New Brunswick Pandemic Plan_

**NEW BRUNSWICK PANDEMIC PLANNING
GUIDE FOR MUNICIPAL GOVERNMENTS AND FIRST NATIONS COMMUNITIES**

This appendix has been designed to facilitate the coordination between municipal and Regional EMO with the Regional Health Authority (RHA)and Public Health Services on emergency planning for a pandemic outbreak.

It may also be used as a planning guide in response to outbreaks of other infectious diseases and is not intended to be prescriptive. Due to the extreme nature of pandemics municipalities are obliged to plan for any pandemic as an identified threat. This document has been prepared by staff of the Department of Health and the New Brunswick Emergency Measures Organization and incorporates best planning practices from other jurisdictions.

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Background

It is estimated that between 500 and 1500 Canadians die each year from influenza related symptoms and its complications. Typically, between one in four and one in ten is infected with a virus each season which causes a significant impact on health and productivity. However, three times in the last century there have been worldwide or pandemic strains that cause high rates of death and illness. The 1918 "Spanish Flu" is estimated to have caused over 20 million deaths worldwide. The next pandemic is expected to cause high rates of death and illness resulting in a tremendous amount of social disruption. Assuming an illness rate of 35% it is estimated that over 120,000 New Brunswickers will seek medical care during a pandemic. An attack rate of 35% would mean that 1/3 of municipal staff may be out at any given time – some will die. This would cause an enormous strain on all services and create human resource gaps in essential services for all communities.

Once a pandemic strain is identified it may take up to six months to develop an effective vaccine, therefore the preparation of contingency plans for coping with this worldwide illness is crucial. Because it is anticipated that the pandemic will impact all communities in the province at the same time, community self sufficiency within a collaborative environment is required in the response. Since all communities will be affected by high rates of illness, operational interruptions related to staff illness will occur, therefor community contingency plans for responding to this type of emergency are essential.

The development of the New Brunswick Pandemic Plan (provincial plan) is an enormous undertaking that requires the participation of all community sectors. This appendix to the provincial plan is intended to provide municipalities and communities in New Brunswick with information to clarify their roles and responsibilities in an overall coordinated response to a pandemic emergency. Although designed around the phases of a pandemic it may be applied to other health emergencies related to infectious disease outbreaks. Following confirmation of a pandemic outbreak from health authorities, All local Governments will need to activate their own plans when dictated by the extent and severity of the pandemic. Municipal EMO will activate their respective Emergency Operations Centre if deemed necessary to coordinate delivery of essential services and resources. ***The extent of activation will be largely driven by the needs of the municipality or communities.***

1. **Pandemic Planning Considerations**

Municipal and Regional EMO responsibilities fall under the community emergency response component of the Department of Health & NBEMO Pandemic influenza Plan and they will need to participate in identifying and planning relevant activities of mutual concern. Essentially, the regional health emergency management health authorities and the Department of Health will lead the response in terms of pandemic surveillance, vaccines and anti-viral use, clinical services and public health measures. Collaboration between health authorities and emergency responders is necessary to ensure a coordinated response. Communities will lead in the area of maintaining their essential services (business continuity) and provide assistance or support to the Regional Medical Officer of Health and regional health authorities.

1.1. Business Continuity

All levels of government must be aware of the impact of a pandemic (reduced human resources, for example) on their own capacity to provide services. All these services are likely to be affected by staff absenteeism due to sickness. In some cases, some essential service workers may be required to care for ill family members at home.

Contingency plans for providing essential services and ensuring business continuity in the face of a pandemic must be included as a component of an overall all hazards emergency response plan.

