

Government of the Northwest Territories

PANDEMIC INFLUENZA

Contingency Plan



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Part 3 PREPAREDNESS ARRANGEMENTS

TERRITORIAL EMERGENCY RESPONSE COMMITTEE - TERC

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- Chairman – Territorial Emergency Management Coordinator (TEMC)
- Assistant Chairman – Community Emergency Management Coordinator (CEMC)
- Director of Communications, Executive
- Financial Management Board Secretariat (FMBS)
- Health/Social Services (HSS)
- Public Works and Services (PWS)
- Environment and Natural Resources (ENR)
- Transportation (DOT)
- Justice
- Royal Canadian Mounted Police (RCMP)
- Canadian Forces Northern Area (CFNA)
- Industry Canada (IC)
- Indian and Northern Affairs Canada (INAC)
- NWT Power Corporation (NTPC)
- Northlands Utility
- Northwestel (NWTel)
- Yellowknife Amateur Radio Society (YARS)
- Public Safety and Emergency Preparedness Canada (PSEPC)

PART 1 POLICY AND GUIDELINES

1. GOAL

To reduce illness and death and disruption of life in all communities in the Northwest Territories from the consequences of Pandemic Influenza by providing access to appropriate prevention, care and treatment programs to all residents in need.

2. PURPOSE

The Territorial Government maintains an ongoing hazard and risk analyses to enable it to be adequately prepared to respond to any threat to persons or property. Pandemic Influenza is deemed to be a potentially serious threat to personal health and may pose a significant disruption to northerners' way of live.

A comprehensive and thorough planning initiative will be needed within Government and its emergency and health services partners in the private sector and community governments to ensure adequate territorial resources are in place to deal with the consequences of Pandemic Influenza.

The GNWT Pandemic Influenza Contingency Plan (the Plan) is intended to provide:

- coordinated GNWT emergency operations to ensure the most effective response to any Pandemic Influenza outbreak in the Northwest Territories,
- efficient liaison with community EMO officials to ensure an appropriate level of GNWT assistance is provided to support communities' response to a Pandemic Influenza outbreak, and
- established arrangements for interacting with federal health and emergency preparedness authorities in preparing for, or responding to an outbreak of Pandemic Influenza.

3. SCOPE

The Plan outlines a territorial government approach in the planning and response to Pandemic Influenza to support the implementation of community contingency plans, and to implement territorial Pandemic Influenza contingency programs.

This approach includes implementation of a Health Intervention Plan as the primary component of the territorial emergency health response to an outbreak of Pandemic Influenza. This part of the Plan is divided into four components:

- surveillance
- vaccine & antiviral delivery
- communications/education
- emergency preparedness & response

The Plan identifies territorial emergency preparedness and emergency health responsibilities, and distinguishes them from federal government responsibilities created under national emergency arrangements.

The Plan establishes mechanisms to implement contingency plans and divides the contingency planning process into three periods:

- Inter-pandemic
- Pandemic
- Post-pandemic

4. AUTHORITY

This Plan is developed on the basis of territorial responsibilities outlined in the *NWT Health Act* and the *Civil Emergency Measures Act*, and is approved under the authority of the *Civil Emergency Measures Act*.

5. DEFINITIONS

“Antiviral Drugs” means therapeutic products which can be used to prevent or treat a viral infection during the time that they are administered.

“Canadian Contingency Plan for Pandemic Influenza” whose framework is set forth in the attached Schedules, outlines the planning, preparedness and response to Pandemic Influenza.

“Influenza” is an infectious disease caused by the influenza virus.

“Influenza Vaccine” is a biological product administered with the intention of inducing an immune response against a virus as a means to prevent illness.

“National Public Welfare Emergency” as defined, in part, in the *Emergencies Act* is an emergency that is caused by a real or imminent:

- fire, flood, drought, storm, earthquake or other natural phenomenon,

- disease in human beings, animals or plants, or
- accident or pollution,

and that results or may result in a danger to life or property, social disruption or a breakdown in the flow of essential goods, services or resources, so serious as to be a national emergency.

“Pandemic Influenza” is the emergence, in multiple countries, of a human influenza A virus strain with a novel hemagglutinin, and the demonstration that this strain can effectively spread in human populations causing widespread outbreaks of disease with significant morbidity and mortality.

“Pandemic Influenza Response Capacity” is the collective infrastructure, response capacity, and activities that will permit the Minister of Health (Canada) and the Provincial and Territorial Ministers of Health and their representatives to anticipate problems, monitor for adverse outcomes and respond to a Pandemic Influenza.

“The NWT Emergency Plan” provides the framework to guide territorial government emergency response. This Plan sets out the policy and guidance whereby GNWT departments and their partners support local emergency operations, and meet a collective responsibility to provide a prompt and coordinated response to any emergency beyond a community’s capacity or jurisdiction.

“Emergency” means any real or imminent situation in which prompt and coordinated action beyond normal procedures is required to avoid risk to people and property.

“State of Local Emergency” means a declaration relating to all or any part of a community, made by resolution, at any time the local authority is satisfied that an emergency exists or may exist.

“State of Emergency” means a declaration relating to all or any part of the Northwest Territories, made by order of the Minister, at any time he/she is satisfied that an emergency exists or may exist.

“National Emergency” means an emergency declared under the *Emergencies Act* (Canada).

“Agency” in addition to its ordinary meaning, includes all territorial and federal government departments, agencies and crown corporations and other public and private corporations or organizations having emergency responsibilities assigned under the authority of this Plan.

"Local Authority" means the council of a municipal corporation as defined in the Cities Towns and Villages Act; Hamlets Act; Charter Communities Act; the council of a settlement corporation as defined in the Settlements Act or an organization which is recognized by the Minister, pursuant to Sec. 1(c) of the Act, to develop and implement a community emergency plan when a local governing corporation does not exist.

"Emergency Measures Officer" is the Deputy Minister of Municipal and Community Affairs as the person appointed pursuant to the Act to formulate and recommend to the Minister, plans for dealing with any emergency.

"TEMC" means the Territorial Emergency Management Coordinator as Senior Official for the Emergency Measures Organization.

"CEMC" means the Community Emergency Management Coordinator as Alternate Senior Official responsible for the Emergency Measures Organization.

"Region" means a Region of the Government of the Northwest Territories.

"Superintendent" means the Regional Superintendent of the Department of Municipal and Community Affairs (MACA) as Coordinator of the Regional Emergency Plan.

"TERC" means the Territorial Emergency Response Committee as the inter-agency committee of GNWT and federal departments and the private sector formed under the NWT Emergency Plan to plan for and respond to emergencies which create risk in areas of territorial jurisdiction.

"Emergency Site Controller" means the person appointed by the Minister to manage emergency operations when the GNWT has assumed operational control over the incident.

"On-site Advisor" means the person appointed by the Chairperson of the GNWT Regional Emergency Response Committee to act as an on-site advisor to the Local Authority in responding to a local emergency.

"GNWT" means the Government of the Northwest Territories.

"EMO" means the Emergency Measures Organization of the Department of Municipal and Community Affairs.

"PSEPC" means Public Safety and Emergency Preparedness Canada as represented by the Regional Director for Alberta/NWT Region.

"Director General, INAC" means the Director General, Northern Affairs Program, Indian and Northern Affairs Canada.

"**CFNA**" means Canadian Forces Northern Area Headquarters, Department of National Defence.

"PHAC" mean the Public Health Agency of Canada

6. RESPONSIBILITIES

Local Authorities

The elected councils of community governments are responsible for the development and implementation of emergency plans and procedures to protect the general public, and to minimize property and personal loss during emergencies.

Pandemic Influenza would constitute enough of a risk to be deemed a major emergency, therefore it would be contingent upon Local Authorities to plan for an outbreak.

In fulfilling its legislated responsibilities under Section 14 of the *Civil Emergency Measures Act*, the Local Authority shall:

- prepare, approve and maintain emergency plans;
- request assistance from the GNWT when the it's capacity is exceeded, or may be exceeded;
- declare a State of Local Emergency when the situation warrants.

Government of the Northwest Territories (GNWT)

The GNWT, through its Regions, is responsible for providing assistance to Local Authorities when requested, or assuming operational control when the Local Authority's capacity is exceeded or the incident is a matter of territorial jurisdiction.

