



Alberta Health
Services

Pandemic (H1N1) 2009 Response Plan

October 2009

This plan is a living document.

It will be updated as more information is available.

Please visit www.albertahealthservices.ca for
the most up-to-date version.

October 2009

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Introduction

Alberta is prepared

The plan is adaptable and will respond to the continuing challenges and many unknowns regarding this new virus.

A new virus appeared in the spring of 2009 and, by June, the widespread circulation of what we now call Pandemic (H1N1) 2009 prompted the World Health Organization to officially declare an influenza pandemic.

For the last several years, countries around the world, including Canada, have been planning for the potential impact and required response to global diseases and pandemic infections. The appearance of Pandemic (H1N1) 2009 has escalated these efforts at local, provincial, national and international levels.

Formerly, health authorities in Alberta had specialized teams planning for emergency preparedness, including a pandemic response, within their local jurisdictions. After Alberta Health Services (AHS) merged these health authorities into one provincial health system, we gained a significant advantage — those teams, with input from Alberta Health and Wellness, have worked together to share their plans, expertise and learnings to build one plan for Alberta that is responsive across the province.

Alberta Health Services' Pandemic (H1N1) 2009 Response Plan is the result. This document highlights the planning, response structures and strategies in place for managing the anticipated and potential impact of this virus during the fall and winter of 2009-2010: the second and perhaps subsequent 'waves.' The plan is adaptable and will respond to the continuing challenges and many unknowns regarding the pattern of circulation of this new virus, the severity of illness and the timing of spread.

Foremost, we are committed to two tasks: the effective delivery of quality, accessible health services during the pandemic and ensuring the safety and well-being of our staff and health care professionals. The strategies, guidelines, policies and directives that comprise the AHS Plan, which are summarized in this document, prepare us to do just that.

Background



What is a pandemic?

The virus called Pandemic (H1N1) 2009 is a new strain of influenza A which is transmitted from person to person. An influenza pandemic is a widespread outbreak of disease that occurs three or four times in a century, when an entirely new influenza virus appears; one that is distinctly different from strains that most people have been exposed to before and to which they have little or no pre-existing immunity. The new virus is able to spread easily and rapidly through many countries around the world, infecting up to 35 per cent of the population. There may be a large number of sick people with potential for many deaths. Normal patterns of living may be disrupted and there could be intense pressure on health care and other services.

How does it spread?

The influenza virus spreads through droplets produced when an infected person coughs or sneezes. Most of the population will be at risk of infection with Pandemic (H1N1) 2009. Vaccine to protect against Pandemic Influenza (H1N1) 2009 is in production and is anticipated to be available in Canada in the late fall. In part, the effectiveness of vaccine in reducing illness will depend on the timing of the next wave: it is possible Pandemic (H1N1) 2009 may be very active by early fall and in advance of vaccine availability. Antiviral medications may be used for treatment of people ill with influenza to reduce symptoms, shorten the length of illness and to minimize serious complications. However, the effectiveness of current antiviral medications to the new virus is not fully understood at this time.

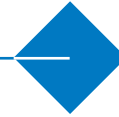
What is the anticipated impact?

It is important to recognize that while Pandemic (H1N1) 2009 is primarily viewed as a medical or health system issue, implications for other sectors may be substantial. Depending on how the pandemic unfolds, there may be significant impact on business continuity and other key community infrastructure. Linkages and partnerships across health, education, business and community organizations are important for an effective response in a pandemic.

How do local, provincial and national plans coordinate?

The Canadian Pandemic Influenza Plan for the Health Sector has been developed to provide the overall framework for a Canada-wide response and covers the national health response. Alberta's Plan for Pandemic Influenza provides provincial direction. Plans have also been developed at local levels. Alberta Health Services has a responsibility to ensure local health needs are met while remaining integrated with the provincial, national and international response.

Assumptions and Foundational Principles



It seems more appropriate to anticipate 25 per cent of Albertans, or 875,000 people, will become infected during this fall/winter's second wave.

The AHS Pandemic (H1N1) 2009 Response Plan is based on the following assumptions:

- An influenza pandemic is present and its impact is unpredictable.
- There will be two or more waves of illness, with each wave lasting approximately six to eight weeks. The interval between waves may range between three and 12 months.
- Based on experience with influenza and influenza pandemics in the past, up to 35 per cent of the population may become infected.
- Illness in health care workers will reduce our capacity to provide services.
- In contrast to “usual” seasonal influenza, the burden of disease will be greatest in younger persons (those less than age 55 years).
- The majority of persons with influenza will care for themselves without requiring access to the health system.
- Although the rates of severe illness and complications are anticipated to be low overall, the number of people infected will be so large that severe disease will nonetheless place a heavy burden on our health care system, including our acute care hospitals.
- Children less than five years of age, pregnant women, persons with underlying illnesses (particularly diabetes and cancer), obese individuals and Aboriginal Peoples are at increased risk of severe disease and complications.

The AHS Pandemic (H1N1) 2009 Response Plan is scalable with provisions to address a scenario in which up to 35 per cent of the population acquire the virus.

However, it is estimated about five per cent of Alberta's population may have already been infected during the first wave this past spring.

In addition, it appears older persons may (paradoxically) be at less risk due to prior exposure to similar viruses more than 40 years ago.

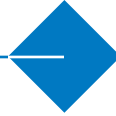
As a result, it seems more appropriate to anticipate that 25 per cent of Albertans, or 875,000 people, will become infected during this fall/winter's second wave. Furthermore, emerging data from the Southern Hemisphere, and Australia in particular, where the winter influenza season is coming to an end, suggest Pandemic (H1N1) 2009 is no more virulent than seasonal influenza and, in fact, may be associated with a lower rate of severe disease and complications.

Assuming a 25 per cent attack rate this fall and winter (i.e. 875,000 Albertans become infected), and applying the estimated rates of severe disease and complications based on Pandemic (H1N1) 2009 data available to date, it is expected Alberta's total hospitalizations will range between 3,800 to as many as 11,400 patients (of whom 15 to 25 per cent will require admission to an intensive care unit). It is estimated there will be between 130 and 400 deaths. Seasonal influenza usually results in about 17 deaths annually in Alberta but does not affect nearly as many people as is anticipated to be the case with Pandemic (H1N1) 2009.

The AHS Pandemic (H1N1) 2009 Response Plan is graduated with provisions to escalate the overall plan and activate individual components as required by the rate of progression of the pandemic, increasing numbers of infected persons and the clinical characteristics of disease.

It is possible that not all individual strategies referenced in this document will be needed and certainly they will not be initiated simultaneously. Rather, the components are being assembled into groups, or "activation levels," and "triggers" to move from one level to another. Furthermore, it is likely distinct geographic areas of the province, as well as particular clinical services or programs will escalate their response at varying rates.

