

ANNEX A: REGIONAL HEALTH AUTHORITY (HA) PANDEMIC INFLUENZA PREPAREDNESS PLANS

The Health Authority (HA) and/or Health Service Delivery Area (HSDA) Pandemic Influenza Preparedness Plan will be referred to as the “HA/HSDA Plan” in this section. The HA/HSDA Plan can be developed as a stand-alone plan or as an annex or supplement to the HA/HSDA Disaster Plan. HA Plans should be shared with the Provincial Health Officer in order that a provincial view can be developed.

The purpose of these checklists is to assist HAs/HSDAs in developing and reviewing their Pandemic Influenza Preparedness Plans. The checklists are also communication tools for HAs/HSDAs to identify planning issues and necessary actions.

Checklists:

1. [HA/HSDA Plan Development and Maintenance](#)
2. [Command & Control/Direction & Control](#)
3. [Emergency Preparedness and Emergency Communications](#)
4. [Surveillance](#)
5. [Vaccine Delivery](#)
6. [Antiviral Delivery](#)
7. [Health Services](#)
8. [Communication](#)

These lists should be modified as required and/or as appropriate.

Appendices are also provided to assist HAs/HSDAs in developing guidelines for action at the different pandemic stages and in identifying the priority groups and estimating the number of individuals in each group.

Appendices:

1. [Canadian Pandemic Phases](#)
2. [Vaccine Priority Groups](#)
3. [Healthcare Worker Estimates](#)
4. [Emergency and Essential Service Worker Estimates](#)
5. [Antiviral Priority Groups](#)

Table A-1: HA/HSDA Pandemic Influenza Preparedness Plan Development and Maintenance

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	(a)	Does the HA/HSDA have a policy statement requiring a Pandemic Influenza Preparedness Plan (PIPP)?		
	(b)	If yes, who is responsible for developing it?		
2.		Does the HA/HSDA have a PIPP?		
3.		Has the HA/HSDA Plan been developed in consultation with First Nations?		
4.		Has the HA/HSDA Plan been developed in consultation with the BCPIAC, all HA/HSDA municipalities, private industry and other stakeholders?		
5.		Does the HA/HSDA have a policy regarding approval of, and authorization of, changes to the Plan?		
6.		Is someone designated to coordinate reviews and updates of the HA/HSDA Plan (i.e., when further federal or provincial guidelines are available and/or at regular intervals)?		
7.	(a)	Is a distribution list for the HA/HSDA Plan maintained?		
	(b)	Are there processes for people to receive Plan amendments?		
8.		Does the HA/HSDA Plan outline relevant legislation?		
9.	(a)	Does the HA/HSDA Plan address roles and responsibilities for each pandemic phase, including possible 2 nd and 3 rd waves (for phases, see Appendix A-1)?		
	(b)	Is someone designated to coordinate the exercises/simulations?		
	(c)	Does the HA/HSDA Plan indicate the need for HA/HSDA as well as community exercises?		
	(d)	Is there a process for lessons learned from the exercises to be incorporated into the HA/HSDA Plan?		
10.		Does the HA/HSDA Plan address staff education well as education of other community stakeholders regarding the Plan?		

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
11.	Has the HA/HSDA Plan been incorporated into or referenced in existing emergency preparedness plans within the HA/HSDA (e.g., facility plans, outbreak plans)?			
12.	(a) Does the HA/HSDA Plan require post-pandemic evaluation of the Plan and Plan revisions based on the evaluation?			
	(b) If yes, who is responsible for that evaluation?			

Table A-2: Command & Control/Direction & Control

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	Does the HA/HSDA Plan include a description of the Command, Control and Management structure and functions specific to pandemic response?			
2.	Has the role of senior management been defined?			
3.	Have the organizational responsibilities been described?			
4.	Have all the necessary responsibilities been assigned?			
5.	Does the HA/HSDA Plan identify “back-up” personnel for each responsibility and for the MHO and other key personnel?			
6.	Does the HA/HSDA Plan address training needs for those with pandemic-related responsibilities?			
7.	(a) Does the HA/HSDA Plan identify areas where Emergency Operations Centres (EOCs) are needed (e.g., HA, HSDAs, municipalities)?			
	(b) Does the HA/HSDA Plan allow for participation in regional/local EOC(s) and in the Provincial Regional Emergency Operations Centre (PREOC)?			
	(c) Have communication links between the HA/HSDA EOC(s) and municipal EOCs been identified?			
8.	Is there a system for ensuring that all relevant personnel are alerted to the arrival of an influenza pandemic and the need for them to assume their pandemic-related responsibilities?			
9.	Does the HA/HSDA Plan identify personnel by job title who are to receive information from and provide information to the BCPIAC, the PHO and/or BCCDC regarding:			
	(a) Surveillance			
	(b) Health services			
	(c) Vaccine and antiviral delivery			
	(d) Communications (including provincial teleconferences)			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
10.	(a)	Does the HA/HSDA Plan require post-pandemic evaluation of the Command, Control and Management structure and functions, and revisions based on the evaluation?		
	(b)	If yes, who is responsible for that evaluation?		

