Pandemic Preparedness

Alison Blair, Justine Hartley & Clint Shingler

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Emergency Management

- **What is it?** The organized and comprehensive programs and activities that deal with actual or potential emergencies or disruption. Involves having a toolkit of practices, experiences and structures to draw on to allow for a response to various hazards

- Emergency plans and policies related to infectious diseases and pandemics including:
  - Provincial Coordination Plan for an Influenza Pandemic (2006)
  - Ontario Health Plan for an Influenza Pandemic (OHPIP) (2004-2013)
    - 2013: http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx
  - Ministry of Health and Long-term Care's Emergency Response Plan (MERP) (2013)
    - http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/emerg_resp_plan.pdf
  - Emerging Infectious Respiratory Disease guidance (2013)
  - Ebola Step-Down and Provincial Baseline Requirements for Infectious Disease Threats (2016)
    - http://www.health.gov.on.ca/en/pro/programs/emb/docs/Resilient_plan_2016_en.pdf
  - A Ready and Resilient Health System (2018)
  - MERS Coronavirus Guidance for Health Workers & Health Sector Employees (2018)
    - http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/guidance.aspx

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Emergency and Pandemic Planning and Management

Provincial Coordination Plan for an Influenza Pandemic (PCPIP)

2006

- Developed by the Ministry of Solicitor General to deal with broader, societal aspects of influenza pandemics beyond health system and how ministries collaborate to respond

- Assists in coordinating the provincial emergency response during an influenza pandemic, to support the OHPIP

- Under this plan, ministries continued to have responsibility for developing their own emergency response plans for their assigned type of emergency. These emergency response plans needed to be as coordinated as possible with other ministries

Document Reference: Provincial Coordination Plan for an Influenza Pandemic, 2006-07

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Ontario Health Pandemic Influenza Plan

2013

- Updated by OHPIP Steering Committee to incorporate priority lessons and best practices learned from pH1N1 after the ministry's review of the province's response to pH1N1

- 2013 OHPIP is a scalable plan that provides a range of strategies that could be used to respond to different severity scenarios, including before the severity of the pandemic is known (the precautionary principle may then apply)

- OHPIP serves as a planning resource for Ontario's health system to respond in the event of an influenza pandemic. It also informs broader pandemic planning in the Province and is intended to support a balance between timely decision-making and accountability for decisions made in a continuously changing environment

Document References: Ontario Health Plan for Influenza Pandemic, Chapter 1: Introduction, 2013-03-01; OHPIP 2013 Briefing Note, 2013-04-02; Operational Review of the MOHLTC pH1N1 Response Processes, Final Report, 2010-06

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Ministry of Health and Long-term Care's Emergency Response Plan (MERP)

2013

- Provides information regarding how MOH/MLTC leads or supports the response to an emergency through health system coordination and direction

    - MERP focuses on how health system partners work together to respond to events at the local level

- The MERP ensures that the MOH/MLTC achieves compliance with the *Emergency Management and Civil Protection Act* (EMCPA) and provides the framework for how the MOH/MLTC fulfills its responsibilities during any type of emergency

Document Reference: Ministry of Health and Long-Term Care's Emergency Response Plan, 2013-05

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Emerging Infectious Respiratory Disease (EIRD)
2014

- Outlines the health system's initial response actions to a confirmed human case of a novel infectious respiratory disease. Draws from the lessons learned during MERS-CoV and influenza pandemics.

- Provides a comprehensive roadmap for health care organizations to use as a tool to prepare their response role in case of an EIRD.

- States that if there is an occurrence of a novel respiratory infection, the Ministry will issue guidance based on the epidemiology and the most current scientific knowledge of the novel agent as it becomes available. Ministry will work with the appropriate technical and scientific experts to make updates to guidance documents and communicate that to the health system and health care workers. CMOH will notify health care providers and organizations when to use the EIRD road map and when the Ministry's guidance specific to the novel agent is issued.

Document Reference: MOHLTC Response to Emerging Infectious Diseases Version 2, 2014-08

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Ebola Step-Down Plan

2016

- Ebola Virus Disease (EVD) is transmitted by direct contact with the blood, body fluids and tissues of infected animals or people. Severely ill patients require intensive supportive care. During an outbreak, those at higher risk of infection are health workers, family members and others in close contact with sick people and deceased patients. **EVD is not airborne, but may be spread via droplets that are coughed or sneezed from a sick person and enter the eyes, nose, or mouth of another person who is less than two metres away.**

- EVD spread to North America between 2014-2016 with two cases in the United States.

