Pandemic Influenza

Section 3: Strategic Approach

Newfoundland Labrador

Health and Community Services

3. Strategic Approach

3.1 Goals of Pandemic Preparedness and Response

The goals of influenza pandemic planning are first, to minimize serious illness and overall deaths and second, to minimize societal disruption in Newfoundland and Labrador. Planning activities will consider risks, hazards, and vulnerabilities associated with pandemic influenza in order to reduce the negative impacts on individuals and society as a whole. Planning will include an assessment of the existing resources, skill sets and activities relative to those required to ensure response capability.

The gaps identified must be addressed through the reassignment of existing resources and activities, training and addition of required new resources. These may include capital improvements, stockpiling, training, organized redistribution of assets and human resources and the prioritization of service delivery.

Neither organizational mandate nor government boundaries will restrict the influenza virus; it will infect multiple jurisdictions at the same time. Therefore, each region must plan to respond with the resources available within their jurisdiction. Most areas of the country will be involved in their own response to pandemic influenza and will not be available to provide aid to their neighbours.

A collaborative approach within the health sector, among different areas and levels of government, and across related public and private organizations, is essential to successful readiness, prevention, response and recovery activities. The health sector relies on public and private organizations to provide a wide range of daily services and supplies. Without many of these services and supplies, the health sector will find it difficult to carry out its business priorities. Regional Health Authorities must encourage their regional public and private partners to engage in their own emergency management planning activities.

During the pandemic, it may be difficult if not impossible to maintain the current level of health services. An expert collaborative group within each RHA is required to make ethically-based decisions as to what services the organization will retain, reduce, or curtail during a pandemic. Regional Health Authorities will need to discuss their tentative priority services with other Regional Health Authorities, service partners and other related groups to ensure compatibility across the province during response. The plans must be exercised to refine the ability of the system to respond in a well-organized fashion, and to ensure the most effective and efficient response. This planning guide will help the health sector and its partner organizations to achieve maximum readiness.

3.2 Strategic Considerations

It is important to use a common approach to the pandemic planning process in a pan-Canadian, cross-jurisdictional manner. This Newfoundland and Labrador document provides common guidelines for regional pandemic influenza planning. It has been developed with consideration of the national Canadian Pandemic Influenza Plan in order to assure a common approach across the country. Regional Health Authorities while using this guide to develop their regional plans must also refer to the Canadian Plan for details on specific topics referenced in the provincial document.

A detailed critical review of the preparedness and response resources, as well as the training needed to address the identified hazards, risks, and vulnerabilities will be required. Addressing the identified gaps will require the collaboration of many individuals and organizations as the gaps identified may not all be within the health sector. Realignment or reassignment of resources will require agreement on prioritization of program delivery, sharing and cross-training for specific skill sets. The development of mutual aid agreements between organizations, an information sharing

agreement, and agreements on such things as emergency transportation and alternative care sites will be required.

Since it is assumed that there will be little or no assistance from other jurisdictions each RHA should have plans and programs that will allow them to be as self sufficient as possible and that are compatible with those of partner organizations. Inter-regional planning will be necessary for shared and specialized services as well as for coordination of service reduction plans which may have an impact on another region.

The National Framework for Health Emergency Management Guidelines for Program Development[8] should be used in developing a programmed approach. Consideration should be given to the five key components of emergency management:

1. **Hazard**, risk and vulnerability assessment will guide the planning process by helping to understand what could be mitigated, identifying the specific items needed to be addressed and clarifying the underlying assumption and working environment.

2. **Mitigation** includes the activities required to prevent or reduce the negative impacts of a disaster. An activity to prevent a disaster may be as universal as the development and utilization of a vaccination to prevent a disease or as simple as education on hand washing or the use of personal protective equipment (PPE) to control the spread of a disease.

3. **Preparedness** is the process of planning which includes the assessment of resources and skills necessary to respond to a disaster and the actions necessary to fill the gaps identified. Exercising the plan is a crucial component of preparedness. A key part of the educational component is to practice execution of the plan and to refine the plan further by addressing additional identified gaps or weaknesses.

4. **Response** begins simultaneously with the measured coordinated mobilization of resources to act on both the impact of the disaster event and on the assessment of other possible impacts with mitigation where possible. Evaluating the response and addressing identified shortfalls is critical to continuous improvement of the emergency management program.

5. **Recovery** includes the actions required to bring the system back to normal operating levels and to deal with the residual health issues. In the case of the health sector, this would involve: restocking supplies; ensuring availability of adequate staff; addressing psychosocial effects on staff; reducing service back-log; and rescheduling staff work and client appointments. The recovery component may be at different stages for different program areas and different regions.

The World Health Organization's approach to pandemic planning is organized into periods and phases which will assist with local planning and response activities. These also serve as a reference for understanding the progression of the pandemic and the associated threat to the world's population.

The pandemic periods and phases outlined in detail in the previous section are: (1) Interpandemic Period, (2) Pandemic Alert Period, (3) Pandemic Period, and (4) Post-Pandemic Period. To understand how the five components of Health Emergency Management Programming relate to these pandemic periods see Table 3.1.

Table 3.1: Pandemic Planning Periods and Health Emergency Management Components (HEMC)

Period	Phase	Pandemic Planning Periods Description	Health Emergency Management Components Description
Interpandemic Period	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.	Hazard risk and vulnerability assessment, mitigation and preparedness (including planning, training and exercising)
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most, rare instances of spread to a close contact.	Hazard risk and vulnerability assessment, mitigation and preparedness (including planning, training and exercising)
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	
	Phase 5	Large cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	
Pandemic Period	Phase 6	Increased and sustained transmission in general population	Response including initial impact assessment and mitigation activity
Post-Pandemic Period		Return to interpandemic period	Recovery including business resumption response evaluation and return to normal activities