Some points that municipalities may want to look at as part of their internal plans to ensure essential services are maintained during a pandemic include:

☐ identifying and prioritizing critical business functions
☐ continuing local government and maintaining administrative support
☐ maintaining public safety services (Fire, Ambulance, Police)
☐ maintaining the integrity of essential public works such as water treatment and delivery, waste management, garbage disposal and utilities
☐ conduct of emergency operations for other emergency events, such as floods or dangerous goods spills, not directly related to the health and medical concerns of a pandemic
☐ public communications, advisories, self help and information notification
☐ coordinating transportation requirements and implementing travel restrictions as mandated provincially or required locally.
☐ developing a process of providing employees with pertinent health information

1.2. Support to Health Service Sector

A number of contingency plans will need to be developed to ensure that implementation during the response phase can be easily and efficiently conducted. In most cases consultation with the RHA/Public Health through the Regional Medical Officer of Health or designate will be essential. The typical areas of concern for which contingency plans will be required are listed below:

☐ Develop plan for sharing responsibility for providing information and advice to the public
☐ On direction from the Regional Medical Officer of Health, where it is deemed to be in the best interests of public safety and minimizing the spread of infection develop a plan for the closure of public buildings and meeting places in accordance with the Health Act
☐ In partnership with the RHA and Public Health regions pre-identify and document alternative care facilities, triage centers, morgue facilities, and immunization clinics if requested
☐ Create a committee of local business persons charged with developing mutual aid agreements/pacts to assist one another in maintaining essential services to the public, typically essential services involve access to pharmaceuticals, retail food, gasoline and other essential commodities

2. Concept of Operations

2.1. Activation

In the event of a pandemic the Department of Health will monitor the progression of the disease in conjunction with the Public Health Agency of Canada and the World Health Organization. It is through existing surveillance systems that a pandemic virus will be identified. Depending on several variables (detection within or near the province, virulence of disease, extent of impact) the Department of Health will activate the provincial plan. Regional Health Authorities will be informed of any decisions in this regard and, may have activated their own plans depending on the situation in their particular regions. With direction from the Chief Medical Officer of Health, the Department of Health will oversee the initial provincial response to the pandemic and will liaise with Provincial and regional partners. The DH Emergency Operations Centre (EOC) will be opened to co-ordinate the provincial health response. RHA's the Department of Health – EMANB, Public Health Services, Mental Health Services, Hospitals) may open their EOCs to coordinate the regional response. Municipalities will activate their plans based on their identified triggers and in response to the needs of their jurisdictions.

2.2. Response

The provincial emergency response will be coordinated by the DH (EOC).   The primary functions of the departmental EOC are:
☐ provincial decision making and policy direction;
☐ operational support;
☐ internal and external communication;
☐ planning and analysis of incoming data; and

☐ administration and financial matters.

☐ The health response in regions will be directed by the Regional Health Emergency Management Committee EOC. Municipal activation of EOCs is a municipal decision and will be largely driven by the impact of the pandemic in communities. Potential municipal actions are described in section 4 of this guide.

2.3. Deactivation

There will come time when the response and recovery effort no longer require that each of the EOCs maintain operations and each will be deactivated as appropriate. This only means that the volume or level of activity is no longer sufficient to justify maintaining the operation of that specific EOC, others may still be in operation. Therefore, there may still be a requirement to continue to exchange information between organizations and those processes or procedures must be defined and implemented as required.

This process of activation, response and deactivation may occur in response to the waves of the pandemic and to declarations of the World Health Organization, Public Health Agency of Canada and the Department of Health.

3.   Emergency Management for Pandemic

As detailed in the provincial plan there are defined phases within pandemic periods as determined by the international community through the World Health Organization. For purposes of this guide the following planning or response phases will be referred to:

☐ Pre-pandemic (mitigation)
☐ Pandemic imminent (preparedness)
☐ Pandemic event (response)
☐ Post Pandemic (recovery)

3.1. Pre-Pandemic - Mitigation

This is the period that begins **now** and continues until such time as a potential Pandemic event is identified. It is during this period that municipal/Regional EMO Coordinators must conduct their impact analysis to determine the impact that a pandemic event will have on their communities and operations. The impact analysis must consider the loss of available human resources directly through illness or indirectly, through the requirement to care for ill family members or friends. As stated earlier, in section 2, pre-planning must focus on two areas of concern: 1) Business Continuity and 2) Support to Health Service Sector which may be the RHA and/or the Regional Medical Officer of Health (MOH) and must be agreed to through mutual consent. This involves liaising with local partners (RHA, Regional Medical Officer of Health, the business community and funeral home directors, for example).

