

ALTA CARE RESOURCES H1N1 PANDEMIC ACTION PLAN

“An Ounce of Prevention is Worth a Pound of Cure”



2nd Revision

September 21st 2009

PREAMBLE

With the anticipated on-set of a second wave of H1N1 influenza looming in the fall of 2009 and the very real possibility of a third wave in the late winter/early spring, there are still many unknowns. The use of the word pandemic to describe the influenza is evidence that there will be a world wide impact and the level of the virus' virulence could bring significant challenges. Some of these challenges impact at a macro level of world economics, moving to the more micro challenges of providing services to children, youth and families during a flu season that at this point, provides us with many unanswered questions.

Gathering our questions became a logical starting point for our (the management team) attempt to unravel some of the impending mysteries. The starting point for this investigation began with a desire to arm ourselves with information as we proceeded. The three key areas that emerged were information pertaining to the province of Alberta's planning, our service sector's planning and finally our agency related planning. We, the Alta Care Resources' management team, quickly realized that any planning that we did at an agency level could and would be impacted by other plans and resource collecting. As you proceed into this document you will see that an effort has been made to ensure that this plan truly reflects an open and collaborative approach to continue providing the children and families we serve the best possible service during the impending influenza season.

The ultimate goal for this process is to; remove the mystery and possible fears about the H1N1 virus, identify pragmatic contingency plans, develop an action plan grounded in knowledge and to design a plan that provides safe and sustainable guidance to our staff as they continue to serve children, youth and families. Our emphasis within this plan will be on prevention and early intervention so that we can operate from an informed and proactive place. We want to ensure that service delivery is impacted minimally if at all and that our programs continue to deliver services at the highest levels of excellence.

OBJECTIVES OF PLAN

- To guide pre-planning around potential resource procurement
- To provide real time communication links with; staff, the AASCF, operational sectors, local authorities, contract resources and placement
- To minimize the mystery and possible fears about the H1N1 virus
- To identify pragmatic contingency plans
- To develop an action plan grounded in knowledge
- To design a plan that provides safe and sustainable guidance to our staff as they continue to serve children, youth and families.

KEY VALUES IN OUR PLANNING

- Safety of all parties which include staff and people served
- Proactive decision-making guided by accurate information
- Fairness to all parties as needs are identified and resources are deployed

QUESTIONS WE EXPLORED

QUESTIONS PERTAINING TO THE ALBERTA PLAN

- What is the ministry of Children's Services' plan in relation to the Alberta Pandemic Plan? (*How does their plan spell out direct impact to service delivery?*)
- What role will the AASCF play in communicating and coordinating? (*coordinating information, best practices, disseminating key communication from the ministry*)
- What are the potential scenarios and subsequent contingency plans that will be required? (*scenarios based upon moderate impact, engaging legislative powers, service provider expectations, staff resistance, exposure to litigation etc*)

QUESTIONS PERTAINING TO THE ALTA CARE RESOURCES PLAN

- What are the current standards around handling infectious clients?
- How will our standards be interpreted in terms of serving infectious clients
- What are our organizational responsibilities, liabilities and potential litigation exposure around having people serving infectious clients?
- What policy and procedures do we have in place currently?
- What checklists and planning do we need to have in place?
- How prepared are we ACR? (*What are our current related policies, procedures, strategies, tools, resource people, developmental awareness, best practices etc.*)
- What if staff are ill, and programs cannot be manned?
- What if staff are scared, refuse to come in and programs cannot be manned?

QUESTIONS PERTAINING TO AGENCY NEEDS

- What resources do we need? (*Informational, experience, physical resources etc.*)
- What equipment do we need? Could we bulk buy items such as masks, gloves?
- Can we start stockpiling wipes, anti-bacterial soaps, hygiene stations etc.
- Do we contact Public Health re: immunizations?

QUESTIONS PERTAINING TO H1N1

- How will H1N1 impact our children? (*physically, emotionally, psychologically*)
- What are the greatest H1N1 risk factors
- What is a reasonable level of virulence for a non-medical organization to handle
- How will H1N1 impact programming? (*How do we deal with potential staff shortages, quarantines, staff burnout, outside visits, resource shut-downs etc.*)
- What will we do in quarantine situations? (*Will we dedicate homes/facilities to be quarantine specific? Are there other shared strategies etc.*)
- What will be the impacts of the pandemic in terms of children's fears?
- What will be the impact on the caring process?
- Would sector specific tool kits be useful? What tools do we need?
- Are there resource people we should invite to the various meetings such as sector meetings/team meeting etc?

