



# SARS

## *LESSONS LEARNED in PANDEMIC PLANNING*

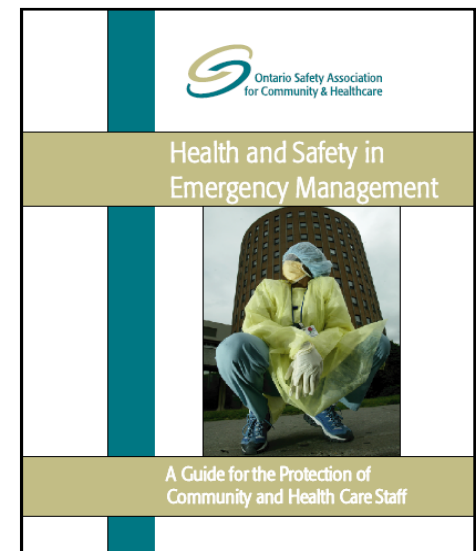
OHAO Fall Symposium, Oct 19 2006

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# Pandemic Planning Lessons From SARS

High profile disasters continue to create new learning & challenging experiences for responders & organizations!

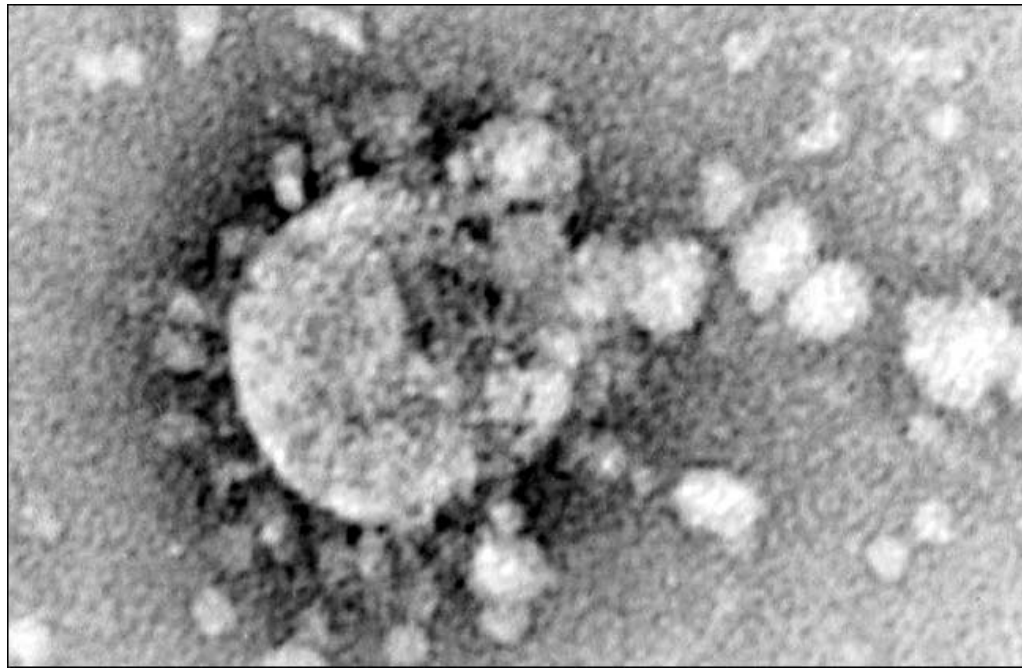
- Ice storm
- 911
- SARS
- Tsunami
- BC. Forest Fires
- Katrina



# Pandemic Planning Lessons From SARS

1. Human Vulnerability
2. Renewal of Public Health in Canada
3. Public Expectation
4. Enabling Legislation
5. Leadership
6. Emergency Preparedness
7. Surge Capacity – Public Health & Organization System Considerations
8. Business Continuity Planning
9. Building Design
10. Human Resources
11. Information Technology
12. Communications
13. Surveillance
14. Immunization
15. Ethical Issues Management
16. Research

## 1. Human Vulnerability To Infectious Diseases



Magnified Coronavirus

## 2. Renewal Of Public Health In Canada

- Naylor, Walker & Campbell Commission
- Transformation & Redesign of systems, structures & processes to coordinate & integrate Infection Control activities  
(Fed, Prov & Local)
- Public Health Agency (PHA)
- Ontario Health Protection & Promotion Agency (OHPPA)