Pandemic Response Coordination



Each level has a role to play in a response intended to save lives, care for the ill and minimize social disruption in the community.

An influenza pandemic is a global health event. International, federal, provincial and local organizations will work together to respond.

Each level has a role to play in a response intended to save lives, care for the ill and minimize social disruption in the community. Shared expertise, communication and collaborative decision-making pathways will be coordinated at all levels.

National

The Public Health Network Council (PHNC) and the Council of Chief Medical Officers of Health (CCMOH) have established a central coordinating body with representation from provincial, territorial and federal governments to establish national guidance documents and coordinate the national Pandemic (H1N1) 2009 response.

Federal

The Public Health Agency of Canada will provide nationwide coordination for the Pandemic (H1N1) 2009 response by:

- Monitoring the spread of the disease in Canada.
- Providing links with the World Health Organization and other nations.
- Obtaining and distributing vaccine and antiviral medications from the federal stockpile.
- Supplementing equipment requirements (e.g. ventilators) of provinces as requested through the National Emergency Stockpile System (NESS).

Provincial

Alberta Health and Wellness (AHW) has a primary role to:

- Develop a provincial pandemic plan.
- Plan, develop, organize and direct the provision of public health surveillance, preparedness and response.
- Coordinate with federal, provincial and territorial governments.

- Establish provincial policy and legislation as required.
- Coordinate the ongoing planning and response process, including policy and mobilization of government and large-scale resources.
- Manage Alberta's supply of vaccine and antiviral medications.
- Lead the provincial health sector response.
- Take action to enact emergency powers if, and where, required.

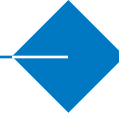
During an influenza pandemic, AHW will establish a Pandemic Emergency Operations Centre. This centre will support coordination of activities between Alberta Health Services, AHW and other Ministries; set policy with respect to vaccine and antiviral medication delivery; provide information; collect data on the spread of the disease in Alberta; and help resolve any health care issues that arise.

Alberta Municipal Affairs will:

- Lead the response regarding the non-health consequences of a pandemic, primarily through the Alberta Emergency Management Agency (AEMA), and the Government Emergency Operations Centre.
- Communicate with municipalities and Ministries.
- Monitor the effect of the pandemic on essential services.
- Coordinate volunteer activities and federal assistance programs.
- Monitor the need for support for families of victims.

All other provincial government departments will have contingency plans for the delivery of provincial services and will assist AHW, AEMA, AHS and municipalities in responding to the pandemic.

Pandemic Response Coordination (continued)



Municipal

Municipalities, districts and counties are responsible for developing business continuity plans and procedures for health emergencies.

The procedures will enable local governments, working in conjunction with health and other key stakeholders, to maintain continuity of essential services and to support their residents.

Building on all-hazard emergency response plans already in place, municipalities and districts will be responsible for:

- Continuing local government.
- Maintaining public safety.
- Maintaining essential public services (fire, police, waste management, water and utilities).
- Supporting Alberta Health Services in providing information to the public.
- Acting in accordance with orders issued under the Public Health Act.

Alberta Health Services

Alberta Health Services is responsible for:

- Meeting the Pandemic (H1N1) 2009-related health needs of the community.
- Delivering and prioritizing non-influenza-related health care services during the pandemic.
- Providing information relative to health effects, protective measures and self care to the public.
- Employing surveillance methods for case identification and tracking (including, but not limited to, information on the number of cases, hospitalizations and deaths from influenza; and monitoring trends and related risks) and reporting to AHW.
- Introducing Public Health Measures as required for the purpose of containment (e.g. quarantine, isolation, social distancing and others).

- Delivering/distributing of vaccines and antiviral medications to the population and reporting uptake to AHW.
- Assessing and managing the capacity of health services.
- Working with AHW on matters related to policy, resource acquisition and cross ministerial issues.

There are two primary structures in AHS for coordinating and responding to Pandemic (H1N1) 2009. The first structure coordinates AHS planning and response as new information becomes available. The second structure supports a command and control Incident Management System that ensures a responsive coordinated effort during an escalating pandemic as well as during the post-pandemic recovery phase.

AHS Provincial Planning and Response Structure

This structure provides the overall coordination across AHS for planning and response to Pandemic (H1N1) 2009. The responsibility and accountability for this work at the senior management level lies jointly with the:

- Vice President, Population and Public Health (**Carol Gray**).
- Senior Medical Director, Population and Public Health/Senior Medical Officer of Health (**Dr. Gerry Predy**).

Three members of AHS Executive provide primary executive sponsorship:

- Senior Physician Executive (**Dr. David Megran**).
- Executive Vice President, Quality and Service Improvement (**Dr. Chris Eagle**).
- Executive Vice President, Rural, Public and Community Health (**Pam Whitnack**).

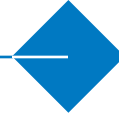
The Executive Team is accountable to the President and Chief Executive Officer (**Dr. Stephen Duckett**).

Pandemic planning and response is a significant undertaking, one with broad ramifications and numerous considerations. Work has been directed and accomplished through “sections” with major areas of focus assigned such as ethics, legal, finance, liaison, acute care and community operations, public health operations, logistics, communication and planning (Appendix A).

Each section has an identified lead, as well as individual working groups. There is also a Pandemic (H1N1) Expert Advisory Resource Team available to provide expert guidance on clinical, operational or administrative issues, as well as to review recommendations lacking clear consensus. Partnership with AHW is well established at various levels, including joint membership in key working groups, and at the AHS/AHW Joint Pandemic (H1N1) 2009 Governance Committee.

The Pandemic (H1N1) 2009 Steering Committee (Appendix A) is chaired by the Vice President, Population and Public Health, and is comprised of AHS and AHW senior management as well as the section leads (above).

Pandemic Response Coordination (continued)



AHS Incident Management System

If there is an escalation of activity and impact of Pandemic (H1N1) 2009 in the province requiring a heightened level of response, the AHS Incident Management System (IMS) will be implemented.

The IMS is designed to allow for flexibility and scalability, depending on the nature and scope of the event. The overall objective of the IMS is to ensure the effective management of emergency efforts involved in responding to, and recovering from, events such as Pandemic (H1N1) 2009. Specifically, this will include:

- Overall management and coordination of emergency operations at a site/service area, and/or corporate/provincial level.
- Coordinating and maintaining liaison with AHW and appropriate federal, provincial and municipal government departments, with partners, key stakeholder agencies and appropriate private sector organizations.
- Managing the acquisition and allocation of resources, supplies and other related support.
- Establishing priorities, adjudicating conflicting demands for resources and/or support.
- Coordinating inter-jurisdictional mutual aid.
- Activating and using communication systems.
- Preparing and disseminating emergency public information; disseminating community warnings and alerts relative to health in conjunction with AHW.
- Collecting, evaluating and disseminating information and essential data.
- Responding to requests for human resources and other support.
- Restoring essential health services.