Table A-3: Emergency Preparedness and Emergency Communications

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	Does the HA/HSDA Pandemic Influenza Preparedness Plan (PIPP) have an Emergency Preparedness and Emergency Communication component?			
2.	Does the HA/HSDA Plan address emergency preparedness and emergency communications in each of the pandemic phases?			
3.	Does the HA/HSDA Plan include a contact list of local/regional emergency managers (e.g., public health, government, utilities)?			
4. (a)	Does the HA/HSDA Plan outline agreed-upon coordination mechanisms with all municipalities in the HA/HSDA (see Annex G)?			
(b)	Does the HA/HSDA Plan outline agreed-upon emergency communication mechanisms with all municipalities in the HA/HSDA (see Annex G)?			
5. (a)	Does the HA/HSDA Plan identify “essential service” positions?			
(b)	Does the HA/HSDA Plan estimate the number of essential service workers, based on current definitions (see Appendix A-4)?			
(c)	Does the HA/HSDA Plan provide strategies for educating and training essential service workers regarding pandemic planning and emergency response?			
6.	Does the HA/HSDA Plan include strategies for providing information on pandemic influenza, infection control, self-care, etc. to municipalities and essential service workers?			
7. (a)	Does the HA/HSDA Plan identify local/regional private industries that could assist in pandemic/emergency planning and response?			
(b)	Does the HA/HSDA Plan define agreed-upon role(s) these local/regional private industries can play in pandemic/emergency planning and response?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
(c)	Does the HA/HSDA Plan include strategies to ensure that these local/regional private industries are kept informed of pandemic developments and planning?			
8.	(a) Does the HA/HSDA Plan identify local/regional organizations that could assist in pandemic/emergency planning and response?			
	(b) Does the HA/HSDA define agreed-upon role(s) these local/regional organizations can play in pandemic/emergency planning and response?			
(c)	Does the HA/HSDA Plan include strategies to ensure that these local/regional organizations are kept informed of pandemic developments and planning?			
9.	(a) Does the HA/HSDA Plan include a review of the volunteer groups listed in the Municipal Emergency Plan (MEP)?			
	(b) Does the HA/HSDA Plan identify those volunteer groups that could assist in pandemic/emergency planning and response?			
(c)	Does the HA/HSDA Plan define agreed-upon role(s) these volunteer groups could play in pandemic/emergency planning and response (e.g. retired or student health care professionals who could contribute to the health services response)?			
(d)	Does the HA/HSDA Plan include strategies to ensure that these volunteer groups are kept informed of pandemic developments and planning?			
10.	(a) Has the HA/HSDA contacted the RCMP/police and fire departments, in consultation with municipalities, regarding the HA/HSDA Plan?			
	(b) Does the HA/HSDA Plan outline communication mechanisms between the HA/HSDA and RCMP/police and fire departments?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
11.	(a)	Has the HA/HSDA contacted ambulance service providers, in consultation with municipalities regarding the HA/HSDA Plan?		
	(b)	Has the ambulance service pandemic capacity been determined?		
	(c)	Have alternative patient transport methods been identified?		
12.		Has the HA/HSDA consulted with municipalities regarding mechanisms to provide non-medical support (i.e. food, snow shovelling) for persons confined to their home and for pandemic-specific support needs?		
13.		Does the HA/HSDA Plan discuss the possibility of closing public facilities and cancelling public events?		
14.		Does the HA/HSDA Plan include pandemic mortuary, burial and funeral requirements and plans based on consultations between the HA/HSDA, BC Coroners Service, municipalities and local funeral directors?		
15.		Does the HA/HSDA Plan identify available and/or needed psychological/mental health services based on discussion with local agencies and municipalities?		
16.		Does the HA/HSDA Plan identify available and/or needed social services based on discussion with local agencies and municipalities?		
17.		Does the HA/HSDA Plan identify arrangements agreed-upon with the municipalities regarding facilities that could be used as non-traditional health care sites (e.g., alternate care centres, triage centres, immunization sites, see Annex J)?		
18.	(a)	Does the HA/HSDA Plan require post-pandemic evaluation of the Emergency Preparedness and Emergency Communication component and revisions based on the evaluation?		
	(b)	If yes, who is responsible for that evaluation?		