- Ministry developed full scale plan to be ready to contain EVD if it arrived in Canada.

- The Ministry reviewed the lessons learned from EVD planning to create the Ebola Step-Down Plan. There was an understanding that a more flexible and resilient health system was needed to deal with infectious disease threats. The need for a baseline, as recognized in the Plan, resulted in the creation of the Ministry's Ready and Resilient policy framework in 2018

Document References: Building a Ready and Resilient Health System, 2016-07-18; Building a Ready and Resilient Health System: Policy Framework, 2016-11-21

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A Ready and Resilient Health System
2018

This framework is intended to:
- address the health system's readiness to respond to complex disruptions on a hazard, sector, or activity-specific basis
- remedy the patchwork of fragmented approaches that have limited the health system's ability to minimize and respond to disruptions
- bring together fragmented elements of planning toward more sustainable approach

A ready and resilient health system:
1. Sustains core capacities and resources within the health system;
2. Enables high quality performance during periods of stress to the health system;
3. Seeks out and integrates learning and growth across the health system.

Hazard-specific planning: planning for each hazard or incident individually is not sustainable given an increasing diversity of hazards and since every hazard has the potential to affect the health of Ontarians and the health system.

Readiness activities take place at all times before, during and post- disruption.

Document Reference: A Ready and Resilient Health System, 2018-08-01; Building a Ready and Resilient Health System Slide Deck, 2018-05

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MERS Coronavirus Guidance for Health Care Workers and Health Sector Employees
2018

Based on EIRD planning principles. Publicly available:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/guidance.aspx

Included recommendations from the Ministry that health care settings:

- implement case finding/surveillance methods to identify individuals with acute respiratory infection

- use of Routine Practices and Additional Precautions by health care workers at risk of exposure to a confirmed case, presumptive confirmed case, probable case or person under investigation (PUI). Precautions included:
    - hand hygiene
    - use of airborne infection isolation rooms when possible
    - requiring patients to where surgical masks when outside of an airborne infection isolation room
    - use of gloves, gowns, fit-tested, seal-checked N95 respirators and eye protection by health care workers when entering the same room as the patient or when transporting/caring for the patient

Also included guidance regarding assessment, testing and reporting of patients who may be a confirmed case, presumptive confirmed case, probable case or PUI as well as treatment and case and contact management

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Reviewing Plans

- Ministry's emergency plans did not undergo a formal or planned review every year

- As the Ministry experienced different emerging infectious disease threats and recognized that OHPIP 2013 did not apply to all of these threats, the Ministry adapted its response and undertook new planning tailored to those threats to address aspects not covered by OHPIP. This process allowed the Ministry to expand overall readiness for infectious disease emergencies. An example of this is the development of the EIRD in 2014

- The Health System Emergency Management Branch maintained awareness of the content of existing plans and balanced updating plans with the creation/expansion of new planning and response to actual events. The OHPIP was generally up to date for an influenza pandemic

- The Health System Emergency Management Branch underwent continued annual planning for seasonal influenza surges, and concurrent planning for non-infectious disease threats (for example: northern flooding and forest fires)

- A Ready and Resilient Health System (2018) was a review on the state of plans and planning with the intention to bring together the fragmented elements of planning towards a more sustainable approach

