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5. Assessment, Treatment and Referral

5.1 Background

During an influenza pandemic, people who develop influenza symptoms must know where to go for assessment, treatment and if necessary, referrals to other services (e.g., hospital, home care). They must also be able to access assessment services quickly. Ideally, most of the increased demand for medical care can be handled in the community by the existing health care providers, thereby allowing the Peterborough Regional Health Centre to focus on the treatment of people who are critically ill with influenza or have other life-threatening illnesses or injuries.

5.2 Introduction

As the MOHLTC continues to work with Local Health Integration Networks (LHINs) to operationalize their role in emergency management, the role of LHINs in flu assessment centres (FAC) coordination will be clarified. In the event of an influenza pandemic, before the role of LHINs is finalized, the MOHLTC will identify the lead FAC agency.

The Community Influenza Assessment Committee (CIAC) was established in April 2009 to address the local need for assessment, treatment and referral during an influenza pandemic. The information derived from this committee will be used until the MOHLTC determines a lead FAC agency. Objectives of the Committee are as follows:

- To provide timely access to influenza assessment, treatment and referral services.
- To treat people diagnosed with influenza and prescribe antivirals within recommended time frames.
- To identify and refer people who need hospital, home care or other community-based services.
- To maintain essential (i.e., non-deferrable) primary care and hospital services during a pandemic.
- To contribute to the prevention and control of pandemic influenza.
- To instill public confidence in influenza services available to them.

As per the OHPIP, public health units will be responsible for:

- Communicating surveillance information and information on local health system demand and capacity with local health system partners, PHO and the MOHLTC to inform opening and closing of FACs
- Implement telephone information service based on capacity and local need
- Support FAC to implement effective infection prevention and control measures (in coordination with the Regional Infection Control Networks (RICNs))

5.3 Principles Guiding Influenza Assessment, Treatment & Referral

The proposed approach to community-based influenza assessment, treatment and referral is based on the following principles:

- The public will need support and information to understand how and when to access the health care system for influenza.
- All residents of Peterborough should be able to access influenza care quickly, including those who do not have a regular Primary Care Practitioner.
- Antiviral therapy, for those who require it, should be started as soon as possible after the onset of symptoms, ideally within 12 to 24 hours.
- For as long as possible, the existing primary care system will be used – including Telehealth, Family Health Teams, pediatricians, walk-in clinics and pharmacies – to provide integrated, streamlined influenza-related primary care (i.e., assessment, treatment and referral services).
- Primary care offices may change booking patterns in order to meet needs, and patients may not be seen by their own provider.
- During the assessment process, every effort will be made to separate people with influenza symptoms from other primary care patients, and to use other infection prevention & control measures, such as hand hygiene, masks, and other personal protective equipment as required.
- If the existing primary care system becomes overwhelmed due to the severity of the pandemic, an alternative way to provide assessment, treatment and referral will be used (i.e., dedicated influenza assessment and treatment centres).

5.4 Phased-In Approach to Influenza Assessment, Treatment and Referral Services

Influenza assessment, treatment and referral services will be provided in the community, in a stepped or phased-in approach.

Step 1: The first point of access will be virtual: the community will have access to Telehealth and to information on reliable websites and if necessary, the Peterborough Public Inquiry Line to obtain information on treating influenza at home.

Step 2: If additional information or if the need for face-to-face medical care is required, then these services will be provided by Primary Care Practitioners. The primary care sector in Peterborough includes family physicians, paediatricians who provide primary care, nurse practitioners, nurses and other primary care providers working in Family Health Teams, as well as other primary care agencies who provide clinical services to vulnerable populations and clients. Community partners will endeavor to support and assist primary care practitioners to maintain their services for as long as possible.

Step 3: Small scale assessment centres will be set-up in established clinic settings. One of these clinics will be created at the Peterborough Clinic for patients without family physicians/pediatrician. Primary care practices may also decide to re-organize services to provide influenza assessment in separate areas or clinics.

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Step 4: Finally, if the primary care system becomes overwhelmed, free-standing influenza assessment centres (FAC) may be required in one or more locations throughout the City and/or County. Those with severe illness will be directed to the hospital emergency department.

5.5 Vulnerable Populations

Vulnerable populations, such as the homeless, people with special needs, shelter occupants and members of the public who are unable to leave their homes, will require specific strategies that will ensure access to assessment, treatment and referral services.

5.6 Access to Information in a Pandemic Situation

The MOHLTC will be the lead point of access for health information at the provincial level. It will provide daily information on the number of influenza cases in communities across Ontario, and on the epidemiology of the virus. The Medical Officer of Health will provide direction to health care providers in the Peterborough County-City area.

During a pandemic, the MOHLTC may issue directives about care, infection prevention & control or other issues. Information will be provided on how and when to apply these directives in primary care settings. The Health Protection and Promotion Act (HPPA), authorizes the Chief Medical Officer of Health, to direct primary care providers in order to protect the public's health.

In addition, the Ministry Emergency Operations Centre (MEOC) will:

- Maintain up-to-date information on the MEOC website and on www.ehealthontario.ca
- Send regular email or fax updates to practitioners. (To register for this service, health care providers can go to www.publichealthontario.ca and click 'Public Health Notifications Intake Form')
- Provide a call centre for primary care providers who want information on appropriate procedures and protocols (this phone number will be posted on the MEOC website)

Information will also be available from professional associations and colleges. Relevant and local information will be available on a dedicated webpage managed by the PCCHU.

5.7 Assessment

Diagnosing influenza can be challenging – particularly given that diagnosis will have to be made early in the course of illness for antivirals to be effective (refer to Figure 1). Assessment can consist of:

1. Self Assessment: Individuals can perform the assessment on themselves using tools provided through pamphlets, posters, television, radio, websites
2. Telephone Screening: Individuals can be assessed through Telehealth and, if needed, through the primary care practices +/- the health unit

3. Face to Face Assessment: Individuals can be assessed by/at a:
 - a. primary care providers and pediatricians
 - b. small scale assessment centres
 - c. large scale assessment centres
 - d. hospital emergency department
4. Services for Vulnerable Persons/Unattached Patients: Individuals can be assessed through alternate community-based arrangements, either on site or potentially, through assessment centres located in clinical settings or appropriate venues. In Peterborough, the Peterborough Clinic has agreed to provide care for patients without family physicians.
5. Residents of Long Term Care Homes will be assessed, on site, by nursing staff, Medical Directors or their designates
6. Household clients of the Access Centres will be assessed by their assigned staff, with support from the attending physician

5.8 Peterborough Regional Health Centre Emergency Department

The Peterborough Regional Health Centre (PRHC) Emergency Department (ED) has developed several policy statements related to Pandemic Influenza Planning. PRHC has included in the policy that all pandemic flu patients will be managed by the PRHC ED incorporating the Canadian Triage and Acuity Scale/Paediatric Canadian Triage and Acuity Scale (CTAS/PCTAS) triage standards, PRHC Infection Control practices and algorithms and protocols/directives from the Ministry of Health and Long Term Care (MOHLTC) and Peterborough County-City Health Unit.

