

Attachment 1: Highlights from Ontario Health Plan for an Influenza Pandemic 2008

Topic	Significant Change	Relevance to TPH
Surveillance	MOHLTC will develop web-based portal for electronic submission of data on influenza visits/cases/deaths	Submission of data from Community Flu Centres operated by TPH to occur via this portal
Occupational Health and Safety	All employers should conduct a risk assessment in consultation with the Joint Health and Safety Committee	TPH brought this information to the City of Toronto Pandemic Influenza Steering Committee on September 11, 2008 and the TPH Divisional Health and Safety Committee on September 10, 2008. A working group of the City's Joint Occupational Health and Safety Committee met on September 17, 2008 regarding the approach to be taken. The recommendations from this workgroup will be presented at Occupational Health and Safety Committee and Pandemic Influenza Steering Committee in late 2008.
Caring for Ill Family Members	Information on precautions to be taken by family members providing care at home for people with influenza will be included in the next version of OHPIP	TPH will review the information in OHPIP and incorporate into planning as appropriate
Antiviral Medication	No further specifics were provided regarding recommendations for diversification of antiviral stockpiles (oseltamivir vs zanamivir)	Medical Officer of Health has been requested by City Council to submit a report to the Executive Committee on the potential diversification of the City's stockpile of anti-viral medications for prophylactic use
Influenza Assessment, Treatment and Referral	Influenza assessment, treatment and referral will be provided in the community by primary care practitioners. The local community influenza assessment committee will oversee the planning of these services. Local MOH will provide direction on the role of primary care in their health unit. Communities are to plan for alternative ways to provide assessment, treatment and referral e.g. community flu centres, if the existing primary care system is overwhelmed i.e.	TPH will consult with MOHLTC as to the extent of coordination required by local health unit. TPH will sunset its current Physician Engagement and Communication and Assessment Centre Subcommittees and set up a new Primary Care Subcommittee to advise on and develop this new approach to the provision of influenza assessment, treatment and referral.

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Influenza Assessment, Treatment and Referral (cont'd)	<p>system no longer able to ensure that patients are assessed, diagnosed and treated with antivirals within 12-24 hours</p> <p>Antivirals prescribed by primary care will be distributed through pharmacies. Local planners and/or primary care should work with local pharmacies to plan for adequate supplies of antivirals. Antivirals may be able to be prescribed over the telephone.</p> <p>Some primary care practitioners may be asked to work at least part time or provide assistance in other settings e.g. community flu centres.</p>	
Natural Death Surge	<p>This new chapter in OHPIP suggests that there may be significant additional responsibilities for local public health such as participation in the training for and the implementation of a death certification process and the receipt and recording of reports of deaths.</p>	<p>Toronto Police Services is taking the lead for this in Toronto.</p> <p>TPH will consult with MOHLTC as to the extent of coordination expected by the local health unit.</p>
Psychosocial Support	<p>This new chapter in OHPIP is an outline which lists in a general way: principles of psychosocial support, psychosocial services for health care workers, and psychosocial services for patients and public.</p>	<p>TPH will continue planning at a local level</p>