Table A-4: Surveillance

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	Does the HA/HSDA Plan contain a Surveillance component?			
2.	Does the HA/HSDA Plan address surveillance in each of the pandemic phases?			
3.	Has the HA/HSDA Plan assessed identified gaps and made recommendations regarding improvements to local influenza surveillance systems?			
4.	(a) Does the HA/HSDA have a system for monitoring school absenteeism (i.e. >10%) during the influenza season, with emphasis on laboratory confirmation early in the season?			
	(b) Does the HA/HSDA have a system for influenza and ILI outbreak reporting in hospitals, long term care facilities (LTCF) and other community settings during annual influenza seasons?			
	(c) Does the HA/HSDA have a process for reviewing surveillance mechanisms on a regular basis with partners and stakeholders?			
	(d) Has the HA/HSDA identified which personnel/organizations (including physicians and sentinel physicians) should regularly receive influenza surveillance data?			
5.	Has the HA/HSDA explored the feasibility of monitoring workplace absenteeism among large employers, including the HA/HSDA, for baseline data, for annual surveillance and/or for pandemic surveillance?			
6.	Does the HA/HSDA Plan identify groups for surveillance that are not currently routinely monitored (e.g. preschools, emergency rooms) that may need to be monitored immediately before and during a pandemic?			
7.	Does the HA/HSDA Plan address mechanisms for rapid dissemination of surveillance data (e.g. broadcast fax, e-mail, website)?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
8.	Does the HA/HSDA Plan address the local monitoring and dissemination of information regarding virologic, epidemiologic and clinical findings associated with a pandemic strain?			
9.	(a) Who is responsible for disseminating surveillance information (e.g., MHO, CMHO)?			
	(b) Is there a back-up position identified to receive and communicate influenza surveillance data in the absence of the person identified above?			
10.	Does the HA/HSDA Plan include strategies to raise awareness of physicians and other health care providers regarding pandemic planning and yearly epidemics?			
11.	(a) Has the HA/HSDA assisted BCCDC in the recruitment of sentinel physicians for routine annual ILI surveillance?			
	(b) Does the HA/HSDA currently have at least 1 sentinel physician or 1 per 100,000 population where feasible? If not, are there plans to attain this goal?			
12.	Has the HA/HSDA, with the support of BCCDC if necessary/appropriate, identified additional sentinel physicians that could be called upon during immediate pre-pandemic and pandemic phases for ILI surveillance of special populations such as student health facilities, emergency rooms, the military, and/or travel destinations (e.g. Whistler)?			
13.	Does the HA/HSDA Plan address more timely methods for receiving information from within the HA regarding hospitalization and deaths attributed to influenza?			
14.	Does the HA/HSDA Plan address specimen collection processes and transportation of specimens to the Provincial Laboratory?			
15.	Does the HA/HSDA Plan address monitoring hospitalizations and severe clinical syndromes recognized to be associated with pandemic influenza during the pandemic phase?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
16.	(a)	Does the HA/HSDA Plan address processes for collaboration in special studies during the pandemic?		
	(b)	Does the HA/HSDA Plan address processes for collaboration in special studies in the post-pandemic period?		
17.		Does the HA/HSDA Plan indicate that the Surveillance component will be evaluated in the post-pandemic period and that the Plan will be revised based on the evaluation?		
18.		Does the HA/HSDA Plan include the following contact information:		
	(a)	Laboratories and laboratory directors?		
	(b)	Sentinel physicians?		
	(c)	Schools participating in ongoing surveillance?		
	(d)	Long term care facilities?		
	(e)	Emergency rooms, daycares etc.		