In fulfilling these responsibilities the GNWT:

- develops and maintains regional emergency plans and the NWT Emergency Plan;
- implements plans and procedures for an integrated response to emergencies within any Region(s) affected;
- provides prompt and coordinated response to specific community requests for assistance;
- assumes direction and control of emergency operations where a Local Authority does not exist, or when the event is a matter of territorial jurisdiction;

- assumes control of emergency operations when the Minister has declared a State of Emergency;
- coordinates GNWT operations with the Government of Canada in the provision of federal assistance, and
- coordinates territorial emergency operations, and GNWT departmental participation in activations of the Joint Support Plan in a response to a major emergency.

GNWT Departments

Departments and agencies of GNWT designated with emergency responsibilities are responsible for:

- maintaining departmental emergency plans;
- responding directly to emergencies in which it has a legislated lead agency responsibility;
- providing resources; and
- participating as a part of a coordinated GNWT response at a regional or territorial level.

7. FEDERAL ASSISTANCE

Should the capacity of the Territorial Government and its resources be exceeded, the GNWT may request assistance from the Government of Canada. The federal government's ability to respond to territorial requests for assistance may be hindered in a Pandemic Influenza outbreak.

Resident Federal Government Departments

The TERC Emergency Coordinator for the Department of Indian and Northern Affairs Canada (INAC) is the point of contact for the mobilization of federal government departments, resident in the NWT but not members of TERC, to assist in GNWT emergency operations.

Non-Resident Federal Government Departments

Public Safety and Emergency Preparedness Canada (PSEPC) Regional Director for the Alberta/NWT Region is the point of contact for the mobilization of federal government departments, not resident in the NWT and not members of TERC, to assist in GNWT emergency operations.

Canadian Forces' Assistance

The GNWT may request assistance from the Canadian Forces in responding to emergencies in accordance with DCDS 298 "Provision of Services".

8. EMERGENCY FINANCIAL ARRANGEMENTS

Departmental Emergency Expenditures.

The GNWT does not allocate funds to departments specifically for emergency preparedness and response. Departments are expected to absorb those costs from within their budgets until an Emergency Appropriation Bill, Special Warrant or Disaster Assistance Program is approved to reimburse department costs.

The declaration of a local or territorial state of emergency has no bearing on eligibility under these emergency finance provisions.

MACA will initiate the request for a Special Warrant or Emergency Appropriation Bill under Financial Administrative Manual Directive 9805, using data and substantiation provided by departments involved in emergency operations.

Payments for Disaster Assistance may be approved by Cabinet following an emergency causing major damage. When the Policy is invoked, departments' extraordinary costs may be eligible for reimbursement.

9. FEDERAL-TERRITORIAL CONSULTATIONS DURING NATIONAL EMERGENCIES

Under the *Emergencies Act (Canada)*, there are different legal provisions governing federal/territorial consultation for each type of national emergency. These consultation guidelines will govern federal/territorial contact during national emergencies on all emergency matters in the Northwest Territories, not dealt with under the GNWT Pandemic Influenza Contingency Plan.

For the purposes of national consultations on emergency preparedness related to Pandemic Influenza, the Minister of Health and Social Services will serve as the Northwest Territories' Alternate to the Minister of Municipal and Community Affairs.

PART 2 RESPONSE MANAGEMENT

The emergency arrangements established under Part 2 of this Plan are designed to guide GNWT emergency response management and implementation of the NWT Health Intervention Plan for Pandemic Influenza.

1. CONCEPT OF RESPONSE

An individual affected by an emergency is expected to have taken prudent precautionary measures beforehand and should be prepared to provide for their own preventative measures and initial response to a risk.

Pandemic Influenza is an emergency of the magnitude that will not only likely exceed an individual's capabilities, but also the community as the Local Authority and as the next level to respond. In this scenario the GNWT's ability to provide territorial assistance to communities would be challenged.

The federal government's ability to respond to all the anticipated provincial and territorial requests would also likely be challenged.

2. EMERGENCY PLANNING FRAMEWORK

The Health Intervention Plan (Annex A of this Plan) directs any territorial Pandemic Influenza response related to emergency health and medical services.

TERC will direct other territorial Pandemic Influenza activities associated with emergency preparedness and response.

The emergency response to any Pandemic Influenza outbreak will be specific to the circumstances of the incident, however there are some fundamental emergency preparedness and special considerations that must be incorporated into all community Pandemic Influenza contingency plans.

- **Coordination, command and control**
- **Triage of ill persons to primary and back-up health care**
- **Surge capacity of social and community services**
- **Prevention of the spread of infection**
- **Mortuary services**

All Pandemic Contingency Plans at the community must address each of these issues to ensure available resources are used most efficiently and all critical issues are addressed for an effective emergency outbreak plan.

3. OPERATING AUTHORITY

The circumstances associated with an outbreak of Pandemic Influenza may require extraordinary action on the part of the GNWT. The *Civil Emergency Measures Act* provides the appropriate authority for the GNWT to take extraordinary action in responding to a Pandemic Influenza outbreak.

The GNWT Pandemic Influenza Contingency Plan is based upon the operational framework of TERC and the authority provided under the *Civil Emergency Measures Act*.

The *NWT Health Act* prescribes the specialized health responsibilities of the Department of Health and Social Services in responding to Pandemic Influenza. The Plan is also based upon the mandate and authority of the Department in this specialized area of health.

4. RESPONSE STRUCTURE

The Department of Health and Social Services manages the implementation of the NWT Health Intervention Plan in response to Pandemic Influenza. TERC supports the Department in fulfilling its health responsibility through standard operating procedures, as may be required, in any GNWT emergency response.

Level I - Local Control

Direction and control of emergency operations is the responsibility of the Local Authority unless its ability to respond is surpassed or its jurisdiction is exceeded. An outbreak of Pandemic Influenza will challenge the response capacity and the resources of northern communities.

Any GNWT assistance will be in support of the Local Authority and in response to specific requests for assistance. Territorial departments may be in place for regulatory or monitoring requirements.

Local Control will be vested in the Regional Superintendent when an emergency occurs in an area outside the boundaries of any municipal corporation, or within a community not established as a municipal corporation and not represented by an organization recognized by the Minister pursuant to Sec.6 (1) of the Act.

Level II - Territorial Control

The Local Authority will normally continue to coordinate the response of local agencies, but under the GNWT's overall management of the emergency.

As an outbreak of Pandemic Influenza would be a matter of territorial jurisdiction, the Minister would be able to declare a State of Emergency for the affected area if the circumstances warranted immediate extraordinary action.

Under a State of Emergency the GNWT assumes overall control of the emergency and an Emergency Site Controller may be appointed to manage the actions of territorial, regional and local emergency response agencies.

Level III - Major Emergencies.

No single agency or government has the stand-alone capacity to manage a catastrophic event.

The Joint Support Plan for Major Emergencies in the NWT involves the cooperative activities of federal, territorial and non-government agencies to support any lead agency of any government or the private sector when the event is likely to exceed their capacity.

A Joint Support Center will be activated in Yellowknife. Representatives of federal, territorial and non-government agencies participate in sectoral support groups to meet the needs of the lead agency.

5. COORDINATION

Local Emergency Operations Center (EOC)

- The Local Authority may activate its EOC and inform the Regional Superintendent of the incident.
- The EOC will coordinate local authority and integrated support activities of government and non-government organizations.
- Territorial departments on-site for regulatory purposes will ensure that the EOC is aware of their activities.

On-Site Advisor

The Regional Superintendent may assign an on-site advisor to support the Local Authority and assist in providing communication with territorial agencies and the Territorial EOC.

Regional EOC (REOC)

The Regional Superintendent may activate a Regional EOC when in support of or acting as a Local Authority in a Level I emergency.

The REOC will:

- coordinate territorial support to local authorities, and
- provide communications and information to the local and territorial EOCs.

Territorial EOC (TEOC)

The Territorial EOC may be activated to support Level I emergencies and will function for Level II and III emergencies.

The TEOC will:

- coordinate overall territorial response,
- ensure communication with appropriate agencies,
- provide regular information reports to the Minister, Director of Communications and participating agencies,
- coordinate the involvement of other departments in the GNWT response to emergencies.

Additional details on the TEOC arrangements are in Annex D.

6. NOTIFICATION

The responsibility to notify authorities of an emergency related to Pandemic Influenza rests with the community's emergency response committee on the advice of the health authority responsible for managing the local response to any outbreak.

The Department of Health and Social Services issues territorial notifications on health and medical information related to Pandemic Influenza.

The Department of Health and Social Services is responsible for reporting nationally, and across the NWT on matters related to Pandemic Influenza.

