

# Chapter 1: Planning Approach

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# Chapter 1: Planning Approach

## 1.0 Introduction

The overall goals of the Renfrew County & District Pandemic Influenza Plan are to minimize serious illness and death and to reduce societal disruption resulting from an influenza pandemic. This is the first version of a Renfrew County & District Pandemic Influenza plan. The plan will be continually revised and updated.

Renfrew County & District Health Unit (RCDHU) initiated pandemic influenza planning in June 2004. In order to effectively plan for an emergency response, RCDHU sought input from key stakeholders in the health, education, emergency planning, social service, volunteer, and community sectors.

An ethical framework for local decision-making and references to relevant legislative authority are also presented in Chapter 1.

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## 2.0 Purpose and Scope

The Renfrew County & District Pandemic Influenza Plan (RCDPIP) is a guide for responding to a pandemic influenza emergency at the local level.

RCDPIP has multiple target audiences and will be used by different sectors of the community in different ways. Target audiences include but are not limited to:

- Renfrew County & District Health Unit (RCDHU) staff – the plan provides an overview of the activities that RCDHU staff will be involved in during the pandemic response and recovery phase.
- Upper and Lower Tier Municipalities – the plan provides an overview of the roles and responsibilities of RCDHU during an influenza pandemic, as well as general information to support planning by upper and lower tier municipalities.
- Key planning stakeholders – the plan provides an overview of the roles and responsibilities of key stakeholders.
- Other stakeholders in Renfrew County – the plan provides general information which will enable local stakeholders to complete their own pandemic influenza planning. Example include:
  - ⇒ Health sector
  - ⇒ Community agencies
  - ⇒ Housing and homeless service providers
  - ⇒ Business sector
  - ⇒ General public (self care and infection control)

### Goals of Pandemic Planning

The following goals are based on the Canadian Pandemic Influenza Plan (CPIP) and the Ontario Health Pandemic Influenza Plan (OHPIP).

1. To reduce the morbidity and mortality associated with a novel and virulent strain of influenza.
2. To minimize societal disruption during pandemic influenza in Renfrew County & District.

## Objectives

1. To coordinate Renfrew County & District response to pandemic influenza.
2. To define and recommend preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of a pandemic response.
3. To develop community linkages and effective working partnerships with key stakeholders that will improve Renfrew County & District's preparedness and response to any public health emergency.

## General Planning Assumptions

- Ontario will have a lead time of at most three months, and quite possibly less, between when a pandemic is first declared by the World Health Organization (WHO) and when it spreads to Ontario and subsequently Renfrew County.
- At the time of the pandemic, decisions and actions of international, federal and provincial levels of government will influence the implementation of this plan.
- Pandemic response is a responsibility shared across the health care and community services sectors. Therefore, respective stakeholder agencies will develop and maintain complementary pandemic influenza response plans.
- Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon and resources of all regions will be simultaneously strained. Therefore, Renfrew County & District must be able to demonstrate a large amount of self-sufficiency.
- As the pandemic is likely to occur in waves, which may occur over one to two years, this self-sufficiency will need to be sustained over a prolonged period.
- The impact of illness upon residents of Renfrew County & District will be significant. There could be an attack rate of 15 – 35% during the first wave.
- More severe illness and mortality than the usual seasonal influenza is likely in all population groups though the specific pandemic epidemiology will not be known until the pandemic virus emerges.
- Supply chains (e.g., food, fuel and consumer goods) are likely to be disrupted.
- Critical community services may need to be curtailed, consolidated, or suspended due to widespread absenteeism in the workplace.
- A vaccine will not be available for at least three to four months (and possibly six to nine months) after the virus has been identified and therefore is unlikely to be available during the first wave.
- It is likely that everyone will require two doses of the vaccine to induce immunity to the novel influenza virus.
- The province, following the national recommendations, will set priorities for those who would receive the limited supplies of antiviral drugs and the vaccine.

## 3.0 Ethical Framework for Pandemic Influenza Planning, Response and Recovery

All governments will have to make difficult decisions using an ethical framework. Ethical considerations include honesty and transparency, with clear reasons provided for decisions related to the allocation or prioritization of scarce resources (e.g. access to vaccine and antiviral medications).