A full level Pandemic Plan is initiated when the ED's activation of the Surge Capacity Plan and the Code Orange Plan in response to overwhelming numbers of ED patients (influenza and non-influenza), is unsuccessful in clearing the ED. The ED will require additional resources (space, staff and equipment) to accommodate the increased volume.

Cancellation of hospital wide non-essential services will be considered/initiated by the Chief Executive Officer/Incident Manager.

Care will be provided for flu patients following MOHLTC framework algorithm for ethical, transparent decision making in allocation of scarce resources and in providing care for flu patients, utilization of the MOHLTC inclusion and exclusion criteria for treatment and minimum qualifications for survival guidelines will be applied.

The redistribution of patients will require the ED to manage all non-flu patients CTAS 1-5 and influenza patients CTAS 1 & 2. The area within which CTAS 3 ED influenza patients will be cared for following their initial ED triage assessment will be determined by the Command Centre and be dependent on activity levels of the area. Suggested areas for care of these patients include Cardiac Catheterization, Surgery Outpatients and Post-Anaesthesia Care Unit. The area within which CTAS 4, 5 Emergency Department influenza patients will be cared for following their initial emergency triage assessment will be determined by the Command Centre and be

dependent on activity levels of the area. Suggested area for care of these patients is Outpatient Clinics.

All staff of PRHC supporting flu patients will maintain strict droplet/contact precautions according to PRHC infection prevention and control practices.

5.9 Prescribing Antivirals

The Ministry of Health and Long Term Care will be making the provincial stockpile of oseltamivir available for the treatment of influenza. Physicians and Nurse Practitioners will be advised of the criteria and eligibility for treatment, which will be provided at no cost to the patient. It is anticipated that antivirals will be made available at local pharmacies through-out the Peterborough area. Depending on antiviral treatment recommendations, the MOHLTC will encourage homecare providers to assess and provide antivirals for clients at home through the use of directive/delegation (as per OHPIP).

5.10 Criteria for Activating Different Phases of Assessment

During a mild to moderate influenza pandemic, existing primary care services should have the capacity to provide influenza assessment, treatment and referral services. They should also provide other health care services that will be needed. However, during a moderate to severe pandemic, primary care services may become overwhelmed and alternative approaches are needed. In Peterborough, the lead agency to oversee planning for influenza assessment services will be the Peterborough County-City Health Unit. The Peterborough Interagency Outbreak Planning Committee (PIOPC) will support the lead agency in planning to implement each assessment centre. Primary care providers will be expected to work at least part-time or provide assistance at assessment centres.

The triggers for opening assessment centres are to be determined by the Ministry of Health and Long Term Care and will be used to signal the need for extra capacity when the existing primary care system is no longer able to ensure the patients are assessed, diagnosed and treated with antivirals within 12 to 24 hours of developing symptoms. These centres will be provincially funded. The MOHLTC will issue an Important Health Notice (IHN) notifying the provincial health care system that it is enabling primary health care organizations and hospital emergency departments to open FACs. Primary health care organizations may operate FACs concurrently with other services and emergency departments may operate them as adjuncts, maintaining existing collective agreements.

5.11 Use of Volunteers

The Emergency Volunteer Registry (EVR) is a county-wide volunteer database and referral system which is populated, maintained, and administered by United Way of Peterborough & District. The EVR is a database of searchable listings of:

- **Volunteers** including skills, qualifications, certifications and security information
- **Community Agencies** including required contact information and position profiles
- **Position Profiles** including a detailed list of required knowledge, skills and abilities
- **Just in Time Referrals** a quick and easy referral system to determine where volunteers are at all times

The United Way of Peterborough & District is responsible for the following activities:

- Pre-registration of agencies that require emergency volunteers
- Pre-registration and screening of community emergency volunteers
- Receipt of agency requests for volunteers in the event of an emergency or human health care crisis
- Deployment of community volunteers in the event of an emergency or human health care crisis

The United Way of Peterborough & District does not provide onsite monitoring or management of volunteers. However, EVR volunteers that become a security risk or fail to effectively perform their duties are reported to the United Way and are recorded as Do No Refer within the EVR system.

In order to be eligible to access EVR volunteers, community agencies and other applicable organizations must pre-register by providing the following:

1. A completed agency registration form.
2. A completed volunteer position description for each position anticipated to be required in an emergency or human health care crisis.
3. A completed essential skills checklist for each position anticipated to be required in an emergency or human health care crisis.
4. A signed Memorandum of Understanding.

There is no limit to how many different volunteer positions descriptions that an agency can submit. When needed, local organizations will request volunteers for defined positions using an Agency Deployment Request form. The EVR database will generate a list of registered volunteers whose preferences and skills match those requested position descriptions. United Way will then contact the volunteers on the list or provide a contact list to the organization requesting volunteers. When an EVR volunteer accepts an assignment, they will receive a photo ID badge and instructions on reporting for duty.

5.12 Primary Care Practices

5.12.a Management of Increased Surge Capacity for Primary Care Services

Primary care services include family physicians, other members of Family Health Teams, nurse practitioners, pediatricians and the Peterborough Regional Health Centre emergency department. To be able to provide assessment and treatment services, as well as other

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essential (i.e. non-deferrable) primary care services during a pandemic, primary care providers will use the following strategies:

1. Deliver services in different ways
2. Defer some services
3. Deliver new services or work in assessment centres
4. Develop plans to ensure continuity of care, with particular attention to vulnerable patients/patients with ongoing health problems
5. Use appropriate occupational health and safety/infection prevention and control practices
6. Establish links with other primary care providers
7. Be aware of the community's pandemic plan
8. Develop a plan to communicate effectively with patients
9. Develop plan to communicate effectively with staff
10. Maintain an up-to-date business continuity/emergency plan

A survey was administered in 2009 to collect current capacity and surge capacity information on primary care practitioners in Peterborough City and County. The survey was created by members of the Community Influenza Assessment Committee to assess the current capacity and surge capacity of primary care practices in Peterborough County and City to respond to an influenza pandemic. The responses represent following groups: Partners in Pregnancy, Medical Centre (Pediatrics), Peterborough Clinic (Pediatrics), Five Counties, Greater Peterborough, Chemong, Medical Centre, Peterborough Clinic and Peterborough Community. To assist primary care providers in increasing surge capacity to manage the increased number of patients, the following recommendations were made:

Recommendation	Responsible Organization
Facilitate the collaboration with community partners to ensure the provision of volunteers to assist with patient flow during a pandemic.	Committee and United Way
Facilitate the collaboration with community partners to ensure the provision of additional nursing support to selected offices during a pandemic.	Committee and United Way
Facilitate the collaboration with community partners to ensure the provision of additional reception staff during a pandemic.	Committee and United Way
Assist in the identification of communication tools, such as telephone lines for selected primary care offices during a pandemic.	Committee
Assist primary care practices with methods of providing a separate entrance and waiting area for patients with influenza-like illness.	PCCHU Survey
Ensure that the practices without a four-week stockpile have the appropriate information to obtain a stockpile.	Health Unit to provide phone number to order supplies.
Ensure that staff in primary care practices have access to fit-testing services for N95 respirators.	Committee
Investigate locations for secured antiviral storage.	Health Unit

Table 2: Recommendations for Improving Primary Care Capacity	
Recommendation	Responsible Organization
Investigate ways to increase access to services for stat blood work for selected clinics.	Committee
Assist practices that indicated that they cannot provide a two metre distance for patients with influenza-like illness on ways to minimize the spread of the virus.	PCCHU
Implement an exercise to test if primary care practices are screening clients for influenza-like illness appropriately.	Health Unit
Investigate point-of-care blood testing.	Committee
Plan a meeting with radiologists to determine the best methods of accessing services during a pandemic.	Committee
Assign a Health Unit Liaison Officer to each family health teams during a pandemic.	Health Unit
Map areas where there are secure storage areas for pharmaceuticals.	Health Unit
Include long term care facility staff in assessment, treatment and referral planning.	Committee

5.12.b Surge Capacity of Primary Care Practitioners

Based on the above recommendations, an exercise to assess surge capacity for primary care was developed. The purpose of this paper-based exercise was to evaluate the practice of 'patient triage and deferral' as indicated in the Ontario Health Pandemic Influenza Plan in order to gauge the ability of primary care practices to meet the demand to assess and treat additional patients with influenza-like illness.

A total of 101 primary care practices received the survey. A total of 53 (52%) responded to the survey. Of those, 51 or 96% were able to complete the survey. The average number of patients served in each practice that participated was 1578. The average number of patients seen by the primary care practitioners who responded to the survey was 24 on the day of the exercise. The number of patients with urgent needs ranged between 0 and 24, with an average of five. The number of patients with non-critical conditions that could be deferred ranged between 0 and 30, and averaged nine. The number of patients with non-life-threatening conditions ranged between 0 and 21, and averaged five. The primary care practitioners indicated that they could see, on average, an additional 15 patients assuming 10 minutes for the assessment and if they could defer patients based on the Table 1.

Eighty-eight percent (44) indicated that there were services that could be delivered by telephone. Of those, 88% (37) could do it themselves or have a staff person who could provide this telephone service. Ninety-four percent (47) indicated that there were prescription medications that could be renewed by telephone instead of having the patient visit. Seventy-one percent (34) reported that they have a staff person who could spend extra time to rebook patients. Thirty-one percent (15) indicated that they could use volunteers for non-

sensitive/confidential tasks. The tasks included: filing, filling out forms, rebooking patients, monitor waiting room, screening, scanning, etc.

Only eighteen percent (9) reported that they were affiliated with a long term care home and all indicated that they would be able to continue this service.

Ninety-four percent (47) indicated that they would arrange their appointment schedule so that people with flu-like symptoms could be seen at a specified time during the day to minimize transmission of the virus to those without flu-like symptoms. Fifty-seven percent (27) indicated that they would extend their hours of operation. The average number of hours that could be added was 2. When asked if they could open this upcoming weekend, 42% (20) responded affirmatively.

Even though not all primary care practices participated in the exercise, overall the level of surge capacity in Peterborough County and City is promising for an influenza pandemic. This exercise also served a purpose in preparing practitioners for the possibility of changing their current practice to accommodate the increase in community-wide illness in the event of an influenza pandemic. The information obtained from this exercise will be used to inform the Peterborough County-City Health Unit Influenza Pandemic Plan.

5.12.c Supplies & Equipment for Primary Care Practices

Primary care practices are expected to maintain a four work week stockpile of supplies and equipment

5.12.d Access to Diagnostic Care at the Peterborough Regional Health Centre

If the Primary Care Practitioner assesses a patient and determines the need for a chest x-ray but is unable to obtain a chest x-ray at the community diagnostic imaging centre, then the Primary Care Practitioner will complete the Peterborough Regional Health Centre's diagnostic imaging form and write on form "ILI case" or "Pandemic case" and either fax the form to the diagnostic imaging office or send the form, with the patient, to the diagnostic imaging department at the Peterborough Regional Health Centre.

Upon completion of the x-ray, the patient will then:

1. return home and await contact from the Primary Care Practitioner; or
2. follow whatever other instructions the Primary Care Practitioner gave to the patient e.g. return to clinic, etc.

The patient will NOT be instructed to wait in the diagnostic imaging waiting area after the x-ray. The diagnostic imaging technologist will alert the radiologist that the chest x-ray is a "Pandemic case". This will ensure that the radiologist will prioritize the dictation. The primary care practitioner should be able to view the results of the dictation through Meditech from his/her office soon after the xray has been done.

