



# **Pandemic Influenza Plan**

**DRAFT**

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## **PNHR PANDEMIC INFLUENZA PLAN: 2009**

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## 1.0 Introduction to PNHR Pandemic Influenza Plan

*The goal of pandemic influenza contingency planning is to reduce illness and death and minimize the societal disruption associated with a pandemic by providing access to appropriate prevention, care and treatment during an influenza pandemic.*

Prairie North Regional Health Authority is prepared to provide a controlled, organized and coordinated approach for pandemic plan activation, response, deactivation, recovery and review in the event of a Pandemic influenza in the health region. The Health Incident Command System is the response system and structure used by PNHR for emergency response and will be used in this situation.

### Pandemic Influenza Information

Various strains of influenza virus circulate throughout the world yearly. Periodically, however, a dramatic change will occur in the genetic material of the influenza A virus and a new subtype (novel strain) of the virus will suddenly appear. The protection that people have developed to the influenza that occurs every year will not be helpful against the new subtype because it is a completely different strain.

Potentially everyone will be susceptible to infection with the new strain, which produces higher than usual rates of illness and death. In such a situation the virus will spread rapidly around the world, causing a global epidemic known as a pandemic. It is impossible to predict when the next influenza pandemic will occur or how severe its impact will be. Since there may be little warning, contingency planning is required to minimize the effects of a pandemic through planning and preparation by the coordinated efforts of all levels of government.

Most experts believe that once a novel strain of influenza is detected, it will take between one and six months from time of initial identification to the time that outbreaks begin to occur simultaneously throughout Canada. It is predicted that the effects of an influenza pandemic on individual communities will last from six to eight weeks with subsequent waves occurring three to nine months after the initial wave.

Unlike many other types of site or region-specific emergencies, an influenza pandemic will impact multiple communities across Canada simultaneously. The need for advanced planning for a large scale and widespread health emergency is necessary to minimize illness and death. Each local jurisdiction must be prepared for the event of a pandemic and be aware that external resources and support may be unavailable.

- Upon arrival, the virus may spread across Canada very quickly.
- Planning assumptions forecast that an attack rate of symptomatic disease may be 35%.
- A pandemic usually occurs in two or more waves, either in the same year or in successive influenza seasons.
- The first peak of illness in Canada may occur 2 – 4 months after the virus arrives in Canada.
- The first peak in mortality will be one month after the peak in illness.
- A second wave may occur within 3 – 9 months of the initial outbreak wave.



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- The length of each wave of illness is likely to be 6 – 8 weeks.
- Vaccine will be the primary means of prevention of pandemic influenza.
- A mass immunization campaign may have to run concurrently with the peak demand from the first wave of sick individuals.
- Further refining of the plan will have to be done based on the specific epidemiology at the time of the pandemic.

The impact of an influenza pandemic in Saskatchewan would likely evolve over several months. Based on the PHNR Medical Health Officer's Flu Surge estimates, using an attack rate of 35%, the number of people in PNHR that could potentially be affected is estimated to be:

- *31,000* people may become clinically ill
- *15,500* people may require outpatient care
- *300* people may require hospitalization
- *124* people may die from influenza or complications of influenza



## **2.0 WHO Phases of Pandemic Alert**

The PNHR Pandemic Influenza Plan response is based on the current Phases of alert in the WHO Global Influenza preparedness Plan:

WHO has retained the use of a six-phased approach in 2009 for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena.

**Phases 1–3 correlate with preparedness, including capacity development and response planning activities.**

**Phases 4–6 clearly signal the need for response and mitigation efforts.**

Furthermore, periods after the first pandemic wave are elaborated to facilitate **post-pandemic recovery** activities.

**World Health Organization:** <http://www.who.int/csr/disease/swineflu/en/index.html>



### 3.0 PNHR Emergency Response: HICS & EOC

#### Health Incident Command System Organizational Staffing

Organization of the Health Incident Command System is built around five major management activities that can be applied to handling a routine emergency or managing a major response to a disaster.