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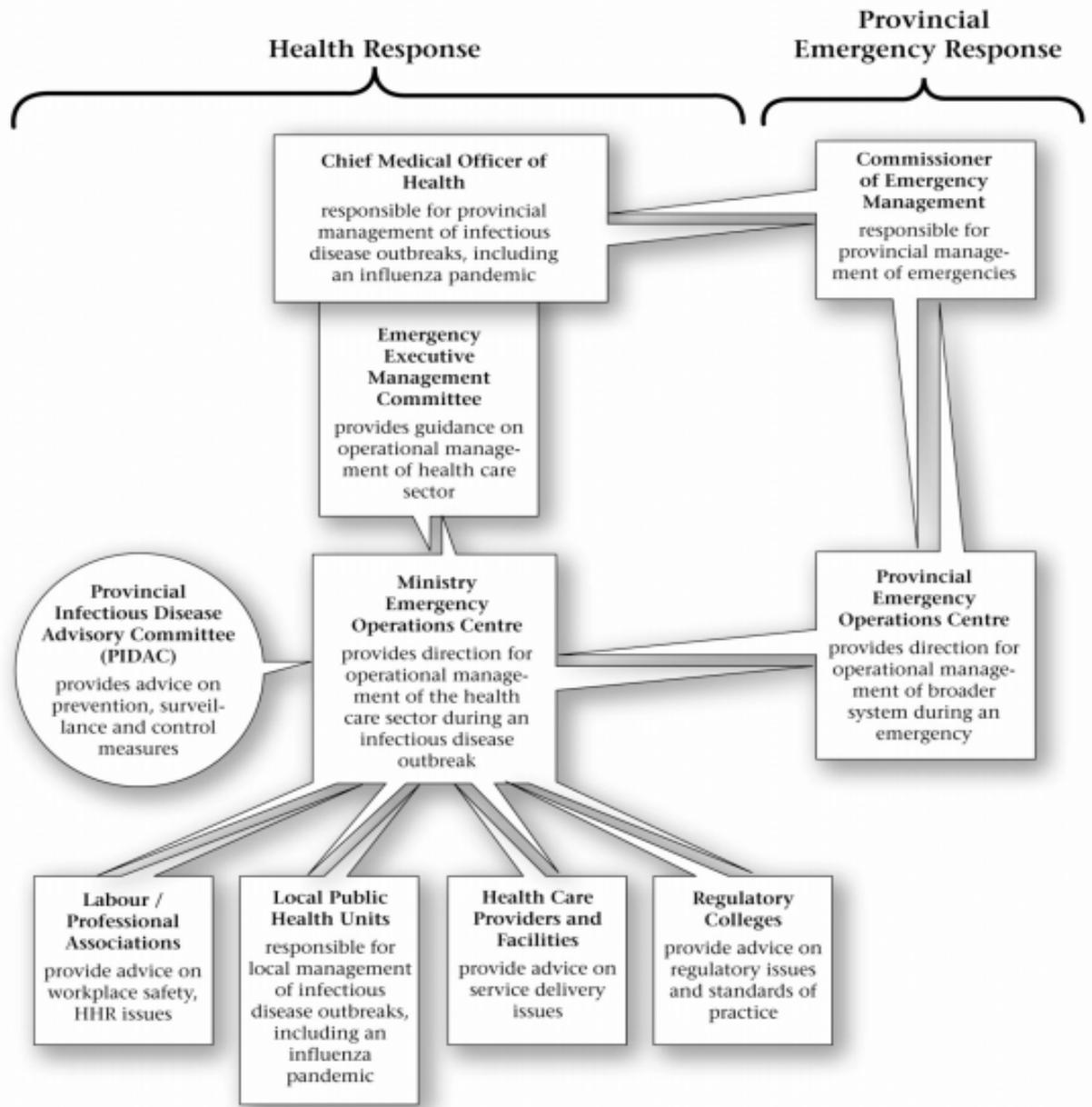# Emergency Management Response Structures

