Attachment I

Toronto Public Health Pandemic Preparedness Workplan - September 28, 2007

Managing Through a Pa	ndemic				
				T TIMELIN	ES
Component	Work	3 Months	6 Months	1 year	r Longer Term
Incident Management System	Develop training modules for different IMS functional leads.		Х		
	Deliver training to pre-assigned Toronto Public Health management staff.			Х	
Emergency Exercises	Test readiness through upcoming simulation exercises.	х			
	Conduct evaluation and refine the training modules and staffing structure based on findings.			Х	
City of Toronto Planning	Continue to support the corporate City of Toronto preparedness planning.		0	ngoing	
TPH Preparedness	Work with Purchasing and Materials Management to create a stockpile of personal protective equipment and infection control supplies.	х			
	Fit-test for N95 masks all TPH staff who may be redeployed to pandemic influenza response.		х		
	Determine which programs and services will be suspended and in what order during the emergency response.		х		
		3	TARGE	T TIMELIN	ES
Component	Work	_	_	1 year	Longer Term
Physician Contact Lists	Continue to evaluate completeness and feasibility of using the MOHLTC Publication Facility to reach Toronto physicians.		O	ngoing	
	Maintain a contract with supplier of physician list to ensure TPH can communicate with physicians in urgent situations.	Ongoing			
	Continue to advocate with the College of Physicians and Surgeons of Ontario to develop a physician list (with email and fax information) that can be shared with local public health units for use in the event of public health emergencies			х	
Sentinel Physicians	Develop and implement strategy to recruit more Toronto physicians to participate in FluWatch as year-round sentinels for influenza-like illness (ILI).		х		
School Absenteeism	Collect and analyze weekly school absenteeism data from the Toronto District School Board and the Toronto Catholic District School Board for surveillance purposes, starting in the fall of 2007. Complete interim evaluation in the spring of 2008.			х	
	Complete final evaluation of school absenteeism data pilot project and meet with school boards to decide				x

Surveillance and Rep	orting (cont'd)				
				T TIMELIN	ES
Component	Work	3 Months	6 Months	1 year	Longer Term
Emergency Room and Hospital Data	Arrange a meeting with emergency department physicians to find a volunteer hospital(s) willing to pilot the use of chief complaint data for enhanced surveillance purposes.		х		
	Advocate with the MOHLTC to fund and implement syndromic surveillance systems using emergency department data.	Ongoing			
	Work with individual hospitals to acquire data needed to assess hospital capacity during various phases of a pandemic (including data on admissions and deaths). Advocate for MOHLTC to set minimum hospital data elements to be shared during a pandemic.			х	
Provincial Information Systems	Advocate to receive laboratory reports electronically through interface with the Ontario Laboratory Information System (OLIS) so that timely knowledge of all confirmed influenza cases is available in a database for immediate investigation and analysis.		O	ngoing	
	Work with MOHLTC to develop a quick-entry screen in iPHIS for basic case-level influenza data, ensure availability of key laboratory, contact, and outbreak fields in the reporting package (Cognos Report Net) and to implement use of the Public Health Portal for direct entry of relevant influenza data by institutions.			х	
Community Flu Centres	Decide on specific data collection forms and database to be used in community flu centres during the pandemic phases.		х		
Laboratory Liaison	Meet with laboratories to discuss their roles during a pandemic.	х			
911 Data	Assess evaluation of 911 dispatch data for early detection of illness using heat-related data and, if indicated, meet with EMS to design a system to monitor ILI activity.				х
Communications					
			TARGE	T TIMELIN	ES
Component	Work	3 Months	6 Months	1 year	Longer Term
Infection Control Signs	Post multilingual infection control signs on TPH website.	х		. yeur	
Community Flu Centres	Develop a communications plan for community flu centres.		х		
TPH Communications	Consider further public education initiatives on basic infection control, (e.g. Sleeve Sneeze campaign).		0	ngoing	
	Continue to refine Toronto Public Health pandemic communications plan.				х
	Revise communication materials and strategies as required.				х
Rapid Risk Factor Surveillance System	Explore use of Rapid Risk Factor Surveillance System (RRFSS), an on-going telephone survey to increase understanding of what people know about preparing for a pandemic influenza.				x