7. COMMUNICATIONS

Timely and accurate public and media information is an essential element of successful emergency management. The Department of the Executive's Director of Communications will coordinate the issuing of public and media information related to an emergency under the GNWT Communications Plan, and provide support and advice to TERC.

The Department of Health and Social Services would manage public and media health and medical information programs related to Pandemic Influenza.

This Plan conforms to the framework of the national Pandemic Influenza Contingency Plan and addresses the responsibilities and needs of various territorial groups to communicate information about the risk of influenza.

8. MUTUAL AID

As a Pandemic Influenza outbreak is an emergency that will likely require prompt access to resources of non-government organizations and other jurisdictions to minimize personal injury in the Northwest Territories, mutual aid arrangements may be needed.

Annex E sets out the terms and conditions on requests for, and the lending of, resources. These guidelines will satisfy the administrative requirements for territorial, regional or community arrangements.

9. STATE OF EMERGENCY

In the event of a Pandemic Influenza emergency the Minister may make an Order to declare a State of Emergency for any or all parts of the Northwest Territories. The procedure is identified in Annex G.

PART 3

EMERGENCY PREPAREDNESS

1. TERRITORIAL EMERGENCY RESPONSE COMMITTEE (TERC)

TERC is the primary forum for planning and emergency response management for the GNWT. As a consequence of the division of powers between territorial and federal authorities, TERC incorporates active federal participation. Non-Government Organizations (NGO's) are also a part of an integrated territorial preparedness and response system that recognizes jurisdictional prerogatives.

TERC's purpose is to enhance GNWT emergency preparedness through maintaining emergency preparedness arrangements and response procedures, and through coordinating GNWT emergency operations.

Territorial membership:

- Executive
- Municipal and Community Affairs (EMO)
- Health and Social Services
- Justice (and the RCMP)
- Resources, Wildlife and Economic Development
- Financial Management Board Secretariat
- Transportation
- Public Works and Services

Federal membership:

- Public Safety and Emergency Preparedness Canada
- Industry Canada
- Indian and Northern Affairs Canada
- CFNA

Industry membership:

- Northwestel
- NWT Power Corporation
- Yellowknife Amateur Radio Society
- Northlands Utilities

ANNEXES

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| B | Community Pandemic Contingency Planning | pp 27 |
| C | Community Contingency Plan Template | pp 30 |
| D | GNWT Departmental Emergency Responsibilities | pp 50 |
| E | Territorial Emergency Operations Center (TEOC) | pp 56 |
| F | Mutual Aid Conditions | pp 59 |
| G | State of Emergency | pp 60 |

ANNEX A

GNWT HEALTH INTERVENTION PLAN FOR PANDEMIC INFLUENZA

1. Background

Pandemic Influenza is the emergence in many countries of a human influenza A virus strain with novel characteristics which can efficiently spread in human populations causing widespread outbreaks with significant illnesses and death.

Influenza Pandemics occur at unpredictable intervals but with a frequency of three to four times a century. Worldwide Influenza Pandemics resulting in high rates of morbidity and mortality have occurred in 1899-1900, 1918-19, 1957-58, and 1968-69. The largest of these, the Spanish Flu of 1918-19, killed an estimated 20 to 40 million people with the greatest number of overall deaths in the 20 to 40 year old age group.

A pandemic spreads as two or more waves either in the same year or in successive influenza seasons. The second and subsequent waves may cause more deaths than the first wave.

2. Introduction

The goal of the GNWT Pandemic Influenza Contingency Plan will only be realized with appropriate planning, proper preparations and cooperation at the national, regional and community level. Pandemic Influenza response capacity is the collective infrastructure, response capacity and activities that will permit federal, territorial and community authorities to anticipate problems, monitor for adverse outcomes and respond to an influenza outbreak.

The Canadian Contingency Plan for Pandemic Influenza was developed under the coordination of the Public Health Agency of Canada. These contingency arrangements will need to interface with the provincial/territorial health and

emergency management authorities to ensure effective coordination of activities and supply at a national level.

3. Mandated Responsibilities

PHAC is responsible for:

- the nationwide management of the Pandemic Influenza response including laboratory surveillance,
- liaison with the World Health Organization,
- arrangements for procurement and distribution of appropriate vaccines, and
- management and funding of the national response.

The Government of the Northwest Territories is responsible for:

- the mobilization of territorial resources, and
- implementation of the GNWT Pandemic Influenza Contingency Plan.

This territorial contingency Plan is developed within the context of the Canadian Pandemic Influenza Contingency Plan.

4. Pandemic Influenza Committee (PIC)

The Federal/Provincial/Territorial Pandemic Influenza Committee (PIC) is mandated to provide advice, expertise and recommendations, liaison and other activities associated with the inter-pandemic and pandemic periods to support the health and safety mandates of all orders of government.

PIC is comprised of 21 standing representatives from each province and territory, a health ethicist and various national health advisory organizations including the PHAC and the Council of Chief Medical Officers of Health. In addition to its members, PIC may include other liaison representatives from various organizations or agencies as deemed appropriate by the members.

5. Emergency Declarations related to Pandemic Influenza

It is the responsibility of the Federal Minister of Health to make any recommendations to the Governor in Council for the declaration of a national emergency involving Pandemic Influenza, and to collaborate with PSEPC to activate emergency arrangements as may be required.

The Federal Minister will communicate on an urgent basis with Provincial and Territorial Ministers of Health to lead and manage the response, and to resolve any urgent policy issues identified by PIC or others that will affect the Pandemic Influenza response capacity.

The Minister also considers the recommendations of PIC and takes steps to adopt those that are accepted and fall within the scope of responsibilities of the Federal Ministry.

6. Overview of Health Activities in response to Pandemic Influenza

| <u>Phase</u> | <u>Activity</u> |
|------------------------------------|--|
| <u>Inter- pandemic</u> | <ul style="list-style-type: none"> • Maintain and evaluate pandemic readiness. • Promote vaccination. • Conduct routine surveillance. • Detect new human and animal strains. • Assess pandemic potential of new strains with novel hemagglutinin. • Confirm efficient spread of new strain causing widespread outbreaks of disease with significant morbidity and mortality. |
| <u>Pandemic</u> | |
| <i>i. Onset</i> | <ul style="list-style-type: none"> • Declare a pandemic and activate contingency plans. • Enhance surveillance activities. • Mobilize appropriate resources. • Order and allocate vaccine and antiviral drugs. • Inform and educate the public and health professionals. |
| <i>ii North American Epidemics</i> | <ul style="list-style-type: none"> • Assess disease impact, vaccine coverage and response capacity. • Update guidelines on vaccine use and distribution. • Order additional vaccine and antiviral drugs if required. • Continue to communicate with the public and health professionals. |
| <i>iii. Second or later Waves</i> | <ul style="list-style-type: none"> • Assess supplies remaining after second wave and make recommendations for alternate use. • Continue to communicate with the public and health professionals. • Declare pandemic over and deactivate contingency plans. |

Post- pandemic

- Assess pandemic influenza response capacity, including roles, hospital and medical services, response plans and treatment.
- Return to inter-pandemic activities.

7. Roles and Responsibilities of Federal/Provincial/Territorial Health Authorities by Phase

1 – Inter- pandemic Period

Pandemic Influenza Committee

Between pandemics, the aim of the PIC is to achieve and maintain national readiness for an influenza pandemic by making recommendations on ways to improve pandemic influenza response capacity.

PIC provides expertise, advice and recommendations about influenza in the areas of public health, care and treatment, microbiology, immunology, epidemiology and ethics on an on-going basis.

Federal, Provincial and Territorial Ministers of Health

In the inter-pandemic period the Federal, Provincial and Territorial Ministers of Health are jointly responsible for the following influenza-related activities:

- developing, maintaining and enhancing routine and national surveillance activities for influenza and other diseases, factors and events, including adverse influenza vaccine and antiviral drug reactions;
- developing and maintaining coordinated communication strategies and plans for inter-pandemic and pandemic periods;
- nominating their representatives to PIC;
- developing and participating in coordinated training and mock exercise programs, including the coordination of emergency and contingency plans, designed to achieve emergency preparedness;
- mobilizing required resources within their respective jurisdictions to respond to a pandemic outbreak;
- undertaking periodic reviews of prioritization schedules for influenza vaccines and antiviral drugs.

- developing negotiation and indemnification strategies pertaining to influenza vaccine manufacturers or suppliers that could be used at the time of a pandemic.

