



**Town/County of St. Paul,
Town of Elk Point,
Summer Village of Horseshoe Bay**

Pandemic Influenza Plan

2015

"A Region Prepared"

Introduction

The Regional Emergency Management Plan (REMP) and sub-plans have been developed by the Town/County of St. Paul; Town of Elk Point; and Summer Village of Horseshoe Bay with input and consultation from internal and external stakeholders. The plans were initiated in 2014, developed and endorsed in 2015.

These all hazard emergency response and recovery plans are a 'living' document. Given that, there will be a need for revisions and updating on a continuing and regular basis. This document is a sub-plan that is intended to support the REMP from which to build an effective; economic and coordinated response and recovery.

The integrated, region-wide program maximizes available resources, limits duplication and streamlines communication to provide the best solution for residents throughout the Region of St. Paul.

These plans meet the requirements for local authorities as set out in the *Alberta Emergency Management Act* and the *Alberta Government Emergency Management Regulation*.

For this plan to be effective, it is important that all users of the Regional Emergency Management Plan and sub-plans will interpret it reasonably and responsibly and in the best interest of safety.

For information or to request copies of the Regional Emergency Management Plan or sub-plans contact:

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This sub-plan has been developed to facilitate the coordination between the Region of St. Paul and with the Alberta Health and Alberta Health Services on emergency planning for a pandemic influenza outbreak. It may also be used as a planning guide in response to outbreaks of other infectious diseases and is not intended to be prescriptive. Due to the extreme nature of pandemic influenza, Municipalities are obliged to plan for an influenza pandemic as an identified threat.

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Amendments/Revisions

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Distribution List

[illegible]

Revision Request Form

Request Date: _____

Section Number(s): _____

Page Number(s): _____

Description of Revision: _____

Change requested by: _____

Reason for request: _____

Request reviewed by Director of Emergency Management:

Date: _____

Signature: _____

Approved: ☐

Approved with the following changes: ☐

Not Approved: ☐

Revision #: _____

Revision Date: _____

Distributed: _____

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1 – Planning

1.1 Pandemic Planning in Alberta

Goal

Since pandemics are global events, this plan is consistent with other provincial, federal, and international plans for pandemic influenza preparedness and response. The goal of pandemic planning is to provide guidance and direction for activities aimed at:

- Controlling the spread of influenza disease and reducing illness (morbidity) and death (mortality) by providing access to appropriate prevention measures, care, and treatment.
- Mitigating societal disruption in Alberta through ensuring the continuity and recovery of critical services.
- Minimizing adverse economic impact.
- Supporting an efficient and effective use of resources during response and recovery

Once a pandemic strain is identified it may take up to six months to develop an effective vaccine, therefore the preparation of contingency plans for coping with this worldwide illness is crucial. Because it is anticipated that the pandemic will impact all communities in the province at the same time, community self-sufficiency within a collaborative environment is required in the response. Since all communities will be affected by high rates of illness, operational interruptions related to staff illness will occur, thus community contingency plans for responding to this type of emergency are essential.

The development of the Region of St. Paul Pandemic Influenza Plan is an enormous undertaking that requires the participation of all community sectors. This sub-plan to the REMP is intended to provide the region or municipalities with information to clarify their roles and responsibilities in an overall coordinated response to a pandemic influenza emergency. Although designed around the phases of a pandemic it may be applied to other health emergencies related to infectious disease outbreaks. Following confirmation of a pandemic influenza outbreak from health authorities, the region or municipalities will need to activate their own plans when dictated by the extent and severity of the pandemic. The region or municipalities will activate their respective Emergency Coordination Centre if deemed necessary to coordinate delivery of essential services and resources. ***The extent of activation will be largely driven by the needs of the region or municipality.***

Provincial Legislation

Public Health Act

The *Public Health Act*, RSA 2000, c. P-37 (PHA) sets out the primary powers and tools available to prevent, treat and control pandemic influenza in Alberta. These powers are allocated to several key partners: the Lieutenant Governor in Council, the Minister of Health, other Ministers, the Chief Medical

Officer of Health (CMOH), medical officers of health (MOHs) and Regional Health Authorities. These partners work together, with complementary powers, to manage public health issues and public health emergencies in the public interest.

Key supporting regulations to the PHA include the *Communicable Diseases Regulation* (AR 238/1985) and the *Emergency Powers Regulation* (AR 187/2009).

Emergency Management Act

The *Emergency Management Act*, RSA 2000, c. E 6.8 and the *Government Emergency Management Regulation* (AR 248/2007) provides the Minister of Municipal Affairs with the power to respond to disasters and outlines the role of the GOA and local authorities. The Alberta Emergency Plan outlines the responsibilities of each government department.

It is not necessary for a municipality to declare a State of Local Emergency (SOLE) in order to request additional support and resources from the GOA. However, if deemed necessary, a SOLE can be declared to gain access to the same powers as the Minister of Municipal Affairs within their municipal boundaries under section 24(1)(b) *the Emergency Management Act*.

Regional Health Authorities Act

The *Regional Health Authorities Act*, RSA 2000 c. R-10 provides authority for the Minister to co-ordinate and direct regional health authorities so that their operational responses reflect provincial priorities as efficiently as possible. AHS is currently Alberta's integrated regional health authority.

Inherent to the responsibilities of a regional health authority set out in section 5 of the *Act* is preparedness for public health emergencies, such as pandemic influenza.

General Assumptions

- The effects of, and response to, a pandemic influenza are not limited to the health sector. A whole of society approach will be used in mitigating the effects of a pandemic influenza including public and private sectors, communities, families and individuals.
- Pandemic planning is aligned with an all-hazards approach to emergency management.
- Alberta Health, AHS and AEMA as well as other stakeholders will use existing pandemic and emergency response plans during a pandemic influenza.
- Increased absenteeism is expected. Schools, workplaces and the health care system will likely experience workforce shortages.
- Antivirals will be effective against the pandemic virus.