3.2. Pandemic Imminent - Preparedness

Surveillance activities, internationally, nationally and provincially, is year-round. Surveillance systems monitor circulating viruses in order to provide information in the manufacture of annual vaccines but also to detect the emergence of "unusual" or novel viruses. Efficient surveillance systems are crucial to identify unusual viruses anywhere in the world. The sooner a potentially pandemic virus is identified the sooner control measures can be put into place at all levels. Putting measures into place quickly requires anticipating what measures may be required and the processes by which those measures are put into place.

At the time that a novel virus with pandemic potential is identified the MOH will advise the Provincial Government the Municipalities or Region as necessary and will provide guidance on the need to activate plans. In some areas the municipality may be notified by emergency planning representatives at the RHA or Public Health Services. Identifying this communication process is crucial in the planning stages. The MEMO Coordinator shall review and implement municipal procedures as needed in response to their own situation. If appropriate some or all of the following steps will be carried out:

☐ The mayor and council will be advised as soon as possible.

☐ The MEMO Coordinator, in response to their own situation will determine what level of activation is necessary

☐ All members of the Municipal Action Committee will report to their Emergency Operations Center's (EOC).

☐ The MEMO Coordinator will brief the EOC members of the situation as it has been communicated by the MOH and cover:
   ☐ The current situation
   ☐ A review of the nature of pandemic and precautions that must be taken by all staff
   ☐ A review, by designated members, of self-help guidelines and precautions
   ☐ Request a review of contingency plans, by designated members, for all essential services

☐ The MEMO Coordinator, Regional Emergency Management Coordinator (NBEMO) and the Municipal Communications Officer, Shall review the process for declaring a "state of local emergency" and how notification of the public will be implemented should that action be deemed necessary.

☐ Public Communications - The Communications Officer will establish and maintain communications with the MOH and the RHA and NBEMO Communications until pandemic response operations have been concluded, at an interval appropriate to the evolving situation.

☐ Local Services - Emergency Services and municipal service supervisors, administrators, and department heads will be provided self-help guidelines to distribute to their staff and families. They will also be requested to review their list of back-up support staff and additional personnel that may be needed and be prepared to provide an update of their status within 48 hours.

☐ Key representatives of local service organizations and local non-government organizations (NGO's) will be briefed on the situation and asked to assist in the distribution of these information packages to the community at large if required by the communications contingency plan

☐ Administrative staff dealing with public inquiries will be provided fact sheets or Q & A documents to assist in responding to the public. This information will be provided by the Department of Health

☐ The MEMO Coordinator will confirm contact information and the status of any pre-designated facilities or arrangements for alternative care facilities, secure storage areas, morgue facilities etc and arrange for those facilities to be available to the RHA and/or MOH and NBEMO on request in accordance with their contingency plans

☐ Review transportation and traffic control plans as required to support RHA, MOH and NBEMO on activities including identification of vehicles and drivers as required

☐ Review security arrangements for storage locations for medical supplies required by the RHA or MOH as plans dictate

☐ The MEMO Coordinator, or designate, will facilitate a meeting with the local Chamber of Commerce to review possible collective emergency mutual aid arrangements to ensure that the forced closure of understaffed essential businesses will be minimized. These businesses should be provided information on the current implications and probable impact of the pandemic and on precautions that they can take to protect themselves and their families.

☐ Members of the Municipal emergency action committee will be requested to meet at the MEOC (normally within 48 hours if threat permits) to report their department/agency status, and to review in detail all of the contingency plans to ensure the familiarity of all members and to identify any shortfalls.