Minister of Health (Canada) and Provincial/Territorial Ministers of Health

Between pandemics, the Federal Minister of Health and the Provincial and Territorial Ministers will identify inter-pandemic manufacturers or suppliers of influenza vaccine and antiviral drugs, and develop arrangements to ensure the coordination and maintenance of a secure supply of influenza vaccines and antiviral drugs for the pandemic period.

Northwest Territories Minister of Health

The ongoing influenza-related responsibilities of the NWT Minister of Health includes the following activities:

- administering various pieces of legislation, regulations and policies, as amended from time to time, for their respective health systems and public health measures in their respective jurisdictions;
- distributing influenza vaccine and therapeutic agents within their jurisdictions;
- coordinating with the Federal Government the distribution of influenza vaccine and therapeutic agents to First Nations people and to military and RCMP personnel;
- ensuring that pandemic contingency plans are developed or adopted by each jurisdiction within one (1) year from the date of the last signature and are regularly updated;
- participating in national surveillance activities by monitoring and reporting diseases caused by influenza virus and related diseases or conditions and by using their best efforts to cooperate with the Federal Minister of Health and PIC in national surveillance activities;
- maintaining surveillance by contributing to influenza virus isolation, antigen detection and serology, and strain identification;
- investigating outbreaks and clusters of influenza-like illness;
- participating in influenza proficiency tests;
- sending influenza virus isolates to PHAC and reporting the extent of influenza-like illness to PHAC;
- designing, organizing and supporting special studies of provincial or territorial focus required to better define burden of disease or to evaluate pandemic influenza response capacity;
- considering PIC recommendations and taking steps to adopt those accepted and that fall within their scope of responsibilities.
- increasing annual influenza vaccine utilization, as deemed appropriate, by undertaking promotional and other activities to decrease annual morbidity and mortality due to influenza and to strengthen the current vaccine production infrastructure;

2 – Pandemic Period

Roles and Responsibilities Identified during the Inter-pandemic Period are Supplemented by those Identified in the Section.

a. ONSET

Pandemic Influenza Committee

PIC confirms that the conditions for pandemic influenza have been met. As soon as this confirmation has been determined, PIC recommends to the Federal Minister of Health and to the Provincial/Territorial Ministers of Health that the Canadian Contingency Plan for Pandemic Influenza be activated.

PIC makes recommendations on the following:

- vaccine composition;
- number of vaccine doses;
- priority groups to receive influenza vaccine and antiviral drugs;
- standards or acceptable rates for adverse influenza vaccine and antiviral drug reaction;
- mechanisms and time frames for reporting;
- the equitable distribution of available products to treat pandemic influenza;
- modifications to influenza surveillance and communications strategies.

Federal, Provincial and Territorial Ministers of Health

The Federal, Provincial and Territorial Ministers monitor, review and assess any issues where immediate intervention might be required to ensure the health and safety of Canadians. They order sufficient influenza vaccine and antiviral drugs.

The Ministers collectively are responsible for refining coordinated and targeted communication strategies to keep the public, health professionals and any other people or groups informed about the pandemic and the recommendations on the use of influenza vaccine and antiviral drugs.

Provincial/Territorial Ministers of Health

To initiate national response measures as quickly as possible, the Provincial and Territorial Ministers of Health activate their respective contingency plans for pandemic influenza and operationalize pandemic emergency plans.

They communicate with each other and their federal colleague to resolve any urgent policy issues identified by PIC or others that will affect any pandemic influenza response capacity.

b. NORTH AMERICAN EPIDEMICS

Pandemic Influenza Committee

PIC assesses influenza vaccine coverage and disease impact. Based on its ongoing assessment, PIC makes recommendations about vaccine composition and updates guidance about the use and equitable distribution of influenza vaccine.

Minister of Health (Canada) and Provincial/Territorial Ministers of Health

The Federal, Provincial and Territorial Ministers of Health communicate with the public, health professionals and other people and groups about the pandemic. They provide educational information about the first wave of pandemic influenza and about the potential for a second wave.

The Ministers also consider the need for any additional influenza vaccine in preparation for a second wave of pandemic influenza.

c. SECOND OR LATER WAVES

Pandemic Influenza Committee

In addition to its continuing pandemic activities, PIC assesses any influenza vaccine and antiviral drugs remaining after a second wave of pandemic influenza and makes recommendations about their alternate use and redistribution.

Based on its ongoing assessments and information from various sources, PIC recommends that the pandemic be declared over.

Minister of Health (Canada) and Provincial/Territorial Ministers of Health

The Federal, Provincial and Territorial Ministers of Health continue to communicate with the public, health professionals and other people and groups about the pandemic. They provide educational information about the second or later waves of pandemic influenza.

When deemed appropriate, they deactivate their respective contingency plans.

3. POST- PANDEMIC PERIOD

Roles and Responsibilities identified during the Inter- pandemic Period are Supplemented by those Identified in this Section.

Pandemic Influenza Committee

PIC recommends post-pandemic studies to assist in the conduct of evaluations of the pandemic influenza response capacity. PIC submits a report to the Federal, Provincial and Territorial Ministers of Health including its recommendation for future occurrences of pandemic influenza.

The Minister of Health (Canada) and Provincial/Territorial Ministers of Health

The Federal, Provincial and Territorial Ministers of Health review and evaluate their roles, including hospital and medical services, local pandemic influenza response plans and treatment. They also evaluate the pandemic influenza response capacity.

ANNEX B

PANDEMIC CONTINGENCY PLANNING AT COMMUNITY LEVEL

Each local Health Care Unit is responsible for developing a Pandemic Influenza Contingency Plan to respond to the health needs of residents. The following table represents a Health Unit Work Plan for community pandemic contingency planning.

See template for Community contingency plan for Pandemic Influenza and Other Severe Respiratory Infection Outbreaks (annex C)

1. INTER-PANDEMIC PERIOD

Surveillance Systems

- Develop flu surveillance in jurisdiction including protocols for disease and lab surveillance
- Develop system to activate active surveillance (eg. hospital based)

Vaccine Delivery & Antiviral Drugs

- Develop contingency plans for mass clinics including locations, staffing, syringes and other supplies
- Develop population at risk estimates, including emergency workers
- Increase utilization of influenza and pneumococcal vaccines
- Assess vaccine distribution and coverage, on an ongoing basis
- Develop plans for distributing/coordinating use of antivirals

Communications

- Develop methods for rapid communication with health care providers, facilities and other institutions such as schools (eg. fax, e-mail)

- Develop public communications capability with e-mail, website and hotline
- Be prepared to address media on local health aspects of the pandemic
- Develop emergency communications plan

Emergency Response & Coordination

- Update Health Unit emergency plan
- Coordinate clinical sector planning for pandemic flu (and other CD emergencies), hospitals, LTCF, homecare, etc.
- Identify numbers and contact information for emergency services
- Encourage regular emergency exercises
- Enlist volunteers to support Health Unit emergency operations
- Identify & acquire necessary resources

2. PANDEMIC PERIOD

Surveillance Systems

- Track progress of influenza through territory
- Cooperate with specimen & activity reporting as required by GNWT
- Investigate outbreaks

Vaccine Delivery & Antiviral Drugs

- Distribute vaccine & antivirals as per territorial guidelines (eg. to physicians, hospitals, LTCF)
- Provide mass clinics
- Monitor vaccine distribution & uptake
- Record & report vaccine adverse event information

Communications

- Provide information to local residents on flu, preventive measures, vaccines, clinics, etc. consistent with territorial messages
- Create websites, implement hotlines
- Communicate regularly with health care providers, hospitals, other institutions and health services, community governments & media

Emergency Response & Coordination

- Establish coordinating committee for pandemic response

- Disseminate diagnostic and Rx protocols for physicians & hospitals
- Implement clinic/outpatient/triage services
- Monitor hospital, ER, and outpatient care
- Expand home care & home support programs as required, including childcare
- Recommend the declaration of a State of Local Emergency if circumstances warrant
- Coordinate the provision of emergency health services during community emergency operations

3. POST – PANDEMIC PERIOD

Surveillance Systems

- Complete reports & summarize surveillance findings
- Evaluate effectiveness of surveillance systems used

Vaccine Delivery & Antiviral Drugs

- Calculate coverage rates
- Follow up on cases of adverse reactions and report
- Recover unused vaccines and antivirals
- Evaluate effectiveness of communication messages and strategies

Communications

- Provide summary information on pandemic
- Evaluate the effectiveness of communication messages and strategies

Emergency Response & Coordination

- Summarize impact of pandemic on health care & other essential services
- Evaluate response identifying effective strategies and problem areas
- Coordinate critical incident stress debriefing and counselling as required

ANNEX C

Page 1

Community, Region

Contingency Plan for PANDEMIC INFLUENZA And other Severe Respiratory Infection Outbreaks

GOAL:

To reduce illness, death, and disruption of life in the community of _____ from the consequences of Pandemic Influenza and other outbreaks of severe respiratory infections.