A strategic command network, incorporating an AHS Emergency Coordination Centre (AHSECC), five Zone Emergency Operations Centres (ZEOCs), and a number of site and corporate Command Posts (CPs), will support coordination efforts. (This structure and its relationship to Government and external organizations is illustrated in Appendix B.)

All centres are supported by Incident Management Plans that use the principles and functions of the Incident Command System (ICS), build on the AHS organizational structure and support the need for escalation of a response from normal operations and/or local response to a coordinated provincial response.

The system provides for:

- Responsibility-oriented chain of command.
- Commonality of mission and language.
- Prioritization of duties.
- Documentation processes.
- Flexibility/scalability in expanding/contracting resources to meet incident needs.
- Expeditious coordination, prioritization and distribution of resources within AHS.

The organizational structures in the centres are comprised of five primary Incident Command System management functions including: command, operations, logistics, planning and finance/administration. The functions are filled based on the scope and nature of the event.

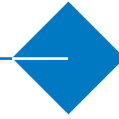
The AHS Emergency Coordination Centre, each Zone Emergency Operations Centre and Corporate Command Posts will each have a Director. Director positions for Zone Emergency Operations Centres and Command Posts are assigned to senior level management personnel. The Director of the AHS Emergency Coordination Centre is the Vice President, Population and Public Health. Director duties include organizing and commanding the operations of the centre including activities related to response and recovery. Deputy Directors will be assigned to provide relief and/or to assume additional assignments. The command function is further supported by Communications, Liaison and Risk Management personnel. The following describes these structures and functions:

Operations is responsible for managing all operations directly applicable to the incident/crisis. These include but are not necessarily limited to facility admission/discharge processes, reduction/suspension of services, redistribution/reprioritization of services, adding system capacity and public health measures. Each section and branch is staffed by a member of the AHS senior management team.

The following are the branches under this section:

- Acute Care – Urban
- Community and Rural Services
- Public Health Measures
- Medical/Physician Services
- Emergency Medical Services (EMS)
- Ancillary Services
- Covenant Health

Pandemic Response Coordination (continued)

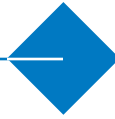


Planning is responsible for collection, evaluation, dissemination and use of information that is pertinent and relevant to the incident/crisis; document management; the preparation of an action plan; preparation of a recovery plan; and those areas that provide non-patient-related support to the incident (e.g. Human Resource Management).

Logistics is responsible for managing the acquisition of equipment, personnel, materials and supplies needed to carry out the operational response (e.g. beds, masks, etc.); and the provision of necessary services to support the response (e.g. transportation).

Finance/Administration is responsible for identifying and implementing financial control procedures: ensuring the provision of cost analysis and accounting services; processing of claims; and administering contracts.

Pandemic Response Actions



During the pandemic, Alberta Health Services (AHS) is committed to providing prioritized care, staff safety and security, and communicating with our public.

The following information provides a high-level outline of key strategies AHS has initiated or will implement with escalation of a pandemic event.

Public Health Measures

The Public Health Measures to be used during Pandemic (H1N1) 2009 and the timing of same will depend upon the characteristics of the second wave and the amount of virus activity in the province or a particular Zone. Measures will be implemented to decrease the number of individuals exposed and slow disease spread while minimizing as much as possible the degree of social disruption.

Public Health Measures include the following:

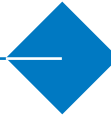
Monitoring and surveillance of respiratory illnesses is an ongoing activity. It is a collaborative effort of health care providers, laboratories and public health staff. Mechanisms are in place to ensure timely reporting, collection and analysis of data. Enhanced surveillance to meet the needs of planners and care providers will be developed and implemented as the pandemic evolves. Data sources such as Health Link Alberta, laboratories, sentinel physicians and Emergency Departments will be used. Key features already in place include:

- Centralized, single source reporting processes for both disease epidemiology and operational status.
- Timely data on Emergency Department volumes, influenza-like illness visits to Emergency Departments and influenza-like illness admissions to all Alberta hospitals.
- An ad hoc surveillance system to monitor outbreaks in facilities such as schools and continuing care.

Self-care information and education (including good respiratory hygiene, hand hygiene and social distancing) have been prepared and are available on the AHS website as well as the AHW website. Self care will be a key strategy to slow the spread of the disease, perhaps providing additional time until the availability of vaccine.

Immunization with the Pandemic Influenza (2009) vaccine is the most effective strategy to prevent pandemic influenza and, as such, vaccine administration is a high priority for AHS. However, a number of months will be required to produce this vaccine. Once manufactured and approved in Canada, the vaccine will be released by the Public Health Agency of Canada in lots allocated to each province and territory according to population.

Pandemic Response Actions (continued)



Staff resources will be maximized to administer the vaccine as quickly as possible.

Alberta Health and Wellness is responsible for acquiring the vaccine and AHS is responsible for distributing and delivering the vaccine to the public. In order to better identify and manage any potential adverse event following immunization, initial delivery of Pandemic Influenza (2009) vaccine will occur through AHS.

It is anticipated the supply of vaccine will flow to the provinces in batches over several weeks. Initial immunization will be targeted to those most at risk in accordance with federal and provincial guidelines.

Staff resources will be maximized to administer the vaccine as quickly as possible. Flexibility will be maintained to recruit additional health care partners, including physicians, pharmacists, paramedics and other agencies, to assist in vaccine administration. For the 2009 regular seasonal influenza vaccination campaign, AHS resources will be focused on high-risk populations and participation will be encouraged by other providers. Efficiency will be maximized through the use of mass vaccination venues where feasible.

Antiviral medications (Oseltamivir/Tamiflu and Zanamivir/Relenza) will be used to treat those with influenza-like illness in order to minimize disease and the need for hospitalization. Since the Pandemic (H1N1) 2009 influenza virus has, to date, remained sensitive to neuraminidase inhibitors, these medications will be an important tool to minimize the number of people developing severe disease.

AHS has antiviral medication stockpiled that will be accessed for treatment of hospitalized patients and staff. Likewise, AHW has a provincial stockpile that will be accessed for the treatment of the general public/non-hospitalized persons. In addition, there is a national stockpile that will be accessed if provincial supplies are insufficient. Antiviral medications will also be pre-positioned in rural remote or isolated communities. Antiviral medications will be dispensed, free of charge, through a network of AHS pharmacies and facilities as well as community pharmacies. Accountability will be the responsibility of AHS and reported to AHW. Standardized federal and provincial guidelines will be followed regarding the use of antiviral medications and vaccines.