## 3. Public Expectation

- Higher Standard of Performance for system collaboration, coordination & responsiveness to contain emergent infections (lab workers, epidemiologists & clinicians)

## 4. Enabling Legislation

- Review of Attorney General & other Ministry emergency powers to ensure a graduated response
- June 2006 Emergency Management & Civil Protections Act (EMCPA) - emergency powers to LGIC & Premier
- Chief Medical Officer of Health - reports to Minister & Legislature
- Minister of Labour by OIC - can exercise emergency plans to protect workers – (ER management specialist)

## 4. Enabling Legislation continued

- OHSA & Regs - only statute that cannot be overridden in emergencies
- Employment Standards Act - amended with right to declare an emergency leave
- Proposed Regulatory Modernization Act – enable data sharing among Regulators

## 5. Leadership

- Visibility
- Incident Management System  
(command, operations, planning, logistics & administration)
- Honest, clear concise internal & external communication
- Collaborative HR management
- Staff & Client centered philosophy

## 6. Emergency Preparedness

- Pandemic Influenza Plan – a requirement to plan & harmonize preparedness & response capabilities - PHA, OHPPA, Regional Infection Control Networks, PIDAC, Health Care providers
- Defined Roles & Responsibilities and Inter relationships

## 7. Surge Capacity

### A. Public Health Systems

- Access to lab testing
- Data ownership
- Capacity for epidemiologic investigation
- Coordination of cross jurisdictional business processes

## Surge Capacity continued

### B. Organization System Considerations

- Staff & Supplies – MoHLTC procurement
- Triage, Admission & Discharge management
- Critical Care management & bed capacity
- Transportation
- Family Visitors & Volunteers
- HR Capacity
- OH&S best practices + Training/Education

## Organization System Considerations continued

- Business Continuity & Staff Relief
- Public Relations & Communications
- PPE/IC practices—OHPIP working group, MoHLTC guidelines
- Administrative & Work Practice Controls

## Organization System Considerations continued

- IC precautions, restricting & controlling contact; isolation, quarantine, disinfection, cleaning, disposal, monitoring high risk procedures & controls
- Engineering Controls –
- Negative pressure/isolation rooms, ventilation maintenance/standards & HEPA filtration
- Regional Clinical/HR Issues

## 8. Business Continuity Planning

- Communication, HR & IT Strategies
- Social Distancing & Connectiveness
- Surge Capacity
- Supplies & Resources
- Family Obligations
- Staff Support Systems
- Penalty suspension/contract management
- IC practices & education

## 9. Building Design

- Linked to IC & OH&S Best Practices



## 10. Human Resources

- Medical surveillance of exposed workers
- Define roles & OH&S best practices for Disease Outbreak
- Protection of Staff/Visitors
- Training & Education vehicles, access, frequency, translation
- Social distancing & connectiveness
- Guidelines on the obligation & duty to care
- Collaborative Management Strategies with Labour & JHSC

## Human Resources continued

- Sick Time Management
- Family obligations
- Staff resources & tracking process
- Roster & call back
- Multi site staff & containment
- Income Maintenance/ paid benefits
- Translation services
- Travel Restrictions
- Physical/Psychological stress & counseling

## 11. Information Technology

- Patient Identifier
- Real time data to manage/clarify capacity issues
- Track patients
- Remote Diagnostic access to patient results – PACs, Lab
- Information Portal for epidemiological & surveillance Info & Trends

## 12. Communications

- Integrated telecommunication strategies
- Inter-Jurisdiction, Regional, Organization & Ministry
- Real time alert/advisory updates as per protocols
- Ontario Health Protection & Promotion Agency (OHPPA)

## 13. Surveillance

- Comprehensive Fed/Prov Surveillance Plan (Naylor, Walker)
- Global/International PH monitoring
- Intelligence/Networks leading to advanced warning

## 14. Immunization

- Best Defense is Offense!
- Access Management & Ethics



## 15. Ethical Issues Management

- Guidelines & Policies
  - Access to diagnostics, treatment & family



## 16. Research

- Optimal isolation procedures
- PPE
- Other Protective Measures
  - Airborne transmission
  - Aerosol generating procedures
  - Respirator design
- Canadian Institute for Health Research (CIHR)
- Canadian consortium on SARS Research  
(attract suitable research projects)



Questions?  
Comments?