



Influenza Pandemic Guidelines For Municipal Emergency Management Programs

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Section 1. Purpose of the Guidance Document

In Ontario, municipalities and provincial ministries are required to have an Essential Emergency Management Program pursuant to the *Emergency Management and Civil Protection Act* and Regulation 380/04. Training, tools, and resources are available to communities and ministries to assist in maintaining programs to meet annual legislative and regulatory requirements. The Act also requires municipalities to adopt emergency response plans to describe the method by which the municipality and its agencies will respond to an emergency. While such documents may be general in nature and premised on an “all-hazards” approach, some municipalities may wish to develop plans and procedures to respond to specific types of emergencies. In this regard, generic guidance documents may be issued by Emergency Management Ontario (EMO) from time to time as required, in support of communities with an interest in developing risk-based response plans and procedures for identified hazards, such as floods, severe weather, forest fires etc. The purpose of this Guidance Document is to provide further advice and assistance to municipalities interested in preparing response plans and other arrangements related to a potential influenza pandemic. This Guidance Document is intended for the Community Emergency Management Coordinator (CEMC) and Program Committee members who may be tasked to prepare such a document.

EMO supports the development of plans and procedures relating to influenza pandemic as part of its commitment to improving disaster-resilience within Ontario. This approach will enhance public safety in communities by:

- Permitting further customization of the community emergency response plan that documents a wider range of response capabilities in a clear, proactive and coordinated manner;
- Implementing a proactive public education program that can prevent and/or mitigate the full impact of an influenza pandemic if it occurs;
- Assisting municipal elected officials and senior staff to be diligent and confident if required to respond in a timely manner to an influenza pandemic and any Provincial directions that may be made;
- Building public willingness to follow direction when emergency information is issued from government authorities in addressing an influenza pandemic;
- Ensuring continuity of local government and maintenance of identified priority services;
- Coordination of response and support activities between all levels of government and agencies with identified roles.

Since this is a guidance document, the information contained is not intended to limit the arrangements that a municipality may adopt in its approach to influenza pandemic planning. This document is intended to provide an approach to

developing response plans or procedures relating to this risk. Interested municipalities are encouraged to research additional sources of information and seek further guidance from lead agencies and other experts or stakeholders when preparing a pandemic emergency response plan, or in developing other pandemic-related protocols.

Section 2. Suggested Format

While municipalities may wish to develop their own approaches to the structure of pandemic response plans, the model illustrated below has proven adaptable to many other types of risk-based plans and is highly recommended.

1. Aim of the Plan
2. Description of Risk
3. Concept of Operations
4. Provision and Delivery of Emergency Information
5. Other Jurisdictional Considerations and Unexpected Situations

Whatever format is adopted, the key elements listed above and described in more detail below should be addressed within the response plan. The plan should not attempt to duplicate planning activities of other levels of government and/or stakeholders engaged in responding to a potential risk. Instead, it will consolidate the most pertinent information into one easily accessible document that may be attached as an annex to the municipality's emergency response plan, or published as a stand-alone document.

Although six pandemic phases have been defined by the World Health Organization (WHO) to coordinate health sector activities, for most municipal purposes, three pandemic phases will exist:

- A Pre-Pandemic Phase (sometimes referred to as "Inter-pandemic phase) where no threat is identified or imminent;
- A Pandemic Alert Phase where a pandemic is deemed to be likely;
- The Pandemic Phase itself where the influenza is present.

Each of these phases will compel different levels of engagement and activity for municipalities and other public authorities. Municipalities that develop arrangements specific to an influenza pandemic should consider the structuring of the associated plans and/or procedures to align with these three phases. Health sector plans will likely conform to the full range of phases that the WHO has defined, but most municipal arrangements will not likely need to be defined to the same level of detail, and the three phases listed above should be sufficient for the coordination of municipal activities.

Section 3. Aim and Scope of the Plan

The aim of the plan will be to describe the arrangements to be made and the procedures to be followed by employees and agents of the municipality in response to an identified or imminent influenza pandemic. The document will describe the roles and responsibilities of municipal staff as well as those of other levels of government and external agencies in responding to, or preparing for, a pandemic.

