

Attachment 1: Toronto Public Health Pandemic Influenza Status (2008)

Managing Through a Pandemic		
Component	Work	Completion
Incident Management System	Develop training modules for different IMS functional leads.	Completed.
	Deliver training to pre-assigned Toronto Public Health management staff.	Training commenced in September 2008. First round of functional training to be completed in January 2009. Second round of sub function training is scheduled from February to April 2009.
Emergency Exercises	Test readiness through upcoming simulation exercises.	Roche Pharmaceutical - April 2008 Federal tabletop exercise - April 2008 TAHSN communication tabletop - April 2008 Operation Health Guard - to be held December 2008
	Conduct evaluation and refine the training modules and staffing structure based on findings.	Pandemic Influenza Planning and Preparedness Team will report back to DMT in June 2009 regarding the evaluation of the IMS training program.
City of Toronto Planning	Continue to support the corporate City of Toronto preparedness planning.	TPH staff continue to work with corporate partners.
TPH Preparedness	Work with Purchasing and Materials Management (PMMD) to create a stockpile of personal protective equipment and infection control supplies.	TPH 4-week stockpile in place in warehouse. Inventory management to be handled by PMMD.
	Fit-test for N95 masks all TPH staff who may be redeployed to pandemic influenza response.	Respiratory fit test program commenced in September 2008.
	Determine which programs and services will be suspended and in what order during the emergency response.	Continuity of Operations Plan developed for TPH and updated in July 2008.
Surveillance and Reporting		
Component	Work	Completion
Physician Contact Lists	Continue to evaluate completeness and feasibility of using the MOHLTC Publication Facility to reach Toronto physicians.	TPH does not rely on this list as staff cannot verify if the list is complete and the service is not available 24-7.
	Maintain a contract with supplier of physician list to ensure TPH can communicate with physicians in urgent situations.	TPH Communications has open contract with Professional Target Market (PTM) . This company can send out emergency communications to health care providers 24 hours, 7 days a week. TPH uses PTM for urgent faxing and mail-outs to Toronto physicians.
	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	Ongoing.

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Surveillance and Reporting		
Component	Work	Completion
Sentinel Physicians	Develop and implement strategy to recruit more Toronto physicians to participate in FluWatch as year-round sentinels for influenza-like illness (ILI).	Not completed. This issue will be reviewed in 2009.
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.	The first year pilot and interim summary and evaluation were completed.
	Complete final evaluation of school absenteeism data pilot project and meet with school boards to decide whether to continue the pilot into the 2008-2009 school year.	Final evaluation presented to TDSB on October 21, 2008. TDSB will continue project for 2008-2009 school year. Meeting with TCDSB is being scheduled.
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.	TPH will wait to hear about funding opportunities to expand the provincial Syndromic Surveillance System developed by the Kingston, Frontenac, Lennox, and Addington Health Unit. TPH will continue to monitor the development and possible expansion of the Syndromic Surveillance System and liaise with emergency departments on this issue in the future.
	Advocate with the MOHLTC to fund and implement Syndromic surveillance systems using emergency department data.	Issue discussed at the MOHLTC Pandemic Surveillance Workgroup meeting in April/08 and further enhancements requested of the MOHLTC Surveillance Lead.
	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.	Not completed. This will be deferred to 2009.
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.	Deferred

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Surveillance and Reporting		
Component	Work	Completion
Provincial Information Systems (cont'd)	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.	Suspended indefinitely.
Community Flu Centres	Decide on specific data collection forms and database to be used in community flu centres during the pandemic phases.	In OHPIP 2008, it was identified that the MOHLTC will develop a system to collect information on flu centre visits.
Laboratory Liaison	Meet with laboratories to discuss their roles during a pandemic.	Completed
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 Influenza-like illness (ILI) activity.	Validation of 911 data for Health Related Illness (HRI) was completed. Plan for practicum student to work at TPH to apply same methodology to ILI in spring 2009.
Communications		
Component	Work	Completion
Infection Control Signs	Post multilingual infection control signs on TPH website.	Completed
Community Flu Centres	Develop a communications plan for community flu centres.	Draft completed in September 2008.
TPH Communications	Consider further public education initiatives on basic infection control, (e.g. Sleeve Sneeze campaign).	The focus of 2008 campaign continued to be basic infection control messages and the development of multilingual resources. The development of a social marketing campaign with partners from neighbouring public health units to be considered for 2009 -2010.
	Continue to refine Toronto Public Health pandemic communications plan.	Continues to be revised/updated as needed.
	Revise communication materials and strategies as required.	Continues to be revised/updated as needed.
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.	Ongoing
Stakeholders	Continue building communications network with health care providers and stakeholders.	Ongoing

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Communications (cont'd)		
Component	Work	Completion
Stakeholders	Continue to work with MOHLTC Communication Infrastructure Work Group.	Ongoing
	Collaborate with the City of Toronto Strategic Communications Division to consolidate media monitoring activities and communications re: pandemic influenza.	Ongoing
Public Health Measures		
Component	Work	Completion
Stakeholders	Work with partners such as the school boards to ensure awareness of potential public health measures.	TPH staff worked with the MOHLTC on the development of a planning guide for schools. Target release is late 2008.
Influenza Assessment, Treatment and Referral Centres (Community Flu Centres)		
Component	Work	Completion
Target Populations	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.	<p>The provincial strategy for influenza assessment, treatment and referral was revised in August 2008. Community flu centres remain as an element in this strategy. TPH has completed a draft plan for implementation.</p> <p>A framework for addressing the needs of vulnerable populations has been developed. Consultations with key service providers will begin in fall 2008. In OHPIP 2008, the MOHLTC committed to develop a plan for vulnerable populations.</p>
Secondary (advanced) Assessment Centres	Work with hospitals to develop plans for secondary (advanced) assessment sites.	Secondary assessment centres are no longer part of a provincial strategy for influenza assessment, treatment and referral. Guidelines for acute care settings are provided in OHPIP 2008.
Locations	Work with City of Toronto Facilities and Real Estate and Toronto Police Service to compile an inventory of City-owned space which meets community flu centre space criteria.	Have identified 15 appropriate spaces with City of Toronto Parks, Forestry, and Recreation division.

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Influenza Assessment, Treatment and Referral Centres (Community Flu Centres)		
Component	Work	Completion
Locations	Develop a security plan to be reviewed by Toronto Police Service and request TPS assessment of each site selected.	Draft security plan developed. Consultation with Toronto Police Services continues.
	Arrange use of the identified space in the event of an influenza pandemic e.g. through a memorandum of understanding.	As site selection is complete, a MOU with Parks, Forestry, and Recreation division will be sought.
Flow Model	Develop a flow model for movement through the flu centre based on estimated numbers seeking health care attention, numbers of centres open, etc.	Completed
Supplies	Compile a detailed inventory of supplies required. Seek funding for and devise a plan to purchase and to store, with inventory management mechanisms in place.	Completed
Education Materials	Develop educational materials in draft.	Deferred to 2009.
Incident Management System	Refine the IMS Pandemic Influenza Implementation Plan as it relates to the flu centre model.	Completed
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.	Draft of Infection Control Plan has been completed.
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.	Structure of staffing for Community Flu Centres developed, along with roles and responsibilities for each position. Meeting with Colleges and Universities occurred in January 2008. TPH has worked with Corporate Human Resources (HR) regarding staffing. In late September, TPH met with emergency response volunteer agencies in Toronto to discuss their involvement/role. Established new subcommittee of TPH Pandemic Influenza Advisory Group to focus on HR, with representatives from Corporate HR, college and universities, volunteer sector.
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.	Consultations with the MOHLTC will need to continue

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Influenza Assessment, Treatment and Referral Centres (Community Flu Centres)		
Component	Work	Completion
	Continue to work with the MOHLTC on the development of data collection forms that will be utilized at community flu centres.	Consultations with the MOHLTC will need to continue.
Mass Immunization Clinics (MIC)		
Component	Work	Completion
Clinic Locations	Secure floor plans of Toronto Catholic District School Board schools to help identify additional clinic locations.	Completed
	Finalize memorandum of understanding with Toronto District School Board.	Completed
	Finalize memorandum of understanding with Toronto Catholic District School Board.	Signed by school board. To be signed by City Manager.
	Evaluate other potential sites for vulnerable populations.	Discussions to take place with key service providers.
Communication	Inform Priority Groups 1 and 2 about TPH vaccination plan.	No further work until priority groups are identified federally/provincially.
Storage and Transportation	Work with the City of Toronto Purchasing and Materials Management Division to explore facilities in which to store mass immunization clinic (MIC) supplies for stockpiling.	Completed
	Explore facilities in which to store bulk MIC supplies deliveries from MOHLTC during the campaign.	Completed
	Finalize with Ontario Government Pharmaceutical and Medical Supply Service plans for the movement of vaccine.	Consultations with the MOHLTC will need to continue.
	Consider advance contracts with courier companies for vaccine transportation.	Supply movement plan developed and reviewed with Finance and Administration.
Vaccine Recipients	Finalize authentication requirements in collaboration with the City of Toronto Legal Services.	Completed
	Further develop vaccination plan for Priority Groups 1 and 2.	Completed
	Further develop vaccination plan for Priority Groups 3, 4 and 5.	Completed
	Further develop vaccination plan for vulnerable populations.	A framework for addressing the needs of vulnerable populations has been developed. Consultations with key service providers will begin in fall 2008.
Policies and Procedures	Finalize policies and procedures	Completed
	Develop a template for medical directives.	Completed

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Mass Immunization Clinics (MIC)		
Component	Work	Completion
Documentation	Finalize informed consent form.	Completed
	Finalize the list of documentation forms required at MICs.	Completed
	Develop a list of documentation forms required at Supply Distribution Centres.	Completed
	Adapt Universal Influenza Immunization Program forms for MICs.	Completed
Human Resources	Finalize skill sets requirement for alternative immunisers.	Training module for health care professionals has been completed.
	Explore the possibility with City of Toronto Human Resources of redeploying other city staff for MICs.	Work with Human Resources continues.
	Explore various means of acquiring security staff for MICs and SDCs.	Work with Toronto Police Services continues.
	Develop a registry of other immunisers, e.g. retired health care workers and volunteers.	Deferred
Security	Explore options for transportation of vaccine and supplies to and from MICs.	Work with Finance and Administration continues.
Supplies	Develop a plan for the acquisition of clinic furnishings e.g. tables and chairs.	Completed
	Procure supplies for stockpiling.	In progress.
	Continue discussions with the MOHLTC regarding vaccine allocation.	Ongoing
Information Management	Adapt the current paper-based system for monitoring and tracking information.	Completed
	Assess IT requirements (number of laptops, scanners, connections, training etc).	TPH will not develop an independent IT system for mass immunization.
	Continue work with MOHLTC and PHAC on the development of a new communicable disease data management system.	Ongoing
Training	Expand materials for use in the orientation and training of alternative immunisers.	Completed
	Develop training module for managers.	Completed
	Develop a training plan for Infection Control Officers.	To be developed in 2009.
Psychosocial Supports		
Component	Work	Completion
Toronto Public Health Staff	Continue development of education and awareness materials for all TPH staff.	Ongoing
	TPH mental health nurses will train Peer Support Team members using the Peer Support Model.	Pilot started fall 2008.

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Psychosocial Supports		
Component	Work	Completion
Toronto Public Health Staff	Provide information and education to all staff.	Planned for 2009 when staff receive training regarding Peer Support and self care education.
	Offer enhanced education to managers.	Postponed until 2009.
Community Support	Distribute coping strategy hand-outs to Psychosocial Emergency Response & Recovery Services (PERRS) partners and all city services and community agencies.	Work on outreach to city services & community agencies continues. A workshop and networking session for City of Toronto staff and external partners is planned for November 25, 2008.
	Initiate discussion to establish a formal communication and collaboration protocol between TPH, PERRS, Red Cross, other community agencies and orders of government, including developing: <ul style="list-style-type: none"> - 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 	Work continues on developing city and community partnerships. Ongoing meetings & discussions are being held regarding formal protocols. No specific assessment tool has been developed.
	Continue to develop and update the TPH website with links to other specific sites addressing and understanding psychosocial issues and coping strategies.	Work on website links continues.
	Prepare multi-language information materials addressing the psychological issues specific to pandemic influenza.	Completed. Revision of Psychosocial Support handouts have been done and are posted on the TPH website. Psychosocial support information materials have been translated into 7 languages .
	Continue to participate in emergency exercises and drills to test and update the disaster response system and share lessons learned to further refine the City of Toronto Emergency Plan as it pertains to psychosocial interventions.	Queen Street Fire Response - February 2008 Secord Apartment Fire & Explosion - July 2008 Sunrise Explosion - August 2008

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Psychosocial Supports		
Component	Work	Completion
Community Support	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 outreach to community agencies.
Toronto Public Health Staff	Provide phase-specific psychosocial educational materials and information to all TPH staff as well as Peer 2 Peer Support Program team members.	Ongoing planning work is being done.
Working with the Health Care Sector		
Component	Work	Completion
Health Sector Coordination	Organize a follow-up session of different components of the health care sector in fall 2007 to discuss health sector coordination.	Approximately 120 stakeholders attended a Health Care Sector Coordination meeting which provided updates on: TPH Planning, Natural Death Surge Planning, Local Health Care System Committees and OHPIP 2008
	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.	Ongoing
	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).	Ongoing
	Meet with community pharmacists to discuss their role in providing public education and information on treatment and prevention options.	Pharmacy members supported participation in the local health care system meetings.
	Meet with community and provincial laboratories to discuss their role.	Laboratories supported participation in the local health care system meetings.
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).	Advocacy completed. Development for this module not a priority at the national level.

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3. Working with the Health Care Sector		
Component	Work	Completion
Physician Engagement	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.	Ongoing development.