STRATEGIC AREAS OF FOCUS

LEADERSHIP STRATEGIES

- **CURRENT ASSETS/CAPACITIES-** Action Plan being developed with research/data being accumulated
- **SITUATIONAL CHALLENGES-** No clear point person identified
- **OTHER CHALLENGES-** No established plan of action/Time constraints due to new initiatives emerging
- **SPECIFIC STRATEGIES**
 - Identify ACR point person for the H1N1 initiative
 - Complete plan of action
 - Share plan of action with management/supervisor team
 - Share plan with front-line staff
 - Establish key questions and unknowns
 - Address the unknowns in a plan of action
 - Inventory all need areas such as; supplies, policies, training etc.
 - Establish a overall budget to ensure plan is carried out
 - Establish priorities and commitments with Managers/Supervisors
 - Implement plan of action

RISK MANAGEMENT STRATEGIES

- **CURRENT ASSETS/CAPACITIES-** Action Plan being developed with research/data being accumulated
- **SITUATIONAL CHALLENGES**
 - There has been very little if any, response from the Children's Services' Ministry around the Alberta Pandemic Plan and with the current pressures upon them they may be distracted
 - There has been very little if any, response from Region 6 Children's Services around the Alberta Pandemic Plan and with the current pressures upon them they may be distracted
- **OTHER CHALLENGES-** ACR is currently under the stress of our new program development
- **SPECIFIC STRATEGIES**
 - Identify ACR point person for the H1N1 initiative
 - Establish who the point person is within the Edmonton Region for interpretation and communication of the Alberta Pandemic Plan
 - Through the AASCF establish who the point person is within the ministry for interpretation and communication of the Alberta Pandemic Plan
 - Identify via our association a process for communication to the ministry around service expectations, contingency planning etc.

COLLABORATION STRATEGIES

- **CURRENT ASSETS/CAPACITIES-** Several relationships within health care, early childhood, education and social services to draw upon for resources
- **SITUATIONAL CHALLENGES-** ACR has been distracted in this area of focus due to emerging service needs
- **OTHER CHALLENGES-** There has been little interest in solid, proactive and shared planning from the association either provincially, or at a chapter level
- **SPECIFIC STRATEGIES**
 - Add relevant information/strategies to the plan of action
 - Contact Cec Munroe at Youville around their action plan
 - Contact Al Pierog at the General around their action plan
 - Contact Chris Leung at CSS around their action plan
 - Share all of our resources and research with the AASCF
 - Share all of our resources and research with the sectors

STAFFING DEPLOYMENT STRATEGIES

- **CURRENT ASSETS/CAPACITIES**
 - HR and Occupational Health information
 - Alberta Pandemic Plan
 - Accreditation organizations
 - AASCF
 - Partner CSS as well as relationships in health care
- **SITUATIONAL CHALLENGES**
 - The full impact of H1N1 is unknown at this time
 - ACR is unsure of how our standards are to be interpreted when working within infectious environments
 - The impending Crisis Intervention Service might not only be required/expected to fill in gaps at ACR and CSS but through-out the group care sector
- **OTHER CHALLENGES**
 - ACR HR is unsure of our litigation risks regarding staff illness from working with H1N1 infected clients
 - Not known if staff will refuse to enter into quarantine environments due to fear of infecting their own family
 - Do not know the Region's expectation around family visits/sessions
 - Supporting staff as they maintain high quality relationships with children/youth who are infected with H1N1
- **SPECIFIC STRATEGIES**
 - Add relevant information/strategies to the plan of action
 - Review all relevant HR/OH&S literature pertaining to influenza
 - Review all relevant standards as they relate to working within an infectious situation
 - Review and if necessary, strengthen all agency policy and procedure as they relate to working within an infectious situation
 - Connect with CSS and Covenant Health around their processes and procedures

COMMUNICATION STRATEGIES

- **CURRENT ASSETS/CAPACITIES**
 - AASCF website
 - ACR website
 - Staff meeting structure
 - Various media articles
 - Federal Health and Wellness websites
- **SITUATIONAL CHALLENGES**
 - Very little information from Capital Health about accessing resources
 - The time-lines are tight with predictions of 2nd wave H1N1 by October
 - No identified communication point person from Region 6 for H1N1
 - ASSCF is currently focused on other projects
- **OTHER CHALLENGES-** People may be complacent due to over exposure to media coverage
- **SPECIFIC STRATEGIES**
 - Add relevant information/strategies to the plan of action
 - Identify the ACR communications point person
 - Develop a strategy and process of information flow to ACR staff that is released in both an incremental and developmental sensitive manner

HYGIENGE STRATEGIES

- **CURRENT ASSETS/CAPACITIES-** Not completely known
- **SITUATIONAL CHALLENGES-** Supplies are being hoarded by other organizations
- **OTHER CHALLENGES-** No established plan of action
- **SPECIFIC STRATEGIES**
 - Add relevant information/strategies to the plan of action
 - Do up an inventory of needed resources/supplies
 - Establish a budget for purchase of supplies
 - Make purchases as required
 - Set up sanitary stations in all programs and homes