PREAMBLE:

Pandemic Influenza is anticipated to be a serious threat to the health and well being and to the disruption of life to all communities of the Northwest Territories as well as communities around the world. Communities, Regions and the Northwest Territories must each have in place a Contingency Plan dealing with this matter appended to each Community's Disaster Plan to ensure that all necessary and adequate resources will be available and coordinated to deal with the consequences of the disease.

BASE ASSUMPTIONS:

- 1. A Community Disaster Plan is in place in every community.**
- 2. A Health Centre or Hospital Disaster Plan is in place in every community.**
- 3. Infection Control Guidelines are available and implemented in every Health Care Facility.**
- 4. Worst-case scenario is considered: e.g. each community may be completely isolated and little or no extra resources (human or material) will be available from the Region, Territory or Nation during a Pandemic period.**

PURPOSE/OBJECTIVES:

- To ensure every community is prepared to deal with a worst-case scenario of Pandemic outbreak.
- To ensure communication guidelines for interactions between the community, regional, territorial, and federal stakeholders are in place.
- To ensure coordination with Community, Regional and Territorial Disaster Plans.
- To define available resources at the community level in order to ensure the community is prepared to respond to a Pandemic outbreak on its own if necessary.
- To determine appropriate level of assistance needed to support the communities' response to a Pandemic.

The Pandemic Influenza contingency Plan is divided into **three periods**:

- 1. PRE-PANDEMIC**
- 2. PANDEMIC**
- 3. POST-PANDEMIC**

The following major components is addressed for each period:

- **INFECTION CONTROL**
- **SURVEILLANCE**
- **VACCINES**
- **ANTIVIRALS**
- **HEALTH SERVICES**
- **EMERGENCY PREPAREDNESS**
- **COMMUNICATIONS/EDUCATION**
- **EVALUATION**

APPENDED MATERIALS:

- Influenza-like-illness (ILI) reporting forms
- Vaccine administration Form
- Vaccine-Associated Adverse Event (VAAE) Report

Definitions:

Public Health Designee: A registered nurse appointed to public health duties as related to the Pandemic Influenza Contingency Plan.

E.M.O.: Emergency Measures Organization

SHP/NIC: Supervisor of Health Programs/Nurse in Charge

CDC: Communicable Disease Consultant

CMHO: Chief Medical Health Officer

DH&SS: Department of Health and Social Services

COMPLETED DATE: _____

YEARLY REVIEW DATES:

SIGNATURE:

Pandemic Influenza Contingency Plan ----- Community Responsibilities:

Period 1: PRE-PANDEMIC

| Objectives | Action Plan |
|--|--|
| <p>Infection Control</p> <p>1. To maintain the principles of infection control to prevent or reduce the spread of influenza.</p> | <p>1.a. Infection control guidelines will be easily accessible in Health Care facilities and reviewed with the Pandemic Influenza Contingency Plan or more often as necessary. Refer to: <u>NWT Infection Control Manual</u> <u>NWT Communicable Disease Manual</u></p> <hr/> <hr/> <hr/> <p>1.b. Guidelines and principles related to the spread of influenza will be adhered to.</p> <p>1.c. Inventory of infection control protective barrier equipment is maintained at designated sites: _____ N-95 masks _____ gloves _____ gowns _____ hand washing soap or alcohol based solution</p> |
| <p>Surveillance</p> <p>1. To continue disease-based surveillance reporting. See ILI guidelines for the current year as received from the Territorial Communicable Disease Consultant.</p> | <p>1.a. A Health Care Professional will be appointed as a Public Health designee to oversee ILI surveillance within the community.</p> <p>1.b. The “Surveillance for Influenza” form will be used for reporting Influenza-Like-Illness (ILI).</p> |

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| | <p>1.c. The NIC/SHP will review information and swabbing protocols with nurses once received from CDC. All health facilities, as per ILI guidelines, will initiate the obtaining of 1 nasopharyngeal (NP) viral swab per cluster of 5 ILI cases.</p> <p>1.d. Public Health designee will forward weekly ILI reports on the “Surveillance for Influenza” form to the CDC as specified by Territorial guidelines.</p> |
| <p>Vaccines</p> | |
| <p>1. To administer annual influenza vaccinations to all identified groups as outlined by the influenza vaccination guidelines provided at the start of the season.</p> <p>2. To continue with Pneumococcal vaccinations as per NWT guidelines for this program.</p> | <p>1.a. Public Health designee to develop a register of high risk individuals and groups based on guidelines for current year.</p> <p>1.b. NIC/SHP or PHN Manager will educate health care providers on the importance of all high risk groups having influenza vaccination.</p> <p>1.c. Predetermine the amount of vaccine necessary for high risk groups.(No. of doses)</p> <p>1.d. All health care facilities will participate in the implementation of annual influenza clinics and related activities.</p> <p>2.a. Pneumovax 23 vaccine will also be on hand to meet targeted population needs and administered as per current protocol.</p> |
| <p>3. To provide a record of vaccination uptake with the appropriate data for the community.</p> | <p>3.a. Each provider will be responsible for recording the influenza vaccines he/she gave on the Vaccine Administration Form</p> <p>3.b. The Vaccine Administration Administration Form will be sent to the Public Health Designee weekly on the day specified.</p> |

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| | <p>3.c. The Public Health Designee will prepare the reports weekly and forward to the CDC as per Territorial guidelines.</p> |
| <p>4. To develop a plan for a mass immunization clinic.</p> | <p>4.a. The Public Health Designee in conjunction with appropriate stakeholders will choose a location for a clinic. Possible sites are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4.b. Equipment needed:</p> <p>___ anaphylaxis kits</p> <p>___ 3ml syringes</p> <p>___ needles for drawing-up vaccine</p> <p>___ 25g 1 inch needles for injection</p> <p>___ 25g 7/8 inch needles for injection</p> <p>___ alcohol swabs</p> <p>___ cotton balls</p> <p>___ band aids</p> <p>___ sharps containers</p> <p>___ boxes of gloves (appropriate sizes)</p> <p>antiseptic hand wipes</p> <p>garbage containers</p> <p>gym mats (if appropriate)</p> <p>ice packs</p> <p>J-cloths</p> <p>Coolers for vaccines</p> <p>___ tables</p> <p>___ chairs</p> <p>pencils/pens</p> <p>paper</p> <p>information materials</p> <p>consent forms</p> <p>immunization records</p> <p>acetaminophen – adult and children</p> <p>paper towels</p> <p>washroom facilities</p> <p>hand soap</p> <p>waterless soap</p> <p>toilet tissue</p> <p>weigh scales (infant and child if required by policy for dispensing acetaminophen)</p> <p>___ thermometers</p> |

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| | <p>_____</p> <p>_____</p> <p>4.c. Human Resources requirement:</p> <p>___ R.N.'s</p> <p>___ CHR/s</p> <p>___ clerical (provide information, registration, immunization record, interpret)</p> <p>___ drivers/vehicle(s)</p> <p>___ volunteers for refreshments (e.g. Cadets, Guides/Scouts, highschool kids...)</p> <p>___ volunteer first aiders (basic post immunization assessments, comfort)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Antivirals</p> | |
| <p>1. To develop guidelines for the use of Antivirals</p> | <p>1.a. Refer to the antiviral guidelines in Communicable Disease Manual</p> <p>1.b. Antiviral use and distribution will be determined by the Territorial CMHO.</p> |
| <p>Health Services</p> | |
| <p>1. To identify potential sites for medical care in the event of an influenza outbreak with large numbers of residents becoming ill.</p> <p>2. To develop a list of supplies and equipment needed at each designated medical site.</p> | <p>1.a. As outlined in the health centre disaster plan.</p> <p>1.b. The following sites will be used for:</p> <p>acute care _____</p> <p>assessment/triage _____</p> <p>_____ observation</p> <p>_____</p> <p>emergency _____</p> <p>_____</p> <p>other _____</p> <p>_____</p> <p>other _____</p> <p>_____</p> <p>2.a. Refer to health centre disaster plan for medical equipment.</p> <p>2.b. Social Services or _____ (designate</p> |