- **Command** sets objectives and priorities and has overall responsibility for the incident. **In a Pandemic response a Joint Command between the Incident Commander and the Medical Health Officer will be instituted.**
  - Primary response activities of Operations, Planning, Logistics and Finance, as well as several other areas including information, monitoring and ensuring safety conditions, thorough documentation of the event and coordination of region/agency involvement with other outside agencies are the responsibility of the Incident Commander. *All positions reporting directly to the Incident Commander are designated **Command Staff**.*

The people who lead the four major activities of Operations, Planning, Logistics and Finance are called **Section Chiefs** and they are designated **General Staff**. The incident type, severity and scope will determine the extent to which the ICS structure will be used and the number of positions that will be invoked.

- **Operations** direct resources; conducts tactical operations to carry out the plan.
- **Planning** develops the action plan to accomplish the objectives; collects and evaluates information; maintains resource status information.
- **Logistics** provides support and resources to meet incident response needs.
- **Finance** monitors costs related to incident; provides accounting, procurement, time recording and cost analysis.

#### PNHR Emergency Operations Centre

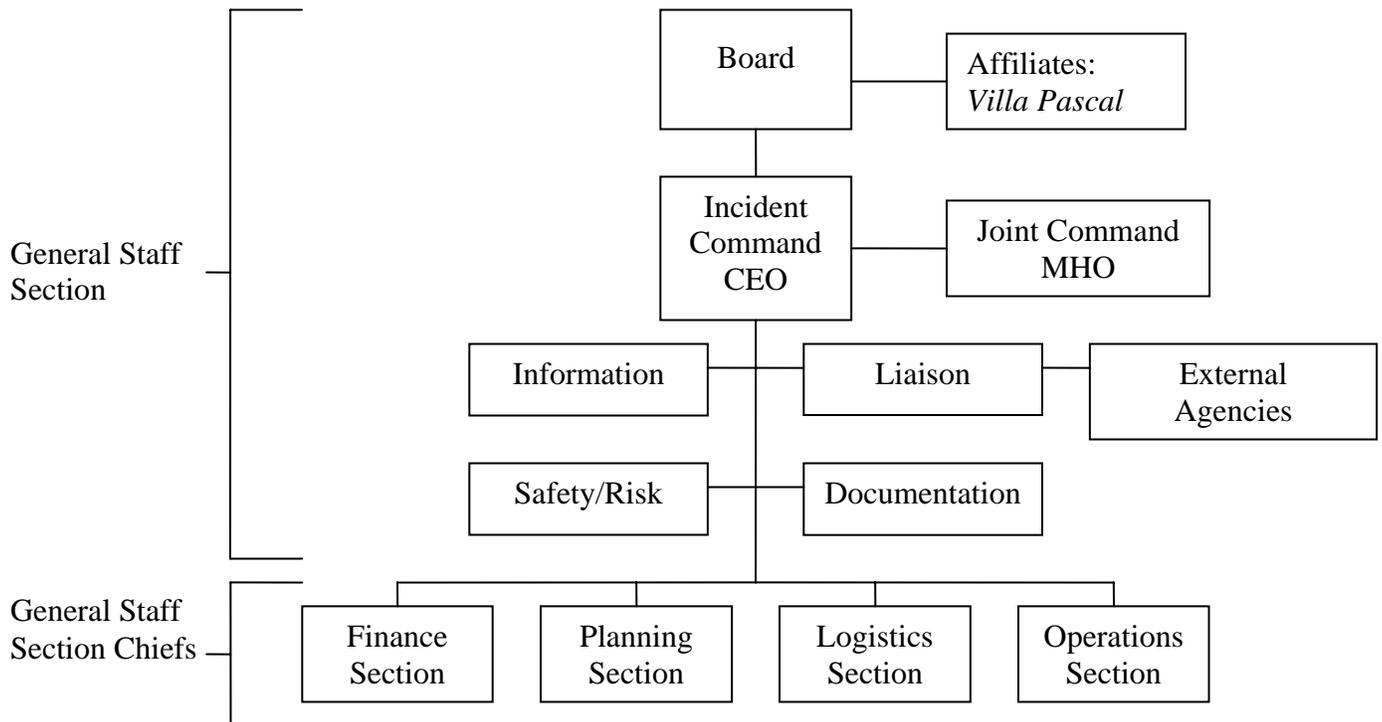
The PNHR EOC is located in Battlefords Union Hospital's Nursing Conference Room. It is equipped to manage the organizational functions required, including internal and external communication. The extent to which the EOC functions will be determined at the time, according to the evolving needs of the pandemic. Any changes to health services provided by PNRHA will be directed through the EOC/Joint Command according to an assessment of triggering occurrences at the time.