CLIENT EDUCATION STRATEGIES

- **CURRENT ASSETS/CAPACITIES**
 - HR and Occupational Health information
 - Alberta Pandemic Plan
 - Change Facilitator to provide children/youth groups
 - Other agency partners
- **SITUATIONAL CHALLENGES-** Time lines
- **OTHER CHALLENGES-** No established plan of action
- **SPECIFIC STRATEGIES**
 - Add relevant information/strategies to the plan of action
 - Review and if necessary, strengthen procedures
 - Review all relevant resource materials pertaining to H1N1
 - Develop a fun, developmentally appropriate educational process
 - Engage the clients in an awareness campaign

STAFF EDUCATION STRATEGIES

- **CURRENT ASSETS/CAPACITIES**
 - HR and Occupational Health information
 - Alberta Pandemic Plan
 - Our current training (Kathy Wyard-Scott)
 - Other agencies, Capital Health
- **SITUATIONAL CHALLENGES-** Time lines
- **OTHER CHALLENGES**
 - Staff training schedule is full
 - Potential for complacency
- **SPECIFIC STRATEGIES**
 - Add relevant information/strategies to the plan of action
 - Develop a specific staff education/awareness plan
 - Review and if necessary, strengthen procedures
 - Review all relevant resource materials pertaining to H1N1
 - Engage the staff in an awareness campaign, starting with supervisors
 - Include universal precautions review in supervision processes
 - Ensure that community outreach staff have proper masks, gloves sanitary wipes etc.

OVERALL VIEW OF ACTION PLAN

STRATEGIC ANALYSIS AND PLANNING

• Identify ACR point person for the H1N1 initiative
WHO- Sunny Thaleshvar **WHEN-** Sept 17th 2009

• Share plan of action with management/supervisor team
WHO- Sunny Thaleshvar **WHEN-** Prior to October 1st 2009

• Share plan with front-line staff
WHO- Sunny Thaleshvar **WHEN-** Prior to October 15th 2009

• Establish key questions and unknowns
WHO- Allen Balsler **WHEN-** Sept 17th 2009

• Address the unknowns in a plan of action
WHO- Allen Balsler **WHEN-** Sept 22nd 2009

• Inventory all need areas such as; supplies, policies, training etc.
WHO- Sherry Card **WHEN-** Prior to October 1st 2009

• Establish a overall budget to ensure plan is carried out
WHO- Sherry Card **WHEN-** Prior to October 1st 2009

• Establish priorities and commitments with Managers/Supervisors
WHO- Sunny Thaleshvar **WHEN-** Prior to October 1st 2009

• Complete plan of action
WHO- Allen Balsler **WHEN-** Prior to October 1st 2009

• Implement interim plan of action
WHO- Sunny Thaleshvar **WHEN-** Sept 17th 2009

• Implement full scale plan of action
WHO- Sunny Thaleshvar **WHEN-** October 1st 2009

EXTERNAL SUPPORTS AND RESOURCES

- Establish who the point person is within the Edmonton Region for interpretation and communication of the Alberta Pandemic Plan

WHO- Allen Balsler

WHEN- October 1st 2009

- Through the AASCF, establish who the point person is within the ministry for interpretation and communication of the Alberta Pandemic Plan

WHO- Allen Balsler

WHEN- October 1st 2009

- Identify via our association a process for communication to the ministry around service expectations, contingency planning etc.

WHO- Allen Balsler

WHEN- October 1st 2009

- Add relevant information/strategies to the plan of action in an ongoing manner

WHO- Allen Balsler

WHEN- Immediate and ongoing

- Contact Cec Munroe at Youville around their action plan

WHO- Allen Balsler

WHEN- Sept 25th 2009

- Contact Anna Beres at Jasper Place Family Resource Centre around their action plan

WHO- Allen Balsler

WHEN- Sept 25th 2009

- Contact Al Pierog at the General around their action plan

WHO- Allen Balsler

WHEN- Sept 25th 2009

- Contact Chris Leung at CSS around their action plan

WHO- Allen Balsler

WHEN- Sept 25th 2009

- Share our resources, findings and research with agency programs and partners

WHO- Allen Balsler

WHEN- Immediate and ongoing

- Share all of our resources and research with the AASCF and sectors

WHO- Allen Balsler

WHEN- Immediate and ongoing

PROCEDURES AND STANDARDS

• Review all relevant HR/OH&S literature pertaining to influenza
WHO- Sherry Card **WHEN- October 1st 2009**

• Review all relevant standards as they relate to working within an infectious situation
WHO- Sunny Thaleshvar **WHEN- October 1st 2009**

• Review and if necessary, strengthen all agency policy and procedure as they relate to working within an infectious situation
WHO- Sunny Thaleshvar **WHEN- October 15th 2009**