The plan will augment the procedures currently in place provided in the municipality's overall emergency response plan by clarifying information that is specific to the community in dealing with influenza pandemic. The plan should contain information related to:

- Roles and responsibilities of the municipality's staff and senior management;
- The role of the municipality in supporting the local public health authority;
- The identification of priority municipal services, and procedures to sustain these during an influenza pandemic;
- Procedures to ensure the continuity of local government and maintain the decision-making process (recommended best practices include the development of a Business Continuity Plan);

Consistent with the Ontario Health Pandemic Influenza Plan and in consultation with the relevant agency, the Plan should also address:

- The roles of other levels of government and external partners during pandemic influenza preparation and response, and a description of the relationships that exist between involved agencies and authorities. This will include a concept of operations for the response mechanism that would be implemented in the event of a pandemic;
- The role of the Medical Officer of Health and the local public health authority (if not the municipality);
- Procedures to be followed for the development and dissemination of emergency information and public education that is accurate and coordinated with all other agencies;
- Logistical details and arrangements that include the locations and sources of supplies and services that relate uniquely to pandemic response or preparedness.

The following table summarizes the scope of some of the main types of activities that need to be addressed during the planning process. It also identifies the agencies and levels of local government that would be affected.

<u>Phase:</u>	<u>Item/Issue:</u>	<u>Agencies Involved</u>
Pre-pandemic Phase	Promotion of best practices to reduce the risk of influenza transmission in the workplace	All municipalities and agencies
	Development and maintenance of a pandemic emergency response plan and/or business continuity plan.	All municipalities in consultation with local public health units
	Antivirals/Vaccines: Development of plans to administer antivirals and vaccines: <ul style="list-style-type: none"> • Locations for clinics [distribution points]; • Security; • Enumerating priority groups for receipt of vaccinations & antivirals; 	Public Health Units and all municipalities.
	Development of modified operating procedures for first responders (Police, Fire EMS): <ul style="list-style-type: none"> • May include modified tiered response agreements; • Should address Personal Protective Equipment; • 	All municipalities, jurisdictional police services, MOHLTC CACCs (ambulance dispatch), hospitals
	Development of procedures for document control for directives and alerts about the pandemic to emergency responders, staff and the public	All municipalities
	Identification of vulnerable populations: <ul style="list-style-type: none"> • Isolated communities; • Persons confined to their homes; • Elderly living alone; • Homeless; 	Municipal Social Services (Usually Region, County, or District); Community Care Access Centres and Public Health Units.

Pre-pandemic Phase (cont.)	Development of strategies to provide food and other emergency services to vulnerable populations.	Municipal Social Services (Usually Region, County, or District)
	Volunteer management program: <ul style="list-style-type: none"> • Identification of areas where volunteers can be of assistance; • Explore use of existing organizations and define potential costs; • Define registration process for non-affiliated volunteers; • Develop training agendas; 	All municipalities and agencies depending on forecast needs
	Planning for removal and disposal of human remains: <ul style="list-style-type: none"> • Determine capabilities at local funeral homes [coffins, costs]; • Cemetery management [plots]; • Vault capacity for storage; • Death Pronouncements and registrations; 	Health Unit, Jurisdictional Police Service, Lower and Single-Tiers, Hospitals. NB: This is currently being addressed by The Ministry of Community Safety and Correctional Services in consultation with the Chief Coroner for Ontario (July 2006)
	Establishing protocols for influenza surveillance and reporting in the workplace: <ul style="list-style-type: none"> • Municipal Freedom of Info & Protection of Privacy Act considerations; • Planning for EOC security as related to influenza surveillance; • Planning for implementation of EOC infection control guidelines; 	Head of the Institution [as designated under the MFIPPA] All municipalities and agencies
	Development of criteria for the cancellation of Public Events and reduction/suspension of municipally-provided services;	All municipalities and agencies, jurisdictional Police Services in consultation with public health unit
	Development of policies for the use of isolation and enforcement;	Health Unit, jurisdictional Police Services

Pre-pandemic Phase (cont.)	Assessment of availability of municipal facilities for use of public health authority: <ul style="list-style-type: none"> • Clinics; • Alternate care facilities; 	All municipalities in consultation with local public health units
Pandemic Alert Phase:	Implementing Best Practices and influenza surveillance protocols	All municipalities and agencies
	Review plans: <ul style="list-style-type: none"> • Conduct drills/briefings/exercises; • Implement ongoing assessment of business continuity vulnerabilities; • Create inventory of critical supplies; 	All municipalities and agencies
	Review training & exercise results, debriefings, concerns: <ul style="list-style-type: none"> • Update/training for staff; 	All municipalities and agencies
Pandemic Phase:	Criteria for Declaration of Emergency: <ul style="list-style-type: none"> • Review checklist for relevant criteria; • Assemble Control Groups; 	Municipal Heads of Council All municipalities and agencies
	Full activation of pandemic and business continuity plans: <ul style="list-style-type: none"> • Regardless of status of declaration; 	All municipalities and agencies
	Implementation of procedures for isolation, as may be applicable;	Health Unit, Jurisdictional Police Service
	Review internal infection control practices and cleaning processes in municipal workplaces and the EOC;	All municipalities and agencies
	Implementation of plans to provide for vulnerable groups/isolation patients;	Municipal Social Services
	Monitor activities, services and resources for consistency and adequacy across the jurisdiction: <ul style="list-style-type: none"> • Identify unmet needs; • Implement strategies to address problems; 	All municipalities and agencies (Suggest at Control Group Level)
	Implementation of cancellation policy for public events;	All municipalities and agencies, jurisdictional Police Services