☐ A representative from the RHA/MOH should be in attendance, however, if they are not available, a report on of the status of the contingency plans of mutual concern will be forwarded as soon as possible to the RHA/MOH in an agreed upon form.

3.3. Post Pandemic Event – (Response)

☐ Once it is apparent that Pandemic impacts are occurring within the community it will be necessary to enhance the response to deal with the impact as it occurs. Typical responses during this period could include:

☐ The NBEMO Coordinator, MEMO Coordinator and elected officials will review the need to make a "declaration of a state of local emergency", if and when, those extraordinary powers will be required to deal specific aspects of the response. A "declaration" will be made as described in the *Emergency Measures Act* with and a copy will be immediately communicated to the Emergency Measures Organization, Department of Public Safety for approval of the Minister of Public Safety.

☐ Security arrangements for designated alternate care, triage, storage, morgue and other sites will be activated as required.

☐ The public communications officer/RHA Communications, NBEMO Communications will coordinate arrangements for the distribution of self-help information to the general public through all media outlets (print, radio, TV & Social Media).

☐ All other Pandemic contingency plans will be activated as required to deal with the local situation as it develops.

☐ The MEMO Coordinator will issue situation reports on the status of the response to NBEMO and the appropriate RHA as may be requested

☐ On the order of the Regional MOH, the MEMO Coordinator shall ensure the closure of certain public buildings or meeting places in the interests of public safety in accordance with the Health Act.

☐ On the order of the Regional MOH, the MEMO Coordinator shall ensure the closure or control of Local traffic/transportation systems to limit the movement of personnel in to and out of the community in accordance with the Health Act.

3.4. Pandemic Event – Recovery

Recovery consists of measures and actions taken to repair and restore communities after an emergency. Recovery may also include some mitigative actions. Typically, recovery focuses on the physical and psychosocial effects that arise as a result of an emergency, however, in a pandemic event the primary impact will be on people not infrastructure and will therefore need to be heavily structured to deal with the psychosocial aspects.

To carry out their duties effectively following an emergency, recovery workers, whether they are responsible for reconstruction of infrastructure or the provision of personal support services, will be dealing with **one common element - the people** affected by the event.

A number of resources are available to help individuals to adjust after an emergency experience. These resources can include:

- Family and Friends
- Critical Incident Stress Management (CISM) Professionals and Programs
- Health Care Professionals
- Wellness Programs
- Grief Counselors
- Clergy
- Employee and Family Assistance Programs
- Volunteer agencies (e.g. Canadian Red Cross) Social Development

Recovery Planning

Recovery plans will generally set out to develop and formalize arrangements for the effective management of the recovery process. A plan may include details of inter-agency coordination and specify responsibilities for the overall management of the recovery process. It is likely to identify resources and define responsibility for the range of specific services to be provided.

Recovery planning is required at all levels (i.e. FTPM/FN. This allows for the management of recovery to be undertaken and resourced at the most appropriate level, depending on the scale of an event and provides for support from the next higher level to be properly coordinated where necessary.

All agencies that have a role to play in the recovery process must be involved in the planning process. Through this involvement, working relationships and networks are established and developed. Representatives of the various agencies gain an understanding of the range of tasks which make up the recovery process.

Some of these include:
- public information
- assessing and rebuilding infrastructure and family homes
- provision of long-term housing
- business resumption
- damage assessment
- donations management
- allocating resources
- determining and providing financial assistance
- providing health and human services (Disinfection)