Characteristics of a Pandemic Influenza Virus

- The initial symptoms (clinical presentation) will be consistent with known human influenza strains.
 - The time between infection and symptoms (incubation period) will be one to three days, and could extend up to seven days.
 - The course of illness without complications will be approximately five to seven days; symptoms will gradually diminish over several more days.
 - Infection without any symptoms can occur.
- Transmission (spread):
 - Since there will be no specific immunity to the new virus, the virus will spread quickly from person to person, resulting in large numbers of infected people.
 - The pandemic influenza virus will spread from person to person in the same way as seasonal influenza, mainly through airborne transmission from coughing or sneezing and contact transmission when a person touches their mouth, nose or eyes after contact with surfaces or objects contaminated with the virus.
 - While transmission of the virus from an individual with no symptoms is possible, more efficient spread occurs when symptoms like coughing and fever are present (when viral shedding is highest).
 - Infected individuals can spread the virus from 24 hours before symptoms start to five days after (for adults) and up to seven days after for children. Longer periods may be found, especially in persons with immune compromising conditions.
 - Individuals who recover from illness caused from a pandemic influenza strain are likely to be immune to further infection by that particular strain.
 - Transmission will be relatively lower in spring and summer and higher in fall and winter as generally found in the pattern of influenza in temperate countries.

Extent and Severity of Illness

- The impact of pandemic is unpredictable in timing, severity of illness, and age groups affected.
- As most of the population will have had limited, if any, previous exposure to the virus, most people regardless of age, will be at risk.
- Clinical symptoms are expected to develop in about two-thirds of people who are infected with the pandemic influenza virus. The general, uncomplicated clinical symptoms of pandemic influenza will be similar to seasonal influenza.
 - The most commonly reported symptoms include:
 - Sudden onset of cough, sore throat, feeling unwell, and headache.
 - Fever may not always be present, or may be mild, especially in individuals under five years of age or over 65 years of age.

- Some individuals (e.g., children under five years) may experience nausea, vomiting and/or diarrhea (gastrointestinal symptoms).
- Similar to seasonal influenza, the underlying conditions putting people at higher risk for complications may include:
 - Individuals with chronic disease:
 - Includes cardiovascular disorders (including hypertension), lung disorders (including asthma, chronic obstructive pulmonary disease, broncho-pulmonary dysplasia and cystic fibrosis), diabetes and other metabolic diseases, immunodeficiency or immunosuppressive conditions, obesity, kidney disease, anemia or other blood disorders, or neurological conditions that decrease the ability to clear airway secretions which are associated with an increased risk of aspiration.
 - Women who are pregnant.
 - Adults over 65 years.
 - Residents of continuing care facilities.
 - Aboriginal populations.
 - Adolescents (under 19 years) receiving long-term acetylsalicylic acid (ASA) therapy.
 - Additional risk groups may emerge depending on the virus strain.

1.2 Roles and Responsibilities

Individuals

The role of each individual is to play an active part in their own health and well-being by preparing for and responding to emergencies, including pandemic influenza. Individuals should keep themselves and their families healthy and safe by:

- Implementing family emergency preparedness plans.
- Reviewing and acting on provincial health advice and guidance such as seeking immunization and medical attention, or staying home as directed.

Communities

Local Authorities

Under the *Municipal Government Act*, the role of the local authorities (municipalities) is to ensure a safe and viable community through the continuity of local government and critical services and emergency response. Local authorities including public health authorities' responsibilities include:

- Reviewing and implementing response plans (Community Emergency Management Plans) and business continuity programs.
- Maintaining the continuity of critical municipal services in consultation with AHS and business and industry (fire, police, water treatment/delivery, waste management).
- Liaising with AEMA, AHS and other partners to align with broader provincial response and recovery.
- Coordinating the decision-making and response
- Setting up and coordinating the appropriate emergency management system when applicable
- Releasing emergency information and communications
- Coordinating social services
- Coordinating priority municipal services
- Providing support for the health sector
- Managing natural death surge
- Maintaining critical infrastructure
- Ensuring continuity of operations across all St. Paul's Regional departments
- Liaising with local emergency management partners

Business and Industry

In a response, the role of business and industry is to maintain the continuity of critical services to the public. This could be done by:

- Reviewing and implementing emergency response plans that consider business continuity and worker safety.

- Communicating with local authorities and AHS through established day-to-day relationships, where coordinated response is required.
- Sharing key information (service impacts, absenteeism, etc.) with local authorities

Non-Governmental/Voluntary Sector

This sector includes non-governmental organizations (NGOs), volunteer organizations, not-for-profit groups, community groups and faith-based organizations. These organizations have community knowledge and access to an integrated network system.

- In a response, these organizations and groups could:
- Maintain key functions as appropriate.
- Provide voluntary services, depending upon the availability of volunteers.
- Liaise with respective local authorities and partners and uphold pre-arranged support agreements.

Provincial

Alberta Health

The role of Alberta Health is to lead and co-ordinate the provincial pandemic influenza health planning, response, and recovery. Alberta Health's responsibilities specific to response and recovery are to:

- Assess and communicate pandemic influenza severity and impact in Alberta to stakeholders.
- Exercise legislative authority (applies to both the Minister and the CMOH) under the *Public Health Act* and the Communicable Diseases Regulation to protect the health of Albertans, including the declaration of a provincial public health emergency, if required.
- As necessary, develop provincial policies, legislation, guidelines and standards for responding to pandemic influenza.
- Maintain Alberta's portion of the National Antiviral Stockpile (NAS).
- Manage Alberta's pandemic influenza vaccine.
- Seek necessary funding or resources to enable an effective health sector response.
- Connect with Federal, Provincial, Territorial (F/P/T) counterparts on health impacts, resources and communications.
- Direct the provincial communication strategy and messages in conjunction with the Public Affairs Bureau and AHS.
- Collaborate with AHS in the delivery of influenza-related public information and education programs and co-ordinate the dissemination of health information.
- Liaise with and support other GOA Ministries.