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| <p>3. To determine in-patient options in the community of _____.</p> <p>4. To define health care personnel and volunteers who could be of assistance.</p> <p>5. To formulate triage protocols for the community</p> <p>6. To develop discharge criteria from hospital to community taking into consideration the community capacity to provide care.</p> <p>7. To develop a plan for the social and psychological need of the community.</p> <p>8. To determine the capacity of mortuary/burial services.</p> | <p>group or position title if no social worker in community) will be responsible for providing other supplies (such as food and blankets) as designated in disaster plan. See Social Services' (or designate's) responsibilities in Community Disaster Plan.</p> <p>3.a. Refer to Health Centre disaster plan and Home Care responsibilities.</p> <p>4.a. Refer to Community and Health Centre disaster plans.</p> <p>4.b. Meet with local EMO to review and update on an <u>annual</u> basis.</p> <p>.</p> <p>5.a. Refer to protocols in Health Centre Disaster Plan. These protocols will be consistent with Regional protocols.</p> <p>5.b. Centres of residential care listed below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(e.g. group homes and shelters) will care for their residents on site.</p> <p>6.a. Refer to Health Centre Disaster Plan and discharge criteria.</p> <p>7.a. Refer to Social Services or _____ (designated position) disaster plan responsibilities.</p> <p>8.a. Refer to Community Disaster Plan.</p> |
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| <p>Emergency Preparedness</p> <p>1. To minimize social disruption as much as possible from pandemic influenza consequences in the community of _____ .</p> <p>2. To minimize essential service disruption as much as possible.</p> | <p>1.a. NIC to organize a yearly review of the Pandemic Influenza Contingency Plan in preparation for a pandemic influenza emergency and ensure the plan is attached as an Appendix to the Community and Health Centre Emergency Contingency Plan.</p> <p>1.b. Review and revisions will occur on at least an annual basis.</p> <p>2.a. Liaise and work with the local EMO in the review of the PIC plan in conjunction with the overall community disaster plan.</p> <p>2.b. Review community disaster plans with EMO to ensure plans for maintenance of essential services are in place in the event that primary providers are ill.</p> <ul style="list-style-type: none"> - water testing and delivery - sewage collection - garbage collection - back-up power generators - policing (RCMP and By-law) - _____ - _____ - _____ |
| <p>Communication</p> <p>1. To develop a protocol for sharing timely accurate and consistent information among health care providers, media and the general public.</p> <p>2. To disseminate public educational/awareness campaigns in all applicable languages.</p> | <p>1.a. Refer to protocols on chain of communication as determined by regional, and territorial policy guidelines.</p> <p>1.b. All health care providers will be responsible for educating their clientele and the community on the importance of annual vaccination.</p> <p>2.a. The Public Health Designee will coordinate a promotional campaign. Promotional campaign will include: PSA's for radio Local cable TV Local newspapers</p> |

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| <p>3. To make available copies of _____ Pandemic Influenza Contingency Plan.</p> | <p>Posters Faxes Fact sheets Pamphlets</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3.a. Copies will be provided to Regional Health and Social Services Authority.</p> <p>3.b. Copies will also be provided to all community stakeholders with a request for a stakeholder meeting to discuss, clarify, and revise if necessary, roles and responsibilities. Meeting to occur annually.</p> |
| <p>Evaluation of Pre-Pandemic</p> | |
| <p>1. To evaluate pre-pandemic period activities.</p> <p>2. To have the plan updated on an annual basis.</p> | <p>1.a. To be done yearly at end of influenza season (May 31) and before June 30. See Pre-Pandemic Evaluation Checklist.</p> <p>1.b. Areas to be assessed:</p> <ul style="list-style-type: none"> - % immunized of recommended groups . (refer to the Fall Immunization Program) - flow of communication, including timeliness of directives received from Region and Territory. - promotional campaign, including timeliness of materials received - vaccine distribution - _____ - _____ - _____ <p>2.a. The plan will be reviewed and revised annually to ensure current recommendations are included.</p> |

Pre-Pandemic Evaluation Checklist

| Actions to be completed: | Completed: yes / no | Comments/Revisions: | Initial/ Date: | Initial/ Date: | Initial/ Date: | Initial/ Date: |
|---|----------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <i>SURVEILLANCE:</i> | | | | | | |
| 1. All health units activated influenza surveillance as per ILI guidelines. | | | | | | |
| 2. All health units activated weekly surveillance reporting system. | | | | | | |
| <i>VACCINES:</i> | | | | | | |
| 1. High risk register developed as per plan. | | | | | | |
| 2. % of recommended groups immunized assessed. | | | | | | |
| 3. All health units notified of vaccine availability and appropriate education initiated as per plan. | | | | | | |
| 4. Facilities, equipment/supplies and human resource requirements for immunization were met. | | | | | | |
| 5. Prompt reporting of vaccine uptake and adverse effects was done. | | | | | | |
| 6. Mass immunization plan reviewed and revised as deemed necessary. | | | | | | |
| <i>COMMUNICATION:</i> | | | | | | |
| 1. Educational/promotion materials received from Region/Territory in timely manner. | | | | | | |
| 2. Education/awareness campaigns carried out. | | | | | | |
| <i>INFECTION CONTROL:</i> | | | | | | |
| 1. Infection Control guidelines easily accessible. | | | | | | |

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| 2. Infection Control Manual or guidelines reviewed. | | | | | | |
| 3. Protective Barrier equipment inventory maintained | | | | | | |

Pandemic Influenza Contingency Plan ----- Community Responsibilities:

Period 2: PANDEMIC

| OBJECTIVES | ACTION PLANS |
|--|---|
| Emergency Preparedness | |
| <p>1. To activate the emergency response plan.</p> | <p>1.a. Refer to community and health centre emergency response plan.</p> <p>1.b. Designate a stakeholder meeting place in conjunction with EMO and SAO away from Health Centre or Regional H&SS Authority offices.</p> <p>1.c. Call meeting of all major stakeholders as suggested in the response plan. Such as: Local EMO Regional Health Authorities Health Centre Home Care Social Services Wellness Centres Hamlet – SAO and Mayor Health committee R.C.M.P. Fire/Ambulance Group Homes Shelters Education Board/School Principle Clergy</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1.d. Review and clarify roles and responsibilities of all stakeholders in Community Disaster Plan and Pandemic Contingency Plan including communication strategy and identified spokesperson.</p> <p>1.e. Activate contingency plan for providing essential services for persons</p> |

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| | <p>confined to their homes by choice or by direction of health officials as per triage protocols included in the community emergency plan.</p> |
| Health Services | |
| <p>1. To ensure that human resources and logistics are in place to provide essential health services.</p> | <p>1.a. To review the plan as above with the major stakeholders ensuring all partners are clear on roles and responsibilities.</p> <p>1.b. Major H&SS stakeholders (including NIC/SHP, Manager of Social Programs, Manager of Mental Health Programs, Director/s of Health Programs, and Executive Director) to meet with CMHO to review the plan. Meeting to be coordinated by the Territorial CDC and CMHO at Regional request or as deemed necessary at a Territorial level.</p> <p>1.c. Plan will be revised as determined by the disease, it's severity, and geography.</p> <p>1.d. Regional health officials will be responsible for securing additional professional staff as determined by need the community.</p> <p>1.e. The NIC will provide updates of staffing levels to Regional Managers of Health Programs.</p> <p>1.f. Volunteer list will be activated according to need by whoever is delegated this task according to the community disaster plan.</p> <p>1.g. Health officials (Territorial, Regional and local) will determine need to have identified individuals given temporary license to carry out specific tasks.</p> |
| Infection Control | |
| <p>1. To maintain infection control measures to reduce the spread of influenza.</p> | <p>1. Infection control guidelines and principles will be followed. Refer to: <u>NWT Infection Control Manual</u></p> |