Table A-5: Vaccine Delivery

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	(a)	Does the HA/HSDA Plan include a vaccine delivery component?		
	(b)	Does the HA/HSDA Plan recognize the need to administer the vaccine as it is available as quickly as possible?		
2.	(a)	Does the HA/HSDA Plan incorporate the assumption of need for 2 doses likely 1 month apart?		
	(b)	Does the HA/HSDA Plan include plans for administering vaccine by priority group? (see Appendix A-2)		
	(c)	If vaccine is limited, does the HA/HSDA Plan include delivering 2 doses of vaccine to priority groups for whom there is sufficient supply?		
	(d)	Does the HA/HSDA Plan include delivering the 2 nd dose of vaccine 1 month after the first (while continuing to provide initial doses)?		
	(e)	Does the HA/HSDA Plan include immunizing 75% of the population with 2 doses within 4 months?		
3.	(a)	Does the HA/HSDA Plan include educating the public about pandemic vaccine?		
	(b)	Does the HA/HSDA Plan include educating health care providers (and other key groups) regarding the pandemic vaccine?		
4.		Does the HA/HSDA Plan address policies and procedures regarding obtaining informed consent?		
5.		Does the HA/HSDA Plan identify vaccine distribution “border” issues that will need to be coordinated?		
6.		Does the HA/HSDA Plan include strategies to improve influenza vaccine coverage in the pre-pandemic period?		
7.		Does the HA/HSDA Plan include strategies to improve appropriately targeted pneumococcal vaccine coverage in the pre-pandemic period?		
8.	(a)	Does the HA/HSDA Plan include strategies for reaching each of the priority groups?		

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
(b)	Does the HA/HSDA Plan include estimates of priority groups as nationally defined? (See Appendices A-2 , A-3 and A-4)			
(c)	Has the HA consulted with municipalities regarding preliminary estimates of essential service workers?			
9.	(a) Does the HA/HSDA Plan include contingency plans for mass immunization delivery throughout the HA?			
(b)	Has the HA consulted with municipalities regarding facilities that would be required as immunization sites during the pandemic?			
10.	(a) Does the HA/HSDA Plan include a process to maintain cold chain requirements of the vaccine (including additional and back-up storage sites with back-up generators)?			
(b)	Does the HA/HSDA Plan address training all staff (and particularly new, recruited, and alternate care workers) in the proper handling of vaccine?			
11.	(a) Does the HA/HSDA Plan address vaccine storage locations, capacity, equipment, supplies, staffing and security requirements for various pandemic scenarios?			
(b)	Does the HA/HSDA Plan address vaccine transport within the HA?			
12.	(a) Does the HA/HSDA Plan include measures by the HA to ensure security of the vaccine once delivery has been accepted (including storage, transport, clinics, handling, personnel)?			
(b)	Has there been consultation in the pre-pandemic period with RCMP/police regarding vaccine security?			
(c)	Does the HA/HSDA Plan include a security audit in the pre-pandemic period?			
(d)	Does the HA/HSDA Plan address crowd control at immunization sites?			
13.	(a) Does the HA/HSDA Plan include estimates of the amount of needles, syringes and other vaccination program supplies required for the various scenarios?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
(b)	Does the HA/HSDA Plan include measures to ensure adequate supplies?			
(c)	Does the HA/HSDA Plan include biomedical waste management, including containers, transportation and disposal?			
14. (a)	Does the HA/HSDA Plan include sample/template worksheets for recording immunizations?			
(b)	Does the HA/HSDA Plan include processes to account for all vaccine received?			
(c)	Does the HA/HSDA Plan include processes for monitoring vaccine coverage, effectiveness and adverse reactions?			
(d)	Does the HA/HSDA Plan include processes to minimize wastage of vaccine?			
(e)	Does the HA/HSDA Plan outline one or more position(s) designated to record and summarize data on a regular basis and for submission to BCCDC?			
15. (a)	Does the HA/HSDA Plan include systems to recognize, report and assess adverse reactions?			
(b)	Does the HA/HSDA Plan include systems to communicate information regarding adverse reactions to physicians, emergency rooms, etc. within the HA/HSDA during the pandemic?			
16. (a)	Does the HA/HSDA Plan include estimated human resource requirements for vaccine delivery according to the various scenarios?			
(b)	Does the HA/HSDA Plan include human resource plans to obtain required manpower?			
(c)	Does the HA/HSDA Plan include risk management measures regarding the temporary pool of alternate workers?			
17. (a)	Does the HA/HSDA Plan include identification of alternate vaccine administrators?			
(b)	Does the HA/HSDA Plan address training needs of alternate vaccine administrators?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
18.	Does the HA/HSDA Plan address the need for an extended period of time to provide “catch-up” immunization programs if these were suspended during the pandemic?			
19.	Does the HA/HSDA Plan indicate that the Vaccine Delivery component of the Plan will be evaluated in the post-pandemic period and revised based on the evaluation?			
20.	Does the HA/HSDA Plan include general public information about the need, efficacy and safety of the influenza vaccine?			