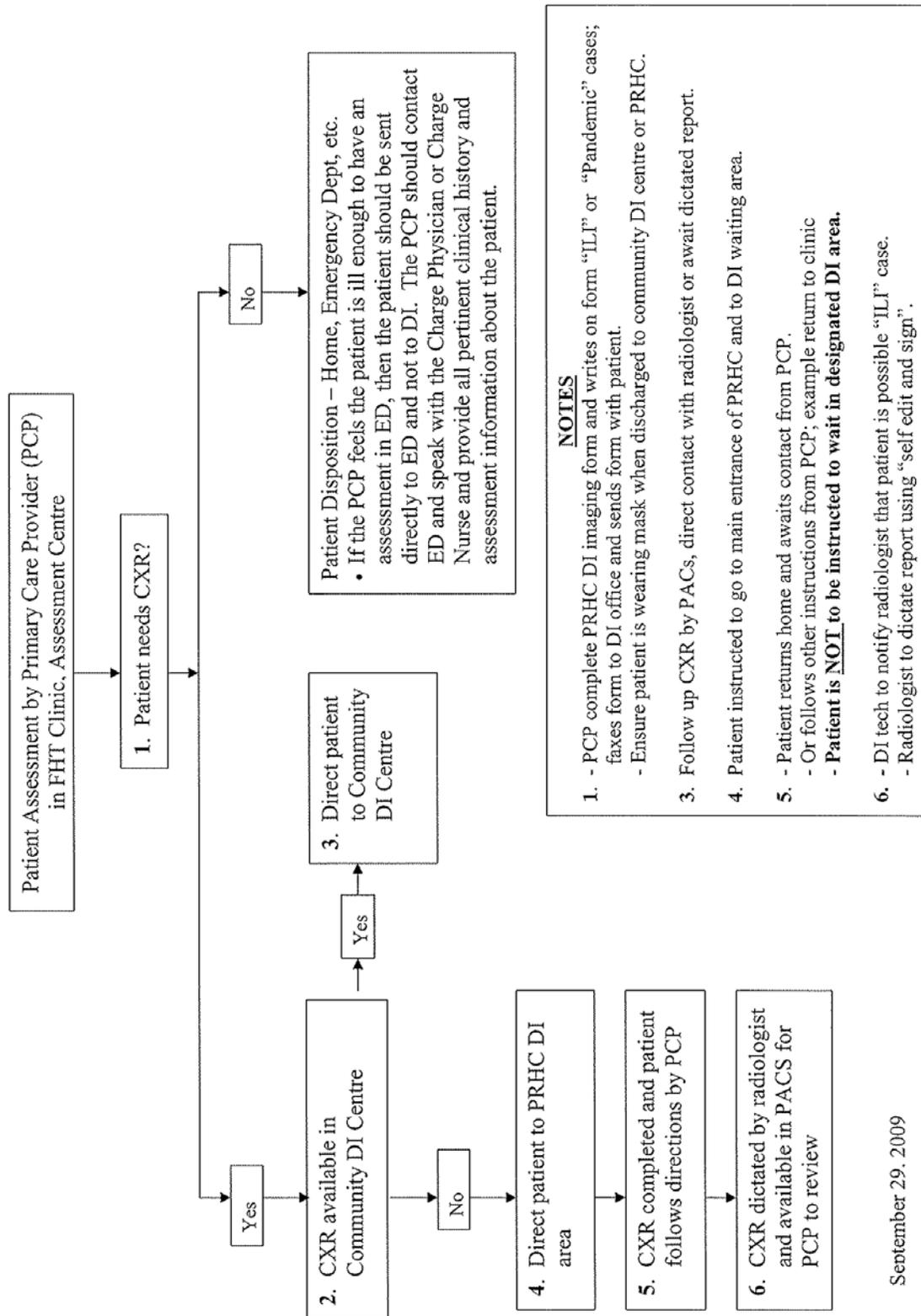
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If the Primary Care Practitioner feels the patient is ill enough to have an assessment in the emergency department then the patient should be sent directly to the emergency department and not go to diagnostic imaging. The Primary Care Practitioner should contact the emergency department and speak with the Charge Physician or Charge Nurse and provide all pertinent clinical history and assessment information about the patient.

The process for Primary Care Practitioners (PCPs) to order chest x-rays on patients with suspected ILI systems and complications is depicted in Figure 2, below:

Figure 2: PANDEMIC PLANNING – DI ASSESSMENT



September 29, 2009

5.13 Small Scale Assessment Centres

5.13.a Planning for Small-Scale Assessment Centres

A clinic for individuals who do not have a family physician/nurse practitioner will be necessary, most likely as soon as community outbreaks with the new pandemic strain begin to occur. Currently, the designated location for this small scale assessment centre will be at the Peterborough Clinic, located on Hospital Drive, just across the street from the Peterborough Regional Health Centre. This assessment centre will be managed by the Peterborough Clinic, with staffing drawn, on a rotational basis, from the five Peterborough Family Health Teams. Assistance will be provided by community partners such as the Health Unit, United Way, etc. It may be necessary to establish additional small-scale assessment centres. These centres will be set-up in premises which are currently used for medical clinic purposes or have the infrastructure to accommodate clinics. Peterborough's Primary Care Services and their staff will make these decisions as necessary.

5.14 Large Scale Assessment Centres

5.14.a Planning for Large-Scale Assessment Centres funded by the Ministry of Health and Long Term Care

The purpose of a large-scale influenza assessment centres are to provide alternate assessment, treatment and referral services if and when primary care services in Peterborough are overwhelmed. Individuals using the assessment centres will not be required to have a health card and services will be available at no cost.

The purpose of conducting a primary assessment in an assessment centre is to identify people who are ill but:

- do not require hospitalization and can be sent home for self care
- do not require hospitalization but do require some level of support care (e.g., home care)
- do require hospital admission or treatment that is only available at the hospital
- are early in their illness (i.e., <48 hours) and at high risk of complications that could be prevented or minimized by treatment with antiviral agents.

During the assessment centre process, triage nurses will conduct the assessment. Primary care assessment guidelines developed before the onset of an influenza pandemic will provide a framework until the characteristics of a pandemic strain are identified. Given the wide variation in the clinical presentation of influenza, guidelines and forms will be updated when the nature of the virus is understood. If the triage nurse identifies that the client requires a more detailed assessment, the client may be referred to a physician or Nurse Practitioner, on site.

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Once assessed, individuals will be assigned to one of the following four categories:

Assessment Category	Referral
1. No influenza-like illness identified	No treatment required; offer educational material on influenza
2. Further assessment required to make a diagnosis	Refer for diagnostic work-up including radiological examinations at the Peterborough Regional Health Centre
3. Influenza-like illness identified	Assess for appropriate discharge/referral (i.e., to self-care at home, to home with community supports, follow up with vulnerable patients in 24 to 48 hours to assess status) and prescribe antivirals if appropriate
4. Severe influenza-like illness identified	Transfer to hospital

The MOHLTC will provide compensation to organizations that act as FACs to ensure that these settings are able to hire extra staff and purchase additional resources required to promote and provide these services. The MOHLTC's supplies and equipment stockpile will be distributed to FACs to ensure they have access to appropriate occupational health and safety and infection prevention and control equipment.

In addition to local promotion, the MOHLTC will provide information on the locations/hours of FACs to the public and the health system through Telehealth Ontario, the health care provider hotline and the MOHLTC website.

Appendices A-K can be used to set-up large-scale assessment centres in Peterborough County and City.

The decision to close an FAC will be made locally and/or by the MOHLTC when services have sufficiently declined.

5.14.b Community Care Access Centre (CCAC)

The CCAC will accept referrals for the group of people who are triaged and sent home for follow-up in 24 to 48 hours. Usually referrals are sent to them by fax. It was thought that they might be more efficient by locating staff for the assessment centre at their branch office, intake department, rather than sending case managers to the Assessment Centre location. If they find themselves in a position where they cannot provide service as usual due to absenteeism (contracted provider agencies or CCAC), they will prioritize services following current tools and guidelines, such as the emergency risk level guidelines (the tools that were part of the handout). They do intend to support an Influenza Assessment Centre as long as they have the capacity to so. Homecare providers may take on a role of assessing clients and providing antivirals (through directives and/or delegated acts).

5.14 Antiviral

Antivirals (anti-influenza drugs) can be used to treat and prevent influenza, and will be an important disease management strategy during an influenza pandemic – particularly during the early wave(s) when vaccine is not available. The effectiveness of antivirals against the pandemic strain is unknown, but, when used to treat seasonal influenza, they have been shown to reduce the length of time people are ill, symptoms and hospitalizations.

The MOHLTC maintains a stockpile of antivirals to provide free treatment for eligible Ontarians during an influenza pandemic. Guidance documents will be released that describe eligibility requirements that clients must meet to receive antivirals from the MOHLTC stockpile based on antiviral effectiveness and ethical considerations. Clients that are prescribed antivirals but don't meet the eligibility requirements will receive their medication through the existing supply chain at community-based pharmacies. These clients pay for the medications or receive reimbursement from insurance companies.