Section 4. Description of the Risk

The potential characteristics and impacts of an influenza pandemic are well documented and available from a variety of sources. A summary of publications and other sources of information that are available from both the Ontario Ministry of Health and Long Term Care, and the Public Health Agency of Canada is included in Section 9 of this guideline.

Municipalities should review the information that is available from all appropriate sources and make a determination of the risk that the threat of pandemic reflects within their own communities. This assessment should be made in consultation with the local public health authority. As at this time, no direction has been made in legislation to mandate planning for influenza pandemic by municipalities, municipal elected officials will need to consider policy directions which are clear and appropriate for their jurisdictions, and which focus on the municipality's ability to deliver its essential services during a pandemic. They should also contemplate the anticipated demands for additional services and support that might arise during a pandemic.

Risk assessment is a function of probability and consequence. While it is known that influenza pandemics have occurred, their frequency and imminence is less predictable in Ontario than other types of recurring hazards such as floods or forest fires. The probability of an influenza pandemic will therefore be a subjective determination that each municipality will make for itself based on available information and advice from the health sector. The consequences of a pandemic within a municipality, however, can be more accurately predicted given the knowledge of the characteristics of this type of occurrence. In determining risk exposure, the following considerations should be discussed and evaluated:

- The likely impacts of pandemic influenza on municipal staffing levels based on the estimated attack rate of 35% over the duration of the pandemic. It is suggested that the actual peak absenteeism rate will be closer to 20%;
- Which services provided by the municipality are to be deemed essential. All services should be prioritized and the impacts of service reductions or withdrawals on the public assessed, particularly for those services provided to vulnerable populations;
- The ability of the municipality to respond to increased demands for service. This is particularly important where a municipality is responsible for providing some aspect of health care such as EMS or Public Health. Although many municipalities play no role in the delivery of health care or health-related services they will need to consider their ability to sustain the key services that they do provide during a pandemic;
- The overall availability of health care within the municipality which includes services provided by other levels of government, external authorities, or the private sector. This will include paramedics, hospitals and clinics, and family physicians;

- The demographics of the municipality (e.g. size, urban form, ethnicity and language, age cohorts);
- The potential for the municipality to experience increased service demands and other pressures as a result of migrations into the community from external jurisdictions experiencing or anticipating pandemic impacts;
- Geographic or seasonal considerations;
- Potential impacts on critical infrastructure, as defined by Ontario's nine sectors, including those elements not under the jurisdiction of the municipality;
- The availability of supplies and resources required to sustain municipal operations and the vulnerability of the municipality to interruptions of the supply chain;

Based on these deliberations, the municipality can identify the approach it will take to making arrangements for pandemic influenza preparedness and response. If the decision is to undertake the development of a pandemic-specific plan or other procedures, a process must be implemented that addresses the following steps

1. Assigning responsibilities for plan development and approval;
2. Creating realistic timeframes for deliverables;
3. Conducting research and consultation and creating draft documents;
4. Reviewing documents with partners and stakeholders;
5. Circulating draft of proposed arrangements;
6. Training staff in their pandemic roles, including alternates;
7. Conducting exercise to test planning assumptions;
8. Revising documents as required;
9. Having arrangements formally endorsed by municipality;
10. Assigning accountability for maintenance and update.

Section 5. Concept of Operations

A concept of operations describes the mechanism by which a municipality will conduct its own operations and interact with other responding agencies. It is a key element of all emergency plans, and each municipality will have its own procedures for the services that it provides. A concept of operations will not need to anticipate the need for a municipality to deliver services that are provided by other levels of government or agencies, but will need to describe the procedures for sustaining its own critical services, and for coordinating its own processes for planning, decision-making, communications, and providing support to the health care sector with those of all of the other governments and agencies involved in pandemic response.