Table A-6: Antiviral Delivery

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	Does the HA/HSDA Plan include an antiviral delivery component?			
2.	(a) Does the HA/HSDA Plan describe how to deliver available antivirals?			
	(b) Does the HA/HSDA Plan recognize the need to administer antivirals as quickly as possible?			
3.	(a) Does the HA/HSDA Plan include strategies for reaching each of the priority groups?			
	(b) Does the HA/HSDA Plan include estimates of priority groups as nationally defined? (See Appendix A-5)			
	(c) Has the HA consulted with municipalities regarding preliminary estimates of essential service workers?			
4.	(a) Does the HA/HSDA Plan include educating the public about the need, efficacy and safety of antivirals?			
	(b) Does the HA/HSDA Plan include educating health care providers (and other key groups) regarding antivirals?			
5.	Does the HA/HSDA Plan address policies and procedures regarding obtaining informed consent?			
6.	Does the HA/HSDA Plan include a mechanism for tracking antiviral adverse events?			
7.	Does the HA/HSDA Plan identify antiviral distribution “border” issues that will need to be coordinated?			
8.	(a) Does the HA/HSDA Plan include processes to maintain cold chain requirements (including additional and back-up storage sites with back-up generators)?			
	(b) Does the HA/HSDA Plan address training all staff (and particularly new, recruited, and alternate care workers) in the proper handling of antivirals?			
9.	(a) Does the HA/HSDA Plan address antiviral storage locations, capacity, equipment, supplies, staffing and security requirements for various pandemic scenarios?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
	(b)	Does the HA/HSDA Plan address antiviral transport within the HA?		
10.	(a)	Does the HA/HSDA Plan include measures to ensure security of antivirals once delivery has been accepted (including storage, transport, clinics, handling, personnel)?		
	(b)	Has there been consultation in the pre-pandemic period with RCMP/police regarding security?		
	(c)	Does the HA/HSDA Plan include a security audit in the pre-pandemic period?		
11.	(a)	Does the HA/HSDA Plan include estimates of the amount of needles, syringes and other vaccination program supplies required for the various scenarios?		
	(b)	Does the HA/HSDA Plan include measures to ensure adequate supplies?		
12.	(a)	Does the HA/HSDA Plan include a sample/template of worksheets for recording antivirals?		
	(b)	Does the HA/HSDA Plan include processes to account for all antivirals received?		
	(c)	Does the HA/HSDA Plan include processes for monitoring antiviral coverage, effectiveness and adverse reactions?		
	(d)	Does the HA/HSDA Plan include processes to minimize wastage of antivirals?		
	(e)	Does the HA/HSDA Plan outline position(s) designated to record and summarize data on a regular basis for submission to BCCDC?		
13.	(a)	Does the HA/HSDA Plan include systems to recognize, report and assess adverse reactions?		
	(b)	Does the HA/HSDA Plan include systems to communicate information regarding adverse reactions to physicians, emergency rooms, etc. within the HA/HSDA during the pandemic?		
14.	(a)	Has the HA/HSDA developed a mechanism for assessing antiviral effectiveness?		
	(b)	Has the HA/HSDA developed a mechanism for recording and reporting antiviral effectiveness?		