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PNHR will participate in the provincial communications strategy to form a communication network across the province with Corrections and Public Safety Branch. The provincial HEOC will coordinate release of relevant Pandemic information provincially, lead by the Chief Medical Health Officer. Both internal and external communications will be controlled by PNHR's EOC and managed by the Communications Officer, in the role of Command Staff member.

**HEALTH INCIDENT COMMAND SYSTEM: Pandemic Influenza Plan**





## 4.0 Surveillance

Surveillance is the ongoing collection, analysis and interpretation of health data in order to improve decision-making before and throughout an outbreak. This information will be used to guide the actions of public health officials during a pandemic. Surveillance data will drive the pandemic response as it will be used to determine the pandemic phase, and to track progression through the phases. Data analysis will:

- Assist with timely communication of surveillance data to stakeholders within Saskatchewan, and Canada
- Provide information for evaluation of the impact of influenza and the effectiveness of control strategies

It is anticipated the clinical significance of the pandemic strain will be known prior to the pandemics arrival in Saskatchewan. If not, the clinical spectrum of illness and the attack rate by age groups will need to be established. Saskatchewan Health is also in contact with the First Nations and Inuit Health Branch, Health Canada and the Northern Intertribal Health Authority who are closely monitoring the health of Aboriginal communities in Saskatchewan.

Prairie North Health Region participates in Saskatchewan's influenza surveillance network for communicable diseases in a variety of settings through various methods:

- Acute Care Emergency Departments
- Laboratories
- Schools & workplaces
- Long Term Care Facilities
- Sentinel Physicians (part of the National FluWatch Program)
- Sentinel Community Sites
- Outbreak surveillance

Reports are handled by Public Health Services, via the Communicable Disease Coordinator and the regional Medical Health Officer. Examples of data to be collected and reported include:

- Deaths/week – categorize by age, sex and cause of death
- Pneumonia diagnosis and death
- Influenza diagnosis and death
- All admissions to ICUs (influenza related or not)
- All hospital admissions (influenza related or not)
- Triage centre usage/week
- Absenteeism rates (particularly health and essential service workers)



## 5.0 Clinical Guidelines

Clinical Guidelines for care and treatment specific to the novel influenza virus outbreak will be distributed under the direction of the regional Medical Health Officer. Basic assessment and screening protocols and triage flow charts are available in the detailed PNHR Pandemic Influenza Plan and in the current Saskatchewan Health Pandemic Influenza Plan.

Guidelines for use in specific settings will be used. For example, in ambulatory settings, workers must be able to:

- Determine likelihood of influenza based on presenting symptoms
- Perform triage
- Provide ambulatory therapy
- Follow up with those who are clinically ill but do not require hospitalization

Health care professionals will need information on symptoms and possible complications of the disease. This will include care maps for adult and pediatric patients for use in acute care institutions, clinics and community settings. In health care settings guidelines will address:

- Clinical evaluation
- Laboratory testing
- Therapy
- Monitoring

This will include standard admission forms for use in emergency clinics, standard primary care forms with triage components, admissions guidelines and discharge criteria.

**Saskatchewan Health H1N1 Flu Virus home page:** <http://www.health.gov.sk.ca/influenza-monito>



## 6.0 Vaccine

Vaccination is the most effective way to reduce disease and death from influenza. Regular vaccination programs help build the vaccine production, supply and distribution system, which will be required during a pandemic. In the pre-pandemic period, efforts need to be directed at increasing the uptake of annual influenza immunization to those most at risk. Consideration also needs to be given to improving the coverage rate for pneumococcal immunization for at-risk populations during this period.

Timely delivery of vaccine is critical to controlling the spread of influenza. It is anticipated that it will take several months to develop an effective vaccine once the novel strain is identified so advance planning is essential to ensure that when the vaccine arrives, it is delivered in the fastest, most efficient way possible. It is assumed that two doses of vaccine will be required to achieve a protective response. This requires intensive planning, tracking and recall mechanisms.