Alberta Health Services

The role of AHS is to provide continuity of health services to Albertans. AHS responsibilities specific to response and recovery are to:

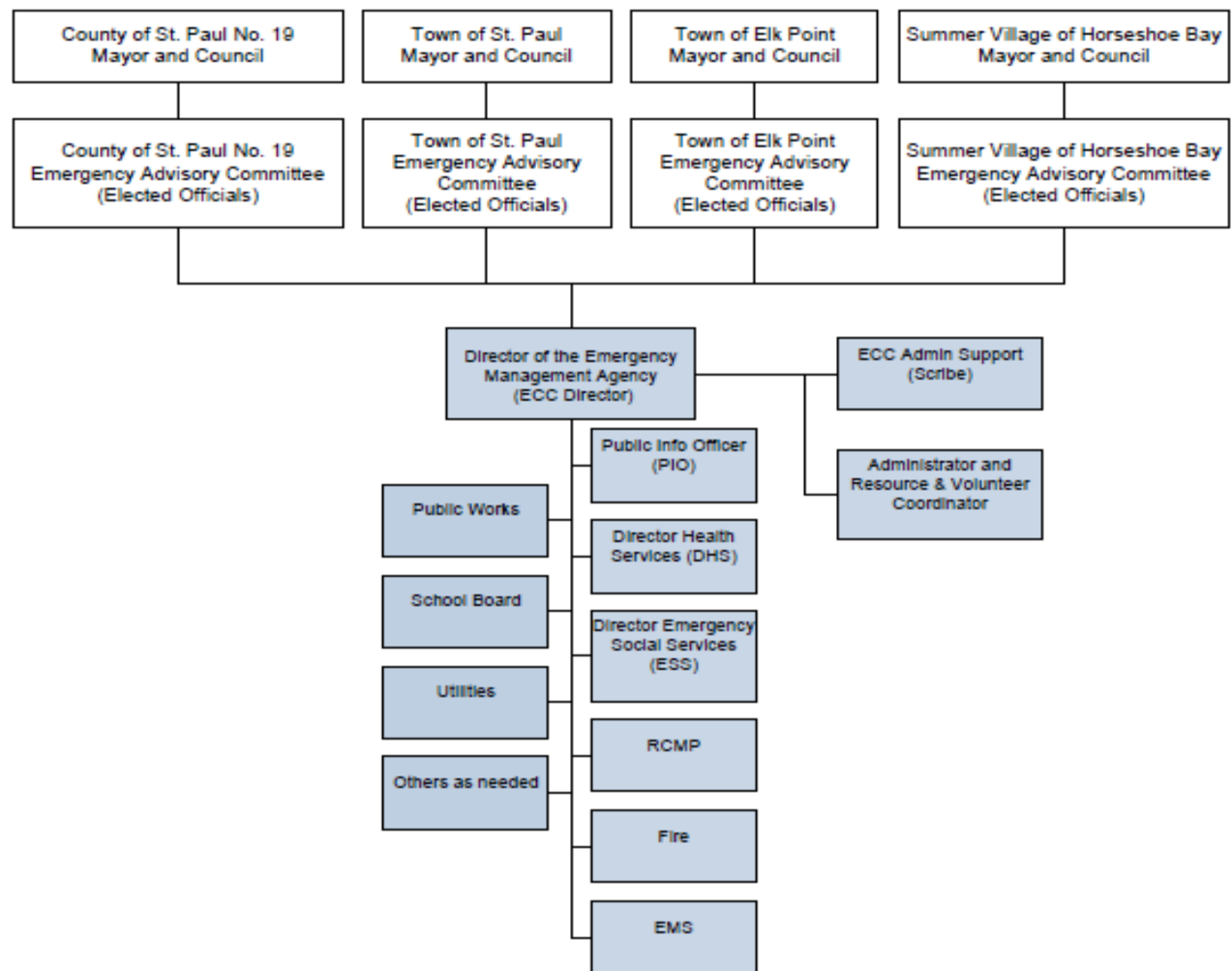
- Review and implement pandemic influenza operational health service response and recovery plans.
- Prioritize delivery of critical health services and programs during a pandemic influenza.
- Carry out the legislated roles of the MOH under the *Public Health Act* and the Communicable Diseases Regulation, including advising (in consultation with the CMOH) on the declaration of a local state of public health emergency, if necessary.
- Collaborate with Alberta Health on matters related to policy, resource acquisition and cross-government, and in the delivery of influenza-related public information and education programs.
- Liaise with and provide health advice and counsel to local authorities and stakeholders.

Alberta Emergency Management Agency

Under the Government Emergency Management Regulation, the Alberta Emergency Management Agency is responsible for acting as the coordinating and support agency for the GOA and its emergency management partners. In this capacity and in the context of this plan, AEMA will:

- Coordinate the cross-governmental response to a pandemic.
- Monitor and assess the impact of pandemic influenza on GOA critical services, and if required, coordinate restoration of GOA critical services list as per the GOA Business Continuity Plan
- Coordinate and support requests for assistance from local authorities as necessary.
- Coordinate requests for assistance under existing F/P/T and international mutual assistance agreements.

Figure 1 outlines the regional structure in support of the design and maintenance of the plan.