The primary avenue for dispensing antivirals to clients in outpatient settings is through community based pharmacies. Pharmacists will use the Health Network System (HNS) to submit claims for dispensing antivirals from the provincial stockpile. This will enable the MOHTLC to track the quantity of drugs dispensed at these sites. The MOHTLC will provide community-based pharmacies with guidance on dispensing antivirals at the time of a pandemic through an Important Health Notice (IHN). This document will include details on the use of the HNS, compensation, and eligible clients.

For clients that are prescribed antivirals in home care settings, the MOHTLC will encourage providers to consider methods for accessing antivirals from community-based pharmacies. For example, they could request the pharmacy to deliver the medication to the client or having a family member/friend or health care provider pick up the dispensed medication on behalf of the client.

The MOHLTC may distribute antivirals from its stockpile to other targeted dispensing sites where vulnerable populations access primary health care services. These include community health centres (CHCs) or Aboriginal Health Access Centres (AHAC), nurse practitioner-led clinics, etc. The MOHLTC will also provide FACs with antivirals for dispensing.

The MOHLTC stockpile may also be used, in very limited circumstances, for antiviral prophylaxis. This can occur in specific closed settings for long term care employees with direct client/patient/resident contact or for specific high risk groups.

5.16 Conclusion

Peterborough is prepared to respond to the increased demand for assessment and treatment of an influenza pandemic. This care is being coordinated by the Peterborough Community

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Influenza Assessment Centre Committee and relies on the participation of both the existing health care sector and the community's volunteers. Should additional assessment centres be necessary, these will be planned by the Peterborough County-City Health Unit with support from all of the community's pandemic responders. The following appendices provide additional, more detailed information.

5.17 Appendices**Appendix A: Large-Scale Assessment Centre Sites**

For site selection criteria see Appendix J . Based on the criteria, the following sites have been chosen by the Peterborough County-City Health Unit and the City and County Emergency Management Coordinators:

City / County	Premise Name	Premise Address
City	Evinrude Centre	911 Monaghan Road Peterborough, Ontario
City (alternate)	To Be Determined	
County	Douro Community Centre and Arena	2893 Highway 28 (Intersection of 28 and County Road 4)
County (alternate)	Bridgenorth Community Centre	836 Charles Street Bridgenorth, Ontario

Appendix B: Large-Scale Assessment Centre Supplies

During a pandemic, there may be a shortage of medical supplies. A list of supplies that may be required during a pandemic has been compiled with the details needed to contact potential suppliers. The Health Unit will be responsible for the purchase and storage of the supplies required for the large scale assessment centres. The following table indicates which supplies would be procured locally and which would be provided by the province:

Table 11A.2: Procurement Responsibilities

Provincial responsibility	Local responsibility
Hand Hygiene <ul style="list-style-type: none"> • Liquid soap • Alcohol hand rub • Paper towels • Dispensers for soap and alcohol hand rub 	Cleaning Supplies <ul style="list-style-type: none"> • Garbage bags • Garbage cans • One-use paper towels • Specialized disposal bags for vomit/diarrhoea • Laundry soap and/or laundry bags • Mops • Buckets
Personal Protective Equipment <ul style="list-style-type: none"> • Surgical/procedure masks (adult and child) • N95 respirators • Paper gowns • Non-latex exam gloves • Eye protection 	Paper Products <ul style="list-style-type: none"> • Paper square absorbent examination table cover • Paper cups
Vital Signs Assessment <ul style="list-style-type: none"> • Thermometers (disposable thermometers or disposable covers) • Stethoscopes • Blood pressure cuffs (adult and child) • Oxymeter and probes • Tongue depressors • Flashlights (medical) 	Other medical supplies <ul style="list-style-type: none"> • First aid kit • Body bag/ gurney • *Cots/ mats • Blankets (disposable) • CPR valve • Bag valve mask resuscitator • Automatic External Defibrillator • Assessment forms • Adverse reaction forms • Self-care / education materials (multi-language) • Facial tissues • Wheel chairs • Exam tables
Disinfectants <ul style="list-style-type: none"> • Disinfecting wipes • Surface cleaner and disinfectant 	Administrative Supplies <ul style="list-style-type: none"> • Ticket number machine • Clipboards • Flip charts and paper • Envelopes • File boxes • Colour-coded identification badges/ vests for staff • Paper • Note pads • Pens, pencils, markers • Post-it notes • Signage • Stapler and staples • Scissors • Elastic bands • Tape • Flashlights • Portable partitions (or other material to provide private assessment areas) • Rope for cordoning areas • Saw horses/ rope cordoning stands/ traffic cones • Collapsible chairs • Portable toilets • Toilet paper • Colouring materials for children (e.g., colouring books, crayons) • Fire extinguishers • DVDs (children's movies/ television programs)
Antiviral Clinic Supplies <ul style="list-style-type: none"> • Medication information sheets • Paper bags (small) 	I&IT Supplies <ul style="list-style-type: none"> • Telephones (fixed and mobile) • *Teleconferencing equipment

Section 5: Assessment, Treatment and Referral

	<ul style="list-style-type: none"> • Computers • Printers and toner • Public announcement system /bullhorns • 2-way hand-held radios /messaging devices for key personnel and security staff • DVD/TV (for orientation/ training and waiting room) • Fax machine • Photocopier/scanner • Computer paper
<p>Pharmaceuticals</p> <ul style="list-style-type: none"> • Antivirals • Antibiotics • Anti-diarrhoeal medication • Anti-nauseant medication 	

For the transportation of supplies, City and County Emergency Control Groups will:

- Identify the vehicles that will be utilized to transport supplies to the Health Unit and centres
- Plan a safe, secure supply route
- Arrange for security for medication, supplies, staff, staff valuables, etc. at the Health Unit and at the sites

Appendix C: Crowd Management and Traffic Control

There may be a large number of residents from the County and City of Peterborough who will visit an assessment center. In order to manage large numbers of people, the City and County Emergency Control Groups will:

- Arrange barricades and close roads if necessary to control crowds and traffic
- Arrange for clear signage to sites for parking and to direct to clinics
- Arrange for stanchions or ropes for crowd control inside and outside of the clinic

Appendix D: Clients with Special Needs

Clients with special needs arriving at the assessment centres, such as persons with disabilities, very advanced age, fragility, etc. will require assistance for expedited access into the clinic process. Once identified by the screener inside the clinic or by security officers outside of the clinic, clients with special needs will be assisted through the process.

Clients identified as requiring language assistance will be assisted through the process using a translation service.

In some instances, the PCCHU will work with the Emergency Control Groups to provide assistance for the transportation of clients meeting specific criteria to assessment centres.