Marginalized populations, such as those who are homeless, require a specific response. Plans are being developed for prevention, assessment and treatment in order to address particular circumstances related to access, congregate care settings and other issues.

This is being undertaken in conjunction with community agencies, shelters and municipal governments.

A provincial public health emergency may be declared by Cabinet, on the advice of the (AHW) Chief Medical Officer of Health during Pandemic (H1N1) 2009. In addition, the Board of AHS, on the advice of the (AHS) Senior Medical Officer of Health and in consultation with the (AHW) Chief Medical Officer of Health, may declare a local/regional state of emergency in order to allow AHS to mobilize additional resources (physical and human) as needed. Recommendations and triggers for measures such as closure of schools and daycares, cancellation of social events and others are being prepared by AHS and AHW. These will align with Public Health Agency of Canada guidelines.

Medical Equipment and Supplies

Contracting, Procurement and Supply Management (CPSM) is tasked with managing and maintaining control over the provincial pandemic stockpile.

The equipment that is currently available across AHS has been inventoried. There is a stockpile of many items including but not limited to cots, cardiac chairs, portable suction and ventilators. During the pandemic, equipment will be shared based on priority needs.

AHS has also established a stockpile of medical/surgical supplies for Pandemic (H1N1) 2009. Provincial distribution systems are in place to ensure supplies are distributed on a priority basis and in a timely manner.

Alberta also has access to the National Emergency Stockpile Supplies (NESS) through AHW should there be a need to obtain additional support from outside the province.

Ethics

A Pandemic Ethics Framework has been adopted and is intended to help guide clinical and operational decision-making in preparing for, responding to, and recovering from Pandemic (H1N1) 2009. This framework constitutes an integral part of the Alberta Health Services plan. Its values will support policy makers, front-line staff and clinicians facing difficult clinical and operational choices, and are reflected throughout the entire provincial plan.

The values and framework can also be used to inform members of the public who will be included in our efforts to develop a collective response to this potential community challenge. The Pandemic Ethics Framework is to be used as a resource guide. It is not meant to replace sound clinical judgment or to excuse stakeholders from considering the ethical dimensions of their work.

By providing transparent, equitably applied criteria, based on fundamental moral principles and values, the Pandemic Ethics Framework will serve to guide the difficult decisions that will need to be made during Pandemic (H1N1) 2009, in keeping with the overarching goals of minimizing illness, death and social disruption.

Pandemic Response Actions (continued)



Cross Ministry Liaison

AHS, in conjunction with AHW, continues to engage external stakeholders and their respective Ministries in identifying, developing and maintaining communication pathways. This has included comprehensive membership of working groups as part of the AHS Pandemic (H1N1) 2009 structure, and a robust, transparent emergency management structure that provides clarity of roles and responsibilities.

Budget

AHS is responsible for the normal and regular costs of delivering health services. During a pandemic influenza response, there will be incremental costs for the delivery of health services. Processes and tools have been established to track and justify these incremental costs. Each service area will be responsible for tracking and reporting costs its related entities may incur as a result of pandemic influenza. Responsibility and accountability for Pandemic (H1N1) 2009 expenditure approvals lies with the senior management team and AHS Executive. The responsibility for financial tracking and reporting lies with Financial Services.

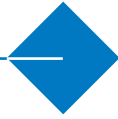
Communication

Pandemic communication plans have been developed in conjunction with AHW, to deliver accurate, clear, concise and timely information to Alberta Health Services staff, physicians, and partners, as well as the public. Communication tools include:

- Development and maintenance of a “Health Professionals” section on the AHS external website with key information for health care providers (examples of guidance documents and information resources are noted in Appendix C).
- Weekly all-staff email updates. Content of these e-updates includes links to recent web-posted documents, surveillance information and the latest news related to Pandemic (H1N1) 2009.
- Recognizing that not all health care staff have access to a computer, each department/unit/area has been encouraged to have an “H1N1 Communications Designate” who ensures pandemic information is printed, posted, and shared with staff in the area.

- Working closely with the Alberta Medical Association and the College of Physicians and Surgeons, an all inclusive method to reach physicians, including those in the community, is being established.
- Regular and timely updates provided to the media.
- A multi-phase advertising and public awareness campaign on personal protection methods and vaccination clinics.
- Promoting to Albertans the AHS and AHW websites as the definitive sources for information about Pandemic (H1N1) 2009. Prominent positioning of Pandemic (H1N1) 2009 on the AHS external home page.
- Promoting Health Link Alberta, a telephone advice line and health information service, as a key source of information about clinical self care, vaccine clinics, current pandemic influenza status and available health services.

Health Care Services



If not all currently offered services can be continued safely and effectively during the pandemic, there will be a need to devote available resources to those services considered to be of highest priority.

AHS recognizes that the effective and efficient provision of health care services during Pandemic (H1N1) 2009 will be challenging. There is a need to balance patient service priorities with capacity demands and the availability of human resources.

AHS has defined “priority health services” as those medical interventions and care which are most likely to have the best outcomes in optimizing the health of the affected population. There will be a focus on conditions with expected successful outcomes, taking into consideration condition acuity and treatment resource intensity.

In other words, if not all currently offered services can be continued safely and effectively during the pandemic, there will be a need to devote available resources to those services considered to be of highest priority, and to defer/ temporarily suspend others where feasible. For example, the care of life-threatening conditions for which effective treatments exist (such as a heart attack or ruptured appendix) must continue, while services related to non-urgent, chronic or slowly progressive conditions may be deferred (including elective surgery).

The prioritization strategy will be implemented in a graduated fashion, from a selective to a system-wide scale as required. It will promote optimal and equitable responsiveness during the escalation of Pandemic (H1N1) 2009. Although such an approach requires clear lines of authority and decision-making through the command/control structure, it also must support and facilitate the individual patient care decisions to be made by our staff and physicians.

Acute Care

The prioritization strategy will be particularly important in the management of acute care services and capacity. Based on the principles above, a prioritization framework and triage tool for the most common medical conditions that result in presentation and/or admission to hospital is nearing completion.

In addition, wherever possible, acute care capacity will be increased by:

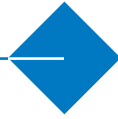
- Opening currently closed or unfunded spaces/beds (in conjunction with workforce strategies).
- Activation of community-based influenza assessment sites and non-traditional care centres.

Although comparable to seasonal influenza in many regards, it appears a greater proportion (15 to 25 per cent) of hospitalized persons with Pandemic (H1N1) 2009 develop severe lung disease and require transfer to an intensive care unit for mechanical ventilation. While many such patients have one or more of the known risk factors, a very small proportion of otherwise healthy young people have also developed similar complications. Other jurisdictions, which have already experienced large number of cases, have reported their usual critical care capacity was exceeded during the height of virus activity.