EXAMPLE of the Ministry's application of an incident management structure during emergency responses, including pandemics (H1N1) and forest fires and northern flooding evacuations.
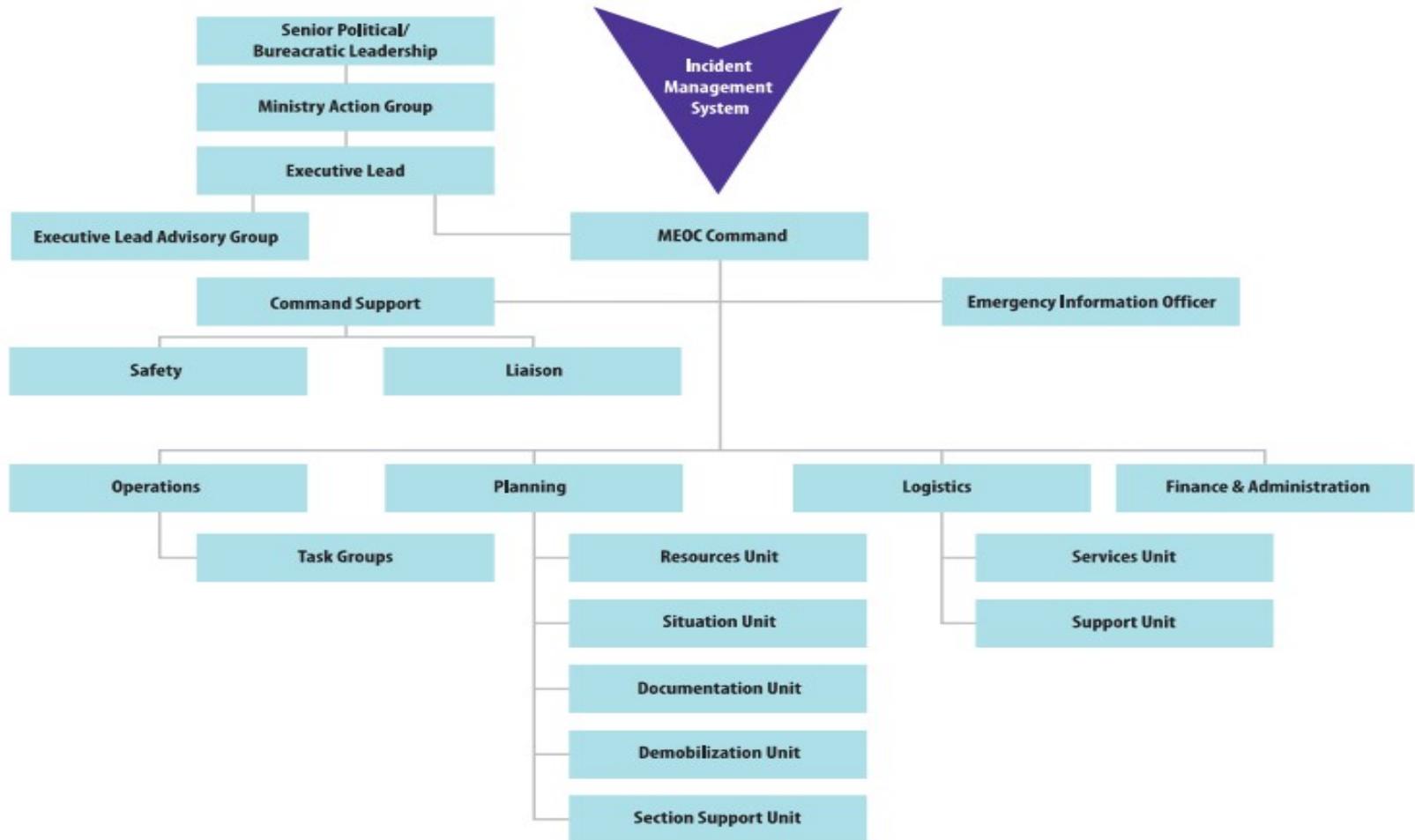
Document Reference: "Ministry of Health and Long-Term Care's Emergency Response Plan", 2013-05

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OHPIP

(Example of how large health system responses are generally structured)

Document Reference: Ontario Health Pandemic Influence Plan, 2006-09

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Exercises of Emergency Management Plans

- Plans were exercised during responses to actual events, including:
    - Ebola disease containment (2014-2016)
    - Syrian refugee resettlement (2015-2016)
    - Multiple casualty incidents (Toronto van attack, Danforth gun shootings - 2018)
    - Cyberattacks to large health care providers (e.g. Hospitals, home care, labs)
    - Ottawa Tornado (2018)
    - Northern flooding and Forest Fire Evacuations (multiple years)
- Exercises also included large scale planned events and drilled exercises, including:
    - Pan Am Games (2015)
    - GTA Unified (2019) – drill of complex mass casualty incident within GTA hosted by Sunnybrook Hospital
- Upcoming exercises being planned as of January 2020:
    - Cyberattack within Ministry of Health executive leadership team
    - Pan-Canadian pandemic exercise with federal, provincial, territorial partner

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Role of the Stockpile

- The stockpile is <u>one</u> component of pandemic preparedness
    - Stockpiling was one of the supporting tools and resources referenced in the 2016 Ebola Step-Down Plan to help enhance health system capacity
    - The Provincial Emergency Stockpile was listed as a support resource that may be made available in responding to an infectious disease threat

- Stockpiling helps minimize the risk that Ontario is unable to procure high-demand supplies and equipment during an emergency

- Local <u>and</u> provincial stockpiles are intended to support health system readiness for influenza pandemic
    - Under the 2016 Ebola Step-Down Plan, health care organizations are to maintain their PPE stockpile and always ensure its availability in clinical and other appropriate settings