Most municipalities have adopted a concept of operations that involves the assembly of a municipal control group within the municipality's emergency operations centre. The control group provides strategic decision-making and direction for the municipal operations staff, and supports operations in the field. Some municipalities have modified this concept through the adoption of an incident management system (IMS). The Province of Ontario is currently developing a Provincial Incident Management System (PIMS) that will be consistent in format with the IMS/ICS models that already exist in many jurisdictions. Whatever model is selected within the municipality's overall emergency response plan should be utilized for pandemic response planning as well, with any specific modifications that may be required for the type of multi-jurisdictional response that is contemplated within a pandemic.

During an influenza pandemic, response and support would be provided by all levels of government and many other agencies and authorities. A municipality must therefore ensure that its concept of operations is integrated with those of the other agencies involved. Each municipality's concept of operations must outline what services will be provided during a pandemic, and by which agency. This will be relatively simple for the functions that are provided by the municipality itself, however, for services which are provided within the municipality by other levels of government or authorities such as boards of health, municipal staff will have to confirm what will be provided by each organization. This will vary from municipality to municipality, as local governments and health authorities are structured and provide services differently across the Province.

Where First Nation communities are present within a municipality, consideration should be given to coordinating municipal pandemic planning with those of the First Nations. Health Canada is assisting with the coordination of pandemic planning within the aboriginal community and will be available to consult with municipalities.

The most important consideration within the planning process is that each municipality does not need to plan to provide services that are the responsibility of other levels of government or authorities. Lower-tier communities, for example, do not play a role in the delivery of health care. It will not be necessary for those municipalities to create a structure to deliver these types of services. Where municipalities are accountable for some form of health care delivery (e.g., EMS-upper tiers; Public Health - some single-tiers and regions) the concept of operations will need to include a mechanism for the continued and likely augmented delivery of these services during a pandemic.

There are also key levels of health care that are not directly provided by municipalities or local health units. These include hospitals, Community Care Access Centres, and private physicians and clinics. Municipalities do not normally possess formal linkages with these individuals and agencies unless the municipality itself is the health authority as is the case in regions and some single-tier cities. The responsibility for integrating these individuals and agencies in planning for a pandemic is best assigned to the local public health authority as it, in coordination with the Ministry of Health and Long-Term Care, will define the health sector response to an influenza pandemic.

Although for many municipalities pandemic planning will be primarily a continuity of operations exercise, all municipalities must anticipate the need to provide support to the health response to pandemic influenza irrespective of their service delivery mandates, as a result of public need or Provincial direction. Examples of how such support might be extended by municipalities with no direct accountability for the delivery of health services include: making municipal facilities available for alternative uses; providing vehicles and logistical support; and the secondment of municipal staff with transferable skills.

All municipalities will need to liaise closely with the health sector, especially in the areas of public education and providing emergency information during a pandemic. Each municipality must decide how this collaboration would occur, and the arrangements that are determined must be reflected in the municipality's concept of operations. For example, during a pandemic, a lower-tier municipality might activate its EOC and municipal control group, and send a representative to another agency's EOC that is coordinating the delivery of health care and information. In other areas this process might be reversed.

In summary, each municipality's concept of operations should address the following:

1. Prioritization of its services;
2. Continuity of operations for these services;
3. Protection of employees;
4. Delivery of health sector response (for those possessing this accountability);
5. Provision of support to health authorities;

6. Coordination of operations with other agencies/governments;
7. Coordination of the delivery of public education and emergency information with other agencies/governments.

The following table describes how a municipality's pandemic concept of operations might be organized within an IMS model:

IMS Function	Municipal Activity
Command	<ul style="list-style-type: none"> • Identifying lead municipal agencies in dealing with the pandemic response, either; <ul style="list-style-type: none"> ○ Retain the lead; or ○ Coordinate response and support to other level of government or agency; • Identifying tasks and roles of the Community Control Group members; <ul style="list-style-type: none"> ○ As defined within pandemic plan; ○ Contingency arrangements and alternates; • Coordinating with the PEOC and/or liaison through the Provincial Emergency Response Teams, especially if the response is province-wide or area specific where provincial direction/orders are given; • Activating the pandemic plan and implementing concept of operations arrangements; • Canceling public events or closing facilities; • Receiving direction from health unit or Province and directing local implementation of orders/advice received; • Prioritizing and ensuring continuity of critical municipal services; • Delivering emergency information through the media for the public, such as: <ul style="list-style-type: none"> ○ Local spokespersons; ○ Local public health unit; ○ Key messages;
Operations	<ul style="list-style-type: none"> • Coordinating the municipality's internal emergency response activities such as: <ul style="list-style-type: none"> ○ Notifying the Head of Council of an imminent and/or actual emergency; ○ Activating the municipal emergency response plan and pandemic influenza annex or arrangements; ○ Assembling the CCG at the EOC; • If applicable, coordinating the municipality's external response activities, such as implementing the concept of operation which may include a joint EOC or liaison between: <ul style="list-style-type: none"> ○ Lead agency EOC; ○ Neighboring municipalities' EOCs; • Coordinating operations and briefing cycles of the EOC with media briefings, especially in a multi-jurisdictional response; • Carrying out assigned duties between briefing cycles, especially for coordinating with other response organizations;