Appendix E: Assessment Centre Client Flow Chart

The assessment centre is designed to have clients move in one direction after entering the building until the completion of the process and exiting the building. To ensure an efficient and smooth flow through the assessment centre process, clear signage as well as greeters will assist in directing clients to the appropriate area. Security will be required to ensure that those lining up at the entrance are orderly and unruly clients are managed.

Step 1: Security Check (if required)

Security guards may be placed at the front entrance of the clinic if there is a concern for the safety of clients and staff or the security of supplies.

Step 2: Greeting

The symptomatic client arriving at the front entrance will be greeted and asked to perform hand hygiene.

Step 3: Registration

The client will be directed to the Registration Area and assigned a number. Demographic information will be entered into the database. The form, containing the demographic information, will be printed and returned to the client.

Step 4: Pre-Assessment Waiting Area

The client will be asked to complete Section 2: Risk Assessment for Complications of Influenza and Section 3: Immunization Status of the form while waiting. The client will remain in the Waiting Area until their number is called. A Triage Assistant will take their vital signs and document it on Section 4: Vital Signs, of the form.

Step 5: Assessment Area

The client is directed to the Triage Nurse when their number is called. The Triage Nurse will assess the client based on clinical symptoms and make recommendations for treatment and discharge. If the client has a complex medical history, the Triage Nurse may direct the client to an on-site physician or RN (ECP).

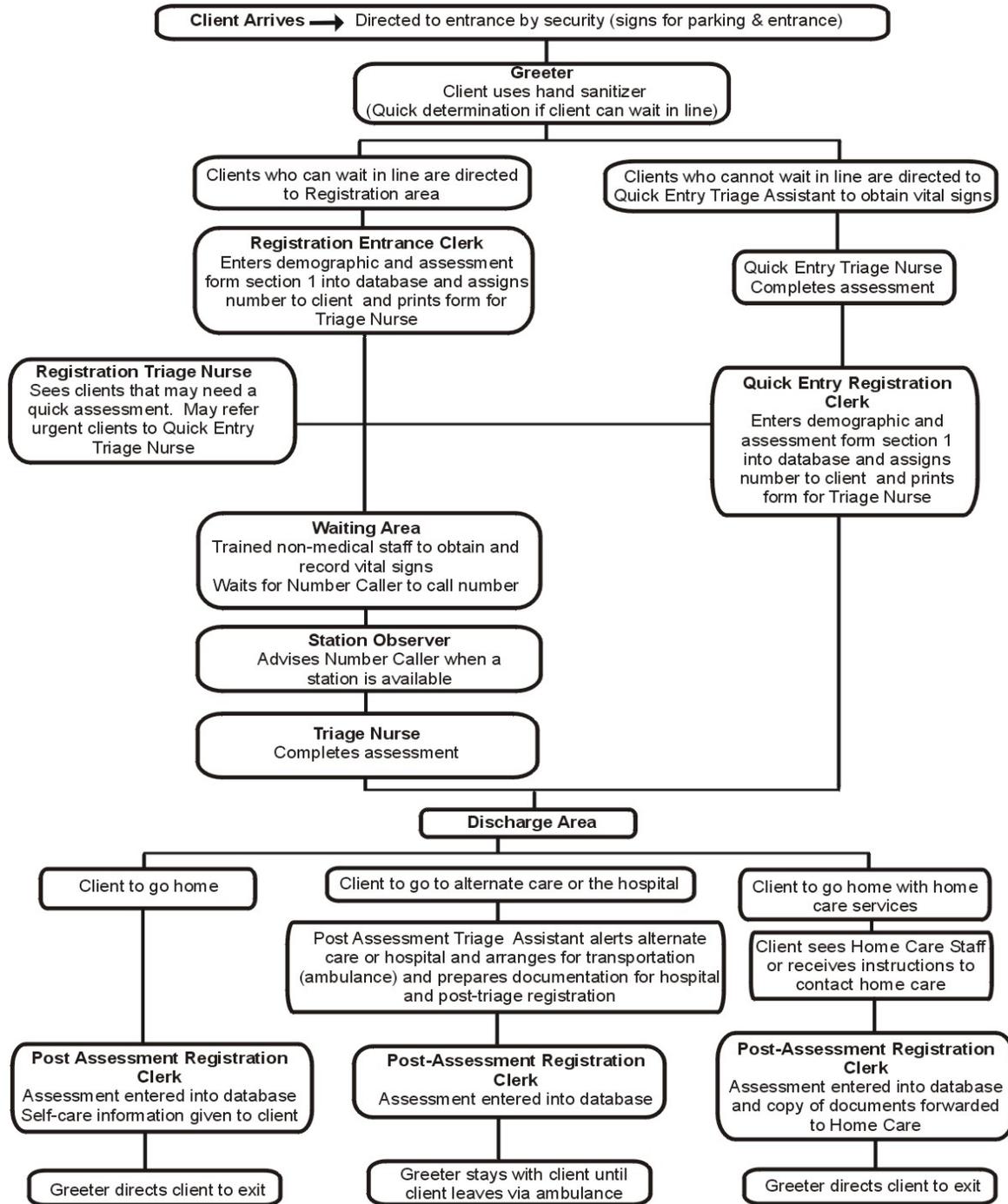
Step 6: Discharge Area

The client will be directed to one of three Discharge Areas where the information collected by the Triage Nurse will be entered into the database. The three areas are as follows:

- Discharged home with self-care information;
- Discharged home with home-care services; or
- Discharged to the hospital for more advanced medical care.

Assessment and discharge data will be entered into the computer database.

Assessment Centre Client Flow Chart



Appendix F: Staffing of Assessment Centres

The management of freestanding flu assessment centres will require the recruitment and hiring of an experienced and available manager. The PCCHU will assign one staff person to assist in the planning and oversight of flu assessment centres. This staff person will work with the Planning Chief in PCCHU's Pandemic Response. Together, they will monitor for triggers and initiate the search for a Flu Assessment Centre Manager when appropriate.

Staffing of the assessment centres will be the responsibility of the manager. It is hoped that most staff will be seconded or recruited from both the primary care and acute care sectors. It is anticipated that the province will provide funding for the compensation of staff working in assessment centres. Recruiting of additional health care and support staff will include, but not be limited to:

- Retired Health Care Professionals
- Veterinarians
- Pharmacists
- Dentists
- Physicians
- Chiropractors
- Registered Nurse Practitioners
- Registered Nurses
- Registered Practical Nurses
- Personal Support Workers
- Students
- Retired Security Guards

At the present time, the PCCHU, the United Way, and the Peterborough Interagency Pandemic Influenza Planning Team are investigating how volunteer recruitment and management during a pandemic will be coordinated.

