase 1 	<ul style="list-style-type: none"> • Review activities; compile and analyze data and report • Evaluate response • Debrief with relevant partners • Revise pandemic plans based on review, evaluation and analysis • Return to Phase 1 	<ul style="list-style-type: none"> • Review activities; compile and analyze data and report • Evaluate response • Debrief with relevant partners • Revise pandemic plans based on review, evaluation and analysis • Return to Phase 1