<p>Planning</p>	<ul style="list-style-type: none"> • Assessing the ongoing impacts on the municipality: <ul style="list-style-type: none"> ○ Mortality and morbidity; ○ Communicating information to health unit; ○ Pandemic phase and attack rate; ○ Need for implementation of anti-viral administration arrangements; ○ Stresses on health care sector; ○ Impacts on staffing of municipality's services; ○ Newly emerging demands and requests for support/unmet needs; • Addressing the short term consequences on the municipality, and planning for immediate provision of services and supplies, in consideration of: <ul style="list-style-type: none"> ○ Likely duration of current pandemic phase; ○ Implementing directions received from local public health unit and/or Province; ○ Need for reception and/or evacuation centres; ○ Food and shelter for individuals, families and travelers; ○ Protection of identified critical infrastructure; ○ Support to emergency services, including personnel and equipment; ○ Continuity of government for critical services and functions; ○ Impacts on vulnerable populations; ○ Need for volunteers or support agency assistance; ○ Implementing anti-viral administration arrangements; • Addressing the longer term consequences on the municipality, and planning for future services and supplies, such as: <ul style="list-style-type: none"> ○ Forecasting timelines for duration of pandemic impacts based on health sector estimates; ○ Accommodation and social assistance to individuals and families who may be disrupted through death or illness; ○ Financial assistance to businesses; ○ Continued operation of identified critical infrastructure if the supplies of required resources become limited; ○ Support for emergency services, including personnel and equipment, ○ Ongoing continuity of government for critical services and functions, if difficult recovery effort is expected; • Providing a timely transition to recovery operations, when deemed appropriate.
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Logistics	<ul style="list-style-type: none"> • Identifying the availability of supplies and support; • Monitoring the levels of supplies and support and rates of consumption; • Advising the Command and Operations sections of current or anticipated shortages; • Providing support in the form of services and supplies which could be: <ul style="list-style-type: none"> ○ Within the municipality for its own operations; ○ From the municipality to the lead agency in a multi-jurisdictional response; ○ To external municipalities or other parts of the Province or nation; • Coordinating with the PEOC and/or Provincial Emergency Response Teams, for supplies and services, if and when community resources are exhausted;
Finance and Administration	<ul style="list-style-type: none"> • Providing an expenditure tracking system for: <ul style="list-style-type: none"> ○ Staff services; ○ Municipal resources, such as supplies, equipment and facilities; • Arranging for temporary services and rental/purchase of resources from the private sector or NGOs; • Seeking compensation for municipal services provided; • Seeking financial assistance from senior levels of government;

There will be numerous agencies and authorities involved in an influenza pandemic response. This will likely mean that multiple EOCs and control groups may be operating within a single area. To ensure efficient and effective response some form of coordination will be required. The coordination process will be expedited if all participating agencies are using the same concept of operations. The use of an IMS/ICS approach, as illustrated above, is highly recommended, as not only does it provide the advantages already described, but as all IMS-trained staff possess the same training and skills, the secondment of staff to support other authorities is vastly simplified. This may be an important consideration should a pandemic occur.

Section 6. Provision and Delivery of Emergency Information

Information relating to an influenza pandemic will fall into two categories; that which is made available to the public prior to an outbreak; and emergency information that is disseminated during the actual event. In both cases, but particularly for the latter, all information intended for distribution to the public must be factual and accurate, and should be issued from sources that are authoritative and identifiable, and in which the public reposes trust and confidence.

Pre-Pandemic Phase Information

Most public information to be disseminated during this phase will consist of general descriptions of the nature of a pandemic, its likely impacts on a community, guidance on mitigation approaches for individuals and employers, and most importantly, the identification of official sources of public information should a pandemic occur. The majority of this information will be developed by the health sector (i.e. local health units and the Ministry of Health and Long-Term Care) and distributed through that sector's normal channels. Municipalities with no formal linkage to the health sector may also wish to make such material available to their residents. This could include making brochures and fact sheets available at municipal offices, or providing linkages to internet-based sources of pre-pandemic information on a municipality's own website. An enhanced approach could include inviting representatives of the local public health authority to conduct information sessions for municipal staff; or making municipal facilities available to permit health sector representatives to meet with the public.