Table A-7: Health Services

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	Does the HA/HSDA Plan include a health services component?			
2.	Does the HA/HSDA Plan address this component in each of the pandemic phases?			
3.	Has the HA/HSDA Plan been reviewed with appropriate partners and stakeholders?			
4.	(a) Have the available federal and provincial guidelines been reviewed and modified as required?			
	(b) Does the HA/HSDA Plan include the distribution of federal/provincial/local guidelines in pre-pandemic and pandemic periods?			
5.	(a) Does the HA/HSDA Plan assess bed capacity, estimate the capacity required for the HA/HSDA using pandemic impact projections and identify options for meeting this capacity? (For estimating pandemic impact, see Annex B)			
	(b) Does the HA/HSDA Plan identify the # of ventilators in the HA (mechanical ventilation machines; do not include BIPAP, CPAP machines)?			
	(c) Does the HA/HSDA Plan identify the # of ventilators in the community (dental offices, veterinary clinics) that could be accessed?			
	(d) Does the HA/HSDA Plan include strategies to increase # of ventilated beds, including staffing considerations?			
	(e) Does the HA/HSDA Plan address the capacity to be as self-sufficient as possible and to be prepared to deal with influenza co-morbidity with reasonable expectations of successful outcome?			
	(f) Does the HA/HSDA Plan reference providing/obtaining specialized and tertiary care for patients to/from other HAs?			
6.	(a) Does the HA/HSDA Plan identify how triage would be managed?			
	(b) Does the HA/HSDA Plan include a telephone triage component?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
7.	Has the HA/HSDA met with municipalities regarding non-medical support needs for persons confined to their homes?			
8.	Does the HA/HSDA have a process for defining emergent/urgent services?			
9.	Does the HA/HSDA plan address the following:			
(a)	Management of pneumonia?			
(b)	Use of ICUs?			
(c)	Extubation?			
(d)	Care of long term care residents during pandemic?			
(e)	A review of guidelines as needed on a periodic basis?			
10.	Does the HA/HSDA Plan include the collection of data regarding the impact of the pandemic on health services during the pandemic?			
11.	Does the HA/HSDA Plan deal with providing information to, and modifying expectations of the public regarding provision of health services during the pandemic?			
12.	Does the HA/HSDA Plan include strategies for promoting self-care for influenza?			
13.	Does the HA/HSDA Plan include infection control guidelines (see Annex I or Canadian Pandemic Influenza Plan)?			
14. (a)	Does the HA/HSDA Plan address workforce requirements for the HA/HSDA using pandemic impact projections?			
(b)	Does the HA/HSDA Plan include a human resource plan for hiring additional health care workers during the pandemic that includes issues such as: scope of responsibilities, registration requirements, criminal record checks, foreign trained workers, liability and other insurance coverage, and training?			
(c)	Does the HA/HSDA Plan include strategies to recruit non-active or retired health care workers within the HA when required?			
(d)	Does the HA/HSDA Plan address the use of health care students?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
(e)	Does the HA/HSDA Plan include strategies for an increased role of volunteers?			
(f)	Has the HA/HSDA consulted with municipalities regarding the availability and role of volunteer organizations and potential alternate service providers?			
(g)	Does the HA/HSDA Plan include a training plan for the use of alternate care workers (non-active, retired, out of scope, etc.) and volunteers?			
(h)	Has the HA/HSDA reviewed its insurance policies regarding use of alternate care workers and volunteers?			
(i)	Has the HA/HSDA reviewed its insurance policies regarding providing services in alternate care settings?			
(j)	Has the HA/HSDA identified collective agreement issues in light of pandemic manpower requirements?			
(k)	Does the HA/HSDA Plan include discussions with staff and professional associations?			
15.	Does the HA/HSDA Plan include guidelines and/or options for employees who are required to work but who also have ill family members who need to be cared for at home?			
16.	Are the Vaccine Delivery and Health Services components of the HA/HSDA Plan coordinated to ensure sufficient resources to administer the vaccine as quickly as possible when it is available?			
17.	Does the HA/HSDA Plan include critical incident stress management?			
18.	Does the HA/HSDA Plan include a review of guidelines as needed on a periodic basis?			
19.	Does the HA/HSDA Plan include the recovery of health services (e.g. overcoming backlog of postponed surgeries) in the post-pandemic period?			
20.	Does the HA/HSDA Plan indicate that the Health Services component will be evaluated in the post-pandemic period and revised based on the evaluation?			

Table A-8: Communication

		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
1.	Does the HA/HSDA Plan have a Communication component?			
2.	Does the HA/HSDA Plan address this component in each of the pandemic phases?			
3.	Has the Communication component been reviewed with partners and stakeholders?			
4.	Does the HA/HSDA Plan identify key audiences, local groups, organizations and individuals who need to be kept informed?			
5.	Does the HA/HSDA Plan identify local strategic considerations: possible scenarios, issues, and opportunities in each phase of the pandemic?			
6.	Does the HA/HSDA Plan outline the need for consistent messaging with provincial and federal messages?			
7.	Does the HA/HSDA Plan outline mechanisms for rapid communications with key audiences?			
8.	Does the HA/HSDA Plan identify a communications response team during the pandemic phase?			
9.	Does the HA/HSDA Plan outline liaison with local media, including whether a special media center will be required and identification of media spokespersons?			
10. (a)	Does the HA/HSDA Plan include an influenza information line(s) to take calls from the public during the pandemic?			
(b)	Does the HA/HSDA Plan designate a position responsible for providing information to/coordinating with the Provincial Regional Emergency Operations Centre?			
11.	Does the HA/HSDA Plan outline how coordination issues with bordering jurisdictions (e.g. other HAs, First Nations communities) will be addressed?			
12.	Has the HA/HSDA Plan been shared with the PHO's office?			