PNHR's Public Health Services collaborates with other levels of government and is responsible for the **Mass Immunization Program** that delivers the vaccine. Mass Immunization Clinics will be established in each community, with public notification of location at the time. The program will:

- Be based on the Federal Government's recommendations, and will establish priority groups for vaccination based on risk factors and epidemiology of the influenza strain
- Administer the vaccine as rapidly as possible in order of priority, through the regular distribution means, maintaining secure and safe storage, handling and transport. In the event of vaccine shortage, vaccination of established target groups will be done in order of priority.
- Maintain method of recording vaccine distribution, use and wastage
- Maintain method of reporting vaccine-related adverse events
- Maintain security during the vaccine arrival, storage and distribution

The goal is to deliver vaccination to the entire population of Saskatchewan as quickly as possible during an influenza pandemic.

Prairie North Public health services are responsible for managing the vaccine program. If it is necessary to recruit other healthcare professionals to immunize, training and certification programs will be established by PNHR. The PNRHA plan has as its objective to be able to immunize its entire population with its first dose of vaccine in 4 weeks, should there be enough vaccine available to do so.



## 7.0 Antiviral Drugs

Antiviral medications are stockpiled by Saskatchewan Health and will be released in stages for use according to the provincial plan. The drugs will be available free of charge to residents for treatment only, and not for prophylaxis. The stockpiled supply was targeted to cover 17% of the population which represents the estimated number of Saskatchewan residents requiring treatment for their clinical symptoms, including First Nations communities. An expert panel, including provincial Medical Health Officers, will advise Saskatchewan Health regarding the most ethical and clinically effective distribution plan for antiviral drugs.

Early in a Pandemic Alert, retail Pharmacies may have limited regular stock available by prescription from a qualified Physician or Nurse Practitioner. When stockpiled antiviral medications are released according to plan, a regional share will be sent in increments to PNHR for distribution through a central designated location (BUH Pharmacy). Further distribution will be arranged through PNHR's regional Pharmacy Department to all locations capable and willing to provide services of assessment/treatment of influenza patients.

PNHR Pharmacy Department will be responsible for management of the stockpiled Antiviral Agents. This will include:

- Logistics of inventory management and accountability
- Secure distribution of stockpile
- Arrangements with designated Retail Pharmacies for handling dispensing of "stockpile" antiviral drugs to the public

In case Physicians and Nurse Practitioners are unable to handle the volume of patient assessments needed, provision for additional training/certification for health professionals is being pursued through several professional organizations.



## 8.0 Infection Prevention & Control

PNHR's Infection Control Manual is the recommended resource to use for Infection Prevention & Control information needs. Infection Control Practitioners will assist with ongoing staff education needs, and will prepare specific topics for presentation in the event of a Pandemic. Decreasing the risk of transmission of microorganisms in healthcare settings is accomplished primarily by hand washing, which is a major component of infection prevention and control measures.

During a pandemic it will be essential to inform both the public and health care workers about the symptoms and treatment of influenza, as well as when to seek advice and medical attention. Fact sheets regarding the clinical features of influenza and secondary complications have been developed to assist health care providers with diagnosis, and the general public with self-treatment, including information pertaining to children, adults and the elderly.

**H1N1 Flu Virus home page:** <http://www.health.gov.sk.ca/influenza-monitor>

### Strategies

1. Education for Health Care Workers and the Public.
2. Vaccination for Health Care Workers and the Public when available, including annual seasonal Influenza vaccination.
3. Occupational Health Management of Health care workers during a pandemic, providing alternative assignments/re-deployment for employees in specified risk categories. Provisions of various collective agreements will be recognized. All bargaining units, professional associations and health care workers will work cooperatively during the pandemic.
4. Hand Hygiene
5. Personal Protective Equipment (PPE) stockpiled and instruction for correct use provided
  - Masks (surgical/procedure masks)
  - Eye protection
  - N95 respirators.
  - Gloves, waterless hand cleaners
  - Gowns/Aprons
6. Environmental Control (Patient Care Equipment, Housekeeping, Laundry, Waste)



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### 7. Patient Assessment/Triage/Cohorting:

- Patient Admission: maintain cohort principles until the pandemic wave has been declared over
  - Patient Activity Restrictions
  - Restriction of New Admissions and Readmissions
  - LTC residents should be cared for in “acute influenza care” areas within the LTC facility as predetermined
  - Visitor Restrictions for Acute care facilities and Long-term care facilities
8. Child Care Settings/ Schools/ Student Residences may be closed depending on the epidemiology of the pandemic strain, e.g. severity of infection, high attack rates and severe complications. Advisories from the Medical Health Officer providing guidelines to local authorities will be available.
9. Restrictions on public gatherings may be advised by Public Health.