Emergency Management Roles and Responsibilities

ROLE	RESPONSIBILITIES
ELECTED OFFICIALS	
Council	<ul style="list-style-type: none"> Responsible for overall response and coordination of emergency/ disaster that impacts, or could imminently impact, the County/Town/ Summer Village, unless the Government of Alberta assumes direction and control under the authority of the <i>Emergency Management Act</i>. Provide ongoing support and initiate actions as may be required/ specified within the <i>Emergency Management Act</i> (e.g., declaration of a SOLE). Appoint the RDEM. Review and approve the REMP
Emergency Advisory Committee	<ul style="list-style-type: none"> Advise Council on the development and ongoing status of the REMP and program.
EMERGENCY MANAGEMENT AGENCY	
Emergency Management Agency (Regional)	<ul style="list-style-type: none"> Act as the agent of the local authorities in exercising the local authorities' powers and duties under the <i>Emergency Management Act</i>. Meet annually to review and update the REMP, as well as member respective emergency plans.
Director of the Regional Emergency Management Agency (RDEM)	<ul style="list-style-type: none"> Act on behalf of County/Towns/Summer Village Councils, and coordinate all emergency services and other resources used in the emergency. In his/her absence, the Deputy Director will act in this capacity. Prepare and coordinate emergency plan and programs for the County/Towns/Summer Village. Act as Director of the regional ECC on behalf of the Emergency Management Agency. Perform other duties as prescribed by the local authority(ies).
Emergency Management Agency Admin Support (Scribe)	<ul style="list-style-type: none"> Support the RDEM by recording all communication and actions relating to the work of the Emergency Management Agency. Other duties as assigned by the RDEM.
Emergency Management Agency Resource and Volunteer Coordinator	<ul style="list-style-type: none"> Maintain emergency volunteer coordination as specified by the RDEM.
Emergency Management Agency Communications	<ul style="list-style-type: none"> Develop and maintain the REMP Communications Plan. Work with the RDEM to coordinate information for public release. Coordinate media presence/interviews, when applicable.

ROLE

RESPONSIBILITIES

EMERGENCY MANAGEMENT AGENCY cont'd	
Emergency Management Agency Alberta Health Services	<ul style="list-style-type: none"> Establish and maintain emergency health services in coordination with the DEM. Work with municipal health facilities that may require municipal resources in the event that it becomes necessary to implement their Hospital Emergency Plan.
Emergency Management Agency Director of Emergency Social Services	<ul style="list-style-type: none"> Establish and maintain emergency social services for evacuees (reception, registration & inquiry, clothing, food, personal services, security, volunteer services), in coordination with the DEM.
Emergency Management Agency RCMP Liaison	<ul style="list-style-type: none"> Provide law enforcement expertise and participate in the maintenance (e.g., exercises) and implementation of the REMP.
Emergency Management Agency Fire Liaison	<ul style="list-style-type: none"> Provide fire service expertise and participate in the maintenance (e.g., exercises) and implementation of the REMP.
Emergency Management Agency EMS Liaison	<ul style="list-style-type: none"> Provide EMS expertise and participate in the maintenance (e.g., exercises) and implementation of the REMP.
Emergency Management Agency Public Works Liaison	<ul style="list-style-type: none"> Provide Public Works expertise and participate in the maintenance (e.g., exercises) and implementation of the REMP.
Emergency Management Agency School Board Liaison	<ul style="list-style-type: none"> Provide expertise related to schools and participate in the maintenance (e.g., exercises) and implementation of the REMP.
Emergency Management Agency Utilities Liaison(s)	<ul style="list-style-type: none"> Provide Utilities expertise and participate in the maintenance (e.g., exercises) and implementation of the REMP.
Other Emergency Management Agency Liaison(s)	<ul style="list-style-type: none"> Other representatives may be invited to participate as necessary, when specific areas of expertise are required.

Note: The DEM may transfer specific roles within the Regional Emergency Management Agency to the ECC structure

ROLE

RESPONSIBILITIES

EMERGENCY COORDINATION CENTRE—ECC (colour-coded as per the ICS)	
RDEM	<ul style="list-style-type: none"> Maintain overall authority/responsibility for ECC operations. Provide leadership to the ECC Management Team. Establish/approve ECC objectives. Establish expenditure guidelines and limits. Communicate with elected officials. Conduct ECC Management Team briefings.

ROLE	RESPONSIBILITIES
ECC Admin Support (Scribe)	<ul style="list-style-type: none"> • Support the RDEM by recording all communication and actions relating to the work of the ECC. • Other duties as assigned by the RDEM.
ECC Safety Officer	<ul style="list-style-type: none"> • Monitor ECC safety. • Maintain link with Safety Officer at site. • Identify/analyze liability/loss exposures. • Assess unsafe situations and halt operations if necessary. • Recommend safety modifications to Operations Lead.
ECC Liaison Officer	<ul style="list-style-type: none"> • Ensure required agencies are in ECC. • Act as primary ECC contact with external agencies. • Assist RDEM with briefings and meetings. • Maintain regular contact with all ECC personnel.
ECC Public Information Officer	<ul style="list-style-type: none"> • Work with RDEM to coordinate information for public release. • Coordinate media presence/interviews, when applicable. • Liaise with other Information Officers.
ECC Operations Section Lead	<ul style="list-style-type: none"> • Communicate with site/field personnel. • Support site operations. • Coordinate multi-agency responses (e.g., police, fire, EMS, emergency social services, utilities). • Deploy/track ECC-issued site resources.
ECC Planning Section Lead	<ul style="list-style-type: none"> • Collect, evaluate and display information. • Develop Action Plans and Situation Reports. • Conduct long-term planning. • Recommend alternative actions. • Maintain overall resource and event status.
ECC Logistics Section Lead	<ul style="list-style-type: none"> • Provide IT/communications support. • Arrange transport resources. • Arrange responder/personnel support. • Order/supply requested resources.
ECC Finance/Admin Section Lead	<ul style="list-style-type: none"> • Monitor response and recovery costs, as per the expenditure guidelines established by the ECC Director/estimate overall costs. • Support contracts and procurement. • Track personnel time.
EMERGENCY SITE	
Incident Command (IC)	<ul style="list-style-type: none"> • Command/coordinate operations at the emergency site. • Maintain communications with the RDEM (or Designate).
Other ICS roles as necessary that mirror ECC organization	

2 – Preventative Measures

2.1. Prevention and Controls

Measures to Prevent and Control Infections

In the event of an influenza pandemic it is anticipated that all businesses—private and public—will experience high employee absenteeism due to illness and/or other personal employee situations (e.g. caring for an ill relative). Businesses and agencies alike must plan for the negative effects a pandemic will have on its workforce and prepare Business Continuity Plans (BCP) to maintain essential services and/or functions accordingly. Business continuity is the process by which a business or agency plans to maintain essential services during a time of emergency. The process involves both the redeployment of staff and the return to normal business operations (recovery).