Annex 1 to Appendix D

Roles and Responsibilities of RHA/PH Authorities and Regional Emergency Measures

| 3.1.1.1 **Regional Health Authority/District Medical Officer of Health**

Role: The Regional Medical Officer of Health, in conjunction with the RHA, will take the lead in providing advice and counsel to local government. In addition, the MOH shall take whatever steps are reasonably possible to suppress the disease and protect the public as described under the Health Act. | **Pre-Pandemic (Mitigation)** | ❑ Evaluate adequacy of existing local infrastructure to respond to a pandemic.
❑ Work in conjunction with health service providers, employers, municipalities and other sectors to improve annual vaccination levels
❑ Review current plans for mass vaccination campaigns
❑ Determine availability of alternate sites for triage centres, treatment centres
❑ Identify facilities/resources with sufficient refrigerated storage to serve as temporary morgues
❑ Devise a plan for distribution and administration of vaccine to public.
❑ Educate staff about the nature and significance of pandemic and the local response.
❑ Work with local private and volunteer organizations to develop and synchronize local response to a pandemic.
❑ Coordinate pandemic planning with municipal/Regional partners.
❑ Establish a list of public buildings and review the benefits and disadvantages of closure of those public facilities in the interest of public health, in conjunction with the local Emergency Response agencies
❑ Monitor reports from World Health Organization, the Public Health Agency of Canada and the provincial Department of Health
❑ Notify appropriate agencies of alert |
| | **Pandemic Imminent (Preparedness)** | ❑ Report to or send designate to Municipal EOC to provide a briefing and receive status reports from partner agencies
❑ Be prepared to respond to media inquiries regarding the outbreak
❑ Activate emergency plans, as required
❑ Plan for implementation of alternate care sites
❑ Plan for implementation of counseling/psychiatric support services in conjunction with Mental Health Services
❑ Implement health education campaign with emphasis on following: hand washing, stay home rather than be exposed to/spread virus, check on family, friends living alone, vaccination clinic locations, signs, symptoms, vaccine safety and storage
❑ Review list of alternate care facilities with municipal planners
❑ Attend EOC briefings and provide regular updates to the local Government |

	Pandemic Event (Response)	☐ Activate Health Authority Pandemic Plan
		☐ Report to Municipal EOC to provide a briefing and receive status reports from partner agencies
		☐ Increase public information effort designed to keep ill persons at home
		☐ If medical/health mutual aid system is overwhelmed, request assistance from Province but anticipate that assistance from others may be limited
		☐ Implement alternate care sites, as necessary to respond to overwhelming caseload.
		☐ Attend EOC briefings and provide regular updates to the municipality
		☐ The need to close public buildings, cancel public events or institute other public health measures will be assessed by the Regional MOH
		☐ The need for control of movement of people and commodities in and out of the community will be assessed by the Regional MOH
		☐ Implement plans for mass vaccination clinics
		☐ Request assistance with security at vaccination clinics if deemed necessary
	Post Pandemic (Recovery)	☐ Ensure all safety and health issues have been identified and resolved
		☐ Review and revise plans based on lessons learned
	Subsequent Wave(s)	☐ Continue immunization efforts in lower risk groups, as vaccine becomes available
		☐ Review and revise plans, as necessary
		☐ Monitor resources and staffing requirements
		☐ Consider need to re-immunize depending upon period between waves
Emergency Management Role: Will support the municipal / local government response.	Pre-Pandemic (Mitigation)	☐ Establish plans and procedures to support RHA and Public Health initiatives to prepare for a pandemic.
		☐ Establish a list of public buildings and review the benefits and disadvantages of closure of those public facilities in the interest of public health, in conjunction with the Health Authority
		☐ Ensure that areas of responsibility essential for maintenance of Local governments have been backed up so that appropriate designated personnel can take over management in case of absence due to illness.
		☐ Review mutual aid agreements with neighboring Governments to share personnel capable of managing and maintaining essential services.
		☐ Review and confirm availability of facilities for alternate care, triage, cremation, refrigeration
		☐ Arrange and facilitate a meeting with the local Chamber of Commerce and local business leaders regarding the need for mutual aid support between businesses.

<u>Annex 2 to Appendix D</u>

<u>Recovery Operations</u>

The management of the recovery process must be flexible. There are some management approaches and practices; however, that are common to most emergencies. Typically, management of the recovery process will involve two separate, but interdependent, streams:

- **management by each agency** of its own programs
- **coordination between agencies** to ensure those services are integrated

An early response is essential to successful recovery management. Close liaison with the relevant response agencies and those affected is essential. Effective and regular liaison between the emergency management agencies at the planning stage will increase the likelihood of success at the time of the event.