## 9.0 Health Services

During an influenza pandemic, the need for health services is anticipated to exceed available resources. Health services refer to those services delivered to the public via acute care facilities, long-term care facilities as well as health and community service organizations. It is estimated that 15 to 35 per cent of the skilled workforce could be unavailable for some time during a 6 – 8 week time frame because of illness if vaccine is not available before the novel strain arrives in Saskatchewan. Communities and the Regional Health Authorities have plans in place that will address what will be done when the health care system is overwhelmed and care must be provided by persons, both health care professionals and volunteers, doing work which is not normally part of their daily activities and potentially in settings not usually used for health care. Influenza Assessment Centres off-site from Acute Care Hospitals may be set up if needed to manage large numbers of patients seeking treatment for influenza like illness in each community, with public notification of locations at the time. Any such changes to health services provided by PNRHA will be directed through the EOC/Joint Command according to an assessment of triggering occurrences.

All facilities and regional programs in PHNR have prepared their specific Pandemic response plans according to regional templates. Detailed plans will focus on triage, reallocation of resources and reduction of non-essential services. The plans will clearly explain how clinical services will be prioritized during an influenza pandemic to provide appropriate levels of care for people with influenza, and to meet ongoing, non-pandemic health care needs. Plans will also address in the post-pandemic phase “catch-up” strategies to cope with necessary services delayed by the emergent needs of the pandemic. Also considered is the impact of a pandemic on mental health services, including increased demands for counseling and other measures to help people cope with issues around grief and loss. Health care workers will be under a tremendous amount of stress for a prolonged period of time. They will require critical stress debriefing during and after the pandemic

Health services recognize three levels of influenza care:

- Self care
- Outpatient care
- Inpatient/hospitalized care

Resources will be prioritized in terms of the following categories:

- Human Resources
- Physical Resources
- Material Resources
- Consumables and drugs



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### Strategies

- All elective/non-essential health services will be suspended, as required, during the pandemic.
- Appropriate infection prevention and control guidelines and strategies will be utilized to reduce the spread of infection. and control/minimize the spread of disease.
- Plans have been developed to set up and maintain non-traditional sites for patient care as needed.
- Plans have been developed to secure adequate supplies of drugs, equipment and other non-human resources.
- Plans have been developed regarding management of mass fatalities.



## 10.0 Communication

PNHR will participate in the provincial communications strategy to form a communication network across the province with Corrections and Public Safety Branch. The provincial HEOC will coordinate release of relevant Pandemic information provincially, lead by the Chief Medical Health Officer. Both internal and external communications will be controlled by PNHR's EOC and managed by the Communications Officer, in the role of Command Staff member.

### Strategies

- Communications networks/contact lists are kept up to date, internally and externally, to ensure rapid information dissemination and consistent messaging from all sectors.
- Information tools will be used for regular communication of documents.
- Participation in the public awareness campaign regarding pandemic alert phases and importance of prevention strategies will be a priority.
- Relationships with media representatives have been secured for dissemination of information.
- PNHR's website and MARS intranet will be updated with general and current information regularly and as needed.



## **11.0 Emergency Response Services**

Saskatchewan has an established Emergency Response Management System designed to ensure a coordinated, organized response to all emergencies and disasters. As well, emergency plans already exist at the community level to deal with situations such as storms, floods, power outages, etc. These existing plans serve as an excellent starting resource for emergency influenza pandemic planning, including a framework for establishing command, control and management procedures.

### **Emergency Management Plan**

Activation of the municipal response will occur following notification by Prairie North Regional Health Authority of the confirmation of the onset of pandemic influenza in Canada. At this time contingency plans will need to be reviewed and updated according to the epidemiology (if known) of the pandemic influenza strain. Municipalities are expected to implement their contingency plans and lead the response activities in their community as required. The region's incident command structure provides a liaison position to ensure timely and accurate communication occurs between the health region and other external stakeholders.