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		Status (Y/N or N/A)	Person/Dept. Responsible	Comments
13.	Does the HA/HSDA Plan indicate that the Communication component will be evaluated in the post-pandemic period and that the Plan will be revised based on the evaluation?			
	Does the HA/HSDA Plan outline agreed upon communication mechanisms between and among all municipalities in the HA/HSDA?			
	Does the HA/HSDA Plan address communication needs for private industry and other non-governmental stakeholders?			
	Does the HA/HSDA Plan identify the method for notifying and updating each municipality within the HA/HSDA regarding the confirmation of onset of pandemic influenza in Canada?			
14.	Has the HA/HSDA developed communication tools for informing staff about pandemic planning (e.g. fact sheets, articles in staff newsletters, websites)? If willing, please provide an electronic copy to Epidemiology Services at the BCCDC (epidserv@bccdc.ca).			

APPENDIX A-1: CANADIAN PANDEMIC PHASES

Table A-9: Canadian Pandemic Phases

To be inserted when available

APPENDIX A-2: VACCINE PRIORITY GROUPS

Vaccine will become available in lots and supply may be limited, therefore priorities for vaccination must be established. When available, vaccine should be distributed in an equitable manner and P/Ts should adhere to similar vaccination protocols.

The Pandemic Influenza Committee (PIC) will identify and prioritize individuals and groups of people to receive vaccine. To support the overall goal of pandemic response, the prioritization process must consider the impact of the vaccine. The priority for vaccination is focused on reducing morbidity and mortality through maintaining the health services response and through individual protection of high risk groups. In addition, this will help minimize societal disruption by maintaining the essential services upon which everyone depends.

Suggested guidelines for the use of influenza vaccine in times of short supply have been developed to provide guidance during the planning process but will need to be reassessed as soon as epidemiologic data on the specific pandemic virus become available.

The table below provides the current vaccine priority groups and allows HAs/HSDAs to estimate the numbers in each group.

Table A-10: Vaccine Priority Groups

Vaccine Priority Group	Estimate
<p>1. Health Care Workers Rationale: The health care sector will be the first line of defence in a pandemic. Maintaining the health service response and the vaccine program is central to the implementation of the response plan in order to reduce morbidity and mortality. Please complete Appendix A-3.</p>	
<p>2. Essential Service Workers Rationale: These persons maintain key community services and the ability to mount an effective pandemic response may be dependent on them being in place. Please complete Appendix A-4.</p>	
<p>3. Persons at High Risk Rationale: Persons most likely to have severe or fatal outcomes following influenza infection should be vaccinated. The National Advisory Committee on Immunization has identified the following high-risk groups for annual vaccine recommendations, but the order of prioritization during a pandemic may vary depending on the specific virus strain. Prioritization will depend on the epidemiology of the disease.</p>	
Persons in nursing homes and in long-term care facilities, homes for elderly (e.g. lodges)	
Persons with high risk medical conditions living independently in the community	
Persons over 65 years of age living independently and not included above	
Infants 6 to 23 months of age	
Poultry workers	

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Vaccine Priority Group	Estimate
Individuals who are capable of transmitting influenza to those at high-risk for influenza related complications, e.g. household contacts, childcare providers to infants aged 0 to 23 months.	
*Pregnant Women - Currently NACI does not consider pregnant women a high-risk group for annual influenza vaccination. In a pandemic, they may be at elevated risk, and PIC will prioritize according to available data. An exception is pregnant women who are expected to deliver during influenza season, as they will become household contacts of their newborn.	
<p>4. Healthy Adults</p> <p>Rationale: This group should be immunized to reduce the likelihood that they will transmit the virus to those at high risk of severe outcomes.</p>	
<p>5. Children (24 Months to 18 Years)</p> <p>Rationale: This group is at the lowest risk of developing severe outcomes from influenza during annual epidemics but play a major role in the spread of the disease.</p>	

APPENDIX A-3: HEALTH CARE WORKER ESTIMATES AS A PRIORITY GROUP FOR VACCINE

One of the groups identified as a priority group for receiving vaccine is health care workers. The health care sector will be the first line of defence in a pandemic. Maintaining the health service response and the vaccine program is central to the implementation of the response plan in order to reduce morbidity and mortality. Immunization of workers will reduce transmission to patients, staff and families within facilities. Health care workers may be considered in the following work settings for the purpose of coordinating immunization programs:

- Acute care hospitals
- Long term care facilities/nursing homes
- Private physicians' offices
- Home care or other community care settings
- Public health offices
- Ambulance staff and paramedics
- Pharmacies
- Laboratories

The following groups, in descending order of priority, are offered as planning guidance but will need to be re-examined at the time of a pandemic alert when epidemiological data about the pandemic virus is available. It is not clear whether workers in health care facilities other than those in the health occupations will be eligible, so please provide these estimates separately.