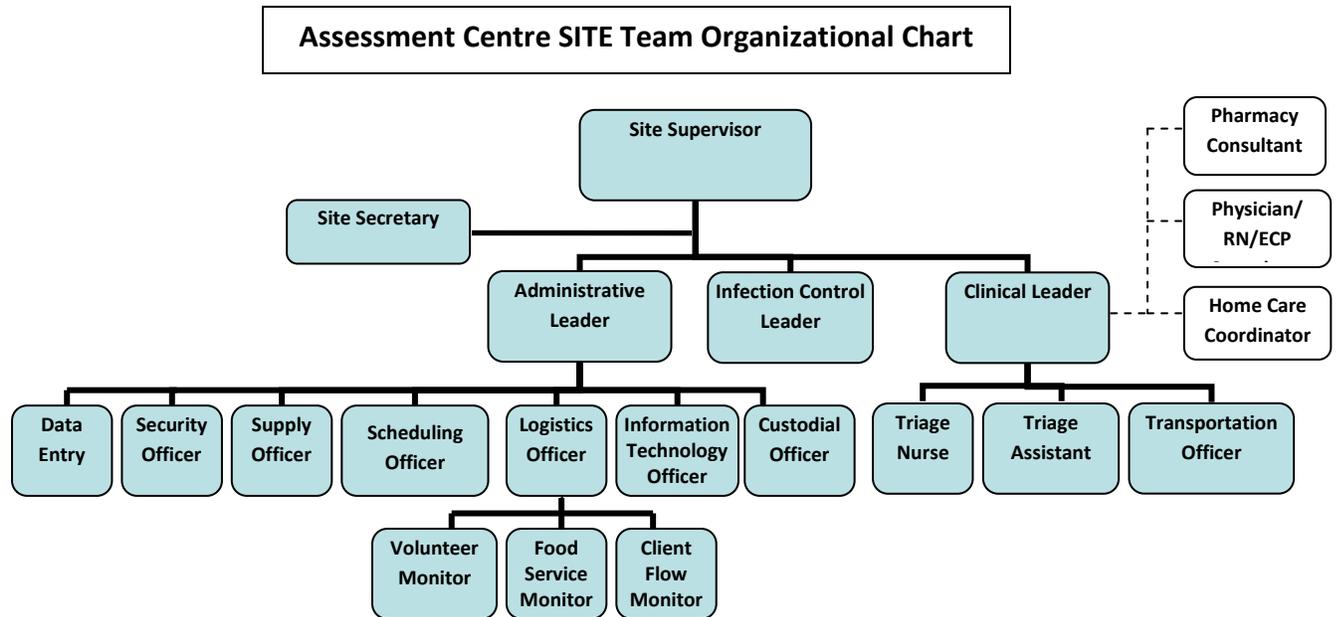
Appendix G: Training of Staff for Assessment Centres

Training will be provided for all staff working in the Assessment Centre. Some of the training may take place on site at the assessment centre.

Medical Directives, as per the College of Nurses and/or Physicians, will be updated to include detailed information on the pandemic strains and on the qualifications/licensing requirements of individuals who will be authorized to conduct assessments.

Appendix H: Assessment Centre Roles and Responsibilities

The Assessment Centre Manager will have the overall responsibility of the Assessment Centre. He/she may report directly to the Medical Officer of Health and the Peterborough Community Influenza Assessment Committee. He/she will work closely with all community stakeholders. The roles and responsibilities of all staff are described in Appendix B.3 Assessment Centre Roles and Responsibilities Table. The following is an example of the organizational structure of an Assessment Centre.

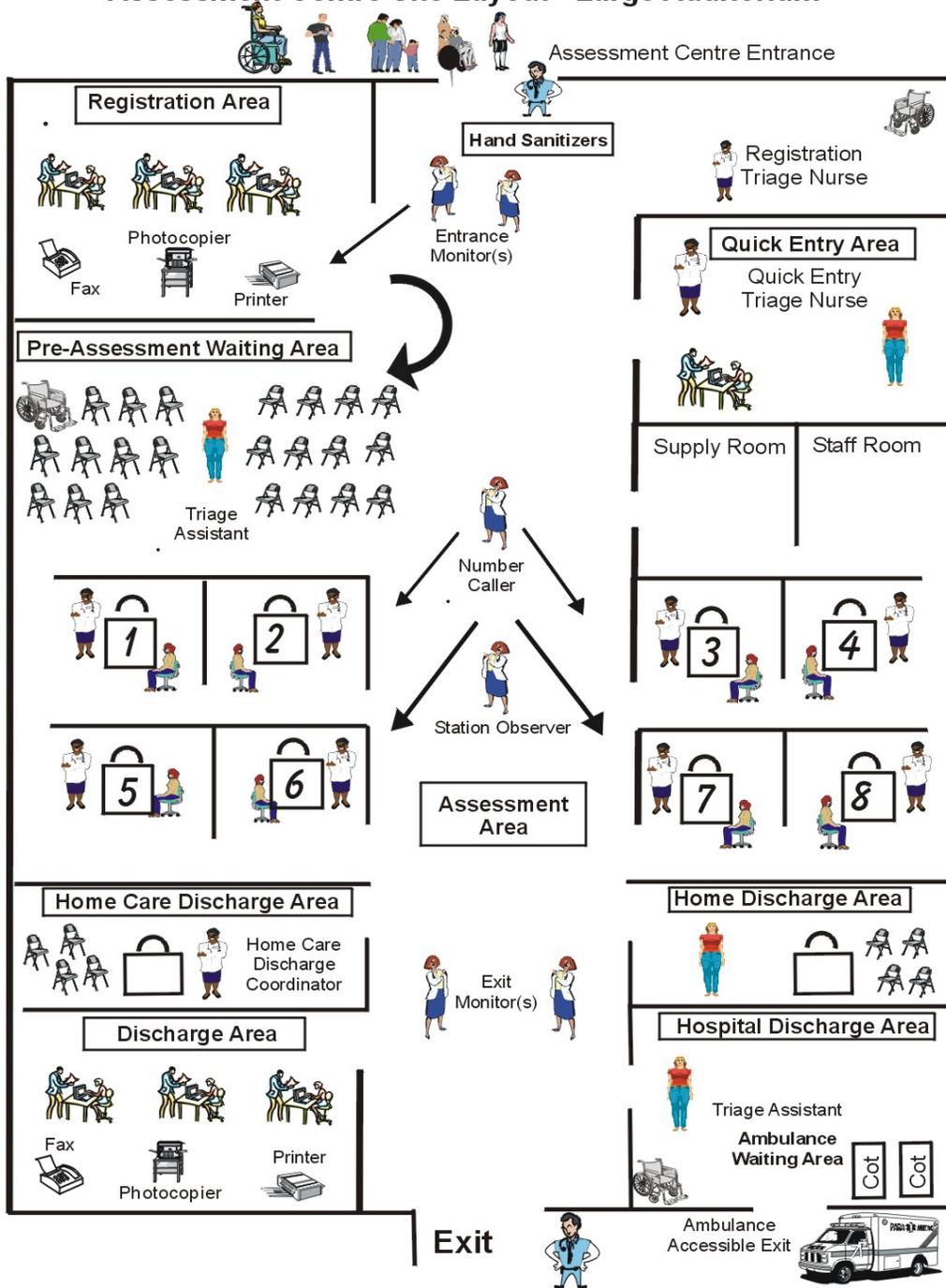


Appendix I: Assessment Centre Suggested Layout

An assessment Centre can be set-up in different types of settings such as a school, large auditorium or community centre. Two suggested layouts for Assessment Centres have been created in order to move clients through the process in an efficient manner. These are suggested layouts to be used as a guideline. The layout of the assessment centre may vary and is dependent on the number of staff, resources, type of facility, number of rooms, furniture, dividers, entrance and exit locations, available equipment, etc.