As a result, the AHS Pandemic (H1N1) 2009 Response Plan includes specific preparations and plans to care for severely ill persons who require admission to an intensive care unit. A provincial Critical Care Network has been established and will function in an integrated and coordinated fashion, and as a single “unit”/resource, during the pandemic. Detailed guidelines for the care of critically ill patients with Pandemic (H1N1) 2009 have been adopted and are based on the best evidence available to date. In addition, a critical care “surge capacity” plan to manage the anticipated increased numbers of critically ill patients during the pandemic has been developed. Included in the scalable and graduated plan are numerous staffing and infrastructure strategies:

- Identification of 182 additional spaces/beds suitable and available for the care of critically ill patients (a 56 per cent increase in current funded capacity to be used as required).
- Expansion of the provincial pool of ventilators: 91 additional ventilators (excluding transport ventilators) have already been purchased to supplement the current pool of 391. Additional ventilators will be available if elective surgery is postponed.
- Extracorporeal life support capacity has been expanded by the purchase of eight pump-less oxygenation systems (NovaLung – R).
- Measures to ensure adequate supplies, drugs, other required equipment.
- Human resource management strategies including but not limited to:
 - » Optimizing current staffing (including filling all vacancies).
 - » Accessing additional staff (those with prior experience and those who can be readily cross-trained).
 - » Introduction of new care models (altered patient : nurse ratios, teams with varying levels of skill expansion and altered scope of practice).
 - » Appropriate scheduling management (vacation and transfer requests).
 - » Optimizing physician resources and staffing.
 - » Enhanced patient flow in/out of critical care units including triage tools for admissions (SOFA score for adults), and maximizing discharge planning/prioritizing transfers out of the units.
 - » Linking all critical care units by Telehealth for support, triage and transfer decision-making, and clinical care discussions/consultation.

Health Care Services (continued)



Non-Traditional Care Centres and Family Medicine Offices/Clinics

The AHS Pandemic (H1N1) Response Plan includes the potential utilization of non-traditional care sites to assess and provide supportive care for influenza patients. A non-traditional site is one that is currently not an established health care site or is an established health care site that usually offers a different type or level of care.

Influenza Assessment Centres (IACs) will provide timely, accessible clinical assessment services and triage to appropriately care for patients with mild to moderate influenza-like symptoms, particularly those who do not have or cannot immediately access a family doctor. IACs and community-based family physician offices and clinics will be essential in managing the large numbers of mild-to-moderately ill persons, reducing the burden on hospital Emergency Departments and allowing them to focus on more seriously ill influenza patients and others requiring hospital-based assessment and treatment.

Alternate Care Centres may be implemented to provide mass vaccination clinics and support to those who are not able to care for themselves at home and/or those who do not require high-level acute care intervention. Planning for these sites includes triggers for implementation, identification of the population to be served, levels of care, admission eligibility and discharge criteria, staffing/roles for physicians and health care workers and volunteers, and necessary infrastructure, administrative and supportive services.

Out-of-Zone/Out-of-Province Referrals

Referral patterns for out-of-zone and out-of-province patients during Pandemic (H1N1) 2009 will continue to follow existing referral processes through the Southern Alberta Referral Control Centre (SARCC) and Critical Care Line (CCL). As the gap between workload, capacity and human resources widens, decisions regarding admission referrals and repatriation of discharges will be guided by the prioritization of clinical care services and directed by the AHS Emergency Coordination Centre, AHS Executive and Alberta Health and Wellness.

Continuing Care

All continuing care facilities in AHS are expected to be self-sufficient, to the greatest extent possible, in managing their residents with influenza. During Pandemic (H1N1) 2009, the management and reporting of influenza-like illness/influenza cases will follow the regular processes used to address annual influenza outbreaks in continuing care facilities.

These facilities will, wherever possible, enhance care levels within their facilities and programs to meet the medical needs of their residents on site rather than sending residents to hospitals, acute care centres or specialty units. Medical leadership, staffing and resources will be supported as much as possible to provide safe care at these facilities.

In the event a referral to acute care is clinically indicated, continuing care facilities will follow established guidelines to determine transfer of residents from continuing care to acute care facilities or other care settings.

Home Care

Home Care Services in AHS are essential to the pandemic response and will be supported to the greatest extent possible. Home Care Services are provided in a number of environments: private homes; supportive living spaces (Designated Assisted Living, Private Assisted Living, Designated Enhanced Living, Personal Care Homes and Seniors Lodges); community-based Home Care clinics; and family physician offices. Prioritization of care and determination of essential health services will guide a scalable response during pandemic influenza.

Palliative Care

The provision of palliative/comfort care services is an integral component of the AHS Pandemic (H1N1) 2009 Response Plan. All residential hospices and palliative care units will have pandemic influenza response plans. Physician services will be assigned to support residential hospices, palliative care units and (if implemented) alternate palliative care sites.

Addiction and Mental Health

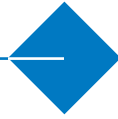
AHS anticipates there will be an increased demand for mental health services during the pandemic and, as such, have identified service groupings and strategies for priority mental health services. Areas of focus for pandemic planning and response include inpatient psychiatry, crisis and outreach services, rural outpatient services and other treatment and support settings.

Public Health

Public health programs (i.e., Environmental Public Health, Communicable Disease Control and Vaccination Services) will continue to provide services in mandated areas that are priorities as outlined in the Public Health Act. Environmental Public Health will maintain the follow-up of cases and contacts of notifiable enteric illnesses and will respond to complaints for which there is a risk to the health or safety of the public. Review of municipal development/redevelopment plans or other non-urgent requests may be deferred.

Communicable Disease Control will maintain the follow-up of cases and contacts of other notifiable diseases as they are capable, balanced against the public health follow-up required for cases and contacts of Pandemic (H1N1) 2009. Outbreak response will be managed as a priority using existing public health personnel.

Health Care Services (continued)



Infection Prevention and Control (IPC)

Infection Prevention and Control will support patient care and management at all sites where individuals present with influenza-like illness and will continue to address other urgent infection control issues. Infection control practitioners will provide guidance and direction in the following areas:

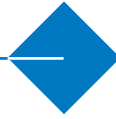
- Decisions related to cohorting of patients.
- Patient care practices related to reduction of transmission of Pandemic (H1N1) 2009 and other hospital-acquired infections.
- Implementation of infection prevention and control practices as they relate to clinical and support areas (contracting, procurement and supply management, engineering and maintenance, transport, non-traditional care sites, etc.).
- Provision of infection control support to front-line practitioners and those who are redeployed to support clinical areas.
- Provision of surveillance data to the organization, on individuals hospitalized with Pandemic (H1N1) 2009.