Municipalities may also wish to provide additional information to the public respecting their own arrangements for the continuity of essential services should a pandemic occur.

Emergency Information During Pandemic Alert and Pandemic Phases

During both the Pandemic Alert and actual Pandemic periods there will be an enhanced need to provide accurate and timely public information, and a municipality's normal channels of public communication may not be sufficient to meet this demand.

Even during a pandemic alert period where no local cases have been identified there will be a tremendous increase in the number of enquiries from the public, as media reports of the pandemic impacts elsewhere will prompt concern and anxiety. The public will look to governments, particularly at the municipal level, for guidance. These demands will increase as the pandemic becomes localized.

During these periods direction to municipal authorities and key public information will originate with the Provincial Emergency Operations Centre and be

communicated through a variety of methods. The Provincial Emergency Information Officer in a pandemic would be the Director of Communications, Ministry of Health and Long-Term Care. The current Provincial Emergency Information Plan outlines how the Province will coordinate emergency information during any emergency, including a pandemic. This is reflected in the emergency information arrangements contained within the Ontario Health Plan for an Influenza Pandemic. A link to this document, which contemplates daily teleconferences within the health sector for the communication of health notices, will be found in Section 9.

Notwithstanding that information will be available from Provincial sources, local authorities must make a determination of how this information will be communicated within their jurisdictions, and how anticipated public enquiries will be handled. In this regard it is highly recommended that municipalities consider the development of a joint Emergency Information Centre in partnership with the local public health unit to coordinate these processes. In this way, coordination with the Ministry of Health and Long-Term Care and provincial messaging will be ensured.

Whatever process is to be adopted should address the following considerations:

1. Creation of a mechanism to receive and verify information from external authorities;
2. Development of localized messaging for residents of the municipality(ies);
3. Review and approval of the messaging by the municipality(ies);
4. Selection of preferred delivery mechanisms;
5. Development of arrangements with partners and media as required;
6. Development of a mechanism to respond to public enquiries;

The table below summarizes the types of communication issues that should be addressed in a coordinated fashion by municipalities and local health authorities:

Pandemic Phase	Task	Agencies Involved
Pre-Pandemic Phase	Development of Workplace Mitigation Strategies <ul style="list-style-type: none"> • Encourage enhanced hygiene practices as routine • Promotion of annual immunization for employees 	All Municipalities and agencies under guidance of local public health unit
	Promotion of personal preparedness	Public health units and municipalities at their option
	Promotion of business continuity for local industry and commerce	Municipalities at their option in consultation with local public health authority
Pandemic Alert Phase	Development of education materials about public health measures & their purpose	Local public health unit or municipalities based on information provided by health sector
	Distribution of public education products especially to identified target groups from vulnerable populations	All municipalities and agencies
	Implement Public Enquiry processes	All municipalities and agencies
	Review local emergency information arrangements: <ul style="list-style-type: none"> • Spokespersons • List of stakeholders, media for distribution of information • Coordination with MOHLTC/Health Unit 	All municipalities and agencies, Health Units
	Issue media releases/public information informing of any changes to local services to be implemented pursuant to the municipality's pandemic arrangements	All municipalities and agencies
Pandemic Phase	Continue effective dissemination and distribution of directives & public education messages	All municipalities and agencies
	Communicate changes in municipal service delivery to public	

Section 7. Other Jurisdictional Considerations and Unexpected Situations

Municipal Issues:

As discussed in Section 5, jurisdictional considerations will determine the scope of activities to be contained in each municipality's arrangements. As also described earlier, for many municipalities, pandemic planning will be a continuity of operations exercise for their core services.

During a pandemic, however, most municipalities would find their ability to provide services to residents degraded both by the impacts of staff shortages, as well as by increased demands for assistance from the public. Under such circumstances greater day-to-day coordination between upper and lower-tier activities than normally exists may be helpful. Pursuant to the Ontario Municipal Act, upper tier municipalities do not possess hierarchical authority over lower-tiers within their boundaries. Further, many local health units are not administratively linked to the municipalities in which they provide services. These factors may pose challenges to the coordination of planning and service delivery, however innovative approaches have already been developed in parts of the Province that have overcome institutional barriers.