The diagram of Assessment Centre layout for a large auditorium is as follows:

Assessment Centre Site Layout - Large Auditorium



Appendix J: Criteria for Site Selection for Large-Scale Assessment Centres

Site Selection: Currently, PCCHU and the City and County Emergency Management Coordinators are working together to identify potential locations for assessments centres in the City and County. Some of the possible locations for sites include: convention centres, schools, community centres, fairgrounds, meeting halls, sports facilities, tents, warehouses, trailers, etc. The site selection process will consider the following:

1. Adequacy of External Facilities

- Public accessibility (including public transport)
- Adequate parking for at least 75 to 100 vehicles and parking spaces for disabled
- Loading dock or vehicle entrance
- Wheelchair accessible
- Access for ambulance services
- Single public entrance and separate exits for patient transport to hospital or discharge to community
- Meets national building code standards and fire code regulations

2. Adequacy of Internal Space

- Large rooms on the ground floor
- Areas for registration, waiting, triage, discharge, supplies, waste disposal, staff room, training and patient record space
- Adequate washroom facilities for males and females
- Adequate washroom facilities for the disabled
- Adequate washroom facilities for staff
- Food preparation and service area
- Clean utility room
- Dirty utility room
- Tables, chairs and dividers

3. Utilities

- Ventilation system (airflow, air conditioning, heating (preferably gas-heated))
- Electricity, adequate lighting
- Potable water
- Adequate sewage disposal system
- Janitorial Supply Area and Sinks
- Equipped with a power generator (preferred)

4. Communication

- Wired for information technology/internet access
- Adequate number of phone lines
- Cellular phone capabilities
- Intercom system (preferred)
- Two-way radio capacity

5. Arrangements to Provide Essential Support Services

- Security
- Maintenance
- Laundry
- Waste disposal
- Food services

6. Infection Control

- Hand sanitizing stations and/or hand washing facilities
- Infection control guidelines
- Personal protective equipment (masks, eye protection, gowns, gloves)

7. Security and Safety

- Ability to lock-down facility
- Security of supplies
- Security of patients and staff

8. Other Requirements

- Ideally publicly owned
- Swift time-frame for conversion into an assessment centre
- Located in a well-known geographic area
- Close in proximity to the emergency department and major roads

Possible locations:

- schools
- hotels/motels
- convention centres
- meeting halls
- aircraft hangers
- military facilities/armouries
- churches
- medical clinics
- community/recreation centres
- sports facilities/stadiums
- trailers
- fairgrounds
- tents
- government buildings
- warehouses

Appendix K:

**Peterborough Interagency Outbreak Planning Team (PIOPT)
Terms of Reference**

Purpose and Scope

To facilitate integration and coordination of Peterborough's response to a widespread infectious disease outbreak in order to:

1. minimize serious illness and overall deaths, and
2. minimize societal disruption.

Objectives

- To facilitate and strengthen collaboration with all key stakeholders for widespread infectious disease outbreaks
- To facilitate the development, integration and ongoing maintenance of local pandemic influenza and other infectious disease response plans
- To ensure that plans for Peterborough are consistent with national and provincial plans and reflect local needs
- To ensure clarity of roles and responsibilities
- To facilitate training, education, and/or support for the design, testing and implementation of local planning

Accountability

Under the Emergency Management and Civil Protection Act, the Ministry of Health and Long Term Care is responsible for pandemic planning in the province. Locally, the responsibility rests with the Medical Officer of Health (MOH). The PIOPT will support the Medical Officer of Health in the development of local pandemic plans.

During other widespread infectious disease outbreaks, the MOH will assume responsibility locally as noted above. The PIOPT will support the MOH.

Membership

Public Health: Peterborough County City Health Unit

- Medical Officer of Health (Co-Chair)
- Infectious Disease Program Manager (Co-Chair)
- Infectious Disease Program Public Health Nurse
- Communications Lead

County of Peterborough

- Emergency Management Superintendent, CEMC
- Deputy Chief, Alternate CEMC

City of Peterborough

- Emergency Manager, CEMC
- Alternate CEMC

Hospital: Peterborough Regional Health Centre

- Infection Prevention and Control Manager
- Risk Manager
- Communication Advisor
- Emergency Department Representative

United Way

- Community Impact Director
- Community Impact Facilitator

Network Family Health Team

- Clinical Director
- Executive Director

Long Term Care Homes

- Executive Director, Fairhaven

Central East Community Care Access Centre

- Regional Manager, Infection Prevention and Control

Education

- Manager of Central Services, Kawartha Pine Ridge District School Board
- Communications Officer, Kawartha Pine Ridge District School Board
- Manager of Communications, Peterborough, Victoria, Northumberland Catholic District School Board
- Director of Risk Management, Trent University
- Director of College Facilities, Sir Sanford Fleming College

Peterborough Chamber of Commerce

- Office Manager

First Nations

- Manager, Health and Family Services, Curve Lake
- Community Health Nurse, Curve Lake
- Health and Social Services Manager, Hiawatha
- First Response Team Member, Hiawatha
- Community Health Nurse, Hiawatha

Laboratory

- Manager, Public Health Laboratory, Peterborough

Victorian Order of Nurses

- Nurse Practitioner Lead

Pharmacists

- Pharmacist Lead

Local Health Integration Network

- Communications and Community Engagement Director

Additional members may be appointed as required.

Member Responsibilities

- Attend meetings regularly, prepare for each meeting, contribute information and perspectives openly, weigh factors carefully and follow through on assigned tasks
- Once a decision is reached, the members are expected to support the decision
- Participate on working groups or sub-committees as required
- Inform chair of requested agenda items
- Provide member agencies/organizations with updates from these meetings and provide this Team with updates from respective agencies/organizations

Decisions

Decisions will be made by consensus when the majority, 50% + 1, of stakeholder organizations are present or by proxy. Once a decision is reached, the members are expected to support the decision.

Section 5: Assessment, Treatment and Referral



Terms of Appointment

This is an ongoing team. Resigning members must be replaced with a representative from their area.

Meeting Frequency

Meetings will be held quarterly or as deemed necessary by the chair.

Minutes

Minutes will be taken on a rotating basis by co-chairs, using the standard minute template, maintained at the Peterborough County-City Health Unit and circulated to members prior to the next meeting. Minutes of sub-committees will also be circulated to members.

Date of Approval

Approval July 23, 2015