



Pandemic Influenza Plan

Executive Summary

Influenza A viruses periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time with the potential to cause serious illness, death, and extensive social and economic disruption throughout the world.

The August 2009 edition of the Thunder Bay Regional Health Sciences Centre (TBRHSC) pandemic influenza plan is a rewrite of the first edition of the pandemic plan written in 2005. The 2009 plan is based primarily on recommendations by the Ontario Ministry of Health and Long-Term Care (MOHLTC) laid out in the Ontario Health Plan for an Influenza Pandemic (OHPIP, 2008).

The document is divided into various sections based on the area/department affected and is accessible to all staff on the intranet. To use this plan, some staff members may find it necessary to read the entire document, while others may need to refer to their specific area only.

It is important to note that information provided in this document should be used as a guide and changed should the situation necessitate. Given that the epidemiology of an influenza pandemic is an unknown and different scenarios may arise it is important that this document be revised to reflect any current knowledge and/or new guidelines and best practice recommendations.

The many unknowns of an influenza pandemic also mean that some sections of this plan are incomplete and still in the process of being developed. The key to the pandemic planning process is that it ensures the relationships and communication mechanisms are in place to assist with future planning.

The TBRHSC pandemic plan is divided into sections that include the various areas throughout the facility. The first component of the plan is an overview of the principles that the plan is based on, including; hospital capacity, relevant legislation, ethical principles, the incident management



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system, surge capacity, infection control and occupational health and safety concepts, (including vaccine and antiviral plans), human resources planning (staff skill sets and reallocations) and communication strategies.

The remainder of the plan discusses the components of the plan based on area, beginning with reference to the assessment/treatment and referral centre that the TBRHSC is championing development of in conjunction with the TBDHU.

Patient flow through the Emergency Department is outlined followed by sections that discuss variations to specific patient care areas. Various tools have been adapted from the MOHLTC OHPIP (2008) including a critical care triage tool to be applied to determine admission to the ICU, a tool for decision making in the NICU setting and treatment algorithms for Perinatal care.

Priorities have also been developed (some adapted from the OHPIP as well) for surgery, outpatient areas (for closure), cancer care, renal and cardiology. The planning process has taken into consideration the unique challenges facing TBRHSC due to its geographic isolation.

This plan should be considered a “living document” as it will be continually updated with new information as further details are considered.