- Stockpile modernization review was one part of the Ready and Resilient Health System. The modernization review was aimed at ensuring that any stockpile replenishment was sustainable and that proper equipment was procured to prepare for diverse infectious disease threats

Document References: "Ontario's Health Emergency Stockpiles", 2017-04-28; "Building a Ready and Resilient Health System", 2016-07-18

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Emergency Management Planning for COVID-19 Response

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Response to COVID-19

- No single plan would be useful when facing an unknown and dynamic threat – flexibility is key
    - COVID-19 response required a focus on travel-related restrictions, including border closures, and repatriation efforts
    - COVID-19 is community spread, with no available vaccine (antivirals had no effect), and has a longer incubation period with many asymptomatic carriers

- In responding to COVID-19, the province drew from aspects of various existing plans and policies (e.g. containment guidance developed at outset of COVID-19 pandemic was informed by Ebola Step-Down Plan and MERS guidance)

- Public Health Measures used in COVID-19 response included voluntary and mandatory measures, public communication and education

- In keeping with previous responses, information, technical advice and guidance was communicated with health sector partners at all levels using teleconferences, sit reps, memos, guidance and directives

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Sections of OHPIP Consulted During COVID-19 Response

Chapter 1: Roles and responsibilities, definitions, severity scenario

Chapter 2: Communications with Ministry partners at all levels, including PHO reports.

Chapter 3: Surveillance strategies and monitoring pandemic-specific interventions. Reports such as critical care occupancy, hospitalizations, institutional outbreaks.

Chapter 4: Voluntary and mandatory public health measures. Case and contact management, CMOH and MOH Orders.

Chapter 5: OHS and IPAC recommendations, precautionary principle, hierarchy of controls, PPE precautions.

Chapter 6: Outpatient Care, including use of self-assessment, Telehealth Ontario providing information, activating assessment centers through central agency

Chapter 7: Prioritization for initial rollout of vaccine, adaptive vaccine strategy in light of inconsistent supply, technical considerations, communications

Chapter 8: Laboratory services, including operation plans for different COVID-19 scenarios and instructions to refocus resources to boost capacity

Chapter 9: Using Health Care Provider Hotline, information-sharing via MOH website, and using telephone-based services for patient support

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Other Plans relied on During COVID-19 Response

- **MERP (2013)** – Ministry's initial response to COVID generally followed this plan in terms of how the Health System Emergency Management Branch coordinated operations with other ministry program areas, other ministries and external health partners through the MEOC, reporting up through the CMOH as the Assistant Deputy Minister (ADM) executive lead for the Ministry

- **EIRD (2014)** - During the COVID-19 response, the EIRD Roadmap provided the Ministry with a timeline for how to proceed after discovering the first case of an infectious disease in Ontario

- **Ebola Step-Down (2016)** – Ministry's experience with Ebola in 2014-2016 informed some aspects of the COVID-19 response including airport precautions and quarantine measures, initial lab testing of the novel coronavirus, readiness and containment of the first imported / confirmed case of COVID-10

- **Ready and Resilient Health System (2018)** – The creation of the RRHS was intended to move readiness forward to be able to respond to all types of threats, including COVID-19

- **MERS Guidance (2018)** – Ministry's initial guidance for COVID-19 was adapted from the EIRD approach to support identification and containment of an imported case. Specific MERS guidance that was used include routine (separation) and additional precautions (isolation)

**Document References:** Internal EIRD Road Map v 1.2, 2013-06-03

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Health Command Table Overview and Structure (January – April 2020)

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COVID-19 Response Structure: Health Command Table

- The Health Command Table was established in Feb 2020 by the Ministry of Health to serve as a single point of oversight, executive leadership and strategic direction to guide Ontario's response to COVID-19
    - Reporting to the Minister of Health, it is led by Dr. David Williams, Chief Medical Officer of Health, Helen Angus, Deputy Minister of Health, and Matthew Anderson, President and CEO of Ontario Health
    - It includes cross-ministry representation, including from Long-Term Care and Seniors and Accessibility, as well as external experts and stakeholders who each serve voluntarily
- Discussions and recommendations from the Health Command Table have been informed by the provincial response structure sub-tables (e.g., the Incident Management Structure Table for Long-Term Care) and work across multiple workstreams focused on key priorities
- These workstreams have evolved over time to be responsive to the pandemic's trajectory, shifting from a focus on emergency response and outbreak management to stabilization, recovery and preparedness for future waves of the pandemic
- It is important to note that neither the Command Table nor its sub-tables have decision-making authority and that their role is to serve as a forum for discussions which influence and inform eventual decision making