The development of the BCP will help minimize the disruption of services and programming. The BCP will need to address:

- Staff redeployment – identification of skill sets of all staff
- Internal communication strategy developed to communicate schedules and critical information to staff
- Identification and inventory of essential services
- Availability of supplies and materials required to maintain essential services during a pandemic
- Identification of relevant human resources, and health and safety issues
- Plans for surge capacity
- Recovery strategies for the post-pandemic period

Successfully fighting an influenza pandemic will depend on compliance with measures for preventing and controlling infection transmission between people. Measures of this kind will be particularly important in healthcare environments. They include the basic practices usually applied to all patients, regardless of their diagnosis, as well as additional precautions established to prevent transmission through droplets and contact.

The cornerstone of preventing infections is hand washing. To limit the spread of influenza, a person should avoid touching their eyes, nose or mouth with their hands. Ideally, a person should cough into a disposable tissue and then wash their hands. When this is not possible, cover your mouth with the inner part of your upper arm, not with your forearm.

Controls at the community level

Public concerns will need to be addressed for person/family safety, and interruption of normal life activities. They consist of:

- What are the risks to me and my family?
- What is the best way to prevent me catching the flu?
- What should I do to prevent spreading the flu if I get it?
- At what point do I seek medical attention?
- Should I go to school/work?
- What is the province/region doing to protect me?
- How can I be reassured that everything that can be done to safeguard my health during a pandemic is being done?
- What is the health unit doing to protect us when a pandemic occurs?
- Will I be able to access medications/antivirals?
- Will I be able to access vaccine?

Given that the pandemic virus will probably behave similarly to other types of influenza A viruses, controlling the dispersion of influenza in the community will be extremely difficult. The virus's short incubation period, the high rate of infection, the virus's ability to survive on surfaces for long periods of time, the non-specific symptoms as well as the potential for asymptomatic infection and transmission by asymptomatic individuals significantly limit the effectiveness and feasibility of most public health control measures.

Since a pandemic virus's potentially high attack rate in the population will put considerable pressure on the health system/resources, the ideal course of action would be to devote resources to those measures that are known to be most effective in controlling influenza.

Self-Care

Given that the health and social services network will have to perform intensive screening and limit as much as possible the presence of patients who are not seriously ill in healthcare establishments, the public will be encouraged to stay at home.

A self-care guide

A self-care guide will be distributed at the appropriate time. The document will suggest ways to prevent the spread of influenza, alleviate symptoms, and provide information on when to stay at home and when to go to a healthcare provider. Public communications will help the population find the information it needs.

Home: the first site of care

The general strategy will call on the ability of people to care for themselves with the help of family, friends, local groups and community resources, without forgetting the support of the health and social services network and its partners. In this context, the first site of care will be the home, which will help reduce the spread of the illness as well as the pressure on the system. This strategy is only realistic if the people who stay at home are adequately served. These people's vulnerability must be taken into account, and they must be monitored closely, especially those who live alone. Home support services and will play a key role in this effort.

Social Distancing

Social distancing refers to measures taken to restrict when and where people can gather. It is intended to decrease the number of new infections by reducing the opportunities for transmission from infected to non-infected individuals. These measures include, but are not limited to, school or workplace closures, reduced or restricted mass gatherings, and travel restrictions.

Isolation

In the *Public Health Act*, "isolation" is defined as:

"The separation of a person or animal infected with a communicable disease from other persons or animals in a place and under conditions that will prevent the direct or indirect conveyance of the infectious agent from the infected person or animal to a susceptible person or animal."

Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation can occur in a home, hospital or alternate care site and may be implemented prior to case confirmation for precautionary purposes. Compliance by ill persons (self-isolation) may reduce secondary cases and slow the spread of illness in the population.

Quarantine

In the *Public Health Act*, "quarantine" is defined as:

- I. "in respect of persons or animals, the limitation of freedom of movement and contact with other persons or animals, and
- II. in respect of premises, the prohibition against or the limitation on entering or leaving the premises, during the incubation period of the communicable disease in respect of which the quarantine is imposed."

Quarantine is a public health measure to separate and restrict the movement of persons who may have been exposed to a communicable disease to see if they become ill.

Travel and Border Related Measures

Public health travel advisories or public health orders may be issued by the federal or provincial governments.

Federal screening of international travelers from areas with active disease are implemented regularly and may be modified based on the specifics of the particular pandemic influenza virus and related risk-assessment.

Antivirals

Antiviral medications are the only influenza-specific pharmaceutical intervention that can be used from the start of a pandemic.

Influenza vaccination is an essential tool in preventing the harmful health effects of influenza. In a pandemic influenza situation however, vaccine will not be available until four to six months after the pandemic strain has been identified. Until such time, antivirals may be recommended, if directed by the Province and/or the Federal government, for use preventively for identified groups such as healthcare workers and other essential service workers, and for the early treatment of cases.

National Antiviral Stockpile (NAS)

The NAS was created in 2004 to ensure equitable access across Canada to a secure supply of antivirals for pandemic influenza. Each province and territory, maintains their own portion of the NAS. At the time of an outbreak, release of the NAS will be considered based on a risk assessment of the specific virus, the situation and the emerging epidemiology or other data, such as antiviral resistance or optimal treatment course.

Recommendations for Use of Antivirals

Alberta Health will continue to follow the pan-Canadian recommendations on the use of antivirals.

Antivirals could be used during pandemic influenza for four purposes:

- **Pre-exposure Prophylaxis.** In Canada, the decision to-date is that to undertake extensive pre-exposure prophylaxis would require stronger scientific evidence.
- **Early Treatment.** The NAS will be primarily used for early treatment of ill individuals who present to a health care provider, preferably within 48 hours of onset of symptoms, in order to reduce the severity and duration of illness, and particularly the occurrence of serious complications, hospitalizations and deaths.
- **Containment.** As part of the early pandemic response and based on a virus-specific risk assessment, antivirals may be used for post-exposure prophylaxis of close contacts together with treatment of cases of novel virus infection. Use of NAS for containment is not

recommended once pandemic influenza virus is widespread; therefore, this strategy is limited to the early stages of a pandemic influenza in Alberta.