Emergency Medical Services (EMS)

EMS, a division of AHS, has a widespread network of land and air services across the province covering urban, rural and remote areas. Plans are in place to enable response to increased call demands, provide a prioritized level of services and protect and support EMS staff. These plans include but are not necessarily limited to:

- Introduction of an EMS 911 protocol that will route patients with influenza at the first point of contact to appropriate resources.
- Implementation of Field Response Units assigned to a specific geographic areas; will cross service boundaries to ensure a timely response to influenza-like illness calls.
- Implementation of treat-and-release guidelines for those with minor complaints.

The Health Care Workforce



AHS health care teams have a significant task ahead: to bring Alberta's Pandemic Response Plan for Health Care into action on the front lines while also sustaining the regular day-to-day operations of the provincial health system.

The dedication, skill and compassion of the health care workforce, including physicians, lay at the heart of our health system; they are its greatest resource and its backbone. When facing a pandemic emergency, their skills will be crucial.

Supporting the health and well-being of health care workers through the pandemic will be imperative. H1N1-related illness, and work-related fatigue and stress in health care workers and physicians, will reduce our capacity to provide services.

The goal of effective human resource planning when faced with a communicable disease emergency is to ensure the optimal number, mix and distribution of health care workers are available to sustain the health system during the crisis. It's a challenge we are committed to take on, and one our employees and professional staff are prepared to meet.

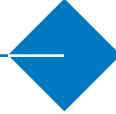
Alberta Health Services has recognized unique HR practices, policies and procedures are required in managing workforce issues arising out of pandemic. In response, AHS has developed human resource guidelines and strategies to provide health care workers and physicians with the support and resources to ensure they are able to safely and effectively perform their duties.

Human Resources

AHS is responsible for assessing health needs, determining the priorities of health services, ensuring the health and well-being of the health workforce, and allocating available human resources accordingly. The AHS Pandemic (H1N1) 2009 HR plans include:

- Developing and applying recommended human resource guidelines.
- Accessing and assigning appropriately skilled health care workers within AHS based on the AHS Pandemic Influenza Plan for priority health service delivery.
- Working collaboratively with stakeholders, regulatory colleges and labour associations to establish practice guidelines.
- Ensuring appropriate supports are in place (e.g. resources, supplies, training and equipment).
- Reporting the status of the health workforce to AHW and identifying workforce issues.
- Informing and collaborating with AHW on health workforce issues.

The Health Care Workforce (continued)



The dedication, skill and compassion of the health care workforce, including physicians, lay at the heart of our health system.

Occupational Health and Safety (OHS)

Hazard assessments, as identified under the Alberta Occupational Health and Safety Code, have been used to assess the biological hazards of the pandemic. These hazard assessments are accessible to staff.

Controls for identified hazards have been, or will be, put into place and communicated to employees. Where the use of protective equipment, such as a respirator, has been identified, the employee or physician will be provided with and trained on the use of the equipment, and fit tested as required.

Infection control measures will be emphasized and monitored for compliance.

Staff will also be strongly encouraged to receive Pandemic Influenza (2009) vaccine.

Staff and physicians have been educated on the importance of undertaking daily self-assessments for influenza or influenza-like illness.

Health care workers (including physicians) who develop symptoms will be given expedited access to early treatment options, including antiviral treatment.

Physician Workforce

AHS is working in partnership with AHW, the Alberta Medical Association (AMA), the College of Physicians and Surgeons of Alberta (CPSA), the Universities of Alberta and Calgary Faculties of Medicine, and the Professional Association of Residents of Alberta (PARA) to develop strategies and supports with respect to maintaining the province's medical workforce, and optimizing its effectiveness during the pandemic.

Specific areas of focus include but are not limited to:

- Communication and information-sharing with physicians on a provincial and Zone basis, **including access to the website www.albertahealthservices.ca/660.asp**
- Prevention and management of infection affecting hospital- and community- based physicians in order to maintain physician staffing.
- Provision of recommendations and guidelines with respect to effective and efficient prevention and care of influenza in the community (including access to vaccine, indications for laboratory testing and indications for early treatment with antiviral medications).
- Support for family physician offices/clinics in the community and integrating their activities with those of Influenza Assessment Centres and other non-traditional care centres.
- Re-deployment of physicians (if necessary) from their usual duties to areas of high need (and management of associated extraordinary liability, if any).
- Maintenance of educational experiences and utilization of physicians-in-training.
- Identification of potential roles for retired physicians (if necessary).
- Provision of financial support/alternative remuneration for those physicians whose normal practice pattern is significantly disrupted as a result of the pandemic.

Summary

We're maximizing our expertise

Our plans and actions will, by necessity, adapt to arising challenges and changing circumstances.

Alberta Health Services is prepared.

Our approach is comprehensive and coordinated, maximizing the expertise of our clinical and operational leaders.

We've worked closely with our partners, Alberta Health and Wellness, and other community stakeholders, to develop plans and take progressive action across our province and throughout our provincial health system.

As a new organization, AHS will face significant challenges in managing our response to Pandemic (H1N1) 2009.

Our organization is aware that a heightened level of response over an extended period of time is required.

As the pandemic evolves and new information becomes available, our plans and actions will, by necessity, adapt to arising challenges and changing circumstances.