The key objective for recovery operations is to provide necessary recovery measures and programs to affected individuals, families and the community as a whole, at the appropriate times, so that recovery takes place as quickly and effectively as possible.

Key Tasks

There are a number of key management tasks that may need to be undertaken in meeting this objective. These include:

- **impact assessment**
- **resource management**
- **public information management**
- **withdrawal of services**

Other issues related to these tasks from a recovery management perspective include the **allocation of tasks**, **setting of priorities** and **ongoing monitoring** of the recovery process.

Impact Assessment

One of the critical factors in the management of an effective recovery program is to gain early, accurate information about the impact of the event upon individuals and the community. To determine service, staffing, resource and general recovery requirements it is necessary to obtain an early but full assessment of the emergency and the needs of the community.

This will include information such as:

- the number, location and circumstances, including ethnicity, of affected people
- the extent to which essential services have been disrupted, etc.

Resource Management

FTPM/FN and local recovery plans should provide details of agency responsibilities regarding the provision of resources for recovery management purposes.
There are also a number of areas that may require specific attention from the recovery manager's point of view. These include staffing, the use of volunteers, donations management, to name a few.

Public Information Management

One of the key elements of emergency recovery is effective public information management. The media profile given to most emergencies, particularly those on a large scale, means that public and political interest in the recovery process will generally be high. In addition, there is a need for adequate information to be provided to affected individuals regarding the effects of the event and the availability of recovery services. It is critical that regular and accurate information be provided regarding such things as the type and availability of recovery services, and any other relevant information. There is a range of mechanisms for providing information to the public. These may include the formation of a Joint Information Center (JIC) through local newsletters, press releases, use of the various electronic media and public meetings or forums.

Withdrawal of Services

One of the last significant tasks to be undertaken in any recovery management process is that of the withdrawal of services. While the emphasis of any recovery program should be on community involvement and self-management, the cessation of formalized support services from outside agencies will nevertheless be a critical time in the affected community's recovery.

Experience has shown that a gradual handover of responsibilities to local agencies and support services is most effective. It may also be timely for some sort of commemorative event to symbolize the end of the recovery program and the renewal of the community. This can be achieved through such events as tree planting ceremonies, street theatre, church services and a

range of other activities that involve the entire community and give a positive focus to the end of the recovery program.

Federal/Provincial/Territorial Recovery Programs

Programs

Currently there is no specific program in place for this type of event at the Federal or Provincial level. Work is ongoing at the national level to develop a program to deal with this and other large (national) scale events. It will, however, be necessary for all jurisdictions to maintain as accurate financial records, as possible. If a program has been approved, details will be provided on the assistance available and on how to access federal or provincial funds.

Recovery Plan Checklist

Pandemic   recovery plan should:
☐ develop and formalize arrangements for the effective management of the recovery process   ☐ describe the organizational networks and structures appropriate to the event   ☐ involve all agencies with a role to play in the recovery process, including response agencies and volunteer groups   ☐ only be detailed for specific functions, such as contact and resource listings   ☐ be developed by all agencies responsible for providing specific services   ☐ be based on normal management strategies   ☐ identify responsibilities and tasks of key agencies   ☐ set out appropriate resourcing arrangements   ☐ outline recovery management structures including the setting of recovery priorities   ☐ be as simple as possible   ☐ be reviewed on a regular basis

Glossary of terms:

NBEMO- New Brunswick Emergency Measures Organization
FTPM- Federal, Territorial, Provincial and Municipal
FN- First Nations
MEMO- Municipal Emergency Management Organization
MEMC- Municipal Emergency Management Coordinator
REMC- Regional Emergency Management Coordinator
MEOC- Municipal Emergency Operations Centre
EOC- Emergency Operations Centre
DH- Department of Health
RHA- Regional Health Authority
RMOH- Regional Medical Officer of Health