Document Reference: Orientation on Pandemic Management in Ontario's Health Sector: Briefing with the Long-Term Care Commission, 2020-09-08

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Health Command Table (as of March 5, 2020)

Document Reference: Enhanced Response Structure COVID-10, 2020-03-05
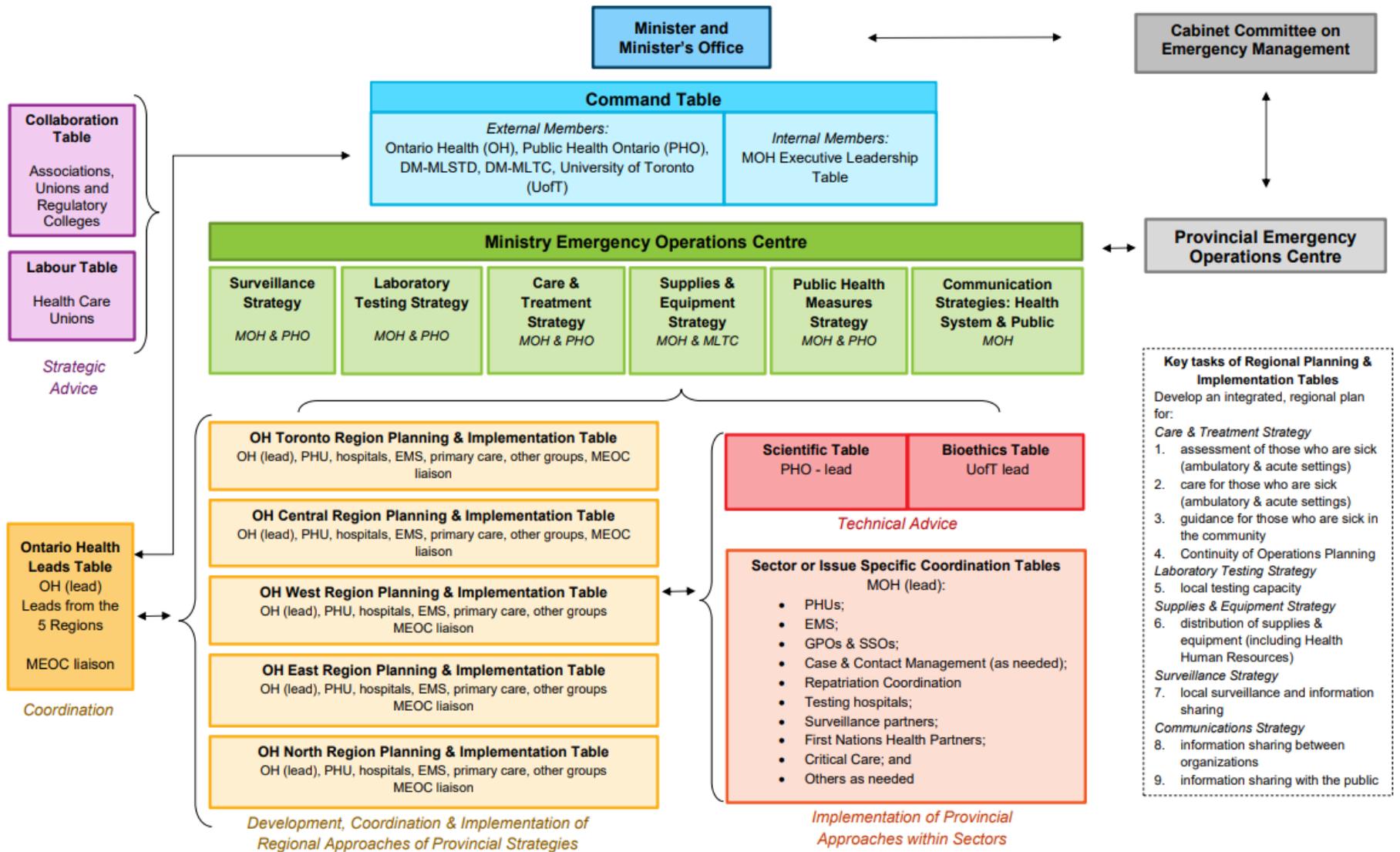
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COVID-19 Response: Sub-Table Overview

Strategic/implementation tables

Technical advisory tables

Command Table (Est. February 2020)
Single point of oversight executive leadership and strategic direction to guide Ontario's response to COVID-19.