There should be stakeholder involvement in the decision-making process, with clear, accurate communication.

The following table outlines how the Renfrew County & District Pandemic Influenza Plan (RC&DIP) has adopted the Ethical Framework for Decision Making as outlined in the Ontario Health Pandemic Influenza Plan.

Table 1.1 – Use of the Ethical Framework for Decision Making in the RC&amp;DPIP

Decision Making Principle	Renfrew County & District Pandemic Influenza Plan's Approach
<b>Open and transparent</b> – The process by which decisions are made must be open to scrutiny and the basis should be explained.	RCDHU sought input from key stakeholders in the health, education, emergency planning, social service, volunteer, and community sectors.
<b>Reasonable</b> – Decisions should be based on reasons (i.e. evidence, principles, and values) and be made by people who are credible and accountable.	
<b>Inclusive</b> – Decisions should be made explicitly with stakeholders views in mind and stakeholders should have opportunities to be engaged in the decision-making process.	
<b>Responsive</b> – Decisions should be revisited and revised as new information emerges, and stakeholders should have opportunities to voice any concerns they have about the decisions (i.e., dispute and complaint mechanism).	
<b>Accountable</b> – There should be mechanisms to ensure that ethical decision-making is sustained throughout the pandemic.	
Core Ethical Values	Renfrew County & District Pandemic Influenza Plan's Approach
<b>Individual Liberty</b> – This may be restricted in order to protect the public from serious harm.	Restrictions to individual liberty will: <ul style="list-style-type: none"> <li>• be proportional to the risk of public harm</li> <li>• Be necessary and relevant to protecting the public good</li> <li>• Employ the least restrictive means necessary to achieve public health goals</li> <li>• Be applied without discrimination</li> </ul>
Core Ethical Values	Renfrew County & District Plan's Approach
<b>Protection of the Public from Harm</b> – Public measures may be implemented to protect the public from harm.	Protective measures will: <ul style="list-style-type: none"> <li>• Weigh the benefits of protecting the public from harm against the loss of liberty of some individuals (i.e. isolation)</li> <li>• Ensure all stakeholders are aware of the medical and moral reasons for the measures, the benefits of complying, and the consequences of not complying</li> <li>• Establish mechanisms to review decisions as the situation changes and to address stakeholder concerns and complaints</li> </ul>

Core Ethical Values	Renfrew County & District Plan's Approach
<p><b>Proportionality</b> – Restrictions on individual liberty and measures taken should not exceed the minimum required to address the level of risk or community needs.</p>	<p>RCDHU will:</p> <ul style="list-style-type: none"> <li>• Use the least restrictive or coercive measure possible when limiting or restricting liberties or entitlements</li> <li>• Use more coercive measures only in circumstances where less restrictive means have failed to achieve appropriate public health ends</li> </ul>
<p><b>Privacy</b> – Individuals have a right to privacy, including the privacy of their health information.</p>	<p>RCDHU will:</p> <ul style="list-style-type: none"> <li>• Determine whether the good intended is significant enough to justify the potential harm of suspending privacy rights (i.e. potential stigmatization of individuals and communities)</li> <li>• Require private information only if there are no less intrusive means to protect health</li> <li>• Limit any disclosure to only that information required to achieve legitimate public health goals</li> <li>• Take steps to prevent stigmatization (i.e., public education to correct misperceptions about disease transmission)</li> </ul>
<p><b>Equity</b> – All patients have an equal claim to receive the health care they need, and health care institutions are obligated to ensure sufficient supply of health services and materials. During pandemic tough decisions may have to be made about who will receive antiviral medication and vaccinations, and which health services will be temporarily suspended.</p>	<p>Decision-makers will:</p> <ul style="list-style-type: none"> <li>• Strive to preserve as much equity as possible between the needs of influenza patients and patients who need urgent treatment for other diseases</li> <li>• Establish fair decision-making processes/criteria</li> </ul>
<p><b>Duty to Provide Care</b> – Health care workers have an ethical duty to provide care and respond to suffering. During a pandemic, demands for care may overwhelm health care workers and their institutions, and create challenges related to resources, practice, liability and workplace safety. Health care workers may have to weigh their duty to provide care against competing obligations (i.e., to their own health, family and friends). When providers cannot provide appropriate care because of constraints caused by the pandemic, they may be faced with moral dilemmas.</p>	<p>RCDHU will:</p> <ul style="list-style-type: none"> <li>• Follow the Occupational Health &amp; Safety Act statement related to duty to provide care.</li> </ul>