Table A-11: Health Care Worker and Health Facility Worker Estimates

Priority Health Care Workers	Estimate: Health Occupations Workers	Estimate: Other Workers in Health Facilities
Acute care hospitals		
Long term care facilities/nursing homes		
Private physicians' offices		
Home care and other community care settings		
Public health offices		
Ambulance staff and paramedics		
Pharmacies		
Laboratories		
Non-Priority Health Care Workers (for consideration during vaccination program)	Estimate: Health Occupations Workers	Estimate: Other Workers in Health Facilities
Alternate care sites/triage sites		
Assisted living homes		
Health care students		
Volunteers at any care site		
Community mental health		
Homeless shelters		
Others		

APPENDIX A-4: EMERGENCY AND ESSENTIAL SERVICE WORKER ESTIMATES AS A PRIORITY GROUP FOR VACCINE

One of the groups identified as a priority for receiving vaccine is essential service providers. The ability to mount an effective pandemic response may be highly dependent on these persons being in place to maintain key community services. Each F/P/T and local plan will need to determine their own priorities, but they are likely to include:

- Police
- Fire-fighters
- The armed forces
- Key emergency response decision makers (e.g. elected officials, essential government workers and disaster services personnel)
- Utility workers (water, gas, electricity and essential communications systems)
- Funeral service/mortuary personnel
- Personnel who work with institutionalized populations
- Persons who are employed in public transportation and the transportation of essential goods (such as food)

It is expected that all services will need to develop pandemic influenza contingency plans to deal with worker absenteeism and illness. All services will need to change priorities for service delivery during the pandemic - not all services currently provided would be considered essential during the pandemic.

Table A-12: Essential Service Worker Estimates

Essential Service Workers	Estimate
Police (local/provincial)	
Firefighters (include volunteer firefighters)	
Armed forces	
Key emergency response decision makers	
Municipal/local government emergency services committee members	
Utility workers Water Natural gas Propane Electricity Essential communication systems	
Funeral service/mortuary personnel	
Personnel who work with institutionalized populations including workers at provincial jails (note: federal corrections employees will be included in the federal government essential workers vaccine distribution plan)	
Public transit workers (need to define on a community basis)	
Persons involved in the transportation of essential goods (such as food)	

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Non-Essential Service Workers (for consideration during a vaccination program)	Estimate
Clergy	
Social Service Agencies workers (e.g., soup kitchens)	
Meals on Wheels workers	
Provincial vaccine depot workers and those transporting vaccine	

APPENDIX A-5: ANTIVIRAL PRIORITY GROUPS

Antivirals will likely be the only virus-specific intervention during the initial pandemic response given that vaccine is unlikely to be unavailable in the early months of a pandemic. Current supplies of antivirals both within and outside of Canada are limited.

The following priority groups for the use of anti-influenza drugs in times of short supply should be used for planning purposes during the inter-pandemic period.

The following groups, in descending order of priority, are offered as planning guidance but will need to be re-examined at the time of a pandemic alert when epidemiological data about the pandemic virus is available.

Table A-13: Antiviral Priority Group Estimates

Antiviral Priority Group	Estimate
<p>1. Persons hospitalized for influenza. Rationale: those who are hospitalized within the first 48 hours of onset of illness should be highest priority for treatment (see Annex B, table B-2)</p>	
<p>2. Ill health care and emergency services workers. Rationale: considering the essential role that these groups will have in the pandemic response, influenza cases that are identified within the first 48 hours of onset of illness should be high priority for treatment.</p>	
<p>3. Ill high-risk persons in the community. Rationale: persons with underlying heart and lung conditions or those who are immunocompromised, who present to ambulatory settings within 48 hours of onset of symptoms are at high risk for complications (see Annex B, table B-2).</p>	
<p>4. Health care workers (prophylaxis) Rationale: until an effective vaccine becomes available HCWs are essential to the pandemic response plan and for the care of patients (see Appendix A-3).</p>	
<p>5. High-risk residents of institutions (e.g. nursing homes) Rationale: to control outbreaks and reduce health care demands.</p>	
<p>6. Emergency & essential service workers (prophylaxis) Rationale: to minimize societal disruption by maintaining key community services (see Appendix A-4).</p>	
<p>7. High-risk persons hospitalized for illnesses other than influenza (prophylaxis) Rationale: will be at higher risk of acquiring influenza in hospital.</p>	
<p>8. High-risk persons in the community (prophylaxis) Rationale: a group likely to experience severe illness (see Annex B, table B-3).</p>	
<p>The mass prophylaxis of children to control a pandemic is currently not recommended.</p>	