### **Unique Aspects of a Pandemic**

- Advance Warning
- Threat to the human infrastructure: a pandemic poses a significant threat to the human infrastructure of the entire province resulting in widespread absenteeism in the community. The absence of workers responsible for critical services, public safety, utility services, transportation and food service industries poses a significant threat to the essential needs of people and to societal order.
- Prolonged time frame of actual impact
- Widespread involvement of communities

### **Essential Services and Resources**

Some of the common essential services necessary to the functioning of a community include:

- Electricity/Gas
- Water and sewer
- Police and firefighter services
- Communications
- Providers of essential consumer goods (food, gasoline, etc.)
- Services provided to the elderly and to the physically and mentally challenged might also be considered essential to many communities.



## Ambulance and First Responders

Prairie North Health Region operates ambulance services in Meadow Lake, Maidstone, Cut Knife and Neilburg. Contractual agreements with private operators exist with WPD Ambulance, Marshall Ambulance Service, Lloydminster Emergency Care and Cold Lake Ambulance. Onion Lake Ambulance receives dispatch services through Prairie North Health Region.

In the event of a Pandemic, where individual service are experiencing staff shortages or other issues that impede service, our dispatch provider will be instructed to notify neighbouring ambulance services to provide coverage, starting with the service which is closest to the one experiencing staff shortages and can provide the level of service required.

**Pandemic Planning Committees** will assess existing community health services and decide which services, if absent, pose the greatest threat to public well being or most significantly interfere with the ongoing response to the pandemic. Strategies designed to ensure these services remain operational have been developed. This will result in a prioritized list of essential services and resources in the region and identify where critical shortages may occur.

**PNHR's Emergency Preparedness Plan** ensures that clear lines of authority and communication exist to facilitate successful implementation of the plan during and emergency such as a Pandemic. By preparing in advance for the event of an influenza pandemic, we hope to reduce societal disruption, as much as possible, during and after the pandemic.

## Strategies

- Review and communicate command, control and management protocols to direct day to day operations during a Pandemic.
- Work closely with local governments and the provincial pandemic steering committee to develop influenza pandemic emergency plans.
- Develop partnerships within communities for planning to maintain the human infrastructure responsible for critical community services.
- Develop training scenarios in the form of table-top and mock pandemic situations. Adapt/refine emergency response plans as needed, and practice emergency plans.
- Monitor the effectiveness of emergency response at the regional/local level.
- Assess plans yearly and ensure they are kept current.
- Prepare information for communications department to distribute to key stakeholders and the public.
- Develop contingency plans to provide food, medical and other essential life-support needs for persons confined to their homes.



## 12.0 First Nations

Responsibility for the delivery of health services to First Nations (FN) people is divided among the Federal government, the Provincial government, individual bands and Tribal Councils and Regional Health Authorities. There are over 70 First Nations communities in Saskatchewan, of which 62 are affiliated to one of the eight Saskatchewan Tribal Councils. This complex administrative arrangement poses a unique challenge in the coordination of health services delivery to First Nations people. As well, many aboriginal people live in remote areas in the north, shaped by distances, weather, limited resources and little backup from urban centers.

Past epidemics of respiratory illness in Canada, in remote communities in the north were characterized by high morbidity and mortality. Particularly, influenza A has been associated with high attack rates and relatively high case fatality. Improvements in health care have decreased the burden of disease, but it remains higher for Aboriginal people than in the rest of the population in general. The reasons for that include co-morbidity factors like high prevalence of underlying lung disease, environmental factors like smoking and living in crowded conditions in houses with poor ventilation.

Most FN communities in PNHR have plans in place for the management of pandemic influenza, with constraints of limited infrastructure and resources, which include:

- A policy for the management of an outbreak, with timely diagnosis and appropriate management of influenza infection in patients.
- Guidelines for the immunizations of citizens, medical personnel and volunteers once a vaccine is available (based on guidelines and priority groups in the national pandemic plan)
- Plans to train/deploy additional staff to cope with increased health care demand
- Plans to establish an area for triaging patients with respiratory illnesses, with resources and personnel to carry out primary and secondary assessment.
- Plans to assign a place for management of more acutely ill patients, where acute care (parenteral therapy and oxygen therapy), closer monitoring and more intensive nursing care, may be performed.