Core Ethical Values	Renfrew County & District Plan's Approach
<p><b>Reciprocity</b> – Society has an ethical responsibility to support those who face a disproportionate burden in protecting the public good. During a pandemic, the greatest burden will fall on public health practitioners, other health care workers, patients, and their families. Health care workers will be asked to take on expanded duties. They may be exposed to greater risk in the workplace, physical and emotional stress, and be isolated from peers and family. Individuals who are isolated may experience significant social, economic, and emotional burdens.</p>	<p>Decision-makers will:</p> <ul style="list-style-type: none"> <li>• Take steps to ease the burdens of health care workers, patients and patient's families.</li> </ul>
<p><b>Trust</b> – Trust is an essential part of the relationship between government and citizens, between health care workers and patients, between organizations and their staff, between the public and health care workers, and among organizations within a health system. During a pandemic, some people may perceive measures to protect the public from harm (i.e., limiting access to certain health services) as a betrayal of trust.</p>	<p>In order to maintain trust during a pandemic, decision-makers will:</p> <ul style="list-style-type: none"> <li>• Take steps to build trust with stakeholders before the pandemic occurs (i.e., engage stakeholders early)</li> <li>• Ensure decision-making processes are ethical and transparent</li> </ul>
<p><b>Solidarity</b> – An influenza pandemic will require solidarity among health care institutions, public health units, and government.</p>	<p>Solidarity requires good communication and open collaboration within and between these stakeholders to share information and coordinate health care delivery.</p>
<p><b>Stewardship</b> –In our society, both institutions and individuals will be entrusted with governance over scarce resources, such as vaccines, ventilators, hospital beds and even health workers. Those entrusted with governance should be guided by the notion of stewardship, which includes protecting and developing one's resources, and being accountable for public well-being.</p>	<p>To ensure good stewardship of scarce resources, decision-makers will:</p> <ul style="list-style-type: none"> <li>• Consider both the benefit to the public good and equity (i.e., fair distribution of both benefits and burdens).</li> </ul>

## 4.0 Legal/Legislative Framework

Actions taken during an emergency response must be guided by the legal/legislative framework which gives authority to the municipalities, public health and others for their actions. If interventions such as quarantine or isolation and social distancing for disease containment such as school closures or limiting large public gatherings are used during a pandemic emergency, they can pose an unusual burden on members of society. Consideration must also be given to how best to address individuals unwilling or unable to be effectively quarantined or isolated. This would include those in homeless shelters, rooming houses, school residences and correctional facilities. Legal authority must be considered in every component of pandemic planning.

It is anticipated that the following statutes will play a role and provide legal authority to respond to pandemic influenza at the local level:

- Health Protection and Promotion Act R.S.O. 1990 c. H. 7 (HPPA)
- Emergency Management Act R.S.O. 1990, c. E. 9
- Personal Health Information Protection Act, 2004 S.O. 2004, c. 3 Sched. A (PHIPA)
- Quarantine Act R.S.C. 1985, c. Q-1
- Coroners Act R.S.O. 1990 c. C.37
- Occupational Health and Safety Act R.S.O. 1990 c.O.1

### **Health Protection and Promotion Act**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h07\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h07_e.htm)

In Ontario, the Health Protection and Promotion Act requires Boards of Health to provide or ensure provision of a minimum level of public health programs and services in specified areas such as the control of infectious and reportable diseases, health promotion, health protection and disease prevention. Mandatory Health Programs and Services Guidelines published by the Ministry of Health and Long-Term Care, set out minimum standards that must be met by Boards of Health delivering these public health programs and services.

Regulations published under the authority to the HPPA are designed to control the spread of communicable and reportable diseases. Regulation 569, Reports, ([http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900569\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900569_e.htm)) establishes the parameters within which those who are required to report communicable and reportable diseases to the Medical Officer of Health must operate. The Report regulation specifies the information that must be reported for diseases listed in the regulation and under certain conditions, such additional information that the Medical Officer of Health may require.