• Connect with CSS, JPFRC and Covenant Health around their processes and procedures pertaining to OH&S issues
WHO- Sherry Card **WHEN- October 1st 2009**

COMMUNICATION

• Identify the ACR communications point person
WHO- Allen Baiser **WHEN- Immediate and ongoing**

• Develop a strategy and process of information flow to ACR staff that is released in both an incremental and developmental sensitive manner
WHO- Allen Baiser **WHEN- October 15th 2009**

• Update and communicate plan in real time
WHO- Sunny Thaleshvar **WHEN- Immediate and ongoing**

INTERNAL RESOURCES, SUPPLIES AND MATERIALS

• Do up an inventory of needed resources/supplies
WHO- Carmen Kowalchuk-Roberts WHEN- Immediately

• Establish an estimated budget for purchase of supplies
WHO- Sherry Card WHEN- Immediately

• Make purchases as required based upon estimated budget
WHO- Jason Roberts WHEN- Immediately

• Set up sanitary stations in all programs and homes
WHO- Carmen Kowalchuk-Roberts WHEN- By October 1st 2009

• Review and if necessary, strengthen procedures
WHO- Program Managers WHEN- By October 1st 2009

• Review all relevant resource materials pertaining to H1N1
WHO- Program Managers WHEN- By October 1st 2009

• Develop a fun, developmentally appropriate educational process
WHO- Brian Labelle WHEN- By October 1st 2009

• Ensure that community outreach staff have proper masks, gloves, sanitary wipes etc.
WHO- Jack Johnson WHEN- By October 1st 2009

EDUCATION AND SUPPORT

• Engage the clients in an awareness campaign
WHO- Managers/Sups/3R's/Change Fac. WHEN- Beginning October 1st 2009

• Engage the staff in an awareness campaign, starting with supervisors
WHO- Program Managers WHEN- Immediately

• Include universal precautions review in supervision processes
WHO- Program Managers/Supervisors WHEN- Immediately

APPENDIX A

The following excerpts were taken from the Centre for Disease Control and Prevention website and the web address is listed below

What are the signs and symptoms of this virus in people?

The symptoms of 2009 H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

How severe is illness associated with 2009 H1N1 flu virus?

Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at “high risk” of serious complications. This includes **people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions**. About 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of 2009 H1N1-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody

<http://www.cdc.gov/H1N1flu/qa.htm>

APPENDIX B

Alberta Pandemic Influenza Operations Plan

Key Information Summarized from Alberta's Pandemic Influenza Operations Plan For Discussion Purposes-

(To access this plan Google: *Alberta Pandemic Influenza Operations Plan*)

Discussion focused towards the Edmonton Group Care Operations Sector

GOAL OF PLAN

- 1) To decrease morbidity and mortality from the disease. – Minimize the impact of the virus on the health of Albertans. These actions are detailed in the Alberta Health and Wellness – Alberta Pandemic Influenza Plan for the Health System.
- 2) To mitigate societal impact. – Ensure the province minimizes the impact of the pandemic on society by ensuring the continuity of essential services.
- 3) To manage recovery –Recovery activities will be addressed once the severity of the pandemic is determined.

NATURE OF PANDEMIC

- Pandemic waves will last in duration 6 to 8 weeks
- We may see as many as three waves
- One wave has already hit this past spring
- The influenza has potential to get more virulent after each wave
- The pandemic waves will most likely occur simultaneously in multiple locations

TRANSMISSION OF INFLUENZA

- Transmission of the influenza is predominantly via large droplets
- The optimum transmission zone is up to one metre
- Large droplets are spread predominantly via coughing and/or sneezing
- Transmission can also occur through indirect contact such as touching secretions of the person who has been infected, and then touching eyes, inner nose/mouth

COURSE OF INFLUENZA

- Estimates of the influenza length of impact is 5-7 days
- With complications the impact can be longer
- A person with influenza is contagious anywhere from 1 to 5 days after first showing symptoms of the influenza

IMPACT OF PANDEMIC

- Estimates of the impact of the influenza are that it will have a moderate impact
- Estimated rates of impact on the general populations are as follows; mild pandemic 15%, moderate pandemic 25%, severe pandemic 35%
- It is estimated that in a moderate pandemic the workforce may experience a 20 to 25% absentee rate during the height of the pandemic wave
- Estimates are anywhere from 1000 to 3000 fatalities in a moderate scenario

IMPACT UPON AGENCIES

- Vaccinations will come in batches necessitating prioritization
- It would appear that our sector is considered a group 2 for vaccination
- Group 2 refers to the second highest priority group for vaccinations, comprised of police, fire, public works, utilities, public transportation and **social services**
- Group 1 responders are predominantly comprised of health care providers
- Alberta Treasury has not allocated extra dollars to serve the pandemic unless there are unique and/or special requirements and the health system will not be providing personal protective equipment to agencies outside of health care