## Surveillance

Timely detection of an outbreak in the community is essential to implement control measures and prevent the spread of the disease. In a pandemic, the first case of confirmed influenza would likely lead to outbreak management for pandemic influenza. Every community strives to have in place surveillance for early detection and control of an outbreak. This includes:

- Preparation of a written plan for management of influenza outbreak, which includes the identification of diagnostic tests, responsibilities of medical and non-medical personnel.



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- Identification of a person responsible for the surveillance and for transmission of information in the community. This will usually be the individual with responsibility for infection control; he/she will also be responsible for reporting to the pertinent authorities when an outbreak has been detected in the community
- Education of all medical and non-medical volunteers of the importance of early identification and notification if a case is suspected
- A response capacity maintained 7 days a week

### **Antiviral Agents**

First Nations people have access to regional health services at any location to receive prescribed antiviral medications from practitioners qualified to assess and treat influenza and prescribe antivirals. The antiviral drugs released in increments from the provincial stockpile according to plan are intended for treatment use only, and not for prophylaxis. An expert panel, including many provincial Medical Health Officers, will advise Saskatchewan Health regarding the most ethical and clinically effective distribution plan for stockpiled antiviral drugs.

### **Vaccine Distribution**

Vaccine distribution in a pandemic from the provincial supply will follow the same pattern as is currently used for annual influenza vaccines to FN communities. For some Tribal Councils, the Tribal Council nurse receives the vaccine and takes it by road to the FN communities in the different Regional Health Authorities. In a pandemic, the security of the pandemic vaccine during transport will also be managed by the Tribal Council.

### **Health Services**

Registered nurses are the predominant primary healthcare providers for remote and isolated communities in the north. They work in community health clinics, outpost nursing stations, small rural hospitals and other facilities. In small towns of less than 5000 inhabitants, the hospital (if there is one) is usually the only health care facility available and nurses (less than three in any shift) manage patients in collaboration with on-call physicians (frequently living 100 km or more away). Patients who cannot be managed in their own communities are transported by air or road to secondary or tertiary centers, sometimes located at considerable distances (200 or more kilometers)



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After the pandemic is declared in Canada, most influenza patients living in remote areas will have to be managed within their communities, without transferring them to larger cities. However, severely ill patients may need to be evacuated to larger cities with appropriate services to provide complex or critical care. During a pandemic, it is very likely that there will be a large influx of FN people from the reserves into the cities and towns due to the perception of enhanced services being offered by the Regional Health Authorities. This would result in an increased burden in physician's clinics and acute care services.

### **Communications**

Prairie North Health Region has FN communities affiliated with Battlefords Tribal Council (BTC), Battlefords Agency Tribal Chiefs (BATC), Meadow Lake Tribal Council (MLTC), Northern Inter-Tribal Health Authority (NITHA), First Nations and Inuit Health (FNIH) as well as independent and unaffiliated communities. Key contact persons for all FN communities within PNHR have been identified, and a current contact list for all First Nations communities and Tribal Councils in PNHR will be maintained.



### **13.0 Contact Lists**

Key contact persons within PNHR have been identified, and a current contact list will be maintained for the following:

- Group Homes and other Residential Services
- Senior Housing List
- Licensed Homes
- Municipalities
- Provincial Health & Regional Health Authorities
- Other



## 14.0 Resources

### Health Documents on Websites

#### Saskatchewan Ministry of Health

- H1N1 Flu Virus home page: <http://www.health.gov.sk.ca/influenza-monitor>

#### Health Canada

- [FightFlu.ca](http://FightFlu.ca)

#### Public Health Agency of Canada

- <http://www.phac-aspc.gc.ca/index-eng.php>

#### World Health Organization

- <http://www.who.int/csr/disease/swineflu/en/index.htm>



## PNHR Pandemic Influenza Plan 2009

### **15.0 Forms**

- Available in detailed planning section.



## 16.0 Fact Sheets

- Available in detailed planning section.



## **17.0 Signage**

- Available in detailed planning section.