Communications (cor	nt'd)					
		-		TARGET TIMELINES		
Component	Work	3 Months	6 Months	1 year	Longer Term	
Stakeholders	Continue building communications network with health care providers and stakeholders.		Ongoing			
	Continue to work with MOHLTC Communication		Ongoing			
	Infrastructure Work Group. Collaborate with the City of Toronto Strategic					
	Communications Division to consolidate media monitoring activities and communications re: pandemic influenza.		х			
Public Health Measur	es					
				T TIMELIN	ES	
Component	Work	3 Months	6 Months	1 year	Longer Tern	
Stakeholders	Work with partners such as the school boards to ensure awareness of potential public health measures.			Х		
					<u> </u>	
Influenza Assessmen	t, Treatment and Referral Centres					
Influenza Assessmen	t, Treatment and Referral Centres		TARGE	T TIMELIN	ES	
Influenza Assessmen Component	t, Treatment and Referral Centres Work	3 Months	TARGE	T TIMELIN	ES Longer Term	
		3 Months				
Component Target Populations Secondary (advanced)	Work Further develop the operational plan for community flu centres by broadening the potential clientele to include vulnerable groups such as pregnant women, immunocompromised individuals and the homeless. Work with hospitals to develop plans for secondary					
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<u> </u>			TARGE	T TIMELIN					
Component	Work	3 Months	6 Months	1 year	Longer Term				
Infection Control Plan	Develop an infection control plan for staff and patients; stockpile personal protective equipment and basic infection control supplies e.g. hand sanitizer.		х						
Human Resource Plan	Develop a human resource plan which may include identification of family doctors and staff from a variety of agencies and the creation of a registry of retired health care workers and other volunteers.				х				
MOHLTC	Continue to consult with the MOHLTC on the outstanding issues to be addressed by the Province including financial compensation, upfront payment for stockpiled equipment and supplies, legal issues, liability issues, management/administrative lead for community flu centres during the pandemic, licensing issues, etc.				х				
	Continue to work with the MOHLTC on the development of data collection forms that will be utilized at community flu centres.				х				

Mass Vaccination Clinics

		TAR	GET TIMEL	INES	
		3	6		
Component	Work	Months	Months	1 year	Longer Term
Clinic Locations	Secure floor plans of Toronto Catholic District School Board schools to help identify additional clinic locations.	х			
	Finalize memorandum of understanding with Toronto District School Board.	х			
	Finalize memorandum of understanding with Toronto Catholic District School Board.		х		
	Evaluate other potential sites for vulnerable populations.		х		
Communication	Inform Priority Groups 1 and 2 about TPH vaccination plan.	х			
Storage and Transportation	Work with the City of Toronto Purchasing and Materials Management Division to explore facilities in which to store mass vaccination clinic (MVC) supplies for stockpiling.	х			
	Explore facilities in which to store bulk MVC supplies deliveries from MOHLTC during the campaign.		х		
	Finalize with Ontario Government Pharmaceutical and Medical Supply Service plans for the movement of vaccine.		х		
	Consider advance contracts with courier companies for vaccine transportation.		х		
Vaccine Recipients	Finalize authentication requirements in collaboration with the City of Toronto Legal Services.		х		
	Further develop vaccination plan for Priority Groups 1 and 2.	х			
	Further develop vaccination plan for Priority Groups 3, 4 and 5.	х			

			GET TIMEL	INES	
Component	Work	3	6 Months		Longer Term
•	Further develop vaccination plan for vulnerable populations.		х		
Policies and Procedures	Finalize policies and procedures		х		
	Develop a template for medical directives.			Х	
Documentation	Finalize informed consent form.		Х		
	Finalize the list of documentation forms required at MVCs.		х		
	Develop a list of documentation forms required at Supply Distribution Centres.		х		
	Adapt Universal Influenza Immunization Program forms for MVCs.		х		
Human Resources	Finalize skill sets requirement for alternative immunizers.		х		
	Explore the possibility with City of Toronto Human Resources of redeploying other city staff for MVCs.		х		
	Explore various means of acquiring security staff for MVCs and SDCs.		х		
	Develop a registry of other immunizers, e.g. retired health care workers and volunteers.				х
Security	Explore options for transportation of vaccine and supplies to and from MVCs.				х
Supplies	Develop a plan for the acquisition of clinic furnishings e.g. tables and chairs.				х
	Procure supplies for stockpiling.				х
	Continue discussions with the MOHLTC regarding vaccine allocation.				х
Information Management	Adapt the current paper-based system for monitoring and tracking information.				х
	Assess IT requirements (number of laptops, scanners, connections, training etc.).				х
	Continue work with MOHLTC and PHAC on the development of a new communicable disease data management system.				х
Training	Expand materials for use in the orientation and training of alternative immunizers.			х	
	Develop training module for managers.		_	х	
	Develop a training plan for Infection Control Officers.			Х	