A medical officer of health is authorized under Section 22 of the HPPA to issue an order under prescribed conditions to control communicable diseases. The content of these orders could include an order requiring an individual to isolate himself or herself, to place himself or herself under the care and treatment of a physician (if the disease is a virulent disease, as defined in the HPPA) or to submit to an examination by a physician.

A medical officer of health may also, under certain conditions, seek a court order under Section 35 of the HPPA to isolate an individual in a hospital or other facility for a period of up to four months.

### **Emergency Management Act**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09_e.htm)

The Emergency Management Act establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. The Act specifies what must be included in emergency management programs and emergency plans. Municipal councils are required to adopt emergency plans by by-law.

### **Personal Health Information Protection Act, 2004 (PHIPA)**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm)

PHIPA regulates the collection, use and disclosure of personal health information by health information custodians (a defined term in the Act) and includes physicians, hospitals, long-term care facilities, medical officers of health and the Ministry of Health and Long-Term Care. The Act also establishes rules for individuals and organizations receiving personal information from health information custodians. Consent is generally required to collect, use and disclose personal health information. However, the Act specifies certain circumstances when it is not required. For example, the Act permits disclosure of personal health

information to the Chief Medical Officer of Health or medical officer of health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the Health Protection and Promotion Act. Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

### **Quarantine Act**

<http://laws.justice.gc.ca/en/Q-1/index.html>

The purpose of the federal Quarantine Act is to prevent the introduction and spread of communicable diseases in Canada. It is applicable to persons and conveyances arriving in or departing from Canada. It includes a number of measures to prevent the spread of dangerous, infectious and contagious diseases including the authority to screen, examine and detain arriving and departing individuals, conveyances and their goods and cargo, which may be a public health risk to Canadians and those beyond Canadian borders.

Bill C-12, the new Quarantine Act, received Royal Assent on May 12, 2005. The new Act will not come into force until quarantine regulations have been drafted, likely by the fall. The new legislation updates and expands the existing legislation to include contemporary public health measures including referral to public health authorities, detention, treatment and disinfestation. It also includes measures for collecting and disclosing personal information if it is necessary to prevent the spread of a communicable disease.

### **Coroners Act**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37_e.htm)

Where a person dies while a resident in specified facilities including a home for the aged or a nursing home, a psychiatric facility or an institution under the Mental Hospitals Act, the Coroners Act requires the person in charge of the facility to immediately give notice of the death to the Coroner. Further, if any person believes that a person has died under circumstances that may require investigation that person must immediately notify a coroner or police officer of the facts and circumstances relating to the death. The Coroner must investigate the circumstances of the death and determine whether to hold an inquest.

### **Occupational Health and Safety Act**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm)

The Occupational Health and Safety Act is enforced by the Ministry of Labour. The Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The duties of workers are, generally, to work safely in accordance with the Act and regulations.

### **Other Legislative References**

#### **Ambulance Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90a19\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90a19_e.htm)

#### **Public Hospitals Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p40\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p40_e.htm)

#### **Private Hospitals Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p24\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p24_e.htm)

#### **Nursing Homes Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90n07\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90n07_e.htm)

#### **Charitable Institutions Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c09\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c09_e.htm)

**Homes for the Aged and Rest Homes Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h13\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h13_e.htm)

**Health Facilities Special Orders Act, 1990**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h05\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h05_e.htm)

**Long-Term Care Act, 1994**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/94l26\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/94l26_e.htm)

**Community Care Access Corporations Act, 2001**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/01c33\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/01c33_e.htm)

**Regulated Health Professions Act, 1991 (RHPA)**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18_e.htm)

**Medicine Act, 1991**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91m30\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91m30_e.htm)

**Nursing Act, 1991**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91n32\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91n32_e.htm)

**Medical Laboratory Technology Act, 1991.**

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91m28\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91m28_e.htm)

**Health Care and Residential Facilities Regulation**

[http://www.e-laws.gov.on.ca/DBLaws/Regs/English/930067\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/930067_e.htm)