The Emergency Management and Civil Protection Act permits the coordination of emergency response activities at a single level of local governance, (i.e. the coordination of response at either upper or lower-tier level with the participation of staff from all constituent municipalities within the upper-tier.) Some municipalities have already adopted this approach, but for jurisdictions where these types of arrangements do not currently exist, this concept should be considered in the interest of developing a consolidated response to a pandemic event. This may require the amendment of existing municipal response plans to reflect the new approach; or alternately, the creation of a stand-alone pandemic response plan that is endorsed by all participating municipalities. It is recommended that any stand-alone plans that are developed be formally adopted by by-law in each participating municipality.

Coordination with the Local Public Health Unit:

Provincial response to an influenza pandemic will be led by the Ministry of Health and Long-Term Care and will include the coordination of local public health unit activities. At this time most local health units in the Province are actively engaged in pandemic planning. No legislated requirement to develop pandemic plans currently exists for municipalities, although this initiative has been strongly recommended by the Chief Medical Officer of Health for Ontario. Municipalities may also anticipate that during a pandemic, Provincial orders will be made under the Emergency Management and Civil Protection Act and the Health Protection and Promotion Act that will compel certain municipal actions under the direction of local medical officers of health. The majority of Medical Officers of Health are

not municipal employees, but the framework of the intended Provincial response to a pandemic clearly identifies the need for coordination of any municipal pandemic planning activities with local health units.

Municipalities that undertake the development of influenza pandemic arrangements will therefore need to carefully consider how planning approaches and the response mechanism will be structured. As the involvement of the local public health unit will be critical to the success of these initiatives, municipalities should consider the creation of a pandemic planning and response model that is structured around the footprint of the local public health unit rather than municipal boundaries. A suggested model is the creation of a pandemic planning committee and influenza pandemic control group, both of which would be chaired by the local medical officer of health. Such an arrangement would require the agreement of all participating municipalities to cooperate and to be bound by the decisions of the pandemic planning and decision-making (control) groups. Planning for such multi-jurisdictional approaches will require a great deal of cooperation and commitment from participating agencies and municipalities, so the formal endorsement of municipal councils and local health board directors is essential prior to undertaking any work.

The type of unique arrangements described above, would create new structures and mechanisms for command and operational response that will differ from the participating municipalities' normal concepts of operations. In addition to the operational and emergency planners, the involvement of staff professionals from the respective legal, administrative, and human resources branches of each municipality is recommended to ensure that the models that emerge are consistent with each authority's mandates, labour arrangements, and occupational health and safety practices. Ensuring that such a review is a component of the planning process will provide assurances to municipal elected officials that the operational model that is developed is legitimate. It will also help to alleviate concerns over potential liability issues.

Unexpected Situations:

The impacts of an influenza pandemic would not be felt in all parts of Ontario concurrently. Outbreaks would occur at different times and in different locations, with some areas heavily affected, and others only minimally. Under these circumstances local governments must anticipate abnormal human behaviours if an influenza pandemic is declared to exist or to be imminent by public authorities. Public anxiety will create higher than normal demands for health-care services and create shortages of foodstuffs and other household essentials as a result of hoarding. Attendance at public events would suffer, and businesses such as restaurants, cinemas, and retail outlets of non-essential goods or services would decline. Prices for certain commodities may certainly be expected to rise as a cycle of panic commences. These symptoms will create broader effects as unemployment may rise and municipal tax revenues would almost certainly be diminished.

Municipalities will possess limited abilities to mitigate these phenomena, but must anticipate the impacts. The creation of dedicated financial reserves, and the contracting for guaranteed supply of essential commodities are two approaches that municipalities might consider.

Some municipalities, particularly those in northern or remote parts of the Province, may also expect to experience increased pressures as a result of an influx of residents of other communities that are either currently experiencing an influenza outbreak, or where fear of its imminence exists. Such persons may perceive it to be safer to dwell outside of their own communities until the outbreak has passed. Such migrations have occurred in past emergencies, and have strained local economies and municipal services. As each municipality evaluates its own vulnerabilities, the possibility of this type of occurrence should be considered, and associated response strategies should be developed.

Those municipalities that provide animal control services may also anticipate additional pressures in the event of a pandemic as pet and livestock owners become ill and potentially unable to provide care for these animals. Municipalities will have to consider means of creating incremental sheltering capacity, or if that is not practicable, expanded euthanasia capabilities.