Collaboration Table (Est. March 2020)
Provide strategic advice to the Command Table based on engagement with key health sector organizations.

Labour Table (Est. March 2020)
Provide strategic advice to the command table on issues related to labour unions and agreements.

OH-MOH Home Care Table (Est. March 2020)
Provides a forum for home and community care providers to raise issues and work with Ontario Health and the ministry to address issues.

Control Table (Est. April 2020)
Coordinate oversight, access and distribution of PPE to health and non-health organizations, maintain a line of sight into the availability of PPE, and optimize the distribution of PPE to health service providers and the broader public service.

LTC Incident Management System Committee (Est. April 2020, Inactive as of Aug 2020 – replaced by Recovery and Planning Table)
Creating and implementing an Incident Management System approach to long-term care homes in critical need to ensure they have the health human resources, IPAC supports and personal protective equipment (PPE) they need to stabilize.

Provincial Stakeholders Communications Table (Est. April 2020)
To provide a forum for stakeholders to identify and address stakeholder and public communications needs based on their work on COVID-19. To use the table as a mechanism by which to share resources so that duplication is avoided and efforts are streamlined.

Long-Term Care Sector Table (Est. March 2020)
To provide advice and support in addressing issues related to Long-Term Care, including effective testing and outbreak containment.

Data Modelling Table (Est. March 26, 2020)
Provide technical advice and updates on the development and use of epidemiological modelling to respond to the pandemic.

Provincial Primary Care Advisory Table (Est. April 16, 2020)
To provide advice to the ministry on key issues affecting primary care providers (PCPs). The Table provides a link between frontline PCPs and decision-makers at the regional and provincial level to streamline the critical information, guidance and supports specific to primary care providers and to complement the mandate, activities and direction of current ministry or public health (CMOH) COVID-19 structures.

Public Health Measures Table (Est. April 2020)
Provide advice to the Chief Medical Officer of Health (CMOH) on public health measures (i.e., implementation, assessing effectiveness, scaling back) to prevent or slow the transmission of COVID-19.

Lab Capacity & Testing Strategy (Est. April 2020 and now in transition)
Coordinate the lab capacity and testing strategy elements with a focus on key priorities and population groups across sectors, while ensuring timely and sufficient lab capacity.

Deceased Management Cross Functional Table (Est. April 2020)
Leads the planning and implementation of the end-to-end deceased management.

COVID-19 Central Communications Table (Est. March 13, 2020)
To ensure aligned, effective and consistent public and stakeholder communications on COVID-19 across the province at both provincial and regional levels. To share, discuss and assess communications needs identified at different COVID-19 tables.

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COVID-19 Response: Sub-Table Overview

RH/LTC Operations COVID Action Table (Spring 2020) Discuss issues and seek advice and direct delivery/operational perspectives and input. Membership includes LTC and RH sector operators and associations.	**Health System Response Oversight Table (Est. March 2020)** Leads the operational management and co-ordination response to COVID-19 pandemic. Reports to COVID-19 Command Table. Discusses and identifies actions to address issues or challenges encountered by the Regional Steering Committees and/or the provincial tables.
Provincial Critical Care Table (Est. March 2020) Support local and regional critical care planning by producing provincial guidance, processes, and solutions for in-scope issues; connect and collaborate with other provincial tables/activities on connected issues; disseminate communications for in-scope and connected issues	**LTC Action Plan – Implementation/Intervention Coordination (Est. April 2020, Inactive as of April 30, 2020)** Time limited table aimed at identifying and organizing work streams to implement
Lab Leadership Table (Est. March 25, 2020) Support capacity development and resource management in the lab sector, and connect in with lab testing facilities to identify and address operational issues pertaining to COVID-19.	**Testing Strategy Panel (Est. April 5, 2020)** Reports to the lab testing table (see above) and is responsible for developing an evidence-based province-wide testing strategy for COVID-19. Updates testing guidance and documents over the course of the pandemic. Identifies and provides guidance around testing prioritized populations. Considers alternative testing approaches and develops demand estimates.
Ontario Critical Care COVID Command Centre (Est. March 2020) Reports into the provincial critical care table (see above) and is an operational group that manages critical care capacity and equipment, responding to surges in real time.	**COVID-19 Evidence Synthesis Table (Est. April 2020)** Several groups with evidence synthesis / knowledge translation expertise are currently working to provide high-quality, relevant, and timely synthesized research evidence about COVID-19 to inform policy makers, health care practitioners, administrators, and citizens as the pandemic continues.
Mental Health & Addictions Table (Est. Late March 2020) Responsible for addressing issues related to supporting service continuity in mental health and addictions services, targeted guidance for the mental health and addictions sector, and mental health and addictions supports for health care workers.	**Bioethics Table (Est. March 2020)** Provide ethical guidance and representation at both provincial and regional tables to support decision-making throughout the response.