- **Outbreak control.** Antivirals may also be used for outbreak control in closed facilities, as assessed by the CMOH /local MOH, for treatment of cases and post-exposure prophylaxis of close contacts in closed facilities where high-risk people reside (such as long-term care facilities). The AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites will guide antiviral use in this case.

Antiviral Distribution

Alberta Health will distribute antiviral medications from the provincial stockpile. AHS will be responsible for the delivery and administration of antivirals to Albertans requiring antiviral treatment in accordance with the guidelines for antiviral release.

Dispensing and recording details will follow provincially accepted policies and standards.

3 – Communications

3.1. Internal/Public Communications

During any emergency, an organized, timely flow of accurate, consistent information is essential to supporting a coordinated and effective response. Communication is critical before, during and after an influenza pandemic. We cannot anticipate exactly what kinds of information will need to be exchanged in a pandemic, but we do know that three areas will be essential:

- Within the health care system (internal communications).
- Between the health care system and policy makers.
- From key points in the health system to the public and the media (external communications).

Clear lines of communication, both internal and external, will be established as quickly as possible after the activation of pandemic influenza plans.

Well planned internal and external communications will be essential to supporting a coordinated and effective response to an influenza pandemic. Considerations include: providing for and responding to public and provider communication needs; educating the public about pandemic influenza and plans. To minimize the impacts; and ensuring that all health and emergency sector partners and the public have access to accessible, accurate, timely information that will help them respond to challenges during each phase of the pandemic.

Information and awareness activities will provide the population with facts and basic information on the progress of preparations, the reasons for preparing for the pandemic and how to do so. The preparation phase is crucial: the population will cooperate more readily during a pandemic if it has been adequately prepared to deal with such an eventuality.

The federal government has lead responsibility for informing health providers and the public about the pandemic's international and national impact and about infection control measures taken at the national level (e.g., closing ports or airports). The provincial government, through the Public Affairs Bureau, will provide public information about provincial measures (e.g., restricting public events).

During a pandemic, all GOA messaging will be through Alberta Health and AHS with assistance and oversight from Public Affairs Bureau (PAB). Integrated communications initiatives may also occur in specific areas, such as vaccine availability, case definitions and case counts to ensure consistent messaging to the public.

Each region or municipality remains responsible for specific operational communications plans and internal coordination of communication with their personnel and the public.

Given the complexity and enormous volume of messaging that occurs at all levels in a pandemic influenza, AH, AHS, and AEMA have identified audiences, primary sources, and leads for inter-agency, stakeholder and public messaging.

A variety of communications tools may be employed to reach different audiences and will consider the needs of potentially difficult-to-reach audiences. Websites are a primary source of information for most audiences. To serve that purpose, up-to-date information and resources on pandemic influenza will be posted on the Alberta Health (www.health.alberta.ca), AHS (www.albertahealthservices.ca) and AEMA (www.aema.alberta.ca) websites.

KEY PUBLIC MESSAGES

In the Pandemic Alert Phase

- Personal & family protection measures - Prevention is the key to avoiding the flu – annual universal flu shot, hand-washing, cough and sneeze etiquette, staying home when sick, etc.
- During a pandemic, follow all public health measures and directives (reiterate what these are).
- Reassure the public that systems and processes are in place to safeguard public health during a pandemic.
- Agencies/services throughout the region are working together to deal with pandemic flu issues
 - Identify pertinent issues and how they will be dealt with. (e.g. health unit and School Board are working collaboratively to get illness-reporting and management systems in place to protect students and staff; collaborative work to develop Assessment Centers)
- Dispel rumors and address false reports

First Reported Case

- Flu is confirmed in the Region of St. Paul – details as appropriate
- Personal & family protection/prevention measures – explain mode of transmission, etc.
- Watch for symptoms of flu & instructions of how to deal with the symptoms, including when/where to seek medical attention
- Surveillance is taking place to monitor and track the path of the disease
- Address rumors and dispel false reports

Spread of the Influenza in the Region of St. Paul

- Spread of flu has occurred – report on details
- Public health measures – if implemented
- Protective and prevention measures
- “we are in control” message
- Address rumors and dispel false reports

First Fatality in the Region of St. Paul

(If there is risk to the population, communication maybe required as per the MOH)

- Expression of regret, sympathy for family of the deceased
- Placing relative risk to population in perspective
- Surveillance background (will/will not be reporting on local mortality)
- Protection & prevention repeated
- Symptoms, instructions on managing, including when to seek medical attention repeated
- Public health measures, if any
- Address rumors and dispel false reports

3.2. Mass Notification

Emergency Notification System

The Region of St. Paul has a comprehensive Emergency Notification System. The Alert will be used to notify the region or an individual municipality of an emergency in their area. In the event of a provincial pandemic emergency, the province has steps they must follow:

- In the event that a provincial influenza pandemic is declared, the Medical Officer of Health or designate will be notified by the Chief Medical Officer of Health for Alberta or designate.
- Upon notification, the Health Department or their designate shall notify their senior staff according to the Notification List.
- Health Department personnel who have not been officially notified that the Region Pandemic Influenza Plan has been activated, in whole or in part, and who have become aware of its implementation, via public announcements, etc., should contact their manager by phone and advise of their whereabouts and availability.
- Upon activation of the Region Pandemic Influenza Plan, in whole or in part, the Medical Officer of Health shall convene the **Health Department Emergency Management Team**. It is important to note that all members of the Health Department Emergency Management may not be required and/or additional members of staff may be required in order to coordinate the Health Department's response. Response needs will dictate which staff are required to attend meetings.
- Upon notification of a declared influenza pandemic, the Medical Officer of Health or designate shall notify the Chief Administrative Officer, the Regional Director of Emergency Management, and the members of the Health Department Management team or their designates.