| | |
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| | <p><u>NWT Communicable Disease Manual</u></p> <hr/> <hr/> <hr/> |
| <p>Surveillance</p> | |
| <p>1. To activate surveillance protocols immediately in order to investigate outbreaks and track progress of influenza disease throughout NWT.</p> | <p>1.a. All health units as outlined in pre-pandemic plans will activate the surveillance protocols, complete the appropriate reporting forms, and forward to the CDC as required. Frequency of reporting will be determined by the CDC.</p> <p>1.b. The CMHO will determine the beginning of the pandemic period based on the above surveillance reports.</p> <p>1.c. The CMHO will give direction as to increasing obtainment of specimens to further investigate outbreaks.</p> <p>1.d. CMHO will collate data and inform The Public Health Agency of Canada.</p> |
| <p>Communications</p> | |
| <p>1. Activate communication plan immediately.</p> | <p>1.a. All communications to the media will be done at a Territorial level according to the Communication Strategy.(Being drafted)</p> <p>1.b. Meet with local and Regional health managers and local EMO to review lines of communication and Communication Strategy.</p> <p>1.c. NIC will identify who will interpret and provide information to the public as received from H&SS, such as:</p> <ul style="list-style-type: none"> - CHR - Clerk/interpreter - _____ - _____ - _____ |

| | |
|--|--|
| | <p>1.d. Identify community communication resources:</p> <ul style="list-style-type: none"> - radio - local cable TV - public places for posters - _____ - _____ - _____ <p>1.f. Daily briefings to occur with health and social service staff and volunteers. Each manager will be responsible for briefing their staff and volunteers.</p> <p>1.g. NIC will attend Regional /Territorial briefings as required.</p> |
| Antiviral Drugs | |
| <p>1. Activate the antiviral distribution plan.</p> | <p>1.a. The CMHO will determine prioritization of recipients for antiviral drugs based on antiviral drug availability.</p> <p>1.b. NIC will project drug requirements based on the above prioritization decisions and recommended target groups.</p> |
| Vaccine | |
| <p>1. To activate the vaccination program as outlined under vaccination plan in pre-pandemic period.</p> | <p>1.a. The CMHO will prioritize distribution of vaccine based on vaccine availability. Prioritization of recommended target groups will occur and vaccination will be delivered according to this plan. Delivery will increase as vaccine becomes available.</p> <p>1.b. Human resources and logistics will be put in place according to the mass vaccination plan outlined under the pre-pandemic period.</p> <p>1.c. Review vaccination plan with all stakeholders.</p> <p>1.d. The CMHO will initiate the chain of distribution of vaccine with EMO and regional assistance.</p> |

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| <p>2. To ensure prompt reporting of any vaccine adverse events.</p> | <p>1.e. Appropriate vaccine uptake forms will be completed by _____ (position title) and forwarded to CDC as per NWT protocol.</p> <p>1.f. Review vaccination procedures with appropriate personnel</p> <p>2.a. All staff involved in giving vaccinations will complete the Vaccine-Associated Adverse Event form (VAAE) as needed, inform the NIC and forward to the CDC. *The vaccine will be new with a short testing period*</p> |
|---|--|

Pandemic Influenza Contingency Plan ----- Community Responsibilities:

Period 3: POST PANDEMIC

| OBJECTIVES | ACTION PLANS |
|---|---|
| <p>1. To evaluate the pandemic contingency plan for each component of the pandemic period.</p> <p>2. To determine effectiveness of plan as experienced during a Pandemic.</p> | <p>1.a. Evaluation will be initiated when the CMHO declares the pandemic period is over.</p> <p>1.b. The evaluation checklist will be completed by the NIC and forwarded to the Regional H&SS Authority</p> <p>2.a. Revisions will be incorporated into the overall contingency plan.</p> |

POST PANDEMIC EVALUATION/CHECKLIST

| Actions to be completed: | Completed: yes/no | Comments/Revisions: | Initial/Date: |
|---|------------------------------|----------------------------|----------------------|
| <i>SURVEILLANCE:</i> | | | |
| 1. All health units activated influenza surveillance as per ILI guidelines. | | | |
| 2. All health units activated weekly surveillance reporting system. | | | |
| <i>VACCINES:</i> | | | |
| 1. High risk register developed as per plan. | | | |
| 2. All health units notified of vaccine availability and appropriate education initiated as per plan. | | | |
| 3. Facilities, equipment/supplies and human resource requirements were met. | | | |
| 4. Prompt reporting of vaccine uptake and adverse effects was done. | | | |
| 5. Mass immunization plan reviewed and revised as deemed necessary. | | | |
| <i>ANTIVIRALS:</i> | | | |
| 1. Anti-virals were received and distributed as per guidelines for recommended target groups. | | | |
| 2. Adequate drug supplies were projected. | | | |
| <i>HEALTH SERVICES:</i> | | | |
| 1. Sites/facilities were adequate for the numbers of ill residents. | | | |
| 2. Supplies/equipment were adequate for each site. | | | |
| 3. In-patient, home care, Group Homes and shelters were adequate. | | | |
| 4. Health Care personnel and volunteers were identified and roles clearly defined. | | | |
| 5. Triage protocols were adequate and consistent with regional protocols. | | | |
| 6. Discharge criteria were established and effective. | | | |
| 7. Social and Psychological needs were adequately met. | | | |
| 8. Mortuary and burial capacity was adequate. | | | |

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| INFECTION CONTROL: | | | |
| 1. Infection control guidelines followed. | | | |
| COMMUNICATION: | | | |
| 1. Communication protocols were developed and activated at the community, regional and territorial levels. | | | |
| 2. Media spokespersons were identified. | | | |
| 3. Daily briefings with all stakeholders were held. | | | |
| 2. All major stakeholders were provided copies of the plan at the community, regional and territorial levels and participated in review and revision. | | | |
| EMERGENCY PREPAREDNESS: | | | |
| 1. The Pandemic Influenza Contingency Plan was activated and served to minimize social disruption during the pandemic emergency as much as possible. | | | |
| 2. The Pandemic Influenza Contingency Plan is attached as an appendix to the overall Community Emergency Preparedness Plan | | | |

ANNEX D

1. DEPARTMENTAL EMERGENCY RESPONSIBILITIES

All Departments and Agencies

All departments and agencies of the GNWT have the following emergency preparedness responsibilities:

- appoint a senior official, and alternate, as the departmental Emergency Planning Officer
- develop emergency plans and procedures to support Level I, II and III emergencies
- include a Family Support Plan for departmental emergency workers and a capacity to access or provide Critical Incident Stress De-briefing services in departmental emergency plans
- provide liaison officers to assist Regional Superintendents and Local Authorities in emergencies
- provide representatives, personnel or resources to the TEOC as may be required by the Emergency Measures Officer
- have readily available information on departmental assets and links that may be employed in emergencies
- develop business continuity plans to ensure vital departmental operations can be continued if the department's facilities or automated systems are affected
- protect departmental assets and information
- provide input into government emergency preparedness development
- undertake emergency purchasing for departmental operations or emergency support activities

MUNICIPAL AND COMMUNITY AFFAIRS

The **Emergency Measures Organization** provides overall coordination of territorial emergency planning and response and is responsible for:

- preparation, testing and maintenance of the emergency plan;
- coordination of government response to emergencies;
- establishment, operation and administration of the TEOC;
- processing of requests for the assistance of other provincial/territorial jurisdictions, Canadian Forces and the Government of Canada;
- arranging for de-briefings of any response at the Territorial level;
- coordination of the preparation of the final report on emergencies;

- recommend disaster assistance programs and the sharing of costs for emergency management;
- collect, collate and analyse government emergency operating costs;
- assistance to departments and local authorities in the development and implementation of emergency plans;
- support in fire-fighting, search and rescue, emergency first aid and triage;
- requisition of special fire-fighting and safety equipment; and
- provision of specialized on-scene personnel and emergency response teams as required.

The **Department of Municipal and Community Affairs** is responsible for:

- the development and implementation of an effective, coordinated approach in responding to each reported emergency by coordinating the response of Regional Emergency Response Committees;
- assistance to Local Authorities in responding to emergencies;
- requests for assistance and liaison between local emergency authorities and the Territorial Emergency Response Committee.
- advising EMO of emergencies affecting a Region; and
- coordination of de-briefing on emergency operations and the preparation of a final report on the response to emergencies at the Regional level.

HEALTH AND SOCIAL SERVICES

In addition to managing the Health Intervention Plan for Pandemic Influenza, the Department fulfills its territorial emergency responsibilities by providing or arranging for the following services:

- personal counselling services;
- acute care and mental health contingency planning and services;
- critical incident stress debriefing for victims and emergency response personnel;
- emergency public health services;
- environmental health services and advice;
- maintaining a list of hospitalized casualties;
- liaison with provinces/territories to determine destinations for casualties;
- health related information and advice on public protection measures and technical advice to local authorities and other departments;
- the acquisition of emergency medical stores and supplies;
- movement of patients to safe areas and emergency evacuation of casualties; and
- provision of technical advice and guidance at emergency sites regarding occupational health and safety of response persons.