		TARGET TIMELINES			
Component	Work	3 Months	6 Months	1 year	Longer Tern
Toronto Public Health Staff	Continue development of education and awareness				1-090011
	materials for all TPH staff.		0	ngoing	
	TPH mental health nurses will train Peer Support Team			Х	
	members using the Peer Support Model. Provide information and education to all staff.				
				Х	
	Offer enhanced education to managers.			Х	
Community Support	Distribution of coping strategy hand-outs to Psychosocial Emergency Response & Recovery Services (PERRS), to all city services and community agencies.			х	
	Initiate discussion to establish a formal communication and collaboration protocol between TPH, PERRS, Red Cross, other community agencies and orders of government, including development of: - service level agreements with PERRS and other psychosocial responders for coordinated planning and response. - ongoing linkages with community partners, mental health responders to develop specific public education tools and materials on traumatic reactions and coping strategies - a tool to assess mental health needs during disasters including an influenza pandemic			x	
	Continue to develop and update the website with links to other specific sites addressing and understanding psychosocial issues and coping strategies.			х	
	Prepare multi-language information materials addressing the psychological issues specific to pandemic influenza.				х
	Continue to participate in emergency exercises and drills to test and update the disaster response system and share lessons learned to further refine the TPH psychosocial support plan.	Ongoing			
	Continue to identify, develop partnerships with and train community agencies to be able to connect with hard-to-reach vulnerable populations, e.g. children, elderly, individuals living in congregate settings, people living with physical and mental disabilities, homeless, homebound, immigrants, individuals with special language needs.	Ongoing			
Toronto Public Health Staff	Provide phase-specific psycho-educational materials and training to all TPH staff as well as Peer Support Team members.				х

Health Care Sector					
				T TIMELIN	ES
Component	Work	3 Months	6 Months	1 year	Longer Tern
Health Sector Coordination	Organize a follow-up session of different components of the health care sector in Fall 2007 to discuss health sector coordination.	х			
	Support the planning of an information-sharing mechanism which would link health care facilities and providers to the City's Emergency Operations Centre/Toronto Public Health during a pandemic.		х		
	Facilitate local area planning involving the various components of the health care sector, e.g. work groups serving smaller geographical areas or sharing Continuity of Operations Plans (COOP).	х			
	Meet with community pharmacists to discuss their role in providing public education and information on treatment and prevention options.	х			
	Meet with community and provincial laboratories to discuss their role.	Х			
Physician Engagement	Consider ways to enhance information flow between community physicians and TPH.	Ongoing			
	Advocate at the national level for support for the development of pandemic influenza educational materials relevant to all Canadian physicians (e.g. a problem-based small-group learning module on pandemic influenza).	Ongoing			
	Continue to engage physicians through local outreach (e.g. hospital grand rounds, Saturday at the University, the Ontario College of Family Physicians Annual Meeting).		Ongoing		
	Develop a web portal for health care providers on the TPH website which will provide links to trusted sources of information and detailed information on local public health-related issues such as community flu centres and mass vaccination clinics.				х
Working with Other Sec	ctors				
		TARGET TIMELINES			
Component	Work	3 Months	6 Months	1 year	Longer Term
Working with Other Sectors	Continue working with sectoral partners to address specific issues of pandemic preparedness, e.g. implementation of public health measures in the school and child care systems, dealing with the unique issues of the homeless/under-housed population.				No work is able to be planned at this time due to cost containment measures