The information provided will be based on four principles:

- Timeliness
- Transparency

- Accessibility
- Credibility

Once the region or municipality has been notified by the MOH or designate of such an emergency, information will then be broadcasted to the public in the affected area using multiple means of communication. The Region of St. Paul Mass Notification/Alert System will be activated to deliver all pertinent information with the input from AHS. Local radio stations, TV stations, and local newspapers will also be used in conjunction with the alert system. Refer to the Communications Plan for further details and communication templates.

4 – Response

4.1. Activation

In the event of an influenza pandemic the Alberta Health and Wellness (AHW) will monitor the progression of the disease in conjunction with the Public Health Agency of Canada and the World Health Organization. However, all health sector organizations and emergency responders will play vital roles in the provision of services and the coordination of overall emergency response. It is through existing influenza surveillance systems that a pandemic virus will be identified. Depending on several variables (detection within or near the province, virulence of disease, extent of impact) Alberta Health and Wellness will activate the provincial plan. Regional Health Authorities will be informed of any decisions in this regard and, may have activated their own plans depending on the situation in their particular regions. With direction from the Chief Medical Officer of Health, Alberta Health and Wellness will oversee the initial provincial response to the pandemic and will liaise with national and regional partners. If required, the AHW Emergency Operations Centre (EOC) will be opened to coordinate the provincial health response. Regional Health Emergency Committees (composed of functional components of the Department of Health – Ambulance Services, Public Health Services, Mental Health Services, and Hospitals) may open their EOCs to coordinate the regional response. The region or municipalities will activate their plans in response to the needs of their jurisdictions. Any single public health measure is unlikely to be effective on its own; rather a variety of public health measures should be implemented.

Pandemics pose unique problems which distinguish them from other types of emergencies and which will require planners to adapt existing emergency response plans to address these issues. Namely, these unique features are:

- The influenza pandemic will likely originate outside North America and we may have advance warning of its arrival. Emergency plans should reflect this and should clearly specify actions to take between the time the pandemic is first identified globally and the time it arrives in Alberta.
- Outbreaks will occur simultaneously across the country, preventing reallocation of people and other resources from one jurisdiction to another. This means each community should be prepared to operate a “stand alone” emergency plan.
- The influenza pandemic could last for several months, which sets it apart from other emergencies which may last for several hours or days.
- Health care workers and other first responders will likely face a higher risk of infection than the general population, reducing response capacity.
- Widespread illness will increase the likelihood of personnel shortages in other key areas such as police, fire, utility and transportation services.

Priorities

In the face of an influenza pandemic, the region or municipality, in consultation with the local health authority, will activate the necessary contingency plans and set priorities. The RDEM or designate shall review and implement region procedures as needed in response to their own situation. If appropriate some or all of the following steps will be carried out:

- ☐ Notify council as soon as possible
- ☐ Coordinate decision-making and response based on level of activation
- ☐ Activate REMA and have them report to the ECC
- ☐ Maintain public safety services (e.g., fire and police).
- ☐ Maintain essential public works and municipal services such as water treatment/delivery, waste management, garbage disposal and utilities.
- ☐ Provide local information and advice to the public via regular announcements, when appropriate. Releasing emergency information and communications.
- ☐ Coordinate Emergency Social Services as required.
- ☐ Coordinate priority municipal services.
- ☐ Maintain critical infrastructure.
- ☐ Ensure continuity of operations across the Region
- ☐ Close public buildings where it is deemed to be in the best interests of public safety and to minimize the spread of infection.
- ☐ Cooperate with the local health authority to establish alternative care facilities and triage centers as requested by the health authority to facilitate public immunization and healthcare provision in non-traditional settings.
- ☐ Initiate a committee of local business persons with the task of activating their mutual aid plans to assist one another in maintaining a level of service to the community, particularly those services involving access to pharmaceuticals, retail food purchases, gasoline and other commerce deemed necessary.

Emergency Response

Alberta has a graduated structure of emergency response, used for all emergencies including pandemic influenza. This means that assistance can be accessed at the next level if the affected level becomes overwhelmed. For example, emergency events are coordinated at the regional or municipal level first through the Director of Emergency Management, through AEMA at the provincial level, and through Public Safety Canada at the federal level. A parallel process is followed through the health system.

Contingency plans are in place to ensure that lead response groups can operate and function.

Antiviral drugs are recommended for the prevention and treatment of influenza. During a pandemic, they can be used to prevent or delay the development or spread of the virus. In a pandemic situation,

especially when there is no vaccine, antivirals can reduce morbidity and mortality, and help maintain services.

In light of a possible shortage of antivirals and the opinion of experts, administration of antivirals will be prioritized according to a person's vulnerability and the pandemic's severity. This prioritization will be revised in relation to the pandemic, its attack rate, the virulence of the viral strain and the actual or expected clinical response to the antivirals provided.

Some of the common essential services necessary to the functioning of a community and must be prioritized include:

- Electricity/Gas
- Water and sewer
- Police, firefighter services, and EMS
- Communications
- Providers of essential consumer goods (food, gasoline, etc.)
- Services provided to the elderly, and to the physically and mentally challenged might also be considered essential to many communities.

First Responder Agencies

In the event of a Pandemic, where individual services are experiencing staff shortages or other issues that impede service, our dispatch provider will be instructed to notify neighboring first responder services to provide coverage, starting with the service which is closest to the one experiencing staff shortages and can provide the level of service required. The RDEM or designate will also contact the M.A. partners in the area to request assistance.

Information was removed for the protection of confidential material; is included in the operating manual.

5 – Recovery

5.1. Recovery of a Pandemic Event

Recovery consists of measures and actions taken to repair and restore communities after an emergency. In a pandemic event the primary impact will be on people not infrastructure, and will therefore need to be heavily structured to deal with the psychosocial aspects.