Section 8. Continuity of Operations Planning Considerations

The concept of continuity of operations planning is not new or unique to influenza pandemic concerns. As a result of experiences with many different types of emergencies many municipalities, businesses and other organizations have developed continuity of operations plans to permit the sustained delivery of the services that they provide during emergency situations. These are also sometimes called business continuity plans. All municipalities, including those with no accountability for the delivery of health-related services, would be seriously impacted in the event of a pandemic. Those municipalities that deliver health-related services such as EMS, will be confronted with increasing demands in these areas, and will also face challenges in maintaining the other types of key services that they deliver.

In some municipalities the use of volunteer groups, or fee for service support agencies such as the Red Cross, are already part of the community's emergency response or continuity of operations strategies. Where such arrangements are not in place, municipalities contemplating the involvement of such organizations should not make assumptions regarding the capabilities of the agencies that they might propose to employ. Availability, mission, legal liabilities, and of course, cost, are among the factors that should be discussed directly with the agencies themselves prior to their inclusion within the municipality's plans. The use of unaffiliated volunteers may also be considered, as support agencies' capacities to provide service may be expected to suffer from the impacts of a pandemic just as municipal staff would be. Municipalities considering this option must carefully review what roles that community volunteers might realistically be capable of fulfilling. They should also consider the implications for the municipality respecting training; identification and security, labour issues, and insurance and liability.

The following table lists some of the key considerations for municipalities for developing continuity of operations arrangements. Each municipality will have its own approaches and priorities, but most will have to consider these elements in their planning process:

Task	Considerations	Mitigation/Preparedness Strategies
Prioritization of essential services	<ul style="list-style-type: none"> • Comprehensive review (all departments) • Critical Infrastructure maintenance • Explore alternative service delivery models (e.g. technology) • Achieve consensus 	<ul style="list-style-type: none"> • Senior management to define process • Engage all staff
Identify Risks	<ul style="list-style-type: none"> • Staffing shortages • Supply Shortages • Dependencies on external agencies • Vulnerable populations 	
Develop Contingency Plans	<ul style="list-style-type: none"> • Staffing 	<ul style="list-style-type: none"> • Implement workplace hygiene program • Staff education programs • Cross-training • Alternative transportation plan for employees • Explore alternative sources of skills/labour • Flexible worksites (work-at-home)
	<ul style="list-style-type: none"> • Supply Shortages 	<ul style="list-style-type: none"> • Expand vendor list • Stockpile
	<ul style="list-style-type: none"> • Human Resources/Legal Issues 	<ul style="list-style-type: none"> • Enhanced employee support mechanism • CBA issues (work refusals, contracting out)

Task	Considerations	Mitigation/Preparedness Strategies
Develop Contingency Plans (cont.)	<ul style="list-style-type: none"> Human Resources/Legal Issues (cont'd) 	<ul style="list-style-type: none"> Amended sick leave/compensation policies for pandemic Development of mutual assistance agreements Develop policies for service delivery reductions or building closures
	<ul style="list-style-type: none"> Communications 	<ul style="list-style-type: none"> Internal system for staff External procedures for public Linguistic diversity where appropriate
	<ul style="list-style-type: none"> Management 	<ul style="list-style-type: none"> Revised Council Procedures (less frequent meetings) Head of Council prerogatives during declared emergency Designation of alternates for management and supervisory positions Special training for management staff in emergency arrangements and policy adjustments

As with all other types of plans, once a model has been developed an exercise should be conducted to test the arrangements and procedures. This exercise can also be used to increase staff and public awareness of the initiative, and promote personal preparedness.

Section 9. Summary and Sources of Additional Information

In conclusion, while no one may be certain when, or if, an influenza pandemic would occur in Ontario, the devastating effects that it would have on the Province establish this hazard as a significant risk for all levels of government. Therefore, in addition to the formal all-hazard risk assessment process required under legislation, municipalities should consider liability issues and consult with representatives of the health sector in determining the types of arrangements that might be advisable to manage this particular risk.

Further advice and assistance for municipalities may be obtained by contacting EMO Community Officers and there is a great deal of relevant information available from other sources. The following is a listing of publications and websites that will provide municipal planners with useful and authoritative information relating to pandemic planning within other levels of government, as well further guidance respecting clinical and technical procedures from a health perspective.

Public Health Agency of Canada

- Canadian Pandemic Influenza Plan

www.phac-aspc.gc.ca/cpip-pclcpi/index.html

Ministry of Health and Long Term Care (MOHLTC)

- Ontario Health Pandemic Influenza Plan

www.health.gov.on.ca/english/public/program/pubhealth/flu/panflu/panflu_mn.html