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Timeline of COVID-19 Planning Activities

January - March 2020

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January 2020:

- **Jan 2:** Health System Emergency Management Branch (HSEMB) received Situation Report from Canadian Medical Officer of Health

- **Jan 3:** CMOH sent first email to local Medical Officers of Health

- **Jan 8**: CMOH sent email to health system stakeholders with situation update

- **Jan 10:** CMOH memo sent to health sector partners

- **Jan 12**: PHO developed tools to be able to conduct testing and performed the first test Ontario

- **Jan 23:** HSEMB and Supply Chain Modernization Branch began conversations with potential suppliers of PPE

- **Jan 25**: First daily teleconference with stakeholders held by Ministry Emergency Operations Centre (MEOC)

- **Jan 25**: Daily Situation Reports ("Sit Reps") to the health sector began

- **Jan 27**: First **confirmed case of COVID-19** in Ontario

- **Jan 27**: Ministry Emergency Operations Centre (MEOC) activated

- **Jan 27**: CMOH memo to the public on Wuhan novel coronavirus is published

- **Jan 29**: Emergency Medical Assistance Team purchased various models of N95s on behalf of the Ministry

- **Jan 31:** Guidance for Long-Term Care document released by MOH

Document Reference: Ministry of Health and Ministry of Long-Term Care COVID-19 Response Chronology; RE EMAT Order 3M N95 Email, 2020-01-29

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February 2020:

- **Jan 30- Feb 3:** PPE capacity surveys sent to health sector to assess PPE supplies in Ontario

- **Feb 4**: Sit Rep informed health care providers to email MEOC for help with PPE supplies

- **Feb 5:** Health care sector began to make requests for PPE to MEOC's logistics email account

- **Feb 5**: "Public Health Management of Cases and Contacts of COVID-19 in Ontario" is released

- **Feb 24:** First meeting of FPT Logistics Advisory Committee

- **Feb 24:** Ministry licensed first laboratory to perform COVID-19 testing (Toronto Public Health Laboratory)

- **Feb 28:** Health Command Table established to provide strategic direction to guide Ontario's health system response

March 2020:

- **March 1:** Ontario Health Task Force launched to foster collaboration between Ontario Health and health sector's Shared Services Organizations

- **March 2:** Regional Planning and Implementation Tables established

Document Reference: "Ministry of Health and Ministry of Long-Term Care COVID-19 Response" Chronology; "EOC Logistics Requests Tracking 2020-04-03"

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March 2020:

- **March 12**: New assessment centres open and self-assessment tool released

- **March 12**: Ministry secures 243 ventilators to distribute to hospitals

- **March 12**: CMOH memo prohibits gatherings of over 250 people

- **March 14:** Various COVID-19 Response Tables are established
    - i.e.: Collaboration Table, Ethics Table, Long-Term Care Table etc.

- **March 16:** Long-term care home visits are restricted to "essential visitors" only

- **March 16**: 200 acute care beds added to Ontario hospitals

- **March 16:** Ontario recommends avoiding gatherings of over 50 people and public facilities such as recreation programs, libraries, daycares, bars and restaurants to be closed

- **March 16-20:** MLTC works with LHINs to identify unused LTCH bed capacity

- **March 17:** **Declaration of Emergency** under *Emergency Management and Civil Protection Act*, O. Reg 50/20 by the Ministry of the Solicitor-General

Document Reference: Ministry of Health and Ministry of Long-Term Care COVID-19 Response Chronology

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