FINANCIAL MANAGEMENT BOARD SECRETARIAT

This Department is responsible for:

- establishing and administering emergency financial management systems;
- processing of approved emergency operations expenditures; and
- processing of disaster assistance payments.

DEPARTMENT OF EXECUTIVE

The Department's **Emergency Coordinator** is responsible for:

- safety of the Executive and legislative staff;
- accommodation, communication and other necessities for the continuity of the Executive and associated committees; and
- coordination and liaison with the Department of the Executive on matters related to a State of Emergency.

The Department's **Director of Communications** is responsible for managing the GNWT Communications Plan for providing emergency public information and media coordination by:

- coordinating GNWT programs to inform the public in an affected area;
- establishing a local public information center and/or a media information center when required;
- coordinating representation for the Minister and the Territorial EOC to the press, develop press releases and organize press conferences;
- liaison with, advice to and monitor local and visiting media;
- coordinating the assistance of interpreters as required; and
- briefing the Minister, Emergency Measures Officer and the Regional Superintendent on emergency information matters.

RESOURCES, WILDLIFE AND ECONOMIC DEVELOPMENT

This Department is responsible for:

- coordination of GNWT response to hazardous goods spills, clean-up operations and disposal arrangements;
- provide damage assessment information in sectors under departmental management;
- managing GNWT forest fire operations;
- provision of technical personnel and advice to local authorities, GNWT officials and other agencies respecting environmental protection matters;
- arranging for flood river flow forecasting;
- assistance in the provision of available mobile/portable radio systems when required;
- assistance in the procurement of radio communications equipment;
- provision of damage assessment information regarding economic impact of emergencies;
- advise on disaster assistance and recovery options and their impact on business and industrial recovery; and
- advice and technical expertise on dangerous goods management and response.

PUBLIC WORKS AND SERVICES

This Department is responsible for:

- provision of specialized equipment and personnel;
- professional assistance in undertaking reconstruction;
- damage assessment in the public sector;
- assistance in the acquisition of special emergency accommodation for GNWT emergency workers;
- technical advice regarding electrical installations, pressure vessels and other materials and installations which may affect the response to an emergency; and
- provision of emergency postal/courier services.

TRANSPORTATION

This Department is responsible for:

- provision and maintenance of land and water access to emergency areas, where necessary;
- provision of transportation equipment and operators;
- provision of available mobile radio systems when required;
- damage assessment of public sector transportation facilities;
- provision of Airport facilities and services;
- transportation of emergency materials and supplies; and
- transportation of persons displaced by an emergency out of the community;

DEPARTMENT OF JUSTICE

The Department is responsible for:

- management of requests to Canadian Forces for military assistance to the civil power;
- provision of coroner services;
- provision of legal advice and assistance to government emergency operations officials;
- protection and security of correctional institutions populations and evacuation if required;

and through the Royal Canadian Mounted Police

- reinforcement of local police services;
- assessment and reporting on the degree of public danger;
- coordination of public ground search and rescue (including inland waters);
- identification and handling of dead;
- establishing a temporary morgue;
- traffic and crowd control; and
- providing security of vital points.

NORTHWESTEL

Responsible for the coordination of existing telecommunications service providers to ensure a proper level of emergency preparedness is maintained at the territorial and regional level in providing voice and data service.

YELLOWKNIFE AMATEUR RADIO SOCIETY (YARS)

YARS is responsible for providing planning advice and guidance to TERC on emergency communications matters, providing amateur radio operator assistance, and operating the GNWT emergency communications network.

2. OTHER MANDATED AUTHORITIES

WORKERS COMPENSATION BOARD

The Board is responsible for provision of advice and technical expertise on underground rescue and workers' safety.

OFFICE OF THE CHIEF CORONER

The Chief Coroner is responsible for the handling of fatalities in an emergency. The RCMP act as Officers of the Coroner in this scenario and secure the scene when fatalities are involved. The RCMP make interim arrangements for caring for bodies until a Coroner is on scene and can assume control of the bodies.

ANNEX E

TERRITORIAL EMERGENCY OPERATIONS CENTER (TEOC)

TEOC

The Territorial Emergency Operations Center (TEOC) is the location from which territorial activities for Level I, II & III events are managed.

The TEOC will be managed by MACA and will be located in the Department's boardroom and the adjacent Emergency Services Division office suite on the 6th floor of the Northwest Tower.

The TEOC is located at:

RCMP "G" Division Headquarters
2 nd Floor
5010 – 49 Avenue
YELLOWKNIFE, NT X1A 1P3

Telephone - (867) 873-7554 (24/7)

Fax - (867) 873-8134

ACTIVATION

The Territorial Emergency Management Coordinator will activate the TEOC as the situation warrants. Agencies involved in emergency operations will be contacted and departmental representation will be designated as point-of-contact for future operations.

When the TEOC is fully activated it will include:

- the TEOC Chairman (Territorial Emergency Management Coordinator)
- the TEOC Assistant chairman (Community Emergency Management Coordinator)
- operations officers (seconded from other agencies)
- representatives from each agency (as a part of the Territorial Emergency Response Committee - TERC)
- communications staff
- administrative support

RESPONSIBILITIES

TEOC Chairman and Assistant Chairman

- coordinates operational activities of the territorial government and support organizations;
- maintains liaison with Regional Superintendents and PSEPC Regional Office and national headquarters;
- approves public advisory materials and recommends press releases.
- collects, collates, analyses and disseminates information on the incident;
- maintains communications with the Region/Local Authorities EOCs;
- assigns resource needs of local/regional or national response agencies to departments to arrange provision;
- oversees the maintenance of action logs; and
- completes event reports for each emergency.

- coordinate operational activities of the territorial government and support organizations;
- maintains liaison with Regional Superintendents and EPC Regional Office and national headquarters; and
- approves public advisory materials and recommends press releases.

Operations Officers

receive, record and disseminate information to representatives for action;

- action operational or logistic requirement requests; and
- maintain action logs and information displays.

Department Representatives (on call, or present in the TEOC)

- act as a representative of the head of the agency/department
- maintain a register of resource sources for which their agency is responsible;
- maintain a record of the status of any resources the agency has been tasked to provide or has on order;
- provide information to the operations officers on agency activities; and
- provide input into operational management options and post event reports.

ANNEX F

MUTUAL AID CONDITIONS

The formal request will be initiated by the jurisdiction requiring assistance making contact with the lending jurisdiction.

The lending jurisdiction will provide an initial assessment of the likelihood of being able to meet the request in a timely manner and will confirm details of the assistance including estimated costs.

The lending jurisdiction will be responsible for arranging the appropriate approval and coordination required to dispatch resources.

The recipient jurisdiction will, if so requested, reimburse the lending jurisdiction for all reasonable costs and expenses directly associated with the resources loaned. Unless other arrangements are agreed to by both parties, regular staff salaries will not be included.

Where emergency operations are conducted in more than one jurisdiction, each jurisdiction shall assume operational control over any emergency action undertaken within its territory.

Where cost-shared program funding provided by the Government of Canada is involved in cross-boundary emergency operations, the recipient jurisdiction shall be responsible for recovering all relevant cost-shared expenditures.

ANNEX G

STATE OF EMERGENCY

GENERAL

The *Civil Emergency Measures Act* provides for a State of Emergency to be declared by the Minister, should the need arise.

PROCEDURE

The Emergency Measures Officer will make recommendations to the Minister on declaring a State of Emergency.

The Minister will approve a declaration in the format illustrated in this Annex, in accordance with Section 11(2) of the *Civil Emergency Measures Act*.

The Press Officer will immediately provide a formal GNWT Press Release on the details of the Declaration through arrangements established in the GNWT Communications Plan.

TERMINATION

The State of Emergency is terminated by either the lapse of fourteen (14) days or by a pronouncement by the Minister.

FORMAT

DECLARATION _____

WHEREAS an emergency exists in _____ due to

_____.

THEREFORE, pursuant to Section 11 of the Civil Emergency Act, I hereby declare that a State of Emergency exists in _____

_____ and designated officials in charge of emergency operations may do all acts and take all necessary proceedings to protect life and property.

_____ Minister Responsible for Civil Emergency Measures

_____ DATE

_____ TIME