A number of resources are available to help individuals to adjust after an emergency event.

These resources can include:

- Family and Friends
- Critical Incident Stress Management (CISM) Professionals and Programs
- Health Care Professionals
- Wellness Programs
- Grief Counselors
- Clergy
- Employee and Family Assistance Programs
- Volunteer agencies (e.g. Canadian Red Cross)

A wide range of tasks make up the recovery process and involve the majority of the agency representatives. The recovery planning is required at all levels of government as this allows for the management of the recovery to be undertaken and resourced at the most appropriate level. This will vary depending on the size or scale of the event.

Some of the tasks include:

- public information
- assessing and rebuilding infrastructure and family homes
- provision of long-term housing
- business resumption
- damage assessment
- donations management
- allocating resources
- determining and providing financial assistance
- providing health and human services

The recovery process must be flexible in terms of management. Management in the recovery process typically involved two separate, but interdependent streams:

- Management by each agency of its own programs, and
- Coordination between agencies to ensure that those services are integrated.

An early response is essential to successful recovery management. Close liaison with the relevant response agencies and those affected is essential. Effective and regular liaison between the emergency management agencies at the planning stage will increase the likelihood of success at the time of the event.

The key objective for recovery operations is to provide necessary recovery measures and programs to affected individuals, families and the community as a whole, at the appropriate times, so that recovery takes place as quickly and effectively as possible.

Key tasks will need to be taken so the recovery objectives can be achieved:

- Impact assessment
- Resource management
- Public information management
- Withdrawal of services

Additional tasks that need to be considered as part of the recovery process include:

- Allocation of tasks
- Setting of priorities
- Ongoing monitoring

Impact Assessment

One of the critical factors in the management of an effective recovery program is to gain early, accurate information about the impact of the event upon individuals and the community. To determine service, staffing, resource and general recovery requirements it is necessary to obtain an early but full assessment of the emergency and the needs of the community. This will include information such as:

- The number, location and circumstances, including ethnicity, of affected people
- The extent to which essential services have been disrupted, etc.

Resource Management

There are also a number of areas that may require specific attention from the recovery manager's point of view. These include staffing, the use of volunteers, and donations management.

Recovery begins when the emergency incident/event is deemed under control by the Public Health authorities. Recovery activities often begin before the response phase ends. There will likely be transitional measures as the emergency response winds down and are determined by the nature and magnitude of the emergency.

The Planning Section is responsible for collecting, organizing, analyzing, interpreting and reporting incident information through the situation assessment sub-function. As this information is shared at the update meetings, a decision will be made that the event is under control.

Based on the information gathered from functions/sub-functions and under the direction of the Public Health authorities, the Planning Section will propose a course(s) of action(s) for the recovery phase of the event and eventual return to normal operations. The eventual decision will be made by the ECC Director or designate, and a response evaluation may follow.

Public Information Management

One of the key elements of emergency recovery is effective public information management. The media profile given to most emergencies, particularly those on a large scale, means that public and political interest in the recovery process will generally be high. In addition there is a need for adequate information to be provided to affected individuals regarding the effects of the event and the availability of recovery services. It is critical that regular and accurate information be provided regarding such things as the type and availability of recovery services, and any other relevant information. There is a range of mechanisms for providing information to the public. These would include local newspapers, press releases, use of the various electronic media and public meetings or forums, mass notification system and the AEA.

Withdrawal of Services

One of the last significant tasks to be undertaken in any recovery management process is that of the withdrawal of services. While the emphasis of any recovery program should be on community involvement and self-management, the cease of formalized support services from outside agencies will nevertheless be a critical time in the affected community's recovery. Experience has shown that a gradual handover of responsibilities to local agencies and support services is most effective.

During the withdrawal and recovery phase, the ECC must consider the timelines and sequencing for:

- Deactivating specific ICS functions and sub-functions.
- Resuming programs and services that may have been reduced or stopped during the emergency response.
- Returning staff to their usual work, including communication.
- Communicating recovery strategies to key stakeholders. (e.g. community and municipal stakeholders, public)

During the Recovery Phase, the ECC focuses on 4 main areas: Operations, equipment and supplies, staff and communicating with external partners.

5.2. Return to Business Plan

The purpose of the Return to Business Plan is to restore, rebuild and rehabilitate the affected municipalities following an incident. Specific goals will need to be addressed:

1. Address recovery issues at the earliest possible opportunity, ensuring that the response and recovery effort is fully integrated;
2. Establish notifications and communications during the Recovery Phase
3. Maintain critical, time sensitive activities and gradually resume programming beginning with programs and services that pose the greatest risk if deferred or delayed;
4. Facilitate inquiries and evaluation of response through the effective management and preservation of incident records;
5. Facilitate staff recovery from the demands of the response and refocus staff on the gradual resumption of the full scope of health unit programs and services.
6. Celebrate and recognize the engagement and contributions of staff and community partners in the success of incident response and the maintenance of essential time sensitive public health services.
7. Determine cost of response and confirm strategies for cost recovery.
8. Evaluate the response and recovery effort; and identify and take action to implement lessons identified including successes, identified gaps or issues
9. Explore opportunities to regenerate, revitalize or transform operations based on experiences during the incident

References

The following references were used in the development of this Emergency Management Plan:

- Province of Alberta, Alberta Emergency Management Agency – Alberta Emergency Plan – Alberta Pandemic Influenza Plan
 - <http://aema.alberta.ca/alberta-pandemic-influenza-plan>
- Alberta Health – Alberta 's Pandemic Influenza Plan 2014
 - <http://www.health.alberta.ca/health-info/pandemic-influenza-plan.html>
- Alberta Health Services – Influenza Immunization
 - <http://www.albertahealthservices.ca/influenza.asp>
- Public Health Agency of Canada – The Canadian Pandemic Influenza Plan for the Health Sector
 - <http://www.phac-aspc.gc.ca/cpip-pclcpi/>
- WHO – Global Influenza Preparedness Plan
 - http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf