

InFLUence Pandemic Exercise

Summary Report

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Introduction

The Peterborough Interagency Pandemic Influenza Planning Team (PIPIPT) held a pandemic exercise on April 23, 2009. The event was held at the Evinrude Centre, Monaghan Road, from 8:00 am to 12:00 pm. A total of 166 attended the event and 72% completed the written evaluation.

Goal and Objectives

The goal of the event was to ensure that our stakeholders were prepared for a pandemic.

The objectives of the event for the individuals attending were as follows:

1. Assess their organization's pandemic preparedness;
2. Identify opportunities for them to collaborate with other organizations/partners;
3. Focus on their business continuity planning, human resource management and communications; and to
4. Identify their next steps regarding pandemic planning.

Planning

The PIPIPT initiated planning for this event in April 2008. The group identified individuals that need to be ready to respond during a pandemic. A registration letter was sent to these individuals on mid-June, 2008. A reminder letter was sent out early March, 2009.

A media release was distributed on April 22, 2009.

Agenda

As they arrived, participants were directed to their assigned table. Attendees were assigned tables according to specified sectors. For example, long term care were grouped together, day nurseries were grouped together, etc. Each attendee received a spiral-ring booklet with the agenda, evaluation, scenarios and resources.



The event was introduced by a representative for the Mayor, the Warden from the County and the Medical Officer of Health. An overview of pandemic influenza and pandemic preparedness was provided using the BC Pandemic video. A presentation was then given on the local impact of a pandemic on Peterborough. Following the presentation, participants were described a scenario. They were instructed to answer sector specific questions amongst table members that related to the scenario and assessed pandemic preparedness in regards to business continuity planning. A break was then taken. After the break, a second scenario was described and participants responded to the corresponding questions that were related to human resource and communication in a pandemic situation. Once the participants had time to discuss their answers among their groups, they presented on the key lessons learned from the session.

The key lessons learned presented by each sector are listed below:

PRHC

- Supplies - advanced discussion with vendors to ensure their ability to continue supplying organizations
- Agreements in place with Key Stakeholders
- Security within hospital - of patients, supplies and staff
- Work with physicians and family support partners (i.e. daycares)
- Support to staff and their families - need to put mechanisms in place now to provide support - education on how the situation may impact them

Municipal Control Groups

- Staff reductions
- PPE requirements
- Stockpiling of supplies for regular operations
- Ability to secure contracts/suppliers for resources and service provision, and the extent to which supplies may or may not be available
- Need for regular communications from Emergency Information Officers
- Important to review inventory control measures and consider supply issues during a pandemic
- First responders and utilities are essential services - further enhance BCP plans to address pandemic related issues and impacts
- Potential for significant staff losses and/or absenteeism
- Infection control programs - need to do more work in this area, including education
- Screening procedures - emergency medical services
- Identify essential services and reduce non-essential services
- Electrical utilities - local and provincial interaction - not a lot of consideration given to mutual assistance - investigate possibilities
- Procedures for dealing with loss of staff - requires further consideration in business continuity planning

- The human resource considerations included in the second wave of scenario should take place at the outset of the event (and prior)
- Services available to support staff and their families -
- Municipalities need to give more consideration to their role as “employers”, and not focus solely on its responsibilities as service providers
- Ensure suppliers are in a position to respond and continue to provide products during an emergency - need to educate supplies and inquire about supplier business continuity plans
- Importance to develop continuity of operation plans for essential services
- Redeployment of healthy personnel - considerations in a unionized environment and the consideration of inclusion of provisions in collective agreements to allow non-union workers to do union work. Also health and safety considerations for staff

Peterborough County-City Health Unit

- Need to consider surveying staff to determine if they will be available to come to work during an emergency
- What additional skills sets to staff have
- Decision making processes when multiple emergency operation centres are operational and communication mechanisms between the teams
- Appropriate organizational representation within emergency control groups

Community Public Health

- Importance of need for timely, clear, factual information
- Need for open communications between organizations
- Anxiety in the community will be a big issue - stress importance of factual information in the media to avoid scaring the public

Media / Communications

- Chorus Entertainment - Pandemic Plan in place nationally -
- Need for regular communications from Health Care, Municipalities, etc
- Recognize their importance in disseminating information

Community Services and Volunteer Sector

- Need to start today...for tomorrow!
- Need to take personal responsibility for our own preparedness
- Develop partnerships to share resources & improve communications between organizations
- Consideration of economic impact - people need to work to support themselves & their families
- Development and implementation of advanced plans to assist vulnerable populations - focus on communications - key messages, directions, etc.
- How do we communicate with vulnerable populations, homeless, people at or below the poverty line?

Education Sector

- Consider use of technology for communication - but also have back up plans in place in the event that technology fails
- Accessibility for Ontarians with Disabilities Act - as organizations go through the planning process consider business continuity plans
- Consideration of psychosocial support for staff, students, community in general

Ethics

- Fundamental challenge in pandemic planning is trying to balance clinical ethics versus the well-being of the community at large
- Need to spend more time educating the public
- It will **not** be business as usual
- Alternative levels of care will be provided
- Obligations of health care workers and reciprocal obligations that the institutions have to them
- Provision of benefits/insurance to Health Care workers families
- Discuss principles that will be applied in the health care sector in the community at large, so that the decisions that will be made about service levels will be understood in advance

Long Term Care and Retirement Homes

- Need to cross train employees to perform necessary/critical functions
- How do we keep staff motivated to show up to work?
- Maintenance of sufficient supplies
- Childcare issues

Childcare

- Need for accurate, timely, age appropriate information for families and children
- Need to consider the impact on programming and standard operating procedures (i.e. ratio of teachers to children)
- Need for ongoing supplies

Primary Care / Personal Support Providers

- Keep planning as simple as possible
- Need for strong communication and education plans
- Consider partnerships with like organizations to share resources
- Possible need for emergency food packs for individuals who require support within their homes - consider impact on food banks
- Look at human resources policies - ie. Work from home, etc.
- Significant reliance on communications from Health Unit in order to know how to respond and support clients

A post-exercise debriefing was held to address the following questions: What does our community need to better prepare ourselves for a possible pandemic? How can we coordinate our services to minimize duplication and societal disruption? What suggestions do you have for next steps? The responses to the debriefing questions are as follows:

- Community education / information on whether or not a quarantine order will be made and under what circumstances - Is it feasible in pandemic? Why or why not?
- Consider having multi-disciplinary teams at future exercises to share information and education one another - work by function, not sector
- Share business continuity plans templates and have one website as a community resource/library for pandemic planning
- Need for effective communication strategy to vulnerable populations - consider various forms of communication to reach all members of the community
- Need for a community surge capacity plan - what resources do we have in this area (supplies and personnel)? (i.e. # of childcare providers in community - how can we share the resources to support the needs of staff for community agencies/organizations)
- Share information (education) regarding wellness / survival rates / personal protection and wellness measures, etc. in advance of an event so that staff and their families know and understand the risk and how to manage the risk - ongoing education is a must!
- Need for an emphasis on prevention of influenza
- Need for plans for Faith Groups - recognize the importance of these groups to provide volunteers

Closing remarks and a request for participants to complete the evaluation forms ended the exercise.

Participants

The following groups were represented at the event:

long term care, hospital, media, school boards, universities, community emergency management coordinators, faith groups, fire department, police department, health unit, volunteer organizations, organizations representing vulnerable populations, public utilities, child care facilities, community care access centres, nursing agencies, emergency medical services, politicians, food industries, retail, industry, government agencies, pharmacists, and first nation communities.



Summary of the Evaluations

A total of 281 were invited to the event. A total of 209 registered for the event. Of those, a total of 166 were in attendance. Of those who attended, 119 completed the evaluation giving a response rate of 72%.

Of those who completed an evaluation, 87% rated felt that the overall impression of the morning was above average or great. Eighty-three percent rated the location as above average or great. Comments on the location included:

- Room was cold
- Access/parking good
- Poor sound system
- Ceiling fans interfere with lighting - distracting

When asked what the positives of the exercise were, varied responses were received. However, overall, these were the main points:

- Networking
- Broad range of participants/sectors represented
- Awareness of issue
- Identified next steps and where to go from here
- Need to review and update plan, identify areas for future planning
- Raised awareness of need to plan, weaknesses in plan
- Opportunity to review
- Hearing input from different sectors on their challenges, great to hear other perspectives, great to hear what other groups have done what they need to do
- Better understanding of other agencies and their roles
- Questions provoked excellent discussion
- Excellent overview with video clip, video was excellent, very informative, BC video was well done
- Recognized areas of Health Unit plan that need to be fleshed out further: business continuity - criteria for vaccine, illness, working from home. Recognition of the potential challenges of joint mandate and authority in legislation (where final decisions made)
- The number of people who attended
- Need to spend time reviewing organization's plans. The exercise identified some 'to do's' and 'next steps'
- To get a more global look at our community and we rely so much on each other and then how to coordinate our plans
- Importance of business continuity plans & agreements with essential services
- Hearing other's lessons learned
- Importance of working together and communication
- Excellent booklet and resources

When asked what could have been done better, varied responses were received. However, overall, these were the main points:

- Nothing
- Sound system poor, sometimes it was difficult to hear, video was hard to hear
- Multi-sector tables, group participants by function rather than discipline
- Mixed groups that include different agencies to educate each other on their needs & expectations, multidisciplinary tables, mix the groups, group “like-positions” together
- Identify knowledge base of participants, First hour very redundant
- Don’t need as much social/introductory time, expected to start at 8:00am
- Packages had worksheets for all sectors, so there was a waste of paper, way too much paper, print on both sides
- No representation from some sectors (funeral homes, FHT, faith groups)
- Clarify whether were to answer the questions as if actually in the scenario at that time (ex. Level 5)
- Recognizing that the community context of health care has changed (ex. reorganization of access centres, Family Health Teams)
- In future fax/email information provided
- Ask who might be interested in sitting on the planning committee
- Shorten the key learning session - quite a bit of repetition, clearer format for reporting on lessons learned
- Sharing of the hospital’s and Health Unit plans would have helped some groups not re-invent the wheel
- Tactically based instead of strategy based
- Exchange of business cards/contact information
- More instruction at beginning of exercise
- Seemed the same as the last one, need a template for each organization to fill out, follow or change
- Attach time estimates to agenda
- More time, all day session
- Exercise based on Incident Management System (IMS) structure
- More interactive, use of various educational tools
- Not much learned from other sectors
- Did not feel there was much interagency interaction
- Better location, location should have rooms for each group to break off to discuss the problems in a specific area

When asked how the interagency team could assist you in preparing their organization for an influenza pandemic, varied responses were received. However, overall, these were the main points:

- Continue with options for discussion and expand exercises/workshops available

- Provide ongoing updates, information, communication
- Providing resources, sharing of tools, templates
- Single website to access information, Pandemic Peterborough website
- Need to exercise the plan, coordinate actual “test” of plans, do an actual exercise of plans involving various sectors
- Need to talk about critical incident debriefing and incorporate into our plan
- Figure out where we ‘as a community’ are going with the assessment centres, public health needs to take the lead in having the Family Health Team’s establish assessment centres
- Assist with coordination and communication between sectors
- Provide a contact number or email, develop a master contact list
- Follow up with today’s suggestions
- Checklist for each sector on what they should have in place
- Meet with specific sectors, developing working groups in each sector
- Would like to know that organizations that identified gaps have followed up
- Possibility of British Columbia video access for organizations
- Look at partnerships (long term care and hospital)
- Make templates available on Health Unit website to avoid duplication of effort
- Is there anyone who would come and provide consultation as we worked through our plan? Perhaps Red Cross?
- Would be interested in having a brief presentation for Canadian Red Cross Disaster Management Team
- Personal visits to office to walk through protocols and procedures, speaker to come to a supervisor meeting to share information
- Provide educational information for employers to provide to employees in advance of pandemic as opposed to at the time of the incident
- What information is required (eg. What will the Health Unit need from the County?)
- Anything that should be standard across the board could be provided to all agencies to keep the information the same.
- Speak to Fleming College and assist them in beginning phases of preparation
- Make the exercise an annual event
- Have special presenters on topics such as: supplier agreements for key resources and supplies, labour contracts and requirements during an emergency.
- More information on PPE and procedures for health protection of workers
- Keep informed of any new developments so we can update our own plans.
- Identification of vulnerable populations prior to pandemic
- Work with local schools to ensure that students understand what a pandemic is and what to do during a pandemic
- Present an overview/summary of information collected at the exercise to each group present and to any groups that were not in attendance
- Our role during a pandemic (St. John Ambulance)?

Additional comments noted on the evaluation forms were also varied. However, overall these were the main points:

- Thanks - good overview and good review, excellent workshop
- You all worked hard to ensure a very successful morning. Congratulations. We really need to do this about this again as a group.
- Nice Job! It was good to 'situate' local planning efforts within the context of the provincial and federal plans, but I found it a lot to take in and it raised a question in my mind about how well the plans are integrated.
- How will the information from the "report back sessions" be shared and used?
- Public sector needs to take ownership of their issues and not transfer to other groups to provide answers
- Can we have an electronic or paper copy of notes taken from debriefing?
- Monthly update in Peterborough Examiner & Peterborough This Week
- We need to constantly have this issue on our minds and these meetings do just that
- Would benefit from breakout groups for specific tasks (ex. Communications)
- Communication is the biggest issue in industry. No information of plans to lower echelon staff. Plans are in place but not known.
- Planning for an eventuality of this magnitude takes significant resources. Where is the money?
- It is possible that the Hospital and Health Unit could have had one exercise. No need to have several municipalities here at one time. Counter-productive for the exercise.
- Would providers waive certain provisions of legislation? (ex. Childcare by province)
- 3rd time I've seen the video
- Needed more information about the session to make informed decision about which person to attend
- Some citizens have not had the opportunity to realize that a pandemic is coming. They need to be educated sooner than later for their own pre-planning.
- The ethical framework "public health" ethic should be widely communicated and understood with specifics of how individuals may/will be impacted, how to manage risk, etc.
- Public needs more education regarding the planning that is already in place and the estimated statistics for Peterborough re: number of cases and deaths in a pandemic
- Please continue to improve the interoperability and the bringing down of vertical "silos"
- The larger community really needs to get on board with Pandemic Planning. We tend to think of essential supplies as medicine/medical, protective gear, etc. How do we manage the alcoholics, drug addicts, dead bodies, grocery store shopping, etc.? There are many social aspects that need to be

- planned for as well. Pandemic planning is so much bigger than taking care of sick people and limiting spread of disease.
- In current economic climate, provision of food is generous, provision of something related to the program would be more relevant and appreciated (ex. package of masks or resource text)

Budget

The material and supply costs incurred were divided amongst the members of PIIPT and were as follows:

Breakfast: \$733.00

Supplies (cutlery, plates, pens, nametags, tablecloths): \$372.32

Package handout: \$320.00

Location: \$225.00

Prizes: donated

Human resources: the cost of human resources for preparing this event was not determined. Members of the PIIPT shared in the allocation of tasks.

Debriefing

The members of the PIIPT met on May 8, 2009 to debrief. A draft report prepared by the Peterborough County-City Health Unit staff was distributed to members to comment and assist in the completion. The changes were incorporated.

Conclusion

Overall, the event was well attended and the evaluation showed that it was useful for the participants. The cost of the event was minimal compared to the impact. The event was timely given the H1N1 influenza outbreak. The exercise also identified gaps in planning for the organizations. The event was picked-up by local media and coverage was positive.

Considerations for Next Steps by the PIIPT

1. Hold future exercises/workshops. Consider changing the design of exercise table assignment from one sector to mixed sectors.
2. Facilitate sharing of plans through educational sessions.
3. Coordinate meetings of volunteer organizations and vulnerable sector groups for sharing of resources.



4. Develop a central website to hold links to various organizations' pandemic plans.
5. Determine how personal protective equipment and supplies will be coordinated.
6. Improve communication campaigns during non-pandemic times.
7. Consider ethical issues that would impact the community.

Distribution of Report

This report was distributed electronically to members of the PIIPT for their use and further distribution to members of their organizations. A letter was sent to those who received the registration form advising that the report was posted on the Peterborough County-City Health Unit website.