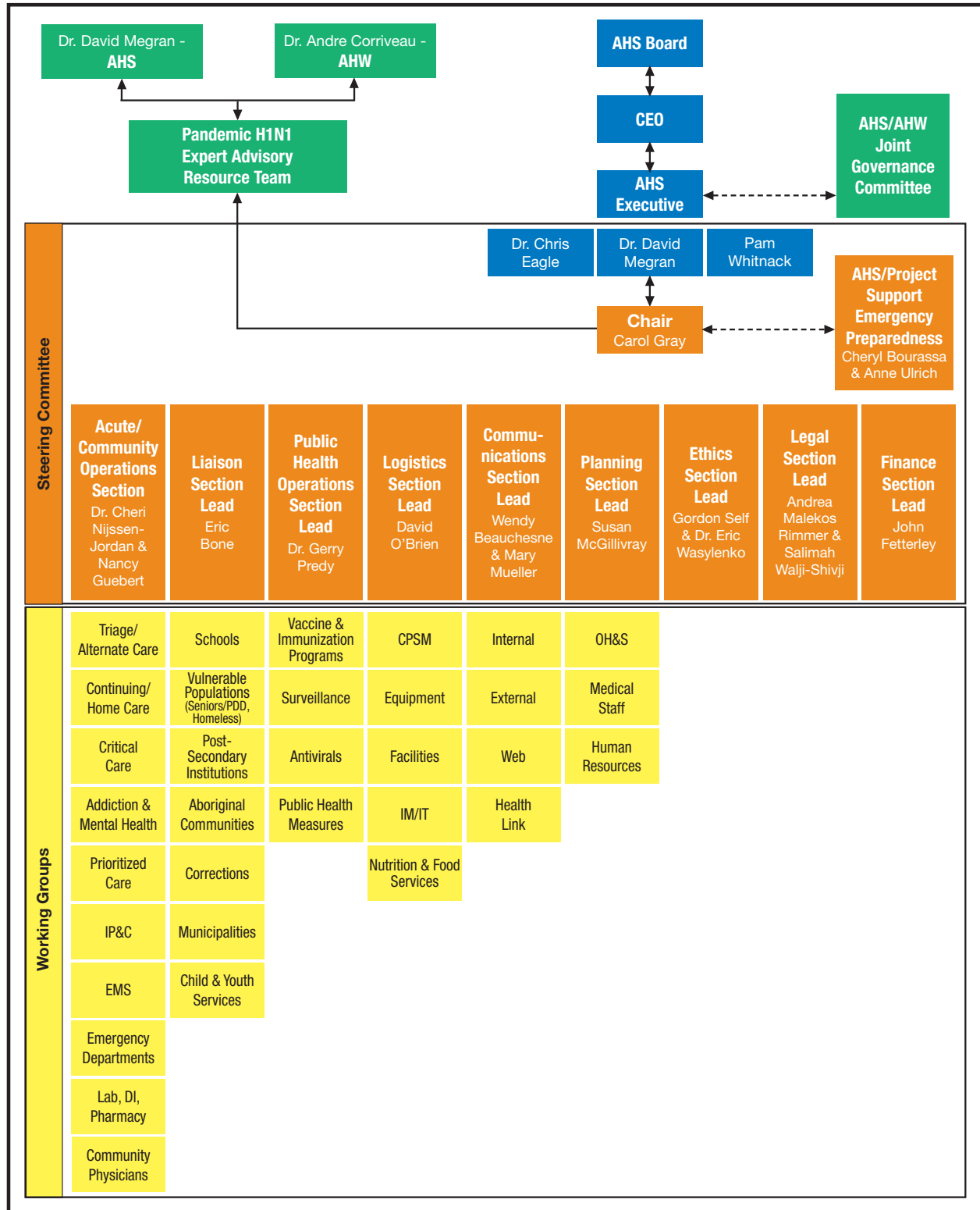
AHS is confident that this plan will enable our dedicated and skilled physicians and health care workforce, to respond to the events and challenges of Pandemic (H1N1) 2009 as they unfold.

Appendices



Appendix A

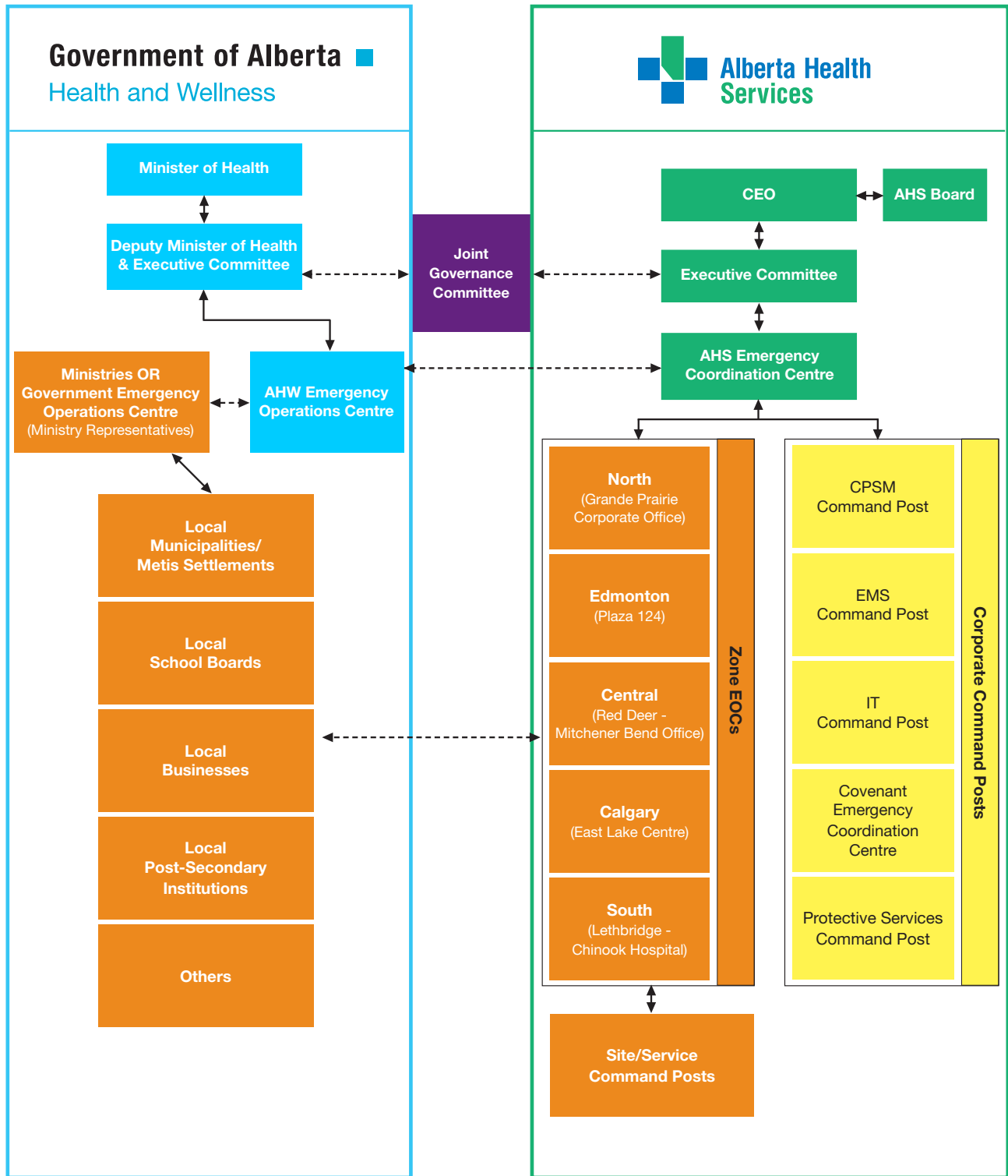
AHS Pandemic (H1N1) 2009 Provincial Planning and Response Structure



Appendix B



Government of Alberta (AHW) and AHS Pandemic (H1N1) 2009 Governance and Command/Control Centre Structures



Appendix C



Guidance Documents/Resources

Available on the AHS Website as of October 1, 2009:

Infection, Prevention & Control

Documents

- [Guidelines for Management of Pregnant Women and Infants with Confirmed, Probably or Suspected Pandemic \(H1N1\) 2009 - 01-003 Directive](#)
September 24, 2009
- [Source Control to Prevent Transmission in Emergency Departments, Urgent Care Centres, Acute Assessment Centres and Ambulatory Clinics - 01-004 Directive](#)
September 24, 2009
- [Clinical Management Guidelines for Pandemic \(H1N1\) 2009 - 01-005 Directive](#)
September 24, 2009
- [Transport of Patients with Suspect or Confirmed Pandemic \(H1N1\) 2009](#)
September 24, 2009
- [Personal Protective Equipment \(PPE\) - Posters, Donning | Doffing](#)
September 17, 2009
- [Visitor Restrictions - Posters - Visitor Alert | Visitor Alert 11x17 | Visitor Alert Clean Hands](#)
September 10, 2009
- [Pandemic \(H1N1\) 2009 IP&C Directives Memo](#)
July 24, 2009
- [Visitor Restrictions - Directive](#)
July 24, 2009
- [Discontinuing Contact and Modified Droplet Precautions - Directive](#)
July 24, 2009
- [Pandemic \(H1N1\) 2009 for Health Care Workers in Facility Living, Supportive Living and Home Living Programs](#)
June 26, 2009
- [Contact and Modified Droplet Precautions Poster](#)
June 26, 2009
- [Pandemic \(H1N1\) 2009 for Health Care Workers in Acute Care Facilities](#)
June 23, 2009

Reference Documents

- Tamiflu® (Oseltamivir) — This is a prescription medication used to treat or prevent influenza types A and B, including Pandemic (H1N1) 2009.
- Relenza® (Zanamivir) — This is a prescription medication used to treat or prevent influenza types A and B, including Pandemic (H1N1) 2009.

Alberta Health Services/Health & Wellness Documents

- Interim Treatment Recommendations for Pregnant & Breastfeeding Women with Pandemic (H1N1) 2009.

Lab Bulletins

- Testing and Interpretation of Lab Results for Influenza A
- Clarify Laboratory Testing and Turn-around Time for Influenza A

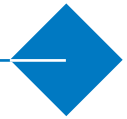
Staff Guidelines

- Prevention and Management of Physician Exposure to Pandemic H1N1 (2009) Virus
September 3, 2009
- Frequently Asked Questions
August 24, 2009
- Prevention and Management of Health Care Worker Exposure to Pandemic (H1N1) 2009
August 21, 2009

Acute/Operations Screening Tools

- Pandemic (H1N1) 2009 Hospital-based Ambulatory Clinics Screening Tool
September 24, 2009
- Pandemic (H1N1) 2009 Screening Patient Information Sheet
September 24, 2009
- Pandemic (H1N1) 2009 Services in Home Screening Tool
September 24, 2009

Appendix C (continued)



Guidance Documents/Resources

Pandemic (H1N1) 2009 Information for the Public

Personal Preparedness

- [Disaster Preparedness Handbook](#)
- [Personal Disaster Preparedness Quick Guide](#)

General

- [What is Pandemic \(H1N1\) 2009?](#)
- [How does influenza spread?](#)
- [What are the symptoms of Pandemic \(H1N1\) 2009 in humans?](#)
- [What is the incubation period for this influenza?](#)
- [How long is a person contagious if they develop Pandemic \(H1N1\) 2009?](#)
- [How is Pandemic \(H1N1\) 2009 diagnosed?](#)
- [Do people with symptoms need to be tested? Where do I get my lab results and how long does it take?](#)
- [If I am pregnant, am I at increased risk?](#)
- [What cleaning should I do at home for Pandemic \(H1N1\) 2009?](#)
- [What age groups are most at risk for Pandemic \(H1N1\) 2009?](#)
- [What changes will occur as a result?](#)
- [Has there been a change in the type of disease we are seeing?](#)
- [What should members of the public do?](#)

Canadian & Alberta Cases

- [Are cases of Pandemic \(H1N1\) 2009 common in Canada?](#)
- [Have there been deaths in Alberta associated with Pandemic \(H1N1\) 2009?](#)

Prevention

- Is there a vaccine to protect against Pandemic (H1N1) 2009?
- Can I get antivirals (Tamiflu®) if I get symptoms?
- Should people be wearing a mask if they have been in contact with someone who is ill with a respiratory illness?
- Where can I purchase masks if I want them?

Vaccine-Related

- If I was ill with influenza-like symptoms, but was not tested for Pandemic (H1N1) 2009 should I get the H1N1 vaccine?
- If I am not in Canada during the H1N1 vaccination timeframe, how can I still receive the vaccine?
- If I am out of the country, can I receive the H1N1 vaccine in that country free of charge (paid for by Alberta Health)?
- Will pregnant women be able to get the H1N1 vaccine when it comes out?
- Will the H1N1 immunization be made legally mandatory for all Albertans?
- If I am breastfeeding can I still have the H1N1 immunization?

Appendix C (continued)



Guidance Documents/Resources

Pandemic (H1N1) 2009 Information for Schools

General:

- [Questions and Answers for Parents of School-Aged and Preschool Children](#)
September 28, 2009
- [Letter to Parents - Influenza-like Illness](#)
September 28, 2009
- [Recommendations for School Administrations \(K to Grade 12\) Regarding Pandemic \(H1N1\) 2009](#)
September 28, 2009
- [General Guidelines for School Bus Drivers](#)
September 28, 2009
- [Letter to Superintendents \(School Influenza Surveillance\)](#)
September 28, 2009
- [Frequently Asked Questions for Superintendents](#)
September 28, 2009
- [Alberta Education resources for school administrators](#)
- [Pandemic Planning Guide for Schools](#)
- [Government of Canada helps schools prepare for H1N1 virus](#)

Fact Cards:

- [Pandemic \(H1N1\) 2009 Fact Card for Schools \(English\)](#)
- [Pandemic \(H1N1\) 2009 Fact Card for Schools \(French\)](#)

Posters:

- [Pandemic \(H1N1\) 2009 Poster Cover Your Cough \(English\)](#)
- [Pandemic \(H1N1\) 2009 Poster Cover Your Cough \(French\)](#)

Pandemic (H1N1) 2009 Information for Businesses

- [Planning Guidelines](#)
- [Frequently Asked Questions](#)
- [Best Practice Guidelines for Workplace Health and Safety During a Pandemic](#)
- [Alberta Emergency Management Agency- Business Continuity Planning Guide for Business](#)
- [Public Health Agency of Canada - Information and Checklists for Businesses](#)
- [Business Continuity Planning Resources and Checklists](#)
- [Alberta's Plan for Pandemic Influenza](#)

Notes





www.albertahealthservices.ca